

Saint Fatima School British Division (SFS)

Special Educational Needs and Disability Policy



<i>Prepared by the QA Manager</i>	
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SFS' SEND Policy is one of the most important documents ensuring that the special educational needs of our students will be met at all times. It reflects both the statutory requirements and the actual practice of the school. We at SFS are committed to appreciating the special educational needs of students and empowering them to make progress. In line with our mission statement we value every individual equally whilst providing opportunities for all students to:

- ✓ fulfil their potential;
- ✓ develop confidence and self-esteem;
- ✓ enjoy and value learning;
- ✓ develop personal responsibility and respect.

Aim and objectives

The fundamental objective of the school's SEND policy is to provide a supportive framework within which students requiring assistance are:

- ✓ identified;
- ✓ assessed;
- ✓ assisted;
- ✓ monitored.

Definition of Special Educational Needs and Disability (SEND)

For the purposes of this policy we have used the term "special educational needs" as defined by the [*Special Educational Needs and Disability Code of Practice:0-25*](#) (DfE, 30 April 2020). A child or young person has SEN/D if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age has a learning difficulty or disability if he or she:

- ✓ has a significantly greater difficulty in learning than the majority of students of the same age or
- ✓ has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools.

Legislation and Regulation

This SEND policy has been written with reference to the following guidance and documents:

- ✓ [*Equality Act 2010: Advice for Schools*](#) (DfE, June 2018);
- ✓ [*Special Educational Needs and Disability Code of Practice:0-25*](#) (DfE, January 2015);
- ✓ [*The Special Educational Needs and Disability Regulations*](#) (DfE, 2014);

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- ✓ [Statutory Guidance on Supporting students at school with medical conditions](#) (DfE, April 2014);
- ✓ [SEND: Guide for Parents and Carers](#) (DfE, March 2015);
- ✓ [SEN and Medical Categories - Guidance for Schools](#) (DfE, January 2019).

SFS' SEND Policy principles

The [Special Educational Needs and Disability Code of Practice:0-25](#) (DfE, April 30, 2020) describes the following principles that SFS observed while working with children and young people who have SEN and/or disabilities:

- ✓ focusing on inclusive practices and removing barriers to learning;
- ✓ identifying early the special educational needs of young people;
- ✓ ensuring the equality of opportunity;
- ✓ taking into account the views of young people and their families;
- ✓ enabling young people and their parents to participate in decision-making;
- ✓ collaborating with partners in education, health and social care where appropriate;
- ✓ ensuring that appropriate resources are available for students with temporary or long-term special needs;
- ✓ providing support for teachers to meet the learning needs of all students and making reasonable adjustment to provision to meet such needs.

SENCO

SFS's aim is to help every student succeed. This also applies to the students with SEN/D. To coordinate the school's efforts in addressing special needs of children, then school appoints SENCO. SENCO, or special educational needs coordinator, is the school teacher/s who is responsible for assessing, planning and monitoring the progress of children with special needs / SEN. SENCO consults and liaise with staff, parents and carers, external agencies and appropriate professionals and voluntary bodies. They try to ensure that support is coordinated and targeted appropriately, and that all are informed and updated about children on the SEN Register and understand how best to help ([SEN Register template](#), together with other relevant to the policy documents are included in the [SEN Support Toolkit](#)). They rely on parents' help and support too: if a parent is aware that their child has any kind of difficulty, he or she are expected inform the SFS staff at the earliest opportunity (preferably before the child starts at the school) and hand over all relevant documentation. This would give staff time to put plans in place to ensure a smooth integration into the new school environment.

SFS' approach to students with SEND

The school takes a positive, inclusive and graduate whole-school approach to students with SEND.

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Students with SEND are the shared responsibility of all staff. All staff are expected to have an understanding and awareness of the impact of specific learning profiles on teaching and learning. The school designates the **Learning Support Team** coordinated by SENCO to ensure the needs of SEN/D students are effectively addressed. The Learning Support Team comprised of school teachers, teaching assistants (at early stages) and other relevant staff has the responsibilities to:

- ✓ identify and assess students with SEND, and where necessary, refer for further assessment by other professionals such as educational psychologists, specialist teachers and therapists;
- ✓ develop and monitor support measures where a need is identified;
- ✓ develop and update the SEND Register;
- ✓ work in close liaison with teaching staff to ensure confidential communication on learning needs and progress of students;
- ✓ teach students according to their specific needs, recognizing their particular strengths and learning needs to promote achievement of their academic potential;
- ✓ communicate effectively with parents/guardians on the learning needs of students and provide a learning plan for those students on the SEND Register.

As stated above, the school's approach to identifying and supporting students with SEND is informed by the [*Special Educational Needs and Disability Code of Practice:0-25*](#) (DfE, January 2015April 30, 2020), which recommends a graduated response to students who may be underachieving, based on a continuous process of assessment, planning and review. The school will make reasonable adjustments to remove barriers to learning or to increase access to all aspects of school life, including academic and extra-curricular activities.

Identification of students with SEN/D

Early identification of students' needs is the key to unlocking the potential of students who may have special educational needs. SFS has adopted a holistic approach to ensure that students who do not develop age appropriate knowledge and skills, or who fall behind their peers, are identified as early as possible.

Including students who may have medical needs and special educational needs, the school will plan and deliver education provision in a coordinated way with their health care plans, but only if appropriate. The school also follows the statutory guidance on supporting students at school with medical conditions.

Through their discussions, observations, assessments and data analysis the SENCOs, class teachers, key workers, support staff and Learning Support Team staff identify any children who appear to have SEN/D. Children with SEN/D may also be identified by outside agencies and

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organizations. Parents and carers may also inform the SENDCOs or teaching staff of any concerns and possible Special Educational Needs or Disabilities. When a child is identified as having SEN/D they will be placed on the **SEN/D register** as SEND Support.

To ensure an accurate identification and recording of students with SEN/D, SFS follows the guidelines presented in the [*SEN and Medical Categories - Guidance for Schools*](#) (DfE, January 2019). Based on the guidance, SFS categorizes students with SEN/D into the five overarching categories:

1. cognition and learning (CL) – Language, Literacy, Mathematics, Numeracy;
2. social, behavioral, emotional and well-being (SBEW);
3. speech, language and communication needs (SLCN);
4. sensory (SE);
5. physical needs (PN).

A child identified as a SEN/D student, if possible, is assigned to with a more specific SEN category/categories (see Appendices A and B to this policy).

Recording SEN/D

As soon as a SEN/D student has been screened out, he or she is recorded in the school SEND Register, which is a file kept by the SENCO. It indicates the following:

- ✓ child's name;
- ✓ date of birth;
- ✓ school/grade/class;
- ✓ details of SEN/D, including the specific SEN/D code;
- ✓ involvement of outside agencies.

The SENCO maintains the Register as a working document. Records are kept on all children with SEN/D, detailing steps taken to support them. Record files are kept by the SENCO. If a student with SEN/D has a medical diagnosis, he or she is also recorded in the Medical Register. If a student has no special educational needs but is medically diagnosed, he or she is recorded only in the Medical Register if such a diagnosis is known to SFS. The Principal maintains a copy of the Medical Register as the responsible person. Copies will be kept in the school clinic, easily accessible by first aiders. The SENCO will become involved with such students only if a child's medical condition presents a barrier to their learning.

Only students who have been placed on the SEN/D school register as required under the [*Special Educational Needs and Disability Code of Practice:0-25*](#) (DfE, 2019) should be recorded. A student's placement on the SEN register means that he/she has a special educational need which requires special educational provision.

Placing a student with SEN/D on the SEN/D record and in the SEN/D and Medical Registers

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is governed by the [SEN and Medical Categories - Guidance for Schools](#) (DfE, January 2019) (see Appendices A,B, and C to this policy). If special educational provision is no longer required, consideration should be given as to whether a student has a SEN and indeed whether they should remain on the SEN register. If not, the student should be removed from it.

Many students with SEN/D have more than one type of special educational need or difficulty. SFS therefore records information on each student's greatest or primary need and, where appropriate, their secondary needs (there is no limit to the number SEN categories that can be recorded in total.) However, should it prove difficult to identify a student's greatest or primary need or, where appropriate, their secondary needs, the student may be recorded under the overarching SEN category applying the same principle of the greatest or primary need or, where appropriate, their secondary needs.

SFS' principles of SEN/D Support

SFS' practice of SEN support is grounded on the idea of full inclusion of a student with SEN/D in the educational process. This is why SFS staff does their best to identify and categorize SEN/D students to address the exact needs in order to enable such students' progress. However, when making decisions about SEN or disabilities, SFS has regard to the views, wishes and feelings of children, their parents and young people. The school makes sure that children, their parents and young people participate as fully as possible in decisions that affect them. SFS recognizes that parents should have a real say in decisions that affect their children, should have access to impartial information, advice and support and know how to challenge decisions they disagree with.

Once it has been decided that a child has special needs, SFS takes the steps following the guidance given in the [Special Educational Needs and Disability Code of Practice:0-25](#) (DfE, January 2015) to provide SEN support to children, their parents and young people so that children and young people do well educationally and can prepare properly for adulthood.

SEN support limitations in the Egyptian context

Any support a child gets from SFS to meet their special educational needs meet their needs is regarded as SEN support. SFS provides SEN support at all the stages of education offered by the school. However, if children and young people have more complex needs than SFS is capable of addressing effectively, they might instead need an equivalent to Education, Health and Care (EHC) plan from a third-party provider. SFS will often be able to meet the needs of children through SEN support. But sometimes a child or young person needs a more intensive level of specialist help that cannot be met from the resources available to SFS to provide SEN support. In these circumstances, such a child should be referred to a local authority/specialized class/specialized school to receive a proper education, health and care needs assessment.

At the same time, SFS recognizes that the current state of inclusive and partially inclusive

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education of students with more complex educational needs in Egypt is quite challenging. The Ministry of Education of Egypt stated in the Ministerial Act as of 2009 the right for students with mild disabilities to enroll in public and private schools (MoE, 2014). Besides, the Law of Egypt on the Rights of Persons with Disabilities (as of February 2018) requires all educational organizations to embrace policies to ensure similar opportunities for students with disabilities in receiving the same quality of education inside classroom and sets a “criminal liability” on policy makers who break this law with a charge varying from 500 to 2000 Egyptian pounds ([Ismail, 2018](#)). Yet, the lack of clear procedures, working support plans and available educational institutions for children with more complex SEN/D in Egypt puts such children in a controversial situation.

With that knowledge SFS intends to help every student with SEN/D wherever the school is capable of doing so. In case, a referral to a third-party educational institution is inevitable, SFS will accompany the referral with the following:

- ✓ records of regular interventions, strategies, reviews and their outcomes;
- ✓ the student's health including the child's medical history where relevant;
- ✓ the followed curriculum levels of attainment in literacy and mathematics;
- ✓ educational and other assessments if applicable;
- ✓ views of the parents and of the child;
- ✓ involvement of other professionals such as health, social services or education welfare service if applicable.

Cycle of SEN support at SFS

The four stages of SEN support are (1) assess; (2) plan; (3) do, and (4) review.

SFS assesses students with SEN/D and reviews their SEN support on the regular basis so that the support provided continues to meet the child's needs.

The SEN support cycle adopted at SFS runs as follows. When a class teacher and/or the SENCO identifies a child with SEN/D, the class teacher and/or SENCO/ Learning Support Team will provide interventions through the 'Quality First Teaching' plan, which is additional to the school's usual differentiated curriculum. **Quality First Teaching (QFT) means high quality inclusive teaching together with our continuous whole school processes for assessing, planning, implementing, tracking, monitoring and reviewing your child's progress.**

The triggers for SEN support are that, despite receiving quality first teaching, the child:

- ✓ continues to make little or no progress in specific areas over a long period;
- ✓ continues working at curriculum levels substantially below that expected of children of a similar age;
- ✓ continues to have difficulty in developing literacy and mathematics skills;

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- ✓ has emotional difficulties which substantially and regularly interfere with the child's own learning or that of the class group;
- ✓ has sensory or physical needs, and requires additional specialist equipment or regular advice or visits by a specialist service;
- ✓ has ongoing communication or interaction difficulties that impede the development of social relationships and cause substantial barriers to learning.

Class/subject teachers will implement the 'Quality First Teaching' plan strategies and then review outcomes within a reasonable time frame. Where students have not made progress despite this approach the cycle will begin again but may incorporate further specific interventions, including:

- ✓ additional assessment by the learning support team;
- ✓ targeted one-to-one or small group lessons with a member of the Learning Support Team to help with literacy, comprehension, study skills, writing skills, or revision techniques;
- ✓ mentoring sessions;
- ✓ the learning support team may observe lessons and offer advice regarding additional strategies in subject lessons.

Once again, the student's progress will be reviewed following these specific interventions and if the desired progress has not been made, the further testing with a specialist or professional may need to take place outside of school and could incur additional costs to the parent/guardian. The school will require a copy of the report generated by the referral, in order that reasonable adjustments can be made to ensure that there is good liaison between the school's provision and that recommended or provided by the outside specialist or agency. Using all the information gathered at this stage, the process of applying new strategies and reviewing progress will continue.

Responsibilities of SENCO, class/subject teachers and Learning Support Team

At SFS, the head teachers are also the *SENCOs* whose additional responsibilities include:

- ✓ overseeing day-to-day operation of school's SEND policy
- ✓ coordinating provision for children with SEND
- ✓ ensuring teachers and Learning Support Team work closely with parents/carers to follow a graduated approach to SEN Support
- ✓ advising on use of delegated budget/other resources
- ✓ liaising with parents of children with SEND
- ✓ maintaining links with other education settings and outside agencies
- ✓ liaising with potential next providers of education

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- ✓ ensuring that SEND records are up to date
- ✓ contributing to the in service training of staff

Class/Subject Teachers who work with SEN/D students have the following responsibility to:

- ✓ participate in planning 'Quality First Teaching' and implementing a graduated approach to assess, plan, do, and review;
- ✓ focus on specific and overall learning outcomes of the child;
- ✓ have high aspirations for every student: set clear progress targets for students and be clear about how the full range of resources are going to help reach them;
- ✓ work in partnership with students and parents/carers in planning and reviewing progress, seek their views and provide regular updates on progress;
- ✓ keep copies of support plans for reference and amending in their short term planning files.

Class/subject teachers work with the ***Learning Support Team*** to plan effective provision for students with SEND. Effective liaison between the Learning Support Team and involved teachers is essential to ensure planned activities are linked to targets set out in QFT plans. TAs are part of the whole school approach to SEND working in partnership with the class teacher and the SENCO at the early stages to deliver student progress and to narrow gaps in performance. The support they give should be focused on the achievement of specific outcomes within the graduated approach to SEN support agreed with parents in the context of high quality teaching overall. However, TAs should never be a substitute for the teacher's involvement with that child. Other Learning Support Team staff are specified in Appendix C to this policy.

Annual reviews

SEN/D Support reviews are part of/follow parent consultations in the autumn and spring Terms, and are held with the SENCO. During these reviews, feedback is given about a child's progress and new targets are agreed where necessary.

Staff training

The school makes an annual audit of training needs for all staff taking into account school priorities, as well as personal and professional development. Particular support will be given to newly qualified teachers and other new members of staff.

Policy evaluation

The implementation of this policy will be monitored by the SENCOs. It will be reviewed annually. When reviewing the success of this policy the school will take into account:

- ✓ progress of SEN/D children compared to non- SEN/D;
- ✓ standards reached by students with SEN/D;
- ✓ the number of complaints received regarding SEN/D provision.

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Through regular classroom observation the school will also take into account:

- ✓ the quality of curriculum planning and the extent to which teachers and Learning Support staff work together as a team;
- ✓ the extent to which students are following an appropriately differentiated curriculum;
- ✓ the use of varied resources, which enable students with SEN/D to make progress towards their targets;
- ✓ the ethos of the classroom and the extent to which students with SEN/D are well-cared for and supported.

Exam concessions

Exam boards set out the regulations that all schools are required to follow when considering exam concessions. SFS will make 'reasonable adjustments' while ensuring that no student is given an 'unfair advantage'. The Learning Support Team will assess needs and update the evidence.

Extra time in an examination

In order to qualify for extra time in an examination, the school will adhere to exam board regulations. Alongside specific assessment test outcomes stipulated by exam boards, it is usual practice to demonstrate that the use of additional time is part of a normal way of working in school.

Appendix A

SPECIFIC SEN CATEGORIES

1. COGNITION AND LEARNING (CL) – Language, Literacy, Mathematics and Numeracy:

- 1a. Dyslexia (DYL) or Specific Learning Difficulty (SpLD) – Language / Literacy;
- 1b. Dyscalculia (DYC) or Specific Learning Difficulty (SpLD) – Mathematics / Numeracy;
- 1c. Moderate Learning Difficulties (MLD);
- 1d. Severe Learning Difficulties (SLD);
- 1e. Profound & Multiple Learning Difficulties (PMLD).

2. SOCIAL, BEHAVIOURAL, EMOTIONAL AND WELL-BEING (SBEW)

- 2a. Social and Behavioral Difficulties (SBD) 2b. Emotional and Well-being Difficulties (EWD);
- 2c. Severe Challenging Behavior (SCB) associated with SLD or PMLD.

3. SPEECH, LANGUAGE AND COMMUNICATION NEEDS (SLCN)

- 3a. Developmental Language Disorder (SEN) (DLD);
- 3b. Language Disorder (LD) associated with a differentiating biomedical condition;
- 3c. Communication and Social Interaction Difficulties (CSID).

4. SENSORY (SE)

- 4a. Blind (BD);
- 4b. Partially Sighted (PS);
- 4c. Severe/Profound Hearing Impairment (SPHI);
- 4d. Mild/Moderate Hearing Impairment (MMHI);
- 4e. Multi-sensory Impairment (MSI).

5. PHYSICAL NEEDS (PN)

- 5a. Physical (P).
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Appendix B

DESCRIPTIONS – OVERARCHING AND SPECIFIC SEN CATEGORIES

Overarching SEN Category Description:

1. COGNITION AND LEARNING (CL) Language, Literacy, Mathematics, Numeracy

Students can experience Cognition and Learning Needs (CL) for a variety of reasons and across a range of ability. Students in this category may have difficulty with one or more aspects of their learning, which do not appear to be typical of their general level of ability or their performance across other areas of the curriculum. Some students with learning difficulties will progress at a slower pace and have greater difficulty than their peers in all areas e.g. in acquiring basic language, literacy and numerical skills and in understanding mathematical concepts. They may also present with other difficulties associated with their cognitive learning difficulty e.g. with speech and language, social skills, concentration, self-esteem, self-help and independence skills. Other students in this category may have difficulty with one (or more) aspect of their learning, which does not appear to be typical of their general level of ability or their performance across other areas of the curriculum, but is impacting on their progress in school. Students may have language needs as a result of having expressive language difficulties which impacts on their verbal fluency, ability to form sounds, words, and sentences; or receptive language difficulties which impact on their comprehension in all subject areas. Students with language needs are more likely to experience difficulties in acquiring literacy. Students with literacy needs may struggle in one or all related areas e.g. reading, spelling and writing, as well as in understanding the written word. Other students may have difficulties in numeracy, such as recognizing numbers or in acquiring number facts and mastering numerical operations, which impacts on their understanding of mathematical concepts. Others will have a difficulty with understanding terms specific to numeracy/mathematics e.g. digit, subtraction etc. The abstract language of mathematics e.g. mass, shape, height and distance can also create barriers to learning. Students in this category may also present with other difficulties associated with their cognitive learning difficulty e.g. social skills, concentration, self-esteem, self-help and independence skills.

Specific SEN Category Descriptions within CL:

1a. Dyslexia (DYL) or Specific Learning Difficulty (SpLD) Language/Literacy

The term Specific Learning Difficulty describes a collection of difficulties related to the way in which information is learned and processed. Specific learning difficulties affects one or

more specific aspects of learning. This encompasses a range of conditions such as Dyslexia and Dyscalculia. Dyslexia is best described as a continuum of difficulties in learning to read, spell or write, which persist despite appropriate learning opportunities. These difficulties are not typical of performance in most other cognitive academic areas, and the characteristic features are difficulties with:

- ✓ Phonological processing
- ✓ Aspects of language including verbal processing speed
- ✓ Short-term memory
- ✓ Sequencing
- ✓ Motor function
- ✓ Organizational skills
- ✓ Number skills especially mental calculation
- ✓ Concentration and attention

1b. Dyscalculia (DYC) or Specific Learning Difficulty (SpLD) – Mathematics/Numeracy

Students with Dyscalculia have difficulty acquiring arithmetical skills. Some students with Dyslexia also have difficulties with number and it is more likely that these accompany the language difficulties associated with Dyslexia. Students with Dyscalculia will have difficulty understanding simple number concepts, lack an intuitive grasp of numbers, and have problems learning number facts and procedures. Their difficulties are often not typical of their performance in most other cognitive and academic areas. It is estimated that 'most dyscalculic students have cognitive and language abilities in the average range.' (British Dyslexia Association, 2005)

1c. Moderate Learning Difficulties (MLD)

Students with moderate learning difficulties will learn at a slower pace and have greater difficulty than their peers in all academic aspects of the curriculum. On standardized tests of ability and attainment, they are likely to have levels at or below the second percentile i.e. the lowest 2% of age related peers. They may also have needs associated with their learning difficulties in the areas of speech and language, self-esteem, concentration and immature social skills. Students with moderate learning difficulties require a differentiated curriculum and a multi-sensory approach to their learning. With tailored learning opportunities, the majority of students with MLD make good progress in mainstream schools.

1d. Severe Learning Difficulties (SLD)

Students with severe learning difficulties have significant intellectual or cognitive impairments with attainment levels normally at or below the 0.1 percentile and will require a higher level of support than their age related peers in all areas of the curriculum and in most

activities throughout the school day. They may also have difficulties with mobility, co-ordination, communication and perception. They will require experiential learning in order to develop their self-help, independence and social skills. Students with SLD will require support to further their independence, and the majority will remain dependent on adults for aspects of their care. Some may communicate through the use of modified sign and symbols; however, many will be able to use basic functional language and enjoy learning, interacting and socializing with their peers. Students with SLD will require provision that is additional to or different from their peers. The majority of parents elect to have a special school placement for their children with SLD. However, depending on their individual profile, some students with SLD make good progress in mainstream school with additional support and where this is the parental preference. If a student has SLD this should always be recorded as their primary SEN due to the impact on their ability to access strategies or equipment to bypass other areas of SEN.

1e. Profound and Multiple Learning Difficulties (PMLD)

Students with profound and multiple learning difficulties have significant and complex learning needs. In addition to severe learning difficulties, they will have significant SEN in at least two or three other areas, e.g. physical disability/sensory impairment/ and medical condition(s). They will require a high level of adult support, for both their educational and personal care needs. They are likely to require specialist equipment and support for their posture, feeding and intimate care. Many will have a Healthcare Plan. The students will require sensory stimulation and a highly differentiated and graded approach to their learning provided by experienced staff. While most students with PMLD communicate by gesture, eye pointing or symbols, others have basic communication skills. If a student has PMLD this should always be recorded as their primary SEN due to the impact on the child's ability to access strategies or equipment to bypass other areas of SEN.

Overarching SEN Category Descriptions:

2. SOCIAL, BEHAVIOURAL, EMOTIONAL AND WELL-BEING (SBEW)

Students can experience Social, Behavioral, Emotional and Well-being needs for a variety of reasons and across a range of ability. Students recorded in this category will have difficulty in the development of their social, behavioral, emotional skills and well-being (SBEW). They may have immature social skills and find it difficult to initiate and sustain healthy relationships which is impacting on their learning and progress in school. Students with these difficulties may present as withdrawn, isolated, challenging, disruptive or disturbed/distressed. A wide range of mental health problems may also be present. Difficulties can result from home and environmental

circumstances, physical or mental illness, or psychological trauma. Students with SBEW often require differentiated programs of support to address their specific difficulties and to ensure that the necessary steps are taken to deliver interventions to the child. This may also include a risk assessment and risk management plan, or a Behavior and Safe Handling Plan.

Specific SEN Category Descriptions within SBEW:

2a. Social and Behavioral Difficulties (SBD)

Students with SBD display a wide range of social and behavioral presentations which may include some periods of being withdrawn or isolated but will more commonly have a challenging, disruptive or disturbing presentation. These behaviors can inhibit the child's learning and progress and disrupt the education of others. In some cases, difficulties may arise from or be exacerbated by circumstances within the school environment e.g. sensory overload, changes in routine, fear of failure or poor peer relationships. Some students with social and behavioral difficulties will have immature social skills and find it difficult to make and sustain healthy relationships with peers and teachers. These may arise from adverse childhood experiences, abuse, neglect, physical or mental illness, sensory or physical impairment, a specific learning difficulty or psychological trauma. Others may arise from a condition such as ADD, ADHD, Attachment Disorder or Autism. If a child's Social and Behavioral difficulties are related to a medical diagnosis or physical condition and the difficulties are impacting on accessing the curriculum, the student should be recorded as having SEN in this category in addition to recording any appropriate diagnosis from the HSCT on the Medical Register.

2b. Emotional and Well-being Difficulties (EWD)

As with SBD, students with EWD may experience and display a wide range of emotional and well-being difficulties which manifest themselves in a number of ways including presenting with isolated or withdrawn behavior as well as some challenging, disruptive or disturbing behavior. The behavior of the students to be recorded in this category are more likely to reflect underlying mental health disorders as identified by the HSCT such as low mood, anxiety, depression, self-harming, substance misuse, eating disorders or physical symptoms which are medically unexplained. The students are likely to be or have been supported by Child and Adolescent Mental Health Services (CAMHS.) If a student's EWD difficulties are related to a medical diagnosis or physical condition and the difficulties are impacting on accessing the curriculum, the student should be recorded as having SEN in this category in addition to recording any appropriate diagnosis from the HSCT on the Medical Register.

2c. Severe Challenging Behaviour (SCB) associated with Severe Learning Difficulties (SLD) or Profound and Multiple Learning Difficulties (PMLD)

Only students identified with SLD or very occasionally students with PMLD should be recorded

in this category. Students with SLD and PMLD often display SCB which functions to enable them to have their needs met and/or control their environment. These behaviors are normally pervasive, characterized by their frequency and intensity and will include unpredicted outbursts including assaults on others and uncooperative behavior often accompanied by obsessional habits. These behaviors will pose serious risk to self and others and can often result in damage to the environment. In other cases sudden onset of SCB is often an indicator that a student is in pain or distress e.g. toothache, joint pain, or experiencing mental health difficulties, but the student is unable to comprehend or communicate their needs. In these cases, appropriate treatment should alleviate the SCB and the category would no longer be appropriate. Students with SCB will have had a risk assessment and will have a risk management plan and/or behavior plan that will include any medication and safe handling requirements. They are likely to be involved with the HSCT services. Students with SCB and SLD/PMLD, require close supervision in a modified and specialist setting where the staff are trained in Safe Handling and experienced in understanding and managing the needs of students with SCB. With the correct environmental adjustments, a student's severe challenging behavior can often reduce in frequency and intensity.

Overarching SEN Category Descriptions:

3. SPEECH, LANGUAGE AND COMMUNICATION NEEDS (SLCN)

Students can experience speech, language and communication needs for a variety of reasons and across a range of ability. This broad category covers a range of conditions affecting speech language and communication. Students can have difficulty with expressive skills (making themselves understood) and/or receptive skills (understanding). With appropriate school based interventions, students can make progress in relation to this. Some students may have difficulties with the social and pragmatic aspects of communication and interaction. These students may require intervention to develop their linguistic competence in order to support their thinking, as well as their communication skills. Other students have significant difficulties in speech and language which are not typical of their general level of performance in other areas of the curriculum. They may gain skills in some subjects and demonstrate ability in other areas, but encounter sustained difficulty in gaining speech and language skills.

Specific SEN Category Descriptions within SLCN:

3a. Developmental Language Disorder (SEN) (DLD)

Developmental Language Disorder (SEN) (DLD), is the term which is used when a child has speech and language difficulties, which are **not** associated with a known biomedical condition such as brain injury, neurodegenerative conditions, Cerebral Palsy, genetic conditions or

chromosome disorders such as Down's Syndrome, Sensorineural Hearing Loss, Autism Spectrum Disorder, Acquired Epileptic Aphasia in childhood, or intellectual disability. Students with DLD are likely to have significant language difficulties which create barriers to communication or learning in everyday life and are unlikely to resolve by five years of age. They are likely to persist over time. Developmental Language Disorder (DLD) can occur with attention difficulties (e.g. ADHD), motor difficulties (e.g. CDC, Dysarthria), literacy, speech sound disorder, adaptive behavior, auditory processing and behaviour/emotional problems. Students with DLD will be known to the HSCT Speech and Language Therapists and in primary school are more likely to require provision that is additional to or different from their peers compared to the students in the other categories within Speech Language and Communication (e.g. Speech Language and Communication Class).

3b. Language Disorder (LD) associated with a differentiating biomedical condition

Language Disorder is to be recorded as the SEN category when the student's speech and language difficulties occur as part of a more complex pattern of impairments or conditions. Such conditions include: brain injury; neurodegenerative conditions; genetic syndromes, e.g. Down's Syndrome; Cerebral Palsy; Sensorineural Hearing Loss and Autism Spectrum Disorder.

3c. Communication and Social Interaction Difficulties (CSID)

Students with communication and social interaction difficulties present with persistent difficulties in the social use of verbal and nonverbal communication. These difficulties result in functional limitations in effective communication, social participation, social relationships and academic achievement. The onset is in early development, but difficulties may not become fully manifest until they enter a group setting, when the difficulties begin to impact on learning. Students in this category will have marked deficits in verbal communication, social impairment, limited initiation of social interactions, and reduced or abnormal responses to social interaction. Social relationships will most likely be impaired and those with difficulties in this area may present with challenging or withdrawn behavior as the language they need to understand and use becomes more complex. They may also have difficulty understanding and/or using the social rules of communication. This cohort can include students with genetic syndromes, sensorineural hearing loss, neurological disease, autism spectrum disorder or moderate or severe learning difficulty. Students who have Autism Spectrum Disorder and CSID are more likely to require provision that is additional to or different from their peers.

Overarching SEN Category Descriptions:

4. SENSORY (SE)

Students can experience a wide range of sensory difficulties for a variety of reasons and

across a range of ability. Whilst Sensory is primarily a medical need, it has an educational impact in respect of access to the curriculum. Students should only be recorded in one of the sensory categories if identified as having a special education need in one of these areas. Early recognition, diagnosis, treatment and access to specialist support, equipment and provision of adaptations to the physical environment will be required for many. This is essential to ensure that the best outcomes are achieved for students with hearing and vision difficulties in language acquisition, academic achievement and emotional development. Students with a SEN as a result of Sensory needs are likely to be known to the EA Sensory Services.

Specific SEN Category Descriptions within SE:

Visual Impairment (V-I)

Students with visual impairment cover the spectrum of ability. Visual impairment refers to a range of difficulties from minor impairment through to blindness. Students are considered to be visually impaired if they require adaptations to their environment and specific differentiation of learning materials in order to access the curriculum.

4a. Blind (BD)

The World Health Organisation (WHO) definition of blindness based on visual acuity scores suggests that a child/or young person who is blind will have a score of $<3/60$. As well as digital resources, students who are blind or have very limited useful sight may benefit from tactile methods of learning, such as Braille and 3-D representations, alongside making optimal use of their hearing. Less than 10% of those registered blind are totally blind, most have some residual vision.

4b. Partially Sighted (PS)

This term is used to refer to students who have useful vision for school tasks, but require adaptations to teaching methods and differentiated materials. They may require enlarged print or a mix of learning methods. According to the WHO definition it may be expected that their visual acuity may range from $<6/18$ to $>3/60$. A student who has vision corrected by spectacles should not be recorded in this category.

Hearing Impairment (H-I)

Students with hearing impairment cover the spectrum of ability. Students with a H-I will have difficulties that prevent or hinder them from making use of typical educational facilities. Difficulties in school can be age-related, and range from a mild hearing loss to those who are profoundly deaf, some may have a cochlear implant. Many students with a hearing impairment (HI) will require specialist support and/or equipment to access their learning. Adaptations to the environment may also be required. Students with hearing impairment cover the spectrum of ability.

4c. Severe/Profound Hearing Impairment (SPHI)

Students who should be included in this category will usually have a hearing loss of 71 to 95+ decibels.

4d. Mild/Moderate Hearing Impairment (MMHI)

Students who should be included in this category will usually have a hearing loss of 20 to 70 decibels.

4e. Multi-Sensory Impairment (MSI)

Students with multi-sensory impairment (MSI) have a combination of vision and hearing needs. They can also be referred to as having a dual sensory loss or deaf blind. Many have additional disabilities, but their complex needs mean that it may be difficult to ascertain their intellectual abilities. Students need teaching approaches, which make effective use of their residual hearing and vision, together with their other senses. They will require alternative means of communication. Those with MSI have much greater difficulties accessing the curriculum and the environment than those with a single sensory need. They will have difficulties with perception, communication, mobilizing and acquiring information. Incidental learning is limited and the combination of these needs can result in high anxiety, depression, isolation, loss of confidence and independence.

Overarching SEN Category Descriptions:

5. PHYSICAL NEEDS (PN)

There is a wide range of physical disabilities affecting students within the whole ability range. Some students are able to access the curriculum and learn effectively without additional educational provision. They may have a disability and require reasonable adjustments but do not have a special educational need. These students should be recorded on the Medical Register. For others, the impact on their education may be severe. Students with a medical diagnosis or a physical condition impacting on their physical needs will only be recorded on the SEN Register if special educational provision is required in school. In these cases, children should be recorded on the Medical Register and on the SEN Register.

Specific SEN Category Descriptions within PN:

5a. Physical (P)

Students with a medical diagnosis or a physical condition will have SEN if external resources are required to meet their needs in school. They should therefore be recorded on the Medical Register (medical diagnosis including physical conditions) and also on the SEN Register (if special educational provision is needed.).

Appendix C

DESCRIPTIONS - MEDICAL DIAGNOSIS (INCLUDING PHYSICAL CONDITIONS) CATEGORIES

1. Epilepsy

Students with epilepsy have a tendency to have epileptic seizures, with most of these happening suddenly and without warning. The student may pass out and later not remember what has happened. Seizures can affect students in different ways including:

- ✓ Uncontrollable jerking and shaking, sometimes called a “fit” or “attack.”
- ✓ Losing awareness and staring blankly into space, sometimes accompanied by repetitive movements such as lip smacking or blinking.
- ✓ Becoming stiff.
- ✓ Strange sensations – such as a rising feeling in the tummy, unusual smells or tastes, or a tingling feeling in their arms and legs.
- ✓ Falling down suddenly/collapsing.

2. Asthma

Students with asthma typically have episodes of wheezing, breathlessness, chest tightness and coughing. These episodes, sometimes called “attacks”, may occur particularly at night or in the early morning and can be triggered by a variety of factors including:

- ✓ Allergy e.g. dust, pollen, pets.
- ✓ Exertion/exercise.
- ✓ Cold air.
- ✓ Airway infections e.g. cold, flu.
- ✓ Air pollution, smoke.
- ✓ Emotional stress.

Students may take medication, often by inhaler, to minimise the occurrence of these symptoms.

3. Diabetes

In diabetes a student's blood sugar is too high and this may typically cause symptoms of feeling thirsty, drinking a lot of fluids, passing a lot of urine, feeling tired and losing weight. The student's high blood sugar and symptoms can be managed by treating the student with insulin, which lowers their blood sugar and crucially minimises the long term effects from diabetes. A student's blood sugar may also occasionally become too low, most commonly when he/she has taken too much insulin, skipped a meal or after unexpected exercise. The student may feel

unwell, sweaty, shaky, dizzy, have palpitations, and/or become irritable and confused with unusual behaviour, slurred speech (as if drunk) and can collapse.

4. Anaphylaxis

Anaphylaxis is a severe allergic reaction which can occur within minutes of exposure to the particular substance (allergen) to which the student is allergic. Common allergens include nuts, fish/shellfish, bee/wasp stings, latex, penicillin, sesame, dairy products and eggs. Symptoms of anaphylaxis which a student may demonstrate include:

- ✓ Generalized flushing of the skin.
- ✓ Nettle rash (hives) anywhere on the body.
- ✓ Swelling of throat and mouth.
- ✓ Difficulty in swallowing, speaking.
- ✓ Sense of impending doom/anxiety.
- ✓ Severe asthma attack.
- ✓ Abdominal pain, nausea and vomiting.
- ✓ Altered heart rate (usually fast).
- ✓ Sudden feeling of weakness.
- ✓ Collapse/unconsciousness.

5. Autism Spectrum disorder (ASD)

While the characteristics shown by individual students with ASD will vary, depending for example on their age and how severely they are affected, they generally fall into three main areas:

i. Communication

Students have difficulties with both verbal (speaking) and non-verbal (eye contact, facial expressions and gestures) communication. Some students may not be able to talk at all or have very limited speech, while others may have good speech, but still have difficulty using their speech socially or to sustain a conversation.

ii. Social Interaction

Students have difficulties understanding the social behavior of others and often have difficulty recognizing and understanding their own feelings and those of other people around them, thus making it difficult to make friends. They may prefer to spend time alone or appear insensitive to others.

iii. Behavior and Interest

Students may prefer familiar routines e.g. same route to school each day, and find change difficult and distressing. They may have unusual, intense and specific interests e.g. lists of dates, or they may use toys in an unimaginative form e.g. as objects to line up. Students may have sensory difficulties such as unusual responses to smells, touch/textures, taste, sights and sounds and may be more sensitive to such stimuli than their peers. Some students may show unusual repetitive movements e.g. hand or finger flapping or complicated whole body movements.

6. Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)

Students with Attention Deficit Hyperactivity Disorder (ADHD) have underlying difficulties with attention, hyperactivity and impulsivity. Not all students have all the symptoms, some have difficulties with attention while others are mainly hyperactive. Students with ADHD can present with different behaviours depending on age, setting (i.e. school, home and playground) and motivation (when engaged in an activity which interests them). Students with Attention Deficit Disorder (ADD) can appear forgetful, distracted, not seeming to listen, disorganised, take ages to start doing things and then when they do, rarely finish them. Students with hyperactivity appear restless, fidgety, full of energy and always on the go. They may seem loud or noisy with a continuous chatter. Students with symptoms of impulsivity act without thinking. They have difficulty waiting for their turn in games or in a queue, and interrupt people in conversation.

7. Dyspraxia/Development co-ordination disorder (DCD)

Students with DCD have marked impairment in the development of motor co-ordination that is not explainable by intellectual disability or a known physical disorder. The diagnosis of DCD should only be made if this impairment significantly interferes with routine activities of daily life or academic achievement. Students with DCD have an impairment or immaturity of the organisation of their movements, often appearing clumsy, and they find gross and fine motor skills hard to learn and difficult to retain and generalize. Students may have poor balance and co-ordination and may be hesitant in many actions (running, skipping, hopping, holding a pencil, doing jig-saws, etc). Their articulation may also be immature and their language late to develop. They may also have poor awareness of body position and immature social skills.

8. Developmental Language Disorder (Medical) (DLI)

DLI is characterized by persistent difficulties in the acquisition, understanding, production or use of language (spoken or signed), which arise during the developmental period, typically during early childhood, and cause significant

limitations in the individual's ability to communicate. The language deficits are not explained by an obvious cause such as another neurodevelopmental disorder or a sensory impairment or neurological condition, including the effects of brain injury or infection. DLD may be identified in a student when their development of talking falls behind that of other children of the same age and level of intellectual functioning and interferes with everyday life and school achievement. It may be noticeable that the student doesn't say very much, his/her talking seems immature, he/she may struggle to find the right words and they do not appear to understand what is said to them.

9. Global Developmental Delay

Global Developmental Delay is a term used when a delay occurs in a child reaching the development milestones that are expected for a child their age. These developmental delays include problems with speech and language, movement/motorskills, cognitive skills, social and emotional skills and in Global Developmental Delay a delay occurs in many or all of these areas. Common causes of Global Developmental Delay include a genetic or chromosomal defect e.g. Down's Syndrome or Fragile X syndrome, cerebral palsy, premature birth and problems with the structure or development of the brain. However, often the cause of Global Developmental Delay cannot be identified.

10. Down's Syndrome

Every student with Down's syndrome is affected differently, but most share certain physical characteristics and developmental problems. Common physical characteristics include poor muscle tone/floppiness, facial features (small nose and flat nasal bridge, small mouth with a tongue that may stick out, eyes that slant upwards and outwards), a flat back of head, broad hands with short fingers and their palm may only have one crease. Students with Down's syndrome have a degree of intellectual disability and delayed development where they may be slower to learn skills like sitting, walking and talking. Students with Down's syndrome may also have other co-occurring conditions such as ASD, ADHD, heart problems, difficulties with hearing and vision and are also at a higher risk of infections than other young people.

11. Complex Healthcare Needs

Include in this category students with a range of complex medical needs which impact significantly on their access to learning.

12. Anxiety Disorder (includes social anxiety, phobia, school refusal, obsessive compulsive disorder)

We all get frightened or worried on occasion; however, students with anxiety disorder feel frightened or worry excessively and this can get in the way of enjoying life. Students may describe physical symptoms of feeling sick, dizzy, short of breath, butterflies in the stomach or a

racing heart. Students may also describe feeling upset, worried, irritable, being unable to relax and have difficulty concentrating. Anxiety can be present most of the time or in specific situations. Students may have a fear (phobia) of particular things e.g. animals, darkness, or of certain situations e.g. standing up in class/assembly or mixing with new people. Students may also have panic attacks which are discrete periods when they feel both the physical symptoms above and also very frightening thoughts like thinking they are going to die or they are dying or their mind is out of control. Some students may feel separation anxiety when away from their parents or family who usually look after them. While this is normal for very young children it can make it difficult for some older children to attend school. An obsession is a thought, image or urge which keeps coming into the student's mind even though it may be unpleasant or distressing and he/she may want it to go away. Common examples of obsessions include fears about dirt, spreading disease, needing to be tidy, having an illness or something "bad" happening. Compulsions are the things the student feels they need to do to control their obsessions. Common examples including washing, checking, thinking certain thoughts, touching, counting or arranging/lining things up in a particular way. Often a compulsion means doing something again and again as a "ritual" and although the student may try to stop doing it, this may not be possible. When obsessions and compulsions take up a lot of the student's time, interfere with their life and cause distress, the student then has an obsessive compulsive disorder.

13. Depression

Students may feel sad as a normal reaction to stressful or upsetting experiences; however, when these feelings persist and take over their life it can become an illness called depression. Depression can affect how students feel and behave. A student may feel unhappy, be self-blaming or self-hating, feel tired, have low self-esteem and even feel hopeless and wanting to die. Students may change their behavior and become withdrawn, easily upset or tearful, neglect personal appearance, have poor concentration and complain of aches/pains such as headaches or stomach aches. Students may start missing school or misusing drugs or alcohol. Some students may injure or harm themselves on purpose rather than by accident. Common examples include over-dosing (self-poisoning), hitting, cutting or burning themselves, pulling their hair, picking their skin or by self-strangulating.