Ryhope Junior School

SEND Ranges

Guidance for Parents

Guidance for School Aged Pupils with SEND: Implementation of the Ranges in Primary and Secondary settings

The ranges are a very useful guide for SENDCOs and schools/services to assess and identify the needs of pupils and to put into place the appropriate support. The ranges are from range 1 through to at least ranges 5 and 6, whilst some go beyond to 7. They describe the pupil's needs and provide suggestions for the types of interventions that will be required. Schools/settings will need to evidence all their interventions and the impact of these through a provision map- and other evidence. This is best practice nationally and Ofsted require this level of evidence of input and impact.

In some cases, pupils will fall into more than one range, or will have needs in more than one area. The school/setting will need to study the ranges and to highlight where the greatest need is. This may change in time and as the pupil matures. There will be specific times such as transition where the needs may change because of the differing environments and expectations. The ranges are a guide and provide a framework for the evidence that will be required.

Identifying the Range

1. Read the descriptors in each document and identify those that best describe your pupil. You may find it useful to print off a copy of these and highlight ones that apply.
2. Use the SEND guidance descriptor information (*Presenting Behaviours*) in the first column of each range to think about how the pupil's individual profile affects their access to the curriculum and school/setting life. These statements support a decision about whether the pupil is mildly, moderately, severely or profoundly affected and give guidance about how contexts and support needed affect placement at a range.
3. Steps 1 and 2 above should enable professionals to make a judgement about which range the pupil is at currently. It is important to recognise that these ranges can alter either because the pupil's profile changes or because of context changes such as times of transition/ school/setting placement.

Using the Guidance to Support Learning

Once the range has been established, professionals will find advice about how to support the learning of pupils at each range. It is important to recognise that Quality First Teaching will provide a firm basis upon which to use the additional strategies identified at each range. Strategies and advice from earlier ranges need to be utilised alongside more specialised information as the ranges increase. Specialist health interventions may be required at any level and this is an indicative framework as to how health resources may be deployed.

The ranges are colour-coded throughout the school age guidance as follows:

- Range 1 – Post 16 setting-based responses – Universal mainstream
- Range 2 – Post 16 setting-based responses – Universal/Targeted mainstream
- Range 3 – Post 16 setting-based responses – Targeted mainstream
- Range 4 – Targeted/Specialist either in mainstream or specialist additional resource
- Range 5 – Specialist Resource/ Special School / Specialist College
- Range 6 - Special School / Specialist College
- Range 7 – Highly Specialist Provision possibly 24 hours

Cognition and Learning Needs

Cognition and Learning Needs Guidance	
Range Descriptors Overview	
Range 1 **Mild**	• May be below age-related expectations • Difficulty with the acquisition/use of language, literacy and numeracy skills • Difficulty with the pace of curriculum delivery • Some problems with concept development • Evidence of some difficulties in aspects of literacy, numeracy or motor coordination • Attainment levels are likely to be a year or more delayed
Range 2 **Mild - Moderate**	• Continuing and persistent difficulties in the acquisition/use of language/literacy/numeracy skills • The pupil is operating at a level well below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention and differentiation through a support plan • Evidence of difficulties with aspects of cognition i.e. memory, concept development, information processing, understanding, sequencing and reasoning that impact on learning and/or limit access to the curriculum • Progress is at a slow rate but with evidence of response to intervention • Support is required to maintain gains and to access the curriculum • Attainment is well below expectations despite targeted differentiation • Processing difficulties limit independence and pupil may need adult support in some areas • The pupil will have **mild** but **persistent** difficulties in aspects of literacy, numeracy or motor co-ordination despite regular attendance, appropriate intervention and quality first teaching • May have difficulties with organisation and independence in comparison to peers • Difficulties impact on access to the curriculum • Pupil will require reasonable adjustments to support them in the classroom • Self-esteem and motivation may be an issue • Possibly other needs or circumstances that impact on learning
Range 3 **Moderate**	As above plus: • Persistent difficulties in the acquisition/use of language/literacy/numeracy skills • May appear resistant to previous interventions

	• Pupil is operating at a level significantly below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention, differentiation and curriculum modification • Moderate difficulties with independent working and may sometimes need the support of an adult and a modified curriculum or assessment findings from a range of standardised cognitive assessments • Assessment by an Educational Psychologist indicates significant and enduring difficulties with several aspects of cognition e.g. memory, concept development, information processing, understanding, sequencing and reasoning • Difficulties impact on learning and/or limit access to the curriculum • Significant discrepancies between different areas of cognition or a highly unusual profile of strengths and difficulties • Personalised learning plan • Access to advice from a specialist • Support for reading/recording to access the curriculum at the appropriate level of understanding • Pupil will have **moderate** and **persistent** difficulties with literacy, numeracy and/or motor co-ordination despite regular attendance, significant levels of focused intervention, effective provision mapping and quality first teaching • Difficulties in some aspect of cognitive processing will be present, i.e. slow phonological processing, poor working memory, and difficulties with auditory and visual processing • Difficulties will affect access to curriculum, and specialist support/advice and arrangements will be required • May require assistive technology and/or augmented or alternative communication supports • Difficulties with learning may impact on self-esteem, motivation and emotional wellbeing despite positive support • Involvement of pupil in target setting and personalised learning
Range 4a **Significant**	• Pupil will have significant and persistent difficulties with literacy, numeracy or motor co-ordination despite regular attendance and high-quality specialist intervention and teaching • Key language, literacy and/or numeracy skills are well below functional levels for their year group – the pupil cannot access text or record independently • Pupil has significant levels of difficulty in cognitive processing, requiring significant alteration to the pace and delivery of the curriculum • Difficulties likely to be long term/lifelong • Condition is pervasive and debilitating

	• Significantly affects access to curriculum and academic progress • High levels of support required which include assistive technology • Social skills and behaviour may be affected, and issues of self-esteem and motivation are likely to be present • The pupil may appear to be increasingly socially immature and vulnerable because of limited social awareness, difficulties with reasoning, understanding or expressing thoughts
Range 4b	As Range 4a plus: • Difficulties are so significant that specialist daily teaching in literacy and numeracy and access to a modified curriculum are required • The level of adjustment and specialist teaching across the curriculum required is significantly greater than is normally provided in a mainstream setting
Range 5 **Severe**	• Severe learning difficulties have been identified • Significant and persistent difficulties in the acquisition/use of language/literacy/numeracy skills within the curriculum and out of school activities • Complex and severe language and communication difficulties • Access to specialist support for personal needs • Complex needs identified*

Communication and Interaction Needs

Communication and Interaction/ Autism Spectrum Disorders

The children and young people to whom this guidance relates will present with a range of communication and interaction differences which challenge their learning and social inclusion. Individual pupils display a range of differences which will vary in severity and intensity and which may change over time. It is not expected that any pupil will match all the descriptors listed below. Pupils who display social communication and interaction differences but who are not diagnosed with an autism spectrum disorder share some of the difficulties in social imagination, inflexibility of thought and sensory differences seen in pupils on the autism spectrum. The suggested provision and resourcing at the appropriate range will support effective teaching and learning for this group of children and young people.

Children and young people with communication and interaction differences/autism have differences in the areas identified below. Use these descriptors to identify the needs of an individual pupil:

ASD Descriptors
Communication and Reciprocal Social Interaction (Social Effect)

- Difficulties recognising that they are part of a class, group or wider social situation
- Social situations present challenges resulting in emotional outbursts, withdrawal, social vulnerability and/or isolation
- Poor empathy, imagination and play skills which affect social understanding and impact on learning in subjects such as English and RE
- Unusual eye gaze or eye contact
- Facial expressions may be limited or reduced in range
- May not use or understand non-verbal communication
- Difficulties with understanding spoken language or difficulties expressing their own wishes and feelings (expressive and receptive needs)
- Speech may be delayed or unusual and have an odd intonation pattern with immediate or delayed repetition (echolalia)
- Literal interpretations of language and learning with poor understanding of abstract language
- Higher order language skills may be impaired, e.g. understanding and use of metaphor, inference and emotional language
- Issues with interpreting and understanding whole class instructions and general information
- Difficulties with the concept of time and sequencing of events significantly affect everyday activities
- Difficulties with personal space - may invade other's space or find close group work difficult
- May have little awareness of danger in comparison to children of their age

- May 'run' or 'climb' with no regard to hazards, or be unaware of hurting others

- May have coping strategies that enable successful social interaction with peers. At times of stress or anxiety, however, responses will be unusual and socially awkward

Restricted and Repetitive Behaviours

- Anxiety over even small unplanned changes in the environment or learning tasks, leading to reactions of outbursts or withdrawal
- Unusual or different behaviours or obsessions with everyday objects, people or toys, which can lead to difficulties with finishing desired activities
- May display an intense interest in a topic that is explored with a high level of frequency and/or inappropriateness to context or audience
- Difficulties managing transition between different environments or tasks
- Inability to maintain focus and concentration age appropriately
- Easily distracted or unable to switch attention easily
- Inconsistent patterns of behaviour across a spectrum from challenging or impulsive to extreme passivity

Sensory Differences

- Unusual over- or under-responsiveness to sensory stimuli e.g. touch or noise which may affect access to everyday events or activities e.g. dining halls
- Difficulties in environments with a lot of people, especially in spaces where the number is people of heightened and noise becomes expansive
- Show signs of delayed hand/eye co-ordination and/or fine/gross motor skills or display unusual body movements such as flapping, toe walking, tics or unusual posturing
- Display unusual sensory responses to the environment at times of heightened stress: this may present as anxiety
- Sensory differences can affect physical milestones such as toileting and eating development: these can cause high anxiety in the child/young person and those who care for them

The table below should be read alongside the lists above of

- **Communication and Reciprocal Social Interaction (Social Effect)**
- **Restricted and Repetitive Behaviours**
- **Sensory Differences**

Students may display different combinations of the outlined behaviours, even at the lower ranges.

Range 1 **Mild**	• Pupils will have communication and interaction needs that **may** affect their access to some aspects of the National Curriculum, including the social emotional curriculum and school life • The pupil does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team • Students may or may not have low level sensory needs
Range 2 **Mild - Moderate**	• Pupils will have communication and interaction needs that affect access to a number of aspects of the National Curriculum, including the social emotional curriculum and school life • Students may or may not have low to moderate sensory needs
Range 3 **Moderate**	• Pupils will have communication and interaction needs that will **moderately** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life • This is especially true in new and unfamiliar contexts • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Pupils may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency team • Students may or may not have moderate sensory needs
Range 4a **Significant**	• Pupils will have communication and interaction needs that **significantly** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life • This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment

	• Pupils will have an uneven learning profile but their attainment levels suggest they can access a differentiated mainstream curriculum • Pupils may or may not have a diagnosis of an Autism Spectrum Disorder by an appropriate multi-agency diagnostic team • Students may or may not have sensory significant sensory needs
Range 4b	• Pupils will have communication and interaction needs that **severely** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment **Pupils at range 4(b) will be in a mainstream setting:** • Pupils will have an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum • They will require significantly more support than is normally provided in a mainstream setting • Students may or may not have sensory significant sensory needs
Range 5 **Severe**	• Pupils will have communication and interaction needs that **severely** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment **Pupils at range 5 may be in the following settings:** **Mainstream** • Pupils may have an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum • They will require significantly more support than is normally –provided at a universal level in a mainstream setting

	Special • Attainment profile is below expected NC performance indicators and/or PIVATs /B Squared. • They may or may not have a diagnosis of an Autism Spectrum Disorder-/ and or EHCP. • Students may or may not have severe sensory needs
Range 6 **Profound**	• Pupils will have communication and interaction needs identified by the range descriptors that **profoundly** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available • Pupils will need an environment where interpersonal challenges are minimised by the adult managed setting • The pervasive nature of the Autism/C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Students may or may not have profound sensory needs • Pupils within the specialist provision need an environment where interpersonal challenges are minimised by the adult managed setting

Communication and Interaction Needs

Speech, Language & Communication Needs

Guidance for children and young people with Speech, Language and Communication Needs

Introduction

The term SLCN is used in this guidance to refer to children and young people with speech, language and communication needs as described below.

There are four distinct and overlapping reasons for pupils to have SLCN[1]:

1. **Primary need**: a persistent developmental difficulty specific to the speech and language systems associated with speech sounds, formulating sentences, understanding, social interaction or fluency.
2. **Secondary need**: primary developmental factor related to autism, physical, hearing or cognitive impairments which affect speech, language and communication.
3. Reduced developmental opportunities meaning that language is impoverished or delayed; mainly linked to social disadvantage.
4. Speaking and understanding English as an additional language (EAL) does not in itself constitute a SLC difficulty. The varied structures and phonologies of different languages however cause ***initial short-term*** difficulties. It is important to recognise that children with EAL may also have the above 3 reasons for their SLCN.

Identification:

- There is wide variation in children's early development meaning that SLCN is not often identified before the age of 2, unless due to secondary factors present pre-natal or from birth
- The nature of SLCN can change over time
- A range of interventions, screening, observation and assessment over time, involving both health and education professionals, are necessary to establish the nature of the difficulty

[1] Effective and Efficient use of resources in services for C&YP with SLCN (Lindsay, Desforges, Dockrell, Law, Peacey ad Beecham) DCSF 2008 ISBN 978 84775 218 5

- Depending on the nature of the difficulty, pupils' performance levels range between 'well above average' to 'well below average'

This document provides guidance regarding provision, staffing and identification for pupils at ranges 1-4. However, for all the reasons above, when planning provision and personalised learning, it is essential that the strengths and needs of individual pupils are considered rather than a diagnostic category of need. As such, this guidance should be used flexibly with regard to an individual's need at any one time. For example, a child at Range 1 may require aspects of provision at Ranges 2/3 for a measured period of time.

All pupils need to be taught in a communication-friendly learning environment, reflected in the whole school ethos:

- An understanding of the importance of language skills on social development and attainment
- Structured opportunities to support children's speech and language development
- Effective and positive adult-child interaction
- High quality verbal input by adults

Children may have a specific speech and language difficulty classed as a primary need if they are attending a speech and language Additional Resourced Provision. Where applicable, guidance for pupils with autism, physical, cognition and learning, hearing and behavioural and emotional difficulties should also be consulted.

At Ranges 5 and above, SLCN would be a secondary need.

Speech Language Communication Needs Guidance	
Range Descriptors Overview	
Range 1 **Mild**	Pupil will have communication and interaction needs which **may affect access** to some aspects of the National Curriculum, including the social emotional curriculum and school life: • Pupil does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team • Speech is understood by familiar adults but has some immaturities, which may impact on social interaction and may impact on the acquisition of literacy • Difficulties with listening and attention that affect task engagement and independent learning • Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the pupil needs some support with listening and responding • Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position) • Reduced vocabulary range, both expressive and receptive • May rely on simple phrases with everyday vocabulary • Social interaction could be limited and there may be some difficulty in making and maintaining friendships • Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement • May present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases, if this is consistent, higher levels of need may be present
Range 2 **Mild - Moderate**	Pupil will have communication and interaction needs that **affect access** to a number of aspects of the National Curriculum, including the social emotional curriculum and school life: • Speech is usually understood by familiar adults; unfamiliar people may not be able to understand what the child is saying if out of context. • The child's speech may have some immaturities or use of more unusual sounds within their talking, which may impact on social interaction and the acquisition of literacy • Difficulties with listening and attention that affect task engagement and independent learning • Comments and questions indicate difficulties in understanding the main points of discussion, information and explanations • Pupil needs some support with listening and responding

	• Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position) • Reduced vocabulary range, both expressive and receptive • May rely on simple phrases with everyday vocabulary • May rely heavily on non-verbal communication to complete tasks (adult's gestures, copying peers) and this may mask comprehension weaknesses • Social interaction could be limited and there may be some difficulty in making and maintaining friendships • Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement • Pupil is likely to present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases more consistently
Range 3 **Moderate**	Pupil will have communication and interaction needs that will **moderately affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts. • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Pupils may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency team • Persistent delay against age related speech, language and communication • Persistent difficulties that do not follow normal developmental patterns (disordered) **Speech** • Speech may not be understood by others i.e. parents/family/carers where context is unknown. Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility • Speech sound difficulty may lead to limited opportunities to interact with peers • May be socially vulnerable • May become isolated or frustrated • Phonological awareness (Speech sound awareness) difficulties impact on literacy development. Expressive • The pupil may have difficulty speaking in age appropriate sentences and the vocabulary range is reduced. This will also be evident in written work

	• Talking may not be fluent • May have difficulties in recounting events in a written or spoken narrative **Receptive** • Difficulties in accessing the curriculum, following instructions, answering questions, processing verbal information, following everyday conversations • Needs regular and planned additional support and resources • Difficulties with listening and attention that affect task engagement and independent learning • May not be able to focus attention for sustained periods • May appear passive or distracted • Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g. not understanding the consequences of an action **Social Communication** • Difficulties with speech and/or language mean that social situations present challenges resulting in emotional outbursts, anxiety, social isolation and social vulnerability • Difficulties with using and understanding non-verbal communication (NVC) such as facial expressions, tone of voice and gestures • Poor understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others • Anxiety related to lack of understanding of time and inference • Needs reassurance and forewarning of changes to routine or when encountering new situations/experiences
Range 4a **Significant**	Pupil will have communication and interaction needs that **significantly affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life. **This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available.** • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Pupil will have an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum • Pupil may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency diagnostic team • Could communicate or benefit from communicating using Augmented and Alternative Communication

	• Some or all aspects of language acquisition are significantly below age expected levels • Significant speech sound difficulties, making speech difficult for all listeners to understand when out of context (and sometimes where it is known). **Must have an identified Speech, Language and /or Communication Delay/Disorder** This could be difficulties in: • Understanding and/or using language. • Speech Sound development • Social Interaction **Identification** • Diagnosed by a Speech and Language Therapist • Pupils with Developmental Language Disorder (DLD) may have associated social communication difficulties • Pupils with DLD may have difficulties with literacy associated with writing fluency, reading comprehension and spelling • Pupils with DLD may have behavioural, emotional and social difficulties which impact on everyday interactions and learning
Range 4b	Pupil will have communication and interaction needs that **severely affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life, **even in known and familiar contexts and with familiar support/people available.** • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Could communicate or benefit from communicating using AAC • Some or all aspects of language acquisition are significantly below age expected levels • Significant speech sound difficulties, making speech difficult for all listeners to understand when out of context (and sometimes where it is known). **Must have a diagnosis of Developmental Language Disorder (DLD)** **The main categories are:** • Mixed receptive/expressive language disorder • Expressive only language disorder • Higher order processing disorder

	• Specific Speech Impairment **Identification** • Diagnosed by a Speech and Language Therapist • Pupils with DLD often have associated social communication difficulties evident in rigid and repetitive behaviours • Pupils with DLD have difficulties with literacy associated with writing fluency, reading comprehension and spelling, problem solving and reasoning in addition to contextual based Maths – more evident in mastery curriculum • Pupils with DLD have difficulties with numeracy associated with mathematical concepts, word problems and working memory
Range 5 **Severe**	Pupil will have communication and interaction needs that **severely affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life, **even in known and familiar contexts and with familiar support/people available.**
Range 6 **Profound**	Pupil will have communication and interaction needs that **profoundly affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life, **even in known and familiar contexts and with familiar support/people available. Pupils at range 6 will need an environment where interpersonal challenges are minimised by the adult managed setting.** • ***For those who have needs which are identified as being at Range 7 please refer to the additional SEN guidance information.***

Sensory and/or Physical and Medical Needs

Including guidance for Children and Young People with:
Hearing Impairment
Visual Impairment
Dual Sensory Needs
Physical and Medical Needs

Guidance for Children and Young People with Hearing Impairment

Children with a permanent sensorineural and aided conductive hearing loss are identified by local audiology and ENT departments and referred directly to the Sunderland Children's Sensory Team and through the New-born Hearing Screening Programme. When a referral has been made, support is offered by specialist staff from the team to children, families and schools/settings. For a pre-school child, home visits are made to families and for those in a setting, advice is provided to staff and parents. Support from Teachers of the Deaf and specialist staff is offered, based on the NatSIP Eligibility Framework. All hearing-impaired children on caseload are offered regular opportunities to socialise with other deaf children – this is certainly our aspiration and we have opportunities for our babies and parents and 3 -11 year olds.

It is acknowledged that other conditions occur alongside hearing loss; for example, degrees of learning difficulty, Autism Spectrum conditions, physical difficulties, visual impairment. Advice on these is not specifically made within this guidance. Professionals find other guidance produced in this information set useful in these cases. This may affect the presentation as reflected when using the range descriptors.

Note: Colleagues consulting this guidance for children up to the end of the Foundation Stage need to use the guidance in conjunction with the document in this set, 'SEND Inclusion in the Early Years'.

Glossary

Types of Deafness

Conductive Hearing Loss: when sound can't pass efficiently through the outer and middle ear to the cochlea and auditory nerve. The most common type of conductive deafness in children is caused by glue ear – when fluid builds up in the middle ear. For most children this is a temporary condition and clears up by itself. For some children, the problem may be a chronic or permanent problem and they may have grommets inserted or be fitted with hearing aids.
Sensorineural deafness: when there is a fault in the inner ear or auditory nerve. Sensorineural deafness is permanent.
Mixed hearing loss: a combination of conductive and sensorineural hearing loss.
Auditory Neuropathy Spectrum Disorder (ANSD): occurs when sounds are received normally by the cochlea but become disrupted as they travel to the brain.

Degrees of Deafness

The British Society of Audiology descriptors are used to define degrees of hearing loss. These descriptors are based on the average hearing threshold levels at 250, 500, 1000, 2000 and 4000Hz in the better ear (where no response is taken to have a value of 130 dBHL).

Mild hearing loss	Unaided threshold 21-40 dBHL
Moderate hearing loss	Unaided threshold 41-70 dBHL
Severe hearing loss	Unaided threshold 71-95 dBHL
Profound hearing loss	Unaided threshold in excess of 95 dBHL

The Sensory Team provides Teachers of the Deaf and specialist nursery nurse support to children and their families. The NatSIP (National Sensory Partnership) Eligibility Framework is used to determine appropriate levels of support The Team includes ESL as an additional factor when considering support levels required as this can have a significant impact on outcomes for Children with a hearing impairment.

Children who have received Cochlear Implants function at different levels. Some who have been implanted early and have had successful intervention programmes are achieving alongside their hearing peers when they reach school age use spoken English as their preferred language and function as mild hearing loss. Others continue to struggle and even with implants need or prefer a visual approach to learning. NATSIP uses the phrase 'Cochlear implanted functioning as a mild/moderate hearing loss'. This is not to say

that these children do not need careful monitoring as there is evidence that despite appearing to be in lines with their hearing peers at school entry they still struggle with aspects of learning frequently writing and social emotional. However, there still needs to be a differentiation in the ranges to reflect the severity of the impact of the managed hearing loss.

Hearing Impairment Descriptors – Overview of Ranges

The children and young people to whom this guidance relates will present with a range of hearing loss which affects their language and communication development. The suggested provision and resourcing at the appropriate range will support effective teaching and learning for this group of children.
Children with hearing impairment have differences in the areas identified below. Use these descriptors to identify the needs of an individual pupil. Highlight the descriptors which are appropriate to an individual child and compare this to the range models.

Guidance for Children and Young People with Hearing Impairment	
Range Descriptors Overview	
Range 1 **Mild**	• Children who are not aided (see previous proposed descriptor). Local Authority Assessment may be carried out at the request of Audiology/ENT to support decisions. • Unilateral/bilateral hearing loss greater than 20dBHL • This is likely to include children with a mild or unilateral loss which may be temporary/fluctuating conductive or permanent sensorineural but whom can manage well with reasonable adjustments and are subsequently not aided.
Range 2 **Mild - Moderate**	• Bilateral mild long term conductive or sensorineural hearing loss • May have Auditory Neuropathy Spectrum Disorder • Mild to moderate permanent unilateral (moderate or greater hearing loss) • Hearing aids used • Moderate difficulty with listening, attention, concentration, speech, language and class participation
Range 3 **Moderate**	• Bilateral moderate long term conductive or sensorineural hearing loss • Will have hearing aids and may have a radio aid • Will have moderate difficulty accessing spoken language; likely language delay • May have Auditory Neuropathy Spectrum Disorder and may require frequent monitoring • Moderate difficulty with listening, attention, concentration and class participation
Range 4a **Significant**	• Bilateral moderate or severe permanent hearing loss with no additional learning difficulties • Severe difficulty accessing spoken language and therefore the curriculum • May have additional language delay associated with hearing loss • Will have hearing aids and may have a radio aid • Auditory Neuropathy Spectrum Disorder and may have hearing aids • Difficulties with attention, concentration, confidence and class participation
Range 4b	• Bilateral moderate/severe or severe/profound permanent hearing loss • May have additional language/learning difficulties associated with hearing loss • Will have hearing aids or cochlea implant • Will have a radio aid • Auditory Neuropathy Spectrum Disorder and may have cochlea implants • Speech clarity may be affected • Severe difficulties with attention, concentration, confidence and class participation • Significant difficulty accessing spoken language and therefore the curriculum

Range 5 **Severe**	• Bilateral moderate/severe/profound permanent hearing loss • Profound language delay and communication difficulties which prevent the development of appropriate social and emotional health • British Sign Language (BSL) or Sign Supported English (SSE) may be needed for effective communication • Will have hearing aids or cochlear implants • Will have a radio aid • Profound difficulty accessing spoken language and therefore the curriculum without specialist intervention • Speech clarity may be profoundly affected • Will have significant difficulties with attention, concentration, confidence and class participation • Auditory Neuropathy Spectrum Disorder • Additional language/learning difficulties associated with hearing loss
Range 6 **Profound**	• Bilateral moderate/severe/profound permanent hearing loss • Profound language/learning difficulties associated with hearing loss • Profound language delay and communication difficulties which prevent the development of appropriate social and emotional health • May use BSL/SSE or augmentative communication to communicate • Will have hearing aids/cochlear implants • Will have a radio aid • Profound difficulty accessing spoken language and therefore the curriculum • Speech clarity will be affected • Difficulty with attention, concentration, confidence and class participation • Auditory Neuropathy Spectrum Disorder • Additional difficulties and learning needs not associated with hearing loss

Guidance for Children and Young People with Visual Impairment

Below is a summary of the offers for children with a visual impairment, aged 5 – 19 attending mainstream and special school settings. Separate guidance is available for young children aged 0 – 5, at home and in a range of pre-school and early years settings.

Universal offer

All **new referrals** from parents, settings/schools, health and other professionals will receive an initial assessment, to include:

- Assessment of visual functioning, including classroom observations, by a Qualified Teacher of children and young people with Visual Impairment (QTVI)
- Information from school/setting
- Information from Health/other agencies
- Information from parent/carer
- Information from child/young person

The assessment will be aligned to the NatSIP Eligibility Criteria, which will:

- Enable the service to provide an equitable allocation of resources
- Provide a means of identifying the levels of support required
- Provide entry and exit criteria

The above assessment, including visits, report writing and admin time, will be expected to take 8 hours. The outcome of the assessment will be an initial report written by the QTVI and Habilitation Officer if required, to reflect all the above, and to be shared with all stakeholders.
The report will allocate a VI range and make recommendations on support, advice and teaching, in line with range descriptors and the funding of SEND provision. The cost of the first £6.000 is within the delegated school budget.

Targeted offer

Range 1- 3

These descriptors outline the support and provision that must be made available to pupils with a visual impairment who do not have an Education, Health and Care Plan, by the school, and by the Local Authority Vision Impairment Teacher.

These descriptors are intended to be general indicators of a visual impairment which may be affecting learning. All the descriptions of visual functioning assume the pupil is wearing glasses if these have been prescribed, i.e. the visual acuities are based on the best achievable vision. Some conditions are not correctible with glasses. Some pupils have reduced vision in 1 eye only or have variable vision. Some pupils have deteriorating vision, and this should be monitored on a regular basis.

Specialist offer

Range 4 and above

These descriptors outline the support and provision that must be made available to pupils with a visual impairment who are eligible to have an Education, Health and Care Plan.

Guidance for Children and Young People with Visual Impairment	
Range Descriptors Overview	
Range 1 **Mild**	**Mild Visual Impairment** • Pupils find concentration difficult • Pupils peer or screw up eyes • Distance vision approximately 6/18. This means that the pupil needs to be about 2 metres away to see what fully sighted pupils can see from 6 metres • Can probably see details on a whiteboard from the front of a classroom, as well as others can see from the back of the room Near vision: likely to have difficulty with print sizes smaller than 12 point or equivalent sized details in pictures • Pupils who have nystagmus may be within this range or subsequent ranges depending on what their visual acuity is at worst. Pupils who have nystagmus have fluctuating vision. Their vision can worsen if they are tired, upset, angry, worried or unwell. It is likely their vision will worsen in unfamiliar places. They may struggle with depth perception and may find unfamiliar steps difficult or be cautious if the ground is uneven.
Range 2 **Mild - Moderate**	**Moderate Visual Impairment** • Pupils find concentration difficult • Pupils peer or screw up eyes • Pupils move closer when looking at books or notice boards • Pupils make frequent "copying" mistakes • Distance vision: approximately 6/24. This means that the pupil needs to be about 1.5 metres away to see what fully sighted pupils can see from 6 metres • Will not be able to see details on a white board from the front of classroom as well as others can see from the back • Near vision: likely to have difficulty with print sizes smaller than 14 point or equivalent sized details in pictures
	Moderate to Significant Visual Impairment • Pupil will find concentration difficult • Pupil will peer or screw up eyes • Pupil will move closer when looking at books or notice boards • Pupil will make frequent "copying" mistakes

Range 3 **Moderate**	• Pupil will have poor hand - eye coordination • Pupil will have a slow work rate • Distance vision: approximately 6/36. This means that the pupil needs to be about 1 metre away to see what fully sighted pupils can see from 6 metres • Will not be able to see details on a white board without approaching to within 1 metre of it • Near vision: likely to have difficulty with print sizes smaller than 18 point or equivalent sized details in pictures • Pupils may have Cerebral Visual Impairment (CVI) – these pupils have normal or near normal visual acuities but will display moderate to significant visual processing difficulties
Range 4a **Significant**	**Cerebral Visual Impairment (CVI)** • CVI must be diagnosed by an ophthalmologist. The pupil will typically have good acuities when tested in familiar situations, but this will vary throughout the day. A key feature of CVI is that vision varies from hour to hour with the pupil's well-being. • All pupils with CVI will have a different set of difficulties which means thorough assessment is a key aspect. The pupil has difficulties associated with dorsal processing stream, ventral processing stream or a combination of both. Dorsal stream difficulties include: • Difficulties seeing moving objects • Difficulties reading • Difficulties doing more than one thing at a time (e.g. looking and listening) Ventral Stream Difficulties include: • Inability to recognise familiar faces • Difficulties route finding • Difficulties with visual clutter • Lower visual field loss
Range 4b	**Severe Visual Impairment** • Pupils likely to be registered severely sighted/Visually Impaired or blind but still learning by sighted means • Distance vision: 6/36 or 6/60 or worse. This means that the pupil can see at 6m what a fully sighted person could see from 60m. It represents a difficulty identifying any distance information, people or objects. • Pupils would be unable to work from a white board in the classroom without human/technical support. • Near vision: likely to have difficulty with any print smaller than 24 point. Print sizes must be in a range from 24 – 36, and materials will require significant differentiation and modification.

Range 5 **Severe**	• Usually pupils who have suffered a late onset visual impairment, or where their vision has deteriorated rapidly • Some pupils may also be continuing to use print at point 48 • Some pupils will be making the transition from print to Braille • These pupils will usually be registered blind and learning by tactile methods • Some may have little or no useful vision, and very limited or no learning by sighted means
Range 6 **Profound**	• Usually pupils who are born with severe visual impairment, who are identified early on as being tactile learners • Pupils who are new to the country, with severe visual impairment • These pupils will usually be registered blind and learning by tactile methods; they will have little or no useful vision, and very limited or no learning by sighted means • Pupils with severe learning difficulties as a prime need, and who are blind or partially sighted, or have a diagnosis of CVI, as a secondary need • Distance vision: difficulty identifying any distance information • Near vision: will have difficulty responding to facial expressions at 50 cm

Guidance for Children and Young People with Dual Sensory Impairment*

**Dual sensory impairment may also be referred to as multi-sensory impairment or deaf blindness*

Dual Sensory Impairment Guidance	
Range Descriptors Overview	
Range 3	• **MILD** loss in both and making good use of at least one modality • May have hearing aids and/or Low Visual Aid (LVA) • Non-progressive condition • May have a slower pace of working but has good compensatory strategies • May have some difficulty with listening, attention and concentration but language and communication largely match potential given appropriate support • Low level of support needed to manage equipment and aids • May have additional learning needs • Have Auditory Processing Disorder/Auditory Neuropathy/Cerebral Visual Impairment
Range 4	• **MODERATE** loss in one modality and **MILD/MODERATE** in the other • May have hearing aids and/or LVAs • Non-progressive condition • May have additional language/learning needs associated with dual sensory impairment • Likely to have difficulties accessing incidental learning, including signed and verbal communication • May have a slower pace of learning, difficulties with attention, concentration and the development of independence and social skills • May have additional learning needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
Range 5	• **SEVERE/PROFOUND** loss in one modality and **MODERATE** in the other or has a late diagnosed or recently acquired MSI • Uses hearing aids and/or LVAs • Non-progressive condition • May have delayed development in some areas of learning and difficulties generalising learning and transferring skills

	• May have difficulties coping with new experiences and have underdeveloped independence and self-help skills • Likely to have communication difficulties • Significant difficulties accessing incidental learning and the curriculum • Likely to require some individual support to access learning and social interactions and to develop life-skills • Likely to require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • Significant difficulties with attention, concentration, confidence and class participation • Significantly slower pace of learning • May have additional learning needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
Range 6	• **PROFOUND/SEVERE** loss in one modality and **MODERATE/SEVERE** in the other and/or progressive condition • Likely to use hearing aids and/or LVAs • Severe communication difficulties requiring an individual communication system using alternative and augmentative approaches • May require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • May have severe difficulties generalising learning and transferring skills • Difficulties coping with new experiences • May have underdeveloped independence and self-help skills • May have difficulties developing relationships and lack social awareness leading to social isolation • Likely to require a high level of individual support to access learning and social opportunities and to develop life-skills • May display challenging and/or self-injurious behaviour • May have additional learning needs • May have limited clinical assessment information because of additional complex educational needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
Range 7	• **PROFOUND/SEVERE** loss in both modalities • Likely to use hearing aids and/or LVAs • Severe and complex communication difficulties requiring an individual communication system using alternative and augmentative approaches

	• Severely restricted access to incidental learning • May require a tactile and experiential approach to learning and individual curriculum and/or access to visual or tactile signed communication • May require individual support with most aspects of basic care needs and to access learning and social opportunities • May lack the strategies and motivation to make effective use of residual hearing and vision and require sensory stimulation programmes • May be tactile defensive/selective and highly wary of new experiences • May have difficulties developing relationships and lack social awareness leading to social isolation • May display challenging and/or self-injurious behaviour • May have additional learning needs • May have limited clinical assessment information because of additional complex educational needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment

Guidance for Children and Young People with Physical and Medical Needs

Physical/Medical Guidance Range Descriptors Overview	
Range 1 **Mild**	• Some mild problems with fine motor skills and recording • Mild problems with self-help and independence • Some problems with gross motor skills and coordination often seen in PE • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment • May have continence/ toileting issues • Possible low levels of self-esteem • May have medical condition that impacts on time in school and requires a medical care plan ***The NHS notes:*** • *An occupational therapist may see children at any range due to an open referral system* • *It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Occupational Therapy and availability of drop-in sessions/telephone consultations* • *Physio may intervene with children who have mild physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes*
Range 2 **Mild - Moderate**	• Continuing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording, impacting on access to curriculum • Making slow or little progress despite provision of targeted teaching approaches • Continuing difficulties with continence/ toileting • Continuing problems with self-esteem and peer relationships • Continuing problems with self-help and independence • Continuing problems with gross motor skills and coordination often seen in PE • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment • May have medical condition that impacts on time in school and requires a medical care plan ***The NHS notes:*** • *An occupational therapist may see children at any range due to an open referral system*

	• *It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Occupational Therapy and availability of drop-in sessions/advice/telephone consultations* • *Physio may intervene with children who have mild-moderate physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes*
Range 3 **Moderate**	• Moderate or persistent gross and/or fine motor difficulties • Recording and/or mobility now impacting more on access to the curriculum • May need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs, at break and lunch times • Increased dependence on seating to promote appropriate posture for fine motor activities/feeding • Increased dependence on mobility aids i.e. wheelchair or walking aid • Increased use of alternative methods for extended recording e.g. scribe, ICT • May have medical condition that impacts on time in school and requires a medical care plan ***The NHS notes:*** • *An occupational therapist may see children at any range due to an open referral system – episodes of care will be implemented regardless of range* • *It would be anticipated that schools would make a referral to OT if first line strategies, advice and programmes have been trialled and evidenced but achievement is limited* • *These children may form the basis of targeted assessment – assessment and advice to home and school with programme/strategies to follow* • *Physio needs would be based on assessment on a case by case basis – if a child is at the level when they need a walking aid/wheelchair they will already be known to Physio*
Range 4a **Significant**	• Significant physical/medical difficulties with or without associated learning difficulties • Physical and/or medical condition will have a significant impact on the ability to access the curriculum. This may be through a combination of physical, communication and learning difficulties • Significant and persistent difficulties in mobility around the building and in the classroom • Significant personal care needs which require adult support and access to a hygiene suite • May have developmental delay and/or learning difficulties which impact upon access to curriculum • Will require or will have an Education, Health and Care Plan • Primary need is identified as physical/medical ***The NHS notes:*** • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition* • *Children in this category may require specialist equipment via physio/OT services*

	• *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases*
Range 4b	• Severe physical difficulties and/or a medical condition with or without associated learning difficulties • Impaired progress and attainment • Persistent difficulties in mobility around the building and in the classroom • Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning • A need for high level support for all personal care, mobility, daily routines and learning needs • Will need an Education, Health and Care Plan • Primary need is identified as physical/medical • Physical conditions that require medical/therapy/respite intervention and support • The need for an environment to support self-esteem and positive self-image • A developing neuro-muscular degenerative condition or traumatic incident resulting in brain or physical injury ***The NHS notes:*** • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition* • *Children in this category may require specialist equipment via physio/OT services* • *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases*
Range 5 **Severe**	• A level of independent mobility or self-care that restricts/prevents an alternative mainstream placement • An inability to make progress within the curriculum without the use of specialist materials, aids, equipment and high level of adult support throughout the school day • Furniture and/or extensive adaptations to the physical environment of the school • Difficulties in making and sustaining peer relationships leading to concerns about social isolation, the risk of bullying and growing frustration • Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a regular basis • Given appropriate facilities is nevertheless unable to independently manage personal and/or health care during the school day and requires regular direct intervention • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition which impacts on independence

	The NHS notes: • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition* • *Children in this category may require specialist equipment via physio/OT services* • *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases* • *A child with a degenerative condition may not require to be in this range simply as a result of diagnosis, e.g. Duchenne Muscular Dystrophy children remain quite independent through most of their childhood years and may only require a lower range*
Range 6 **Profound**	A permanent, severe and/or complex physical disability or serious medical condition. The pupil will present with many of the following: • The associated severe and complex learning difficulties impact on their ability to make progress within the curriculum despite the use of specialist materials, aids, equipment, furniture and/or extensive adaptations to the physical environment of the school • Difficulties in making and sustaining peer relationships leading to concerns about social isolation and vulnerability within the setting and wider environment • Emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a daily basis • Given appropriate facilities is nevertheless unable to manage personal and/or health care during the school day and requires a high level of direct intervention • Has a complex medical need requiring frequent monitoring and medical intervention throughout the school day • Has a significant additional condition such as HI/VI/MSI which gives rise to the complexity of need • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition • May have intervention from Occupational Therapist/ Physiotherapist • May require specialist equipment via physiotherapist/ Occupational Therapist ***The NHS notes:*** • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition* • *Children in this category may require specialist equipment via physio/OT services*

	• *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases* *A child with a degenerative condition may not require to be in this range simply as a result of diagnosis, e.g. Duchenne Muscular Dystrophy children remain quite independent through most of their childhood years and may only require a lower range*

Social, Emotional & Mental Health Needs

Social, Emotional, Mental Health Descriptors

The children and young people to whom this guidance relates will present with a range of features of social, emotional and mental health difficulties which impact on their learning and social inclusion. Individual pupils may display a range of these features which will vary in severity and intensity and which change over time. It is not expected that any pupils will match all the descriptors listed below. The descriptors may be used to support the identification and assessment of the needs of an individual pupil. It is imperative that the school has an inclusive environment and culture and demonstrates that each pupil's needs are of paramount importance. The voice of the pupil and family must be identified at an early stage and support given by the school and other agencies to the family to enable then to support outcomes and their child at home.

From September 2019 OFSTED will introduce a 'behaviour and attitudes' judgement which will assess whether leaders are creating a calm and orderly environment, where bullying is tackled effectively by leaders when it occurs.

As the severity of mental health difficulties increases, the impact on the child's functioning and ability to access educational environment and activities increases as they move through the ranges'.

Social

Pupil may

- Be socially vulnerable, withdrawn or isolated within their peer group
- Have immature social skills, or may not have had the opportunity to develop resilience and positive social and emotional skills needed within a whole school environment
- Follow some but not all school rules/routines in the school environment
- Have difficulties in social interactions/relationships with both adults and peers
- Have difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance
- Struggle to maintain positive relationships with peers and adults
- Be slow to develop age appropriate self-care skills due to levels of maturity or degree of learning difficulties
- Refuse to engage, be abusive towards staff and peers, may present as disengaged with the curriculum and routines of the school
- Damage property

Emotional

Pupil may:

- Show signs of stress and anxiety and/or difficulties managing their emotions
- Have difficulty identifying their emotions or triggers and may need support to self-regulate, or self-regulate in self-harming or anti-social ways
- Have fluctuating moods which might indicate depression or boredom, or heightened states such as excitement or hyperactivity, and be unable to prevent these from affecting their ability to positively socially interact with their peers
- Exhibit crises which may be one off, prolonged or regular responses to anxiety, or they may be learned responses to undesired or stressful situations
- Be at risk of leaving the school premises or absconding during the school day
- Show patterns of stress or anxiety related to a specific context or a specific time of the day
- Have difficulties expressing empathy or be emotionally detached
- Engage in high risk-taking activities both at school and within the community
- Need to be in control exhibiting bullying behaviours either as victim or perpetrator
- Be over-friendly or withdrawn with strangers and at risk of exploitation
- Be provocative in appearance and behaviour, and there could be evidence of over sexualised language or behaviours. This is not blaming the pupil but describing what they might present as a result of their SEMH

Mental Health

Pupil may:

- Be unpredictable and may exhibit patterns of behaviour that impact on learning and inclusion
- Be disruptive or overactive and lack concentration in the classroom setting
- Be under assessment for mental health difficulties; acute anxiety or attachment needs may have been identified
- Have a tendency to hurt others, self or animals
- Have issues around identity and belonging
- Experience acute anxiety, fear, isolation, bullying or harassment, leading to controlling behaviours
- Present with self-harming behaviour
- Have attempted suicide
- Engage in persistent substance abuse

Presenting behaviour may also include:

- A preference for own agenda and reluctance to follow instruction
- Presenting with different behaviour with different members of staff
- Patterns of regular school absence
- Disengaged from learning and significantly under-performing
- Verbally and physically aggressive
- Subject to neglect, with basic needs unmet or they may be preoccupied with hunger, illness, lack of sleep
- Identified as being at risk of CSE

The school will need to demonstrate that the provision, systems and training that are in place are effective in meeting the needs of pupils with SEMH. Consistency of approach in supporting positive behaviour is essential. Communication between staff and joint strategies in a behaviour/personalised plan must be in evidence. The school must have a graduated response to working with pupils with SEMH so that low level behaviour does not escalate into high level behaviours too quickly thus causing an inappropriate response.

RESOURCES AVAILABLE TO SCHOOLS:

iCAMHS

The iCAMHS training is delivered by mental health professionals working within Community CAMHS. The training covers a range of basic Child and Adolescent Mental Health information useful for all professionals but particularly those working in the school environment. The information covered includes:

- Risk and protective factors
- Child development models
- Attachment styles
- Mental Health problems, disorders and interventions

We aim to relate the theory to participants' workplace and practice.

This training package consists of four x 1 and a half hour sessions and can be undertaken in twilight sessions or delivered in one full day of training. It can be commissioned by a school, or part of a school, to be delivered in the workplace. We also run iCAMH as a stand-alone course, which can be accessed by individual staff members. For further information and enquiries please contact; CAMHS.Training@stft.nhs.uk

Mental Health Charter

With the change in the national agenda to promote mental health in schools (Mental Health and Behaviour in Schools Departmental Advice March 2016,) the new OFSTED framework and the desire of Child and Adolescent Mental Health Service (CAMHS) to work in a new way to support schools (Thrive The AFC –Tavistock Model of CAMHS 2014) there was an opportunity to develop innovative ways of working and a Mental Health Charter was devised to embed good practice in schools in Sunderland.

The Mental Health Charter is split into three sections:

Culture and Ethos

- Leadership & Management
- Ethos & Environment
- Staff Development

Education and Curriculum

- Teaching & Learning
- Targeted Support
- Need & Impact

Families and Communities

- Parents & Carers
- Student & Staff Voice

There are standards across these areas which are divided into bronze, silver and gold levels. Evidence is gathered to demonstrate standards have been met. Much of this work is already taking place in schools and can be highlighted as good practice. The

charter can also guide schools to enhance their practice. The examples of evidence which are listed in the charter are not exclusive and can be extended. For more information visit:

https://www.togetherforchildren.org.uk/mental-health-charter-mark

SEMH Ranges Guidance	
Range Descriptors Overview	
Range 1 **Mild**	**MILD** • Children will have been identified as presenting with some low-level features of behaviour, emotional, social difficulties • They may sometimes appear isolated, have immature social skills, be occasionally disruptive in the classroom setting, be overactive and lack concentration • They may follow some but not all school rules/routines around behaviour in the school environment • They may experience some difficulties with social /interaction skills • They may show signs of stress and anxiety and/or difficulties managing emotions on occasions
Range 2 **Mild - Moderate**	**MILD – MODERATE** Difficulties identified at range 1 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and range 1 interventions being in place. • SEMH continues to interfere with pupil's social/learning development across a range of settings and pupil does not follow routines in school consistently • Pupil beginning to be at risk of exclusion and may have continued difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions • Pupil may have become socially and emotionally vulnerable, withdrawn, isolated, and unpredictable patterns of behaviour that impact on learning may be beginning to emerge • Pupil may show patterns of stress/anxiety related to specific times of the day • Pupil may have a preference for own agenda and be reluctant to follow instructions • Pupil may have begun to experience short term behavioural crises
Range 3 **Moderate**	**MODERATE** Difficulties identified at range 2 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and range 1 and 2 interventions being in place. • SEMH interfere more frequently with pupil's social/learning development across a range of settings and pupil does not follow routines in school without adult support • Pupil may have experienced fixed term exclusion and more sustained difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions • Pupil remains socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning

	• Pupil patterns of stress/anxiety related to specific times of the day have become more common • Pupil may have a preference for own agenda and may be reluctant to follow instructions • Short-term behavioural crises have become more frequent and are more intense
Range 4a **Significant**	**SIGNIFICANT** Pupil continues to present with significant and persistent levels of behaviour, emotional, social difficulties which are now more complex, and which necessitate a multi-agency response. • Pupil is more likely to have experienced fixed term exclusion from school • Pupil does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day • Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance • Pupil is increasingly isolated and struggles to maintain positive relationships with adults or peers • Careful social and emotional differentiation of the curriculum essential to ensure access to the curriculum and progress with learning
Range 4b **Severe**	**SEVERE** Pupil continues to present with severe and persistent levels of behaviour, emotional, social difficulties which continue to be complex and long term, and which necessitate a continued multi-agency response. • Pupil is at increased risk of permanent exclusion • Pupil does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day • Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance • Pupil is increasingly isolated and struggles to maintain positive relationships with adults or peers • Careful social and emotional differentiation of the curriculum essential to ensure progress with learning • Complex Needs identified *
Range 5 **Severe**	**SEVERE** Severe and increasing behavioural difficulties, often compounded by additional needs and requiring provision outside the mainstream environment, including:

	• Moderate/ severe learning difficulties, mental health difficulties, acute anxiety, attachment issues • Patterns of regular school absence • Incidents of absconding behaviour • Disengaged from learning, significant under-performance • Verbally and physically aggressive • Reliant on adult support to remain on task • Struggles with change – both to routines and relationships • Regular use of foul and abusive language • Engaging in high risk activities both at school and within the community • Difficulties expressing empathy, emotionally detached, could have tendency to hurt others, self or animals • Issues around identity and belonging • Needing to be in control, bullying behaviours (victim & perpetrator) • Difficulties sustaining relationships • Over-friendly or withdrawn with strangers, at risk of exploitation • Provocative in appearance and behaviour, evidence of sexualised language or behaviours • Slow to develop age appropriate self-care skills due to levels of maturity or degree of Learning Difficulties • Physical, sensory and medical needs that require medication and regular review • Complex needs identified *
Range 6 **Profound**	**PROFOUND** Continuing profound and increasing behavioural difficulties, often compounded by additional needs and requiring continued provision outside the mainstream environment, including: • Significant challenging behaviour • Requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, YOS) • Unable to manage self in group without dedicated support • Subject to neglect, basic needs unmet or preoccupied with hunger, illness, lack of sleep, acute anxiety, fear, isolation, bullying, harassment, controlling behaviours • Consistent use of foul and abusive language • Involved in substance misuse either as a user or exploited into distribution/selling • Poor attendance, requires high level of adult intervention to bring into school, even with transport provided • Refusal to engage, extreme abuse towards staff and peers, disengaged, wilfully disruptive • Regular absconding behaviour • Significant damage to property

	• Requiring targeted teaching in order to access learning in dedicated space away from others • Health and safety risk to self and others due to increased levels of agitation and presenting risks • Sexualised language and behaviour, identified at risk of Child Sexual Exploitation (CSE) • Complex needs identified *
Range 7	Continued long term and complex behavioural, emotional, and social difficulties, necessitating a continued multi-agency response coordinated as annual, interim or emergency SEND review and met in specialist provision. Needs likely to include: • Self-harming behaviour • Attempted suicide • Persistent substance abuse • Extreme sexualised language and behaviour, sexually exploited • Extreme violent/aggressive behaviour • Serious mental health issues • Long term non-attendance and disaffection • Regular appearance in court for anti-social behaviour/criminal activity • Puts self and others in danger • Frequently missing for long periods • Extreme vulnerability due to MLD/SLD • Medical conditions that are potentially life threatening and cannot be managed without dedicated support • Complex needs identified*

Sensory and/or Physical and Medical Needs

Including guidance for Children and Young People with:
Hearing Impairment
Visual Impairment
Dual Sensory Needs
Physical and Medical Needs

Guidance for Children and Young People with Hearing Impairment

Children with a permanent sensorineural and aided conductive hearing loss are identified by local audiology and ENT departments and referred directly to the Sunderland Children's Sensory Team and through the New-born Hearing Screening Programme. When a referral has been made, support is offered by specialist staff from the team to children, families and schools/settings. For a pre-school child, home visits are made to families and for those in a setting, advice is provided to staff and parents. Support from Teachers of the Deaf and specialist staff is offered, based on the NatSIP Eligibility Framework. All hearing-impaired children on caseload are offered regular opportunities to socialise with other deaf children – this is certainly our aspiration and we have opportunities for our babies and parents and 3 -11 year olds.

It is acknowledged that other conditions occur alongside hearing loss; for example, degrees of learning difficulty, Autism Spectrum conditions, physical difficulties, visual impairment. Advice on these is not specifically made within this guidance. Professionals find other guidance produced in this information set useful in these cases. This may affect the presentation as reflected when using the range descriptors.

Note: Colleagues consulting this guidance for children up to the end of the Foundation Stage need to use the guidance in conjunction with the document in this set, 'SEND Inclusion in the Early Years'.

Glossary

Types of Deafness

Conductive Hearing Loss: when sound can't pass efficiently through the outer and middle ear to the cochlea and auditory nerve. The most common type of conductive deafness in children is caused by glue ear – when fluid builds up in the middle ear. For most children this is a temporary condition and clears up by itself. For some children, the problem may be a chronic or permanent problem and they may have grommets inserted or be fitted with hearing aids.
Sensorineural deafness: when there is a fault in the inner ear or auditory nerve. Sensorineural deafness is permanent.
Mixed hearing loss: a combination of conductive and sensorineural hearing loss.
Auditory Neuropathy Spectrum Disorder (ANSD): occurs when sounds are received normally by the cochlea but become disrupted as they travel to the brain.

Degrees of Deafness

The British Society of Audiology descriptors are used to define degrees of hearing loss. These descriptors are based on the average hearing threshold levels at 250, 500, 1000, 2000 and 4000Hz in the better ear (where no response is taken to have a value of 130 dBHL).

Mild hearing loss	Unaided threshold 21-40 dBHL
Moderate hearing loss	Unaided threshold 41-70 dBHL
Severe hearing loss	Unaided threshold 71-95 dBHL
Profound hearing loss	Unaided threshold in excess of 95 dBHL

The Sensory Team provides Teachers of the Deaf and specialist nursery nurse support to children and their families. The NatSIP (National Sensory Partnership) Eligibility Framework is used to determine appropriate levels of support The Team includes ESL as an additional factor when considering support levels required as this can have a significant impact on outcomes for Children with a hearing impairment.

Children who have received Cochlear Implants function at different levels. Some who have been implanted early and have had successful intervention programmes are achieving alongside their hearing peers when they reach school age

use spoken English as their preferred language and function as mild hearing loss. Others continue to struggle and even with implants need or prefer a visual approach to learning. NATSIP uses the phrase 'Cochlear implanted functioning as a mild/moderate hearing loss'. This is not to say that these children do not need careful monitoring as there is evidence that despite appearing to be in lines with their hearing peers at school entry they still struggle with aspects of learning frequently writing and social emotional. However, there still needs to be a differentiation in the ranges to reflect the severity of the impact of the managed hearing loss.

Hearing Impairment Descriptors – Overview of Ranges

The children and young people to whom this guidance relates will present with a range of hearing loss which affects their language and communication development. The suggested provision and resourcing at the appropriate range will support effective teaching and learning for this group of children.
Children with hearing impairment have differences in the areas identified below. Use these descriptors to identify the needs of an individual pupil. Highlight the descriptors which are appropriate to an individual child and compare this to the range models.

Guidance for Children and Young People with Hearing Impairment	
Range Descriptors Overview	
Range 1 **Mild**	• Children who are not aided (see previous proposed descriptor). Local Authority Assessment may be carried out at the request of Audiology/ENT to support decisions. • Unilateral/bilateral hearing loss greater than 20dBHL • This is likely to include children with a mild or unilateral loss which may be temporary/fluctuating conductive or permanent sensorineural but whom can manage well with reasonable adjustments and are subsequently not aided.
Range 2 **Mild - Moderate**	• Bilateral mild long term conductive or sensorineural hearing loss • May have Auditory Neuropathy Spectrum Disorder • Mild to moderate permanent unilateral (moderate or greater hearing loss) • Hearing aids used • Moderate difficulty with listening, attention, concentration, speech, language and class participation
Range 3 **Moderate**	• Bilateral moderate long term conductive or sensorineural hearing loss • Will have hearing aids and may have a radio aid • Will have moderate difficulty accessing spoken language; likely language delay • May have Auditory Neuropathy Spectrum Disorder and may require frequent monitoring • Moderate difficulty with listening, attention, concentration and class participation
Range 4a **Significant**	• Bilateral moderate or severe permanent hearing loss with no additional learning difficulties • Severe difficulty accessing spoken language and therefore the curriculum • May have additional language delay associated with hearing loss • Will have hearing aids and may have a radio aid • Auditory Neuropathy Spectrum Disorder and may have hearing aids • Difficulties with attention, concentration, confidence and class participation
Range 4b	• Bilateral moderate/severe or severe/profound permanent hearing loss • May have additional language/learning difficulties associated with hearing loss • Will have hearing aids or cochlea implant

	• Will have a radio aid • Auditory Neuropathy Spectrum Disorder and may have cochlea implants • Speech clarity may be affected • Severe difficulties with attention, concentration, confidence and class participation • Significant difficulty accessing spoken language and therefore the curriculum
Range 5 **Severe**	• Bilateral moderate/severe/profound permanent hearing loss • Profound language delay and communication difficulties which prevent the development of appropriate social and emotional health • British Sign Language (BSL) or Sign Supported English (SSE) may be needed for effective communication • Will have hearing aids or cochlear implants • Will have a radio aid • Profound difficulty accessing spoken language and therefore the curriculum without specialist intervention • Speech clarity may be profoundly affected • Will have significant difficulties with attention, concentration, confidence and class participation • Auditory Neuropathy Spectrum Disorder • Additional language/learning difficulties associated with hearing loss
Range 6 **Profound**	• Bilateral moderate/severe/profound permanent hearing loss • Profound language/learning difficulties associated with hearing loss • Profound language delay and communication difficulties which prevent the development of appropriate social and emotional health • May use BSL/SSE or augmentative communication to communicate • Will have hearing aids/cochlear implants • Will have a radio aid • Profound difficulty accessing spoken language and therefore the curriculum • Speech clarity will be affected • Difficulty with attention, concentration, confidence and class participation • Auditory Neuropathy Spectrum Disorder • Additional difficulties and learning needs not associated with hearing loss

Guidance for Children and Young People with Visual Impairment

Below is a summary of the offers for children with a visual impairment, aged 5 – 19 attending mainstream and special school settings. Separate guidance is available for young children aged 0 – 5, at home and in a range of pre-school and early years settings.

Universal offer

All **new referrals** from parents, settings/schools, health and other professionals will receive an initial assessment, to include:

- Assessment of visual functioning, including classroom observations, by a Qualified Teacher of children and young people with Visual Impairment (QTVI)
- Information from school/setting
- Information from Health/other agencies
- Information from parent/carer
- Information from child/young person

The assessment will be aligned to the NatSIP Eligibility Criteria, which will:

- Enable the service to provide an equitable allocation of resources
- Provide a means of identifying the levels of support required
- Provide entry and exit criteria

The above assessment, including visits, report writing and admin time, will be expected to take 8 hours. The outcome of the assessment will be an initial report written by the QTVI and Habilitation Officer if required, to reflect all the above, and to be shared with all stakeholders.
The report will allocate a VI range and make recommendations on support, advice and teaching, in line with range descriptors and the funding of SEND provision. The cost of the first £6.000 is within the delegated school budget.

Targeted offer

Range 1- 3

These descriptors outline the support and provision that must be made available to pupils with a visual impairment who do not have an Education, Health and Care Plan, by the school, and by the Local Authority Vision Impairment Teacher.

These descriptors are intended to be general indicators of a visual impairment which may be affecting learning. All the descriptions of visual functioning assume the pupil is wearing glasses if these have been prescribed, i.e. the visual acuities are based on the best achievable vision. Some conditions are not correctible with glasses. Some pupils have reduced vision in 1 eye only or have variable vision. Some pupils have deteriorating vision, and this should be monitored on a regular basis.

Specialist offer

Range 4 and above

These descriptors outline the support and provision that must be made available to pupils with a visual impairment who are eligible to have an Education, Health and Care Plan.

Guidance for Children and Young People with Visual Impairment	
Range Descriptors Overview	
Range 1 **Mild**	**Mild Visual Impairment** • Pupils find concentration difficult • Pupils peer or screw up eyes • Distance vision approximately 6/18. This means that the pupil needs to be about 2 metres away to see what fully sighted pupils can see from 6 metres • Can probably see details on a whiteboard from the front of a classroom, as well as others can see from the back of the room Near vision: likely to have difficulty with print sizes smaller than 12 point or equivalent sized details in pictures • Pupils who have nystagmus may be within this range or subsequent ranges depending on what their visual acuity is at worst. Pupils who have nystagmus have fluctuating vision. Their vision can worsen if they are tired, upset, angry, worried or unwell. It is likely their vision will worsen in unfamiliar places. They may struggle with depth perception and may find unfamiliar steps difficult or be cautious if the ground is uneven.
Range 2 **Mild - Moderate**	**Moderate Visual Impairment** • Pupils find concentration difficult • Pupils peer or screw up eyes • Pupils move closer when looking at books or notice boards • Pupils make frequent "copying" mistakes • Distance vision: approximately 6/24. This means that the pupil needs to be about 1.5 metres away to see what fully sighted pupils can see from 6 metres • Will not be able to see details on a white board from the front of classroom as well as others can see from the back • Near vision: likely to have difficulty with print sizes smaller than 14 point or equivalent sized details in pictures
	Moderate to Significant Visual Impairment • Pupil will find concentration difficult • Pupil will peer or screw up eyes • Pupil will move closer when looking at books or notice boards • Pupil will make frequent "copying" mistakes

Range 3 **Moderate**	• Pupil will have poor hand - eye coordination • Pupil will have a slow work rate • Distance vision: approximately 6/36. This means that the pupil needs to be about 1 metre away to see what fully sighted pupils can see from 6 metres • Will not be able to see details on a white board without approaching to within 1 metre of it • Near vision: likely to have difficulty with print sizes smaller than 18 point or equivalent sized details in pictures • Pupils may have Cerebral Visual Impairment (CVI) – these pupils have normal or near normal visual acuities but will display moderate to significant visual processing difficulties
Range 4a **Significant**	**Cerebral Visual Impairment (CVI)** • CVI must be diagnosed by an ophthalmologist. The pupil will typically have good acuities when tested in familiar situations, but this will vary throughout the day. A key feature of CVI is that vision varies from hour to hour with the pupil's well-being. • All pupils with CVI will have a different set of difficulties which means thorough assessment is a key aspect. The pupil has difficulties associated with dorsal processing stream, ventral processing stream or a combination of both. Dorsal stream difficulties include: • Difficulties seeing moving objects • Difficulties reading • Difficulties doing more than one thing at a time (e.g. looking and listening) Ventral Stream Difficulties include: • Inability to recognise familiar faces • Difficulties route finding • Difficulties with visual clutter • Lower visual field loss
Range 4b	**Severe Visual Impairment** • Pupils likely to be registered severely sighted/Visually Impaired or blind but still learning by sighted means • Distance vision: 6/36 or 6/60 or worse. This means that the pupil can see at 6m what a fully sighted person could see from 60m. It represents a difficulty identifying any distance information, people or objects. • Pupils would be unable to work from a white board in the classroom without human/technical support.

	• Near vision: likely to have difficulty with any print smaller than 24 point. Print sizes must be in a range from 24 – 36, and materials will require significant differentiation and modification.
Range 5 **Severe**	• Usually pupils who have suffered a late onset visual impairment, or where their vision has deteriorated rapidly • Some pupils may also be continuing to use print at point 48 • Some pupils will be making the transition from print to Braille • These pupils will usually be registered blind and learning by tactile methods • Some may have little or no useful vision, and very limited or no learning by sighted means
Range 6 **Profound**	• Usually pupils who are born with severe visual impairment, who are identified early on as being tactile learners • Pupils who are new to the country, with severe visual impairment • These pupils will usually be registered blind and learning by tactile methods; they will have little or no useful vision, and very limited or no learning by sighted means • Pupils with severe learning difficulties as a prime need, and who are blind or partially sighted, or have a diagnosis of CVI, as a secondary need • Distance vision: difficulty identifying any distance information • Near vision: will have difficulty responding to facial expressions at 50 cm

Guidance for Children and Young People with Dual Sensory Impairment*

**Dual sensory impairment may also be referred to as multi-sensory impairment or deaf blindness*

Dual Sensory Impairment Guidance	
Range Descriptors Overview	
Range 3	• **MILD** loss in both and making good use of at least one modality • May have hearing aids and/or Low Visual Aid (LVA) • Non-progressive condition • May have a slower pace of working but has good compensatory strategies • May have some difficulty with listening, attention and concentration but language and communication largely match potential given appropriate support • Low level of support needed to manage equipment and aids • May have additional learning needs • Have Auditory Processing Disorder/Auditory Neuropathy/Cerebral Visual Impairment
Range 4	• **MODERATE** loss in one modality and **MILD/MODERATE** in the other • May have hearing aids and/or LVAs • Non-progressive condition • May have additional language/learning needs associated with dual sensory impairment • Likely to have difficulties accessing incidental learning, including signed and verbal communication • May have a slower pace of learning, difficulties with attention, concentration and the development of independence and social skills • May have additional learning needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
Range 5	• **SEVERE/PROFOUND** loss in one modality and **MODERATE** in the other or has a late diagnosed or recently acquired MSI • Uses hearing aids and/or LVAs • Non-progressive condition • May have delayed development in some areas of learning and difficulties generalising learning and transferring skills

	• May have difficulties coping with new experiences and have underdeveloped independence and self-help skills • Likely to have communication difficulties • Significant difficulties accessing incidental learning and the curriculum • Likely to require some individual support to access learning and social interactions and to develop life-skills • Likely to require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • Significant difficulties with attention, concentration, confidence and class participation • Significantly slower pace of learning • May have additional learning needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
Range 6	• **PROFOUND/SEVERE** loss in one modality and **MODERATE/SEVERE** in the other and/or progressive condition • Likely to use hearing aids and/or LVAs • Severe communication difficulties requiring an individual communication system using alternative and augmentative approaches • May require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • May have severe difficulties generalising learning and transferring skills • Difficulties coping with new experiences • May have underdeveloped independence and self-help skills • May have difficulties developing relationships and lack social awareness leading to social isolation • Likely to require a high level of individual support to access learning and social opportunities and to develop life-skills • May display challenging and/or self-injurious behaviour • May have additional learning needs • May have limited clinical assessment information because of additional complex educational needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
Range 7	• **PROFOUND/SEVERE** loss in both modalities • Likely to use hearing aids and/or LVAs • Severe and complex communication difficulties requiring an individual communication system using alternative and augmentative approaches

	• Severely restricted access to incidental learning • May require a tactile and experiential approach to learning and individual curriculum and/or access to visual or tactile signed communication • May require individual support with most aspects of basic care needs and to access learning and social opportunities • May lack the strategies and motivation to make effective use of residual hearing and vision and require sensory stimulation programmes • May be tactile defensive/selective and highly wary of new experiences • May have difficulties developing relationships and lack social awareness leading to social isolation • May display challenging and/or self-injurious behaviour • May have additional learning needs • May have limited clinical assessment information because of additional complex educational needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment

Guidance for Children and Young People with Physical and Medical Needs

Physical/Medical Guidance Range Descriptors Overview	
Range 1 **Mild**	• Some mild problems with fine motor skills and recording • Mild problems with self-help and independence • Some problems with gross motor skills and coordination often seen in PE • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment • May have continence/ toileting issues • Possible low levels of self-esteem • May have medical condition that impacts on time in school and requires a medical care plan ***The NHS notes:*** • *An occupational therapist may see children at any range due to an open referral system* • *It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Occupational Therapy and availability of drop-in sessions/telephone consultations* • *Physio may intervene with children who have mild physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes*
Range 2 **Mild - Moderate**	• Continuing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording, impacting on access to curriculum • Making slow or little progress despite provision of targeted teaching approaches • Continuing difficulties with continence/ toileting • Continuing problems with self-esteem and peer relationships • Continuing problems with self-help and independence • Continuing problems with gross motor skills and coordination often seen in PE • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment • May have medical condition that impacts on time in school and requires a medical care plan ***The NHS notes:*** • *An occupational therapist may see children at any range due to an open referral system* • *It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Occupational Therapy and availability of drop-in sessions/advice/telephone consultations*

	• *Physio may intervene with children who have mild-moderate physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes*
Range 3 **Moderate**	• Moderate or persistent gross and/or fine motor difficulties • Recording and/or mobility now impacting more on access to the curriculum • May need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs, at break and lunch times • Increased dependence on seating to promote appropriate posture for fine motor activities/feeding • Increased dependence on mobility aids i.e. wheelchair or walking aid • Increased use of alternative methods for extended recording e.g. scribe, ICT • May have medical condition that impacts on time in school and requires a medical care plan ***The NHS notes:*** • *An occupational therapist may see children at any range due to an open referral system – episodes of care will be implemented regardless of range* • *It would be anticipated that schools would make a referral to OT if first line strategies, advice and programmes have been trialled and evidenced but achievement is limited* • *These children may form the basis of targeted assessment – assessment and advice to home and school with programme/strategies to follow* • *Physio needs would be based on assessment on a case by case basis – if a child is at the level when they need a walking aid/wheelchair they will already be known to Physio*
Range 4a **Significant**	• Significant physical/medical difficulties with or without associated learning difficulties • Physical and/or medical condition will have a significant impact on the ability to access the curriculum. This may be through a combination of physical, communication and learning difficulties • Significant and persistent difficulties in mobility around the building and in the classroom • Significant personal care needs which require adult support and access to a hygiene suite • May have developmental delay and/or learning difficulties which impact upon access to curriculum • Will require or will have an Education, Health and Care Plan • Primary need is identified as physical/medical ***The NHS notes:*** • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition* • *Children in this category may require specialist equipment via physio/OT services* • *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases*
Range 4b	• Severe physical difficulties and/or a medical condition with or without associated learning difficulties • Impaired progress and attainment

	• Persistent difficulties in mobility around the building and in the classroom • Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning • A need for high level support for all personal care, mobility, daily routines and learning needs • Will need an Education, Health and Care Plan • Primary need is identified as physical/medical • Physical conditions that require medical/therapy/respite intervention and support • The need for an environment to support self-esteem and positive self-image • A developing neuro-muscular degenerative condition or traumatic incident resulting in brain or physical injury ***The NHS notes:*** • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition* • *Children in this category may require specialist equipment via physio/OT services* • *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases*
Range 5 **Severe**	• A level of independent mobility or self-care that restricts/prevents an alternative mainstream placement • An inability to make progress within the curriculum without the use of specialist materials, aids, equipment and high level of adult support throughout the school day • Furniture and/or extensive adaptations to the physical environment of the school • Difficulties in making and sustaining peer relationships leading to concerns about social isolation, the risk of bullying and growing frustration • Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a regular basis • Given appropriate facilities is nevertheless unable to independently manage personal and/or health care during the school day and requires regular direct intervention • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition which impacts on independence ***The NHS notes:*** • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition* • *Children in this category may require specialist equipment via physio/OT services* • *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases*

	• *A child with a degenerative condition may not require to be in this range simply as a result of diagnosis, e.g. Duchenne Muscular Dystrophy children remain quite independent through most of their childhood years and may only require a lower range*
Range 6 **Profound**	A permanent, severe and/or complex physical disability or serious medical condition. The pupil will present with many of the following: • The associated severe and complex learning difficulties impact on their ability to make progress within the curriculum despite the use of specialist materials, aids, equipment, furniture and/or extensive adaptations to the physical environment of the school • Difficulties in making and sustaining peer relationships leading to concerns about social isolation and vulnerability within the setting and wider environment • Emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a daily basis • Given appropriate facilities is nevertheless unable to manage personal and/or health care during the school day and requires a high level of direct intervention • Has a complex medical need requiring frequent monitoring and medical intervention throughout the school day • Has a significant additional condition such as HI/VI/MSI which gives rise to the complexity of need • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition • May have intervention from Occupational Therapist/ Physiotherapist • May require specialist equipment via physiotherapist/ Occupational Therapist ***The NHS notes:*** • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition* • *Children in this category may require specialist equipment via physio/OT services* • *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases* *A child with a degenerative condition may not require to be in this range simply as a result of diagnosis, e.g. Duchenne Muscular Dystrophy children remain quite independent through most of their childhood years and may only require a lower range*