

CHILDREN'S SERVICES OVERVIEW AND SCRUTINY COMMITTEE



Report subject	SEND Mainstream Banding
Meeting date	26 th July 2022
Status	Public Report
Executive summary	<p>The purpose of this paper is to outline the changes of the mainstream SEND banding descriptors and provide three banding value options for consideration. One option will need to be adopted by Bournemouth, Christchurch and Poole Council (BCP Council).</p> <p>This paper outlines how each of the options will contribute to the long-term reduction of the overall overspend in the High Needs Block budget and the commitment required from both mainstream schools and the SEND Service to reduce growth in both Alternative Provision (AP) and Independent Non-Maintained Special School provision (INMSS).</p> <p>Implementation of the adopted new banding value option will commence from October 2022.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <ol style="list-style-type: none"> 1. Members review the changes made to the SEND mainstream banding descriptors. 2. Members review the adoption of the banding value option it deems to be the most viable option for both BCP Council and mainstream schools. 3. That implementation of the new banding value option is applied to all new cases. 4. That implementation of the new banding value option is applied to existing EHCP cases when they are evaluated at annual review.
Reason for recommendations	<p>The proposals and recommendations in this paper are in response to the recommendations in the Appreciative Inquiry, the deficit in the High Needs Block, and Children's Services Transformation Programme. They also form a key component of the Inclusion Strategy.</p> <p>The revision of the SEND mainstream banding descriptors and the adoption of new banding values emphasise the need for BCP Council to provide suitable financial support to mainstream schools to enable them to meet the needs of children and young people with SEND who reside in the local area and are attending BCP mainstream schools. It also supports BCP Council in delivering its commitment and aspiration of BCP being an inclusive place for children and young people with SEND to thrive.</p>

Portfolio Holder(s):	Councillor Nicola Green, Portfolio Holder for Council Priorities and Delivery
Corporate Director	Cathi Hadley, Director of Children's Services
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Wards	Not applicable
Classification	Information

Background

1. The review of SEND mainstream banding is part of Children's Services Transformation Programme, a response to the recommendations in the Appreciative Inquiry, a key component of the Inclusion Strategy and it will ultimately contribute to addressing the deficit in the High Needs Block (see Appendix 1 for an overview on how SEN is funded in mainstream schools).
2. The main purpose of the review is to work in partnership to support BCP Council to:
 - Deliver its commitment and aspiration of BCP being an inclusive place for children and young people with SEND to thrive.
 - Reduce the overall overspend in the High Needs Block Budget long-term.
 - Provide better support to mainstream schools to meet the needs of children and young people with SEND.
 - Increase the numbers of children and young people attending mainstream schools.
 - Reduce growth of children and young people attending Alternative Provision.
 - Reduce growth of children and young people attending Independent Non-Maintained Special Schools (INMSS).
3. The number of children and young people who require help and support because they have special educational needs and/or disabilities continues to grow. Covid-19 has also been a contributor to this growth. BCP has seen a 14.6% increase in the numbers of children and young people with an Education, Health and Care Plan (EHCP) in March 2021 compared to March 2022.
4. Local Government Re-organisation in 2019 required savings to be made within the High Needs Block and predecessor authorities agreed that the savings would come from the 'top-up' banding funding provided to mainstream schools. This decision led to a funding reduction of 45%. This reduction in funding has meant that mainstream schools are unable to provide the required and relevant support and services to children and young people with an EHCP (confirmed in a consultation exercise undertaken in December 2021 with BCP School Headteachers - see Appendix 2).
5. A consequence of insufficient funding being provided to mainstream schools, is that much higher numbers of children with an EHCP who could and should attend a mainstream setting are attending special schools. Spaces in special schools are therefore limited for children and young people with more complex needs resulting in these individuals attending independent maintained provision which is costly for BCP Council.
6. In BCP, as at March 2022 there were a total of 3,125 children and young people with an EHCP, of which 33% were attending mainstream schools and 11.3% were in independent and

non-maintained provision. Compared to national and statistical neighbour averages (January 22) the proportion of children and young people in BCP attending independent and non-maintained provision is significantly higher – national 5.2% and statistical neighbour 6.8%.

7. To take this review forward a 'SEND Mainstream Banding Review' working group and subsequent sub-working groups were established in October 2021. Members of the working group includes officers from BCP Council, school and partner agency representatives. The sub-working group that revised the descriptors included parents/carers.

Options Appraisal - Banding Descriptors and Values

8. Banding descriptors – these continue to be arranged by the four areas/types of special educational need outlined in the SEND Code of Practice (2015) and by four levels of severity of need. However, the descriptions within each of the four areas of need have been broadened (see Appendix 4 for proposed descriptors). The four areas of need are:

- Cognition and Learning
- Communication and Interaction
- Social, Emotional and Mental Health
- Sensory and/or Physical Needs

9. Banding values – these are in a resource ladder format and the current banding and values are detailed in the table below:

Existing Banding Values	Band Z	Band A	Band B	Band C	Band D
	£0	£1,000	£2,300	£3,600	£5,000

Options Appraisal

10. To ensure revision of the banding values (Consideration 2 below) was the best way forward for all stakeholders, four considerations were reviewed. The four considerations are as follows (see Appendix 3 for a high-level scoping document):

Considerations	
1.	No change in the existing process
2.	Adopt new descriptors and values (resource ladder)
3.	Delay implementation – increase banding values with the stipulation the schools to buy back support from BCP
4.	Delay implementation – minimal increase to banding values and create a package offer of support to schools

11. Within Consideration 2, three banding options have been calculated and finalised based on the findings from the pilot exercise and the savings that BCP Council need to make over the next three years (**see section: Summary of Financial Implications for the three options**).

Pilot Exercise

12. During April and May 2022, several schools volunteered to be part of a pilot exercise which trialled the revised banding descriptors with new and existing EHCPs. During the pilot exercise a total of 128 EHCPs were reviewed (equating to 14% of the total number of EHCPs maintained by BCP) against the existing banding descriptors and the proposed descriptors.

The outcome of the pilot exercise has informed the financial modelling of the banding values for Consideration 2: Adopt new descriptors and values.

13. Senior Leadership Team and the High Needs Block Recovery Board will select and approve the option that they deem to be most viable for schools and BCP Council.
14. The revisions of the banding descriptors and values will be communicated to residents and stakeholders via a month-long consultation exercise which will commence on 28 June 2022 and end 27 July 2022. The consultation will seek the views of BCP residents and stakeholders on the suggested changes and these will be taken into account by BCP Council.

Summary of financial implications

15. Before banding options are explored, it is important to understand the financial savings BCP could have potentially incurred if the proportion of BCP children and young people with an EHCP attending a particular provision had met national proportions. The table below details this by provision type the proportions of children and young people considered in budget figures compared to the national proportions as at January 2022:

Provision Type	BCP %	National % (January 22)
INMSS	14.9%	5.2%
Special Schools	28.0%	29.6%
Mainstream Schools	29.3%	40.5%
Alternative Provision	10.8%	2.0%

16. If BCP had mirrored national proportions of children and young people by each provision type in 2022/23, BCP could have potentially saved an estimated £12,290,000 – see table below. This would have meant that out of the 552 children and young people with an EHCP that currently attend an INMSS, 432 would attend a mainstream school and 120 into a special school.

Current Provision	Provision to be located to	Numbers of cyp
INMSS & AP	Mainstream School	432
INMSS & AP	Special School	120
Estimated Saving for BCP (based on current figures only)		£12,290,000

17. Taking into account the savings currently declared as per the High Needs Block Savings Plan, the revised descriptors and feedback from headteachers, three options have been proposed for increasing the banding values:

Existing Banding Values	Band Z	Band A	Band B	Band C	Band D
	£0	£1,000	£2,300	£3,600	£5,000
Proposed Options	Band 1	Band 2	Band 3	Band 4	Band 5
Proposed Option 1	£0	£2,500	£4,200	£6,000	£12,000
Proposed Option 2	£0	£2,000	£4,000	£6,000	£14,000
Proposed Option 3	£0	£2,000	£4,000	£8,000	£16,000

18. The tables below provide an overview of the financial implications for proposed banding options 'top-up' values, the full year impact, movement of pupils from the existing bands to the new bands. The financial modelling has been based on a sample size of 22% (198 EHCPs). These savings figures are based on the current number of EHCPs:

Proposed Options	Banding Values (£)					Annual Cost (£m)	SAVINGS (£)		Net saving by year 3 – 24/25 (£m)	Average funding for mainstream 'top-up' (£)
	Band 1	Band 2	Band 3	Band 4	Band 5		Ending payments for additional AP in MS (£m)	INMSS growth prevention target of 3 pupils per month over 3 years (£m)		
1	0	2,500	4,200	6,000	12,000	1.57	0.3	3.17	1.90	5,000
2	0	2,000	4,000	6,000	14,000	1.63	0.3	3.16	1.83	5,063
3	0	2,000	4,000	8,000	16,000	2.24	0.3	3.12	1.18	5,721

Breakdown on net savings per year

	Option 1	Option 2	Option 3
Year 1 net saving / (cost) - £	5,680	-7,183	-140,666
Year 2 net saving / (cost) - £	365,135	306,808	-298,467
Year 3 (full year) net saving / (cost) - £	1,897,933	1,834,980	1,181,704

Movement of pupils from existing bands to the new bands

Old Band		Z	A	B	C	D	Total
		£0	£1,000	£2,300	£3,600	£5,000	
New Band	1	2	0	0	0	0	2
	2	0	8	26	7	0	41
	3	0	2	10	27	18	57
	4	0	0	1	5	48	54
	5	0	0	2	1	41	44
		2	10	39	40	107	198

Summary of legal implications

19. The support for children and young people with SEND is covered under the Children and Families Act 2014 and SEN Code of Practice. The starting point for the legal position is the right to request an Education Health and Care needs assessment.
20. If a request is made for assessment the local authority has a legal responsibility to determine whether it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan. Section 26(8) of the Children's and Families Act 2014 states: (8) The local authority must secure an EHC needs assessment for the child or young person if, after having regard to any views expressed and evidence submitted under subsection (7), the authority is of the opinion that:
 - a) the child or young person has or may have special educational needs, and
 - b) it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan.
21. The options that have been provided in this paper, will not in any way affect the legal rights of parents or education providers to request an assessment for an education health and care plan. So, if a parent/carers or education provider feels that statutory support is required and as such, wish to request an assessment for an education health and care plan, they are still able to do so. However, the new methodology will provide the school with the financial resource required to be more inclusive and provide the support to better meet the needs of the child or young person.

22. Following advice from Legal Services and as per the Code of Practice, local authorities have a duty to consult. There is no statutory minimum or maximum period of consultation, but the following principles of consultation should apply:
23. Consultation must take place when proposals are at a formative stage.
24. Sufficient information must be provided in the consultation to allow those consulted to make informed responses.
25. Sufficient time to respond should be given.
26. Consultation responses MUST be taken into account/given due regard – this requires sufficient time for consideration of responses before any decision is taken.

Summary of human resources implications

27. Training on the understanding and application of the revised descriptors and adoption of the new banding values will need to be provided to all Case Officers, school SENCOs and all other professionals that contribute to the EHCP and Annual Review process.
28. There is a risk of an increased workload on Case Officers as the introduction of the new banding values and descriptors will be applied to all existing EHCPs. However, this will be mitigated by a robust action plan which will be developed with the SEND Service, setting out clear targets and timeframes for annual reviews. Progress will be monitored and slippage will be dealt with urgently.
29. There is a risk of increased workload for some members of the SEND Service due to potential process changes required to monitor and evaluate the revisions to the banding processes and other work being undertaken by the Written Statement of Action workstreams which overlap and interlink with this review.
30. Resource and support will be required from the Children's Performance Team to monitor and evaluate the impact of the revisions made to the Mainstream Banding.
31. Resource and support will be required from the Children's Finance Team to monitor and evaluate the financial impact of the revisions made to the Mainstream Banding.
32. Resource and support will be required from the Data and Analytics Team to make necessary changes to the systems to facilitate monitoring and evaluation.

Summary of sustainability impact

33. No impact

Summary of public health implications

34. The reviewed bandings will enable mainstream schools to be more inclusive by providing the resource required by schools to retain children and young people with SEND in mainstream provision by support and meeting needs

Summary of equality implications

35. EIA conversation/screening document has been completed and has been sent for approval to the EIA panel on the 30 June 2022.
36. Impact assessment summary is currently under review and a verbal update will be provided

Summary of risk assessment

37. If we continue as we are and do not implement an increase in banding values, then the HNB deficit is projected to increase. Implementation of the revised banding means that there will be a percentage of pupils on existing plans who may receive a reduced funding amount

depending on their level of need on the revised descriptors. However, they will be receiving funding that meets their individual needs.

Background papers

38. None

Appendices

Appendix 1: How SEN is funded in Mainstream Schools

Appendix 2: Headteachers Consultation summary

Appendix 3: Options Scoping

Appendix 4: Revised Banding Descriptors

Appendix 1: How SEN is funded in Mainstream Schools

All mainstream schools receive money for special education needs support and resources and decide how this is spent. This funding is divided into three sections:

Element 1: 'Age Weighted Pupil Unit' which schools receive for every child whether or not they have SEN. This funding is based on actual pupil numbers.

Element 2: 'Notional' or 'delegated' SEN budget to provide SEN support for children who need it. This funding is not based on the school's actual number of pupils with special needs but on a locally determined formula. Element 2 funding amounts to *up to* £6,000 per child identified as having SEN and for those with an EHC Plan will fund the first £6,000 of additional provision for pupils in receipt of 'top up funding'.

Element 3: The 'High Needs Block' – sometimes called 'Top up funding' – paid by the council in addition to Element 1 and Element 2 funding to 'top up' support within the school for individual pupils whose required support costs more than £6,000. This funding is determined by an Education Health and Care needs assessment.

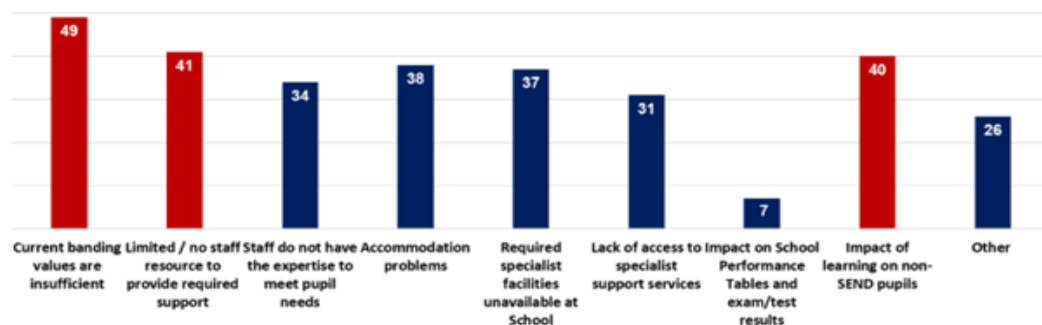
Appendix 2: Headteachers Consultation summary

Purpose and Response Rate

- Consultation exercise to obtain the views from Headteachers on high needs funding and pupil placement in mainstream schools.
- Want to know from the Schools' perspective, the reasons why schools may state that they are unable to accommodate a high needs pupil within their school, including what the barriers are.
- Views and responses provided will be utilised to inform our way forward.

Response rate = **55%** (52 out of 95 responses were received)

Main barriers faced limiting the number of SEND/EHCP pupil enrolments (option to provide multiple responses)



Other Reasons

All of the above is relevant!! But what does that say?!! Staffing is a huge issue and finding support staff for the money they get paid to work with highly complex and challenging needs is almost impossible! Many of the children who have EHCPs or are going through the process need so much more than mainstream schools can offer. More money needs to be put into funding for skilled staff who are paid better and can work proactively with the children in order for better progress to be made. There is some need for children who need 1:1 in the classroom as their needs are so extreme and with the highly demanding and face paced curriculum children face on a daily basis many children with SEND are left behind.

The number of students with an EHCP in our setting is increasing. The complex needs and support that these students often demonstrate and require can be detrimental to the efficient education of other students on roll. Needs can be so complex and span C&L, C&I, SEMH and P&S all in one classroom, which places the member of staff under significant pressure. We have to consider the impact that the admittance would have on all others on roll, but the LA often don't give this reason to decline placement the gravity it deserves.

Need very clear and transparent data regarding how students are placed at all schools in BCP

I am determined to be a head of an inclusive school although this is feeling increasingly difficult with finance and staffing pressures

Our school is not geared towards looking after children with complex behaviours which leads to the child, other children and staff not being safe

- Annual review request for increase in funding - poor communication - again a long wait to get the funds agreed
- Banding is vague
- Inconsistencies between one pupil and another e.g. I have a pupil with hearing issue meeting expectations agreed band D, whilst a pupil who needs full time 1:1 working over 3 years behind was given band B and now only has band D - schools continue to cover the cost

Barriers to inclusive education for children with an EHCP?

(option to provide multiple responses)



How extra funds would be utilised if the banding values were increased

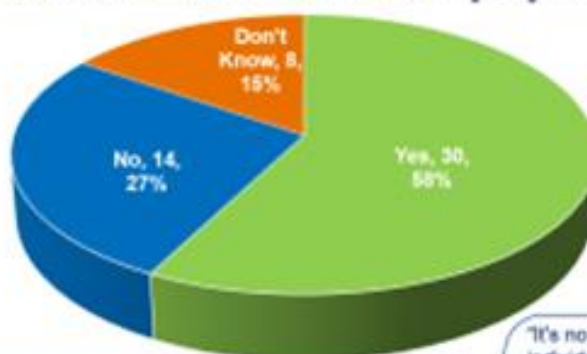
(option to provide multiple responses)



Increase in funding enable you to support inclusion and increase the number of EHCP pupils?



"We already educate far more children with EHC plans than the local and national average at our school."



"We would require a fully funded separate specialist provision to provide nurture or small class teaching and learning."

"The funding is only a small part of the wider problem..... I feel it would be much more helpful to engage with schools and most importantly the SENCOs to devise a way forward..... If BCP wish its schools to become more inclusive in general, then it may help to take ideas and suggestions from schools who are already doing this well, so that this practice can be shared effectively."

"It's not just about funding; it's about meeting individual needs and having the capacity to be flexible with responses and provision. It's also about being creative with provision.....A 'one size fits all' approach simply doesn't work. It would benefit case workers spending some time in schools actually shadowing children with EHCPs to gain a great understanding of the challenges that schools face."

Further Comments / Suggestions

The quality of EHCP documentation is poor. Turn around times are atrocious. Communication is lax. Schools need to be networked together to provide better transitions between placements. Please stop randomly divvying up children and look at what the school can offer. We are great for dyslexics and high functioning autistics—when you give us children with socialisation and communication problems who can't handle collaborative activities it runs completely against what we are trying to do!

I would suggest BCP SEN allow the matter of inclusion in its schools be handed over to those schools doing it well, so that best practice can be established and then developed as part of a training programme. I would also suggest that some short-term studies are commissioned, so that practice is backed up by evidence, as this will help support those schools who are less inclusive to move forward ...

EHCPs need to be a working document that can be referred to quickly and easily by staff. The current document isn't teacher friendly or child friendly.

The expectations of what seem to be included in "reasonable adjustments" continue to grow making it ever more difficult to meet the needs of these learners but also difficult to make people understand that sometimes the expectations are just beyond what is reasonable to expect from a mainstream school...

Mainstream schools would better support pupils with learning needs and find supporting those with challenging behaviour/emotional needs much more of a challenge. Areas of secondary need MUST be considered not just primary. It is often this secondary need which causes the biggest challenge for schools.

There should be an accurate list of EHCP students in advance to secondary schools, to make us aware of on roll numbers in Sept, allowing enough time for suitable transition programmes for those that need it...

Key Themes and Moving Ahead

- As expected insufficient funding, resources/facilities and impact on other pupils were the top recurring themes in the responses provided.
- However, the following suggestions were made on how to potentially move forward:
 - Pooling/Sharing of expertise – '...access to the best expertise possible...'
 - Relevant training to be made available to school staff
 - Improved and timely processes implemented by BCP – reduce bureaucracy and paperwork
 - Consistent approach and application of bandings – BCP staff training required
 - BCP to attend Annual Reviews
 - BCP to listen and work together with schools to achieve best outcome for cyp – put a stop to the 'Top down approach'
 - Improved communication
 - Availability of alternative options for cyp
 - Match cyp to school model and not the other way around
 - Health Services needs to play its part
 - Could BCP run a recruitment event to help schools recruit TA's?

Appendix 3: Options Scoping

OPTION	1	2	3	4
PROPOSAL	NO CHANGE	INCREASE BANDING VALUES	DELAY IMPLEMENTATION - INCREASE BANDING VALUES WITH STIPULATION SCHOOLS BUY BACK SUPPORT FROM BCP	DELAY IMPLEMENTATION - CREATE A PACKAGE OFFER OF SUPPORT
PROPOSAL DETAILS	Banding Descriptors and Values to remain as they are	Implement revised banding values and descriptors	DELAY implementation until Nov 22 (half term) and implement revised banding values with the stipulation that Schools buy back support services from BCP Council	DELAY implementation until Nov 22 (half term) and implement revised banding values (reduced amount from Option 2 and 3) and a package of support to be developed and delivered by BCP Council with support from Health services
Banding Implementation Start Date	Already in place - no change	From September 2022	From November 2022	From November 2022
IMPACT	HNB Deficit continues to increase as Mainstream Schools are unable to provide SEND cyp with the appropriate level of support - resulting in continued and increasing use of independent provision.	HNB Deficit continues to increase in the short term with an improvement seen by YEAR XX. Mainstream Schools are better financially supported to be able to provide SEND cyp with the appropriate level of support - resulting in decreasing use of independent provision and increase in the numbers of SEND cyp in Mainstream Schools.	HNB Deficit continues to increase in the short term with an improvement seen by YEAR XX. Mainstream Schools are better financially supported to be able to provide SEND cyp with the appropriate level of support. BCP are generating income from Schools by providing the required service/support.	HNB Deficit continues to increase in the short term with an improvement seen by YEAR XX. Mainstream Schools are better financially supported, BCP and Health provide the required support and service required by the school. It would be anticipated that the package of support would contribute to an increase in the numbers of EHCP cyp in Mainstream schools.
RISKS	Mainstream Schools refuse to increase enrolment of cyp with an EHCP, resulting in SEND cyp enrolling into Special Schools or expensive independent provision. -Mainstream Schools are unable to be more inclusive	Continued increase in SEND cyp attending costly independent provision.	Schools refusal to buy back services from BCP BCP currently have limited/no resource to provide the support Schools losing confidence in BCP due to their inability to meet need and deliver	BCP do not have the resource to support the package offer Currently - Health unaware of proposal and therefore no buy-in from Health. Long waiting times for services provided by Health e.g. SALT -Schools losing confidence in BCP due to BCP and partners inability to meet need and deliver -Complex administration process which would result in the proposal being costly rather than cost effective

FINANCIAL IMPLICATION	HNB Deficit continues to increase	HNB Deficit increases in 22/23. Improvement seen from 24/25	HNB Deficit increases for the next X years - Improvement seen from Year X, however schools lose out financially due to the stipulation that they buy back services from BCP. BCP develop an income stream.	HEALTH - buy in and support ART - Commissioning of services - may increase cost for BCP
Confidence levels in this proposal positively impacting the HNB deficit?	LOW	FAIRLY HIGH - IN THE LONG TERM	INCONCLUSIVE	INCONCLUSIVE
Impact on BCP and Schools - will this deliver the desired impact?	LOW	FAIRLY HIGH	LOW	LOW
Success level with school - how confident are we that all schools will endeavour to be inclusive?	LOW	FAIRLY HIGH	LOW	LOW - DUE TO THE RISKS
Successful option?	NO	YES	NO	NO

Appendix 4: Revised Banding Descriptors

COGNITION AND LEARNING				
BAND 1	Child/young person is at SEN Support : Graduated Response Toolkit			
BAND 2	BAND 3	BAND 4	BAND 5	
<p>Child/young person:</p> <ul style="list-style-type: none"> has substantial and persistent difficulties in learning despite evidence- based interventions over time. has <u>substantial</u> difficulty with: <ul style="list-style-type: none"> organisation and planning staying on task/ attention confidence/ resilience retaining skills, knowledge and information generalising and applying learning Considering consequences of actions Has substantial difficulties participating in many learning activities independently. has substantial difficulties understanding age- appropriate curriculum concepts. Has substantial difficulties with concept development and remembering and applying their learning without regular repetition and practice. Requires some support to process and understand 	<p>Child/young person:</p> <ul style="list-style-type: none"> has significant and persistent difficulties with learning, with evidence of an increasing gap between child/young person and their peers. has significant difficulty with: <ul style="list-style-type: none"> organisation and planning staying on task/ attention confidence/ resilience retaining skills, knowledge and information generalising and applying learning Considering consequences of actions Has significant difficulties participating in the majority of learning activities independently. has significant difficulties understanding age- appropriate curriculum concepts. Has significant difficulties with concept development and remembering and applying their learning despite regular repetition and practice, limiting access to the curriculum and its application. 	<p>Child/young person:</p> <ul style="list-style-type: none"> has complex and or severe learning difficulties that require high levels of support with an individualised curriculum for all theory based subject areas. has severe difficulty with: <ul style="list-style-type: none"> organisation and planning staying on task/ attention confidence/ resilience retaining skills, knowledge and information generalising and applying learning Considering consequences of actions Has severe difficulties participating in any learning activities independently. Has severe difficulties understanding age- appropriate curriculum concepts. Has severe difficulties with concept development and remembering and applying their learning despite targeted teaching and practice, limiting access to the curriculum and its application. 	<p>Child/young person:</p> <ul style="list-style-type: none"> has complex and or profound and multiple learning difficulties that require very high levels of support & an individualised curriculum for (almost) all subject areas. has profound difficulty with: <ul style="list-style-type: none"> organisation and planning staying on task/ attention confidence/ resilience retaining skills, knowledge and information generalising and applying learning Considering consequences of actions Is unable to participate in learning activities independently. Is unable to understand age- appropriate curriculum concepts. Has profound difficulties with concept development and remembering and applying learning even with targeted teaching and practice, limiting access to the curriculum and its application. 	

instructions and formulate an appropriate response. <ul style="list-style-type: none"> Requires a focus on Preparing for Adulthood (PFA) required from Key stage (KS)1. Is likely to be vulnerable in regard to keeping themselves and others safe. 	<ul style="list-style-type: none"> Requires regular support to process and understand instructions and formulate an appropriate response. Requires a greater focus on Preparing for Adulthood (PFA) required from KS1. Is vulnerable regarding keeping themselves and others safe. 	<ul style="list-style-type: none"> Requires frequent support to process and understand instructions and formulate an appropriate response. Requires a significant and ongoing focus on Preparing for Adulthood (PFA) required from KS1. Is very vulnerable in regard to keeping themselves and others safe. 	<ul style="list-style-type: none"> Requires a high level of support to process and understand instructions and formulate an appropriate response. Requires a significant and ongoing focus on Preparing for Adulthood (PFA) required from KS1. Is highly vulnerable in regard to keeping themselves and others safe. 	
<p>*The significance of differences in attainment levels, changes as a pupil gets older. Therefore, it is important to consider differences in levels of attainment, in relation to the pupil's age. For example, a pupil in key stage one, who is 3 years behind, will have much greater difficulty accessing the curriculum than a pupil in key stage 4 who is 3 years behind. Likewise, working in a key stage below, is far more significant if you are in the last year of the key stage (e.g.Y6) than the first (e.g. Y3).</p>				

COMMUNICATION and INTERACTION NEEDS				
BAND 1	Child/young person is at SEN Support: Graduated Response Toolkit			
BAND 2	BAND 3	BAND 4	BAND 5	
Speech and Language				
<ul style="list-style-type: none">Moderate language difficulties in one or more areas (comprehension/ receptive language, expression, phonology and speaking phobia). Language difficulties are persistent and long term and cause frequent barriers to learning, and relationships.Needs frequent prompts, adjustments, support and/or	<ul style="list-style-type: none">Moderate-severe language difficulties in one or more areas (comprehension/ receptive language, expression, phonology and speaking phobia). Language difficulties are persistent and long term and cause significant barriers to learning, and relationships.Needs multiple prompts, support and/or extra time to understand	<ul style="list-style-type: none">Severe language difficulties in one or more areas (comprehension/receptive language, expression, phonology and speaking phobia). Language difficulties are persistent and long term. Child rarely able to access learning and build relationships without support.Sometimes able to follow	<ul style="list-style-type: none">Profound language difficulties in one or more areas (comprehension/receptive language, expression, phonology, speaking phobia). Language difficulties are persistent and long term. Child is unable to access learning and build relationships without a very high level of support.	

<p>extra time to understand spoken information.</p> <ul style="list-style-type: none"> • Able to communicate needs and wants, and engage in conversation with additional support, prompts or extra time to do so. • Frequent difficulties recognising when help is needed and in requesting this. • Likely to struggle with understanding abstract concepts, higher level language (e.g. inferencing and prediction) and complex instructions. Struggles to learn and use new vocabulary and concepts. • Able to make majority of consonant and vowel sounds but transfer of sounds to words and speech is poor. • Single words clear, connected speech poor. Intelligible to familiar listeners. Variable intelligibility out of context for new listeners. • Able to attend to and participate in highly differentiated tasks and activities in the classroom, may need adult support. • High levels of distress or anxiety related to communication occurring occasionally (e.g., 1 or 2 times a week) • Some social integration may 	<p>spoken language in most contexts.</p> <ul style="list-style-type: none"> • Able to communicate basic needs and wants, and engage in some simple conversation with additional support, such as prompts, Augmentative & Alternative Communication (AAC) or extra time to do so. • Consistent difficulties recognising when help is needed and in requesting this. • Struggles to learn and use new vocabulary and concepts out of learnt context. • Able to make some consonant and vowel sounds but transfer of sounds to words and speech is poor. Single words clear, connected speech poor. Intelligible to familiar listeners in context. Unintelligible to new listeners out of context. • Able to attend to and participate in highly differentiated tasks and activities in the classroom for short periods. Likely to need adult support. • High levels of distress or anxiety related to communication occurring frequently (e.g., 1 or 2 times a day) • Some social integration may need adult support at times. • Due to speaking phobia, sometimes able to communicate needs non-verbally e.g. using 	<p>simple, familiar instructions</p> <ul style="list-style-type: none"> • in context. Relies very heavily on context and cues to support understanding. • Sometimes able to communicate basic needs, needs support to do so. May use AAC to support spoken language e.g., signing, gesture, symbols. Difficulties engaging in conversation. • Rarely recognises when help is needed or requests this. • Severe difficulty learning and using new vocabulary and concepts. • Able to make a limited range of consonant and vowel sounds, unable to use sounds in words or sentences. May have a limited number of clear single words, majority of words are unintelligible to new listeners in and out of context. Intelligible to very familiar listeners in context. • Able to attend to and participate in a limited number of highly differentiated tasks and activities in the classroom for short periods with adult support. • Extremely high levels of distress or anxiety related to communication occurring occasionally (e.g., 1 or 2 times a week) • Limited social integration. 	<ul style="list-style-type: none"> • Little or no understanding of spoken language or non-verbal communication (e.g. symbols, signs, gesture) in/ out of context. • May use AAC in some limited contexts and/or with some familiar people e.g., gesture, eye gaze, symbols, Picture Exchange Communication System (PECS) signing to express needs and wants. • Not able to recognise when help needed or request for help • Profound difficulty learning and using new vocabulary and concepts. • Extremely limited range of consonant and vowel sounds. Highly unintelligible to familiar and unfamiliar listeners in all contexts. • Child is non-verbal or has limited functional language (may have learnt phrases or echolalia) • Unable to attend to or participate in tasks and activities in the classroom. • Extremely high levels of distress or anxiety related to communication occurring frequently (e.g., 1 or 2 times a day) • Very limited/ no social integration. 	
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<p>have difficulties with higher level language amongst peers e.g. jokes, sarcasm, colloquial language.</p> <ul style="list-style-type: none"> Due to speaking phobia, speaking restricted to certain people, unable to speak to any/all school staff. Uses alternative methods effectively to supplement. 	<p>gesture, writing and talking through a peer.</p>	<ul style="list-style-type: none"> Due to speaking phobia, frequently unable to communicate non-verbally. 	<ul style="list-style-type: none"> Due to speaking phobia, unable to communicate needs and wants verbally or with alternative methods. 	
Social Communication				
<ul style="list-style-type: none"> Attempts to initiate and maintain interaction with others, although these may be unsuccessful. Difficulties maintaining back and forth conversation. Some sharing of interests or emotions. Struggles with understanding social interactions, norms and rules with peers and adults, including difficulties interpreting other people's behaviour and intentions. This may lead to frequent isolation, withdrawal and misunderstanding. Frequently struggles with participating in paired/group work. Frequently struggles with social content within curriculum such as fictional relationships Frequent difficulties developing and maintaining friendships & relationships. May have frequent misunderstandings, fall outs or altercations with peers. Some use of non-verbal 	<ul style="list-style-type: none"> Occasional attempts to initiate and maintain interaction, although these are often unsuccessful. Difficulties maintaining back and forth conversation. Limited sharing of interests and emotions. Limited understanding of social interactions, social rules including difficulties interpreting other people's behaviour, and intentions. This may lead to consistent isolation, withdrawal, and misunderstanding. Consistently struggles with participating in paired/group work. Consistently struggles with social content within curriculum such as fictional relationships Consistent difficulties developing and maintaining friendships / relationships. Likely to have frequent misunderstandings, fall outs or altercations with peers. Occasional use of non-verbal communication such as gesture, facial expressions and tone of 	<ul style="list-style-type: none"> Very occasional attempts to initiate interaction with others, usually related to getting needs met. Limited interest in other people. May respond to other's attempts to initiate interaction but responses are often limited or unsuitable to the context. Very limited understanding of social interactions, social rules and friendships including difficulties interpreting other people's behaviour, and intentions. This may lead to a severe isolation, withdrawal and misunderstanding. Rarely able to participate in paired/group work. Rarely understands social content within curriculum such as fictional relationships Rarely able to develop and maintain friendships and relationships. Has frequent misunderstandings, fall outs 	<ul style="list-style-type: none"> Early Years: No / Very limited attempts to initiate interaction with other people and does not respond to/limited responses to other people's attempts to initiate interaction. Little or no interest in other people. School age: Very severe difficulties engaging with familiar or unfamiliar adults or peers unless on his/her own terms. No understanding of social interactions, social rules and friendships including difficulties interpreting other people's behaviour, and intentions. This may lead to very severe isolation, withdrawal and misunderstanding. Unable to participate in paired/group work. Unable to understand social content within curriculum such as fictional relationships Very few or no relationships/ friendships with peers. Has very frequent misunderstandings, fall outs or altercations with peers 	

<p>communication such as gesture, facial expressions and tone of voice.</p> <ul style="list-style-type: none"> • Frequent difficulties with changes to routine. • Regular distress or anxiety in relation to communication and interaction with others occurring occasionally (i.e., 1 or 2 times a week) • Highly restricted and repetitive interests which frequently impact on daily functioning. • Likely vulnerability in regard to keeping themselves and others safe • Frequent difficulty considering the consequences of their actions for themselves and others 	<p>voice. May be exaggerated or limited in range.</p> <ul style="list-style-type: none"> • Consistent difficulties with changes to routine. • Frequent distress or anxiety in relation to communication and interaction with others occurring frequently (i.e., 1 or 2 times a day) • Highly restricted and repetitive interests which consistently impact on daily functioning. • Vulnerable regarding keeping themselves and others safe • Consistent difficulty considering the consequences of their actions for themselves and others. 	<p>or altercations with peers</p> <ul style="list-style-type: none"> • Limited use of non-verbal communication, such as facial expressions and intonation. Little variation in tone and volume. • Rarely copes with changes to routine • High levels of distress or anxiety in relation to communication and interaction with others, occurring occasionally (i.e., 1 or 2 times a week) • Rarely able to engage in day-to-day activities due to highly restricted and repetitive interests. • Very vulnerable in regard to keeping themselves and others safe • Rarely able to consider the consequences of their actions for themselves and others 	<ul style="list-style-type: none"> • Extremely limited use of non-verbal communication such as facial expressions and gesture. Marked differences with volume and tone. • Unable to cope with changes to routine. • Very high levels of distress or anxiety in relation to communication and interaction with others, occurring frequently (i.e., 1 or 2 times or more a day) • Unable to engage in day-to-day activities due to highly restricted and repetitive interests • Highly vulnerable in regard to keeping themselves and others safe • Unable to consider the consequences of their actions for themselves and others 	
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SOCIAL, EMOTIONAL AND MENTAL HEALTH (SEMH) NEEDS				
BAND 1	Child/young person is at SEN Support: Graduated Response Toolkit			
BAND 2	BAND 3	BAND 4	BAND 5	
• Child/young person's	• Child/young person's progress	• Child/young person's progress	• Child/young person's progress	

<p>progress through the curriculum is substantially affected by their social and / or emotional difficulties despite robust programmes of support and modifications to the learning environment that are above SEND support level.</p> <p>Child/young person may:</p> <ul style="list-style-type: none"> • Have substantial difficulties regulating their emotions and/or behaviours in certain contexts. • Have behaviours suggesting low mood, poor confidence, high anxiety, or anxiety driven demand avoidance which substantially impact their learning and well-being. • Display a high need for attention which regularly impacts their own and others learning. • Experience difficulties in making and maintaining positive friendships which can lead to isolation, anxiety, frustration, disputes/ or controlling behaviours. • Have difficulty making and maintaining positive relationships with adults and/ or have little understanding of, and /or respect for, appropriate staff / pupil interactions. 	<p>through the curriculum is significantly affected by their social and / or emotional difficulties and they are unable to access the curriculum or keep themselves and/or others safe without additional adult support at key times.</p> <p>Child/young person may:</p> <ul style="list-style-type: none"> • Have significant difficulties regulating their emotions and/or behaviours in a variety of contexts and with certain people. • Have behaviours suggesting low mood, low confidence, high anxiety, or anxiety driven demand avoidance which have a significant impact their ability to access learning or attempt work and upon their well-being or Emotionally Based School Avoidance (EBSA). • Display a high need for attention which significantly impacts their own and others learning in many lessons and at social times. • Experience significant difficulties in making and maintaining positive friendships which often leads to isolation, anxiety, frustration, disputes or controlling behaviours. • Have significant difficulty making and maintaining positive relationships with adults and/ or have little understanding of, and /or respect for, appropriate staff / pupil interactions, leading to 	<p>through the curriculum is severely affected by their social and/or emotional difficulties. They are unable to access the curriculum or keep themselves and/or others safe without additional adult support for most of the day.</p> <p>Child/young person may:</p> <ul style="list-style-type: none"> • Have severe difficulties regulating their emotions and/or behaviours in numerous contexts and with a variety of people. • Have behaviours suggesting low mood, low confidence and/or very high anxiety, which have a severe impact on their learning, and which may be leading to self -harm, severe dysregulation, or Emotionally Based School Avoidance (EBSA). • Display a very high need for attention which severely impacts their own and others learning in most lessons and at social times. • Experience severe difficulties in making and maintaining positive friendships which leads to a high level of isolation, anxiety, frustration, disputes or controlling behaviours. • Have severe difficulty making and maintaining positive relationships with adults and/ or have very little understanding of, and /or respect for appropriate staff / pupil interactions, leading to frequent misunderstanding and/or confrontation. 	<p>through the curriculum is</p> <ul style="list-style-type: none"> • profoundly affected by their social and/or emotional difficulties and they are unable to access the curriculum or keep themselves and others safe without full time additional adult support. <p>Child/young person may:</p> <ul style="list-style-type: none"> • Have profound difficulties regulating their emotions and/or behaviours in most contexts and with many people. • Have behaviours suggesting low mood, low confidence and /or extremely high anxiety, which are leading to profound concerns about their well-being and safety and possibly Avoidance (EBSA) • Display a very high need for attention which requires full time support. • Experience profound difficulties engaging appropriately with peers or making and maintaining positive friendships, leading to a high level of isolation, anxiety, frustration, disputes or controlling behaviours. • Have profound difficulty making and maintaining positive relationships with adults and / or no understanding of, and /or respect for appropriate staff / pupil interactions leading to 	
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<ul style="list-style-type: none"> be involved in occasional incidents where they use physical responses to express heightened emotions requiring specific intervention have difficulty acknowledging, reflecting on, or accepting responsibility for their actions 	<p>regular misunderstanding and/or confrontation.</p> <ul style="list-style-type: none"> be involved in regular incidents where they use physical responses to express heightened emotions requiring specific intervention have significant difficulty acknowledging, reflecting on, or accepting responsibility for their actions 	<ul style="list-style-type: none"> be involved in repeated incidents where they use physical responses to express heightened emotions requiring specific intervention have severe difficulty acknowledging, reflecting on, or accepting responsibility for their actions 	<p>misunderstanding and/or confrontations several times a day.</p> <ul style="list-style-type: none"> be involved in frequent incidents where they use physical responses to express heightened emotions requiring specific intervention (usually at least daily) Are unable to acknowledge, reflect on, or accept responsibility for their actions 	
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PHYSICAL AND SENSORY NEEDS				
BAND 1	Child/young person is at SEN Support: Graduated Response Toolkit			
BAND 2	BAND 3	BAND 4	BAND 5	
Physical				
<p>Child/young person</p> <ul style="list-style-type: none"> Is slow carrying out physical tasks and requires support to develop independence around medication/self- care / exploring new environments Requires support / modification to access some practical activities across the curriculum May need training / support to use IT, additional resources, and equipment to enable learning and recording. 	<p>Child/young person</p> <ul style="list-style-type: none"> Requires assistance for dressing and undressing for P.E / toilet and moving between positions but is weight bearing Requires support / modification to access many practical activities across the curriculum Needs training and regular support to use IT, additional resources, and equipment to enable learning and recording. 	<p>Child/young person</p> <ul style="list-style-type: none"> Is largely reliant on adults for support in moving, positioning and personal care. Requires a high level of support to access most practical activities across the curriculum Needs training and frequent support to use IT, additional resources and equipment to enable learning and recording May need frequent (several times a week) emotional support for medical or physical condition 	<p>Child/young person</p> <ul style="list-style-type: none"> Is highly reliant on adults for support in moving, positioning and personal care. Requires support to access all practical activities across the curriculum Needs training and ongoing support to use IT, additional resources and equipment to enable learning and recording May need daily emotional support for medical or physical condition 	

<ul style="list-style-type: none"> • May need emotional support for medical or physical condition • May need some support and additional opportunities to develop friendships. • Requires some monitoring and support during the day (ie checking food eaten, drinking, toileting, blood sugar) (More when younger) • Greater focus on Preparing for Adulthood (PFA) than is typical may be required from KS1. 	<ul style="list-style-type: none"> • May need regular emotional support for medical or physical condition • May need regular support and additional opportunities to develop friendships. • Requires regular monitoring and support during the day which may include complex medical interventions • Greater focus on Preparing for Adulthood (PFA) than is typical is required from KS1. 	<ul style="list-style-type: none"> • May need frequent support and additional opportunities to develop friendships. • Requires frequent monitoring and support during the day which may include complex medical interventions • Significant and ongoing focus on Preparing for Adulthood (PFA) required from KS1. 	<ul style="list-style-type: none"> • May need daily support and additional opportunities to develop friendships. • Requires continuous monitoring and support throughout the day which may include complex medical interventions • Significant and ongoing focus on the development of life skills and Preparing for Adulthood (PFA) required from KS1. 	
BAND 2	BAND 3	BAND 4	BAND 5	
Sensory Impairment				
Hearing Loss <ul style="list-style-type: none"> • Child/young person whose hearing loss has an impact on their learning and development as follows • Despite appropriate interventions at SEN Support levels the pupil is not making progress as evidenced by the education setting. • Moderate difficulties with concentration and focusing attention in whole class activities due to listening fatigue. • Reduced hearing which means they have an on-going difficulty in accessing aspects 	Hearing Loss <ul style="list-style-type: none"> • Child/young person whose hearing loss has an impact on their learning and development as follows: • Much slower rate of learning progress than peers. • Significant difficulties with concentration and focusing attention in whole class activities. • Hearing loss which requires support with social interaction • Hearing loss that means they require adjustment to their learning environment at significant levels. 	Hearing Loss <ul style="list-style-type: none"> • Child/young person whose hearing loss has an impact on their learning and development as follows: • Has a hearing loss that has a severe impact on his/her ability to access the curriculum independently • Has recognised complex/severe hearing conditions that require adaptation of resources and teaching approaches across the curriculum. (sign language, visual resource such as Augmented Assistive Communication) 	Hearing Loss <ul style="list-style-type: none"> • Child/young person whose hearing loss has an impact on their learning and development as follows: • Profound hearing loss/deafness is the main reason for the lower rate of progress. • First language would be a sign language (e.g. British Sign Language). • Unable to hear and therefore must learn to read and write using visual strategies only • Curriculum resources may need to be adapted to a tactile format 	

<p>of the curriculum and require assistive listening devices such as radio aids in addition to personal hearing aids</p> <ul style="list-style-type: none"> • Reduced ability to pick up on incidental learning and conversations due to their hearing loss is a barrier to academic progress and making and maintaining relationships with peers and adults. This may have a substantial impact on confidence and well-being. • Requires additional support to develop and maintain relationships with peers and adults. • Has language development delay and speech immaturities within age-appropriate norms • Very slow auditory processing in any environment. 	<ul style="list-style-type: none"> • Reduced hearing which means they have an on-going significant difficulty accessing aspects of the curriculum and requires assistive listening devices such as radio aids in addition to personal hearing aids with ancillary adapters for listening directly via computers etc • Reduced ability to pick up on incidental learning and conversations leads to misunderstandings and is a barrier to academic progress and making and maintaining relationships with peers and adults. This may have a significant impact on confidence and well-being. • May have a progressive hearing loss needing anticipatory intervention and monitoring. • Significant auditory processing difficulties in any environment • Hearing loss is having significant impact on the speech and language development delay and speech immaturities. • Reading and spelling are significantly impacted by phonological awareness difficulties 	<ul style="list-style-type: none"> • Reduced hearing which means they have an on-going severe difficulty accessing aspects of the curriculum and requires assistive listening devices such as radio aids in addition to personal hearing aids with ancillary adapters for listening directly via computers etc. • Inability to pick up on incidental learning and the misunderstanding of conversations is a severe barrier academic progress and to making and maintaining relationships with peers and adults. This may have a severe impact on confidence and well-being. • A diagnosis of hearing loss which limits independence and participation in everyday activities impacting on preparation for adulthood. • Severe auditory processing difficulties in any environment. • Language skills are severely below underlying cognitive ability, requires a high level of support to reach cognitive potential. • Hearing loss is having severe impact on the speech and language development delay and speech immaturities. 	<ul style="list-style-type: none"> • Lacks the whole world knowledge and emotional literacy that leads to additional vulnerabilities impacting on their safe access to the learning and wider community. • Hearing loss is a severe barrier to learning and making and maintaining relationships with peers and adults and may have a profound impact on confidence and well-being. • A diagnosis of hearing loss which limits independence and participation in everyday activities impacting on preparation for adulthood. • Profound auditory processing difficulties in any environment. • Language skills are very severely below the underlying cognitive ability, requires a high level of support to reach cognitive potential. 		
<p>Hearing thresholds are the quietest volume that the child can reliably respond to the sound signal when they are unaided. The results are plotted on an audiogram across the speech frequency range. The level of hearing loss is calculated using the average hearing threshold in the better ear. This is described in terms of decibel (dB) hearing level and categories of hearing loss; 'mild' (21-40 dB), 'moderate' (41-70 dB), 'severe' (71-95 dB) or 'profound'</p>					

(95+ dB).

Vision Loss

- Child/young person whose visual loss has an impact on their learning and development as follows:
- Despite appropriate interventions at SEN Support levels the pupil is not making progress as evidenced by the education setting.
- Moderate difficulties with concentration and focusing attention in whole class activities due to eye fatigue
- Reduced vision which means they have an ongoing difficulty in accessing aspects of the curriculum and requires enlarged resources
- Reduced vision that requires appropriate IT to enable full access to materials and / or large print resources.

Vision Loss

- Child/young person whose visual loss has an impact on their learning and development as follows:
- Significantly lower rate of learning progress than peers due to reduced vision.
- Significant difficulties with concentration and focusing attention in whole class activities.
- Requires Direct access to smart board on own device
- Reduced vision which may require support with social interaction
- Vision difficulties that mean they require adjustment to their environment.
- Modified exams will be required
- Not being able to pick up on visual cues due to the vision loss is a barrier to making and maintaining relationships with peers and adults and substantially impacts upon their confidence and well-being.

Vision Loss

- Child/young person whose visual loss has an impact on their learning and development as follows:
- Has a visual impairment that severely impacts on his/her ability to access the curriculum independently
- Has a recognised visual condition that requires adaptation of resources and teaching approaches across the curriculum. (Large print, access technology/ Direct access to smart board on own device).
- Assistive technology should be linked to the school system e.g., white board / on- line materials
- A diagnosis of a visual condition which limits independence in specific areas such as mobility, independent living skills and preparation for adulthood.
- Not being able to pick up on visual cues due to the vision loss is a key barrier to making and maintaining relationships with peers and adults and severely impacts upon their confidence and well-being.

Vision Loss

- Child/young person whose visual loss has an impact on their learning and development as follows:
- Vision loss/blindness is the main reason for their marked lower rate of progress
- Unable to see enough to access print materials without a very high level of assistance
- Requires support with independent living skills to include Preparation for adulthood
- Has a diagnosis of Cortical Visual Impairment that affects both cognitive and visual functioning.
- Would be a tactile learner
- Is a braille user
- Curriculum resources may need to be adapted to a tactile format
- Modified exams will be required – braille and/ or with a reader and scribe moving towards tactile learning
- Vision loss causes a very severe barrier to making and maintaining relationships with

			peers and adults impacting on their isolation and participation.	
<p>Visual Acuity is a measurement of sharpness of vision. In a standard measurement taken from a Snellen eye chart in meters the larger the second number the lower the vision. For example, an acuity of 6/6 is typical vision – 6/18 means that what someone with typical vision could see from 18 meters they would need to be at 6 meters to see the same, and 6/60 means that someone with normal vision could see from 60 meters they would need to be at 6 meters to see the same and would be legally blind. Some Ophthalmologists use a decimal standard called LogMAR – 6/6 equivalent is 0.00 and 6/60 equivalent is 1.00. When assessing vision, we also consider visual field loss and other factors as well.</p>				

Multi-sensory impairment <ul style="list-style-type: none"> • Children or young people with a dual sensory loss impacting on their learning • May receive mildly distorted or fragmented information about the environment • Difficulties with new vocabulary and abstract concepts. • Some difficulties with social interaction 	Multi-sensory impairment <ul style="list-style-type: none"> • Children or young people with a dual sensory loss impacting on their learning and progress • Fluctuating loss of vision and or hearing • Delayed language development with difficulties in semantics, syntax and pragmatics • Difficulties in acquiring new vocabulary. Limited vocabulary • Significant difficulties with social interaction • Awareness of the environment will be affected by poor lighting and acoustics 	Multi-sensory impairment <ul style="list-style-type: none"> • Children or young people with a dual sensory loss impacting on access to learning progress and access. • Deteriorating or fluctuating loss of vision and or hearing • Multi-sensory needs where a range of senses are impaired such as tactile, kinaesthetic, vestibular, olfactory and proprioceptive senses • Severely fragmented or distorted information received about the environment 	Multi-sensory impairment <ul style="list-style-type: none"> • Children or young people with little residual hearing or vision and could be fluctuating loss of vision and or hearing • Multiple needs where dual sensory impairment exasperates those needs • Communication will be preverbal. • Awareness of the environment will be very limited • Multi-sensory needs where a range of senses are impaired such as tactile, kinaesthetic, vestibular, olfactory and proprioceptive senses. 	
Sensory Processing	Sensory Processing	Sensory Processing	Sensory Processing	

<ul style="list-style-type: none"> • Child /young person has difficulty managing their sensory needs to an extent that is having an ongoing impact on their ability to access the curriculum and/or comply with class routine and expectations without access to regular sensory breaks and equipment • The child/young person's sensory sensitivities are raising their anxiety and arousal levels to a level where it is having a substantial impact on their emotional health and/ or ability to access the curriculum and classroom appropriately 	<ul style="list-style-type: none"> • Child /young person has difficulty managing their sensory needs to an extent that is having a significant and ongoing impact on their ability to access the curriculum and/or comply with class routine and expectations despite regular sensory breaks and equipment • The child/young person's sensory sensitivities are raising their anxiety and arousal levels to a level where it is having an ongoing and significant impact on their emotional health and/ or ability to access the curriculum and classroom appropriately 	<ul style="list-style-type: none"> • Child / young person has severe difficulty managing their sensory needs to an extent that is having a severe and ongoing impact on their ability to access the curriculum and/or comply with class routine and expectations. (eg: significantly impacting on their attendance, their ability to be educated alongside their peers and on their own and others' safety) • The child/young person's sensory sensitivities are raising their anxiety and arousal levels to a level where it is having an ongoing and severe impact on their emotional health and/ or ability to access the curriculum and classroom appropriately, leading to very high anxiety, and /or self -harm, dysregulation, or emotionally based school avoidance (EBSA) 	<ul style="list-style-type: none"> • Child / young person has very severe difficulty managing their sensory needs to an extent that is having a very severe and ongoing impact on their ability to access the curriculum and/or comply with class routine and expectations and their own and others safety. This is to such an extent that it requires full time adult support • The child/young person's sensory sensitivities are raising their anxiety and arousal levels to a level where it is having an ongoing and profound impact on their emotional health and/ or ability to access the curriculum and classroom appropriately leading to very significant concerns about their well-being and safety and possibly emotionally based school avoidance (EBSA) 	