



Early Years SEN Inclusion Funding (SENIF) Framework



HILLINGDON



Hillingdon Parent
Carers Forum



North West London
Integrated Care System



Hillingdon SEND
and AP Partnership

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What is Early Years SEN Inclusion Funding (SENIF)?

Introduction

This guidance and framework have been co-produced with representatives from the following organisations:

- Hillingdon SEND Services
- Hillingdon Parent Carer Forum
- Botwell House Primary School
- Cherry Lane Primary School
- Colham Manor Primary School
- Coteford Infant School
- Four Street Nursery
- McMillan Nursery School
- Smartys Nursery

The framework has drawn from examples reviewed by the group from:

- Hounslow
- Norfolk

Background and context

All local authorities (LAs) are required to have an Early Years SENIF for all children eligible for the early years entitlements and who have SEN, regardless of the number of hours taken (DfE Guidance for Early Years SENIF, Dec 24). This funding is intended to support local authorities to work with providers to recognise and support the low-level and emerging needs of children with SEN who are taking up the entitlements.

Early Years SENIF funding should be used to support eligible children to access the early years entitlements and ensure settings are inclusive, supporting individual children's needs. Funding can be used in a variety of ways, and could, for example, include training, specialist resources and funding towards staffing.

Local authorities should review and understand how Early Years SENIF is used by providers, in particular to understand how they support eligible children to access the entitlements. This could include implementing an audit process to ensure funding is delivering against local objectives.

Hillingdon's Early Years SENIF is allocated from the Early Years Block of the Dedicated Schools Grant (DSG).

Hillingdon officers have been working with a representative group of settings, services and Parent Carer Forum to agree the approach and develop this Hillingdon Early Years SENIF Framework. In line with DfE Guidance, this sets out:

- how Early Years SENIF will be used to support the early years SEND cohort
- how providers can access it
- the eligibility criteria
- the planned value of the fund
- the process for allocating the fund to providers

Our Early Years SENIF Framework, Descriptors and Application and Evaluation Forms have been aligned with the DfE Early Years Assessment Tool for the 4 Areas of SEND Needs. The DfE Assessment Tool has been adapted to add a comment section to support settings in using it.

Eligibility

All early years providers that are eligible to receive funding for the entitlements are eligible to receive funding and support from the Early Years SENIF. The eligibility requirements are set by the DfE.

Where a child is under 2 years old, the setting should speak to their link SAS Adviser.

Who is eligible to access the Early Years SEN Inclusion Fund?

Children below compulsory school age (from term after 9 months) with a level of SEN and / or disability who attend an Ofsted registered early years provider that provides government funded places in the London Borough of Hillingdon.

Children with SEN who are eligible for the entitlements, are of school age, and have deferred their entry to reception. **Deferring entry into reception should be very rare and only happen in exceptional circumstances.** Deferring entry into reception **must** have been agreed by the headteacher, Local Authority Admissions Team and the parent. This should be recorded on the Council data system as being educated out of year group.

The budget is for the setting to support making provision, regardless of where the child lives.

Who is not eligible for the Early Years SEN Inclusion Fund?

4 year olds attending a maintained, academy free school or primary school reception class.

A child who is resident in Hillingdon but attending a provision in another borough.

A child who is attending a specialist provision

A child with an Education, Health and Care Plan (this will be funded through the EHCP)

A child who is meeting age-appropriate milestones or with mild delay (see descriptors)

Thinking about applying for Early Years SENIF Funding

The framework below sets out descriptions of the range of needs that are expected to be met by settings, and descriptions of the levels of need where a setting might consider applying for Early Years SENIF.

'Ofsted registered early years providers have a duty under the statutory framework for the Early Years Foundation Stage (EYFS) to have and implement a policy, and procedures, to promote equality of opportunity for children in their care, including support for children with SEN or disabilities.'

SEND Code of Practice 2015

Hillingdon has an [Ordinarily Available Provision guide](#) which provides settings with guidance on what support might be expected for children who may have additional needs / SEND. Please see link for [OAP checklist for Early Years](#).

If there are emerging needs (or identified SEN or disability), practitioners should use the DfE assessment tool [Cognition and Learning](#), [Communication and interaction](#), [Sensory and physical](#) and [Social and emotional](#) in the first instance and draw from other assessment tools used by the setting, including observation. The setting should discuss the child's needs and the support provided with the family and the link adviser.

When thinking about applying for Early Years SENIF for children with higher level needs, settings may want to gather the views of other professionals e.g. the setting's SENCO or the Early Years SEND Advisors as well as the child (through observation if necessary) and their family.

Settings should use the DfE Assessment Tool to support applications. The Assessment Tool is designed to support settings to identify and document the necessary evidence effectively. To support applications, settings must provide clear evidence demonstrating how a child meets the relevant descriptors.

It is expected that the setting will have raised a child's needs with their SAS Link Adviser prior to applying for Early Years SENIF Funding, either at a termly planning meeting or through alternative communication.

Using the DfE Assessment Tool and the Descriptors

First complete the DfE Assessment Tool (one for each area of need). There is a space for you to add comments if you wish to. This can be submitted as part of your evidence on application, and the score can be added to the application form. If the child is not yet showing signs of 'emerging' against a statement in the assessment tool, then leave the tick boxes blank and it will be a zero score.

Next look at the descriptors set out on page 11 onwards. They are intended to be indicative to support a fair and transparent system, they are not an exhaustive list. It is not necessary for a child to experience all the needs described. Some of the needs described may not individually warrant intervention or additional support, but they may be significant when considered alongside other needs. They are designed to support providers to gauge the level of support they need to arrange for children and should be considered prior to applying for Early Years SENIF Funding.

There are two tables: one for 2 year olds (pages 7 – 12) and one for 3 - 4 year olds (pages 13 onwards). The area of need is colour coded in the same way, but the levels are colour coded in the 2 year old descriptors differently to the 3 – 4 year old descriptors to help distinguish between them. It is recommended that when a child reaches 2 $\frac{3}{4}$ (33 months), the 3 – 4 year old descriptors are used. This is to reflect the significant difference in development between a child who is just 2 years old, and a child who is almost 3.

See which is the 'best fit' that describes the needs of the child you are considering. When you complete the application form, you will need to briefly describe why you think this descriptor is the best fit for the child.

Do the descriptors you have identified as being a best fit match what the DfE Assessment score is suggesting in terms of level of need?

This table shows an overview of the levels.

Early Years Banding System Threshold					
Early Years Descriptor Band	Level of Impact of Need	Definition	Support	SENIF Yes / No	Guidance
EY1	Mild impact	Very low / emerging needs that can have some impact.	Needs can be met with planned reasonable adjustments and light touch help and support (link to enabling environment, OAP quality first teaching checklist.)	No	Ordinarily available provision
EY2	Moderate impact	Emerging needs that can often have moderate impact on learning and engagement.	With applied consistent and well directed support (including support in groups), needs can be addressed effectively.	Yes	Children that need low level support in setting and access to some SEND specific approaches. Children will be on SEND list. Consider whether this could be a group application.
EY3	Severe / significant impact	Needs that impact across most areas of learning and development and to a significant degree.	More specialist support / intervention is likely to be required to help access to the curriculum	Yes	Will have a My Support Plan and will be on SEND register. May need additional support to access a specific programme.
EY4	Profound impact	High Needs that affect all areas of learning and progress to a significant degree	Require higher levels of support to help the child learn safely and make progress	Yes	Will have a My Support Plan and will be on SEND List.
EY5	Exceptional	Visual / hearing impairment or medical need that have a profound impact on learning and progress	Support advised by qualified teacher of VI/HI/MSI	Yes	My Support Plan For medical needs will have a health care plan.
EY5	Exceptional	Social communication difficulty or behaviours that have a profound impact on learning and progress	Likely to be involved with a variety of specialist services and requires ongoing specialist input which includes therapeutic intervention. Will need access to higher levels of support to help engagement and / or keeping them and others safe.	Yes	My Support Plan. Likely to meet the threshold for requesting an EHC needs assessment in the future.

Applying for Early Years SENIF Funding

There are 2 routes of application that can be accessed.

1. **Group Application:** You can apply for funding to purchase a resource / training to support a group of children. You will still need the DfE Assessment Score for each child that will be accessing this so that we can monitor the impact on their progress. If after accessing this over time (Assess, Plan, Do, Review process followed) and there is evidence that a child from this group may need some additional support, you are able to apply for individual funding to support that child using the individual application process on the application form. Please complete all fields. Although we think many of these applications will be to support children who meet EY2 descriptors, some children who meet EY3 or higher descriptors may also benefit.

2. **Individual Application:** Please ensure you complete all fields

Parent / carer consent must be obtained to submit a SENIF application.

Application Form Link:

<https://educationestablishmentportal-ext-hil-prd.syhapp.com>

My Support Plan – This should be in place for children who meet the descriptors for EY3,4 and 5.

[Document Link](#)

Evaluation Form

<https://forms.office.com/e/3NhFtEHta9>

Applications must include:

- The information requested on the application form

The evidence should demonstrate:

- How the child meets the descriptor

A **SAS Adviser** will be allocated for all successful Early Years SENIF applications to offer support / guidance on SEND provision and review progress.

If the child leaves the setting, the setting must notify Hillingdon Council of this, using the transfer/cease form and funding will end on the date they leave.

If the child is moving to another Hillingdon setting, the setting should notify Hillingdon Council using the transfer/cease form. The new setting will not need to make a new application.

Funding

Funding per term based on a child accessing their full entitlement of 15 hours / 30 hours per week

Descriptor Level	Per Term 15 hours	Per Year 15 hours	Per Term 30 hours	Per Year 30 hours
EY1	£0	£0	£0	£0
EY2	£100	£300	£200	£600
EY3	£333.33	£1,000	£666.67	£2,000
EY4	£666.67	£2,000	£1,333.33	£4,000
EY5	Based on service advice			
Group Application to include purchase of a recommended programme / resources for delivery of recommended programme, training and implementation of programme for a group OR High-cost resource that will benefit group of children with additional needs?	<p>Resources When considering purchase of resources settings should first consider whether this could be funded through core budget (a reasonable adjustment).</p> <p>Minimum £200 for purchasing resources to support a programme, for example resources for Attention Hillingdon groups. Maximum contribution £600.</p> <p>SAS Adviser will advise on other more specialist resources that would support a group (Maximum £600).</p> <p>Purchase of specialist programme Purchase of a specialist programme as recommended by SAS Adviser to support a group. Maximum £600</p> <p>Any programme that costs more than £600 should be discussed with SAS Adviser.</p> <p>Delivery of programmes to a group SAS advisers will advise e.g. Maximum £600 towards running the programme for a group.</p>			
Purchase of child specific resource	<p>First consider whether this could be funded through core budget (a reasonable adjustment or a resource a setting would purchase anyway) or Disability Access Fund. *</p> <p>Low cost resources should be funded from core budget.</p> <p>Minimum £100</p>			

Payments will be made 3 times a year. This prevents having to claw back money if a child leaves the setting.

***Disability Access Fund**

Disability Access Fund (DAF) **provides funding to support children with disabilities and/or special educational needs**. The DAF aids access to early years places by, for example, supporting providers in making reasonable adjustments to their provision.

Early years providers can get £910 or more per year to help with a child's education and support through the Disability Access Fund. It is paid directly to the early years provider.

The child may be eligible for DAF if their child receives [Disability Living Allowance for children](#) and one of the following:

- [15 hours free childcare for children aged 3 and 4](#)
- [15 hours free childcare for disadvantaged children aged 2](#)
- [15 hours free childcare for children aged 9 months to 2 years of working parents](#)

A parent carer does not need to use all their hours to be eligible for disability access funding.

If a child who is eligible for DAF is splitting their funded hours across two or more providers, the parent must nominate one of the settings to receive the DAF funding as this cannot be split.

As part of the DAF application process, early years providers must confirm a child's eligibility when submitting their funding claim. The provider is required to upload a copy of the letter from the parent confirming the child's entitlement to the Disability Living Allowance. Parental consent for the use of DAF must be obtained via the Parent Declaration form, which all providers are required to complete with parents of funded children.

Keeping this framework under review

Please provide feedback on the SENIF process through your link SAS Adviser. They will feed this into the working group who are keeping the framework under review.

2 Year Old Banding Descriptors

Communication and Interaction

Children with speech, language and communication needs have difficulty communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child is different and their needs change over time. They may have difficulty with one or more or all the different aspects of speech, language or social communication at different times in their lives. **For the purposes of these descriptors, we have broken them down into three categories: 1. Listening / attention / understanding 2. Expressive language 3. Social communication.** The following will help to explain terminology.

Expressive language	The ability to <u>produce</u> language including verbalising (speech) signing or writing
Receptive language	The understanding of language. This includes the understanding of both words and gestures.
Augmentative	The term used to describe various methods of communication that supplement or replace speech. This includes simple systems such as pictures, gestures and pointing, as well as more complex techniques including computer technology
Enunciation	The act of pronouncing words, speaking clearly and concisely
Pronunciation	The act of pronouncing sounds of words correctly
Limited functional communication skills	A term used when there is a reduction in a child's basic ability to communicate
Developmental Language Disorder	A specific language difficulty identified by speech & language therapists. There can be problems with vocabulary, producing complex sentences, and remembering words, and there may or may not be abnormalities in articulation. It is an ability to use expressive spoken language that is markedly below the appropriate developmental age of the child, but with a receptive language understanding that is within normal limits

2 year olds
Communication and Interaction

Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
Listening /attention / understanding (Receptive Language)	Child needs visual references to support understanding at a single word level in everyday language / following single word instructions in context.	Does not understand contextual clues, familiar gestures, words or sounds. Receptive language delay is more than 12 months as identified by early support developmental journal or ECAT monitoring tool. Will attend to play activities for short periods of time and flit from activity to activity.	Attention to activities may be fleeting except for activities of personal interest. Needs adult support to actively explore the environment. Communication will need to be supported by alternative and/or augmentative communication strategies to allow access to learning opportunities. E.g. visual symbols, pictures and/or signing. Some individualised/ small group activities as identified in individual support plan.	Ignores others approaches to communicate. Functional communication must be supported by individual alternative and/or augmentative communication strategies to allow access to learning opportunities.	A significant visual/hearing loss which is the primary obstacle to accessing learning. Primary means of communication is through an alternative non-verbal system individualised for the child. As advised by HI/VI/MSI qualified teacher.	SEVERE communication difficulties which require intensive support and clear identified strategies for the child to communicate due to social communication difficulties (with or without formal diagnosis).
Expressive Language	Some delay in language acquisition. Communicates needs and feelings in ways like single words, babbling, squealing, pointing,	Does not make sounds in play, e.g. 'brmm' for car. Expressive language delay is more than 12 months.	Does not yet use eye gaze or pointing with finger to share an interest. Communication will need to be supported by alternative and/or augmentative	Does not yet have any single words or make attempts at words. Communication must be supported by individual alternative	A significant visual/hearing loss which is the primary obstacle to accessing learning. Primary means of communication is through an	Primary means of communication through an alternative non-verbal system individualised for the child.

2 year olds
Communication and Interaction

Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
	gesture, crying etc., Child still uses repeated syllables 'mm' 'dd' to communicate.	Little or no expressive language. Immature speech sounds and patterns. Difficulty with adult understanding children's spoken language.	communication strategies to allow access to learning opportunities. E.g. visual symbols, pictures and/or signing. Some individualised/ small group activities as identified in individual support plan. Requires repetition, slow pace of language and use of only key words.	and/or augmentative communication strategies to allow access to learning opportunities	alternative non- verbal system individualised for the child. As advised by HI/VI/MSI qualified teacher.	
Interaction / Social Communication	Looks towards adults rather than peers. Some difficulties with social communication and interaction. Immaturity in socialisation.	Actively withdraws from engagement with peers. Does not seek out interaction with others i.e. solitary play. Does not respond to name.	Has difficulties with social communication and developing relationships which require individual strategies/support by an adult to facilitate. Some individualised/small group activities as identified in individual support plan.	Significant difficulties speaking and being understood by adults outside the family / very familiar adults.	Social communication impacted by sensory loss will need some individualised and small group activities to support. As advised by HI/VI/MSI qualified teacher.	SEVERE communication difficulties which require intensive support and clear identified strategies for the child to engage in social activities due to social communication difficulties.

Play, Cognition & Learning

Some children may learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical difficulty or sensory impairment. **For the purposes of these descriptors, we have broken them down into three categories: 1. Play skills 2. Support for Learning 3. Impact on learning and development.**

2 year olds						
Play, Cognition and Learning						
Area of Need	EY 1	EY 2	EY 3	EY 4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
Play Skills	<p>Slow progress with play and personal independence skills.</p> <p>Adult support is required to extend play sequences.</p> <p>Difficulties with sequencing and problem solving.</p>	<p>Continual difficulties with sequencing.</p> <p>Short-term adult support is required to extend play and access activities.</p>	<p>Difficulty in playing with toys and equipment for their designed purpose.</p> <p>Requires some adult assistance to participate in activities to ensure active participation in practical tasks.</p>	<p>Child needs high levels of support mechanisms including adult support to engage/participate in play activities for a high proportion of their session.</p> <p>Complex and long-term difficulties with developing play skills which require specialist interventions /programmes.</p>	<p>Child needs specialist support mechanisms including adult support that take into account their sensory needs to engage/participate in play activities for a high proportion of their session.</p> <p>Play skills impacted by sensory needs which require specialist interventions /programmes as advised by qualified teacher HI/VI/MSI.</p>	<p>Child needs high levels of support mechanisms including adult support to engage/participate in play activities for a high proportion of their session.</p> <p>Complex and long-term difficulties with developing play skills which require specialist interventions /programmes.</p>

2 year olds						
Play, Cognition and Learning						
Area of Need	EY 1	EY 2	EY 3	EY 4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
Support for learning	<p>Requires visual or audio prompt to transition to a new task.</p> <p>Needs a visual routine to understand the routine of the day.</p>	Requires visual communication system to support learning.	<p>Regular modification of activities and specified times when adult supports structured learning.</p> <p>Individual support at times of transition.</p>	<p>Adult support required for child to develop independence and interpersonal skills.</p> <p>Individualised support plan and differentiated activities.</p> <p>Adult support required for the child to access appropriately planned activities/curriculum.</p> <p>Child uses prescribed personal aids effectively and consistently but does not independently manage them and this affects learning.</p> <p>Adult support with alternative approaches to learning such as objects of reference, tactile methods of</p>	<p>A level of functional vision so reduced as to prevent its use as the primary route for information acquisition and learning.</p> <p>Requires tactile support systems and alternative methods in almost all areas of learning.</p> <p>Access to significant support from an adult with training and experience in visual impairment offering differentiated activities for all aspects of learning.</p>	Requires access to significant support from an experienced adult offering differentiated activities for all aspects of learning.

2 year olds						
Play, Cognition and Learning						
Area of Need	EY 1	EY 2	EY 3	EY 4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
				communication.		
Impact on learning and development	<p>Slow progress with early learning and language acquisition.</p> <p>Minor developmental delay: 6 months delay at 2 years, (using Development Matters or equivalent developmental tool)</p> <p>Planned support required following 2-year progress check.</p>	<p>Developmental delay: 12 months delay 2 years, using observations and assessment from EYFS Development Matters or equivalent developmental tool or assessment from relevant professional.</p>	<p>Child learning in the early stages.</p>	<p>Significant developmental delay below their chronological age in essential milestones –using EYFS Development Matters observations and assessment / assessment from relevant professional</p>	<p>Learning and progress impacted by sensory needs.</p>	<p>Learning and progress impacted by sensory needs.</p>

Social, Emotional & Mental Health

Children 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. **For the purposes of these descriptors, we have broken them down into four categories: 1. Settling in and forming attachments. 2. Attention and learning. 3 Behaviours/Regulation 4 Social Skills**

2 year olds						
Social, Emotional and Mental Health						
Area of Need	EY 1	EY 2	EY 3	EY 4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
Settling in & forming attachments	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).	Severe separation anxiety that persists throughout the session over a period of weeks despite support in place. Attachment to key staff not securely established.	Anxiety expressed through behaviour that creates a barrier to learning. Support plan required that outlines consistent strategies required to be used by all staff.	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.		Child unable to play, participate and engage without direct intense adult support or specific support mechanisms as identified in child's behaviour support/risk management plan.
Attention & Learning	Flits between activities and needs some short-term individual adult direction to participate and engage in activities.	Needs adult prompts on a regular basis to enable participation in learning and develop sustained concentration.	Requires a significant level of support to engage and participate in learning. Support plan in place.	Requires structured support to provide prompting, and to start and maintain concentration for most of the session		Requires intensive support to enable child to engage with learning. Needs a safe designated area within the context of the setting which allows the

2 year olds

Social, Emotional and Mental Health

Area of Need	EY 1	EY 2	EY 3	EY 4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
	Attends to activities for shorter lengths of time than peers.					child to undertake individualised activities and make progress with their learning.
Behaviours / Regulation	<p>Child is still learning strategies to support emotional regulation. They are working on accepting routine boundaries and often explore or test these limits.</p> <p>The child is able to deploy some self-regulation skills and accept prompts to not engage in activity that they shouldn't.</p>	<p>Developing the ability to tolerate delays when their needs are not immediately met.</p> <p>Requires behaviour support plan based on assessment with adult interventions to guide them.</p>	<p>Presents with regular (daily) disruptive behaviours which impact on the child's ability to continue with what they are doing/learning.</p> <p>Requires access to support from an adult to divert attention or provide co-regulation at key points of the day.</p> <p>Child has limited awareness of consequences of behaviour and/or safety.</p>	<p>Presents with regular (daily) episodes of behaviour (biting, spitting, kicking etc.) which are difficult to predict, and may be persistent and extreme in relation to the child's age and stage of development.</p> <p>There will be risk assessment in place with mitigating actions identified and included in a behaviour support plan.</p> <p>Behaviour support plan monitored closely to evaluate reasonable adjustments made to</p>		<p>There will be risk assessment in place with mitigating actions identified and included in a behaviour support plan.</p> <p>Behaviour support plan monitored closely to evaluate reasonable adjustments made to the environment and resourcing.</p> <p>*Risks may include: Actual harm to self: Head- banging, climbing on high furniture, running around room without regard to other children</p> <p>Possible harm to others: Rough pulling, pushing, pinching, hitting, kicking, throwing</p>

2 year olds

Social, Emotional and Mental Health

Area of Need	EY 1	EY 2	EY 3	EY 4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
				the environment and resourcing.		toys/sand/furniture without regard to others, biting, damage to property.
Social Skills	Occasionally disrupting the play of others through behaviours like snatching, sabotaging, and taking over play. Still learning to recognise and respond to the behaviour and feelings of others.	Cannot negotiate and solve problems in an appropriate way may resort to some behaviours to achieve this. Reluctant to participate in play and may withdraw or exhibit challenging behaviour. More significant disruption to the play of others and are still learning to negotiate and solve problems without aggression.	Presents with regular (daily) behaviour that may impact on the learning and wellbeing of themselves and others. Requires behaviour support plan to ensure their safety and well- being.	Consistently presents high levels of challenging or obsessive behaviour that impacts on the learning and wellbeing of themselves and others. Will require behaviour support plan implemented by all staff. Little/emerging understanding of the consequences of their behaviour.		Child consistently presents with high levels of challenging or obsessive behaviour. Disruption to the learning environment for many children on a daily basis. Will require behaviour support plan implemented by all staff.

Physical, Sensory and Medical

For the purpose of these descriptors, the following gives an explanation to certain terms used. A child with any of the identified difficulties will most likely have involvement from a specialist qualified teacher from the SAS Service who will give advice regarding the child's care/education. They will also support clarification of terminology.

Some children with a physical disability (PD), a visual impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) may require additional support and/or equipment to access their learning or habitation support. **For the purposes of these descriptors, we have incorporated 1. Mobility & motor skills difficulties 2. Sensory difficulties 3. Self-help skills difficulties 4 Medical condition**

Visual impairment, or vision loss,	A decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses.
Hearing Impairment is	Hearing loss is permanent. The use of hearing aids to amplify residual hearing may be used. However the more profound the hearing loss, the greater the likelihood that the child will have a cochlear implant, which allows electrical signals to be sent directly to the auditory nerve, providing a sensation of hearing.
'Intervenor'	An adult providing 1:1 support for a child with Multi-Sensory Impairment (MSI), who has completed the Sense 5 Day Intervenor Course. Within the field of MSI, we describe this person as 'working as the eyes and ears of the child with MSI'. We recommend that an Intervenor works in a small team of around 2-3 familiar adults, working with a young person in Early Years settings.
Interpreter (BSL)	Some children may need a BSL interpreter to support access to language, although this is usually needed as the child gets older.

2 year olds						
Physical / Sensory / Medical						
Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
Mobility and coordination	Physical needs which require some adaptations to equipment with some adult monitoring.	Some adaptations required to the environment and equipment to enable access.	Physical difficulties that require varied and extensive specialist equipment and regular support.	Consistently reliant on adult support for moving and positioning. Staff are appropriately		

2 year olds						
Physical / Sensory / Medical						
Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
	<p>Grasps objects within reach using a palmar grasp.</p> <p>Delay in fine and gross motor development which requires adult monitoring.</p>	<p>Delay with fine/gross motor development requiring input/programmes from external professional.</p> <p>Regular support from an adult for some activities that require adaptations to meet physical/coordination needs.</p>	<p>Delay with physical coordination as identified by OT or physiotherapist.</p>	<p>trained to use specialist postural equipment for standing, seating.</p> <p>Adult support required to enable access to and adaptation of activities / curriculum.</p>		
Life Skills	<p>Feeds self with hands</p>	<p>Will open mouth to be fed or given a drink</p> <p>Significant difficulties with self-help skills i.e. drinking from a /beaker cup or dressing and undressing.</p> <p>Cooperates with support for dressing and undressing.</p>	<p>Requires adult support for development of independence skills in line with ages and stages development.</p>			
Sensory Needs	<p>Moderate hearing or visual impairment requiring adult support to monitor adjustments.</p>	<p>Has a diagnosed hearing loss and wears hearing aids.</p> <p>Moderate visual difficulties/loss. Speech and language difficulties associated with sensory needs/loss</p>	<p>Adult support required to use identified communication aid and enable access to and adaptation of activities/ curriculum due to sensory impairment.</p>	<p>Support with communication adaptation and preparation of materials in tactile form.</p> <p>Frequent adult support required to</p>	<p>A level of functional vision so reduced as to prevent its use as the primary route for information acquisition and learning. Requires tactile support systems and</p>	

2 year olds						
Physical / Sensory / Medical						
Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
			Individual/small group work activities required as part of support plan for specific interventions.	monitor communication aid. Severe or profound hearing loss impacting on development. Significant visual impairment impacting on mobility and life skills.	alternative methods in almost all areas of learning	
Medical Needs		Medical condition which requires adults to have additional training or receive advice to administer medication.	Medical condition which requires adults to have additional training or receive advice to administer medication	All staff in direct contact with the child require appropriate training to react to medical emergencies. Has significant medical condition requiring ongoing medical intervention and monitoring		

3 & 4 Year Old Banding Descriptors

Communication & Interaction

Children with speech, language and communication needs have difficulty communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child is different and their needs change over time. They may have difficulty with one or more or all the different aspects of speech, language or social communication at different times in their lives. **For the purposes of these descriptors, we have broken them down into three categories: 1. Listening/ understanding 2. Expressive language 3. Social communication**

The following will help to explain terminology.

Expressive language	The ability to <u>produce</u> language including verbalising (speech) signing or writing
Receptive language	The understanding of language. This includes the understanding of both words and gestures.
Augmentative	The term used to describe various methods of communication that supplement or replace speech. This includes simple systems such as pictures, gestures and pointing, as well as more complex techniques including computer technology
Enunciation	The act of pronouncing words, speaking clearly and concisely
Pronunciation	The act of pronouncing sounds of words correctly
Limited functional communication skills	A term used when there is a reduction in a child's basic ability to communicate
Developmental Language Disorder	A specific language difficulty identified by speech & language therapists. There can be problems with vocabulary, producing complex sentences, and remembering words, and there may or may not be abnormalities in articulation. It is an ability to use expressive spoken language that is markedly below the appropriate developmental age of the child, but with a receptive language understanding that is within normal limits

3 – 4 year olds

Communication and Interaction

Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
Listening /attention / understanding (Receptive Language)	Child needs visual references to support understanding of instructions and everyday language.	Receptive language delay is more than 12 months as identified by Speech & Language Therapist, Early Support Developmental Journal or ECAT monitoring tool	Limited communication skills that require individual alternative and/or augmentative communication strategies to allow access to learning opportunities. Some individualised/small group activities as identified in individual support plan	Limited functional communication skills that require individual alternative and/or augmentative communication strategies to allow access to learning opportunities.	A significant sensory loss which is the primary obstacle to accessing learning. Primary means of communication is through an alternative non-verbal system individualised for the child to reflect their sensory needs.	SEVERE communication difficulties which require intensive support and clear identified strategies for the child to communicate due to social communication difficulties (with or without a formal diagnosis)
Expressive Language	Adults have difficulty understanding speech without it being in context. Child has poor oral muscle control. Child has poor enunciation/clarity of speech.	Expressive language delay is more than 12 months. Little or no expressive language. Immature speech sounds and patterns as identified by SALT. Difficulty with adult understanding children's spoken language as	Developmental Language Disordered as identified by Speech and Language Therapist (SALT). Limited communication skills that require individual alternative and/or augmentative communication strategies to allow access to learning opportunities. Some individualised/small group activities as	Limited functional communication skills that require individual alternative and/or augmentative communication strategies to allow access to learning opportunities. Severe language disorders affecting vocabulary, semantic/ organisation/ phonology as identified by Speech	A significant sensory loss which is the primary obstacle to accessing learning. Primary means of communication is through an alternative non-verbal system individualised for the child to reflect their sensory needs.	Primary means of communication through an alternative non-verbal system individualised for the child to reflect their social communication difficulty needs. The child needs adult support to participate in any interaction.

3 – 4 year olds

Communication and Interaction

Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
		identified by Speech and Language Therapist (SALT).	identified in individual support plan. Requires repetition, slow pace of language and use of only key words.	and Language Therapist (SALT)		
Interaction / Social Communication	Immaturity in socialisation. Looks towards adults rather than peers. Some difficulties with social communication and interaction.	Actively withdraws from engagement with peers. Does not seek out interaction with others i.e. solitary play. Does not respond to name. May have a formal diagnosis of Autism or going through a multi- disciplinary assessment (MDA).	Has difficulties with social communication and developing relationships which require individual strategies/support by an adult. Some individualised/small group activities as identified in individual support plan.	Significant difficulties being understood by adults outside the family.	Primary means of communication is through an alternative non- verbal system individualised for the child to reflect their sensory needs. Sensory needs will impact on interaction and social communication.	SEVERE communication difficulties which require intensive support and clear identified strategies which enable the child to engage in social activities.

Play, Cognition & Learning:

Some children may learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical difficulty or sensory impairment.

3 – 4 year olds						
Play, Cognition and Learning						
Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
Play Skills	Difficulties with sequencing. Some short-term adult support is required to extend play sequences and imaginative skills.	Continual difficulties with sequencing. Short-term adult support is required to extend play, extend imaginative skills and access activities	Difficulty in playing appropriately and requires some adult assistance to participate in activities to ensure active participation in practical tasks. E.g. child uses personal aids effectively and consistently but does not manage them independently.	Child is unable to play, participate and engage for a high proportion of their attendance without direct intense adult support or additional support mechanisms. Child uses prescribed personal aids effectively and consistently but does not independently manage them and this affects learning. Complex and long-term difficulties with play which require intense interventions.		

Support for learning			<p>Regular modification of activities and specified times when adults support structured learning.</p> <p>Individual support at times of transition.</p>	<p>Adult support with alternative approaches to learning such as objects of reference, tactile methods of communication.</p> <p>Individualised support plan and differentiated activities.</p> <p>Adult support required for the child to access appropriately planned activities/curriculum.</p> <p>Adult support required for child to develop independence and interpersonal skills.</p>	<p>A level of functional vision so reduced as to prevent its use as the primary route for information acquisition and learning.</p> <p>Requires tactile support systems and alternative methods in almost all areas of learning.</p> <p>Access to significant support from an experienced adult in visual impairment offering differentiated activities for all aspects of learning.</p>	<p>Requires access to significant support from an experienced adult offering differentiated activities for all aspects of learning.</p> <p>Without additional adult support the child would not be able to participate in any learning opportunities.</p>
Impact on learning and development	<p>Minor developmental delay: 6 months delay at 3 – 4 years, (using Development Matters or equivalent developmental tool)</p> <p>Slow progress with early learning, language acquisition, play and personal independence skills.</p> <p>Planned support required following 2-year progress check.</p>	<p>Developmental delay: 12 months delay at 3 – 4 years, using observations and assessment from EYFS Development Matters or assessment from relevant professional.</p>		<p>Developmental delay of 18 – 24 months below their chronological age in essential milestones –using EYFS Development Matters observations and assessment / assessment from relevant professional.</p>		

Social, Emotional & Mental Health:

Children 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. For the purposes of these descriptors, we have broken them down into four categories: 1. Settling in and forming attachments. 2. Attention and learning. 3 Behaviours/Regulation 4 Social Skills

3 – 4 year olds						
Social, Emotional and Mental Health						
Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
Settling in & forming attachments	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).	Severe separation anxiety that persists throughout the session over a period of weeks despite support in place. Attachment to key staff not securely established.	Anxiety expressed through behaviour that creates a barrier to learning. Support plan required that outlines consistent strategies required to be used by all staff.	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.		Child unable to play, participate and engage without direct intense adult support or specific support mechanisms as identified in child's behaviour support/risk management plan.
Attention & Learning	Flits between activities and needs some short-term individual adult direction to participate and engage in activities.	Needs adult prompts on a regular basis to enable participation in learning and develop sustained concentration.	Requires a significant level of support to engage and participate in learning. Support plan in place.	Requires structured support to provide prompting, and to start and maintain concentration for most of the session.		Requires intensive support to enable child to engage with learning. Needs a safe designated area within the context of

3 – 4 year olds

Social, Emotional and Mental Health

Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
	Attends to activities for shorter lengths of time than peers.					the setting which allows the child to undertake individualised activities and make progress with their learning.
Behaviours / Regulation	<p>Child is still learning strategies to support emotional regulation. They are working on accepting routine boundaries and often explore or test these limits.</p> <p>The child is able to deploy some self- regulation skills and accept prompts to not in engage in activity that they shouldn't.</p>	<p>Developing the ability to tolerate delays when their needs are not immediately met.</p> <p>Requires behaviour support plan based on assessment with adult interventions to guide them.</p>	<p>Presents with regular (daily) disruptive behaviours which impact on the child's ability to continue with what they are doing/learning.</p> <p>Requires access to support from an adult to divert attention or provide co-regulation at key points of the day.</p> <p>Child has limited awareness of consequences of behaviour and/or safety.</p>	<p>Presents with regular (daily) episodes of behaviour (biting, spitting, kicking etc.) which are difficult to predict, and may be persistent and extreme in relation to the child's age and stage of development.</p> <p>There will be risk assessment in place with mitigating actions identified and included in a behaviour support plan.</p> <p>Behaviour support plan monitored closely to evaluate reasonable</p>		<p>There will be risk assessment in place with mitigating actions identified and included in a behaviour support plan.</p> <p>Behaviour support plan monitored closely to evaluate reasonable adjustments made to the environment and resourcing.</p> <p>*Risks may include: Actual harm to self: Head- banging, climbing on furniture, running around room without regard to other children</p> <p>Possible harm to</p>

3 – 4 year olds

Social, Emotional and Mental Health

Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
				adjustments made to the environment and resourcing.		others: Rough pulling, pushing, pinching, hitting, kicking, throwing toys/sand/furniture without regard to others, biting, damage to property
Social Skills	Occasionally disrupting the play of others through behaviours like snatching, sabotaging, and taking over play. Still learning to recognise and respond to the behaviour and feelings of others.	Cannot negotiate and solve problems in an appropriate way may resort to some behaviours to achieve this. Reluctant to participate in play and may withdraw or exhibit challenging behaviour. More significant disruption to the play of others and are still learning to negotiate and solve problems without aggression.	Presents with regular (daily) behaviour that may impact on the learning and wellbeing of themselves and others. Requires behaviour support plan to ensure their safety and well-being.	Consistently presents high levels of challenging or obsessive behaviour that impacts on the learning and wellbeing of themselves and others. Will require behaviour support plan implemented by all staff. Little/emerging understanding of the consequences of their behaviour.		Child consistently presents with high levels of challenging or obsessive behaviour. Disruption to the learning environment for many children on a daily basis. Will require behaviour support plan implemented by all staff.

Physical, Sensory and Medical

For the purpose of these descriptors, the following gives an explanation to certain terms used. A child with any of the identified difficulties will most likely have involvement from a specialist qualified teacher from the SAS Service who will give advice regarding the child's care/education. They will also support clarification of terminology.

Some children with a physical disability (PD), a visual impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) may require additional support and/or equipment to access their learning or habitation support. For the purposes of these descriptors, we have incorporated **1. Mobility & motor skills difficulties 2. Sensory difficulties 3. Self-help skills difficulties 4 Medical condition**

Visual impairment, or vision loss,	A decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses.
Hearing Impairment is	Hearing loss is permanent. The use of hearing aids to amplify residual hearing may be used. However the more profound the hearing loss, the greater the likelihood that the child will have a cochlear implant, which allows electrical signals to be sent directly to the auditory nerve, providing a sensation of hearing.
'Intervenor'	An adult providing 1:1 support for a child with Multi-Sensory Impairment (MSI), who has completed the Sense 5 Day Intervenor Course. Within the field of MSI, we describe this person as 'working as the eyes and ears of the child with MSI'. We recommend that an Intervenor works in a small team of around 2-3 familiar adults, working with a young person in Early Years settings.
Interpreter (BSL)	Some children may need a BSL interpreter to support access to language, although this is usually needed as the child gets older.

3 – 4 year olds						
Physical / Sensory						
Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
Mobility and coordination	Physical difficulties which require some adaptations to equipment with some adult monitoring.	Requires adult support for monitoring of mobility. Some adaptations required to the	Physical difficulties that require varied and extensive specialist equipment and regular support.	Consistently reliant on adult support for moving and positioning. Staff are		

3 – 4 year olds

Physical / Sensory

Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
	Delay in fine and gross motor development which requires adult monitoring.	environment to allow access. Delay with fine/gross motor development requiring input/programmes from external professional. Regular support from an adult for some activities	Delay with physical coordination as identified by OT or physiotherapist.	appropriately trained to use specialist postural equipment for standing, seating.		
Life Skills	Difficulties at 46 – 60 months in independently dressing/undressing. Significant difficulties with self-help skills i.e. drinking from a cup. Delay in achieving continence by 48 months	Continence not achieved by 48 – 60 months. Unable to dress/undress independently without high levels of adult support	Requires adult support for development of independence skills in line with ages and stages of development			
Sensory Needs	Moderate hearing or visual impairment requiring adult support to monitor adjustments.	Has a diagnosed hearing loss and wears hearing aids. Moderate visual difficulties/loss. Speech and language difficulties associated	Adult support required to use identified communication aid and enable access to and adaptation of activities/ curriculum due to sensory impairment.	Severe or profound hearing loss impacting on development. Significant visual impairment impacting on mobility and life	A level of functional vision so reduced as to prevent its use as the primary route for information acquisition and learning.	

3 – 4 year olds

Physical / Sensory

Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
		with sensory needs/loss.	<p>Individual/small group work activities required as part of support plan for specific interventions.</p> <p>Child actively Self- Seeking sensory experiences (spinning, licking windows etc.,) within the environment but are able to be distracted by an adult</p>	<p>skills.</p> <p>Support with communication adaptation and preparation of materials in tactile form.</p> <p>Frequent adult support required to monitor communication aid.</p> <p>Adult support required to enable access to and adaptation of activities/ curriculum.</p> <p>Child actively Self- Seeking sensory experiences (spinning, licking windows etc.,) within the environment and are unable to be distracted by an adult</p>	Requires tactile support systems and alternative methods in almost all areas of learning.	

3 – 4 year olds

Physical / Sensory

Area of Need	EY1	EY2	EY3	EY4	EY 5 Exceptional visual / hearing impairment or medical need that have a profound impact on learning and progress	EY 5 Exceptional Social communication difficulty or behaviours that have a profound impact on learning and progress
Medical Needs		Medical condition which requires adults to have additional training or receive advice to administer medication	Medical condition which requires adults to have additional training or receive advice to administer medication	Medical condition which requires adults to have additional training or receive advice to administer medication.	All staff in direct contact with the child require appropriate training to react to medical emergencies. Has significant medical condition requiring ongoing medical intervention and monitoring	