EAL, SEN and Inclusion   Tutor's Notes for Session 3

Children learning EAL who have complex or severe SEN

Timing of the session

Each of the three sessions in the module is planned with a one hour teaching slot in mind. The suggested timings below allow for five minutes' slippage:

1.	Introduction - Overview of the session (Slides 1 - 4)	5 minutes
2.	Forms of complex and severe SEN and their interaction with EAL (Slides 5 - 10)	10 minutes
3.	Communication with parents (Slides 11 - 14)	15 minutes
4.	Characteristics and prevalence of autistic spectrum disorders (ASD) (Slides 15 - 16)	5 minutes
5.	Targets and strategies for teachers working with a child who has ASD and is learning EAL (Slides 17 - 18)	20 minutes

Slides 1 - 4   Introduction: overview of the session

This session is concerned with children learning EAL who have complex or severe SEN and who are included in mainstream classes. Trainee teachers need to develop an awareness of what different forms SEN can take and an appreciation of how SEN and EAL needs may interact when the SEN are complex or severe. These basic levels of understanding will form a basis for developing more detailed knowledge when they find themselves in charge of a mainstream classroom in which there is a pupil with one of these patterns of need. That is becoming very much more common than it was in the past.

Slides 5 - 7   Introduction to forms of complex and severe SEN

Slides 6 - 7 list the terms used by the DCSF to describe learning difficulties and disabilities. They are shown in order of frequency of incidence in schools. The table below shows the number of children in England with statements of special educational needs recorded by the DCSF at the beginning of 2009. There are web links for each form of special educational need that provide information on definition and/or teaching issues.

It may be helpful for trainees to discuss briefly in buzz groups what each of these terms means. Appendix 1 can be copied as a handout so that they have the list of terms and the statistical data to refer to. They can be asked to make sure that they understand the differences between them. It may be important to clarify these distinctions in a short plenary discussion. The questions that are asked most frequently by students concern the very similar terms used for different forms of SEN in the area of cognition and learning (see official guidance in Appendix 2).

Table 1   Incidence of different forms of special educational need in England

Learning difficulty/disability	*Number*	*% of total SEN group*
Moderate learning difficulties	41,030	19.5
Autistic spectrum disorder	36,800	17.5
Behaviour, emotional and social difficulties	30,220	14.3
Speech, language and communication difficulties	27,060	12.8
Severe learning difficulties	25,230	12.0
Physical disability	14,540	6.9
Specific learning difficulties (e.g. dyslexia)	12,580	6.0
Profound and multiple learning difficulties	8,680	4.1
Hearing impairment	6,440	3.1
Visual impairment	3,750	1.8
Multi-sensory impairment (e.g. deaf and blind)	480	0.2
Other difficulties	3,860	1.8

Source

DfES(2006). *Special Educational Needs in England, Jan. 2009: Statistics First Release.* SFR 14/2009

http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000852/index.shtml

Slides 8 - 10   Interaction of EAL and SEN

Slide 8 examines the interaction between forms of SEN and learning EAL. The difficulties that a child with SEN faces at school will be exacerbated if there are language differences between home and school. These problems will be most acute if the nature of the child's SEN impedes the development of communication skills. The example on the slide concerns children with autism. They would have difficulties in communicating with others at school even if their home language did not differ from the language of the school. When they need to learn EAL in addition to the other challenges they face in school, the learning of the language poses a particular problem because of their general difficulties with communication. They may learn simple vocabulary by

rote very successfully but fail to pick up some aspects of social communication in English which most EAL learners are quick to learn such as how to deal with everyday exchanges during ball games in the playground. They may be slow to learn social everyday English which increases their isolation from their peers at school and thus exacerbates the symptoms of autism in terms of poor social relationships.

Another example (not shown on the slide) is a deaf child who comes from a family that has roots overseas. Between home and school they may be exposed to more than one form of sign language as well as more than one oral language (e.g. Spanish as well British Sign Language and oral Spanish as well as oral English). As far as the oral languages are concerned, their hearing impairment will mean that they lack the experience of incidental exposure and easy informal learning of either.

Slide 9 raises a different question about the relationship between learning EAL and experiencing SEN. This is whether some forms of SEN are less likely to be identified if a child is learning English as an additional language. The bar chart on this slide is based on the most authoritative recent study of SEN statistics and ethnic background in England, which was carried out for the DfES by Geoff Lindsay and his colleagues at the University of Warwick (Lindsay et al, 2006). They reanalyzed data collected from schools by the DfES in January 2005. They did not include EAL in their models, because only limited information on EAL was collected in the annual returns on which their work was based. Schools were only asked whether 'English was the language to which the pupil was exposed during initial language learning'. "However this indicates nothing about the pupil's degree of *fluency* with English: pupils may range from those who are fully fluent in English through to those who may be total beginners in learning English. The measure is therefore of limited usefulness conceptually and practically… Furthermore, this binary EAL measure has high multi-co linearity / redundancy with ethnicity. Thus 98% of Bangladeshi, 94% of Pakistani, 85% of Indian, 82% of Chinese, 80% of any other group and 71% of Black African pupils are identified as EAL. When we included EAL alongside ethnicity in the models, the effect of EAL status was not significant. Therefore EAL status is excluded from the models." (p. 32)

Even so there is some evidence that children from particular ethnic groups who are mostly learning EAL are over- or under-represented among groups who have different forms of SEN. Lindsay et al examined the statistics for those ethnic groups where teachers reported that most children had been exposed to a language other than English during their initial language learning. Their results included data that is illustrated in the figure on the slide. This shows that, after controlling for socioeconomic disadvantage, and compared to White British pupils, Bangladeshi, Indian and "Other Asian" pupils were much less likely to be reported as having moderate learning difficulties, specific learning difficulties or an autism spectrum disorder. Pakistani pupils were similar in this respect to the other Asian groups, except that they were not less likely than White British pupils to be reported as having moderate learning difficulties. (The exact figures for the odds ratios presented in Slide 9 are given in Appendix 3 below. The full set of data may be accessed on the internet in Table 5b of the report.)

What factors might lead to the under-representation of various Asian groups in these figures? Lindsay et al suggested: "…this could be because of difficulties in disentangling learning difficulties from issues associated with English as an Additional Language (EAL) and therefore work is needed to assess whether these children's needs are being met appropriately or whether their EAL status is leading to an under-estimation of the nature and severity of cognition and

learning needs. The literature also suggests that lack of early take-up of health care among EAL groups may be an additional risk factor." (p. 113)

For the purposes of this session the most important teaching point may be that teachers and other school staff need to be vigilant in observing closely children learning EAL who appear to be struggling in the classroom. How do they approach their learning tasks? Are there signs that their difficulties are not just a matter of uncertainties with the language of the classroom but are associated with deeper uncertainties about the basic concepts and reasoning involved in the lesson? Trainees can be reminded of the discussions on identification and assessment during the previous session.

It may be worth noting that there are also forms of SEN which these groups were *more* likely to have than White British children. For example, Pakistani pupils were more than twice as likely to be reported as having hearing impairment or profound and multiple learning difficulties compared to White British pupils. Those who wish to read more about the evidence and arguments on this topic may refer to Lindsay et al's full (2006) report.

Slide 10 deals with possible reasons why some groups appear to have a relatively low incidence of certain forms of SEN. The list of suggestions that are made in the bullet points on this slide is based on the assumption that the figures do not reflect "real" differences in the likelihood that a child from a particular group will have a particular form of SEN.

Historically academic and professional debates on these issues have focused on over-representation of minority ethnic pupils among those assessed as having SEN. For example, there was justified concern in the 1960's and 1970's when it emerged that Black Caribbean pupils were four times as likely to be transferred to special schools for what were then called the "Educationally Subnormal - Moderate" as White British pupils. It will be obvious that such over-representation of a group could create problems both because children might be stereotyped with problems they do not have and because the methods used to teach them might not be adapted to their actual needs. At the same time under-representation is also undesirable: children learning EAL who have general learning difficulties might miss out on the help that they really need, while the EAL and other teaching that is given to them may prove ineffective.

A common cause of under-representation is summarised in bullet point (b) on the slide: teachers may confuse "real" learning difficulties with difficulties that arise from being at the early stages of learning English. For a discussion of how this may occur in the case of literacy learning and how it could be avoided see the review by Cline and Shamsi (2000).

Bullet point (c) on the slide refers to another possible cause of under-representation: families may experience problems in obtaining professional help so that formal identification is delayed. These problems may occur because of poor communication (e.g. the use of unexplained complex language in professionals' communications with parents) or because of a lack of confidence in the use of diagnostic services on the part of parents (e.g. because of previous experiences of perceived hostility or uncertainty about how to navigate complex networks of agencies).

Slides 11 - 15   Communication with parents about their child's SEN

Slides 12 - 14 outline some of the barriers that may exist to effective consultation with parents and to their developing an understanding of the child's educational needs that is shared with the teachers and becoming engaged in joint cooperative initiatives to address those needs. Groups' responses to the challenging question that is set on Slide 15 might usefully include:

- Involve other influential family or community members to act as family advocates and cultural brokers as well as language interpreters.

- Develop increased knowledge and sensitivity about the family's cultural and communal background, paying particular attention to:
  (a) issues around school learning and disability, and
  (b) culturally bound, nonverbal aspects of communication, e.g. body language and eye contact.

- Draw on the parents' ideas when prioritising and defining IEP targets so as to develop goals which are consistent with the life experiences, religious beliefs, and cultural values of the family while also meeting the aims of the school.

- Make a phone call or short home visit ahead of key school meetings about the child's SEN in order to make sure that any necessary advocacy or interpreting arrangements are set up, that there are no childcare or transport obstacles to their attending and that there is at least one person from the school at the meeting to whom they have spoken in advance and with whom they feel comfortable.

- Ensure through that preliminary contact that they are aware of what will take place during the meeting and understand its importance for their child.

- Reduce the volume and complexity of any written information that is supplied to them.

- Provide them with information that is not only factual, but also open-ended so that they are encouraged to express their views on disability, preferences, and opinions about placement, teaching methods, and the extent and meaning of their rights under the special education law.

(Extracted and adapted from Zhang and Bennett, 2003)

Slides 16 - 18   Characteristics and prevalence of autistic spectrum disorders

The final part of the session will focus on how the teaching and management of a child who has SEN may need to be adapted when the child additionally has language learning needs because they are learning English as an additional language. The example used to illustrate this will be a child with ASD (an autistic spectrum disorder). Slides 17 - 18 introduce the example with some basic information on the characteristics of children who have autism. This short account draws on Frederickson and Cline (2009, Chap. 11), Frederickson, Miller and Cline (2008, Chap. 8), APA (2000) and DfES Good Practice Guidance (DfES, 2002).

Slide 17   Distinctive characteristics of autism

Children with ASD are likely to have impairments in three areas ("the triad"):
1. They have limited understanding of social behaviour, which affects their ability to interact with other children and with adults:

(a) They make inadequate use of non-verbal behaviours to regulate social interaction.

(b) They do not succeed in developing age appropriate peer relationships.

(c) They have difficulty in engaging in social or emotional interactions in a reciprocal way: it is on their terms.

(d) They may rarely share enjoyment, achievement or interests with others.

2. They have impaired skills in verbal and nonverbal communication:

(a) They do not develop language at the expected rate.

(b) They have difficulty initiating or sustaining conversation.

(c) Their use of language is repetitive, unusual or stereotyped.

(d) They do not engage in pretend or socially imitative play at a level appropriate to their age.

3. They think and behave inflexibly:

(a) Their interests are extremely narrow, intense or unusual.

(b) They show an unreasonable insistence on sameness and following specific routines or rituals.

(c) They display stereotyped and repetitive motor mannerisms.

(d) They may be pre-occupied with the parts of objects so that they do not see them as a whole.

In the past it was more common to talk simply about "autism". In addition the term "Asperger Syndrome" was used for a group of higher functioning young people. Now, however, it is increasingly common to use the term "autistic spectrum disorders" for this whole range of difficulties. Different medical diagnoses such as Asperger Syndrome emphasise different elements of the triad. But as they grow older children with diagnoses of Asperger Syndrome become increasingly difficult to distinguish from high functioning children with autism. So the general term 'Autistic Spectrum Disorders' (ASD) seems more appropriate. In addition, there is wide individual variation within each element of the triad both in severity of difficulties and the way they are manifest. The idea of a spectrum captures that wide range.

Slide 18   Prevalence

A frequency of 4-5 per 10,000 was reported for strictly defined autism by Wing and Gould (1979), but Baird et al. (2006) reported the prevalence of strictly defined autism as 39 per 10,000, with 116 per 10,000 for all autistic spectrum disorders. Similar increases have been reported over the past 20 years in other studies both in the UK and internationally. There has been a good deal of speculation about the possible reasons for these dramatic increases. Possible causes include:

- Professionals now use a broader classification system for categorising autism ("autistic spectrum disorders")

- There is increased awareness of ASD among general practitioners and other professionals.

- There are improved strategies for identification and more sensitive assessment instruments.

One discredited theory is that the measles, mumps and rubella (MMR) vaccination might be responsible. The reasons for rejecting this notion are:

• There is no evidence that the incidence of ASD changes following the introduction of the MMR vaccine.

- There is no evidence that the incidence of ASD is increased in vaccinated as opposed to unvaccinated children.

Slides 19 - 20   Targets and strategies for teachers working with a child who has ASD and is learning EAL

In the final part of the session the group will focus on a task which can be tackled at different levels depending on their prior knowledge of work with children learning EAL and with children who have ASD. Appendix 4 may be distributed as a handout. The three children who are featured there are all learning EAL with the additional challenges associated with ASD. The four questions are intended to help them to consolidate understanding of points raised earlier in the session as well as to come to grips with the main question: what strategies can a teacher adopt for effective work with the children?

i) Each buzz group should select one child on whom to focus - Javed, Ragnar or Sandeep.

ii) The first question (what characteristic features of ASD does this child show?) will encourage them to read the description of their pupil with close attention and to recall the account of features of ASD that was introduced earlier.

iii) The second question invites them to suggest 1 - 2 IEP targets that might be appropriate for the child and to reflect on how these could be modified to take into account his EAL needs. In addition to the material on ASD and EAL in this session the question requires that groups reflect back to the discussion in the last phase of Session 2 when the modification of IEP targets for pupils learning EAL was covered.

iv) The third question is likely to be the principal focus for most groups. In thinking about possible specific teaching and management strategies that might help to achieve these targets they will be able to consider those listed under the two main heading on the last two pages of the handout. Like the experienced teachers for whom Linda Bartlett prepared a longer version of those lists on cards, they will no doubt notice some overlap between the lists. Children with ASD who are learning EAL face a double whammy in terms of their need for additional help over all forms of communication.

v) The final question may be omitted if time is running out. It invites the group to consider one of the greatest challenges for those working with this group - how to facilitate effective family involvement.

References and further reading

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition, Text Revision (DSM-IV-TR).* Washington: American Psychiatric Publishing.

Cline, T. & Shamsi, T. (2000) *Language Needs or Special Needs? The Assessment of Learning Difficulties in Literacy Among Children Learning English as an Additional Language: A Literature Review.* (Research Report RR184). London: DfEE.

Corbett, C. and Perepa, P. (2007). *Missing out? Autism, education and ethnicity: the reality for families today.* The National Autistic Society.

Frederickson, N. and Cline, T. (2009). *Special Educational Needs, Inclusion and Diversity: A Textbook*. Second edition. Maidenhead: Open University Press.

Frederickson, N., Miller, A. & Cline, T. (2008). *Educational Psychology*. London: Hodder Arnold.

Lindsay, G., Pather, S. & Strand, S. (2006). *Special Educational Needs and Ethnicity: Issues of Over- and Under-Representation.* DfES Research Report No. 757. London: DfES.

http://www.dcsf.gov.uk/research/data/uploadfiles/RR757.pdf

Zhang, C. and Bennett, T. (2003). Facilitating the meaningful participation of culturally and linguistically diverse families in the IFSP and IEP process. *Focus on Autism and Other Developmental Disabilities*, 18, (1), 51 - 59.

Appendix 1   Different forms of special educational need

1. Relative frequency of different forms of SEN

This table shows the forms of SEN recognized by the DCSF in order of frequency as recorded in Statements of SEN in England in January 2009.

Learning difficulty/disability	Number	% of total SEN group
Moderate learning difficulties	41,030	19.5
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Visual impairment	3,750	1.8
Multi-sensory impairment (e.g. deaf and blind)	480	0.2
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Reference: DCSF (2009). *Special Educational Needs in England, Jan. 2009: Statistics First Release.* SFR 14/2009

http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000852/index.shtml

Appendix 2

Distinguishing among forms of SEN in the area of cognition and learning

The terms used for different forms of SEN in the area of cognition and learning are very similar and can be confusing. (see official guidance in Appendix 2). The account of the distinctions among them has been extracted from official guidance on the Teachernet website
http://www.teachernet.gov.uk/wholeschool/sen/datatypes/Cognitionlearningneeds/
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Specific Learning Difficulty (SpLD) is an umbrella term which indicates that pupils display differences across their learning. Pupils with SpLD may have a particular difficulty in learning to read, write, spell or manipulate numbers so that their performance in these areas is below their performance in other areas. Pupils may also have problems with short-term memory, with organisational skills and with co-ordination. Pupils with SpLD cover the whole ability range and the severity of their impairment varies widely. The best known example of SpLD is dyslexia. Pupils with dyslexia may learn readily in some areas of the curriculum but have a marked and persistent difficulty in acquiring accuracy or fluency in learning to read, write and spell. Pupils may have poor reading comprehension, handwriting and punctuation. They may also have difficulties in concentration and organisation and in remembering sequences of words. They may mispronounce common words or reverse letters and sounds in words.

Moderate Learning Difficulty (MLD) is the term used when pupils have attainments well below expected levels in all or most areas of the curriculum, despite appropriate interventions. Their needs will not be able to be met by normal differentiation and the flexibilities of the National Curriculum. Pupils with MLD have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delay, low self-esteem, low levels of concentration and under-developed social skills.

Severe Learning Difficulty (SLD) is the term used when pupils have significant intellectual or cognitive impairments. This has a major effect on their ability to participate in the school curriculum without support. They may also have associated difficulties in mobility and co-ordination, communication and perception and the acquisition of self-help skills. Pupils with SLD will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. Some pupils may use sign and symbols but most will be able to hold simple conversations and gain some literacy skills. Their attainments may be within the upper P scale range (P4-P8) for much of their school careers (that is below level 1 of the National Curriculum).

Profound and Multiple Learning Difficulty (PMLD) is the terms used when pupils have severe and complex learning needs. In addition they normally have other significant difficulties, such as physical disabilities or a sensory impairment. Pupils require a high level of adult support, both for their learning needs and also for personal care. They are likely to need sensory stimulation and a curriculum broken down into very small steps. Some pupils communicate by gesture, eye pointing or symbols, others by very simple language. Their attainments are likely to remain in the early P scale range (P1-P4) throughout their school careers (that is below level 1 of the National Curriculum).

Appendix 3   Odds-ratios for the data presented in the bar chart in Slide 8

The table below concerns pupils aged 5 - 16 who were identified at School Action Plus or in Statements of SEN as having autistic spectrum disorders (ASD), specific learning difficulties (SpLD) or moderate learning difficulties (MLD) in school returns in England for January 2005. There are differences in the frequency with which pupils are assessed as having SEN according to age (more children identified as they grow older), gender (more boys) and socio-economic disadvantage (more children from lower socio-economic backgrounds). So Lindsay et al adjusted the figures to control for year group, gender and socio-economic disadvantage. The "odds-ratios" show how likely it was for a child from a particular group to be identified as having a particular from of SEN. In this table the odds ratio for a White British child is 100 in every case. So an odds-ratio of 39 for another group in a particular column means that children in that group were only 39% as likely to be identified with that form of SEN as White British children.

	ASD	SpLD	MLD
White British	100	100	100
Bangladeshi	39	43	51
Pakistani	46	36	ns*
Indian	44	31	65
Other Asian	60	32	46

*ns   No figure is given in the relevant table in the research report as the difference between the Pakistani and White British groups was not statistically significant.

Appendix 4   Vignettes of children with ASD and EAL

Javed (Year 3) is originally from Pakistan and his home language is Urdu. He has attended the school since the second term of Year 1. At first there was little contact between his parents and the school. When the bilingual assistant helped to develop communication, it became apparent that the parents feared he would be refused a place at school because of his difficulties. They are still hoping that he will 'grow out of autism' as he matures. At school he has difficulty engaging in conversation on a one to one basis with adults or his peers. During whole class discussions he talks to himself, sometimes in Urdu and at other times, according to the bilingual assistant he babbles. During whole school assemblies he often places his hands over his ears and rock back and forth and making loud shrieks. He knows a few key classroom words and phrases in English e.g. 'toilet', 'sit down', 'good boy'. According to the bilingual classroom assistant he knows a few more key words and phrases in Urdu. However these are still single words or two to three word phrases.

Ragnar (Year 2) is from Norway and Norwegian is the home language. His family moved to the UK last year and he started to attend the school in Year 1. He attended nursery in Norway, where he received some support for social needs. He has an in depth knowledge of the map of the world, naming capital cities and identifying flags. When engaged in conversation with adults or his peers he will talk at length about capital cities or flags, reeling off in depth information regardless of the topic of the conversation. He switches between speaking in Norwegian and English irrespective of who is present. He prefers to look at maps, atlases and flag books on his own rather than interacting with his peers and will often revert to doing this instead of engaging in a planned activity in the classroom.

Sandeep (Year 4) was born in Britain and has attended the school since nursery. His parents came here from India, and the home language is Hindi although his older siblings speak English at home. His mother understands English but is not confident in speaking it. She is accompanied to school meetings by her eldest son who is 15 and he often translates for her. Sandeep ensures that doors are always closed. If anyone walks in or out of a room leaving a door open he will go and close the door. This can be in the classroom and hall during assemblies. He also makes sure that chairs are always tucked under tables in the classroom and pencils, crayons and pens are in their pots. Sandeep has difficulty engaging with his peers and adults preferring his own company. He has difficulty sustaining eye contact and will often look at his hands as he twirls them around. At times he is able to follow very simple and staged instructions in English. However he tends to follow his own agenda such as closing doors and tidying the chairs rather than attend to specific instructions.

Activity

Choose one child - Javed, Ragnar or Sandeep.

1. What characteristic features of ASD does this child show?

2. Suggest 1 - 2 IEP targets that might be appropriate for him? How could these be modified to take into account his EAL needs?

3. Can you suggest 1 - 2 specific teaching and management strategies that might help to achieve these targets? You may find the lists below as a useful source of ideas.

4. Think back to Slides 11 -14 'Barriers to effective family involvement'. What other issues do you think teachers would have to consider when working with this pupil and his family to ensure that possible barriers to effective family involvement are reduced?

Teaching and management strategies

The following lists of strategies have been adapted from more detailed materials that were developed for a training exercise for experienced teachers by Linda Bartlett, EMASS Team Leader, Milton Keynes. The first list covers strategies suggested for children who have ASD and the second covers strategies suggested for children who are learning EAL. Some strategies might be combined for a child who is learning EAL and has ASD.

Strategies to support EAL learners

a) Ensure that the teacher's explanations of learning intentions, tasks and success criteria are simple to understand.

b) Teach other features of language, such as grammar, as well as vocabulary relating to content.

c) Reflect on language learning as well as curriculum learning in classroom plenary sessions.

d) Provide visual support for learning, e.g. using key visuals or graphic organisers or diagrams.

e) Encourage the use of the child's first language for learning, e.g. by using dual language books.

f) Pre-teach key vocabulary for a lesson, drawing on familiar contexts to help the child understand and remember it.

g) Demonstrate and/or model instructions practically.

h) Model examples of the language required for tasks.

i) Use collaborative activities which promote talk between peers in context.

j) Monitor and reinforce understanding through questioning.

k) Group the child with peers who are good English language role models regularly as well as with speakers of their first language for particular purposes.

l) When the child learns new language, plan tasks or opportunities that ensure it is applied promptly.

m) Use writing analysis to identify EAL errors and to plan follow-up teaching input.

Strategies to support autistic learners

a) Focus the child's attention before any communication - such as by using his/her name, or using some arranged signal.

b) Make clear, simple requests or instructions, one at a time.

c) Analyse activities to ensure that tasks are manageable and within the child's attention span.

d) Check the child's understanding of what is said in the classroom and repeat/rephrase instructions as necessary.

e) Practice newly acquired skills in different settings, in order to foster generalization.

f) Teach what 'finished' means, and ensure that the child knows what to do on the completion of a given task.

g) Use simple, shared charts to record progress, and give praise or more tangible rewards regularly to mark good performance.

h) Emphasise visual cues and signals as aides-mémoires.

i) Specifically teach common similes and metaphors, to reduce over-literalness and demonstrate that words are not always to be taken at face value.

j) Try to link learning to the child's particular interests.

k) Gradually increase the complexity of reading material (and use books designed for slower readers but with a more 'grown-up' content).

l) Give the child extra support in open-ended and group tasks.

m) Allow some access to obsessive behaviour as a reward for positive efforts on tasks set.

n) Remove or minimise any distracters, or provide access to a separate individual work area when a task requiring concentration is set.