

ECIE4003

Additional Needs in Context

Portfolio

Student Number: 2104239

Element 1

Poster – Outlining good practice in terms of supporting learners with a specific learning need

Link to poster: [Poster Element 1.docx](#)

ACEs

Adverse Childhood Experiences

What are they?

Traumatic or stressful events that occur during a Child's life before the age of 18. Examples of ACEs's:

- Abuse (physical, sexual, emotional)
- Living with someone exposed to mental illness
- Loss of a parent through death or divorce
- Living with someone exposed to alcohol or substance abuse, household dysfunction (Longin, 2022)

Exposure to Adverse Childhood Experiences (ACEs) can alter brain structure and induce toxic stress, leading to social, emotional, physical and cognitive impairments that decrease executive functioning, emotional regulation, and a heightened risk of developing PTSD, ADHD, ADD, and depression (Gowall *et al.*, 2024).

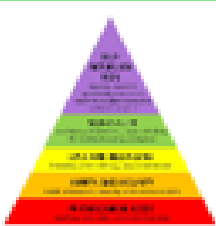
How do they present in students?

Students exposed to ACE's are more likely to have Social, emotional, mental health (SEMH) needs. Toxic stress in students can induce a survival mode, characterized by a hyper-arousal or hypo-arousal states, referred to as the fight, flight or freeze responses, due to the 'upside' brain responsible for thinking and regulating to shut down (The Trauma Foundation, 2021).

Hyperarousal behaviours: Emotional/Anger outbursts, Irritability, hypervigilance, impulsiveness, defensiveness, irrational thinking, lack of motivation, difficulty concentrating and engaging, difficulty with social interactions and relationships, struggle with boundaries, Feel the need to be in control, engage in risk taking behaviours (Webley, 2025).

Hypo-arousal behaviours: Apathy, withdrawn, disengaged, Low self-esteem, Fear of failure, feeling worthless, Fear of rejection, Disorganised attachments, Clings, negative self-talk and low resilience (Webley, 2025).

Students with exposure to ACE's may also have difficulty in planning, organising and focusing on their tasks, struggle with retaining information, have difficulty maintaining attention and resisting distraction as well as developing sensory processing disorders (Joseph *et al.*, 2021).



Maslow's **hierarchy of needs** (1954) suggests by creating a safe and secure environment fostered by a sense of belonging, students will be motivated to learn and achieve (Longin, 2022).

An inclusive approach is underpinned by the UNCRD (1993) (UNICEF) and Welsh Government (2021) to ensure students' best interests are at heart, and their barriers recognised and removed to mitigate the impact of ACE's.

Best Practice to support students with SEMH needs as a result of ACE's

- Utilise a Trauma Informed/ Person-Centred approach coined by Carl Rogers, focussing on the building of positive relationships promoting openness, growth and change based on the key principles of empathy, congruence and unconditional positive regard (Gowall, 2024).
- Zones of Regulation – Soiling charts to help students identify feelings, and positive coping mechanisms to support regulation (Kuggens, 2011). Bandura's concept of modelling psychological thinking can support stress reduction in students (TISUK, 2023) by enhancing interoception skills and co-regulation (Halter, 2023).
- Frequent movement breaks, chunking and task planners to support concentration and engagement (Longin, 2022).
- Access to a safe space to engage in mindfulness (breathwork techniques, grounding, music) (Longin, 2022).
- The use of RACE (Playfulness, acceptance, curiosity and empathy) - To foster trust, and connection, activating social engagement. Utilise language such as 'I wonder if this is too hard for you', 'I can see you're really upset right now, help me understand what it is that's hurting you?' Shifting a focus from 'What is wrong with you?' to 'what has happened to you?' (Domb and Sabatino, 2019; Webley, 2024).
- Create a calm, accepting classroom environment activating the positive feel-good chemicals in the brain such as Dopamine and Oxytocin, reducing the levels of cortisol (TISUK, 2023).
- Interventions – Trauma Informed Cards/ Sand Tray Therapy – To support students in talking and making sense of their life experiences, through symbolisation supporting the healing process (Turner, 2017).
- Positive reframing – Focus on the desired behaviour rather than the unwanted behaviour. Instead of 'Stop talking' use 'I'd like you to concentrate on the task please' – Clear boundaries (Longin, 2022).

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Element 2

Essay - Explore the wide and complex spectrum of additional needs

This essay will examine the extensive and intricate range of additional needs. In the early twentieth century, Special Education Needs (SEN) regarded students with disabilities and complicated needs as uneducable or handicapped, occasionally resulting in their segregation from mainstream education (Gardiner, 2020). Currently, civil rights movements have led to the reform of Special Educational requirements (SEN) to Additional Learning Needs (ALN), defining an individual as having additional learning needs if they possess a learning difficulty or disability, regardless of whether it stems from a medical condition or necessitates Additional Learning Provision (ALP) (SNAP Cymru, 2024). The ALN Code for Wales (2021) clarifies that an individual has ALN if they experience severe learning difficulties compared to the majority of peers their age or possess an impairment that impedes their full participation in education. There are generally four primary types of Additional Learning Needs (ALN): cognition and learning, communication and interaction, social, emotional, and behavioural challenges, and physical and sensory needs (SNAP Cymru, 2024). The reform transition has shifted from a medical model to a social model, acknowledging the impediments that impede students' development beyond their complicated needs. The ALNET (2018) will now assist children with Additional Learning needs (ALN) from birth to twenty-five years of age, and all individuals with ALN will be entitled to an Individual Development Plan (IDP) to comprehensively address their requirements. The new system in Wales aims to establish a more egalitarian,

transparent, and person-centred approach, engaging all stakeholders to address the additional needs of children and young people, ensuring early identification and support (Flintshire LA, 2025).

The medical model of disability historically conceptualised additional needs by focussing on a person's disability as a fixed condition, emphasising medical diagnosis and treatment while examining deficiencies rather than requirements (Bunbury, 2025). This approach can be linked to Disablism (Miller, Parker and Gillinson, 2004) and a lack of awareness of the Justice of Recognition (Arshad, Wrigley and Pratt, 2019), resulting in the marginalisation and stigmatisation of individuals with needs and impairments. Currently, with the advancement of various legislations, including the Salamanca Statement (1994) which encourages educational settings to acknowledge students' unique attributes and foster inclusive schooling, alongside protections against discrimination as outlined in the Equality Act (2010), we progress towards a social model of disability. This model conceptualises disability as a social construct shaped by physical, organisational, and attitudinal barriers (Neff, 2022), which society may mitigate or eliminate to foster more inclusive practices in educational settings (Davies and Soni, 2025). Several academics support an interactionist paradigm that integrates significant components of both the medical and social models of disability. This concept considers the acknowledgement of the impairment and the elimination of barriers as equally significant. For example, a student diagnosed with ADHD may get medication for their condition while still benefiting from appropriate educational accommodations, such as a fidget toy to enhance concentration (Davies and Soni, 2025). Nevertheless, the social model is predominantly observed in contemporary schools, fostering inclusive practices.

Inclusive practice is regarded as a method of addressing diversity, eliminating obstacles to participation, and enhancing success for all learners (Murphy, Greenway and Conn, 2024). Inclusive practice entails a dedication to a person-centred methodology, considering the perspectives of the child, parents, and other professionals to promote that high-quality provisions are customised to meet the particular needs of individual pupils (Flintshire LA, 2025). This strategy is proposed to cultivate a sense of connectedness and belonging, which, according to Maslow's Hierarchy of Needs (1969), can inspire a student to engage in learning and promote their self-actualization to achieve their full potential (Bates, 2019).

Firstly, an exemplary technique involves the creation of a One Page Profile (OPP). An OPP endorses Article 29 of the UNCRC (1989) concerning pupil voice and is considered an excellent instrument for gathering essential information about a student, which may be disseminated among staff to enhance awareness of the student's needs and optimal support strategies (Vale of Glamorgan Council, 2021). Additionally, it integrates the perspectives of parents and multi-agency experts who can offer specialised knowledge to enhance school improvement (Welsh Government, 2015). This document can establish consistency across classrooms, fostering trust, boundaries, and established routines, which are crucial for particular pupils, especially those with ASD (Earlby, 2020). For example, a student with ADHD may necessitate frequent movement breaks to improve concentration and prevent task overload; however, if this is not incorporated into their OPP and communicated to the class teacher, the teacher may perceive the student as disruptive or defiant in adhering to rules, potentially leading to undesirable behaviours that create barriers to their learning.

Under the Equality Act 2010, schools are mandated to provide reasonable adaptations for students. Examples of effective practices may encompass modifications for visually impaired students through large print materials, provision of assistive technology featuring speech-to-text software for students with dyslexia, utilisation of task planners to improve focus and mitigate cognitive overload for students with ADHD, and permitting students with sensory processing needs to leave for lunch ten minutes early to circumvent crowds and excessive noise in the canteen (Department for Education, 2023)

Lastly, an additional example of effective practice is grouping students with similar needs into small group interventions that include explicit instruction in skills such as Read Write Inc. (Mould, 2020). Collaborative learning is grounded in Lev Vygotsky's Zone of Proximal Development theory, wherein pupils acquire knowledge through the assistance of a more knowledgeable individual, whether a teacher or a peer (Bates, 2019). Certain experts propose that groups composed of students with analogous demands can promote homophily, facilitating connections and the development of friendships (Vyrastekova, 2021). Conversely, some propose that the integration of pupils with various needs can foster understanding, challenge preconceptions, and enhance social cohesiveness (Arshad, Wrigley and Pratt, 2019).

This essay has examined the extensive and intricate range of additional needs, transitioning from a historical medical paradigm to a contemporary social model that promotes a more inclusive, person-centred approach in addressing additional learning needs. Educational institutions that adopt effective practices, such as valuing student perspectives, collaborating with families and multi-agencies, making reasonable adjustments, and providing differentiated strategies,

implement policy underpinned by key legislation facilitate the elimination of societal barriers that hinder student learning, thereby enabling them to flourish despite their additional learning needs (Welsh Government, 2015). This method cultivates a sense of belonging, equity, and social cohesion, which are essential characteristics of inclusive education (Flintshire LA, 2015).

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Element 3

Explore and summarise the additional learning needs of a pupil using a person centred planning approach.

(Based upon Section 1C IDP : Profile (About me)

and

2A IDP : Description of the child or young person's additional learning needs (ALN))

Section 1C: Profile (About me)**• What is important to the learner**

- My foster mum and dad, because they care for me. Do not say my middle name as it was my biological dad's name who I have no association with, and this triggers my anger if someone calls me it. I do not like to see it on any resources, exercise books or exam papers either.
- I like having time to do the things I enjoy – Rock climbing, drawing graffiti art and making fidgets out of wood and scrap.
- I like music as it helps me feel calm.
- I don't like people shouting at me, it winds me up. I like people to be calm and patient, and listen to my views, and include me in making decisions. Rather than punishing me for something, explain to me what I have done wrong to help me understand.
- My hoodie helps me feel safe, and I like to keep it on in class. I am self-conscious of my appearance.

• What is important for the learner

- To ensure Child A has access to the wellbeing HWB when they become dysregulated, so they can check in with a key adult and work through coping mechanisms, before returning to class.

- Ensure tasks and instructions are broken down and provided one at a time in a clear and concise manner, to avoid overwhelm.
- For teachers to understand Child A has ACE's (Adverse Childhood Experiences), ADHD (attention deficit hyperactivity disorder) traits and a diagnosis of FASD (Fetal Alcohol Syndrome) and how these impact on their learning and how to best support them.
- Provide reasonable adjustments and allow Child A to wear their hoodie during class, as this provides them with emotional security. Due to his eczema this further provides comfort to their sensitive skin, as stress from anger outbursts can often aggravate their eczema.
- **What is working and should be built on**
 - After breaking down tasks into manageable steps, introducing a checklist can support the learner in self-assessment and enhance their independence. The use of a timer can further enhance their motivation and engagement by setting challenges and trying to beat the amount of time spent on concentration. Timers can also enhance time management and support the student complete a task within a given time.
- **What is not working and needs to change.**
 - Currently when Child A has done something inappropriately or against school rules, they are often given negative points on Classcharts and sent to the isolation room/detention. Due to their adverse childhood

experiences this can further diminish their self-esteem and escalate their anger, particularly if teachers approach them using an increased tone and stern voice. Therefore, moving forward, if Child A was to do something inappropriate or against school rules, approach them in a calm patient tone, remain curious as to the reason behind their behaviour using a trauma informed approach (PACE / WINE strategies), using a restorative reflect on the situation from both perspectives, and explain clearly why they have been given a consequence and follow it through, using clear boundaries.

Section 2A: Description of the child or young person's additional learning needs (ALN)

Cognition and Learning

Child A has extensive learning difficulties and due to their diagnosis of FASD can cause particular difficulties with memory, attention, processing information and reasoning. Child A finds it difficult to understand things and does not remember events in sequence. Child A struggles to sustain their attention, retain and remember information, what they have learnt in school, or done during their day, the day before. Child A wants to do well and works hard to the best of their ability but often gets frustrated when they become forgetful. Child A can deliver a message for a staff member but not long sentences and often require frequent prompting to recall things. Child A finds organising their tasks, and completing lengthy tasks difficult, often leading them to disengage and daydream.

Communication and Interaction

Child A communicates well verbally. They are enthusiastic to join in conversations of their interests and eager to share their passions particularly of South Africa (foster mums heritage). Often Child A can have difficulty with sentences and phrases, which may be due to their difficulties with memory retention. Occasionally, it may appear Child A is not listening but will require additional processing time to understand what is being asked of them. Often, they will require numerous verbal instructions and requests repeated to them, but if they are asked demands too many times, this can cause frustration and dysregulation.

Child A often struggles to make and maintain friendships, predominantly relying on and favouring an adult presence. Child A may socialise and interact with others for a short period of time before falling out with them, often this can be due to difficulties in perspective taking and reasoning as a result of their cognitive impairments.

Sensory and/or Physical

Child A has eczema which can be aggravated by stress from anger outbursts. Child A has been prescribed Olatium and steroid medication, which they can apply throughout the day during flareups to support irritation. Due to their eczema, Child A has sensitive skin and very particular with the clothing they wear. Due to ACE's Child A is currently undergoing life-story work with CAMHS and the social worker, and as a result had been experiencing nightmares and difficulties sleeping. This can negatively affect their emotional wellbeing in school and concentration levels.

Behaviour, Emotional and social development

Child A is a Child Looked After (CLA), having gone through adverse childhood experiences, they were taken into care at the age of 7. Child A is described as having attachment issues relating to past trauma and can find it difficult interacting with others and forming social groups with peers. Child A can often find unstructured times difficult and engage more in associate play and can be 'a bit rough' as Child A states when playing with others which can often lead to misunderstandings and disagreements. This could also reflect Child A's ADHD traits

(hyperactivity and impulsiveness). Child A has a great sense of humour and enjoys engaging in conversation and telling jokes particularly with key adults, who he trusts and feels safe with.

Child A struggles to regulate their emotions, and can become very angry, shout, and hit himself or a wall when dysregulated. Child A has low self-esteem and often worries about things, especially due to their diagnosis of FASD, bringing about self-consciousness due to their physical representation. Although they work hard to use the strategies they have been given from CAMHS to regulate their emotions, they require a lot of prompting and reminding.

Element 4

Discuss the potential support provided to your chosen pupil (utilising the key principles, approaches and policies that guide inclusive practice).

Based upon Section 2B IDP : Description and delivery of the child or young person's additional learning provision (ALP)

I have provided 4 section boxes in this template 2B1, 2B2, 2B3, 2B4.

This will provide space for 4 ALPs

If you require more, copy and paste the section box as needed – each ALP should be contained in its' own individual section box.

n.b. Each section box contains 858 title words – these do not count towards your word count for this element

Section 2B1: Description and delivery of the child or young person's additional learning provision (ALP)				
2B1.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).	Child A will develop improved concentration skills and be able to focus on a task on their own for 20 minutes every day, so they are able to progress in their learning and develop independence.			
2B1.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>	2B1.3) Should the ALP be provided in Welsh?	2B1.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service, Specialist Teacher, etc.):	2B1.5) Start date:	2B1.6) End / Review date:

The teaching assistant will: • Implement short, focused tasks that correspond with the attention span of child A. Provide clear step by step instructions and ask Child A to repeat these back to check their understanding and clarification of what is expected of them. Provide scaffolding and gradually extend the duration of these tasks to cultivate concentration skills. • Provide Child A with a task planner with written instructions of the task they can refer to, enhancing attention and building independence. • Use of timers and visual aids to support the understanding of tasks, enhancing engagement. • Offer consistent, gentle reminders and signals to assist child A in regaining focus in the event of distraction. • Offer positive reinforcement and praise for Child A's efforts and completion of tasks, as well as rewards such as 5 minutes of drawing/listening to music to motivate Child A.	No	School	October 2025	April 2026
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• Tasks which involve extended writing offer the student Assistive Technology as alternative engaging methods of recording their work to maintain focus and engagement. • Chunk information on resources to ensure only key information is provided, decluttering resources and avoiding task overwhelm. • Provide access to HWB Uchelgais (Intervention class) if Child A becomes dysregulated or distracted, HWB Uchelgais will provide an alternative quiet, calm environment to complete work and enhance focus. • Support with strategies to enhance engagement and focus tailored to Child A's interest. While listening to instruction, post it notes to doodle, or allow headphones with music whilst completing tasks. • Set high expectations for the learner, enhancing their motivation and engagement (Pygmalion effect).				
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2B1.7) Rationale for the ALP listed above: <i>If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.</i>		This provision is pivotal to support the required enhanced concentration skills required to access Child As access to the curriculum and to develop independence in their learning. Providing short, focussed, condensed tasks, in alignment with Child A's current attention span, as well as visual aids can effectively support task completion and engagement. Furthermore, regular positive reinforcement from a TA can foster independence and participation in learning activities. Creating a distraction free environment can further enhance concentration required to complete tasks in a timely manner, and support Child A to sustain what he has learnt.				
Section 2B2: Description and delivery of the child or young person's additional learning provision (ALP)						
2B2.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).		Child A will be able to develop the skill of initiating and sustaining a conversation with a friend/peer so they can develop and enjoy friendships with others.				
2B2.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>		2B2.3) Should the ALP be provided in Welsh?	2B2.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service,	2B2.5) Start date:	2B2.6) End / Review date:	

		Specialist Teacher, etc.):		
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The teaching assistant will: • Model positive social interactions for Child A by demonstrating the ability to initiate positive conversations, respond to peers, and express feelings in an appropriate manner. • Use social stories to teach Child A specific social skills and strategies, such as how to join a group activity, resolve a disagreement, perspective taking, following game rules, listening to others. • Offer praise and positive reinforcement when Child A engages in positive interactions reinforcing their progress and efforts. Provide opportunities to allow them to reflect on their interactions, supporting them to recognise successful social behaviours an area of development, and to provide feedback to support understanding. • Encourage Child A to attend a lunchtime club of his choice (1 x 30 mins weekly) to support establish friendships. TA to accompany as a scaffold and gradually remove as Child A becomes more confident to attend independently.	No	School	October 2025	April 2026
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• Provide block sessions of Talkabout as an intervention during registration (1 x 30 mins weekly), targeting social skills and providing child A with opportunities to build friendships. • Support Child A to work in small group tasks of 2 – 3 students to provide opportunities to engage and build social skills.				
2B2.7) Rationale for the ALP listed above: <i>If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.</i>	This provision is required to support Child A in developing their enhanced social skills effectively. The TA will play a crucial part in facilitating social opportunities for Child A to practice and refine skills in a supportive environment. Through direct coaching and scaffolding provided by the TA, gradually reducing overtime, Child A can develop independence and confidence in initiating conversations with peers, applying positive social behaviours and build and maintain positive friendships.			
Section 2B3: Description and delivery of the child or young person's additional learning provision (ALP)				

2B3.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).	Child A will be able to regulate their emotions so they can improve their wellbeing and enjoy spending time with others.				
2B3.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>	2B3.3) Should the ALP be provided in Welsh?	2B3.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service, Specialist Teacher, etc.):	2B3.5) Start date:	2B3.6) End / Review date:	

Teaching assistant will: • Use Edward Scaling Charts (emotion charts) to support Child A in identifying emotions and adopting positive coping mechanisms to prevent escalation. • Use Social stories to support understanding of situations and enhance emotional regulation • Child A will have access to a time-out card, to access Hwb Gofal (wellbeing Hwb) and Hwb Llwyddo (Behaviour Hwb) to access support from a key adult, talk about their emotions, and be supported to regulate their emotions through various techniques and strategies (grounding, breathing, mindfulness, making fidgets they can utilise in class, listening to music). Also remind and work with Child A through the strategies provided by CAMHS • Child A will receive block trauma informed sessions (1 x 60 mins weekly) with the trauma informed practitioner from Carmarthenshire County Council on school site, to talk through their ACE's, support wellbeing and emotional regulation. This is	No	School County Trauma Informed Practitioner Social worker CAMHS	October 2025	April 2026
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alongside the Social Story work being undertaken with CAMHS and the social worker. • Support Child A with a reduced timetable to support wellbeing, including alternative curriculum, whereby Child A will attend rock climbing off site with a small group (while completing a National Indoor Rock-climbing Award (NICA) 1 x 120 mins weekly during PSE lessons with Mr Barker. • Model positive coping mechanisms and utilise positive reinforcement and praise to support emotional regulation and independence. • Provide Child A with a daily check in and check out, to provide them with an opportunity to vent, to prevent further meltdowns at home, and ensure a positive start to each day. • Ensure clear, consistent boundaries and expectations within the classroom.				
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2B3.7) Rationale for the ALP listed above: <i>If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.</i>	This provision is required to support Child A in effectively regulating their emotions and accessing the curriculum and their learning. This provision will support Child A in identifying potential triggers and regulating their emotions to prevent escalation. Their adverse childhood experiences have been identified as significantly impacting their ability to acknowledge, understand and regulate their emotions. This can negatively impact on developing relationships with peers, and the ability to fully participate in class activities and tasks.			
Section 2B4: Description and delivery of the child or young person's additional learning provision (ALP)				

2B4.1) Intended outcome: These outcomes should be SMART (Specific, Measurable, Achievable, Realistic, Timebound).	Child A will develop improved memory recall and retention skills and during check in at the end of each day with a TA be able to recall 3 things they have learnt during that day.				
2B4.2) ALP to be provided: <i>This should include how often (daily, weekly); the type of support; who provides the support. The description of the Additional Learning Provision (ALP) should be very clear and precise, the above could then be split into smaller goals and targets.</i>	2B4.3) Should the ALP be provided in Welsh?	2B4.4) Organisation/ Service to provide the ALP, (e.g. NHS, Inclusion Service, Specialist Teacher, etc.):	2B4.5) Start date:	2B4.6) End / Review date:	

The teaching assistant will: • Break tasks down into smaller, manageable chunks to avoid cognitive overload. • Provide visual aids (diagrams, mind maps, flashcards) and multisensory learning experiences to enhance and consolidate skills and understanding of learning topics. • Utilise strategies to enhance the recall of information through the use of mnemonic devices, storytelling, note-taking of key principles in bullet point form. • Recap key information at the end of each lesson, encouraging the student to repeat what they said, by reinforcing key information through repetition.	No	School	October 2025	April 2026
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• Pre/Post tutoring of key information/vocabulary before/after a lesson to improve understanding, grasp new concepts, reinforce learning, and potentially bridge any learning gaps. • Provide opportunities 1:1 or in small groups to strengthen the working memory, by utilising mind games, such as puzzles, matching games, memorisation games (Simon says, I went to the shop a bought).				
2B4.7) Rationale for the ALP listed above: <i>If there is a difference of opinion it should be recorded here e.g. a difference of opinion between the child, child's parent or young person and professionals. The section could explain how different opinions have been taken into consideration before a particular decision was reached.</i>	This provision will support Child A in strengthening their working memory abilities. Child A often finds it difficult to recall what has been learnt in a lesson, or the previous day. This provision will support Child A enhancing recall skills and engage in their learning by developing a better understanding and grasp of concepts, so knowledge can be built on prior knowledge. Additionally, improving their retention and recall skills may enhance concentration and			

	sustain what is being taught, allowing them to better participate in lessons and activities.
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