

# **Early Years Inclusion Support Funding and Transition Support Funding 2021-22 for children with Special Educational Needs and/or Disabilities in Bath and North East Somerset**

For use by all Early Years Providers: Nursery Classes, Nursery Schools, Children's Centres, Private, Voluntary and Independent Settings and Childminders

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## Special Educational Needs and Disabilities – Provision for children in Early Years

Early Years settings should use the full spectrum of existing resources when considering support for children with Special Educational Needs and Disabilities (SEND). As part of the Inclusion Support Funding (ISF) process, Early Years settings in Bath and North East Somerset will be expected to show and evidence inclusive practice as part of their universal offer for all children (including those with SEND).

Core Early Years Entitlement (EYE) budget – Element 1 (base rate funding)		
Early Years Provider in B&NES	LA Core Funding for 2 year olds	LA Core Funding for 3 & 4 year olds
	<b>£5.51</b> (as of April 2020)	<b>£4.08</b> (as of April 2020)

Early Years settings in Bath and North East Somerset that offer free early education places to eligible 2, 3 and 4 year olds are funded on a termly basis for the number of children attending (confirmed via their headcount forms). This is up to a maximum of 570 hours per child in a rolling year from when the child becomes eligible until the child meets statutory school age.

Core Early Years Entitlement (EYE) budget – Element 2 (Deprivation Supplement) (3 and 4 year olds only)		
Early Years Provider in B&NES	Universal	Additional Targeted Early Years Pupil Premium
	2p per hour per child	65p per hour per child

**Please note that base rate funding and additional supplement funding are subject to formula changes.**

**Core Funding Element 1** is funding from the Dedicated Schools Grant (DSG) to fund a child's place in an early years setting.

**Core Funding Element 2** is only for 3 and 4 year olds as the provision of early education for 2 year olds is funded using a single base rate (with no supplements). The deprivation supplement for 3 and 4 year olds is the only mandatory supplement in the 3 and 4 years old funding formula.

**The Early Years Pupil Premium (EYPP)** will continue to be paid per child under exactly the same criteria already in place, for all children accessing their 3+ EYE. The EYPP is paid at an additional 53p per hour.

**Disability Access Funding (DAF)** - The new Disability Access Fund will provide £615.00 per year for every eligible child to support their access to the free entitlements. This fund will be for three and four-year olds who are taking up their free entitlement and are in receipt of Disability Living Allowance (DLA).

If you would like further information about sources of income for early years providers please visit the following [Department for Education \(DfE\) webpage](#).

# Governing Principles

Bath and North East Somerset Local Authority and its partners are committed to:

- Ensuring equal opportunities for all children and young people – all early years practitioners are skilled and confident to support all children and young people, including those with special educational needs and disabilities.
- Ensuring that special educational needs are identified early and accurately so that appropriate interventions and specialists can be put in place to support progress.
- Promoting and developing local provision so that children and young people are able to be supported within their local community.
- Promoting openness and encouraging participation of children, young people and their families in all decisions regarding special educational needs and disabilities.
- Ensuring fair, transparent and consistent allocation of resources that supports achieving good outcomes for children and young people with special educational needs and disabilities.
- The views, wishes and feelings of the child and his or her parent, or the young person.
- The importance of the child and his or her parent, or the young person, being provided with the information and support necessary to enable participation in those decisions.

## SEND Code of Practice 2015

Some children and young people may have special educational needs at some stage during their education.

The SEND Code of Practice defines Special Educational Needs (SEN) as:

A child or young person who has a learning difficulty or disability which calls for special educational provision to be made for him or her:

- A child of **compulsory school age or young person** has a learning difficulty or disability if he or she has significantly greater difficulty in learning than the majority of others of the same age.

Or

- Has a disability, which prevents or hinders him/her making use of educational facilities of a kind generally provided for others of the same age in mainstream educational settings.
- **Children under compulsory school age** have special educational needs if he or she is likely to fall with the above definition when they reach compulsory school age or would do so if special educational provision was not made for them.
- For **children aged two or more** special educational provision is educational or training provision if it is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post 16 institutions or by relevant early years providers.
- For **children under two years** of age, special educational provision means educational provision of any kind.

[\(p15-16, SEND Code of Practice 2015\)](#)

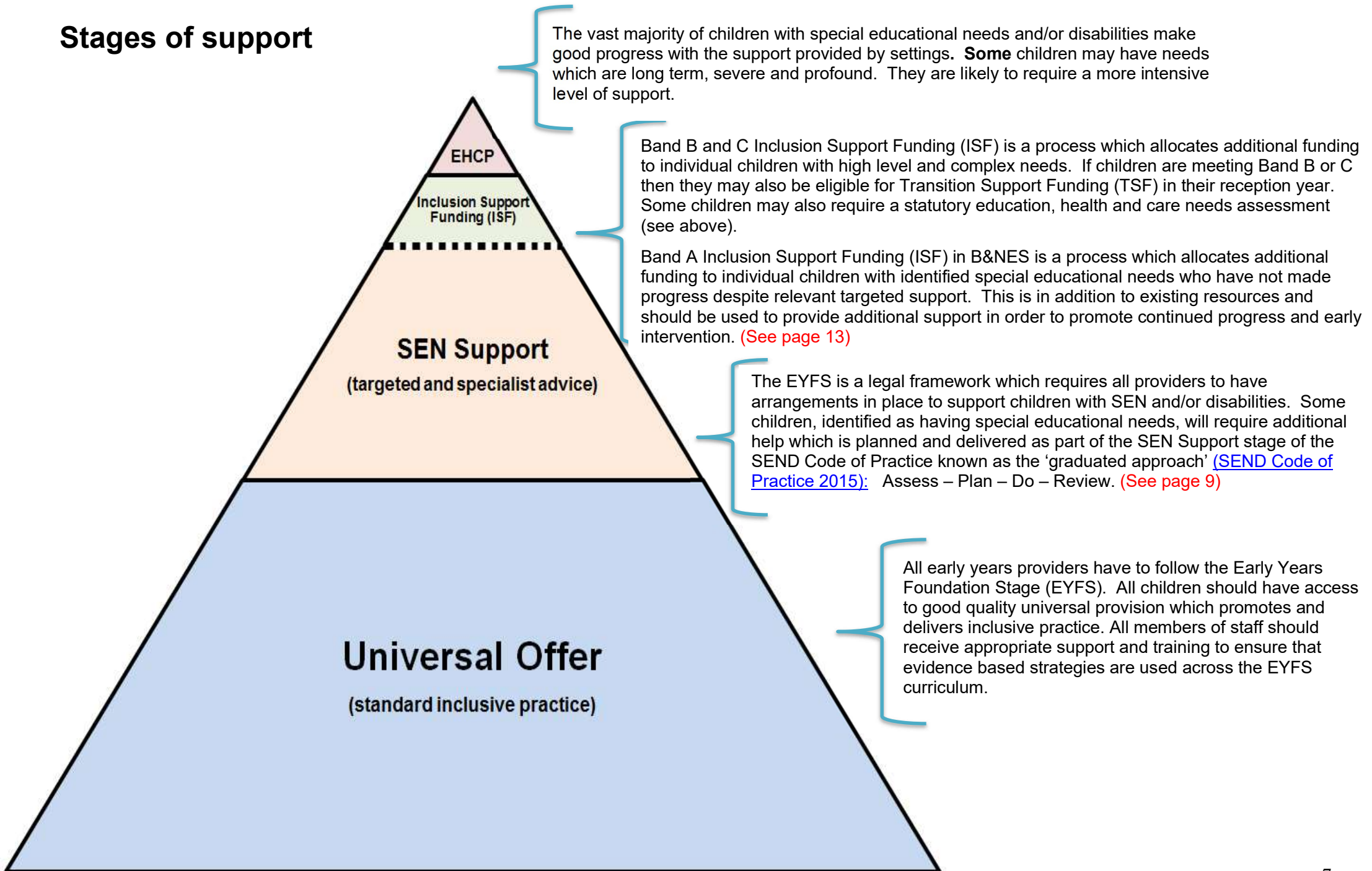
### **What is not special educational need but could impact on the child ability to learn?**

Early years settings have a duty to monitor progress of all children and young people. Sometimes lack of slow progress becomes a cause for concern. A delay in learning may not indicate that a child has special educational need that calls for special educational provision. Quality of teaching and learning should always be considered as a possible reason for unexpected slow progress and widening gaps in attainment.

Educational settings should also carefully consider if issues other than special educational need impact on progress and/or attainment and outcomes. They may include:

- Disability (the code of practice outlines the reasonable adjustment duty for all settings under the Disability Equality legislation; these alone do not constitute SEN).
- Attendance and punctuality.
- Health and welfare.
- English as additional language.

# Stages of support



## Expectations for all Early Years Settings – Universal Offer

The following would be expected for all Early Years Settings (children aged 0-5 years) to be provided as standard inclusive practice. This should be a universal offer for supporting children aged 0-5 years with SEND to access their childcare.

<p><b>All children including those with SEND:</b></p> <ul style="list-style-type: none"> <li>▪ should have access to a broad and balanced EYFS curriculum that meets the individual needs of children to ensure they learn and develop well and are kept healthy and safe as part of the EYFS statutory requirements</li> <li>▪ will have an identified key person who is the first point of contact and has responsibility for working with the child on a daily basis with support from the SENCO (and parent/carer)</li> <li>▪ should be offered different (differentiated) opportunities or alternative approaches to learning to meet a range of learning needs</li> <li>▪ will be offered an individualised approach to learning by practitioners identifying and meeting individual needs</li> <li>▪ will have resources available to meet the ages and stages of their individual development</li> <li>▪ will have intervention plans as part of any identified SEN Support, which their key person will oversee with support from the SENCO</li> <li>▪ will be monitored to regularly review the effectiveness of the support and the monitoring of the child's progress</li> </ul>	<p><b>All early years providers will:</b></p> <ul style="list-style-type: none"> <li>▪ have a comprehensive SEN policy which is acknowledged and adhered to by all staff</li> <li>▪ have clear arrangements in place to support children with SEND</li> <li>▪ offer a graduated approach in accordance with the SEND code of practice 0-25 (April 2015) - assess, plan, do &amp; review</li> <li>▪ have a named setting SENCO in line with the SEND code of practice 0-25 (April 2015)</li> <li>▪ ensure all staff have access to training which will up skill practitioners to be confident in managing a range of learning needs to include all children in an early years setting</li> <li>▪ be aware of their Equalities Act 2010 and make reasonable adjustments for children covered under the protected characteristics</li> <li>▪ have a clear policy to enhance positive behaviour within the setting and ensure that it is applied consistently across the setting by all practitioners</li> <li>▪ have support plans in place for those children identified with SEND which are monitored and evaluated regularly</li> <li>▪ have and maintain a culture of high expectations for all children amongst practitioners</li> <li>▪ have good and effective working partnerships with parents, offering clear and transparent information</li> <li>▪ have arrangements in place to work collaboratively with other professionals i.e. health, social care, schools etc., to ensure children benefit from an integrated approach</li> </ul>
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The Early Years Area SENCOs are available to support settings to ensure that they are providing standard inclusive practice as part of their universal offer. Their advice and guidance is also available to settings when considering the level of an individual child's needs.

Other services are also available to support children with SEND and more information can be found out via the [B&NES Local Offer](#).



## What action should be taken when a Special Educational Need is identified? SEN Support

Once the special educational need is identified it is very important that special educational provision is made. The provision should be evidence based, focused on the identified need and its impact should be monitored over time. The assessment process and information gathering should include early discussion with the child and their family.

The **SEN support** is known as the graduated approach and it adopts 4 stages:

### Assess Needs – Plan – Do – Review CYCLE



## **Assess:**

Early years practitioners should work with the SENCO to carry out a clear analysis of the child needs.

This process should draw on a range of assessments and experiences of the child. For example it should take into account previous and current rate of progress, assessments, observations, progress in comparison to peers and national data, the views and experience of parents, the child own views and, if relevant, advice from external support services.

In some cases, external professionals from educational support services, health or social care may already be involved with the child. These professionals should liaise with the early years setting to help inform the assessments so that the type and severity of special educational need can be established.

## **Plan:**

If a special educational need is identified the early years setting should provide appropriate SEN support.

In consultation with the child and their parent/carers the early years practitioner and the SENCO should agree the type and level of adjustments, interventions and support as well as the expected outcomes. The type of support should be based on reliable evidence of effectiveness, and should be provided by staff with sufficient skills and knowledge. All members of staff who work with the child/young person should be made aware of the support plan.

## **Do:**

The early years practitioner should remain responsible for working with the child on a daily basis. They should work closely with any key staff or specialist staff involved, to plan and assess the impact of support and interventions.

The SENCO should support the early years practitioner in any further assessments of the child's particular strengths and weaknesses (identified areas of difficulty/support/need), in problem solving and advising on the effective implementation of support. The SENCO will also arrange additional support, professional guidance or training for members of staff working with the child.

## **Review:**

The effectiveness of the support and the impact on the child progress should be reviewed by the agreed date.

The impact and quality of the support and interventions should be evaluated, along with the views of the child and their family. This should feed back into the analysis of the child's needs.

The early years practitioner, working with the SENCO, and in consultation with the child and their family should revise the support in light of the child's progress and development, deciding on any changes to the support and outcomes.

The review process helps to ensure that support and interventions are matched to need, barriers to learning are identified and overcome, and that a clear picture of the interventions are put in place and their effects are monitored. The way in which a child responds to an intervention can be the most reliable method of developing a more accurate picture of need.

**It is essential that the views of children and their families are evidenced through the graduated approach (cycles of assess-plan- do and review).**

## Inclusion Support Funding and Transition Support Funding in Bath and North East Somerset

Inclusion Support Funding (ISF) is a process which allocates funding to an early years provider to promote early intervention. Inclusion Support Funding is in addition to existing resources and should be used to provide additional support in order to promote continued progress and to enable children aged 2 years and over with SEND to achieve better outcomes. It can allow an early years provider to make adaptations to the learning environment such as increasing their staffing ratios in order to increase the capacity of the child's key person or, in some cases and where appropriate, to purchase other services. The allocation of inclusion funding will be monitored and audited to ensure the funding is being used appropriately. If a child's attendance is low and inclusion funding is not being used effectively this will be reviewed and the funding may cease after consultation with relevant professionals.

Transition Support Funding is split into two parts. The first part of Transition Support Funding is a set amount of funding given to the early years setting in term six of the child's pre-school year, to support a child's transition to school. The setting is expected to use the funding to take the lead in a child's transition to school by arranging transition meetings, involving parents / carers and ensuring all relevant paperwork is shared. The second part of Transition Support Funding is a set amount of funding given to the school in addition to their delegated funding for a child's reception year, to ensure a positive and smooth transition. This normally involves a school recruiting a Teaching Assistant to work with the child and provide increased support during the reception year. A report has been published regarding Transition Support Funding which can be found [here](#).

As part of the request for Transition Support Funding, it will also be considered whether a child would benefit from the Nurture Outreach Service. The majority of children identified for the Nurture Outreach Service will be vulnerable children, with social, emotional or mental health needs, requiring specialised nurtured transitions into school. The Nurture Outreach Service provides advice and guidance to the early years setting in term six to help support a positive and consistent transition to school for the identified child. This support then continues into a child's reception year alongside Transition Support Funding where the allocated Nurture Outreach Worker will work with a school to support them with strategies, advice and guidance specific to the child's needs.

A range of professionals can apply for Inclusion Support Funding and Transition Support Funding including Early Years Settings, Health Visitors, Children Centre Practitioners and other Health professionals. All applications are considered by the Early Years Special Educational Needs and Disability Inclusion Panel (SENDIP). The panel meet on a monthly basis and include representatives from Early Years, Statutory SEN Team, Children's Centres, Social Care, Specialist provider and Health professionals. The primary purpose of SENDIP is to support the inclusion of young children with Special Educational Needs and/or Disabilities, or those who are particularly vulnerable, into and within early years settings and through their transition into school. There are three bands in total. The first band (A) is specifically designed to support children with identified special educational needs who have not made progress despite targeted support and should be used to provide additional support in order to promote continued progress and early intervention. The second and third bands (B and C) are designed to support children with high level and complex needs. **For a child to receive Transition Support Funding in reception they must meet the criteria for band B or C.**

Applications are made using the Special Educational Needs and Disability Inclusion Panel request form (SENDIP request form) which can be found on the B&NES public webpages ([here](#)). Once the request is submitted, the panel then looks at the detailed information and evidence provided, and makes decisions based on this evidence against the published funding thresholds / descriptors below. All providers must have regard to the SEND Code of Practice (2015) and the Equality Act (2010). The provider must demonstrate how the SEN graduated approach to meeting children's needs has been implemented and monitored using the My Plan at SEN Support and the cycle of Assess, Plan, Do and Review. Early Years providers must demonstrate how they have provided additional or different provision to meet a child's needs within reasonable adjustments; this information must be evidenced when submitting an application to panel. This can be evidenced using the My Plan at SEN Support, inclusion plans, frequency charts, progress trackers and risk assessments over a minimum of three months to evidence the need for inclusion funding.

## **Specialist Equipment**

Some children with special educational needs and disabilities may require specialist equipment to enable them to have full access to the Early Years Foundation Stage (EYFS) within their early years setting. Applications for specialist equipment can be made by the child's Occupational Therapist, Physiotherapist or a Specialist Teacher from the Sensory Support Service.

# Inclusion Support Funding (ISF) and Transition Support Funding (TSF) Thresholds / Bands

The ISF and TSF thresholds are set out on the pages that follow. They should be seen as providing guidance to all parties. Each request for funding is considered individually at SENDIP to enable panel members to come to a decision based on the threshold information and the evidence provided. This ensures consistency and transparency of decision-making across Bath and North East Somerset.

The decision to allocate funding is informed by three principle considerations:

- 1) **The severity, complexity and long-term nature of the special educational need.**
- 2) **Despite relevant, purposeful, evidence based support and making reasonable adjustments, it is not possible to meet the special educational needs within existing resources.**
- 3) **Progress over time.**

In most cases, SENDIP will expect the above principles and **at least 50% of the descriptors to apply** to the child in question, evidenced in the request, before agreeing a band specific to any one area of need. Where a child has needs across several areas, an **overall funding band** will be agreed based on the evidence provided. The quality of the evidence is crucial in enabling SENDIP to make comprehensive decisions.

Some children will have needs that span across two or more areas of SEN. It may be possible for a number of less severe special educational needs to have a significant cumulative effect on a child's progress and inclusion support funding may be appropriate. In such cases, a judgement will be made by panel and the reaching of a consensus view, facilitated by the chair. If a consensus view cannot be reached, a democratic voting system will be used, with the chair having the casting vote based on the evidence provided. The panels terms of reference can be found [here](#).

As mentioned above, the provider must demonstrate how the graduated approach (**cycles of assess-plan- do and review**) has been implemented and monitored during their time at the setting prior to making an application (minimum of two cycles over a 3 month period). There is an expectation that Early Years providers will demonstrate the ways in which they have endeavoured to meet a child's additional needs within the resources routinely available (page 3) and this information must be evidenced when submitting an application. This can be evidenced using the My Plan at SEN Support, inclusion plans and risk assessments over a minimum of three months to evidence the need for inclusion funding.

The below banding amounts are only for ISF (i.e. a child in receipt of their EYE and attending nursery / pre-school) and the funding for TSF is separate. If a child meets the criteria for TSF (band B or C) then the school will receive approximately £4,830 over the reception year and are expected to use TSF in addition to their delegated funding (up to £6,000).

Band A (ISF)		Band B (ISF)		Band C (ISF)	
Based on 15 hours EYE	Based on 30 hours EYE	Based on 15 hours EYE	Based on 30 hours EYE	Based on 15 hours EYE	Based on 30 hours EYE
Up to £2,052 ISF per annum	Up to £4,104 ISF per annum	Up to £3,591 ISF per annum	Up to £7,182 ISF per annum	Up to £5,130 ISF per annum	Up to £10,260 ISF per annum

# Guidance notes on using the thresholds to make a request

## 1. Children with wide-ranging learning needs

### Play, Cognition and Learning

Some children may have ‘global delay’ or are working across most of the EYFS at age-bands well below their chronological age, suggesting that they have wide ranging learning difficulties and needs. In such cases the **Play, Cognition & Learning section should be evidenced first**. It is essential the evidence submitted as part of the funding request triangulates with specialist reports. For some children with active or recent Health Visitor involvement, a completed and plotted Ages & Stages Questionnaire (ASQ) may be available. This gives standardised information based on parental views and can be useful in helping to profile a child’s development and needs across many areas.

As the EYFS does not have a specific section related to ‘cognition’, Early Years Settings should be able to gather evidence from a range of learning experiences in which the child has had to **solve problems** of one kind or another, or use **basic concepts** to sort, match and classify. The child’s play skills, mathematical knowledge and skills, how they explore the environment and their understanding of the world are all relevant. Many cognitive skills develop as language skills develop and are facilitated by them, others – such as completing inset jig-saw puzzles, do not depend so much on language.

## 2. Children with specific needs in particular areas

Some children clearly have more specific needs rather than wide-ranging ones, and in such cases the area of greatest need should normally be evidenced first. Completing or reviewing the Child Progress Tracker should enable Early Years Settings to build an EYFS profile as a starting point for considering areas of greatest (and least) need.

### Physical Skills and Sensory Needs

There are separate sets of descriptors for each of these SEND areas. The physical descriptors relate closely to the EYFS prime area but with the emphasis on **mobility** and, to a lesser extent, **personal care needs**. In most cases requests to SENDIP will require **evidence of involvement from a specialist agency, usually a Physiotherapist or Occupational Therapist**.

Children with significant physical needs may also have communication and complex medical needs, and these are recognised in the threshold bands. Separate requests can be made to SENDIP for specialist equipment through the appropriate specialist agency (see page 12).

Children with severe sensory loss may have significant access and/or educational/learning needs as well as having complex medical or access needs requiring very high levels of intervention and support. SENDIP would normally expect the involvement of the **Sensory Support Service (SSS)** to inform practice and to advise the panel on the child’s needs.

**The panel is happy to receive reports and information emailed from therapists in a secure manner if the appropriate permissions have been obtained. This is to help relieve capacity issues on specialist support services where a report may not yet be available.**

### **Social, Emotional & Mental Health (SEMH)**

This SEND area of need corresponds closely with the EYFS Personal, Social & Emotional Development prime area, but with an added 'mental health' dimension which is perhaps more familiar as a concept to practitioners and agencies working with older children and parents/carers. Early years practitioners may be more comfortable with the term 'emotional wellbeing'.

We know that some babies and young children do experience severe emotional trauma which in turn can lead to difficulties forming positive attachments with significant adults and a wide range of social and emotional needs, together with challenging behaviour. Some of these children may be subject to a Child in Need, Child Protection Plan, in care or adopted at the time a SENDIP request is being considered, and have (or be about to have) a Personal Education Plan (PEP) drawn up. The descriptors listed under SEMH will be considered against:

- The level of behaviours displayed particularly in relation to age and context.
- Frequency (at least daily incidents)
- Severity/intensity.
- Its persistence over time.
- Impact on learning and progress and on others
- Progress over time (this should include information about progress against appropriately focused and relevant targets)

Evidence submitted as part of the request can include:

- EYFS information relating to the child's progress in Making Relationships, Self Confidence and Self Awareness, and Managing Feelings and Behaviour.
- Information about any structured observations of behaviour carried out in the setting, either by setting staff or outside agencies, and any targeted outcomes agreed. E.g. behaviour logs, frequency charts.
- A completed risk assessment where safety of the child, or others, is a concern
- Evidence that the Bath & North East Somerset **Being Kept in Mind** document has been used to help identify the child's SEMH strengths and needs, and has also informed planning and practice within the setting
- Copies of any specialist reports, for example from a Theraplay practitioner, where available.
- A Thrive Assessment where available
- If the child is part of a CHIN / CP then information from Social Care (with consent).
- A completed and up-to-date Common Assessment (CAF) with multi-agency input highlighting the child's needs.



## **Communication & Interaction**

There are two sets of ISF descriptors in this section. The **communication descriptors** link closely with the EYFS prime area Communication and Language and the development of Listening & Attention, Understanding and Speaking. The **Interaction descriptors** are closely linked to those within the EYFS Personal, Social and Emotional Development prime area and are most appropriate for those children experiencing significant **social communication difficulties** and who may have, or be on the path towards a diagnosis of, an Autistic Spectrum Disorder (ASD) or now known as Autistic Spectrum Condition (ASC).

Many young children experience delays in the development of communication and language skills, and those with mild delays should normally have their needs met within the setting using the My Plan at SEN Support, but without requiring additional funding. SENDIP will consider requests for those with moderate to significant or severe communication delays or language disorder, but in all cases evidence is required of assessment and intervention from a Speech & Language Therapist in addition to a My Plan at SEN Support. There should normally be evidence of input from the Speech & Language Therapist into Targeted Outcome Plans (TOPS). Obtaining reports from busy Speech & Language Therapists can be difficult and therefore SENDIP is happy to receive emailed information sent in a secure way direct from the therapist (as mentioned above – page 15). Having such information is crucial to SENDIP being able to make robust and equitable funding decisions.

## **Children with Medical Needs**

Settings are normally expected to make reasonable adjustments for children experiencing health and medical needs which do not impact in a significant way on learning and development. Advice should be sought from the Health Visitor or other relevant specialist agency if there are concerns about how to meet such needs. A health care plan may be necessary or already in place. Children with medical/health needs that impact on their learning and development must have a My Plan at SEN Support that appropriately reflects these needs.

### **3. Children not in an early years setting**

Some children with highly complex special educational needs and/or disabilities (e.g. physical/medical needs) will require support as soon as they start at an early years setting. The child's needs are so significant that they are likely to require immediate support, aid or adaptations over and above that normally available through the graduated approach at SEN Support. We would expect the above information to apply with evidence coming from the one page profile, specialist reports, health care plan (if applicable) and relevant assessments. Requests for these children will normally come from a Health Visitor, Children's Centre Practitioner or another relevant professional involved with the child/family.

## **4. Exceptional Circumstances Requests**

It is expected that the vast majority of requests for Inclusion Support Funding and Transition Support Funding will follow the above procedures, and will be examined in relation to the evidence received. However, in exceptional circumstances it may be necessary to request Inclusion Support Funding and Transition Support Funding without the evidence of actions taken by the early years setting. These circumstances include:

- The child (and family) has recently moved into Bath & North East Somerset with a documented history of significant or highly complex learning needs.
- An unexpected/sudden and significant special educational need which occurred as a result of a medical condition, an accident, emotional abuse or trauma.

If you are planning to make an exceptional circumstances request please discuss with your Area SENCo in the first instance.

## **5. Contact information**

If you have any queries about making a request to panel and are unsure about using the threshold descriptors, please contact SENDIT for further information.

Early Years Special Educational Needs, Disability and Inclusion Team (SENDIT)  
Bath and North East Somerset Council  
Lewis House  
Manvers Street  
Bath  
BA1 1JG

Tel – 01225 395608

Email – [SENDIT@bathnes.gov.uk](mailto:SENDIT@bathnes.gov.uk)

## Early Years Inclusion Support Funding and Transition Support Funding Descriptors

	Universal offer	SEN Support	Band A	Band B	Band C
Play, Cognition and Learning	Cognitive abilities within broad average levels and development within EYFS average or close to average	Child presents with some learning delay, shows some difficulties with conceptual understanding, in one or more areas of the EYFS and attainments are more than 1 year below average	<p>Moderate learning difficulties. Needs differentiated work and support with conceptual understanding, and reasoning across the EYFS</p> <p>In the low range on standardised assessments of cognitive ability, or child presents with a very uneven profile of cognitive abilities that requires a balance of small group and additional adult support</p> <p>Difficulties learning basic concepts and retaining them over time despite targeted support</p> <p>Limited and/or repetitive play skills, these persisting in spite of targeted support.</p> <p>Significant difficulties with imaginative play.</p>	<p>Severe learning difficulties, showing significant delay in reasoning skills and experiencing learning difficulties across all areas of the EYFS</p> <p>Severely limited and restricted play skills, these persisting in spite of targeted support</p> <p>Extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support</p> <p>Severe difficulties learning basic concepts and retaining them over time despite targeted support</p> <p>More than 50% delay in several aspects of the three prime areas which result in having a significant impact on accessing the EYFS</p>	<p>Profound learning difficulties and global delay, affecting self-help and independence skills</p> <p>Functions at a level that requires specialised interventions and adaptations to the EYFS</p>

	Universal offer	SEN Support	Band A	Band B	Band C
Communication (Language)	<p>May demonstrate limited understanding of nonverbal cues</p> <p>Immature speech sounds. Requires help with key words. Requires repetition from an adult</p> <p>May demonstrate limited understanding of non-verbal cues</p> <p>If child has English as additional language requires accessible information and support is required</p>	<p>Child has difficulty following or understanding instructions and everyday language without visual references</p> <p>Adults have difficulty understanding speech without it being in context</p> <p>Child has poor oral muscle control. Child has poor enunciation/clarity of speech</p>	<p>Moderate delay in expressive and/ or receptive language requiring regular SALT input</p> <p>Child has reduced vocabulary both receptively and expressively impacting on learning and retention of new words</p> <p>Loss of previously demonstrated communication skills</p> <p>Child only speaks or communicates a few words to a secure adult in an altered voice such as a whisper or when withdrawn from the main group</p>	<p>Severe language and /or speech sound disorder/ limited language</p> <p>Uses mix of speech and augmented communication systems</p> <p>More than 50% delay in language &amp; communication</p> <p>Child is known to be able to speak to family members outside of the setting but only communicates through gestures and is unable to speak freely to adults and/or peers within the setting</p> <p>Child may avoid communication or use extremely limited non-verbal communication when in a speaking situation</p>	<p>Profound delay in receptive and/ or expressive language</p> <p>Very limited understanding of what is said or signed</p> <p>Child communicates by gesture, eye pointing or symbols</p> <p>Sustained loss of communication skills previously demonstrated</p> <p>Child is unable to speak or communicate in the setting which hasn't improved over the last 3 months and is having a significant impact on their ability to access the learning environment</p>

	Universal offer	SEN Support	Band A	Band B	Band C
Interaction (Social)	<p>Difficulty being understood by adults outside the family</p> <p>Some withdrawal from the company of others</p>	<p>Immaturity in socialisation. Looks towards adults rather than peers. Some difficulties with social communication and interaction</p> <p>Lack of awareness of social space and related social difficulties</p> <p>Difficulties recognising and communicating emotions</p> <p>Difficulties forming and maintaining friendships with peers</p> <p>Have difficulties managing change and transitions</p>	<p>Show signs of distress when faced with new people, places, events or when unsure what is going to happen</p> <p>Difficulty expressing feelings or needs. Limited ability to understand the impact of their actions on others</p> <p>Have difficulties understanding social and physical risks. Child is becoming increasingly isolated with peers</p> <p>Limited initiation of social interaction but can take part in some imaginative play if taught/supported, but cannot develop this independently</p> <p>Experience difficulties/ unusual responses to sensory experiences (can be easily distracted, upset by noise/touch/light, could lead to behaviours that challenge the norm)</p>	<p>Significant social isolation within the group and withdrawal from social and group learning activities</p> <p>Significant patterns of repetitive play</p> <p>Difficulties expressing emotions which may lead to challenging behaviours, increased anxiety and episodes of heightened emotional state</p> <p>Experience significant difficulties to sensory experiences</p> <p>Shows signs of distress over even small changes in the environment</p> <p>Rigid, repetitive or obsessional behaviours make it difficult to cope with unexpected changes and to engage in learning. These can lead to severe anxiety, aggression or withdrawals</p> <p>Persistent and significant difficulties forming relationships</p> <p>Frequent and significant difficulties following adult direction</p>	<p>Persistent and severe social isolation within the group and withdrawal from social and group learning activities which are severely impacting on learning</p> <p>Significant evidence of persistent repetitive play and restricted interests</p> <p>Persistently anxious or frustrated, leading to frequent, and unpredictable, behaviours that jeopardizes the health and safety of self and others</p> <p>Inability to form relationships / unable to tolerate social interaction other than to get needs met</p> <p>Severe and persistent high anxiety levels requiring intensive support</p> <p>No understanding of social boundaries/ tolerating social interaction</p> <p>Severe and persistent high anxiety levels requiring intensive support</p> <p>Persistent and significant difficulties following adult direction or 'social norms'</p>

	Universal offer	SEN Support	Band A	Band B	Band C
Social, Emotional and Mental Health	<p>Short term difficulties settling into setting</p> <p>Evidence of emotional distress (anxiety), which subsides with peer/adult support</p> <p>Needs adult encouragement to remain engaged in play. Struggles to concentrate on adult directed activities. Short attention span. Sits for shorter lengths of time compared to peers</p> <p>Occasional and short term unwanted behavioural difficulties resulting in adult intervention. Exhibits behaviours designed to manipulate peers/adults to gain attention</p>	<p>Has longer term difficulties settling into setting, in relation to peers. Has difficulty seeking comfort from familiar adults and/or with self-soothing. Some difficulties relating to separating from carer (attachment issues)</p> <p>Flits between activities and needs some short term individual adult direction to participate and engage in activities. Sits for shorter lengths of time than peers</p> <p>Does not accept 'no' and routine boundaries, regularly tests or challenges. Cannot inhibit own actions to stop from doing something they shouldn't do</p> <p>Some attachment seeking or avoiding behaviours, likely to be reliant on relationships with key person</p>	<p>Significant frequent unusual behaviours or changes in behaviour requiring adult intervention</p> <p>Significant difficulties in sharing, turn taking and social interaction</p> <p>Significant and frequent withdrawal from activities and an unwillingness to engage</p> <p>Significant attachment difficulties affecting development despite targeted support e.g. attachment to key carers not securely established</p> <p>Significant concerns regarding social and emotional health that requires outside agency input and has an impact on development</p> <p>Frequent increase in anxiety level</p>	<p>Persistent, unpredictable extremes of demanding behaviour which affects the safety of self and others</p> <p>Severe and persistent difficulties in social interaction</p> <p>Severe attachment difficulties affecting development</p> <p>Unable to sustain activities without significant, consistent adult attention and intervention</p> <p>Frequent high anxiety levels and totally withdrawn over a period of time</p> <p>Child may have suffered acute trauma or abuse, rendering them vulnerable, requiring a high level of multiagency involvement over a sustained period</p> <p>Have social emotional needs that significantly impact on the ability to build and maintain successful relationships with adults and peers</p>	<p>Involved in incidents where intense emotional distress and or impulsive behaviour can put themselves or others at risk. Requires a high level of intervention from adults including specialist support to address the child's social and emotional needs</p> <p>Regular (daily) intensive episodes of behaviour (biting, spitting, kicking etc.) which are unpredictable, persistent and extreme in relation to the child's ages and stages of development</p> <p>Requires intensive support to enable child to engage with learning. Needs a safe designated area within the context of the setting which allows the child to undertake individualised activities and make progress with their learning</p> <p>Child unable to function, participate and engage without direct intensive adult support or specific support mechanisms as identified in child's behaviour support/risk management plan</p>

	Universal offer	SEN Support	Band A	Band B	Band C
<b>Sensory (vision)</b>	Vision within normal range, including when corrected by glasses 6/6 – 6/12	Mild impairment  Mild bilateral field loss or adapted to monocular vision  Navigates safely in familiar environment  Wears patch 1-2 hours daily.  Colour blind	Moderate visual difficulties / visual loss with on-going input from the Sensory Support Service	Severe visual loss which requires continuous support for mobility and self-help skills  Severe multisensory impairment with significant impact on development	Profound visual loss which requires continuous support for mobility and self-help skills  Profound multisensory impairment with severe impact on development
<b>Sensory (hearing)</b>	Child may miss-hear and misunderstand oral information which requires monitoring  Child may have some immaturities of speech but is understood by adults	Moderate hearing impairment requiring adult support to monitor adjustments.  Hearing aid user	Moderate hearing loss and wears aid(s) with on-going input from the Sensory Support Service	Severe hearing loss that has a significant impact on development  Severe multisensory impairment with significant impact on development	Profound hearing loss that has a severe impact on development  Profound multisensory impairment with severe impact on development

	Universal offer	SEN Support	Band A	Band B	Band C
Physical/medical Needs	<p>No needs in this area, physical development and general health within normal levels</p> <p>Child attempts all physical activities within normal day</p>	<p>Poor fine and/or gross motor skills</p> <p>Able to use mobility aid with some competence to overcome physical difficulties, e.g. walking frame or power chair</p> <p>Likely to have difficulties adapting to new/specific environments</p> <p>May have needs relating to undertaking practical tasks, reducing the level of independence</p> <p>May have a physical/medical condition which impacts on access to the EYFS and requires a care plan/medication to stabilise condition. Child may tire more quickly than other children. Condition may require monitoring e.g. diabetes, epilepsy</p>	<p>Physical and / or medical difficulties that require varied and extensive equipment and adapted resources</p> <p>Moderate physical and or medical difficulties that require close monitoring to ensure safety</p> <p>Physical independence is impaired and requires input and programmes from relevant professionals</p>	<p>Physical and/ or medical difficulties that require specialist equipment, adapted resources and position changes requiring a high level of adult support</p> <p>High levels of self-care needs</p> <p>Child needs daily adult support with health care regimes</p> <p>Child needs daily specialist programme for co-ordination skills</p>	<p>Has limited ability to contribute to self-care therefore is highly reliant on adult support for moving, positioning, personal care including drinking eating etc</p> <p>Profound long term progressive/regressive condition(s)</p> <p>Profound physical, long term condition/needs</p> <p>Require continues monitoring and support throughout the day and includes complex medical interventions</p>