

Criteria for placement on SEN Register

The SEN Code of Practice emphasises the importance of early identification and assessment of children with special educational needs. Developing a wide range of flexible and responsive strategies will help prevent difficulties hindering the pupil's progress. Decisions on the most appropriate type of action should always be applied individually, by considering attainment, nature of difficulty, strengths and achievements and whether current strategies should be changed or amended.

The SEN Code of Practice suggests four broad areas of need:

- Communication and Interaction
- Cognition and Learning
- Social, Emotional & Mental Health difficulties
- Sensory and/or physical needs

The broad areas give an overview of the range of needs that should be planned for. The purpose of identification is to work out what action the school needs to take, not to fit a pupil into a category. In practice, young people often have needs that cut across all these areas and their needs may change over time.

A pupil has SEN where their learning difficulty or disability calls for special education provision, namely provision different from or additional to that normally available to pupils of the same age. Making higher quality teaching normally available to the whole class is likely to mean that fewer pupils will require such support.

For some children, SEN can be identified at an early age. However, for other children and young people difficulties become evident only as they develop. All those who work with young people should be alert to emerging difficulties and respond early.

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It may also be beneficial to understand what is not SEN:

- Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEN.
- Slow progress and low attainment do not necessarily mean that a child has SEN and should not automatically lead to a pupil being recorded as having SEN. However, they may be an indicator of a range of learning difficulties or disabilities. Equally, it should not be assumed that attainment in line with chronological age means that there is no learning difficulty or disability. Some learning difficulties and disabilities occur across the range of cognitive ability and, left unaddressed may lead to frustration, which may manifest itself as disaffection, emotional or behavioural difficulties.
- Difficulties related solely to limitations in English as an additional language are not SEN.

(Summary of Code of Practice: pages 83 – 86)

1. Communication and Interaction

Speech and Language Difficulties

The profile of every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication and different times of their lives (Code of Practice: 6.28)

Autistic Spectrum Disorders

Young people with ASD, including Asperger's Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others (Code of Practice: 6.29)

2. Cognition and Learning

General Learning Difficulties

Support for learning difficulties may be required when young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD) where children are likely to need support in all areas of the curriculum and associate difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment. (Code of Practice: 6.30). St. Wilfrid's use the benchmark as pupils working at a standardised score of <85 to start investigations of MLD.

Specific Learning Difficulties

Specific learning (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as: (Code of Practice: 6.31) Dyslexia, Dyspraxia, Dyscalculia.

3. Social, Emotional and Mental Health Difficulties

Young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorder or physical symptoms that are medically unexplained. Other young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder (Code of Practice: 6.32)

Behavioural difficulties do not necessarily mean that a child or young person has a possible mental health problem or a special educational need (SEN). Consistent disruptive or withdrawn behaviours can, however, be an indication of an underlying problem, and where there are concerns about behaviour there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with speech and language or mental health issues.

Only medical professionals should make a formal diagnosis of a mental health condition. Schools, however, are well-placed to observe young people day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised.

The main types of mental health issues in children and young people are:

- Conduct disorders (e.g. defiance, aggression, anti-social behaviour, stealing and fire-setting) - Overt behaviour problems often pose the greatest concern for practitioners and parents, because of the level of disruption that can be created in the home, school and community. These problems may manifest themselves as verbal or physical aggression, defiance or antisocial behaviour.
- Anxiety - Anxiety problems can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships, but they tend not to impact on their environment.
- Depression - Feeling low or sad is a common feeling for children and adults, and a normal reaction to experiences that are stressful or upsetting. When these feelings dominate and interfere with a person's life, it can become an illness. According to the Royal College of Psychiatrists, depression affects 2% of children under 12 years old, and 5% of teenagers.
- Hyperkinetic disorders (e.g. disturbance of activity and attention) - Although many children are inattentive, easily distracted or impulsive, in some children these behaviours are exaggerated and persistent, compared with other children of a similar age and stage of development. When these behaviours interfere with a child's family and social functioning and with progress at school, they become a matter for professional concern.
- Eating disorders - The most common eating disorders are anorexia nervosa and bulimia nervosa. Eating disorders can emerge when worries about weight begin to dominate a person's life.
- Substance misuse - Substance misuse can result in physical or emotional harm. It can lead to problems in relationships, at home and at work.
- Deliberate self-harm - Common examples of deliberate self-harm include 'overdosing' (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation.
- Post-traumatic stress - If a child experiences or witnesses something deeply shocking or disturbing they may have a traumatic stress reaction. This is a normal way of dealing with shocking events and it may affect the way the child thinks, feels and behaves. If these symptoms and behaviours persist, and the child is unable to come to terms with what has happened, then clinicians may make a diagnosis of posttraumatic stress disorder (PTSD).

4. Sensory and/or Physical Disabilities

Some young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many young people with vision impairment (VI), hearing impairment (VI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habitation support. Some young people with physical disability (PD) require additional on-going support and equipment to access all the opportunities available to their peers.

Hearing Impairment

Hearing impairment can range from mild through to severe and profound. They may be temporary or permanent and become apparent in many different ways. There are different types of hearing loss:

- Monaural – Hearing loss in one ear only. This condition is relatively easy to cope with in the classroom if the child is positioned appropriately.
- Conductive Loss – This impairment affects the mechanism by which sound waves reach the nerve endings in the cochlea. One of the most common forms is 'Glue Ear' where an excess amount of fluid collects in the middle ear.
- Sensory Loss – This is caused by damage to the nerves and there are no surgical procedures available to restore hearing. Hearing aids are prescribed to maximise residual hearing.

Visual Impairment

Visual impairment is the consequence of functional loss of vision which cannot be corrected by glasses. There can also be temporary or permanent loss of vision.

- visual acuity – central vision used to look at objects in detail, such as reading a book or watching television
- visual field – ability to see around the edge of your vision while looking straight ahead

Physical Needs

Physical needs can include fine and/or gross motor skills, mobility and spatial awareness.

Criteria Table for SEN register

Area of need	Sub categories	Criteria				
Cognition & Learning	General Learning difficulties	Are characterised by limited development of knowledge and skills across the curriculum	Are often recognised by having lower academic achievement than their peers (standardised score of <85)	Have problems acquiring and / or retaining basic skills and developing concepts in literacy and numeracy	May have poor social skills, or experience emotional and behavioural difficulties	Have difficult in dealing with abstract ideas and generalising from experience
	Specific Learning difficulties	Dyslexia – a specific learning difficult with reading, spelling, written language and sometimes numeracy	Dyspraxia – impairment of the organisation of movement linked to difficulties with language, thought and perception	Dyscalculia – a learning disability that results in difference in understanding, processing and making use of mathematical information		

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Communication & Interaction	Speech & Language Difficulties	Producing accurate speech	Retrieving words from memory	Expressing words in correct sequence that results in meaningful language	The acquisition and expression of one's own thoughts and ideas	Receiving and processing language at speed in order to respond to another person's ideas	Understanding and using social language appropriate to the setting or context				
	Autistic Spectrum Disorder	Difficulty relating to others	Frequent misunderstanding of social conventions	Lack of empathy or awareness of the feelings of others	Tendency to insist on following set routines or intricate rituals	Excessive, even obsessive, interest in a subject	Behaviour which may appear inflexible and self-determined	Spoken language that is punctuated with mannerisms, gestures and words out of context	Literal interpretation of idioms and metaphors	Avoidance of eye contact	Inability to understand body language, facial expressions and voice tone

Area of need	Sub categories	Degrees of loss	Criteria				
Sensory &/Or Physical Needs	Hearing Impairment	<p>Mild Hearing loss (the quietest sound can hear between 21-40dB) – The child will hear nearly all speech but may mis-hear if not looking directly at the speaker. This condition can be hard to identify</p>	<p>Day-dreaming, slowness to respond, asking for repetition. Watching speaker’s face for clues. Tilting head to maximise aural input.</p>	<p>Reading difficulties, confusion when attempting phonic work and sound discrimination activities.</p>	<p>Fluctuating pace of working, tiring quickly, discrepancy between verbal and practical skills.</p>	<p>Poor attention and listening skills, distracting others.</p>	<p>Immature vocabulary, language structure or speech.</p>
		<p>Moderate hearing loss (the quietest sound can hear between 41-70dB) – The child will have great difficulty in hearing anyone speaking without a hearing aid. He/she will rely on lip-reading and visual clues, often without realising. You may notice a child misses word endings such as ss or sh.</p>					
		<p>Severe hearing loss (the quietest sound can hear between 71-90dB) – Even with a hearing aid the child will need visual clues to gain information. The spoken voice may be comprehensible but the child will be limited in the use of verb, adjectives.</p>	<p>Performance and progress that does not fulfil earlier expectations, inability to make progress within the curriculum without considerable amplification of hearing and increased use of visual means of communication.</p>	<p>Significant speech & language difficulties restricting communication with peers and teachers and inhibiting language use in the curriculum.</p>	<p>Difficulties in making and sustaining peer relationships leading to concerns about social isolation, the risk of bullying and growing frustration.</p>	<p>Emotional and/or behaviour problems perhaps including periods of withdrawal, disaffection and reluctance to attend school.</p>	<p>Difficulties in maintaining and sustaining concentration in the classroom leading to problems in completing work and a need for adapted materials and a level of support beyond what it is realistic to expect from the class teacher.</p>
		<p>Profound hearing loss (the quietest sound can hear is more than 90dB) – Radio aids are often used and the child will rely on visual clues and the British Sign Language to communicate. The child’s own voice may be incomprehensible although many pupils can achieve a high level of oral language.</p>					

Area of need	Sub categories	Degrees of loss	Criteria				
Sensory &/Or Physical Needs	Visual Impairment	<p>Mild visual impairment – The child will see nearly all visual based activities but may miss some information unless it is given verbally.</p>	<p>Difficulties/inability to copy from the board, child requests specific seat in classroom</p>	<p>Lack of response to visual signals in the class. Asks for instructions to be given verbally</p>	<p>Has difficulties in other areas, such as hand-eye coordination, balance & organisation</p>	<p>Unusual distance or angle of books. Requires more time to complete tasks and may suffer visual fatigue.</p>	<p>Possible anxiety or stress leading to withdrawal or frustration</p>
		<p>Moderate visual impairment (having very poor visual acuity (less than 3/60), but having a full field of vision) - The child will have great difficulty in seeing printed materials board work under font size N14. He/she will rely on verbal clues often without realising.</p>					
		<p>Severe visual impairment (having poor visual acuity (between 3/60 and 6/60) and a severe reduction in your field of vision) - Even with modified work the child will need verbal clues to gain information.</p>	<p>Requires modified materials and specialist equipment to access the curriculum</p>	<p>Mobility problems which impact on independent travel and self-help skills.</p>	<p>High visual stress causing visual fatigue, even with correct materials & specialist equipment</p>	<p>Uses touch to establish learning materials i.e science equipment.</p>	<p>Possible associated stress leading to increasing withdrawal or frustrated behaviour.</p>
		<p>Profound visual impairment (having slightly reduced visual acuity (6/60 or better) and a significantly reduced field of vision) – Requires Braille or MOON, tactile diagrams, 3D representations to access the curriculum.</p>					

Area of need	Sub categories	Degrees of difficulty	Criteria				
Sensory &/Or Physical Needs	Physical Needs	Moderate physical difficulty – Child may require additional support for mobility, gross and/or fine motor difficulties and minor difficulties in spatial orientation.	Struggles getting changed and may seek help. Eg: for PE lessons.	May require support moving between lessons and during unstructured social times	Ability to participate in most classroom activities but problems undertaking specific tasks and activities.	May require alternative methods of recording work	
		Severe physical difficulty – Child will require full support for mobility, gross and/or fine motor difficulties and major difficulties in spatial orientation.	Will need support during PE lesson and getting changed	Will require support moving between lessons and handling equipment, also during unstructured social times	Difficulty participating in classroom activities without specialist equipment or support,	Requires health and safety considerations during practical lessons i.e. Tech, Science, PE	Will require alternative methods of recording work.

Area of need	Sub categories	Criteria
Social, Emotional & Mental Health		<p>All pupils who present with behaviours associated with social, emotional and / or mental health difficulties will be investigated on an individual basis in discussions with the young person, parent and other professionals deemed necessary.</p> <p>There are often two key elements that enable schools to reliably identify children at risk of social, emotional and / or mental health problems:</p> <ul style="list-style-type: none"> • effective use of data so that changes in pupils' patterns of attainment, attendance or behaviour are noticed and can be acted upon; and • an effective pastoral system so that at least one member of staff (eg. a form tutor) knows every pupil well and can spot where unusual behaviour may have a root cause that needs addressing and take decisions on how best to support pupils.