

SEND Banding Descriptors



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Banding

Bandings for the level of support required by children and young people to meet their special educational needs.

The descriptors below describe the special educational needs children and young people may experience and the provision which helps to support those needs and remove barriers to learning.

Needs are divided into:

- Speech, Language and Communication which includes Autism Spectrum Disorders
- Cognition and learning
- Social, emotional and mental health
- Sensory needs specifically visual impairment and hearing impairment
- Physical needs which includes medical needs.

Bandings

The funding bandings are divided into:

- Band 1
- Band 2
- Band 3
- Band 4

Methodology

The Education, Health and Care Plan (EHCP) and appendices should identify the level of need and provision required by children and young people in Worcestershire to enable their needs to be met and for them to receive the right level of provision.

Worcestershire Children First have created the banding document to be used as a guide to identify the appropriate level of funding that a child or young person will receive.

The allocation of funding will be made by Worcestershire Children First's Special Educational Needs and Disability Team (SEND Team) following an annual review or issuing of an initial EHCP. The service will use a "best fit" model to identify the appropriate (level and) band; it is not designed to be an overly rigid document and should take into account views from the school or setting, parent/ carer and young person where appropriate.

Where appropriate, the school or setting will be required to produce external professional reports and costed provision maps to support requests for funding.

Banding descriptors

Speech, Language, Complex Communication and Autism

SLCN - Band 1

Special Education Needs

- Diagnosed with a moderate language impairment.
- Persistent immaturities with speech and language into KS2.
- Difficulties in areas of comprehension, asking and answering questions, literacy and understanding basic and curriculum concepts.
- Some difficulties experienced in conveying more abstract and complex thoughts.
- Progress is affected by speech and language difficulties.
- The pupil's progress may have difficulty with understanding some texts due to poor auditory and comprehension/prediction skills.
- Severe articulation difficulties impact significantly on literacy levels.
- Attention skills will need to be taught.
- The pupil rely on visual prompts or following peers rather than verbal instructions.
- May only process part of given instructions, e.g. the last sentence.
- Able to follow most conversations/instructions in context.
- Mostly confident with occasional difficulty integrating or fulfilling social activity.
- Mild, occasional upset, frustration, anger, distress, embarrassment, concern or withdrawal.
- Differences with social interaction, social communication and/or understanding emotions.
- Some difficulty developing/ maintaining relationships.
- Some difficulty initiating peer interactions.
- Some difficulty initiating/ maintaining conversations.
- Some difficulty using/ understanding non-verbal communication.

- May have, or be being assessed for, a diagnosis of an Autism Spectrum Condition.
- A level of expressive language skill/ performance which affects effective age-appropriate communication.
- Some evidence of restricted or repetitive patterns of behaviour or interests.
- Some stereotyped/ repetitive speech or actions.
- Some adherence to routine or rituals.
- Some resistance to change.
- Some hyper- or hyposensitivity.
- May have an uneven profile of abilities and understanding.
- Pupils may have accompanying difficulties including movement, motor co-ordination, clumsiness, sensory sensitivity, sequencing, planning and/or organisational difficulties.

Special Educational Provision

- Close home/school/ SLT liaison to ensure consistency of approach
- A daily language programme advised by SLT, delivered by a SLT trained TA, in a small group or 1-1.
- At least a termly progress review by SLT.
- In class support from TA to access the curriculum and embed skills.
- May need small group support in some areas of the curriculum particularly literacy.
- May need individual support at other times of the day, e.g. to assist with transitions.
- Small group interventions to develop social interaction, communication skills, motor skills, concentration and on and within task attention, (extension of activities), manage anxieties, and promote /support sensory differences.
- Visual supports to aid language understanding and curriculum access, e.g. symbols, pictures, objects of reference, signs/ gestures.
- Key staff can use/ teach Makaton if required.
- May need AAC strategies e.g. PECs.
- May need more access to visual aids, and practical learning to enable understanding.
- use of individualised, group or class visual timetable.
- Support to promote social skills and interactions with peers, particularly at unstructured times, including break/lunchtime.
- Environmental audit to identify aspects of the environment that might lead to increased anxiety, arousal or sensory sensitivity.
- Resources and adjustments consistently available to minimise difficulties linked to sensory modulation and social interaction difficulties including planned seating position, visual materials, sensory fidgets, sensory chews, wobble cushions.
- Individual Provision Map that identifies and tracks specific targets and strategies in relation to aspects of social interaction, communication, flexible thinking and/or sensory processing.
- Provision of clear, explicit targets for completion of tasks, e.g. using timers, targets for quantity.
- Consistent, structures and predictable classroom routines with preparation in advance for changes and transitions.
- Additional support for planning and structuring written/verbal tasks.
- Social stories to aid social understanding and plan for new/ unusual events.

SLCN - Band 2

Special Educational Needs

- Diagnosed with Developmental Language Disorder or Severe Language Impairment
- Long-term speech & language difficulties causing barriers to learning and social relationships
- Moderate language impairment with severe problems in one or more areas involving language use/ comprehension/ expression/ phonology.
- Functional language or communication difficulties across some settings.
- Despite adequate vocabulary and language structures, communication difficulties inhibit learning.
- Expressive language abilities are impaired to a degree that prevents effective age appropriate communication.
- Difficulties in accessing and participating in some aspects of the curriculum.
- 3/ 4-word level of understanding at KS2.
- Connected speech may lack fluency or intelligibility.
- May have a diagnosis of Autism Spectrum Condition.
- Depends heavily on context, cues and example of peers to follow simple instructions
- Self-confidence and social inclusion limited by communication difficulties; young person may respond inappropriately.
- Able to achieve some limited social inclusion with educational activities.
- The pupils are likely to have persistent differences with social interaction, social communication or understanding emotions. Such differences will significantly impact on their access to the curriculum and general school offer.
- Limited initiation of social interaction but can take part in some imaginative play if taught/ supported but cannot develop this independently.
- Some difficulties with restricted or repetitive patterns of behaviour or interest.
- Anxiety in certain situations due to difficulties with social interaction and/or restricted/ inflexible thinking may lead to frustration and emotional dysregulation
- Intervention may be needed to achieve a calm- alert state due to sensory processing differences.
- Some reaction and resistance to change.

Special Educational Provision

- Specialist input and/or additional resources required to access the curriculum.
- Needs a high level of language support / targeted support from a familiar, consistent adult to access the curriculum, unstructured times and manage transitions
- Likely to require very structured approaches to teaching.
- Pupil needs some access to small group teaching and individual support for learning.
- A reduced stimulus workstation within the classroom.
- May need visual cues and support to develop self-help, independence skills and independent learning (at times).
- Consistency amongst and between staff in their use of language.
- Requires regular monitoring and review from SLT with specific programmes to be carried out by SLT trained school staff.
- Pre-teaching of curriculum vocabulary and concepts and modelling and demonstration.
- Support needed to manage transitions between activity and place.

- Planned and mediated opportunities for social interaction with peers to develop language, communication and play.
- Planned and mediated support to adapt to new situations.
- Needs social skills and emotional understanding and regulation interventions
- Withdrawal area for calming.
- School staff have an awareness of the implications for Autism on learning, social communication and independence.
- Environmental audit and adaptations for aspects of the environment that might lead to increased anxiety, arousal, sensory sensitivity or social interaction difficulties.
- Communication Passport for consistency of approach.
- Personalised rewards, linked to interests used to promote motivation.
- Access to structured activities, e.g. extra-curricular clubs, during unstructured times of day
- Use of adult stereotyped phrases, some evidence of reliance on routines and specific interests.

SLCN - Band 3

Special Educational Needs

- Diagnosis of Autism with some challenging behaviour despite an appropriately structured framework
- Limited functional language or communication difficulties across most settings
- Severe language impairment, involving more than one component of language e.g. language use/ comprehension/ expression which impacts significantly on learning in most/all subjects
- First or second centile on standardised language assessments
- May have other or multiple difficulties, e.g. dyspraxia, unstable epilepsy, SEMH, ADHD, selective mutism that may not be formally diagnosed but require individual plans to support learning.
- Likely to have persistent differences with social interaction, social communication and understanding emotions. Such differences will significantly impact on access to the curriculum, independence and functional and social communication. .
- Speech and language is below 3 year-old age equivalent at the end of KS1
- No more than 3-word level understanding at KS2 or above
- Direct support from familiar, consistent adults to understand and follow classroom conventions and routines
- Difficulty following routines and social expectations
- Severe and persistent difficulties with communication may result in anxiety or heightened arousal needing support to calm
- Severe and persistent difficulties with social interaction and/or restricted/inflexible thinking leading to heightened anxiety that can endure for a prolonged period even with support/appropriate intervention.
- May have difficulty with emotional regulation and show signs of distress and confusion.
- Severely reduced speech sounds and lack of intelligibility except to familiar adults in context
- Difficulty seeing the point of learning or social activities, and requires personalised rewards, reinforcement or activities that build upon personal interests to engage
- Persistent preoccupation with restricted or repetitive patterns of behaviour or interest or repetitive motor mannerisms that are used to self-regulate or self-occupy.
- Signs of distress over small changes in the environment with reliance on routine and the expected
- Difficulty managing transitions and changes to usual routines

- May be unwilling to engage with peers and intolerant of the proximity of others
- Self-esteem generally low affecting social inclusion and peer relationships
- Misunderstandings in social situations may result in inappropriate reactions
- Intervention is needed to achieve a calm- alert state due to severe and persistent difficulties with sensory processing affecting tolerance levels, attention and access to learning
- Depends heavily on context, cues and example of peers.
- Will have significant difficulties in accessing and participating in some aspects of the curriculum.

Special Educational Provision

- Social communication and interaction interventions delivered by trained staff
- Staff trained in understanding and managing Autism Spectrum Conditions and de-escalation techniques.
- Specialist input and/or additional resources required to access the curriculum
- Requires at least half- termly monitoring and review from SLT with specific programmes to be carried out by SLT trained school staff in 1-1, paired or small group. SLT programme may include intensive therapy 'blocks', individual or small group interventions delivered by the SLT.
- Support to generalise SLT programme outcomes in an integrated setting.
- Targeted classroom support from familiar trained and experienced staff.
- Total Communication Environment.
- Staff trained in the use of AAC, which can include signing, PECs.
- Visual supports and strategies used consistently to aid language understanding, social understanding and curriculum access.
- Technology available and accessible to support communication, independence and curriculum access.
- May need the majority of the curriculum delivered in 1-1, paired or small group.
- Teaching environment is adapted to address the needs of pupils with Autism Spectrum Conditions.
- Environmental audit informs planning for and adaptations to the environment, to address needs arising from Autism Spectrum Conditions.
- Curriculum is personalised with adaptations, individualisation and overlearning to support engagement, learning progress and promote independence.
- Curriculum includes specific teaching of social interaction and communication skills and understanding and managing emotions and anxiety.
- Planned and mediated opportunities for social interaction with peers to develop language and shared play.
- Structured Visual Teaching Approaches based on TEACCH principles
- Access to reduced stimulus workstation within and outside the classroom.
- Access to visual aids, and practical learning, modelling and demonstration to enable understanding.
- Communication profile/ passport, which identifies communication needs and interpretation of behaviour as a communication.
- Uses AAC to communicate, AAC includes Makaton, PECS, signing.
- Teaching sessions broken up into shortened chunks interspersed with regular, planned motivating activities or sensory breaks.
- Adult support and visual cuing needed to manage transitions between activity and place.
- Pre-preparation and visual cuing for changes in routine and new experiences.

- May require additional adult assistance for sensory activities.
- A sensory programme developed from a personalised sensory profile, with support from an adult to use the resources and equipment to achieve a calm- alert state.
- An appropriate safe and accessible calming place to manage anxiety and ensure the safety of self, others and property.
- Functional assessment of behaviour to identify specific factors that might lead to heightened anxiety, arousal or challenging behaviour.
- Development of a personalised behaviour plan with specific strategies to minimise triggers for anxiety/ heightened arousal, and clear strategies for responding consistently to incidents where behaviour can be a challenge.
- Positive and meaningful feedback given on all achievements to enhance self-esteem and motivation.
- Multi-agency review of outcomes to ensure a person- centred, coordinated approach with parents fully involved.
- Interventions such as Sulp, COSST &/or Communication Books need to be highly individualised.

SLCN - Band 4

Special Educational Needs

- Diagnosis of Autism and may have significant or complex learning difficulties.
- Significant, persistent and complex difficulties and differences with social communication interaction and understanding and regulating emotions which impact on learning progress
- Needs significantly impact on access to the curriculum and the usual activities of daily life
- Early stages of communication at upper KS2 and above which need to be supported through AAC including tactile signing, objects of reference
- Non-verbal, or language use that is not generally communicative
- Significantly limited functional language and communication across all settings
- Lack of shared attention and tolerance of adult direction.
- Severe difficulties and differences with sensory integration, modulation and processing affect tolerance levels, attention and access to learning which require frequent 'sensory breaks' through the day.
- Associated anxieties significantly impact on functioning across a range of settings.
- Significant difficulties in developing, creating and maintaining peer relationships.
- Attempts to approach others are to meet immediate needs with little or no attention to response.
- Repetitive verbal and physical behaviours are frequent, preclude most engagement in learning and may lead to severe anxiety, outbursts or withdrawal.
- Severe and persistent frustration with communication may lead to extreme anxiety, outbursts or withdrawal.
- Signs of distress over small changes in the environment, including place, activity or people and reliance on routine and the expected
- Highly dependent upon personal routines and rituals leading to intense inappropriate reactions
- Highly dependent on preferred adult.
- All transitions require personalised and consistent strategies to be successful
- May have other or multiple difficulties e.g. ADHD, uncontrolled epilepsy, mental health issues, selective mutism, dyspraxia and likely to have additional formal diagnoses that require individual plans to support learning.

Special Educational Provision

- 1:1 and at times 1:2 support needed to meet needs.
- All teaching takes place in 1-1, paired or small group.
- Needs personalised curriculum and workspace throughout the day.
- Staff team are trained and experienced in understanding and managing autism spectrum conditions and de-escalation techniques.
- Some teaching and support staff have additional qualification in ASD.
- Whole school environment is adapted to reflect best practice in ASD provision.
- Staff are trained in application of highly structured and evidence-based approaches such TEACCH, PECS, Intensive Interaction, SCERTS and the delivery of learning programmes through these approaches.
- Multi-agency and person- centred approach to family support with close/regular liaison with parents and external agencies and evidence of early help.
- SLT or other communication specialist assessment and programmes with regular monitoring and review of outcomes
- Sensory profile assessment advised by Occupational Therapist with production of an individualised sensory programme, input, monitoring and review.
- Functional assessment of behaviour completed by an educational psychologist or autism specialist to identify specific factors that might lead to heightened anxiety, arousal or challenging behaviour.
- Development of personalised behaviour plan with specific strategies identified for de-escalation and physical intervention.
- On-going monitoring and review of personalised behaviour plan to include structured debriefing/ reflective practice following incidents of significant challenging behaviour.
- Highly individualised and regularly reviewed communication passport to alleviate anxieties and frustrations.
- Provision of a personalised and person- centred curriculum defined by an internal or external multi-disciplinary team to address the multiple factors affecting learning.
- Active collaboration with outside agencies to formulate an interdisciplinary plan that integrates all (the) advice (of the other professionals) into the learning programme and pastoral care plan.
- The curriculum is likely to require very significant differentiation, adaptation and individualisation to account for difficulties that the pupil encounters in access learning tasks.
- Individualised/ simplified language used is supported visually with consistent use of familiar words/ phrases to aid understanding.
- Total Communication Environment with consistent use of AAC.
- Staff trained in the use of AAC, which can include signing, PECs.
- Visual supports and strategies used consistently to aid language understanding, social understanding and curriculum access.
- Technology available and accessible to support communication, independence and curriculum access.
- All transitions and unstructured times fully supported.
- Communication, attention and social skill development embedded within a personalised curriculum.
- Sensory programme fully supported with physical, chosen and sensory diet activities planned within a personalised curriculum.
- Specialist resources to address sensory issues available and accessible, e.g. low arousal area, sensory room/ area, compression vest, weighted blanket/ jacket.

- An appropriate and accessible safe place and ensure for calming and self-regulation, and ensuring the safety of self, others and property.
- Provision of a workstation or designated individualised work area to suit individual needs.
- Robust communication and transfer of information relating to needs, provision and equipment at key transition points

Cognition and Learning

CL1

Special Educational Needs

- End of KS1 - Working at or towards pre- key stage Standard 3
- End of KS2 - Working at or towards pre-key stage Standard 5
- End of KS3 - Working below Y4 in one, or all of the key functional skill areas despite specific interventions and requires individual intervention to achieve Functional Skills level 1.
- End of KS 4- Above Entry Level 2, but requires specific 1:1 intervention to achieve Entry Level 3 or Functional Skills Level 1 in numeracy, literacy and ICT

Special Educational Provision

- In the Early Years child needs differentiated learning planning for daily routines; some 1:1 support for curriculum access; small step teaching programme
- 1-1 or paired literacy/numeracy intervention programmes with in class support for over learning and to embed skills,
- High level of differentiation (is needed) throughout the day to access the curriculum
- Monitoring and review from external professionals in mainstream settings

CL2

Special Educational Needs

- Working well below age related expectations in most developmental and curricular areas.
- Significant difficulty with the retention, recall and application of skills and information, generalisation of skills, on and within task attention, confidence, organisation and independence.
- End of KS1 – Working at or towards pre-key stage Standard 1
- End of KS2 - Working at or towards pre- key Standard 3
- End of KS3 - Working at KS1 expectations
- End of KS4 - Working at Entry Level 1 but requires intensive support to achieve Entry Level 2

Special Educational Provision

- In the Early Years, may need 1:1 intensive support and/ or specialist teaching programmes
- High level of adult support needed to model tasks and lead learning with appropriate level questioning within a withdrawal group
- May need provision within a smaller class group
- Access to curriculum will involve an individualised programme of adapted and differentiated learning activities planned by the staff team.
- Staff team need time for individualised programme planning
- A stepped and graduated sequence of learning activities (will need to be carefully shared and reinforced).

- Language of instruction modified and adapted.
- Curriculum will include regular opportunities to consolidate learning.
- Needs occasional prompts and some additional supervision in maintaining social relationships.
- Staff skilled in adapting and differentiating learning and checking understanding.
- May need adapted or specialist resources.
- Parents will benefit from family learning in consolidating their child's learning.
- Develops relationships with familiar people, shows empathy, but has limited understanding of social rules

CL3

Special Educational Needs

- Severe learning difficulties; may also have associated difficulties in mobility and coordination, communication (and perception) and the acquisition of self-help skills. May use signing and symbols but may be able to hold simple conversations and gain some literacy skills. May also have difficulties with:
 - » Retention and recall
 - » Self-organisation, following routines, managing equipment
 - » Behaviour and social skills
 - » Self-confidence and independence
 - » Attention, concentration
 - » Expressive and receptive language
 - » Recognising/assessing risk and danger

Special Educational Provision

- 1:1, paired or small group teaching throughout the day in order to make progress
- Needs a high level of verbal, visual and physical prompting in order to access learning
- An individualised curriculum with advice from specialists
- Staff to spend at least 2.5 hours planning and differentiating the learning programme each week
- Learning progress monitored through observation of behaviour and responses against personalised targets.
- Access to curriculum through concrete and practical learning activities
- May need AAC to access the curriculum.
- Curriculum will include generalising learning for application across a range of situations.
- Staff skilled in augmentative communication methods and supporting individually differentiated learning.
- May need some personalised and/or specialist resources.
- May need a therapeutic programme.
- Parents will need to support their child in generalising learning through a partnership with school.

CL4

Special Educational Needs

- Progress tracked using the Engagement Scale Framework
- Profound cognitive difficulties and global developmental delay (in a number of areas).
- May have additional medical and/or personal care needs.
- Significant difficulties (with) in one or more of the following areas: sensory perception, social awareness, attention/concentration, expressive and/or receptive communication.
- May have other significant difficulties such as physical disabilities or sensory impairment alongside profound and multiple learning difficulties
- The level of learning achieved is not sustained over time
- Communicates by gesture, eye pointing, symbols or very simple language.
- Is a significant risk to self or is unable to interact with others without adult support.

Special Educational Provision

- High level of 1-1 adult support, for learning, social communication and personal care needs.
- Likely to need experiential sensory- based learning and a curriculum broken down into very small steps.
- The learning environment is structured to promote co-exploration, development of learned responses, understanding of situational cues and co-operation with personal care.
- Learning progress monitored through observation of behaviour and responses against personalised targets.
- Outcomes focus on engagement within the learning environment.
- Personalised task analysis i.e. finely graded steps with carefully controlled cues and rewards and predictable routines.
- Likely to need objects of reference and situational cues to access the curriculum.
- Learning and techniques include special and temporal references to develop awareness of self, time and space
- Staff skilled in observing, analysing and recording, sometimes uniquely different, individual responses.
- Highly personalised or specialist resources.
- May need some forms of therapy, advised, monitored and delivered by specialists or specialist- trained staff
- Regular multi-agency meetings to review and plan next steps in learning.

Social, Emotional, Mental Health

SEMH1

Special Educational Needs

- Learning progress is significantly affected by emotional, social and/or mental health difficulties which impact on turn- taking, working co-operatively, accepting the ideas of others.
- Behaviour may be unsettled, distracting or disruptive (behaviour in class) which interrupts the progress of the lesson.
- Poor view of self and low self-confidence,
- Difficulty in working independently.

- Unsettled behaviour in class, limited concentration and organisation in relation to age expectations
- May avoid or become upset when faced with new and unfamiliar tasks or people.
- Difficulty in maintaining relationships with adults; may frequently challenge teachers' requests but will usually back down.
- Frequent attention needing behaviour, often inappropriate or mildly challenging.
- Seeks to gain and maintain frequent close physical or near contact with adults (generally primary age children).
- Overreacts when disapproval is shown, attention is withdrawn or when thwarted.
- Appears to lack motivation and requires frequent encouragement to stay on task.
- Flits between activities and materials with little attention
- No regular group of friends.
- Difficulty in making and maintaining relationships with peers,
- Victim of bullying or intimidation or bullies or intimidates others.
- Social isolation; usually appearing to be on the edge of activities.
- Easily rebuffed and sensitive to disapproval.
- Self-critical with little resilience; may appear sullen, resentful with an unhappy attitude and mood.
- Pupil may have had a high number of fixed term exclusions and input from behavioural specialist outreach support service.

Special Educational Provision

- At least termly assessment, monitoring and review with external professionals.
- Multi-agency review with family/carers to establish consistent approaches between home and school.
- Parents involved so that they can support outcomes in the home including checking their child has the necessary equipment for school, providing reinforcement for efforts at school, spending additional, focused, quality time with their child.
- Requires supervision or alternative activity in unstructured situations or at break/lunch times.
- Individualised arrangements for break, lunchtimes and other less supervised or structured times e.g. Lunchtime club.
- Daily interventions from an adult are required to sustain peer relationships.
- May need adult support and mentoring when withdrawn or withdraws self from the classroom.
- A small group social skills/ nurturing programme. This may be a full nurture group or 100- minute model nurture group.
- Daily 1:1 mentoring or pastoral support including specific praise or feedback about any improved behaviour.
- Progress evidenced on an appropriate behavioural/social/emotional scale or tracker e.g. Boxall Profile, SDQ, observational checklists.
- Specifically focussed Individual Provision Map which includes programmes targeted at identified barriers to learning and accounts for preferred learning styles.
- Targeted group work devised in conjunction with external professionals to develop social skills, emotional wellbeing and self-esteem.
- Differentiated planning and curriculum delivery.
- Regular monitoring and record keeping (at least weekly) of work undertaken and behaviour interventions etc.
- Regular targeted individual or small group teaching to include social behaviour, using equipment

safely, turn- taking and sharing, listening and attention.

- May need social and emotional interventions such as Therapeutic Stories, Circle of Friends.

SEMH2

Special Educational Needs

- Progress is affected by SEMH difficulties.
- Unsettled and disruptive behaviour in class.
- Frequently loses temper or has a loss of ability to control or regulate emotions.
- Has difficulty in maintaining relationships with adult, e.g. avoids engaging in work, and may challenge teachers in a verbally aggressive manner.
- Frequent aggressive conflict with peers.
- Remembers confrontations, 'bears a grudge' and seeks revenge.
- Seeks affection, approval and reassurance repeatedly but appears to remain insecure.
- Inappropriate actions in search of attention.
- Destroys own work or hard-won social achievements.
- Demonstrates extremely low self-esteem and emotional neediness through social withdrawal.
- Demonstrates anxiety; clings and is tearful.
- Irregular attendance may need to be monitored.
- Evidence of risky and unsafe behaviour.

Special Educational Provision

- Most areas of curriculum planning reflect the need to develop social, emotional and/or mental health, well-being and resilience.
- Available and accessible safe space for withdrawal at times of distress or crisis.
- 1-1 support from trained and experienced staff to support behaviour, self- regulation and access to the curriculum.
- Flexible adult response to be available at times of difficulty to prevent escalation of problems.
- CAMHS may be involved to address mental health needs with time for staff to liaise as necessary.
- Individual or small group work to build social and emotional skills and access learning. This may be through a nurture group approach.
- Monitoring and review with external professionals to develop consistency of approach, curriculum content, planning and delivery with staff.
- Individual instructions for new or unfamiliar tasks.
- Encouragement from an adult to participate in an activity.
- Close monitoring by familiar, skilled staff during less structured times or activities.
- Daily 1:1 mentoring or pastoral support including specific praise or feedback about any improved behaviour and to reinforce successes.
- Modelling, support and intervention from an adult to conform to age appropriate conventions and expectations and make safe independent decisions.
- Support and encouragement from an adult to recognise and manage their feelings and the impact their actions have on themselves, others and property.
- May have a severe attachment disorder or other mental health needs.

SEMH3

Special Educational Needs

- A range of significant social, emotional and mental health difficulties which affect progress.
- Need support to develop an awareness of consequences to their actions.
- Frequent and significantly challenging and disruptive behaviour which includes refusal to accept consequences.
- Frequent and may be unpredictable, often daily, behavioural or emotional outbursts, (generally on a daily basis).
- Significant difficulty in following basic classroom routines.
- Exceptional restlessness and inattentiveness for much of the school day.
- Aggressive confrontations with peers at least daily.
- Few constructive relationships with peers and seems isolated.
- Inappropriate response to praise.
- Evidence of very frequent need for reassurance but remains anxious or unsettled.
- A high level of disaffection or anxiety which impacts on attendance.
- Social, emotional and mental health needs may manifest as anxiety/depression, deliberate self-harm, eating disorders that (have mild to moderate) impact upon daily functioning.
- Actions of putting themselves and others at risk.
- After a crisis, may be able to (the pupil can sometimes) discuss the incident with a familiar, experienced adult and may accept responsibility for their actions. They may recognise triggers and/or with support implement strategies to avoid a recurrence.
- May respond positively to behaviour management based on detailed analysis of antecedents and contextual factors to inform a regularly updated programme.

Special Educational Provision

- Development of social skills, emotional resilience and/or mental health and well-being is embedded within the curriculum and through targeted interventions.
- Behaviour support plan in place and consistently implemented by all staff.
- Constant direct support in a 1-1, paired or small group; 2:1 staffing may be required at times
- Extensive curriculum differentiation .
- Planning and liaison time for the staff team and also with involved external professionals which may include CAMHS, Targeted Youth Services.
- Parents/carers involved so that they can support outcomes in the home. Involvement of family support where parents/carers may be hard to reach.
- Monitoring and encouragement of regular attendance.
- Individual support to engage in new or unfamiliar tasks.
- Frequent encouragement and positive reinforcement to engage in activities.
- Adult support to develop resilience and overcome setbacks or anxieties.
- Prompting to ask for help to solve problems.
- Monitoring and review with external professionals with very detailed guidance to staff to develop consistency of approach, curriculum content, planning and delivery
- Close monitoring by familiar, skilled staff during less structured times or activities.
- Individual or small group work to address individual learning needs.

- Skilled adult support to develop and maintain on- task attention and emotional regulation.
- Flexible deployment of staff to support at times of difficulty or crisis to prevent escalation of problems.
- Individual or small group withdrawal sessions to address social, emotional and/or mental health needs.
- Carefully planned and targeted intervention by skilled adults in and out of the classroom to support transitions and potential areas of difficulty.
- At least weekly contact with the family and guidance for them to access support from other agencies.
- Daily 1:1 mentoring or pastoral support with identified staff who plan and monitor the structured behaviour programme
- Available and accessible safe space for withdrawal at times of distress or crisis to maintain the safety of self, others and property.

SEMH 4

Special Educational Needs

- Severe social, emotional and mental health difficulties with resulting significantly challenging behaviour.
- Progress is very significantly affected by SEMH.
- Very provocative, aggressive and confrontational behaviour which can include verbal and physical aggression towards peers and staff.
- Difficulty regulating emotions frequently during the day or has frequent episodes of emotional dysregulation.
- Outbursts are prolonged and difficult to manage.
- Poor relationships with most staff, disruptive in most lessons and difficulty complying with teachers' requests.
- Lack of acknowledgement of responsibility for inappropriate behaviour despite objective evidence.
- Very few positive relationships with pupils, frequent disputes and fights and is known to bully.
- Lacks confidence and independence.
- Very rarely volunteers a positive response in class.
- Very withdrawn, social contact with other pupils is very limited, appears isolated and has no friendship group in school.
- Chronic non-school attendance issues.
- Shows extreme levels signs of anxiety in everyday situations.
- Moderate/ severe anxiety/depression, suicide ideation, deliberate self- harm, eating disorders, psychotic symptoms that are having a significant impact upon daily functioning and therefore require involvement from mental health professionals.
- Actions often put themselves and others at serious risk.
- Even with more complex analysis of problems, leading to tightly structured short term behavioural targets the (pupil) rarely responds consistently in a positive manner.
- Rarely able to discuss an incident or crisis with an adult, even after a period of calming; little recognition of the triggers and/or strategies to avoid a recurrence.
- Difficulty engaging in new or unfamiliar tasks despite targeted individual support.
- May respond positively to behaviour management which has been based on detailed analysis of antecedents and contextual factors which inform a regularly updated programme.

Special Educational Provision

- Flexible deployment of adult support may be needed to support re-engagement following non-school attendance.
- Multi and inter- agency support and planning for needs which impact home, school and the community.
- Multi and inter- agency co-produced structured intervention plan that sets out specific objectives and expected outcomes with frequent evaluation and review.
- Regularly reviewed and updated individual behaviour management plan which may include restrictive physical intervention based on detailed analysis of antecedents and contextual factors.
- Attuned support from staff to guide and supervise during a crisis and with de-escalation, calming and recovery.
- Multi and inter- agency planning of programmes of intensive therapeutic intervention with at least weekly therapy/counselling sessions.
- A highly differentiated curriculum in 1-1, paired or small group teaching led by skilled and experienced adults throughout the day.
- Direct support from staff who are trained and experienced in supporting social, emotional and mental health needs and trauma informed approaches.
- Development of social skills, emotional resilience and/or mental health and well-being is embedded within the curriculum and through targeted interventions.
- Planning and liaison time for the staff team and also with involved external professionals which may include CAMHS, Targeted Youth Services.
- Planned and structured intervention and opportunities to rehearse skills follow routines and social expectations and make positive choices.
- Flexible deployment of staff to support at times of difficulty or crisis to prevent escalation of problems. Up to 3/4:1 staffing may be required at times to support during extended periods of crisis and calming and recovery period
- Available and accessible safe space for withdrawal at times of distress or crisis to maintain the safety of self, others and property.
- Audit and adaptations to the environment so that it is a safe place that supports emotional well- being.
- Intensive and at least weekly contact with the family/extended family.
- Family has ongoing involvement with family support agencies.

Sensory and Physical

PD1

Special Educational Needs

- PD ambulant/non-ambulant.
- No significant learning needs associated with physical/medical need.
- Medical conditions which require monitoring, e.g. arthritis and diabetes, and reduce (their) levels of independence.
- Tire more quickly than peers.
- Require medication to stabilise condition.
- Personal care needs.
- The pupil's progress through the National curriculum and other subjects is affected by his/her physical and medical difficulties.

- The pupil's difficulties present him/her with some problems in participating in aspects of the curriculum, e.g. handwriting, D.T.
- Flexible deployment of staff to set up and monitor equipment and the learning environment (Need support to set up equipment/learning environment but works independently in a range of curriculum areas.

Special Educational Provision

- Programme advised and regularly reviewed by a physiotherapist and delivered daily by trained staff.
- Requires specialist equipment and adaptations to access the curriculum, e.g. specialist tools, specialised seating, assigned ICT devices.
- Targeted support to access the curriculum; may need scribe or support to use ICT.
- Periods in hospital or sick at home may inhibit progress with catch-up programmes after periods of absence from school.
- External agencies may provide advice on adaptations and specialist equipment.
- Regular monitoring of medical conditions, with reviewed and updated care and management plans.
- Training to monitor and manage own condition and know when to seek support.
- Support to develop the skills to manage and use specialist equipment
- Support with the regular routines of managing a medical condition, e.g. administering drugs.
- Good home-school links and communication to support work at home.
- Support to work on skill development in managing specialist equipment.
- Support to understand and 'come to terms' i(n coming to terms) with their disability.
- Sensitive support from staff to manage self- care including intimate self- care.
- Learning needs associated with physical/medical need.

PD2

Special Educational Needs

- PD ambulant/non-ambulant.
- Medical conditions which require monitoring, e.g. arthritis and diabetes, and reduce levels of independence.
- Tire more quickly than peers.
- Require medication to stabilise condition.
- Significant personal care needs.
- Reduced mobility, independence and/or self-help skills.
- May be independent wheelchair users or use mobility aids.
- Learning may be affected by reduced attendance due to condition or medical needs.
- Learning needs associated with physical/medical need.

Special Educational Provision

- Direct support for learning needs associated with physical /medical needs.
- Support with seating/positioning, self- help, feeding and personal and intimate care throughout the day.
- A Programme advised and regularly reviewed by a physiotherapist and delivered daily by trained staff.
- Adaptations to the building and environment, tools and equipment for accessibility, specialist furniture, resources or technology, advised and reviewed by OT/P to promote learning and

independence.

- A fine / gross motor programme.
- Targeted support to access the curriculum and activities.
- Access to a specialist toilet with changing facility.
- Close supervision with some aspects of mobility due to impaired spatial awareness.
- Speech and Language / Communication Assessment may be needed with programme advised and reviewed by a speech and language therapist and delivered by SLT- trained staff.
- A regularly reviewed and updated care plan.
- Targeted support to access the curriculum; may need scribe or support to use ICT, accessible P.E and swimming May need staff to support them in coming to terms with their disability.
- Staff trained in the administration of medication and the undertaking of medical and emergency procedures.
- Support with personal care.
- Periods in hospital or sick at home may inhibit progress with catch-up programmes after periods of absence from school
- Good home-school links and communication to support learning and work at home.
- Support to understand and 'come to terms' with own disability.
- Building adaptations such as ramps and disabled toilet facilities will need to be in place.

PD3

Special Educational Needs

- Significantly reduced mobility, independence and/or self-help skills.
- In most cases will be either motorised wheelchair users or use manual wheelchairs but will frequently need adult assistance to move around school.
- Learning and social inclusion may be affected by reduced attendance as a result of the severity of the condition.
- May be exceptionally slow to complete physical activities and/or independence skills.
- Will be slow to complete school work due to tiring, poor physical co- ordination and medication.
- Significant learning needs associated with physical/medical need.

Special Educational Provision

- A postural programme requiring additional equipment.
- A totally accessible building with specialist personal care facilities (will be required).
- Assessments may need to include: Medical, Physiotherapy, Speech Language and Communication with programmes advised and regularly reviewed by specialists and delivered daily by specialist- trained staff
- Adaptations to the building and environment, tools and equipment for accessibility, specialist furniture, resources or technology, advised and reviewed by OT/P to promote learning and independence
- May require episodes of care
- Regularly monitored, reviewed and updated care plans and risk assessments for moving and handling
- A Programme advised and regularly reviewed by a physiotherapist and delivered daily by physiotherapist- trained staff
- Adaptations to tools and equipment for curriculum access

- A significantly modified or adapted curriculum/timetable. This will include regular therapy treatments and mobility programmes, e.g. hydrotherapy.
- 1-1, paired or small group support from trained staff.
- A higher level of supervision to ensure personal safety.
- Support to achieve mobility and move safely around the setting.
- Support from medically trained staff that can carry out routine and/or emergency procedures.
- Significant support with seating/positioning, self- help, feeding and personal and intimate care throughout the day.
- May need highly individualised equipment, e.g. Eyegaze or speech output technology.
- Support to understand and 'come to terms' with own disability.
- Periods in hospital or sick at home may inhibit progress with catch-up programmes after periods of absence from school.
- Good home-school links and communication to support learning and work at home.
- Family has ongoing involvement with family support agencies.

PD4

Special Educational Needs

- Severe, complex physical/medical needs
- Degenerative condition; may need planning for end of life care
- 1:1 and at times 1:2 care, to meet physical/medical/ learning needs
- Small teaching group of no more than 6 with access to 1:1 support for learning for much of the day
- May have: enteral feeding needs, tracheotomy, requires oxygen/stops breathing, at times
- Learning affected by reduced attendance as a result of the severity of condition.
- Significant learning needs associated with physical/medical need.

Special Educational Provision

- Frequent multi-agency meetings are required to maintain an optimum care/learning plan.
- Regularly monitored, reviewed and updated care plans and risk assessments for moving and handling
- Nursing care or the constant support of Complex Care staff.
- A postural programme requiring additional equipment.
- Direct support with all physical management and personal and intimate care needs
- Adult support at mealtimes and may be tube-fed.
- Hoisting for care needs and changing.
- On-site nursing and physiotherapy support.
- Specialist seating or postural system.
- Direct support to access all aspects of the curriculum and daily living.
- Personalised curriculum delivered by experienced and trained staff and modified to take account of medical conditions / attendance/ constraints on time due to therapy/ mobility programmes.
- Specialist AAC support with communication; may be non-verbal.
- Significant allowances due to tiring easily and may be slow to complete physical activities or tasks.
- Regular intervention and careful monitoring for a significant medical condition.
- Support with complex medical issues e.g. needs oxygen, tube feeding or a tracheotomy.

- Assessments may need to include: Medical, Physiotherapy, Speech Language and Communication with programmes advised and regularly reviewed by specialists and delivered daily by specialists or specialist- trained staff.
- Needs episodes of care.
- Regularly monitored, reviewed and updated care plans and risk assessments for moving and handling.
- Good home-school links and communication to support learning and work at home.
- Family has ongoing involvement with family support agencies.
- Support to understand and 'come to terms' with own disability.

Sensory 1

Special Educational Need

- Moderate to Severe VI
- Likely to present with visual acuity of 6/24 to 6/48 and /or have a very significant field loss e.g. hemianopia.
- Pupils may experience additional behavioural/ learning needs which may compound VI
- Hearing loss causes significant delay in language and communication skills (as measured by appropriate assessments) but speech is largely intelligible to all listeners

Special Educational Provision

- Regular, daily support to access the curriculum, e.g. numeracy, literacy and ICT at primary, science/DT/ ICT at secondary.
- Significant level of resources modification.
- Ongoing, periodical specialist support with mobility and independence
- Appropriate specialist resources, e.g. laptop with accessibility software, electronic magnifier.
- Moderate to severe hearing loss (40 - >70dB) which will be aided, and which will need other assistive technology. May need support and guidance to use effectively and independently.
- Targeted intervention and support for associated SEMH/ learning/ communication needs.

Sensory 2

Special Educational Need

- Severe VI.
- Visual acuity of 6/48 to 3/60 and /or have a very significant field loss e.g. hemianopia.
- All curriculum materials modified into accessible formats.
- At least weekly specialist mobility and independence support and at least weekly specialist ICT input.
- Likely to present with severe hearing loss (70 - 95 dB).
- Severe delay in language and communication skills (as measured by appropriate assessments*). Speech is largely intelligible to familiar listeners but may contain some articulation errors which could impact on intelligibility for unfamiliar listeners.
- Language and communication delay may be compounded by inconsistent use of hearing aids and other assistive technology.
- May have additional learning or physical difficulty.

Special Educational Provision

- A high level of 1:1 support for access to learning and resource modification.
- Regular 1:1 support required throughout the week for pre and post tutoring and to ensure that the curriculum is suitably differentiated in terms of language and cognitive level.
- Appropriate specialist resources, e.g. laptop with accessibility software, electronic magnifier

Sensory 3

Special Educational Needs

- Educationally Blind
- Severe to profound hearing loss (75 - >95dB)
- Severe delay in language and communication skills (as measured by appropriate assessments*) coupled with significant deficits in expressive language skills making speech difficult to understand for all listeners.
- Poor use of hearing aids and assistive technology may negatively impact initiatives to close language and communication gap

Special Educational Provision

- Curriculum access primarily through non-sighted methods e.g. Braille.
- 1:1 support to access a suitably differentiated curriculum plus midday supervision to ensure safe inclusion at lunchtime.
- At least weekly support from a QTVI, e.g. 3 teaching sessions per week, and weekly sessions from specialist VI ICT and Mobility & Independence.
- Specialist equipment, e.g. braille, Braille Note, speech software.
- At least weekly planning between school staff and VI specialists for curriculum planning and review.
- Monitoring of functionality and use of high output hearing aids or cochlear implant and other assistive technology, e.g. personal FM systems.
- AAC language and communication systems, e.g. Makaton / BSL.

Sensory 4

Special Educational Needs

- Severe VI plus; a severe visual impairment or educationally blind and/or have a significant additional area of special educational need, e.g. learning, hearing (MSI), physical.
- Profound hearing loss (>95 dB) / Blind/MSI.
- Hearing aids or cochlear implant fitted. Other assistive technology, e.g. personal FM systems in use
- Very severe delay in expressive and receptive language and communication skills (as measured by appropriate assessments*). Speech is unintelligible to most listeners.
- Additional mobility problems.
- Will have additional complex needs in terms of learning and behaviour.

Special Educational Provision

- Special school with additional, specialist, daily input to meet the severe visual impairment needs, e.g. Braille & mobility
- If not in specialist provision will need full-time 1:1 support throughout the day for pre and post tutoring and to ensure that curriculum is suitably differentiated in terms of language and cognitive level
- Additional language and communication systems in use

EHCP banding moderation process

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The moderation process is conducted by a multi-agency panel which has representation both from WCF as well as schools. The panel meets on a monthly basis to audit EHCPs to ensure that plans have been banded in a fair, equitable and accurate manner.

Document History

Version	Date	Summary of Changes	Document Status
V1.0	July 2021		Final document

