**Decoding the School Census: SEN Provision and Type** Guidance for Essex schools on the SEND Provision and Type for the School Census

# Purpose of this document:

To provide locally agreed guidance of Special Educational Needs and Disabilities (SEND) Provision and Type within the School Census.

The Department for Education has yet to publish definitions or guidance on these classifications. This guidance is an attempt to provide some guidance for the education settings within Essex

The Schools Census guidance describes ‘Pupil SEN Provision’ as:

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| **Code** | **Description** |
| N | No Special Educational Need  (This includes pupils who have previously been receiving SEN support and pupils who have never had SEN support) |
| S | Statement  **Please note**: The use of the ‘statement of special educational needs’ (code ‘S’) was discontinued from 1 April 2018. As such, code ‘S’ has been removed from SEN provision except where it applies to historical exclusions from the 2018 spring and summer terms |
| E | Education, Health and Care plan |
| K | SEN Support |

(Note: E+K+N = 100% school population)

The School Census guidance describes **‘SEN type’** by the following categories

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| **Code** | **Description** |
| SpLD | Specific learning difficulty |
| MLD | Moderate learning difficulty |
| SLD | Severe learning difficulty |
| PMLD | Profound & multiple learning difficulty |
| SEMH | Social, emotional and mental health |
| SLCN | Speech, language and communication needs |
| HI | Hearing impairment |
| VI | Vision impairment |
| MSI | Multi-sensory impairment |
| PD | Physical Disability |
| ASD | Autistic Spectrum Disorder |
| OTH | Other difficulty / disorder |
| NSA | SEN support but no specialist assessment of type of need |

# Suggested good practice for recording SEN Provision and Type

The SEND data as part of the School Census is a valuable resource to inform Special Educational Needs Coordinators (SENCOs), teachers and other colleagues about the pupils / students in their setting with special educational needs and disabilities. It is clear that SENCOs and education settings record pupils needs in a variety of ways to suit their needs. Based on the SEND Code of Practice 2015, Essex County Council considers the actions below to be best practice:

* All teachers and support staff who work with the pupil should be made aware of their needs, outcomes sought, the support provided, and any teaching strategies or approaches required.
* Children identified as having SEND should have needs that are ‘persistent’ (ie. needing involvement additional to and different from ‘that which is normally available’. Children’s needs should be reviewed regularly (at least 3 times a year with parents).
* The SEN Policy and SEN Information Reports should reflect how the SEND provision and type is decided upon and recorded within the education setting.
* Teachers are responsible and accountable for the progress and development of the pupils in their class including those with SEND. High quality teaching, differentiated for those individual pupils is the first step in responding to pupils who have or may have SEN. Additional intervention cannot compensate for lack of good quality teaching and so the quality of teaching should be the initial focus of action to support children making less than expected progress
* Parents, Class Teachers and SENCOs must be involved in the process of identifying pupils’ SEND and the planning/reviewing of support, which may involve specialists (Section 6.45, 6.48,

6.55 of SEND Code of Practice 2015). The SEND Code of Practice is clear that parents must be formally notified.

* Regularly (i.e., at least termly) reviewing the SEN Provision and category of need for each CYP.
* Ensure enough time is given to review data in preparation for the census data submission deadlines.
* It may be beneficial for SENCO records to clearly reflect the primary / broad area of need and the School Census codes.
* Children and young people may be identified as having SEND with or without diagnosis, however, there should be clear evidence of needing the additional support available, e.g. test results, notes from conversations with parents, etc.
* Children and young people receiving support through interventions should not automatically be identified as having SEN
* Whilst the SENCO is responsible for keeping accurate records, some schools rely on administrative / support staff maintaining the records using information provided to them. In these circumstances, SENCOs are encouraged to ensure there is clear understanding of the definitions, policy and practice for the register. Ultimately, it is the responsibility of the Headteacher to authorise the School Census
* When children and young people transition into and between schools, if they were previously identified as having SEND it may be useful to maintain this to ensure they have sufficient support as they start in the school, until more up to date information on needs is gathered

# Broad characteristics of children/young people on SEN Type within the SEN Census Categories

(Reminder - if there is no ‘additional to and different from’ intervention there is no SEN Type as the pupil will not be recorded as having SEN Provision)

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| **SpLD - Specific Learning Difficulty** | Children and young people identified as having Specific Learning Difficulties (SpLD), will have severe and persistent difficulties in a  specific area of learning despite high quality teaching and evidence-based  intervention over time. |
| **MLD - Moderate Learning Difficulty** | Children and young people identified as having Moderate Learning Difficulties (MLD) will have severe and persistent difficulties across more than one area of learning despite high quality teaching and evidence-based interventions. They will have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delay, low self-esteem, low levels of concentration and underdeveloped social skills |
| **SLD - Severe Learning Difficulty** | Children and young people identified as having Severe Learning Difficulties (SLD) make slow progress across all areas of development. They may have a life-long learning disability which requires a multi-disciplinary service response. Children and young people with SLD will have significant needs such that they will need significant support for the whole of their life |
| **PMLD - Profound & Multiple**  **Learning Difficulty** | Children and young people identified as having Profound and Multiple Learning Difficulties (PMLD) will typically have a life-long and complex learning disability which may require a multi-disciplinary service response and their ability to make progress will be severely limited across all areas of development. Children and young people will have significant and multiple impairments and these conditions can overlap and interlock creating a complex profile. |
| **SEMH - Social, Emotional and Mental Health** | Children and young people identified as having needs around Social Emotional and Mental Health (SEMH) 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. |
| **SLCN - Speech, language and communication needs** | Children and young people identified as having Speech, Language and Communication Needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them, or using social rules of communication. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives. |
| **HI - Hearing impairment** | * Any child/young person on the caseload of a Teacher of the Deaf. * Clinical diagnosis of bilateral (both ears) mild, moderate, severe or profound hearing loss that is permanent (sensorineural or conductive in nature) * Clinical diagnosis of unilateral (one ear) mild, moderate, severe or profound hearing loss that is permanent (sensorineural or conductive in nature)   Clinical diagnosis of unilateral (one ear) or bilateral (two ears) hearing loss that is conductive, and temporary but is known to have a significant and on-going impact for the learner in accessing the curriculum and engaging in life experiences. This could include children who have current and on-going significant issues with glue ear who are awaiting grommets but these children should not be retained on the register long- term if the hearing issues are resolved. |
| **VI - Vision impairment** | * Clinical diagnosis of vision impairment: this means a vision diagnosis that is NOT correctable with glasses and is bilateral (both eyes). * A vision impairment is a permanent impairment that could impact a child or young person’s development and that may require adaptations to be made to the way learning experiences are presented, to materials used or to the learning environment. * The pupil will be on the caseload of a Qualified Teacher for Vision Impairment. |
| **MSI - Multi-sensory impairment** | * Clinical diagnosis of combined vision and hearing impairments which may include a functional loss in one or both of these senses, that create difficulty in accessing the curriculum and engaging in daily life experiences. * The pupil will be on the caseload of a Qualified Teacher for Multi Sensory Impairment when the impact on access is severe, but may be overseen by either a Qualified Teacher for Vision Impairment and Teacher of the Deaf where one takes precedence. |
| **PD - Physical Disability** | * Diagnosis/recognition of physical condition that affects balance, mobility, physical ability, hand function, communication or independence |
| **ASD - Autistic Spectrum Disorder** | Children and young people identified as having ASD must have the following:   * A diagnosis from a medical professional with report from a recognised diagnosing body. Without a diagnosis, learners must not be categorised as having ASD for the SEND aspects of the School Census. * Access to interventions / support (not necessarily specialist) over a medium/longer term, such as learning mentors, student support, safeguarding, Early Help Assessments, etc. * A primary need that creates a barrier to learning and or accessing school /curriculum. Not all learners with ASD will require SEN provision, and therefore should not be recorded on the SEND aspects of the School Census. |
| **OTH - Other difficulty / disorder** | Children and young people for whom none of the types apply- **likely to be used rarely.** |
| **NSA - No Specialist Assessment** | “Schools are expected to identify a type of need for all children at SEN Support - there is no requirement for a pupil to have a specialist assessment to be recorded in the main SEN types. **The No Specialist Assessment code (‘NSA’) should only be used in those very rare instances where a pupil is placed on SEN support (Code ‘K’), but the school is still assessing what the primary need is.** This might occur, for example, where a child on SEN support has transferred into the school shortly before school census day. Where code ‘NSA’ is to be used, the pupil MUST have SEN Provision of code ‘K’. Code ‘NSA’ must not be used without the pupil having an appropriate SEN provision in place” |