Appendix 2

SEN Glossary

Types of Special Educational Need as defined in the Code of Practice 2001

The needs are divided into four main areas:

**Cognition and Learning Needs**
- Specific Learning Difficulty (SpLD)
- Moderate Learning Difficulty (MLD)
- Severe Learning Difficulty (SLD)
- Profound and Multiple Learning Difficulty (PMLD)

**Behaviour, Emotional and Social Development Needs**
- Behaviour, Emotional and Social Difficulty (BESD)
  (This category is sometimes written as EBSD)

**Communication and Interaction Needs**
- Speech, language and Communication Needs (SLCN)
- Specific Language Impairment (SLI)
- Autistic Spectrum Disorder (ASD)

**Sensory and/or Physical Needs**
- Visual Impairment (VI)
- Hearing Impairment (HI)
- Multi-Sensory Impairment (MSI)
- Physical Disability (PD)

**Autistic Spectrum Disorder (ASD)**
ASD is a term that recognises there are a number of sub-groups within the spectrum of autism. Pupils with ASD find it difficult to:

- understand and use non-verbal and verbal communication
- understand social behaviour, which affects their ability to interact with children and adults
- think and behave flexibly, which may be shown in restricted, obsessional or repetitive activities.

Pupils with ASD cover the full range of ability and the severity of their impairment varies widely. Some pupils also have learning disabilities or other difficulties, making diagnosis difficult.

Pupils with ASDs may have difficulty in understanding the communication of others and in developing effective communication themselves. Many are delayed in learning to speak and some never develop meaningful speech.

Pupils find it difficult to understand the social behaviour of others. They are literal thinkers and fail to understand the social context. They can experience high levels of stress and
anxiety in settings that don't meet their needs or when routines are changed. This can lead to inappropriate behaviour.

Some pupils with ASDs have a different perception of sounds, sights, smell, touch and taste, and this affects their response to these sensations. They may have unusual sleep and behaviour patterns.

**Attention deficit hyperactivity disorder (ADHD)**

ADHD is a neurodevelopmental disorder. What this term means is simply that the brain has developed in such a way that the child or young person experiences functional difficulties to a significant extent.

In the case of ADHD these difficulties are in the following areas:
- Hyperactivity: a need for movement, and tendency to fidget e.g. at mealtimes
- Impulsivity: difficulty with resisting urges e.g. to call out in assembly
- Inattention: trouble with sustaining attention on a single task, and forgetfulness.

When a child or young person is diagnosed with ADHD, all that it means is that these are present to a much greater than normal extent, in all settings and have been for a long-time, probably since early childhood.

There are a lot of problems that accompany ADHD, for example:
- Oppositional and defiant behaviours
- Co-ordination problems
- Specific learning disorders e.g. dyslexia
- Mood problems e.g. anxiety

Paediatricians look for these problems and try to help, but none of them is ADHD itself.

Once the diagnosis has been made, it may be predicted that the person diagnosed is quite likely to respond to a number of evidence-based interventions - this is an important reason why the diagnosis is useful.

**Speech, Language & Communication Needs (SLCN)**

Speech, language and communication underpin everything we do – making our needs known, expressing our likes and dislikes, interacting with others and building relationships.

We often take these skills for granted, but many children struggle to communicate. They have speech, language and communication needs or SLCN. This is a medically diagnosed condition.

A child with speech, language and communication needs:

- Might have speech that is difficult to understand
- They might struggle to say words or sentences
- They may not understand words that are being used, or the instructions they hear
- They may have difficulties knowing how to talk and listen to others in a conversation

Children may have just some or all of these difficulties; they are all very different.
Speech, language and communication are crucial for reading, learning in school, for socialising and making friends, and for understanding and controlling emotions or feelings.

SLCN is often called a ‘hidden difficulty’. Many children with SLCN look just like other children, and can be just as clever. This means that instead of communication difficulties people may see children struggling to learn to read, showing poor behaviour, having difficulties learning or socialising with others. Some children may become withdrawn or isolated. Their needs are often misinterpreted, misdiagnosed or missed altogether.

**Specific Language Impairment (SLI)**
SLI is a developmental disorder involving language delays (vocabulary, grammar, phonology) that are out of line with a child’s other abilities (non-verbal intelligence quotient (IQ)) and have no obvious cause such as another developmental disorder, acquired brain injury or severe environmental deprivation. SLI has an estimated prevalence of 6-7% in school children and is a medical diagnosis.

![Diagram* showing the relationship between SLCN and other needs.](Diagram)

**Profound and Multiple Learning Difficulty (PMLD)**
In addition to severe learning difficulties, people with PMLD have other significant problems, such as physical disabilities, sensory impairment or possibly a severe medical condition. Some will be on the autistic spectrum. They require a high level of adult support for both learning needs and personal care. They will need sensory stimulation and tasks broken down into very small steps. Some people communicate by gesture, eye pointing or symbols, others by very simple language.

Pupils with profound and multiple learning disabilities:

- Need very high levels of adult support for their learning needs and also for personal care,
- Have more than one disability
- Have severe and complex learning needs
• Have difficulty communicating, (may be non-verbal)
• May have additional sensory or physical disabilities, complex health needs or mental health difficulties.
• May have behaviours that are challenging.
• Have attainments that are likely to remain in the early P scale range (P1-P4) throughout their school careers (that is below level 1 of the National Curriculum).

Severe Learning Difficulty (SLD)

Pupils with SLD:

• Will need support in all areas of the curriculum, and have significant intellectual or cognitive impairments. This has a major effect on their ability to participate in the school curriculum without support.
• May also have associated difficulties in mobility and coordination, communication and perception and the acquisition of self-help skills.
• May also require teaching of self-help, independence and social skills.
• May use sign and symbols but most will be able to hold simple conversations and gain some literacy skills.
• Have attainments within the upper P scale range (P4-P8) for much of their school careers (that is below level 1 of the National Curriculum).

Dyscalculia

Pupils with dyscalculia have difficulty in acquiring mathematical skills. Pupils may have difficulty understanding simple number concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures.

Dyslexia

Pupils with dyslexia have a marked and persistent difficulty in learning to read, write and spell, despite progress in other areas. Pupils may have poor reading comprehension, handwriting and punctuation. They may also have difficulties in concentration and organisation, and in remembering sequences of words. They may mispronounce common words or reverse letters and sounds in words.

Dyspraxia

Pupils with dyspraxia are affected by an impairment or immaturity of the organisation of movement, often appearing clumsy. Gross and fine motor skills are hard to learn and difficult to retain and generalise. Pupils may have poor balance and coordination and may be hesitant in many actions (running, skipping, hopping, holding a pencil, doing jigsaws, etc). Their articulation may also be immature and their language late to develop. They may also have poor awareness of body position and poor social skills.

Downs Syndrome

Down's syndrome, also known as Down syndrome, is a genetic condition that typically causes some level of learning disability and a characteristic range of physical features. Most babies born with Down's syndrome are diagnosed with the condition after birth.

Note on “Complex Needs”
There is no nationally agreed definition of the meaning of the word “complex” in relation to special educational needs, and there is no agreed definition between professionals in Lambeth.

It is variously understood to mean multiple needs, a number of inter-related needs and/or a description of the severity of the needs. Sometimes it is related specifically to challenging behaviour, and some commentators and government papers link “complex needs” to high deprivation, areas of concentration of poverty, unemployment, poor housing, problems with literacy and a high risk to the impact of crime.

Note on “Global Developmental Delay (GDD)”

What is Developmental Delay?
• Some children for a variety of reasons do not develop as quickly as those in the ‘normal range’- if this happens to a significant extent, it is called developmental delay.
• Delay in two or more areas is sometimes called global developmental delay and will usually include a delay in learning skills
• There are different degrees of delay but no consensus in sub-dividing ‘mild’, ‘moderate’ and ‘severe’. It is more useful to look at the child’s functional problems.

Why does delay happen?
Most cases of developmental delay have a number of inter-related causes.
• Sometimes it runs in families: this does not mean that there will be a specific genetic cause identified in most cases
• There is sometimes a specific genetic or inheritable cause (usually for more severe cases of delay)
• Sometimes may have gone wrong either before or after birth, to affect brain development
• The amount of input a child receives can also be an important factor, in terms of the amount they get played with and talked to by supportive adults and other children, as well as how much exploring they are allowed to do.

The Code of Practice 2001 states that:

“For the vast majority of children their mainstream setting will meet all their special educational needs. Some children will require additional help from SEN services or other agencies external to the school. A very small minority of children will have SEN of a severity or complexity that requires the LEA to determine and arrange the special educational provision their learning difficulties call for.” (CoP Paragraph 1:2)

“Children have special educational needs if they have a learning difficulty which calls for special educational provision to be made for them.
Children have a learning difficulty if they:
a) Have a significantly greater difficulty in learning than the majority of children of the same age; or
(b) Have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority
(c) Are under compulsory school age and fall within the definition at (a) or (b) above or would so do if special educational provision was not made for
Children must not be regarded as having a learning difficulty solely because the language or form of language of their home is different from the language in which they will be taught.

Special educational provision means:
(a) For children of two or over, educational provision which is additional to, or otherwise different from, the educational provision made generally for children of their age in schools maintained by the LEA, other than special schools, in the area
(b) For children under two, educational provision of any kind.
(See Section 312, Education Act 1996)

Statutory Statement of SEN. Currently, Pupils with the highest levels of SEN are supported by a ‘Statutory Statement of Needs’. This provides parents and carers (and their child) the legal protection that the education needs of their child must be met and funded. Currently the same protection does not apply to their health and care needs.

Education Health and Care Plans. The proposed replacement of the Statement of Needs. The new ‘Education, Health and Care Plan’ will provide the same statutory protection to parents as the statement of SEN and will include a commitment from all parties to provide their services.