**Recommended Categories of Need**

Wolverhampton SEND Strategic Action Planning Group have endorsed the consistent adoption and utilisation of one set of recommended categories of need across the Council. These are provided in the table below.  
  
Please note, that identified categories are principally based on those identified in the SEND Code of Practice ([DfE](https://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/advice.page?id=Jm2m-jtVOBM) and DoH 2015), with a local distinction between pupils with moderate learning difficulties and severe learning difficulties.

Adopting a consistent set of categories of need enables the effective alignment between school and council information and promotes a better understanding of the needs of Wolverhampton children and young people with SEND.

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| **Category of Need** | **Type of Need** | **Descriptor/Possible evidence** |
| Communication and Interaction | Speech, Language and Communication Needs (SLCN) | Descriptor:  The term speech, language and communication needs (SLCN) describes difficulties across one or many aspects of communication including:   * problems with producing speech sounds accurately (phonological or articulation difficulties) * stammering * voice problems, such as hoarseness and loss of voice * problems understanding language (making sense of what people say) * problems using language (words and sentences) * problems interacting with others. For example, difficulties understanding the non-verbal rules of good communication or using language in different ways to question, clarify or describe things     SLCN can lead to difficulties with literacy and academic achievement along with social and emotional development.  Possible evidence that supports identification of need:   1. A language and communication screening tool has been used which highlights the CYP has difficulties in certain areas (e.g. expressive and/or receptive language, social communication etc.) 2. A language assessment that indicates the CYP has a delay of 12 months or more 3. The impact of any other underlying impairment as a primary need has been explored 4. Several APDR cycles show that the CYP requires ongoing, targeted language intervention e.g. Wellcomm, Time to Talk, Word Aware etc. 5. Advice should have been sought from a speech and language therapist 6. Advice may have been sought from a specialist teacher 7. Ongoing involvement of parents/carers and the CYP in the APDR cycle |
| Autistic Spectrum Disorder (ASD) | Descriptor:  CYP with a confirmed diagnosis of Autism and will require provision to meet their needs in the areas of   * social interaction * social communication * flexibility of thoughts and behaviour * sensory modulation   These needs are present across all ability ranges.  Possible evidence that supports identification of need:   1. Any CYP identified on the register in the ASD category MUST have a diagnosis from a medical professional 2. Several APDR cycles show that the CYP requires ongoing, targeted intervention in associated areas 3. Advice and recommendations sought from Outreach and other specialists such as OT, SALT, Specialist Teachers and EP 4. Ongoing involvement of parents/carers and the CYP in the APDR cycle |
| Cognition and Learning | Specific Learning Difficulties (SpLD) | Descriptor:  CYP with SpLD have a particular difficulty in learning to read, write, spell or manipulate numbers so that their performance in these areas is below their performance in other areas. These difficulties persist despite targeted evidence-based interventions CYP may have been identified as having dyslexia, dyspraxia (Developmental Coordination Disorder), dysgraphia or dyscalculia.  Formal diagnosis is not required and some CYP with SpLD may be able access a full curriculum with reasonable adjustments and would not be placed on the SEN register.  Possible evidence that supports identification of need:   1. Cognitive assessment by a Specialist Teacher or EP shows weaknesses/atypical learning strategies or abilities which are affecting CYP’s ability to learn and/or retain skills & information in a particular area 2. Assessment as part of the APDR cycle indicates over time that the CYP is making limited progress despite high quality teaching and appropriate individual provision targeting their specific area of difficulty 3. Further assessment has ruled out an underlying attention and/or memory difficulty caused by a speech, language and communication need (SLCN) or a social, emotional and mental health need (SEMH) 4. Several APDR cycles show that the CYP requires ongoing, evidence-based targeted intervention to support acquisition of skills in areas of difficulty (e.g. if dyslexia, targeted intervention will likely focus on Literacy) 5. Attainment data is likely to show attainment is significantly below expected levels in specific areas 6. Ongoing involvement of parents/carers and the CYP in the APDR cycle     NB: It is unlikely that a child will be identified as having SpLD before entering KS1. |
| Moderate Learning Difficulties (MLD) | Descriptor:  A CYP with Moderate Learning Difficulties (MLD) will have ongoing difficulties in the acquisition of knowledge and skills across all areas of the curriculum including a speech and language delay, despite additional support and evidence-based interventions.  Academic attainment will be significantly below that of their peers and the gap will remain.  CYP with MLD may also present with associated difficulties in the following areas:   * Limited understanding in social situations * Low self-esteem * Motivational engagement   Possible evidence that supports identification of need:   1. Cognitive assessment by a Specialist Teacher or EP shows CYP cognitive profile would include very low percentiles – generally no higher than the second percentile – across all areas and therefore would not be ‘spikey’ 2. The CYP will likely present with processing and retention difficulties over time and further assessment has ruled out an underlying attention and/or memory difficulty caused by a speech, language and communication need (SLCN) or a social, emotional and mental health need (SEMH) 3. Assessment as part of the APDR cycle indicates over time that the CYP is making limited progress despite high quality teaching and appropriate individual provision 4. Several APDR cycles show that the CYP requires ongoing, evidence-based targeted intervention to support acquisition of basic literacy and numeracy skills and in understanding concepts 5. Ongoing involvement of parents/carers and the CYP in the APDR cycle |
| Severe Learning Difficulties (SLD) | Descriptor:  CYP with SLD have significant intellectual or cognitive impairments. They will often have difficulties in mobility and coordination, communication and perception and the acquisition of self-help skills. CYP with SLD will need highly differentiated support in all areas of the curriculum.  Possible evidence that supports identification of need:   1. A CYP with SLD will need specialised educational provisions 2. CYP will likely have had their needs identified BEFORE reaching statutory school age and will have evidence to support this 3. Professionals are likely to have been involved from an early age and the CYP is already in receipt of specialist support which will continue for their school career 4. The CYP is likely to have a learning disability which would mean additional support from health colleagues to improve long term health outcomes 5. The CYP would have a significant gap between their chronological age and their developmental age, this significant gap will remain or widen despite specialised provision 6. Several APDR cycles show that highly personalised and specialist support is required to meet the needs of the CYP 7. Ongoing involvement of parents/carers and the CYP in the APDR cycle |
| Profound and Multiple Learning Difficulties (PMLD) | Descriptor:  CYP with profound and multiple learning difficulties have complex learning needs. In addition to severe learning difficulties, CYP have other significant difficulties such as physical disabilities, sensory impairment or a severe medical condition. CYP will require a high level of adult support, both for their learning needs and for their personal care. They are likely to need sensory stimulation and a curriculum broken down into very small steps.  Possible evidence that supports identification of need:  A CYP with PMLD will need highly specialised educational and health provision   1. CYP will likely have had their needs identified BEFORE reaching statutory school age and will have evidence to support this 2. Medical and other professionals are likely to have been involved from an early age and the CYP is already in receipt of specialist support which will continue for their school career 3. CYP is likely to have a medical diagnosis or ongoing investigation 4. Several APDR cycles show that highly personalised and specialist support is required to meet the needs of the CYP 5. Ongoing involvement of parents/carers and the CYP in the APDR cycle |
| Social Emotional Mental Health Difficulties | Social, emotional, mental health difficulties (SEMH) | Descriptor:  CYP may experience a wide range of social and emotional difficulties which manifest themselves in many ways, affecting the child’s internal view of themselves and impacting on self-awareness, self-regulation, motivation, social skills and the ability to empathise with another. The child may have experienced trauma or had unmet needs, or their behaviours may reflect underlying mental health difficulties such as anxiety, depression, addictions, eating disorders or physical symptoms that are medically unexplained.  Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEN. Where there are concerns, there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues.  Possible evidence that supports identification of need:   1. Unmet needs in other areas have been taken into consideration and Early Help may be in place 2. Several APDR cycles (following the **Getting it Right / EBSNA** Pathways) show that the CYP requires an ongoing nurturing approach, alongside targeted intervention (e.g. social skills, anger management etc.) and/or regular therapeutic support (e.g. counsellor, play therapist, EP etc) 3. Advice may have been sought from an EP and/or Outreach, CAMHS, School Nurse to develop provision for the CYP 4. A Multi-Element Support Plan may be in place for the CYP 5. Information from a medical professional may indicate the CYP has a mental health condition such as anxiety, depression, attachment disorder, OCD etc. 6. Ongoing involvement of parents/carers and the CYP in the APDR cycle |
| Sensory and/or Physical Needs | Visual Impairment (VI) | Descriptor:  Visual impairment refers to a diagnosis that can range from partial sight through to blindness. CYP with visual impairments cover the whole ability range. For educational purposes, a CYP has VI if they require adaptations to their environment or specific differentiation of learning materials and habilitation support in order to access the curriculum. In most cases, there will be evidence of the involvement of professionals.  Possible evidence that supports identification of need:   1. Diagnosis from a qualified clinician of a visual impairment 2. Many CYP with a VI are likely to have their needs identified early and receive ongoing involvement from the Sensory Inclusion Service (SIS) 3. Reports, recommendations and support for the setting from SIS and other specialists regarding staff training and auxiliary aids 4. Several APDR cycles show that the CYP requires ongoing, personalised and targeted support to access the curriculum 5. Ongoing involvement of parents/carers and the CYP in the APDR cycle |
| Hearing Impairment (HI) | Descriptor:  CYP with a diagnosis of hearing impairment range from those with a mild hearing loss to those who are profoundly deaf. This will also include those with diagnosed Auditory Processing Difficulties. They cover the whole ability range. For educational purposes, CYP are regarded as having a hearing impairment if they require hearing aids, adaptations to their environment and/or teaching strategies in order to access the concepts and language of the curriculum. In most cases, there will be evidence of the involvement of professionals.  Possible evidence that supports identification of need:   1. Diagnosis from a qualified clinician of a hearing loss 2. Many CYP who are deaf/hard of hearing are likely to have their needs identified early and receive ongoing involvement from the Sensory Inclusion Service (SIS) 3. Reports, recommendations and support for the setting from SIS and other specialists regarding staff training and auxiliary aids 4. Several APDR cycles show that the CYP requires ongoing, personalised and targeted support to access the curriculum 5. Ongoing involvement of parents/carers and the CYP in the APDR cycle |
| Multi-Sensory Impairment (MSI) | Descriptor:  CYP with multi-sensory impairment must have diagnoses of both visual impairment and hearing loss . Due to the complexity of needs CYP will require adaptations to their environment or specific differentiation of learning materials in order to access the curriculum. CYP should only be recorded as MSI if their sensory impairments are their primary need.  Possible evidence that supports identification of need:  NB: It is **highly unusual** (but not impossible) for a pupil in a mainstream school to have multi-sensory impairment.   1. The CYP’s needs are likely to have been identified by medical professionals at a very early age (unless the MSI is a result of accident, trauma or a progressive syndrome) 2. The CYP’s needs should be being supported by the Sensory Inclusion Service 3. Ongoing support and advice from a range of professionals 4. Several APDR cycles show that highly personalised and specialist support is required to meet the needs of the CYP 5. Ongoing involvement of parents/carers and the CYP in the APDR cycle |
| Physical Disability (PD) | Descriptor:  There are a wide range of physical disabilities, covering the whole ability range. Some CYP can access the curriculum and learn effectively with reasonable adjustments. They have a diagnosed physical disability, but it does not require special educational provision beyond that which is ordinarily available. Some CYP with a physical disability will require additional ongoing support and equipment to access all the opportunities available to their peers. In most cases, there will be evidence of the involvement of professionals.  Possible evidence that supports identification of need:   1. The CYP likely has prior involvement from a specialist doctor, physiotherapist, occupational therapist and/or other specialist (e.g. SNEYS) 2. The CYP is or has been in receipt of a form of individual therapy to support their needs 3. CYP may have a Health Care Plan if there are associated medical needs 4. Advice and recommendations may have been sought from Outreach 5. Several APDR cycles show that targeted support for their PD is required.is required to ensure that CYP accesses all aspects of school life 6. Possible need for specialist equipment and/or adaption to seating and furniture 7. Ongoing involvement of parents/carers and the CYP in the APDR cycle |