

# **HERTFORDSHIRE'S DESCRIPTORS OF NEED**

## **PRIMARY**

**COGNITION AND LEARNING**

**SPEECH AND LANGUAGE**

**COMMUNICATION AND AUTISM**

**SOCIAL, EMOTIONAL AND MENTAL HEALTH**

<b>Cognition and Learning defined</b>	<p><b>Cognition and Learning defined</b></p> <p>Cognitive processes are mental processes that involve thinking and reasoning, attention, memory, language, problem solving, decision making and a child or young person 's understanding of the social world (social cognition).</p> <p>Learning refers to the child or young person 's acquisition and application of previous and new knowledge and skills.</p> <p><b>Terminology</b></p> <p><b>Attention deficit hyperactivity disorder (ADHD):</b> categorised into 2 types of behavioural problems: inattentiveness, and hyperactivity and impulsiveness (see FID, Artemis, 2012).</p> <p><b>Complex</b> – the child or young person has <b>more than two</b> co-occurring, life-long difficulties which affect cognition, social and emotional and development and learning independent life-skills.</p> <p><b>Extensive:</b> across several domains of cognition and learning.</p> <p><b>Frequency:</b> (see FID) (Artemis, 2012).</p> <p><b>Global Developmental Delay (GDD):</b> an umbrella term used when children are significantly delayed in their cognitive (see TARS-CLP Artemis, 2022) and physical development. It can be diagnosed (by a medical practitioner) when a child is delayed in one or more milestones, categorised into motor skills, speech, cognitive skills, and social and emotional development. There is usually a specific condition which causes this delay, such as Fragile X syndrome or other chromosomal abnormalities (including Downs Syndrome).</p> <p><b>Learning Disability (LD):</b> reduced ability to understand new or complex information in learning new skills, with a reduced ability to cope independently (impaired social functioning) and with a lasting effect on development (see TARS-CLP Artemis, 2022).</p> <p><b>Moderate Learning Difficulties (MLD):</b> learning across all domains is at a slower pace than peers, even with appropriate differentiation. Attainments are well below expected levels in all or most areas of the curriculum, despite appropriate interventions (see TARS-CLP Artemis, 2022).</p> <p><b>Object Cues:</b> objects used within an activity are used to cue the child into an event or activity.</p> <p><b>Objects of Reference</b> are used to represent activities, people or places. They may be complete objects or parts of objects.</p> <p><b>Persistent difficulties:</b> all the time and daily (see FID) (Artemis 2012).</p> <p><b>Profound and Multiple Learning Difficulties (PMLD):</b> pupils have severe and complex learning needs, in addition they have other significant difficulties (see TARS-CLP Artemis, 2022), such as physical disabilities or a sensory impairment. Pupils require a high level of adult support, both for their learning needs and also for personal care. They are likely to need sensory stimulation and a curriculum broken down into very small steps. Some pupils communicate by gesture, eye pointing or symbols and others by very simple language. (DfE, 2010).</p> <p><b>Severe learning difficulties (SLD):</b> pupils have significant intellectual or cognitive impairments (see TARS-CLP Artemis, 2022). This has a major effect on their ability to participate in the school curriculum without support. They may also have associated difficulties in mobility and coordination, communication and perception and the acquisition of self-help skills. Pupils with SLD will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. Some pupils may use sign and symbols, but most will be able to hold simple conversations and gain some literacy skills. (DfE,2010).</p> <p><b>Specific learning difficulties (SpLD):</b> this is an umbrella term for a certain group of learning difficulties. This includes a range of conditions such as: dyslexia, dyscalculia and dyspraxia.</p> <p><b>Substantial/significant difficulties:</b> ongoing difficulties with understanding, learning and remembering new skills (see TARS-CLP Artemis, 2022).</p> <p><b>Symbol system:</b> ways for representing concepts including signs, use of photographs/pictures, objects of reference, printed or spoken words.</p>
---------------------------------------	--

<p><b>Speech and Language needs defined</b></p>	<p><b>Terminology</b></p> <p><b>Alternative and Augmentative Communication (AAC) /communication strategies</b> are communication systems for people who are not able to speak. Signing, gestures, and books with symbols or pictures are AAC. Some AAC uses computers that can turn a form of input the child can manage into speech or writing.</p> <p><b>Language Disorders</b></p> <p>Language Disorders are usually associated with biomedical conditions such as: autism, epilepsy, Sensori-neural hearing loss, structural or acquired brain injury, certain neurodegenerative conditions, genetic conditions such as Down’s syndrome, and cerebral palsy. Within the group of <b>Language Disorders</b> there is also <b>Developmental Language Disorder</b></p> <p><b>Developmental Language Disorder (DLD):</b> This is diagnosed when children fail to acquire their own language for no obvious reason. This results in children who have difficulty understanding what people say to them, and struggle to articulate their ideas and feelings. A language disorder can exist regardless of first language. Bilingual children can also present with DLD or language disorders. A speech and language therapist can differentiate between language disorders and second language acquisition difficulties</p> <p>Being “<b>language ready for school</b>”: Children may struggle initially and not have the language they need for learning and interaction. This is not a speech and language need yet, but it can be a risk factor.</p> <p><b>Expressive language:</b> Language that is produced, spoken output, the sentences that are assembled grammar, sequence, narrative ability.</p> <p><b>Persistent difficulties:</b> Difficulties that are evident all the time and the response to intervention and support is limited or extremely slow (see FID) (Artemis 2012).</p> <p><b>Receptive language:</b> Accessing meaning, understanding language, and “decoding” language (comprehension)</p> <p><b>Social communication difficulties:</b> Limited social development and interaction. Difficulties with social understanding and reciprocal interaction.</p> <p><b>Speech sound difficulties</b> – is the generic term for difficulties with speech production. A Speech and Language Therapist may also diagnose a</p> <p><b>Speech sound disorder (SSD):</b> These include disorders such as, verbal dyspraxia, articulation disorder, orofacial structural deficits, voice disorders and phonological disorders.</p> <p>NB: Speech Language and Communication Needs tend not to be formally diagnosed in children in the Early Years (0-4) age range. Our understanding of the child’s language abilities is more informed by development records.</p>
<p><b>Communication (social) and Autism needs defined</b></p>	<p>Autism is a broad term and can be accompanied by additional difficulties which will contribute to its impact on a pupil’s ability to access learning, to connect with others or show social reciprocity. They may struggle to make sense of or manage their environment, respond impulsively and have no inhibitors. They will struggle to acknowledge or accept direction from others. This could be due to severe learning difficulties, communication difficulties, sensory processing difficulties, mental health issues or acute anxiety, for example.</p>

Children and young people with Autism may have severe difficulties with:

- Social interaction and communication
- Thinking and learning
- Making choices
- Executive functioning/planning and organising
- Sensory processing
- Auditory processing
- Central coherence (the ability to determine meaning from a collection of details)
- Self-regulation and appropriate behavioural responses

### Terminology

**Alternative and Augmentative Communication (AAC)/communication Aids:** refers to systems and devices that aid communication for people who find it difficult to speak. AAC methods that don't use advanced computer technology include signing, gestures, written words, symbols and picture books.

**Complex** – the child or young person has **more than two** co-occurring, life-long difficulties which affect cognition, social and emotional and development and learning independent life-skills.

**Extensive:** across several domains of cognition and learning.

**Frequency:** (see FID) (Artemis, 2012).

**Persistent difficulties:** all the time and daily (see FID) (Artemis, 2012).

**Severe Learning Difficulties (SLD):** pupils have significant intellectual or cognitive impairments (see TARS-CLP Artemis, 2022). . This has a major effect on their ability to participate in the school curriculum without support. They may also have associated difficulties in mobility and coordination, communication and perception and the acquisition of self-help skills. Pupils with SLD will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. Some pupils may use sign and symbols, but most will be able to hold simple conversations and gain some literacy skills. (DfE,2010).

**Substantial difficulties:** ongoing difficulties with understanding, learning and remembering new skills (see TARS-CLP Artemis, 2022).

**Symbol system:** ways for representing concepts including signs, use of photographs/pictures, objects of reference, printed or spoken words.

**Voice Output Communication Aid (VOCA):** Speech-generating devices are electronic augmentative and alternative communication systems used to supplement or replace speech or writing.

- Single Message VOCAs: A very basic switch device that speaks a recorded message when pressed.
- Message sequencer VOCAs: A series of messages in a sequence.
- Overlay VOCAs: includes pictures, symbols or words, that are over the keys to show which one will say which message.
- Dynamic screen devices display symbols or graphics on a screen.

<b>Social, Emotional and Mental Health (SEMH) defined</b>	<p><b>SEMH defined</b> Children and 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 disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder (Code of Practice, 2015).</p> <p><b>Terminology</b>  <b>Dangerous behaviours:</b> refers to behaviours that cause evidenced injury to self or others, damage to property, or committing a criminal offence.  <b>Externalising behaviours:</b> challenging behaviours, restlessness, over activity, non-compliance, mood swings, impulsivity, physical aggression, verbal aggression, perceived injustices, disproportionate reaction to situations, difficulties with change/transitions, eating issues, absconding, lack of empathy, lack of personal boundaries, self-harming, poor awareness of personal space.  <b>Frequency:</b> (see FID) (Artemis, 2012).  <b>Internalising behaviours:</b> Anxiety, low mood, being withdrawn, avoiding risks, unable to make choices, low self-worth, isolated, refusing to accept praise, failure to engage, poor personal presentation, lethargy/apathy, daydreaming, unable to make and maintain friendships, speech anxiety, reluctance to speak, task avoidance.  <b>Often:</b> behaviour is common and occurs daily.  <b>Regularly:</b> behaviour is observed with constant frequency or pattern (evidenced using a behaviour log or chart).  <b>Substantial/significant difficulties:</b> ongoing difficulties with understanding, learning and remembering new skills (see TARS-CLP Artemis, 2022).</p>
---	--

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Universal Support</b>	<p>Needs are well met through Inclusive High-Quality Teaching.</p> <p>The child is generally working within or marginally below age-related expectations.</p> <p>Some difficulties with learning may include some misconceptions and/or taking longer to understand new concepts.</p>	<p>Needs are well met without any additional support.</p> <p>The child has SLCN which can be managed well in a mainstream class with appropriate differentiation of tasks and modified teaching style, in line with Inclusive High-Quality Teaching.</p>	<p>Needs are well met without any additional support.</p> <p>The child can effectively/appropriately communicate for social purposes. For example, indicate they want a turn in a game.</p> <p>The child can use functional language to communicate their needs.</p>	<p>Needs are well met through Inclusive High-Quality Teaching.</p> <p><u>Internalising behaviours</u> The child may have some difficulties separating from parent/carers (separation anxiety, withdrawing and struggling to get into school) in line with typical development. The child may experience difficulties getting into school,</p>

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Universal Support</b>	Difficulties may be specific to one aspect of learning.	<p>The child may have speech difficulties which can be met by the speech therapy Universal Offer.</p> <p>The child would not have direct involvement from a speech and language therapist.</p> <p>Teaching staff would monitor language and literacy skills and be alert to:</p> <ul style="list-style-type: none"> <li>• speech sound development and phonological awareness</li> <li>• expressive language skills and,</li> <li>• understanding of language</li> </ul> <p>Impact on access to the curriculum and barriers to peer interaction will be identified early by teachers.</p> <p>The child may demonstrate some social communication difficulties, for example, conversational skills and joining teams or groups.</p> <p>Some children who have difficulties with producing some speech sounds may still fall within Universal as it is not impacting on</p>		<p>settling when in school or following routines, initially in the first few months.</p> <p>The child may have difficulty sustaining attention in line with typical development, for example, may flit between activities.</p> <p>The child may struggle to recognise some feelings of others for example, someone being kind.</p> <p><u>Externalising behaviours</u></p> <p>The child may have some difficulties separating from parent/carers (separation anxiety, withdrawing and struggling to get into school), in line with typical development.</p> <p>The child may have some difficulty with emotional regulation in response to certain situations for example, focusing on the negative, difficulty calming down when upset.</p> <p>The child may not be able to engage in some learning tasks. The child may demonstrate a difficulty in coping when</p>

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
Universal Support		their intelligibility, learning and social interaction.		<p>interacting with other children in line with development. For example, struggles to share, takes things from others, takes control.</p> <p>The child may demonstrate a difficulty in coping when interacting with other children in line with development. For example, struggles to maintain friendships.</p> <p>The child needs support to develop understanding of appropriate boundaries (in line with development).</p> <p>The child may occasionally withdraw and remain on the fringes of activities for example, when feeling uncertain or anxious about an unfamiliar activity (emotional dysregulation).</p>
Universal Plus Support	<p>Attaining at less than <b>80%</b> of their chronological age (Artemis, 2022). See Handbook.</p> <p>The child is working below the expected rate of attainment in some curriculum areas despite Inclusive High-Quality Teaching.</p>	The child has some identified SLCN, and the school will discuss the needs of the young person with the link Speech and Language Therapist or other professional (for example, EP, SLCA Advisory teacher, Early Years Advisory Teacher, Special Needs Health Visitor) and parents/carers.	<p>The child is usually able to use functional language to communicate their needs.</p> <p>The child may show limited understanding of social behaviour, cues, and expectations, such as turn-taking and lining-up, that means they may sometimes find</p>	<p><u>Internalising behaviours</u></p> <p>The child may have difficulties getting into school, settling into school/setting despite adult support (in line with development/expectations).</p> <p>The child may need encouragement to attend school.</p>



Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Universal Plus Support</b>	<p>Progress is slow in specific areas of learning and development, for example, spelling compared to other pupils in their year group, but they can still demonstrate their understanding with appropriately scaffolded teaching.</p> <p>The child may be slower to use, retain and apply everyday concepts than age equivalent peers, necessitating regular overlearning and consolidation.</p> <p>The child may experience some difficulties with the pace of curriculum delivery and require pre-teaching and consolidation of learning.</p> <p>The child requires use of multi-sensory activities in key skills to reinforce learning and provide meaningful experiences.</p>	<p>identified SLCN (by teachers and professionals) could include:</p> <ul style="list-style-type: none"> <li>• speech sound difficulties</li> <li>• difficulties understanding spoken or written language and following instructions</li> <li>• poor vocabulary development.</li> <li>• listening and attention difficulties.</li> <li>• Immature grammar</li> </ul> <p>These difficulties may present in the context of weak attention skills, a weak working memory and difficulties with planning and organising in relation to problem solving.</p> <p>The child may have identified speech difficulties (i.e. specific to speech production).</p> <p>The child may have difficulties with reading comprehension, understanding mathematical language and concepts, getting ideas for writing and using appropriate sentence structures.</p> <p>The child with SLCN may be working just below age-related expectations and may be</p>	<p>social situations confusing/unsettling.</p> <p>The child seeks and responds to interactions but may require some guidance about appropriate initiation and responses.</p> <p>The child may need additional support to form and/or maintain relationships.</p> <p>The child may appear to have literal use and interpretation of language but is usually able to communicate for social purposes effectively/appropriately with limited support.</p> <p>The child is usually able to recognise, reflect on and communicate their emotions with some support.</p> <p>The child has a range of strategies to regulate their emotions and responses to the environment and change, which they can access with some support.</p> <p>The child's emotional regulation needs rarely impact on their</p>	<p>The child may show emotional distress, which subsides with adult support.</p> <p>The child may be worried about getting their work wrong or making mistakes.</p> <p>The child may struggle to make friends.</p> <p>The child may demonstrate difficulties with interpersonal communication and/or relationships. They may struggle to communicate their feelings.</p> <p>The child may show low self-esteem. The child may show a lack of confidence.</p> <p>The child may struggle to acknowledge or accept responsibility for wrongdoing according to setting.</p> <p><u>Externalising behaviours</u></p> <p>The child may have increasing difficulties in sharing, turn-taking or (for upper primary) waiting. The child needs help to engage in play.</p>



Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Universal Plus Support</b>		<p>developing coping strategies such as copying work/following peers for prompts.</p> <p>There may be concerns regarding the development of social skills and peer relationships.</p> <p>The child may be receiving speech and language therapy i.e., for stammering, speech or communication.</p>	<p>attendance, engagement in learning and/or wellbeing.</p> <p>The child needs additional support to manage change and transitions.</p> <p>The child sometimes shows an awareness of other people's emotions and how their own actions impact on themselves and others.</p> <p>The child may become unsettled and/or easily distracted by sensory stimuli in the environment (such as smells, noise, touch, and light) and can access regulation strategies with some support.</p> <p>The child needs some personalised prompts and supports to assist self-help and care, dressing/undressing, and hand washing.</p> <p>The child is usually able to recognise and manage personal, social, environmental, and physical risks with some support.</p>	<p>The child struggles to maintain attention during adult-led activities.</p>

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Targeted Support</b>	<p>Attaining at less <b>than 75%</b> of their chronological age (Artemis, 2022). See Handbook.</p> <p>Overall attainment is behind national expectations despite targeted differentiation and quality first, inclusive teaching.</p> <p>The child experiences low level difficulties with:</p> <ul style="list-style-type: none"> <li>aspects of learning, for example, reading, writing, spelling or number</li> <li>understanding and/or remembering instructions</li> <li>learning new concepts</li> </ul> <p>The child will be working below age related expectations for attainment and progress.</p> <p>The child has difficulty taking in information due to attention and concentration difficulties.</p> <p>School-based assessments indicate substantial and persistent difficulties in literacy and/or numeracy attainment despite access to evidence-based</p>	<p>The child has communication difficulties that require additional or alternative communication strategies to allow them to access the (differentiated) curriculum.</p> <p>Some targeted children have weaker communication skills but are responding quickly given a rich and well-targeted language curriculum. (This may include Wellcomm/ WordAware, Nelli). The child may have insufficient language to tell an adult about a problem they encounter but can communicate their needs.</p> <p>With the appropriate support in place, the child can access a differentiated mainstream curriculum and is making progress.</p> <p>Continuing difficulties could include:</p> <ul style="list-style-type: none"> <li>poor intelligibility,</li> <li>weak phonological awareness</li> <li>vocabulary difficulties,</li> <li>poor understanding</li> </ul>	<p>The child's literal use and interpretation of language means they need frequent support to effectively communicate for social purposes.</p> <p>The child is developing their conversational skills with support.</p> <p>The child often requires support to functionally communicate their needs when they are dysregulated.</p> <p>The child has difficulties forming, managing, and sustaining healthy and reciprocal relationships with others when sought.</p> <p>The child struggles to respond and interact. The child requires guidance about appropriate initiation and responses.</p> <p>The child's lack of understanding of social behaviour, cues and expectations mean that they may frequently find some social situations confusing/unsettling.</p> <p>The child has difficulties recognising, reflecting on, and/or</p>	<p><u>Internalising behaviours</u> The child regularly seems unhappy and under threat.</p> <p>The child demonstrates ongoing separation difficulties.</p> <p>The child regularly becomes overwhelmed in the school environment, and sometimes will need adult support to reassure them.</p> <p><u>Social situations</u> (the children are engaged in unstructured play). The child when overwhelmed may withdraw, or self-isolate.</p> <p><u>Learning interactions</u> (scaffolding by adults in the classroom, learning related, learning successfully along another child).</p> <p>The child may be feeling anxious which may be internalised or displayed through behaviours.</p> <p>The child regularly struggles to maintain attention during formal learning.</p> <p>The child's low mood such as sad/tearful, anxious, tired, frustrated prevents them from</p>

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Targeted Support</b>	<p>intervention through the assess-plan-do-review cycle.</p> <p>Assessments may include:</p> <ul style="list-style-type: none"> <li>• <u>Specific learning difficulties team (hertfordshire.gov.uk)</u></li> <li>• Running reading records</li> <li>• Herts for Learning</li> <li>• Rising stars</li> <li>• NFER tests</li> <li>• York Assessment of Reading Comprehension</li> <li>• Phonological Assessment Battery (PhAB)</li> </ul> <p>Indicators of co-occurring difficulties with phonological processing, verbal short-term memory and processing speed are apparent in school-based assessments/checklists and ongoing reasonable adjustments are embedded within daily practice.</p> <p>The child is unable to sustain focussed and active engagement with a stimulus or task for learning to occur.</p>	<p>The child may have word finding difficulties or difficulties constructing a sentence.</p> <p>Text-based comprehension and inferential skills may still be developing.</p> <p>The child may have difficulties using language to problem solve and may find it hard to ask for help and support.</p> <p>In expressive language, the child may have verbal word finding difficulties and difficulties constructing a sentence. These difficulties may present in the context of weak attention skills, a weak working memory and difficulties with planning and organising in relation to problem solving.</p> <p>There may be on-going or emerging concerns with social interaction and peer relationships.</p> <p>The child may stammer. Stammering causes long-term difficulties in the classroom.</p>	<p>appropriately communicating their emotions.</p> <p>The child struggles to access strategies to manage their emotions and responses to the environment and change.</p> <p>The child's emotional regulation needs frequently impact on their attendance, engagement in learning and/or wellbeing.</p> <p>The child's difficulties with emotional regulation may present as manipulative behaviour, attempts to control the environment and/or withdrawal.</p> <p>The child struggles to show an awareness of other people's emotions and how their own actions impact on themselves and others.</p> <p>The child requires prompting to access whole class learning.</p> <p>The child's social communication needs, routines, and rituals and/or inflexible thought patterns frequently impact on their ability to engage in some learning</p>	<p>engaging. The low mood is out of character.</p> <p>The child may struggle to accept direct praise and encouragement.</p> <p><u>Externalising behaviours</u> The child regularly demonstrates school avoiding behaviours, they may be becoming a persistent absentee. For example, undiagnosed illnesses. The child does not want to be in the classroom on a regular basis for-known or unknown reasons.</p> <p>The child regularly requires adult support and finds waiting for help difficult in some situations.</p> <p>The child regularly struggles to follow school rules.</p> <p>The child regularly struggles to find solutions to problems.</p> <p>The child occasionally may use language that is harmful to other people. They may or may not know that is the case.</p>

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
Targeted Support	<p>For children working within the National Curriculum there will be evidence of the following:</p> <p><b>Word reading and spelling</b></p> <p>Key Stage 1</p> <ul style="list-style-type: none"> <li>Working at EYFS standards</li> <li>Reading is within pink/red book bands or age equivalent</li> <li>Writes a few simple words and phrases but is unable to write and read back short sentences</li> </ul> <p>Key Stage 2 (Years 3 and 4)</p> <ul style="list-style-type: none"> <li>50% + gaps in at least one of the phonics phases 2 to 4 (reading and/or spelling)</li> <li>Difficulties with common words for example, can read and/or spell 30 words or less within first 100 words</li> <li>Reading Yellow to Gold book bands or below</li> <li>Difficulty composing and writing simple sentences</li> </ul> <p>Key Stage 2 (Years 5 and 6)</p> <ul style="list-style-type: none"> <li>50% gaps in phonics <b>in at least one</b> of the phonics phases 2-5 (reading and/or spelling)</li> <li>Can read and/or spell 50 words or less within first 100 words</li> </ul>		<p>activities and the wider school environment.</p> <p>The child finds it difficult to cope with change (such as new people, places, events, or unplanned changes of routine) and transitions, particularly if it affects any repetitive behaviours or rituals they may have.</p> <p>The child quickly becomes unsettled and/or easily distracted by sensory stimuli in the environment (such as smells, noise, touch, and light) and requires frequent support to regulate and/or a safe space.</p> <p>The child requires some support to manage personal care including dressing/undressing and handwashing.</p> <p>The child has difficulties understanding and recognising personal, social, environmental and physical risks and their own vulnerabilities.</p>	

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
Targeted Support	<ul style="list-style-type: none"> <li>• Reading Purple to Brown book bands or below</li> <li>• Difficulties composing and writing several sentences at a time</li> </ul> <p><b>Number</b></p> <p>Key Stage 1</p> <ul style="list-style-type: none"> <li>• Working towards Early learning goals in Number</li> </ul> <p>Key Stage 2 (Years 3 and 4)</p> <ul style="list-style-type: none"> <li>• Working up to KS1 Standards in Maths</li> <li>• Indicators of processing speed or memory difficulties using school-based checklists</li> </ul> <p>Key Stage 2 (Years 5 and 6)</p> <ul style="list-style-type: none"> <li>• Working towards or at lower KS2 expected standards in Maths</li> <li>• Indicators of processing speed or memory difficulties using school-based checklists</li> </ul> <p>The child may have problems with:</p> <ul style="list-style-type: none"> <li>• processing, organising and co-ordinating spoken or written language</li> <li>• sequencing and organising the steps to complete tasks</li> <li>• problem solving and developing concepts</li> </ul>			

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
Targeted Support	<ul style="list-style-type: none"> <li>visual and/or auditory perception</li> <li>motor skills and/or handwriting</li> </ul> <p>The child has problems with understanding ideas, concepts, and experiences when information cannot be gained through first-hand sensory or physical experiences.</p> <p>The child may be aware of their difficulties and lack confidence and have low self-esteem.</p>			
Targeted Plus Support	<p>Attaining at less <b>than 60%</b> of their chronological age (Artemis, 2022). See Handbook.</p> <p>The child has persistent difficulties in the acquisition and use of language and vocabulary, literacy and/or numeracy skills which affect progress in other areas of the curriculum.</p> <p>Literacy and/or numeracy attainment and cognitive processing skills (phonological processing, verbal short-term memory and verbal processing</p>	<p>The child has considerable, enduring SLCN difficulties. These are evident in communication, social aspects, and progress in the school curriculum in the school curriculum.</p> <p>They have needs which require long-term involvement of educational and health professionals.</p> <p>Targets will be provided by a Speech and Language Therapist or other professional (for example, EP, SLCA Advisory teacher, Early</p>	<p>The child has difficulties with functional and social communication skills, which impacts on their ability to communicate for social purposes and/or engage in learning.</p> <p>The child has persistent and severe difficulties in forming healthy and reciprocal relationships.</p> <p>The child's literal use and interpretation of language and difficulties with conversational skills, social conventions and</p>	<p><u>Internalising behaviours</u></p> <p>The child often demonstrates distressed states in school (tearful, sad, worried, low self-esteem, low motivation, hypervigilance).</p> <p>The child is not able to recover after setbacks.</p> <p>The child often demonstrates social interaction difficulties with others.</p> <p>The child has low self-esteem.</p>

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Targeted Plus Support</b>	<p>speed) are causing difficulties that impact on independent curriculum access and require ongoing personalised intervention and reasonable adjustments.</p> <p>Progress is very limited, despite evidence of appropriate and sustained differentiated support and evidence-based intervention based on assessed needs and strengths.</p> <p>For children working within the National Curriculum there will evidence of the following:</p> <p><b>Word reading and spelling</b></p> <p>Key Stage 1</p> <ul style="list-style-type: none"> <li>Working towards Early Learning Goals (ELGs) for reading and writing</li> <li>Difficulty identifying, blending and segmenting Phase 2 phonic sounds</li> <li>Minimal word recognition</li> <li>Emergent writing</li> </ul> <p>Key Stage 2 (Years 3 and 4)</p> <ul style="list-style-type: none"> <li>50-75% gaps in <b>at least one</b> of phonics phases 2 to 4 (reading and/or spelling)</li> </ul>	<p>Years Advisory Teacher, Special Needs Health Visitor) in conjunction with parents/carers.</p> <p>Individualised targets require short periods of individual 1:1 adult support.</p> <p>The child may have speech difficulties that have been identified by a Speech and Language Therapist / Specialist Advisory Service or other professional with expertise in SLCN. These speech difficulties impact on the child's learning and being able to engage in classroom activities.</p> <p>The child has persistent difficulties in comprehension and expression of language and possibly some complexity of need in relation to social communication.</p> <p>There is an impact on developing literacy skills, which will impede access to many curriculum areas without high levels of visual support, differentiation and reasonable adjustments.</p>	<p>understanding of and using non-verbal communication often cause miscommunication and negative consequences.</p> <p>The child is usually unable to functionally communicate their needs when dysregulated.</p> <p>The child has limited friendships that have been sustained over time.</p> <p>The child may isolate themselves socially and has limited social communication skills or positive experiences of interaction.</p> <p>The child's lack of understanding of social behaviour, cues and expectations mean that they find social situations confusing/unsettling.</p> <p>The child has difficulties recognising, reflecting on, and/or appropriately expressing their emotions, which may lead to distress and challenging or withdrawn behaviours.</p> <p>The child needs substantial support to be able to reflect on</p>	<p>The child is regularly very withdrawn in a way that is unusual for them.</p> <p><u>Externalising behaviours</u></p> <p>There is persistent absence from school.</p> <p>The child has ongoing difficulties with self-regulation which impacts in their ability to cope in school and the functioning of others.</p> <p>The child's inability to cope presents with harmful behaviours such as: hitting, punching, kicking, biting-slapping, spitting, hair pulling, including other behaviours that have a negative impact on the child, that are not due to other causes.</p> <p>The child persistently struggles to engage with tasks.</p> <p>The child develops risky survival strategies for example, self-harm, running out of school, site or classroom, climbing at height on property/furniture.</p> <p>The child challenges rules and shows resistance to adult support.</p>



Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Targeted Plus Support</b>	<ul style="list-style-type: none"> <li>50-75% errors in <b>first 50 words</b> (reading and/or spelling)</li> <li>Reading Pink to Yellow book bands</li> <li>Reading and/or writing at Pre-key stage 1 standards</li> <li>Significant difficulty composing and writing a short sentence</li> </ul> <p>Key Stage 2 (Years 5 and 6)</p> <ul style="list-style-type: none"> <li>50-75% gaps in <b>at least one</b> of phonics phases 2-5 (reading and/or spelling)</li> <li>50-75% errors <b>within first 100 words</b> (reading and/or spelling).</li> <li>Reading Blue to Turquoise book bands or below.</li> <li>Significant difficulties in structuring and writing simple sentences</li> </ul> <p><b>Number</b></p> <p>Key Stage 1</p> <ul style="list-style-type: none"> <li>Working towards Early learning goals in Number</li> </ul> <p>Key Stage 2 (Years 3 and 4)</p> <ul style="list-style-type: none"> <li>Working at Pre-key stage 1 Standards in Maths with very small steps of progress</li> </ul>	<p>The child may show evidence of weak executive functioning skills (attention, working memory, planning and organisation) in addition to their weak structural and functional language skills.</p> <p>The child has difficulties with comprehension monitoring (knowing they have understood or not) and self-help skills.</p>	<p>how their actions impact on others.</p> <p>The child needs substantial support to mutually regulate their emotions and responses to the environment and change.</p> <p>The child's needs can substantially impact upon their ability to attend and access and engage with learning.</p> <p>The child's social communication needs, routines, and rituals and/or inflexible thought patterns will impact on their ability to engage in learning activities and the wider school environment.</p> <p>The child's difficulties with emotional regulation often presents where they seek to control or challenge situations.</p> <p>The child can become distressed/withdrawn when faced with change (such as new people, places, events, or unplanned changes of routine), uncertainty and transitions, particularly if it affects any repetitive behaviours or rituals they may have.</p>	<p>The child often uses harmful language sometimes with intent.</p> <p>The child finds it hard to trust adults in school.</p> <p>The child may use dangerous avoidance strategies when finding situations too challenging, for example, harm to self or others.</p>

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Targeted Plus Support</b>	<ul style="list-style-type: none"> <li>Co-occurring difficulties with processing speed and/or working memory</li> </ul> <p>Key Stage 2 (Years 5 and 6)</p> <ul style="list-style-type: none"> <li>Working towards KS1 expected standards in Maths</li> <li>Co-occurring difficulties with processing speed and/or working memory</li> </ul> <p>The child has difficulties with concept development, logical thought and problem solving.</p> <p>There is clear evidence of difficulties in tasks involving specific abilities such as sequencing, organisation, phonological skills, working memory and processing skills.</p> <p>The child will have difficulties with the pace of the curriculum and require personalisation, daily adjustments to the presentation of information, scaffolding of tasks, assistive technology etc. to process information and to organise their time and work.</p>		<p>The child quickly becomes distressed/withdrawn by sensory stimuli in the environment (such as smells, noise, touch, and light) and requires mutual regulation.</p> <p>The child needs substantial support to manage personal care including toileting, dressing/undressing, and hand washing.</p> <p>The child frequently exhibits a lack of awareness and understanding of personal, social, environmental, and physical risks and their own vulnerabilities.</p> <p>The child has limited body awareness and may cause risk to self and/or others in attempts to seek, or avoid, sensory input or regulation.</p>	

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Targeted Plus Support</b>	<p>The child may be feeling and/or showing signs of frustration or have low self-esteem.</p> <p>The child may have specific learning difficulties (dyslexia, dyscalculia, dyspraxia) significantly affecting literacy or number skills, spatial and perceptual skills and fine and/or gross motor skills which may occur alongside other identified needs and conditions, for example, speech and language, autistic spectrum disorder and ADHD (Attention Deficit Hyperactivity Disorder).</p> <p>The child has limited comprehension in some subject areas.</p> <p>Difficulties impact upon independent access to an appropriately differentiated curriculum.</p> <p>The child may have additional difficulties with other areas:</p> <ul style="list-style-type: none"> <li>• motor skills</li> <li>• general organisation skills</li> <li>• behaviour</li> </ul>			

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
Targeted Plus Support	<ul style="list-style-type: none"> <li>social or emotional and mental health</li> </ul>			
Specialist Support	<p>Attaining within a range of <b>34% with a maximum of 50%</b> of their chronological age (Artemis, 2022). See Handbook.</p> <p>The child will experience substantial, complex, persistent, and enduring learning difficulties. Cognition and learning remain within earlier developmental levels despite targeted and long-term intervention.</p> <p>The child may have a medical diagnosis of Global Developmental Delay (GDD) including:</p> <ul style="list-style-type: none"> <li>Delay in sitting up, crawling, walking</li> <li>Limited reasoning or conceptual abilities</li> <li>Fine/gross motor difficulties</li> <li>Poor social skills/judgment</li> <li>Aggressive behaviour as a coping skill</li> <li>Communication problems</li> </ul> <p>The child may have a medical diagnosis of developmental</p>	<p>The child will experience complex, persistent and enduring difficulties with SLCN, and a language disorder or speech disorder has been identified.</p> <p>Difficulties with the language skills that underpin curricular progress means the child only makes small steps of progress in most areas of the curriculum [and ‘goal-based outcomes’] and may ‘plateau’ for extended periods of time.</p> <p>The child has a speech or language disorder that is central to their presentation. In addition, they may have associated difficulties in aspects of executive functioning including:</p> <ul style="list-style-type: none"> <li>short-term memory</li> <li>working memory</li> <li>attention</li> <li>processing speed</li> <li>organising and planning skills</li> <li>thinking and reasoning skills</li> </ul> <p>There may also be impacts on:</p> <ul style="list-style-type: none"> <li>acquisition of literacy and</li> </ul>	<p>The child is limited in their use of verbal and non-verbal communication skills relating to both receptive and expressive language, which substantially impacts on their ability to communicate for social purposes and/or engage in learning.</p> <p>The child requires a systemic programme to develop their use of verbal and non-verbal communication skills and receptive and expressive language. This may include a symbol system.</p> <p>The child is unable to functionally communicate their needs when dysregulated when overwhelmed or over-stimulated.</p> <p>The child exhibits risky behaviours several times a day that has an impact on self, others or the environment. For example, behaviours that result in unintentional injuries due to cognitive immaturity, impulsivity</p>	<p><u>Internalising behaviours</u></p> <p>The child routinely experiences distress which is presented through external behaviours or internalisation.</p> <p>The child experiences high levels of stress that affect their daily functioning.</p> <p>The child finds it difficult to ask for or accept help.</p> <p>The child places unreasonable expectations on themselves that cause high levels of stress and/or self-injurious behaviours or harm to others.</p> <p>The child is susceptible to negative influence.</p> <p><u>Externalising behaviours</u></p> <p>There is a persistent absence from school, or lessons, due to the child’s social and/or emotional and/or mental health needs.</p>

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Specialist Support</b>	<p>disabilities, for example, brain disorder, Down syndrome, foetal alcohol syndrome, spina bifida, fragile x, which are life-long and require ongoing multi-disciplinary support.</p> <p>The child's cognitive ability affects other areas of development including:</p> <ul style="list-style-type: none"> <li>• independence</li> <li>• play and leisure</li> <li>• understanding physical and emotional wellbeing</li> <li>• understanding the world around them</li> </ul> <p>The child experiences consistent and persistent long-term difficulties with cognitive processing skills:</p> <ul style="list-style-type: none"> <li>• phonological processing</li> <li>• verbal short-term memory</li> <li>• verbal processing speed</li> <li>• problem solving</li> <li>• sequencing and organising the steps needed to complete simple tasks</li> </ul> <p>Progress is in very small steps in-line with developmental age despite high levels of adult</p>	<ul style="list-style-type: none"> <li>• motor skills</li> <li>• speech</li> </ul> <p>Educational concerns are around speech, and associated difficulties with communication, learning or both. At this level of support difficulties will have been identified by a Speech and Language Therapist as a: Developmental Speech Sound Disorder (SSD)</p> <ul style="list-style-type: none"> <li>• Dysarthria</li> <li>• Verbal dyspraxia (CAS)</li> <li>• Articulation Disorder</li> <li>• Phonological Disorder</li> </ul> <p>Developmental Language Disorder (DLD) has been identified, resulting in the child struggling in many of the following areas</p> <ul style="list-style-type: none"> <li>• syntax (grammar)</li> <li>• morphology (words and their parts)</li> <li>• semantics (words and their meanings)</li> <li>• word finding difficulties</li> <li>• Pragmatics (Social use and understanding of language)</li> <li>• discourse (conversational skills)</li> <li>• phonology</li> </ul>	<p>or inability to accurately judge the level of safety in situations (as appropriate to age/stage of development). Behaviours are evidenced in a behaviour log or chart.</p> <p>The child requires a systemic programme to develop joint attention and experience repeated positive interactions.</p> <p>There is evidence of considerable difficulties persisting for the <i>child</i> because of his/her inflexibility and/or intrusive obsessional thoughts.</p> <p>Evidence of a high priority having to be given to the management of the child's behaviour in the planning of most school and learning activities and the organisation of their learning environment.</p> <p>The child experiences frequent emotional dysregulation and is unable to understand or communicate their emotional needs. The child needs substantial support to mutually regulate their</p>	<p>The child intentionally harms others to avoid things they find too hard.</p> <p>The child is not able to recover after setbacks and will express this through harmful behaviours to self and others.</p> <p>The child uses language to deliberately harm or shock others (for example, racist/obscene words).</p> <p>The child exhibits behaviours that will give rise to safeguarding concerns (these behaviours are not because of brain injury).</p> <p>The child's behavioural presentation impacts good order to a significant extent, this may be a need for excessive control, impulsivity or deficits in attention derived from emotional distress.</p> <p>The child's behaviour presents significant risk to self or others.</p> <p>The child's behaviour is perceived as threatening and frightening by other children and adults.</p>

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Specialist Support</b>	<p>support. Difficulties impact on independent curriculum access. The child may have continuing emotional difficulties stemming from their learning difficulties. (Refer to social, emotional and mental health descriptors).</p> <p>There are likely to be identified speech, language and communication difficulties including memory, processing, organising and co-ordinating spoken language to aid cognition. (Refer to speech and language descriptors).</p> <p>The child may have fine and gross motor competencies, which significantly impede access to the curriculum.</p> <p>The child will have difficulty understanding experiences when information cannot be gained through first-hand sensory or physical experiences.</p> <p>The child has substantial and enduring literacy and/or numeracy needs despite sustained, appropriate one to one support from trained staff, delivering</p>	<ul style="list-style-type: none"> <li>verbal learning/memory</li> </ul> <p>Specialist support (from teaching and support staff), with high levels of adaptation, will be required to facilitate access to the curriculum and ensure social inclusion.</p> <p>Ongoing specialist advice from a Speech and Language Therapist / Specialist Advisory Service or another professional is being implemented.</p> <p>The child may use assistive or augmentative communication systems.</p> <p>The child is offered a highly adapted curriculum which supports their language development in finely graded steps and support for using and generalising new language skills.</p> <p>At this level of support difficulties will have been identified by specialist services.</p>	<p>emotions and responses to the environment and change.</p> <p>The child's emotional regulation needs substantially impact on their attendance, engagement in learning and/or wellbeing.</p> <p>The child's difficulties with emotional regulation substantially present as manipulative or demand avoidant behaviours that challenge the authority of staff. It can also be demonstrated as introverted responses.</p> <p>The child is unable to understand how their actions impact on themselves and others.</p> <p>The child's difficulties with emotional regulation frequently led to unsafe behaviours, whether internalised or externalised.</p> <p>The child's needs, including their social development, inflexibility of behaviour and thought and communications are enduring, consistently impeding their learning, and leading to severe difficulties in functioning.</p>	<p>The child requires bespoke and creative strategies to engage with any formal learning in the whole class or group situation.</p>

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Specialist Support</b>	<p>research or evidence-based interventions. The child will show evidence of some of the following:</p> <p><b>Word reading and spelling</b> Key Stage One</p> <ul style="list-style-type: none"> <li>Limited awareness of early print concepts</li> <li>Difficulty matching phonemes to graphemes and forming letters in response to a sound</li> </ul> <p>Key Stage 2</p> <ul style="list-style-type: none"> <li>Severe difficulties in acquiring early literacy skills</li> <li>Early phonic skills not secured for example, working within or below phase 2</li> <li>Very limited recall of early sight words for reading and spelling</li> </ul> <p>Some children may be developing good reading skills with the aid of evidence-based interventions. Reading comprehension is still likely to be behind the ability to read the words.</p> <p><b>Maths</b> Severe and persistent difficulty in acquiring basic arithmetic skills</p>		<p>The child has substantial and persisting difficulties when faced with change, uncertainty, or transitions because of their considerable inflexibility of thought, intrusive thoughts, repetitive behaviours and/or rituals.</p> <p>The child has been unable to respond to strategies and provision and has therefore not made the expected progress in achieving their social, emotional, and academic targets.</p> <p>The child regularly and quickly becomes overwhelmed by sensory stimuli in the environment (such as smells, noise, touch, and light) and requires mutual regulation.</p> <p>The child is unable to independently carry out aspects of personal care including toileting, dressing/undressing, and hand washing.</p> <p>The child is unaware of any personal, social, environmental, and physical risks and their own vulnerabilities.</p>	



Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Specialist Support</b>	and number sense despite ongoing one to one intervention based on secure assessment, delivered by trained staff using research or evidence-based interventions.		<p>The child has a lack of body awareness and frequently causes a risk to self and/or others in attempts to seek sensory input or regulation.</p> <p>The child requires external specialist services.</p>	
<b>Specialist Plus Support</b>	<p>Attaining at <b>less than 33%</b> of their chronological age (Artemis, 2022). See Handbook.</p> <p>The child has <b>profoundly compromised functioning</b> across all developmental areas which are likely to remain unchanged. This will include several co-occurring difficulties for example, sensory, physical, communication and cognition (such as thinking and reasoning skills).</p> <p>The child operates at very early stages of development that affects all aspects of learning.</p> <p>Significant cognitive impairment severely restricts access to the curriculum and ability to work independently.</p>	<p>Children at this level will use less verbal language, therefore speech and language descriptors are not the best way to set out need. Needs will be described in other areas of the Banding Tool (refer to: cognition and learning, physical and neurosensory and Autism Spectrum Disorders).</p>	<p><b>Social Communication</b> Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning.</p> <p>Very limited initiation of social interactions, and minimal response to social overtures from others.</p> <p>The child rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs.</p> <p>The child may respond to only very direct social approaches.</p> <p><b>Restricted, repetitive behaviours</b> Inflexibility of behaviour, extreme difficulty coping with change, or other restricted/repetitive</p>	<p><u>Internalising behaviours</u> The child is prone to exercising negative influence over peers.</p> <p>The child is unable to make or sustain social relationships due to social and/or emotional, and/or mental health issues.</p> <p>The child has negative/suicidal thoughts, or comments.</p> <p>The child has a very negative view of the future.</p> <p>The child is depressed and/or highly anxious.</p> <p>The child has low mood and/or lack of energy.</p> <p>The child is closed off or isolated, not wanting to accept help or support.</p>

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Specialist Plus Support</b>	<p>The child's developmental difficulties may be associated with biomedical conditions such as:</p> <ul style="list-style-type: none"> <li>• sensory impairment</li> <li>• motor impairment</li> <li>• complex medical needs</li> <li>• dependencies on technology (including augmentative and alternative communication such as Makaton).</li> </ul> <p>The child has very limited or no understanding of formal language.</p> <p>The child will have limited expressive communication but may be able to communicate basic needs using signs and gestures and/or some key words.</p> <p>The child has difficulties with concept development and logical thought which limits access to the curriculum.</p> <p>The child may need intensive staff support to keep them and other children safe, for example, to manage challenging behaviour or self-stimulation.</p>		<p>behaviours markedly interfere with functioning in all spheres.</p> <p>Great distress/difficulty changing focus or action.</p> <p>Profoundly limited functional social communication skills lead to daily, persistently high levels of distress and anxiety. This impacts on all areas of learning and social activity including play and lunch times.</p> <p>The child is unable to functionally communicate their needs.</p> <p>The child may have unpredictable or frequent sudden outbursts of challenging behaviour several times a day that jeopardizes the health and safety of self and others.</p> <p>The child may be observed to rarely respond to, or initiate bids for interaction, requiring a highly bespoke programme of specialist support.</p> <p>The child relies on others for mutual regulation of their emotions and responses to the external environment.</p>	<p>The child is medicated for a health condition by CAMHS.</p> <p>PALMS or other health professionals/agencies are involved.</p> <p><u>Externalising behaviours</u> The child's behaviour is unpredictable, dangerous, and/or challenging for others.</p> <p>The child is at risk of criminal exploitation because of their vulnerability.</p> <p>Safeguarding concerns have been identified.</p> <p>The child sabotages positive situations due to lack of coping strategies and poor emotional regulation.</p> <p>The child is at significant risk of harm through suicidal thoughts, eating disorders and other self-harming behaviours (including drug and alcohol abuse). The child's mental health impacts their ability to think flexibly and their need for excessive control is significant.</p>

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
<b>Specialist Plus Support</b>	<p>The child may have a life-limiting or degenerative condition requiring specialist support.</p> <p>The child may have extensive additional health needs requiring medical intervention.</p> <p>Progress is in very small steps in-line with developmental age despite high levels of adult support.</p>		<p>The child's emotional regulation needs profoundly and consistently impact on their attendance, engagement in learning and/or wellbeing.</p> <p>The child is unable to recognise personal, social, environmental, and physical risks. This leads to frequent experiences of profoundly escalated emotional dysregulation and high levels of anxiety, which lead to responses that substantially jeopardise the health and safety of self and others.</p> <p>The child's frequent ritualistic and inflexible behaviours substantially impede on their functioning.</p> <p>The child has been unable to respond to strategies and provision and has therefore not made the expected progress in achieving their social, emotional and/or academic targets.</p> <p>The child has profound and continual difficulties when faced with change, uncertainty, or transitions because of their considerable inflexibility of</p>	<p>The child presents with a level of need that requires expert medical or psychiatric support.</p> <p>The child's social and emotional needs supersede the ability of the child to access academic learning, as a result the child's performance/attainment is significantly impaired.</p>

Level of Support	Cognition and Learning	Speech and Language	Communication and Autism	Social, Emotional and Mental Health
Specialist Plus Support			<p>thought, intrusive thoughts, repetitive behaviours and/or rituals.</p> <p>The child regularly and quickly becomes overwhelmed and highly anxious and/or distracted by sensory stimuli in the environment.</p> <p>The child is unaware of their health and personal care needs and is unable to carry out any aspects of personal care, including toileting, dressing/undressing, and hand washing.</p> <p>The child is unable to recognise personal, social, environmental, and physical risks and their own vulnerabilities.</p> <p>The child persistently causes a risk to self and/or others through a lack of body awareness and seeking or avoiding sensory input.</p> <p>The child requires external specialist services.</p>	