

Special Educational Needs
Banding Descriptors for Gloucestershire Pupils
Communication and Interaction

Please be aware that CYP with a diagnosis of a social communication or autistic spectrum condition may not present consistently across a day or period of time, and therefore may not neatly fit the criteria below. CYP may present with behaviours that fit Band 1 but on another day present with Band 3 behaviours. It may be changeable over time and there may be significant variation in presentation.

Please be aware that many strategies/interventions will be applicable across all bands to a greater or lesser extent.

It should be remembered that children experiencing C&I difficulties will experience varying levels of anxiety during the day – usually heightened in relation to their peers.

Specialist Commissioning Team

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Communication and Interaction

Communication and Interaction (C&I) :

These pupils can progress in mainstream with timely and appropriate interventions.

These pupils experience low level/low frequency difficulties with:

- Following classroom routines.
- Complying with adult directions.
- Responding appropriately to social situations.
- Forming and sustaining relationships with peers.

These pupils have identified needs and are going through assessment or identified as having ASD or SLCN.

BAND 1

Pupils may:

Experience raised anxiety. This may be exacerbated at the start of the day, at transition points, when there are unexpected changes to routines or new events/environments.

Be able to follow most conversations/instructions in context

Have some difficulty using/understanding non-verbal communication

Be mostly confident with occasional difficulty integrating or fulfilling social activity

Have mild occasional upset, frustration, anger, distress, embarrassment, concern or withdrawal

Have some difficulty developing/maintaining friendships

Have difficulties initiating/maintaining reciprocal conversations

Listen and respond in partner and/or group situations with occasional prompting, additional visual input and support

Relate well to adults and peers and engage in subject appropriate conversations with some support

Manage changes in routine provided adequate notice and preparations are given

Understand when reduced language is used, additional time is given and/or instructions are repeated

Find particular environments and sensory stimulation difficult to manage and this impacts on ability to listen and respond

Be gaining the ability to work independently although require prompts, support, etc. at times of transition, change to routine etc

May interpret language literally.

Pupils may require:

Learning:

Motivating activities that take account of their interests to engage them.

Additional explanation of the purpose of the task to encourage engagement.

Teacher planned adjustments to the balance of the curriculum to allow advice from a suitably qualified professional for school staff with regards to assessment, planning interventions and/or evaluating and reviewing progress (at least annually)

Evidence informed teaching approaches which place emphasis on direct teaching, finely graded tasks, structured multi-sensory techniques, practical tasks, which provide opportunities for frequent repetition and reinforcement/opportunities for over-learning and are regularly monitored and reviewed to ensure appropriate pupil progress

Programme of study appropriate to a child's levels of attainments, rather than Key Stage, which is regularly overseen, monitored and evaluated by a qualified teacher/SENCO

Pre/post tutoring, by a teacher or appropriately trained LSA, for specific areas of learning which is regularly monitored and reviewed to ensure appropriate pupil progress

Specific teacher planned modification of curriculum in order to take account of evidence based structured programmes of learning to develop literacy and/or numeracy skills, delivered by a person trained in the programme delivery which are regularly monitored and evaluated

Specific teacher planned modification of outcomes (e.g. alternative methods of response) including alternative recording strategies to access the majority of the curriculum (e.g. diagrams, mind maps, enhanced use of ICT with appropriate software) and/or frequent support for written tasks, an/or LSA. This may include modification of arrangements for examinations

Teaching approaches which place emphasis on modelling and demonstrating tasks

Structured tasks with a clearly defined beginning and end. Use of timer to support this may be needed.

Communication:

Use of a child's name to tune in/ensure their attention is gained before beginning any information/instruction.

Language backed with visuals, modelling, demonstration, concrete objects of reference.

Simplified language, explanation of idiomatic or metaphorical language, consistent use of language by adults, spoken instructions backed up with written instructions/notes. Avoidance of sarcasm. Awareness child may understand language literally.

Focused speech, language and communication advice arising from appropriate, formative assessments. This would form the Speech and Language Therapy episode of care. (The Speech and Language Therapy service uses an 'episode of care' model where packages of work are offered to address specific communication targets)

Teaching staff to consider accessing training packages available from Speech and Language Therapy service to support speech language needs

Available adult to support the generalisation of new skills to the child's everyday environment

Safe:

Warning in advance to changes in routine and at transition points during the day.

Complete a sensory audit, with the child, where possible.

Happy:

Opportunities to work in small group situations, with specified support to facilitate the development of social interaction with peers and develop friendships.

Predictable, structured routine. This may include use of visual timetables and use of workstation

Utmost importance placed on staff getting to know the child well over time, forming an attuned relationship and as a result understanding and meeting their needs.

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Communication and Interaction

BAND 2

Communication and Interaction (C&I) :

Typically pupils require an enhanced pupil/adult ratio so that they can receive specific support, supervision and interventions in order to make expected progress, and/or they need to work within a small group for a proportion of the day.

Exhibit some rigid behaviours and/or intense 'special interests' and talk about them at length. They may have difficulties with social communication including developing relationships with others.

Sharing and turn taking may be problematic.

May have difficulties with expressive/receptive language.

May have features of autism/ a diagnosis of ASD and may be masking their difficulties

Pupils may:

Experience raised anxiety. This may be exacerbated at the start of the day, at transition points, when there are unexpected changes to routines or new events/environments.

Have difficulties in areas of comprehension (eg inference and deduction),

Have difficulties asking and answering open questions, and difficulties understanding abstract higher level language

Have some difficulties in understanding and conveying more abstract concepts.

Find social interaction and social communication difficult

Recognising and understanding their own emotions and those of others difficult

Have mild to moderate expressive and receptive language difficulties which prevent effective age-appropriate communication

Have difficulties regulating emotions (e.g. anxiety, frustrations, upset) which impact on their and others' learning and wellbeing

Have difficulty following adult led tasks and instructions.

Use language for a range of functions but are sometimes not understood clearly by others this may cause frustration/anxiety.

Relate well towards adults and peers but will often use phrases/behaviours which can be out of context; may present as aloof/abrupt or misread social situation.

Have difficulty communicating with others, especially when anxious or unsettled.

Make progress with ability to work independently but are not yet able to organise work and self without regular prompts, support etc. throughout the day

Pupils may require:

In addition to, or in place of, the provision in Band 1:

Learn:

Advice from an appropriately qualified professional for setting staff on how to enable full access to curriculum and evaluate progress (at least 2 x per year)

Differentiation according to the needs of the child.

Communication:

As Level 1 and additionally:

Interventions such as Social stories, comic strip conversations to support child to understand situations and expectations, manage new experiences/environments, understand the impact of their words and actions on others etc.

Social skills interventions.

Specific support strategies and interventions, as advised by a speech and language therapist, delivered by trained staff, in order that they engage with the curriculum, develop social competence and emotional well-being and make expected progress

The Speech and Language Therapist may visit up to 2 times per episode of care to model, demonstrate, discuss targets, recommend resources and monitor

Teaching staff to consider accessing training packages available from Speech and Language Therapy service to support speech language needs

Available adult to support the generalisation of new communication skills to the child's everyday environment

Happy

Specific planned support to develop social understanding and/or to address sensory needs

Close liaison with parent/carer.

Utmost importance placed on staff getting to know the child well over time, forming an attuned relationship and as a result understanding and meeting their needs.

A range of evidence based strategies and interventions to meet the needs of a child with C&I additional needs.

Staff who have received AET Level 1 Training.

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Communication and Interaction

Communication and Interaction (C&I) :

Typically pupils require an enhanced pupil/adult ratio so that they can receive specific support, supervision and interventions in order to make expected progress and/or they need to work within a small group for a proportion of the day.

They may need frequent support because of their

Exhibit some rigid behaviours and/or intense “special interests” and have difficulties with social communication including developing relationships with others and in day to day interactions.

BAND 3

Pupils may:

Experience raised anxiety. This may be exacerbated at the start of the day, at transition points, when there are unexpected changes to routines or new events/environments.

Have difficulty following and using basic concepts relating to time, size, space etc

~~Have moderate speech sound difficulties~~

Have moderate language difficulties

Have persistent immaturities with speech and language

Have an uneven profile of abilities and understanding

Struggle to listen and respond without frequent and consistent support and prompting

Be unable to understand the routines and expectations in environments without regular preparation and explanation

Have difficulties using language for the full range of functions, and have difficulty using language to communicate their message effectively

Use visuals/signing etc. to support their communication and understanding in all lessons

Have difficulties at times of transition or when there are changes to routine

Have difficulties identifying and regulating emotions (e.g. anxiety, frustration, upset) which impact on their and others' learning

Have difficulties following classroom routines and expectations this will impact on their and others learning

Have anxiety and/or social communication difficulties which impact on some social interaction and development of relationships

Have difficulty sequencing their ideas and thoughts to be able to recount clearly an event or tell a story to a range of communication partners

Have limited initiation of social interaction and can take part in some imaginative play if taught/supported, but cannot develop this independently

Display restricted or repetitive patterns of behaviours or interest

Have communication difficulties (despite adequate vocabulary and language structures) which inhibit learning. Expressive language abilities are impaired to a degree that prevents effective age appropriate communication

Have difficulties with social interaction and/or restricted/ inflexible thinking leading to anxiety which the pupil finds difficult to cope with and which could occasionally lead to behaviour that challenges the norm

Follow appropriate, structured and predictable classroom conventions

Pupils may require:

In addition to, or in place of, the provision in Bands 1 and 2:

Learn:

Differentiated and tailored teaching strategies where teaching and instruction are explicit and clear

Learning tasks to be differentiated to account for individual strengths and weaknesses

Additional support for planning and structuring written/ verbal tasks to include clear, explicit targets for completion of tasks (eg timers, targets for quantity)

Regular advice from an appropriately qualified professional for setting staff on how to enable full access to the curriculum and evaluate progress

Regular allocated time from adults to implement specific support strategies and interventions recommended by professionals so that they can make expected progress

Communication:

Concrete language with an avoidance of figurative speech, idioms, sarcasm etc including modification of language context for all subjects

Visual supports to aid language understanding (e.g. pictures, symbols, objects of reference, gestures, and checklists) help access to the curriculum

A modified curriculum to meet need.

Alternative and augmented communication methods, supported by an appropriately experienced/ trained adult, in order to allow them access to curriculum, commensurate with their cognitive skills e.g. non verbal skills may be in line with national expectations

The Speech and Language Therapist may visit up to 4 times per episode of care to model, demonstrate, discuss targets, recommend resources and monitor

Happy

Close liaison with parent/carer.

Utmost importance placed on staff getting to know the child well over time, forming an attuned relationship and as a result understanding and meeting their needs.

A range of evidence based strategies and interventions to meet the needs of a child with C&I additional needs.

Staff who have received AET Level 1 Training.

Support/interventions to settle and reassure a child at the beginning of the day and during the day when necessary.

Staff to have an understanding of why a child may be exhibiting certain behaviours including refusal to engage, withdrawal, meltdowns and shutdowns; effective strategies to support and diffuse including reflective work post incident.

1:1 work with an adult to explore calming and relaxation strategies.

Consistent, structures and predictable classroom routines with advanced preparation for changes and transitions

Attention to the pupil's areas of special interest or skills in order to promote learning

Specific planned support to develop social understanding and/or to address sensory needs

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Communication and Interaction

Communication and Interaction (C&I) :

Typically pupils require an enhanced pupil/adult ratio so that they can receive specific support, supervision and interventions in order to make expected progress and/or they need to work within a small group for a proportion of the day.

They may make frequent demands for support because of their learning/behavioural difficulties and/or because of their dependency on students for their self help/care needs.

Exhibit some rigid behaviours and/or intense “special interests” and have difficulties with social communication including developing relationships with others.

The additional needs should be considered long term.

BAND 4

Pupils may:

Have difficulties identifying and regulating emotions (e.g. anxiety, frustration, upset) this will impact on his/her and others' learning and wellbeing

Display frequent physical and/or verbal aggression towards others which requires support from SLT or designated pastoral support team

Find changes to routine and meeting new people very stressful, which impacts significantly on ability to access learning

Have a lack of awareness of danger including caution around strangers and eating non-edible items

Not engage with peers and have little interest in friendships

Be vulnerable to bullying/exploitation due to a lack of social awareness, naivety and/or a desire to be independent

Have significant difficulty understanding language in order to reason e.g. make inferences, predict outcomes or draw conclusions

Be unable to communicate consistently for a range of communicative functions, e.g. requesting, commenting, questioning, refusing and greeting

Have significant difficulties listening and/or responding even with high levels of support.

Understand when language is simplified and pictures, real objects etc. used alongside verbal instructions

Use augmentative and alternative communication system, e.g. communication booklet, PECS, Makaton, objects of reference, visuals etc

Unable to sequence their ideas and thoughts to be able to recount clearly an event or tell a story to a range of communication partners

Make small steps of progress with limited ability to work independently as difficulties are long term

Learn self-care skills when they are broken down into small steps and/or supervised by an adult

Display restricted or repetitive patterns of behaviour or interest and some repetitive motor mannerisms used to self regulate or self occupy

Experience severe difficulties with communication leading to significant anxiety or heightened arousal, including behaviours that challenge the norm

Experience severe difficulties with social interaction leading to heightened anxiety that can endure for a prolonged period even with support/appropriate intervention from SLT or designated pastoral support team

Experience severe difficulties with sensory processing which leads to heightened anxiety levels and some behaviour which challenge the norm and/or impact on learning that require support from SLT or designated pastoral support team

Have difficulties understanding concepts relating to position, time, space, etc

Pupils will require:

In addition to, or in place of, the provision in Bands 1, 2 and 3:

Learn:

Explicit didactic teaching strategies

Learning tasks to be differentiated to account for individual strengths and weaknesses, including personalised rewards, reinforcement or activities that build upon personal interests to help them engage

Individual teacher planning and some adult support to access the learning and social curriculum for at least 75% of the week

Frequent specific interventions on a daily basis from adults in order to make expected progress

Appropriately trained adult help to assist cognitive development and develop attentions skills and/or distract from repetitive activity

Termly advice from an appropriately qualified professional for setting staff on how to enable full access to the curriculum and evaluate progress

Communication:

Concrete language with an avoidance of figurative speech, idioms, sarcasm etc including modification of language context for all subjects

Frequent support with mediated communication strategies to reduce anxiety and facilitate curriculum access in order to make expected progress

Visual supports to aid language understanding (e.g. pictures, symbols, objects of reference, gestures, and checklists) help access to the curriculum

The Speech and Language Therapist may visit up to 6 times per episode of care to model, demonstrate, discuss targets, recommend resources and monitor.

Safe:

Specific additional supervision by a trained adult in order to maintain safety within the school grounds and social times

A risk assessment to be reviewed and updated regularly

Happy:

Consistent, structures and predictable classroom routines with advance preparation for changes and transitions

Attention to the pupil's areas of special interest or skills in order to promote learning

Carefully planned inclusion opportunities, supported in part by additional adult support

Access to a suitable social skills programme with a range of peers

The use of an evidence based social skills intervention for children with needs relating to social communication and interactions that focuses on building friendships, understanding social inference, conversational skills, body language, assertiveness and protective behaviours

Specific planned support to develop social understanding and skills particularly at times of major life changes e.g. parental separation or KS 2/3 transfer

Communication and Interaction

Communication and Interaction (C&I) :

Typically these pupils have complex needs which require specific 1:1 adult interventions for the vast majority of the time to facilitate alternative communication and support physical and/or medical and/or behavioural needs.

BAND 5

Pupils may/will:

Use augmentative and alternative communication system, e.g. communication booklet, PECS, Makaton, BSL, touch cuing, sign supported English, objects of reference, visuals etc. as primary/only communication

Be unable to understand and carry out simple instructions independently or in line with age, despite repetition, clarification and augmented communication systems

Use specialist communication equipment/aids/augmentative/alternative communication which requires adult facilitation

Be unable to understanding language in order to reason e.g. make inferences, predict outcomes or draw conclusions

Be entirely reliant upon an adult for a significant part of their care needs e.g. changing, feeding, dressing and/or medical intervention

Require additional therapies e.g. access to a sensory room, physiotherapy and hydrotherapy

Have some communication skills with the use of aids to the point of expressing some likes and dislikes and possibly some self-initiated wishes

Have conditions that overlap and interlock creating a complex profile e.g. mental health, behavioural, physical, medical, sensory communication and cognitive

Have inconsistent attainment, presenting atypical or uneven profiles. May work at any level including the National Curriculum and P scale

Be self-absorbed and difficult to engage

Have difficulty with mobility, communication, perceptions and acquisition of self-help skills

Be unlikely to be independent in everyday self-care

Be unlikely to be independent outside familiar settings

May be unable to eat and drink safely without a high level of adult support, e.g. requires a modified diet, not orally fed, not able to eat/drink independently

Attempt to approach others (only to meet their own needs) paying little or no attention to their response

Pupils will require:

In addition to, or in place of, the provision in Bands 1, 2, 3 and 4:

Learn:

Access to ICT and other curricular aids to facilitate learning and maintain progress

Specifically planned access to targeted mainstream curriculum areas

Staff to ensure that their on-going assessments are appropriately differentiated to ensure an accurate picture of child/young person progress & attainment

Communication:

Access to a Total Communication environment where there is a whole group approach to supporting language development, and where signs, visual supports and gestures are used extensively

Constant support with mediated communication strategies to reduce anxiety and facilitate curriculum access in order to make expected progress

Staff to use appropriate communication approaches to encourage making independent choices and initiating communication

Access to a Total Communication environment where there is a whole group approach to supporting language development, and where signs, visual supports and gestures are used extensively

Engagement to be supported by visuals including timers and first/then boards and language.

Focused speech, language and communication advice arising from appropriate, formative assessments. This would form the Speech and Language Therapy episode of care.

The Speech and Language Therapy service uses an 'episode of care' model where packages of work are offered to address specific communication targets

The Speech and Language Therapist may visit up to 6 times per episode of care to model, demonstrate, discuss targets, recommend resources and monitor

Teaching staff to consider accessing training packages available from Speech and Language Therapy service to support speech language needs

Setting may benefit from training in specialist areas from a Speech and Language therapist. This may include training in adapting the school environment, particularly if the child attends a mainstream setting

Available adult to support the generalisation of new skills to the child's everyday environment

Support and training with AAC and accessing appropriate methods of communication

Visual supports to aid language understanding (e.g. pictures, symbols, objects of reference, gestures, and checklists) help access to the curriculum

Safe:

Ongoing multi-professional support and advice for planning, reviews and to evaluate progress and in relation to the education setting and/or family support

Additional adult support on a daily basis to support safety where they have put themselves and/or peers and/or staff at risk of physical harm and may require physical intervention

Access to significant individually tailored specialist equipment (e.g. seating) and/or resources including technical aids to allow curriculum access, care and support

Assessment by a specialist speech and language therapist in dysphagia (feeding), with recommendations for safe eating/drinking provided and demonstrations offered if required. Recommendations to be updated when any changes are noted by staff in eating and drinking patterns or any signs of aspiration noted.

A high level of adult support at snack/lunch times to ensure eating/drinking is done safely.

All staff involved in eating/drinking to access eating and drinking awareness training from SLT service, to be carried out at a minimum every 2 years.

Happy:

A very high level of adult support in order to access the curriculum and meet emotional, social and personal need

A managed environment with highly predictable routines in small groups with specific individual activities or a personalised learning environment

Access to time out areas, appropriate sensory areas and/or additional therapies

Communication and Interaction

Communication and Interaction (C&I) :

Typically these pupils have complex needs which require specific 1:1 adult interventions for the vast majority of the time to facilitate alternative communication and support sensory processing and communication needs.

BAND 6

Pupils may/will:

Be unable to understand the routines and expectations within their environment without daily preparation and explanation, including use of pictures, symbols, objects, signs and social stories

Not understand simple instructions despite repetition, clarification and augmented communication

Be unable to understand language in order to reason e.g. make inferences, predict outcomes or draw conclusions

Have conditions that overlap and interlock creating a complex profile, e.g. mental health, behavioural, physical, medical, sensory, communication and cognitive

Have inconsistent attainment, presenting atypical or uneven profiles. May work at any level including the National Curriculum and P scales

Require high levels of personal care (feeding, dressing) and medical interventions

Often require more than one to one supervision to maintain safety and engage in learning

Be reliant on limited physical responses to express pre-intentional communication and/or requires a communication aid to express some likes and dislikes

Have significantly limited functional language and communication across all settings

Be unable to use language for any more than one function

Have repetitive verbal and physical behaviours that are frequent and preclude most engagement in learning. These can lead to severe anxiety, aggression or withdrawal

Have severe and persistent frustration with communication which can cause extreme levels of acute anxiety experienced on a regular basis and across different settings. This will lead to extreme behaviours that will challenge the norm

Have severe and persistent difficulties with social interaction, unpredictable, ongoing, extended periods of anxiety that cannot be reduced even with support and appropriate interventions

Have significant difficulties with sensory processing and sensory modulations which lead to heightened anxiety levels.

Passive/unsafe behaviours that challenge the norm and adversely affect the ability to engage with the world

Show signs of distress over small changes in the environment and are reliant on routine and the expected. Significant and persistent adherence to personal, specific or complex routines across all settings

Be highly dependent upon personal, routines and rituals leading to intense inappropriate reactions at times

Have multiple difficulties i.e. ADHD, uncontrolled epilepsy, mental health issues, selective mutism, dyspraxia, etc., and are likely to have additional formal diagnoses that require an individual plan and support for learning

Pupils will require:

Learning:

A totally individually designed curriculum in order to make expected progress

Frequent and ongoing multi-professional support and advice for planning, review and to evaluate progress

Teaching by teachers experienced in teaching pupils with high level ASD in small groups throughout the day

Communication:

Access to a Total Communication environment where there is a whole group approach to supporting language development, and where signs, visual supports and gestures are used extensively

Engagement to be supported by visuals including timers and first/then boards and language

Speech and Language Therapist to provide outcomes/targets or updated advice to support EHCP annual review

Provision of a focused speech, language and communication advice arising from appropriate, formative assessments. This would form the Speech and Language Therapy episode of care

The Speech and Language Therapy service uses an 'episode of care' model where packages of work are offered to address specific communication targets

The Speech and Language Therapist may visit up to 6 times per episode of care to model, demonstrate, discuss targets, recommend resources and monitor. This would relate to a specific identified need

Teaching staff to consider accessing training packages available from Speech and Language Therapy service to support speech language need

Setting may benefit from training in specialist areas from a Speech and Language therapist. This may include training in adapting the school environment, particularly if the child attends a mainstream setting

Available adult to support the generalisation of new skills to the child's everyday environment

Support and training with AAC and accessing appropriate methods of communication

Visual supports to aid language understanding (e.g. pictures, symbols, objects of reference, gestures, and checklists) help access to the curriculum

Safe:

Planning and provision for out of school hours for a high level of family support and liaison

Constant trained adult support in order to access the curriculum and meet emotional, social and personal needs, Staff will need to be able to use appropriate communication approaches to encourage making independent choices and initiating communication

Happy:

Personalised and consistent strategies to be successful in all transitions

Trained staff to provide structured help to raise confidence and self esteem, increase concentration and independence, communicate more effectively and understand social behavioural norms (may include issues related to self harm or mental health)

A planned programme of personal and social development behaviour management, requiring supported interaction with other children and adults in small groups throughout the day

A consistent learning environment, with secure and explicit boundaries, and a particular emphasis on encouraging interaction with other pupils

A planned programme of provisions outside of the school day requiring additional adult support