

Physical and Medical Needs

In Wiltshire Children with SEN may have their needs met in one of three educational settings:

- Mainstream schools
- Resource bases or Enhanced learning Provision (ELP) which are part of mainstream school
- Special school

There is one banding system for all children/young people with SEN using 7 banding points.

1. Band zero
2. Lower band one
3. Upper band one
4. Lower band two
5. Upper band two
6. Band three
7. Band four

The table below shows how bandings relate to School/Academy settings.

School	Banding						
	0	Lower 1	Upper 1	Lower 2	Upper 2	3	4
Mainstream School	✓	✓	✓	✓	✓		
Resource Bases		✓	✓	✓	✓	✓	
ELP		✓	✓	✓			
Special School		✓	✓	✓	✓	✓	✓
Independent Special School							✓

This document is particularly focused on children whose needs are met in **mainstream schools**. There are three possible bandings:

- Band 0 for children with SEN whose needs can be met within the delegated funding to schools, also known by the Department of Education as element's 1 & 2. All children placed in a mainstream school attract Element 1 funding. In January 2016 this sum is £4,000. Element 2 is based on a formula of deprivation & numbers of vulnerable children in the previous school year. In January 2016 this sum is £6,000, roughly attributed to 1 in 75 pupils. This is part of the funding that comes to schools and academies at the start of the financial year and is a national approach. This is sometimes also referred to as the first 15hours. This figure is intended to meet the needs of all children/young people on SEN Support (formerly School action & school action plus) & those with a Statement/ My EHCP who do not require additional funding. In addition this covers all those pupils who schools may decide needs a short term intervention, differentiation or support, but do not necessarily meet the threshold for SEN Support. As part of this new banding this will be referred to as the **delegated funding**. Funding from Pupil Premium or Alternative Provision (Secondary) may also be appropriately used alongside this delegated funding and the banded funding where children and young people meet the eligibility criteria.
- Lower and Upper Band 1 for children/young people with a statement/My EHC Plan who might formerly been identified with up to 12.5 additional hours of support under the named pupils allowance. Actions/adjustments to support children/young people at band 1 may include direct interventions with the child/ young person and wider activity with groups, classes or whole school actions which achieve the objectives set out in a child/young person's statement/My EHC Plan.
- Lower and Upper Band 2 for children/young people with a statement/My EHC Plan who might formerly been identified with up to 25 additional hours of support under the named pupils allowance. Actions/adjustments to support children/young people at band 2 may include direct interventions with the child/young person and wider activity with groups, classes or whole school actions which achieve the objectives set out in a child/young person's statement/My EHC Plan.

For Resource bases the main bandings to be used will be Upper and lower 1 and 2 and 3, For Enhanced learning Provision (ELP) Lower and Upper band 1 and Lower band 1 are appropriate, for special school all bands are appropriate, but with an expectation that bands will be more likely to be higher. There can be exceptions to this, but this is the basic expectation.

How to use this document

Column one on each table describes characteristics, abilities and disabilities, needs and concerns that relate to a child/young person's SEN. The following columns describe the responses, activities and resources which can be put in place to meet the child/young person's needs.

This document becomes relevant when a school, parent/carers and the young person are thinking about the support, adaptations and teaching approaches a child/young person needs to enable them to progress in their learning. There are five of these documents looking at different aspects of SEN, linked to chapter six of the **SEN Code of Practice 2015** which are underpinned by a baseline of policies, practices, teaching and management approaches;

- **SEN Provision baseline**
- **Communication & interaction banding**
- **Cognition & learning banding**
- **Social, emotional & mental health difficulties banding**
- **Sensory needs banding**
- **Physical and medical needs banding**

These banding documents should be used when you have taken forward or are in the process of assessing and observing a child/young person's needs. This may involve the Graduated Response (GRSS), other specialist assessments which are part of creating a plan at school level for a child or are part of a CAF, SEN Support Plan or My EHC Plan.

When considering whether a child needs additional funding this document can guide you; enabling you to appreciate what activities/adjustments can be taken forward before looking at additional funding and helping a school and the SEN panel agree the kind of activities and funding which may be appropriate to meet a child/young person's needs.

SEND Lead workers, SENCOs and The SEN Panel can use these banding descriptors to guide agreements on funding. When taking a child/young person's needs forward to panel these documents can be annotated to show the needs that you think a child/young person's has, the kind of activities/adjustments that are already in place and what might be the appropriate next action. These can be linked to objectives set on the EHCP or SEN Support documents.

The Role of banding

One of the key aims of banding is to expand discussion such that hours of a teaching assistant are not considered the only appropriate intervention. When a child/young person's EHCP is agreed there will not be a single commitment to hours but a commitment to a set of interventions described in the EHCP within a banded assessment and an appropriate school setting, thus increasing the specificity within an EHCP. This approach should be more transparent, as all partners can agree on the needs and appropriate responses. It will give Schools/Academies and Settings more capacity to meet the child/young person's needs and achieve the outcomes in the EHCP, rather than only providing hours of TA support. Thus the funding may enable a range of interventions, training, teaching assistant support (one to one/two or three etc.), specialist support and group activities with clear detail about how these will be delivered. The effectiveness of the EHCP or SEN Support plan will therefore rightly not be judged by the provision of a number of hours, but by the achievement of objectives.

The use of these bandings as a tool or resource ensures that the potential of band 0 is thoroughly explored before looking at bands 1 and 2. It also enables the SEN panel to develop equitable, consistent and transparent decision making.

These descriptors are drawn from a number of sources, including the former banding systems Wiltshire had for Resource bases, ELP and Special Schools, from descriptors used in York Council and from significant consultation and written text from SENCO's, SEND Lead workers, Specialist Advisory teachers and Education Officers from Wiltshire's Schools/Academies. The approach has also been discussed with parent/carers through consultation on the Wiltshire SEN strategy supporting Schools 2015/18.

Lower and Upper bands

Lower band one or two will be given when a child/young person meets some, but not all of the descriptors within a banding. Upper bands will be given where most or all of the criterion are met or where a child/young person presents with needs from more than one banding area, e.g. Communication and interaction and Social emotional and mental health. When looking at higher bands all the elements in the lower band should already have been considered.

All pupils with a My EHC Plan who are educated in a mainstream school (not in a resource base/ELP) will be identified with band 1 or 2 except in very rare circumstances (about 1%) where additional funding linked to objectives may be agreed.

Funding	Descriptors	Assessment & planning	Wellbeing, Health & Transition	Teaching & learning strategies	Curriculum/interventions	Resources & training
<p>Inclusion Band 0 Element 1 & 2</p> <p>SEN Support</p>	<p>The CYP experiences needs which are managed well in a mainstream class or school</p> <p><i>The CYP may;</i></p> <ul style="list-style-type: none"> • Have some lack of control or precision around fine and/or gross motor skills are developing at a slower pace than his/her peers. • appear clumsy, poorly co-ordinated and lack strength. • have some difficulties with daily living skills such as dressing, personal care, eating and drinking. • have mobility affected by fatigue • have verbal communication affected by physical causes. • have a long term medical condition that is self-managed and not life limiting (dependent on age). • be visually different, which may lead to low self-esteem or vulnerability to bullying, this may not be associated with a physical impairment. • independent use a 	<ul style="list-style-type: none"> • Use of the GRSS • Observations by class staff & SENCO are used with GRSS documentation • Clear interventions, approaches & teaching strategies are identified & monitoring schedules set. • An Individual plan or My Support Plan (including manual handling and health care assessments) are used to guide & document the process • Pupil involved in setting & monitoring their own targets. • Parents are actively involved & are engaged in supporting targets at home. • Advice is taken on supportive strategies & adaptations e.g. seating, position in classroom, preferred learning style. • School trips & events are planned well in advance & take into consideration the needs of the CYP. • There is a review of whether a full My EHCP is required • There are appropriate 	<ul style="list-style-type: none"> • The CYP is consulted about the help they would like • A one page profile is completed • Parents, carers & other family members are actively encouraged to contribute • The CYP is enabled to express their views & feelings using methods other than words • Plans are made with a view to the next point of transition • Friendship groups, out of school activities, progression towards independent travel & wider interests are actively included in planning & interventions • Professionals from previous & future settings are involved in planning • There is multi-agency involvement. • There is an assessment of health including hearing, vision, toileting, growth & diet. G.P views are included as appropriate. • There are positive messages shared with children & staff about how to support the child. • Information is given to families about support & 	<ul style="list-style-type: none"> • The class teacher is accountable for the CYP progress • Information about the CYP's difficulties and strengths are shared with relevant staff, in partnership with parents and CYP. • Advice & methods for successful strategies & targets e.g. use of visual supports, physical layout, TA support, rewards are widely shared. • The CYP is given resources & approaches to support their learning and independence which they can own & take into different settings in the school. E.g. supportive chairs, ICT, tablet particular writing implements, scissors etc. • Whole school or class strategies are utilised when appropriate, e.g. learning about symbols, how to handle difference. • Adapting work schedules to allow for differentiated approaches, including additional time where needed • Using a variety of annotated recording strategies e.g. IT, video, particularly when working towards assessed work 	<ul style="list-style-type: none"> • Access to small group support planned & tailored to meet identified need; including good role models. E.g. problem solving skills, SEAL, Circle Time, self-esteem group, social speaking. • Learning tasks differentiated by task & outcome to meet individual needs. • Preparation for changes to activities, routines & staffing. • Peer mentoring support. • Supporting specific areas of difficulty e.g. assembly, PE, outdoor play, moving between classrooms, forest schools etc. • Personal reward charts • Support the CYP to catch up when time is lost through hospital appointments. 	<ul style="list-style-type: none"> • Quality First teaching • Support/advice from SENCO. • Additional adults regularly used to support flexible groupings. • Access to targeted small group or intervention work with class TA/mentor • All staff have completed a minimum on-line training around the particular difficulty e.g. diabetes and the care plan. • All staff able to direct parents to support & help through WPCC. • Time for meetings with parents on a regular basis. • Targeted lunch time & after school clubs & opportunities e.g. quiet rooms and supported in inclusive activities • School may consult the SSENs teams for advice. • A fully adapted disabled changing and toilet facility, potentially including rest space. • Staff trained to

	<p>mobility aid to overcome their physical difficulties e.g. walking frame, power chair.</p> <ul style="list-style-type: none"> • need to use a technological or supportive lo-tech communication aid occasionally to support verbal communication • have a medical condition that requires regular medication and/or management which is self-managed, but requires class and school understanding and staff (MDSA, class teacher and TA) awareness. 	<p>risk assessments in place, including manual handling.</p>	<p>advice available, particularly through WPCC</p> <ul style="list-style-type: none"> • Where ever possible supportive therapies, medical interventions and assessments are supported in and by the school, such that the child' attendance record is in line with other pupils. 	<ul style="list-style-type: none"> • Ensure there is a "way through" for the CYP when instructions or tasks may be difficult for them, particularly in social situations 		<p>support appreciation of needs, risk management, safe handling and therapeutic activities.</p>
Funding	Descriptors	Assessment & planning	Wellbeing, Health & Transition	Teaching & learning strategies	Curriculum/interventions	Resources & training
Band 1 Element 1 & 2 EHCP	<p>The CYP has an EHCP. With appropriate interventions the CYP can progress in classes but may need regular differentiated activities classes and activities.</p> <p>In the GRSS documentation your assessment used the "occasional" & but often the "frequent" descriptors</p> <p>The CYP may:</p> <ul style="list-style-type: none"> • Experience fine and gross motor difficulties and whose physical condition varies from day to day. 	<p><i>Bands 0 plus:</i></p> <ul style="list-style-type: none"> • My EHCP is in place & has a review timetable • Use of the GRSS to support on-going changes & needs • Environmental audit including risks & threats assessments. • Specialist assessments e.g. Specialist Teacher Ed Psych., SALT, OT, Physio, CAMHS. • TAs are routinely included in planning & or/are provided 	<p><i>Bands 0 plus:</i></p> <ul style="list-style-type: none"> • Consideration of CAF if appropriate • Team around a child approaches are used to work with parents & family • Careful reviewing of needs before transition at key stages and new classrooms. • There is a commitment to developing independence with agreed planned steps (Inc. travel, self-led assignments, friendship groups) • Where interventions & strategies are resulting in progress consideration of 	<p><i>Bands 0 plus:</i></p> <ul style="list-style-type: none"> • The class/subject teacher is accountable for the progress of the CYP within the mainstream class • Manage access arrangements for internal & external examinations & assessments. • Awareness of social & emotional aspects of disability. • Established communication strategies to facilitate communication & to assess learning. • Modified & adapted PE and other practical 	<p><i>Bands 0 plus:</i></p> <ul style="list-style-type: none"> • Regular/daily small group teaching of social skills. • Peer awareness training • Targeted TA support • A detailed, time limited, personalised, intervention timetable &/or resource. This may include withdrawal from some activities • Short term small group &/or individual interventions, to develop specific areas of curriculum access as identified by the subject teacher, educational specialist teacher or other professional. 	<p><i>Bands 0 plus:</i></p> <ul style="list-style-type: none"> • Time for formal meetings with parents on a regular basis. • Allocate appropriate space for visiting professionals to work with individual pupils, taking into account safeguarding issues. • Adult intervention targeted at specific curriculum areas including support to personal care needs. • Consult with the specialist teacher for when recruiting staff

<ul style="list-style-type: none"> • experience a physical difficulty recording their work. • experience difficulties with their core stability • have mobility that is moderately impaired and experiences difficulties on stairs and with spatial orientation and whose movements are unsteady in crowded areas and on uneven ground. • have an unpredictable long term condition which sometimes affects their ability to access normal activities. They may experience fluctuating levels of pain and their school attendance may be affected. • fail to make age related expected progress because of their physical limitations. • have difficulties with speech production affected by breath control or impaired for physical reasons and finds it difficult to make themselves understood or finds it too tiring to repeat themselves. • need some assistance with personal care, 	<ul style="list-style-type: none"> • with lesson plans & learning objectives in advance of the lesson to ensure their input is effective • There is a clear assessment & commitment to the social care & health needs of the CYP • Close scrutiny of tracking • Introduction of a Positive Handling Plan informed by: <ul style="list-style-type: none"> - Individual risk assessments for practical subjects - And whole school day risk assessment and manual handling assessment. 	<ul style="list-style-type: none"> • future funding requirements • Additional support to transition, e.g. visits, assessment, friendship groups & try out classes, • Where required support & is given to the family • Where required information is given to the family about supporting organisation in Wiltshire (WPCC), short breaks & advocacy. • The family & CYP are made aware of personal budgets & encouraged to use where appropriate. • As part of the annual review there is consideration of whether the CYP could now be supported at band 0 • For CYP approaching 16yrs there is an appreciation of what adult services may have to offer. 	<ul style="list-style-type: none"> • lessons as required. • Use of key-working approaches to ensure the pupil has a trusted adult to offer support during vulnerable times. • Personalised reward systems known to all staff in school who have contact with the pupil, implemented consistently across the curriculum. • Identified daily support or activities to undertake the following; <ul style="list-style-type: none"> • prepare & make relevant visual supports & structure • where needed adapt materials for lessons e.g. chunking work into manageable amounts for the individual pupil • facilitate alternative recording strategies including access to ICT equipment • Provide access to visual approaches- e.g. TEACCH, Numicon, See & Learn • Support emotional development e.g. supporting pupil to recognise & communicate their feelings about the school day • Time-limited intervention programmes with staff who have knowledge & skills to address specific 	<ul style="list-style-type: none"> • Teaching style adapted to suit pupil's learning style e.g. level/pace/amount of teacher talk reduced, access to practical activities. • Access to structured teaching as required. • Individualised support to implement recommendations from support services . • Individual support for pre & post teaching. • Access to a key worker or mentor for meeting & greeting, and ensuring they and the school are prepared for the day. 	<ul style="list-style-type: none"> • to work with a named pupil. • Access to low stimulus area for focused tasks e.g. individual workstation. • Flexible approaches to the timetable, break times & lunchtimes. • Advice from the Specialist Teacher on resources, activities, use of ICT. • Appropriate supervision during breaks & lunch. • Sufficient support staff to facilitate manual handling • Awareness training for all staff on medical and Physical support and specialist training for those working directly with the CYP.
---	---	---	---	--	---

	<p>positioning or getting around.</p> <ul style="list-style-type: none"> • have some independent mobility e.g. independent transfers, good use of self-propelled or powered mobility aid. <p>The CYPs Physical disability/medical needs could co-exist with other secondary learning needs but are still within an the range for his/her year group.</p>			<p>needs, may include withdrawal for social interaction & communication groups.</p> <ul style="list-style-type: none"> • Access to an adapted & differentiated curriculum. 		
Funding	Descriptors	Assessment & planning	Wellbeing, Health & Transition	Teaching & learning strategies	Curriculum/interventions	Resources & training
Band 2 Element 1 & 2 EHCP	<p>CYP can progress within a smaller group with good interventions, but needs greater help in larger classes or activities.</p> <p>In the GRSS documentation your assessment used mostly “frequent” & and some “specialist” descriptors</p> <p>May require funding from more than one source.</p> <p>The CYP may;</p> <ul style="list-style-type: none"> • have moderate difficulties with fine and gross motor movement. • be highly reliant on adults for support in moving, positioning, 	<p><i>Band 0 & 1</i></p> <ul style="list-style-type: none"> • Regular multi-agency assessment &/or review of strategies & progress. • Review the EHCP annually when all agencies are involved in reflection & joint planning in partnership with pupils & their parents/carers. • Working use of a Positive Handling Plan informed by: <ul style="list-style-type: none"> ○ Individual risk assessments for practical subjects ○ And whole school day risk assessment and manual handling assessment. 	<p><i>Band 0 & 1</i></p> <ul style="list-style-type: none"> • Independent travel training is provided to develop independence skills for the future. • There is full support for CYP turning 16 to manage their own EHCP • Families & CYP are made aware of all the options available to them at transition. • A SEND worker is involved at points of transition where possible. • A regular review is made of elements of the CYPs need for health of social care support in addition to what is available through schools funding • The role of CAMHS & other mental health 	<p><i>Band 0 & 1</i></p> <ul style="list-style-type: none"> • The class/subject teacher is accountable for the progress of the CYP within the mainstream class • Identified individual support across the curriculum in an inclusive mainstream setting to provide a personalised learning experience, taking into account the advice within the statement, annual review & advice from agencies. • Facilitate production of differentiated materials in accordance with the advice from the SSENS or teaching leads. • The use of specialist or adapted equipment / 	<p><i>Band 0 & 1</i></p> <ul style="list-style-type: none"> • Individualised support to implement recommendations from support services e.g. SALT, OT, Physio etc. • Structured individual programmes. • Programmes to develop independence & emotional well-being, as identified by the assessment & planning. • Advice & assessment of the use of specialist or adapted ICT to access the curriculum. • Teaching focusing on both learning curriculum & social skills throughout the school day. Targets informed by statutory assessment/EHC plan or 	<p><i>Band 0 & 1</i></p> <ul style="list-style-type: none"> • SENCOs provide support to teacher & TAs & take responsibility for arranging appropriate specialist CPD & quality assuring the learning experience of the CYP • All Staff in contact with the child have training in the awareness of sensory needs, specialist resources, equipment, specific disability & their impact on learning & social & emotional well-being • Time to coordinate

	<ul style="list-style-type: none"> personal care have some independent mobility e.g. assistance with transfers, use a power chair have a physical disability that creates communication difficulties unable to negotiate steps and stairs unstable when sitting on standard chairs or on floor be able to reposition self when seated with limited help. be unable to independently manage transfers and personal care including toileting, eating and drinking , e.g. cutting up food, wiping own nose have restricted fine motor skills, e.g. unreadable mark making; unable to use scissors or do/undo buttons, but with appropriate low or high technology can participate in class tasks have communication aids which are mostly self-managing or can be appreciated and understood by other children and staff 		<p>support groups has been explored in meeting the child's social & emotional well-being</p> <ul style="list-style-type: none"> As part of the annual review there is consideration of whether the CYP could now be supported at band 1 There is clear evidence that adaption have been made commensurate with the CYPs SEN to enable the child's voice to be heard. For CYP over 15yrs there is a clear understanding of the interface with adult services 	software where appropriate to access the curriculum & for communication.	<p>Annual Review.</p> <ul style="list-style-type: none"> Regular/daily small group teaching of social skills. A range of interactive programmes & approaches are in use for the individual children & groups/classes to support My EHCP goals 	<p>multi-agency involvement & TAC, fulfilling the key worker role.</p> <ul style="list-style-type: none"> Time to work with the Specialist Teacher for joint planning with the pupil, family & other professionals. . Staff to work with small group &/or individual intervention to develop specific areas of the curriculum following a programme designed or recommended by an external agency. Liaison with pupils, parents & other professionals when determining priorities for individual children.
--	--	--	--	--	---	---

	<p>relatively easily</p> <ul style="list-style-type: none"> • unable to do tasks that require strength, e.g. screw/unscrew • have a skill level that fluctuates significantly or deteriorates during the day • be able to complete simple fine motor tasks with additional time compared to age group <p>The CYPs Physical disability/medical needs could co-exist with other secondary needs which may require P scales.</p>					
--	--	--	--	--	--	--