Early Years Inclusion Support Funding 2019-2020 for children with Special Educational Needs and/or Disabilities (SEND)

Guidance for Parents, all Cheshire West and Chester Early Years Providers: Nursery Classes, Nursery Schools, Private, Voluntary and Independent Settings and Childminders, Children’s Centres and Professionals
SEND Support for Children in the Early Years (0-5):

This document provides guidance for parents, carers, early years providers and professionals about the expectations, process and funding arrangements for supporting preschool children with Special Educational Needs and/or Disabilities (SEND) in Cheshire West and Chester (CWaC).

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1.0 Introduction

The majority of children with additional or Special Educational Needs (SEN) will not require special resources or enhanced staffing to be successfully included in settings; most early years providers meet the additional needs of their children very well. However some children are likely to benefit from additional funding for a time limited period or from the provision of additional equipment to support their inclusion. A few children may have needs which are long term, severe and profound and will likely require a more intensive level of support long term. **SEN Support in the Early Years**

‘Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society.’ National Association for the Education of Young Children 2009, Early Childhood Inclusion

**The Early Years Foundation Stage (EYFS) framework states:**

‘Every child deserves the best possible start in life and the support that enables them to fulfil their potential.’ (EYFS p.5)

Local Authorities and early years providers must have regard to the SEN Code of Practice (2014) and the Equality Act 2010, and be able to demonstrate how they are implementing a graduated approach to support all children to fulfil their potential.

‘5.4 Providers must have arrangements in place to support children with SEN or disabilities. These arrangements should include a clear approach to identifying and responding to SEN.’ (January 2015 update)

It is good practice for all early years providers to have an SEN information report which details the additional support provided for a child with SEN and/or disability. **SEND Code of Practice. Early Years SEN Information Report Template.**

**Guiding Principles**

All children are entitled to an early education that supports their learning and development, promotes independence and prepares them well for starting school. Chester West and Chester Council and its partners are committed to ensuring:

- A child’s special educational needs are identified early and accurately so that appropriate interventions and provision can be put in place to support progress
- All early years practitioners are skilled and confident to support all children including those with special educational needs and disabilities
- A fair and transparent process of resource allocation that supports achieving good outcomes for children with special educational needs and disabilities
- The views, wishes and feelings of the child and his or her parent are central in all decisions regarding special educational needs and disabilities
2.0 Identifying children with SEN and/or a Disability?

Some children will start attending a setting with SEN or disabilities (SEND) already identified. For some children difficulties with their development will begin to emerge while they are there. Research shows that responding to these difficulties promptly will help to reduce their impact on a child’s learning and development as they grow older. If a setting suspects that a child has SEND they must consult with parents without delay. Early intervention is about working in partnership with parents, listening to their concerns as well as any concerns or wishes put forward by children themselves.

2.1 Definitions of SEN, Disability and Complex Needs

The following definitions help us to recognise and respond to children’s needs.

SEND Code of Practice 2015

- A child has **special educational needs** if he or she has a **learning difficulty** or **disability** which calls for **special educational provision** to be made for him or her:

- A child under compulsory school age 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.

- For children **aged two or more** **special educational provision** means educational provision that is additional to or different from that made generally for other children of the same age in mainstream schools, maintained nursery schools, or by relevant early years providers.

- For children **under two** years of age, **special educational provision** means educational provision of any kind.

Importantly in deciding whether a concern about a child’s development may be a special educational need, it should be considered whether their needs might require special educational provision when they start school.

Disability: Equality Act 2010

A person has a disability if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.
Under the Equality Act, settings must make **reasonable adjustments** to ensure that children (and others) with disabilities are not put at a substantial disadvantage by any policies, practice or physical aspects of the setting. The SEN Code of Practice outlines the reasonable adjustment duty for all settings under the Disability Equality legislation these alone do not constitute SEN.

**Complex Learning Difficulties and Disabilities (CLDD)**

Children and young people with Complex Learning Difficulties and Disabilities have conditions that co-exist. These conditions overlap and interlock creating a complex profile. The nature if their needs require a **personalised learning pathway** and a coordinated approach to respond to their changing developmental and learning needs. This involves a **multidisciplinary approach working in partnership with the family**.

Specialist Schools Academy Trust (SSAT and DfE)

2.2 What is not a special educational need but could impact on the child’s ability to learn?

It is not always clear whether the child’s rate of progress indicates a SEN or whether there are other factors affecting learning. Early years providers should carefully consider other factors that may impact on progress and/or attainment and outcomes. These may include:

- Attendance and punctuality.
- Health and welfare.
- English as additional language
- Quality of teaching and learning

Careful assessment over time is needed to determine whether the child’s needs reflect a short term delay in learning and development or is indicative of long term SEN. Using a ‘**graduated approach**’ to assessment and intervention will help identify the child’s strengths and needs and any barriers to learning.

2.3 Children aged 0-2

It is likely that a child under two with SEND will have complex developmental needs that were identified at or shortly after birth by parents and /or health professionals. It is likely that the child’s needs will be met by support and interventions guided by health professionals as well as any educational provision. A very small number of children will have complex medical, physical and sensory needs that require a **multidisciplinary** approach to personalise their learning. Most children with complex medical, physical and sensory needs will be known to the Early Years Specialist Service (previously called the Child Development Service). Parents will be working with a range of health and educational professionals in assessing and supporting their child’s needs over time, including the Consultant Community Paediatrician.
Prior to the child starting in an early years setting, an **Action for Inclusion Meeting** will be held with parents/carers and relevant professionals to ensure the child’s needs are understood by all and appropriately met.

For some children with highly complex needs consideration will be given to requesting an **Education, Health, Care (EHC) Needs Assessment**. EHC plans are for children 0-25. [See Chapter 9 of the SEND Code of Practice](#). Add Guidance Link

### 2.4 The Integrated Review at Age 2

This brings together the **EYFS Progress Check** at 2 years with the **Healthy Child Review** (HCR) at 27-30 months. The HCR is a **universal assessment** for all children and families using the **Ages & Stages Questionnaire**.

Integrating the current health and early years development reviews has the potential to give a more complete and accurate picture of the child by drawing together:

- Parents’ views and concerns about their child’s progress
- The early years practitioner’s detailed knowledge of how the child is learning and developing, based on day-to-day observation in their early years setting
- The health professionals’ expertise in the health and development of young children

### 2.5 Children aged 3-4

Many children with SEND are likely to be in a setting and accessing educational provision and will require additional help which is planned and delivered as part of the SEN Support stage of the **SEND Code of Practice** known as the ‘**graduated approach**’

Concerns about the child’s development may be evident from assessment of the child’s progress in the **Prime Areas** of the EYFS framework. These reflect the key skills and capacities all children need to develop and learn effectively and be ready for school. These areas match closely to the four areas of SEN need: as shown.

<table>
<thead>
<tr>
<th>Prime Areas in EYFS</th>
<th>Area of SEN Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics as a Learner, observations of play, level of involvement</td>
<td>Cognition and Learning</td>
</tr>
<tr>
<td>Communication and Language</td>
<td>Communication and Interaction</td>
</tr>
<tr>
<td>Personal Social and Emotional</td>
<td>Social, Emotional and Mental Health</td>
</tr>
<tr>
<td>Physical Development</td>
<td>Sensory and/or Physical</td>
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3.0 What provision should be made for my child? Expectations for all Early Years Providers

All children should have access to good quality universal provision which promotes and delivers inclusive practice. All members of staff should receive appropriate support and training to ensure that evidence-based strategies are used across the EYFS curriculum. The EYFS is a legal framework which requires all providers to have arrangements in place to support children with SEN and/or disabilities. The following table shows what is expected for all settings to provide as standard inclusive practice. This should be a universal offer for supporting children aged 0-5 years with SEND to access their childcare/education.

3.1 Inclusive Practice

**Universal Offer- Expected standard inclusive practice in all EY settings**

<table>
<thead>
<tr>
<th>All children including those with SEND:</th>
<th>All early years providers will:</th>
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<tbody>
<tr>
<td>• 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</td>
<td>• have a comprehensive SEN policy which is understood and followed by all staff</td>
</tr>
<tr>
<td>• 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) where appropriate</td>
<td>• have clear arrangements in place to support children with SEND SEND Code of Practice. Early Years SEN Information Report Template</td>
</tr>
<tr>
<td>• should be offered different (differentiated) opportunities or alternative approaches to learning to meet a range of learning needs</td>
<td>• offer a graduated approach in accordance with the SEND Code of Practice 0-25 (April 2015)</td>
</tr>
<tr>
<td>• will have resources available to meet the ages and stages of their individual development</td>
<td>• assess, plan, do &amp; review</td>
</tr>
<tr>
<td>• will have intervention plans as part of any identified SEN Support, which their key person will oversee with support from the SENCO</td>
<td>• have a named setting SENCO in line with the SEND code of practice 0-25 (April 2015)</td>
</tr>
<tr>
<td>• will be monitored to regularly review the effectiveness of the support and the monitoring of</td>
<td>• ensure all staff have access to training which will enable practitioners to be confident and skilled in managing a range of learning needs to include all children in an early years setting Training section - provider corner on Local Offer</td>
</tr>
<tr>
<td>• be aware of their Equalities Act 2010 responsibilities and make reasonable adjustments for children covered under the protected characteristics</td>
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</table>
- the child’s’ progress
- have a clear policy to enhance positive behaviour within the setting and ensure that it is applied consistently across the setting by all practitioners
- have support plans in place for those children identified with SEND which are monitored and evaluated regularly
- have and maintain a culture of high expectations for all children amongst practitioners
- have good and effective working partnerships with parents, offering clear and transparent information
- have arrangements in place to work collaboratively and effectively with other professionals i.e. education, health, social care, etc. to ensure children benefit from an integrated and aligned approach to meeting needs holistically

The Early Years Team (EYT) is available to support early years providers to ensure that they are providing a standard inclusive practice as part of their universal offer.

3.2 The Graduated Approach- actions to be taken when a Special Educational Need is identified (SEND Code of Practice, 2014).

SEN support

Once the special educational need/disability is identified it is very important that special educational provision is made; this should be evidence-based, focused on the identified need and its impact should be monitored over time. Importantly, support for the child is not dependent on a ‘diagnosis’ but on addressing the need that has been identified. The assessment process and information gathering should always include early discussion with the child and their family as they know their child best.

SEND support is known as the **graduated approach** and it adopts 4 stages: Assess- Plan- Do- Review. The graduated approach should be led and co-ordinated by the setting SENCo working with and supporting individual practitioners in the setting and informed by EYFS materials, the [Early Years Outcomes guidance (2013)](http://www.gov.uk) and Early Support resources.
Fig 1: Assess-Plan-Do-Review Cycle

Assess:

Early years practitioners should work with the Special Educational Needs Coordinator (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. Link to guidance doc which is being developed to be added later. It should take into account previous and current rate of progress, assessments, observations, progress in comparison to peers, the views and experience of parents, the child own views and, if relevant, advice from external support services.

In some cases outside 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:

Once a special educational need is identified the early years provider should provide appropriate SEN support. The early years practitioner and the SENCo should meet with the child and their parent/carers to 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 the appropriate skills and knowledge. All members of staff who work with the child 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 support required. The SENCo will also arrange additional support or training for members of staff working with the child if needed.

**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 feedback 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 response.

### 3.3 Involving Specialists

Settings should follow the graduated approach before involving outside specialists. Importantly the SEND Code of Practice (5.8 DfE 2014) advises that it is **when a child continues to make less than expected progress despite targeted and evidence-based interventions that are matched to the child’s area of need that the involvement of appropriate specialists should be considered.**

Outside specialists might include the following: Health Visitor, Speech and Language Therapist, Physiotherapist/Occupational Therapist (Physio/OT), LD CaMHS worker, Early Years Specialist Teacher/ Specialist Teacher for Vision or Hearing impairment (STVI/STHI), social worker and child and educational psychologist. The setting might be receiving support from the Early Years Outreach programme.

More information about the support and services available for children with SEN or disabilities and their families is available on the Local Offer: [www.westcheshirerelocaloffer.co.uk](http://www.westcheshirerelocaloffer.co.uk)

Parents can receive individual, impartial advice and support from the Information, Advice and Support Service (IASS) regarding their child.
4.0 What support should be in place for my child? Stages of Support and Funding Bands

The vast majority of children with SEND will make good progress with the high quality inclusive provision in early years settings, including differentiation of activities and environments, high quality teaching and interactions between practitioners and children.

Some children may require more support and guidance for learning than is typically provided by settings and need support that is additional to and different from what is typically available and which require targeted or specialist input.

A few children may have needs which are long term, severe and profound and will be likely to require a more intensive level of support long term.

4.1 Core funding to Early Years providers

Most children with SEN will have their needs met by the funding available in settings. Early years providers will be expected to show and evidence inclusive practice as part of their universal offer for all children (including those with SEND) and use the full range of existing resources in their support arrangements.

All settings are expected to make provision for children with SEN from core funding received for 2, 3 and 4 year olds. Further details on the core funding available to Early Years providers and other income sources are outlined in Appendix 1.

4.2 Early Years Inclusion Support Funding

Some children may need additional funding to provide targeted short term interventions to support their learning and development.

For a few children it is likely that they will need additional funding for a longer period of time because they have significant and complex needs. They might need educational provision that is additional to and different from that typically provided by mainstream settings and schools. Additionally it may be appropriate to request an EHC Needs assessment. Guidance to be added later

Early Years Inclusion Support Funding is additional funding that supports the access and inclusion of children with additional/severe/complex special educational needs and/or a disability living in Cheshire West and Chester.

Cheshire West and Chester have adopted a three level approach to funding and thinking about children’s needs. The figure below illustrates the different stages of support that children can access and the corresponding funding bands.
Fig 2: Stages of Support & Funding

- Funding 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 educational 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 or resources.

- It is expected that providers will have used the resources that are routinely available to maximise the support for individual children before applying for Inclusion Support Funding.

Some children may also require a statutory Education, Health and Care (EHC) needs assessment.

Band B & C Inclusion Support Funding allocates additional funding to individual children with high level & complex needs.

Band A ISF allocates additional funding to individual children with identified SEND who have not made progress despite relevant targeted support.

Some children identified as having SEND, will require additional help which is planned and delivered as part of the SEN Support stage of the SEND COP.

All children should have access to good quality universal provision which promotes and delivers inclusive practice.

Universal Offer
Standard inclusive practice

SEN Support
Targeted & Specialist Advice

EHC
ISF

Some children may also require a statutory Education, Health and Care (EHC) needs assessment

Band B & C Inclusion Support Funding allocates additional funding to individual children with high level & complex needs.

Band A ISF allocates additional funding to individual children with identified SEND who have not made progress despite relevant targeted support.

Some children identified as having SEN, will require additional help which is planned and delivered as part of the SEN Support stage of the SEND COP.

All children should have access to good quality universal provision which promotes and delivers inclusive practice.
• The allocation of Inclusion Support Funding will be monitored and audited to ensure that it is being used appropriately

Cheshire West and Chester have three bands of Inclusion Support Funding:

• **Funding Band A** is specifically intended to support children with identified special educational needs who have not made progress despite targeted input at SEN support and should be used to provide additional support in order to promote continued progress and early intervention

• **Funding Bands B and C** are expected to support children with high level and complex needs

The financial details are shown below:

<table>
<thead>
<tr>
<th>Universal &amp; SEN Support</th>
<th>Band A</th>
<th>Band B</th>
<th>Band C</th>
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<tr>
<td>Delegated funding through EYFF, DAF, EYPP (see Appendix A)</td>
<td>Based on 15 or 30 hours EYE</td>
<td>Based on 15 hours EYE</td>
<td>Based on 30 hours EYE</td>
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<td></td>
<td>Up to £1710 per annum</td>
<td>Up to £3420 per annum</td>
<td>Up to £6840 per annum</td>
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**Funding for Specialist Equipment**

Funding is available for children with special educational needs and disabilities who may require specialist equipment to enable them to have full access to the EYFS within their early years setting.

• It is expected that early years providers will use the Disability Access Funding (DAF) as a first response where appropriate for more information please see Appendix 1.

• Funding for specific equipment requests will be considered only where the equipment specified is different or additional to what should be provided in a setting delivering Quality First i.e. what should normally be available

• Any equipment purchased will transfer with the child to their next placement

• For those children who needs require the equipment in place before they can access a setting the relevant professional (usually the Physio/ OT or Specialist Teacher for Sensory-impairment) will complete the funding application with the agreement of parents before the child starts the setting
5.0 How does the process and decision-making for Early Years Inclusion Support Funding work?

5.1 The application process

With the **full agreement of parents** applications for Inclusion Support Funding can be made with by:

- any early years provider
- child minder
- an Early Years Specialist Service professional working with a child with complex needs, where the child’s access to a setting is dependent on the additional support/equipment being in place at the start

Applications are made using the **Special Educational Needs and Disability Inclusion Panel (SENDIP) Application form** which can be found in the Early Years Section on the Local Offer.

**Guidance notes** on using the Funding Bands to make an application for EYIF are provided in **Appendix 2**.

- In making an application early years providers must have regard to the SEND Code of Practice (2015) and the Equality Act (2010)

- To evidence the need for inclusion support funding 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**).

- They must demonstrate how they have provided additional or different provision to meet a child’s needs within reasonable adjustments; This can be demonstrated by the provider using **their Action Plan at SEN Support over a minimum of three months**

- In those cases where a child’s access to a setting is reliant on additional equipment/ support being in place prior to their attendance the application will be made by the relevant Early Years Specialist Service professional working with the child

- In exceptional circumstances it may be necessary to request inclusion support funding without the evidence of actions taken by the setting. These circumstances include:
  - The child (and family) has recently moved into the area with a documented history of significant or highly complex learning needs
  - An unexpected/sudden & significant SEN which occurred as a result of a medical condition, an accident or other sudden trauma
Applications received will be considered at the next available panel, subject to the maximum permitted panel number of 25. Where the panel has already reached the maximum number, the application will be deferred to the next available panel. Applicants will be informed in writing of the outcome of the panel within 14 days of the panel meeting.

5.2 Panel decision-making

All funding applications are considered by the Special Educational Needs and Disability Inclusion Panel (SENDIP) The primary purpose of the panel is to support the access and inclusion of young children with SEND. The SENDIP includes representatives from providers, Education, Health and Early Help and Prevention services. The panel consider applications for inclusion support funding on a monthly basis

The decision to allocate inclusion support funding is informed by three criteria:

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

The SEND Inclusion Support Funding Descriptors are used to decide on the level of funding required to match need. Information on the inclusion funding descriptors for the 6 areas of SEND are set out in Appendix 3 and should be seen as providing guidance to all parties.

Panel decisions are made on the basis of the evidence provided in the application form against the published funding descriptors and in line with the agreed criteria. The panel may consult with other professionals who are supporting the child to discuss their advice.

Each request for inclusion support funding is considered individually at SENDIP to enable panel members to come to a decision based against the SEND inclusion criteria information and the evidence provided. This ensures consistency and transparency of decision-making across the borough.

In most cases, the SENDIP will expect the above criteria and at least 50% of the descriptors to apply to the child to be evidenced in the request, before agreeing a funding 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 the panel to make comprehensive decisions.

Some children will have needs that span across two or more areas of SEND. 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.

Funding decisions will be communicated within **14 working days** of the date of the panel. If agreed, funding will be allocated to settings **14 working days** after the panel decision. Funding allocation will be in place for **12 months** and then reviewed.

Children in receipt of Early Years funding at the end of the academic year would continue to be funded into Reception for the first 2 terms following an **Action for Inclusion Meeting** whilst reviews are undertaken by the school.

### 5.3 Review Process for Inclusion Support Funding

Review is an important part of assessment: looking carefully at the effectiveness of the support and the impact on the child progress. Review is necessary to ensure targets are ‘on track’, to decide on any changes to the support and outcomes or to agree that outcomes have been achieved. Early years providers will be expected to continue the Assess- Plan- Do- Review cycle, tracking and reviewing the child’s progress in light of the additional support that has been put in place. Plans and the actions followed should be reviewed in consultation with parents, and those practitioners who know the child best. This should help identify ‘what works’ and the ‘next steps’ to inform effective provision within the setting.

From the point at which Inclusion Support Funding is allocated the setting should hold **three Multiagency Review meetings** with parents and those relevant outside specialists who are informing and supporting the plan. It is expected that providers will share the review information (assessments, professional reports etc.) with parents prior to the review meeting.

The **SENDIP Review form** will need to be submitted to the **SENDIP Review Panel** by the early years provider following the multiagency review held in the third term. Panel decisions about funding will be made on the basis of the evidence provided in the review information against the funding descriptors and in line with the agreed criteria.

If there are concerns about the child’s progress/plan at any point in the year these concerns should be discussed with parents and relevant agencies and the early years provider should record the concerns and the resulting actions agreed. If concerns continue, the Review form will need to be submitted by the provider to the Review Panel with information from parents and relevant professionals.

The **SENDIP Review Panel** will decide if funding should continue at the same or a different funding level or should cease where the required progress has been made.

If following review the child’s needs continue to be complex in nature and the expected progress has not been achieved, with parents agreement consideration should be given to requesting an EHC needs assessment.
Settings are advised to schedule review meetings in advance to ensure that these review timescales are adhered to, as not doing so may cause interruption of funding at transition.

6.0 Glossary of Terms and Abbreviations

**Action for Inclusion Plan**
Enables the educational setting to forward plan and prepare to ensure the effective inclusion of a child with additional needs. Action Planning for Inclusion gives everyone concerned the opportunity to discuss with parents/carers and staff how the developmental needs of the child can be met appropriately. The setting takes responsibility for overall monitoring of the plan and actions agreed at the Action for Inclusion Meeting. The plan should be used as an ongoing tool for monitoring progress / addressing need and reviewing outcomes. It should be seen as a working document.

**Cognitive ability**
Thinking and reasoning abilities. A term often used by psychologists instead of intelligence.

**Developmental delay**
A slower rate of development where a child learns more slowly than most children of the same age.

**Early Years Foundation Stage**
The foundation stage begins when children reach the age of three. Many children attend an early education setting soon after their third birthday. The foundation stage continues until the end of the reception year and is consistent with the National Curriculum. It prepares children for learning in Year 1, when programmes of study for Key Stage 1 are taught.

**Early Years Provider**
A provider of early education places for children under five years of age. This can include state-funded and private nurseries as well as child minders.

**Education, Health and Care Plans (EHCP)**
An EHC plan details the education, health and social care support that is to be provided to a child or young person who has SEN or a disability. It is drawn up by the local authority after an EHC needs assessment of the child or young person has determined that an EHC plan is necessary, and after consultation with relevant partner agencies. EHC plans are based on a coordinated assessment and planning process which puts the child and young person and their parents at the centre of decision making.

**Information, Advice and Support service (IASS)**
IASS have a duty to provide information, advice and support to disabled children and young people and those with SEN and their parents. They are a statutory service which means there has to be one in every local authority.
**LD CaMHS** - Learning Disability Child and Mental Health Service.

**Learning Difficulties/Disabilities**
A difficulty in learning new skills or who learn at a different rate from their peers.

**Local Offer**
Local authorities in England are required to set out in their Local Offer information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have Education, Health and Care (EHC) plans. Local authorities must consult locally on what provision the Local Offer should contain.

**Moderate Learning Difficulties (MLD)**
A term to describe a general level of academic attainment that is significantly below that of other children of the same age. There may be difficulty acquiring basic literacy and numeracy skills, speech and language difficulties and poorly developed personal and social skills.

**Multi-agency/Multi-disciplinary working**
Practitioners from different sectors, agencies and professions working together to provide joined-up support for children, young people and families.

**Profound and Multiple Learning Difficulties (PMLD)**
Pupils with PMLD have very complex learning needs. Among pupils with PMLD are those learning at the earliest levels of development and who have physical disabilities, sensory impairment or a severe medical condition. Pupils with PMLD need a high level of adult support for both their learning needs and for their personal care.

**Quality First Teaching**
The range of effective teaching strategies and techniques used by a teacher for all pupils in the mainstream setting that ensure pupils' progression in learning.

**SEND Code of Practice: 0 to 25 years**
The revised Special Educational Needs Code of Practice was published by the Department for Education and Skills in 2014. The code provides statutory guidance on policies and procedures intended to enable pupils with SEN to reach their full potential, to be included in school communities and to make the transition to adult life successfully. It explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs.

**Severe Learning Difficulty (SLD)**
Pupils with SLD have significant intellectual or cognitive impairments. This will have an impact on their ability to participate in the school curriculum without support.

**Special Educational Needs Coordinator (SENCo)**
The SENCo is a qualified teacher in a school or maintained nursery school who has responsibility for co-ordinating SEN provision. In a small school, the head teacher or deputy may take on this role. In larger schools there may be a team of SENCos. Other early years settings in group provision arrangements are expected to identify an individual to perform the role of SENCo and childminders are encouraged to do
so, possibly sharing the role between them where they are registered with an agency.

Appendix 1: Further Information about the core funding received by Early Years providers and other income sources

<table>
<thead>
<tr>
<th>Core Early Years Entitlement Element 1 (base rate funding)</th>
<th>LA Core Funding for 2 year olds</th>
<th>LA Core Funding for 3 &amp; 4 year olds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Years Provider in Cheshire West and Chester</td>
<td>£5.15</td>
<td>£3.65</td>
</tr>
</tbody>
</table>

Early years providers 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). Local authorities are required by legislation to secure free places offering 570 hours a year over no fewer than 38 weeks of the year and up to 52 weeks of the year for every eligible child in their area as follows:

- Universal offer - all children aged 3 and 4 years old are entitled to 15 hours per week of free childcare and education at an Ofsted regulated childcare provider.
- From September 2017, an extended entitlement to 30 hours free provision - an additional 15 hours a week for working parents of three- and four-year-olds (on top of the universal entitlement of 15 hours a week for all three and four year olds)
- Some 2 year olds are entitled to 15 hours of free childcare and education per week using criteria similar to that applied for Free school meals.
- For more information about childcare funding please visit the childcare Choices website [https://www.childcarechoices.gov.uk/](https://www.childcarechoices.gov.uk/)

The hourly base rate per child to be passed on to CWaC childcare providers for the period 2019-2020 is £3.65. For 3 and 4 year olds this is the same rate for the first 15 hours and the extended 15hrs. Although the offer refers to childcare as far as quality is concerned the DfE guidance states that there should be no differentiation between the Universal 15hrs of education and childcare places and the additional 15hrs.

Please note that base rate funding and additional supplement funding are subject to annual formula changes.
## Early Years Funding Formula (EYFF) for 2019-2020

<table>
<thead>
<tr>
<th>National Funding Formula Requirement</th>
<th>Proposed Cheshire West and Chester 2019-2020 Early Years Single Funding Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Base rate</strong></td>
<td>Base rate of <strong>£3.65</strong> per child per hour</td>
</tr>
<tr>
<td><strong>Mandatory supplement</strong></td>
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<tr>
<td>Deprivation: Local authorities must use this supplement to recognise deprivation in their areas.</td>
<td>Additional payment based on the number of children attending the Setting who reside in the 30% most disadvantaged areas in England on the Income Deprivation Affecting Children Index (&quot;IDACI&quot;) or in the 30% most disadvantaged areas in Wales on the Welsh Index of Multiple Deprivation. Payment of £0.005 per child per hour will be made based on the percentage of Eligible Children residing in such an area attending the Setting (e.g. if 40% of Eligible Children attending the setting live in a 30% IDACI area, the Provider will receive (£0.005x40) £0.20 per child per hour).</td>
</tr>
<tr>
<td><strong>Discretionary supplements</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Rurality/sparsity</strong>: A rurality/sparsity supplement is permitted to allow local authorities to support providers serving rural areas less likely to benefit from economies of scale.</td>
<td>Rurality supplement - £2,000 lump sum if the Setting is defined as being in a Rural or Predominantly Rural Census Output Area under the Council's Rural / Urban Classification; is more than 2 miles from the next nearest providers and has below 77% occupancy according to the January 2019 census.</td>
</tr>
<tr>
<td><strong>Quality</strong>: A quality supplement is permitted to support workforce qualifications</td>
<td>Qualification Supplement - Additional payment based on the highest qualified staff member at the Setting. If the highest qualified staff member holds an appropriate Qualified Teacher Status the Provider will receive £0.25 per child per hour. If the highest qualified staff member holds Early Years Professional Status the Provider will receive £0.15 per child per hour. Eligibility to be verified at the January 2019 census and includes the provision of progress and tracking data.</td>
</tr>
</tbody>
</table>
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.

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 of £5.15 per hour (with no supplements). The deprivation supplement for 3 and 4 year olds is the only legal requirement.

Disability Access Funding (DAF) - provides £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)

For further information about sources of income for early years providers visit the following Department for Education (DfE) webpage: Early years business sustainability: supplier list and guides.
Appendix 2: Guidance notes on using the Funding Bands to make an application request

1. Children with wide-ranging learning needs

Play, Cognition and Learning

Some children may have developmental delay in a number of areas of development and 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 providers 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 is all relevant. Many cognitive skills develop as language skills develop and are facilitated by them, others – such as completing inset jigsaw 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’s progress through tracking their learning and development 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 key 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.

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 Service.
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 children may withdraw and become very passive. Some may be subject to a Child in Need, Child Protection Plan, in care or adopted at the time the 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 type/level of behaviour displayed particularly in relation to age and context- for e.g. withdrawal, distress etc.

- Frequency (at least daily incidents)
- Severity/intensity or periods of
- 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 inclusion 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.
  - Copies of any specialist reports, where available.
  - If the child is part of a CIN / CP then information from Social Care (with consent).
  - A completed and up-to-date Team Around the Family (TAF) with multi-agency input highlighting the child’s needs.
  - Information from Starting Well Nurse (HV)

Communication & Interaction

There are two sets of descriptors in this section. The communication descriptors link closely with the EYFS Communication and Language area 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 /Condition(ASD). 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 Action for inclusion Plan at SEN Support, but without requiring additional funding. The panel 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 an Action for Inclusion Plan at SEN Support. This information is crucial to the panel being able to make robust and equitable funding decisions.

**Children with Medical Needs**

Early years providers 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 and other relevant specialist agency if there are concerns about how to meet any needs. A specific, individual Care Plan for health needs may be necessary or already in place. Children with medical/health needs that impact on their learning and development must have an Action for Inclusion Plan at SEN Support that appropriately reflects these needs.

3. **Children not yet attending an Early Years Provider**

Some children with highly complex special educational needs and/or disabilities 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 specialist reports, a specific individual health care plan (if applicable) and relevant assessments. Requests for these children will normally come from a relevant professional in the Early Years Specialist Services (previously called CDS) prior to the child starting in the setting.

4. **Exceptional Circumstances Requests**

It is expected that the vast majority of requests for inclusion 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 without the evidence of actions taken by the early years provider. These circumstances include:

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

5. **Contact information**

If you are unsure about what evidence to submit or want help using the SEND inclusion descriptors, please contact your link Early Years Consultant from the Early Years Team or the Early Years Specialist Teacher from the Early Years Specialist Teaching Service.
## Appendix 3: Inclusion Support Funding SEND Descriptors

### Early Years Under 5’s

#### Cognition, Play and Learning Skills

<table>
<thead>
<tr>
<th>Universal Offer</th>
<th>SEN Support</th>
<th>Band A</th>
<th>Band B</th>
<th>Band C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development within the Early Years Foundation Stage (EYFS) Framework is broadly within Age Related Expectations (ARE) particularly within the Prime Areas.</td>
<td>Some learning delay evidenced in play and learning skills development</td>
<td>A significant learning delay evidenced in play and learning skills development</td>
<td>Severe learning difficulties showing significant and persistent delay in play and learning skills development</td>
<td>Profound learning difficulties showing significant delay in all areas of play and learning skills and development</td>
</tr>
<tr>
<td>EYFS Learning and Development Summary and Health Visitor Ages and Stages Questionnaire (ASQ) at 2yrs and 3yr indicate broadly ARE.</td>
<td>For children aged 3-4 years assessments might indicate development is 6-12 months below EYFS ARE, particularly within the Prime Areas.</td>
<td>For children aged 3-4 years assessments in EYFS indicate the child’s development is 12-18 months below ARE, particularly in the Prime Areas.</td>
<td>Complex needs affect development in all areas.</td>
<td>Complex needs affect development in all areas.</td>
</tr>
<tr>
<td>Play and learning skills are broadly in line with peers.</td>
<td>Child referred for any concern following evidence of not meeting EYFS ARE or ASQ screen e.g. to Speech and Language Therapist (SALT) or paediatrician</td>
<td>The child finds it hard to use previously learnt skills in new and different situations.</td>
<td>For children age birth to 2 years of age evidence that development is significantly behind that expected for the child’s age: development within the birth-11 month band of the EYFS in one or more of the prime areas.</td>
<td>For children age birth to 2 years of age evidence that development is significantly behind that expected for the child’s age: development within the birth-11 month band of the EYFS in one or more of the prime areas.</td>
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<tr>
<td></td>
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<td>Some difficulties in retaining concepts over time</td>
<td>The child has significant difficulties learning basic concepts and retaining them over time despite repeated</td>
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<td>Play activities are typically seen in younger children: they maybe repetitive and limited to</td>
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<td>one or two simple actions. Can engage with self-directed play most of the time. Imaginative play is less developed than is typical for their age and is developing differently (e.g. has become persistently repetitive) The child is unable to maintain focus on self-directed play for an age appropriate length of time. The child is able to imitate other children’s play only when it has been frequently observed and is simple e.g. consists of only a few steps.</td>
<td>opportunities for learning. For example in matching activities. Requires a great deal of structure and prompts to engage in play for a significant amount of time. Play skills are significantly limited and restricted in comparison to peers. Play is primarily sensory and exploratory; acting on toys for effect, investigating simple cause and effect. Imaginative play is showing significant delay; this may be limited to single actions in pretend play or more actions shown only in direct imitation. The child is unable to maintain a focus on self-chosen activities even with motivation from their key worker. The child is not yet learning through observing other children playing and incorporating these actions into their own play.</td>
<td>The child may engage in simple play sensory exploration of objects and the immediate environment with a high level of adult support both verbal and physical. Child requires individual bespoke programmes of support to make very small learning steps.</td>
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</table>
### Speech, Language and Communication Needs

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<tr>
<th>Universal Offer</th>
<th>SEN Support</th>
<th>Band A</th>
<th>Band B</th>
<th>Band C</th>
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<tbody>
<tr>
<td><strong>Development within</strong>&lt;br&gt;the Early Years Foundation Stage (EYFS) Framework is broadly within Age Related Expectations (ARE) in particular with Communication and Language (C&amp;L)**</td>
<td><strong>Mild / Moderate impairment</strong>&lt;br&gt;Child has difficulty following or understanding language without visual cues and is 6-12 months below EYFS ARE</td>
<td><strong>Moderate impairment</strong>&lt;br&gt;Significant and consistent difficulty with receptive and/or expressive language skills. Single words may be clear but connected speech less so. Speech may be difficult to understand or only intelligible to familiar listeners. Significant and consistent difficulty with speech, social interaction, and/or dysfluency. Language abilities are impaired to a degree that considerably prevents effective age-appropriate communication Some support from adults required to facilitate communication with adults and children</td>
<td><strong>Moderate / severe impairment</strong>&lt;br&gt;Severe / profound difficulty in receptive and/or expressive language, speech, social interaction, dysfluency. Persistent (developmental) language disorder which is at least 18 months below EYFS ARE and in particular within C&amp;L Limited functional communication causing significant barriers to learning and social relationships. Slow rate of progress Signals basic needs in verbal or non-verbal way which may be very idiosyncratic (e.g. own signs or pointing) and/or speech intelligibility limited to familiar words used in context</td>
<td><strong>Severe / profound impairment</strong>&lt;br&gt;Severe / profound difficulty in domain of speech, comprehension, expression, functional language, social interactions. May have no or minimal communicative intent. Persistent (developmental) language disorder Slow rate of progress High level of dependency on trained others Severely restricted involvement in whole group activities. High level of dependency on others to differentiate language in the learning environment</td>
</tr>
<tr>
<td><strong>Language and communication skills within average range</strong></td>
<td><strong>General guide - 18th percentile and above on standardised assessments.</strong>&lt;br&gt;May have occasional, mild difficulties with receptive and/or expressive language, speech, social interaction, dysfluency, immature speech.</td>
<td><strong>Mild / Moderate impairment</strong>&lt;br&gt;Difficulty with receptive and/or expressive language, speech, social interaction, dysfluency. May have significant speech difficulties Immature speech. Can make needs known. May need some extra processing time Child responds but others may struggle to understand the child’s communication</td>
<td><strong>Moderate / severe impairment</strong>&lt;br&gt;Persistent (developmental) language disorder which is at least 18 months below EYFS ARE and in particular within C&amp;L Limited functional communication causing significant barriers to learning and social relationships. Slow rate of progress Signals basic needs in verbal or non-verbal way which may be very idiosyncratic (e.g. own signs or pointing) and/or speech intelligibility limited to familiar words used in context</td>
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<td><strong>Mild / Moderate impairment</strong>&lt;br&gt;Child has difficulty following or understanding language without visual cues and is 6-12 months below EYFS ARE</td>
<td><strong>Moderate impairment</strong>&lt;br&gt;Significant and consistent difficulty with receptive and/or expressive language skills. Single words may be clear but connected speech less so. Speech may be difficult to understand or only intelligible to familiar listeners. Significant and consistent difficulty with speech, social interaction, and/or dysfluency. Language abilities are impaired to a degree that considerably prevents effective age-appropriate communication Some support from adults required to facilitate communication with adults and children</td>
<td><strong>Moderate / severe impairment</strong>&lt;br&gt;Severe / profound difficulty in receptive and/or expressive language, speech, social interaction, dysfluency. Persistent (developmental) language disorder which is at least 18 months below EYFS ARE and in particular within C&amp;L Limited functional communication causing significant barriers to learning and social relationships. Slow rate of progress Signals basic needs in verbal or non-verbal way which may be very idiosyncratic (e.g. own signs or pointing) and/or speech intelligibility limited to familiar words used in context</td>
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<tr>
<td>sounds</td>
<td>Communicates well Occasional difficulties with comprehension and ability to follow instructions May have some difficulty communicating with certain people or new and unfamiliar situations</td>
<td>Self-confidence and social integration affected by communication difficulties, may respond at times</td>
<td>Considerable difficulty organising expressive language and making meaning clear Single words clear but connected speech poor, speech only intelligible to familiar adults Processing difficulties leading to difficulties in understanding and following instructions. even when language is simplified and may require active adult encouragement Could be evidence of frustration, withdrawal or distress.</td>
<td>Depends heavily on context and cues to understand and express self Child unlikely to participate in whole group activities without adult support. Child likely to withdraw from communication in groups, limited social interaction with peers and adults Child may show signs of distress and confusion. Slow rate of progress</td>
</tr>
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</table>
# Social Communication and Interaction Needs

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<thead>
<tr>
<th>Universal Offer</th>
<th>SEN Support</th>
<th>Band A</th>
<th>Band B</th>
<th>Band C</th>
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</thead>
<tbody>
<tr>
<td><strong>Understanding and expressive language may show some delay</strong>, and information may need to be repeated or broken down into shorter phrases with fewer key words. Subtle difficulties may be evident in the child’s voice, or in their interpretation of communication</td>
<td><strong>Some understanding</strong> of speech, situations and others’ body language or facial expression. Conversations may be one-sided or on a restricted number of interests. Speech and Language Therapy are involved and a care plan is in place to target significantly delayed language comprehension or expression</td>
<td><strong>Limited understanding</strong> of speech, situations and others’ body language or facial expression. Able to communicate in a basic way, but not converse. May have rote-learnt phrases which are not indicative of their real language level. Regular support is required to develop through the stages of communication and/or manage alternative communication systems, which may need to involve other agencies</td>
<td><strong>Very limited understanding</strong> of speech, situations and others’ body language or facial expression. Occasionally makes requests to meet some of own needs through verbal or non-verbal communication, which can be interpreted by familiar communication partners. Consistent support, throughout the day, is required to develop the very early stages of communication and/or manage alternative communication systems, which may need to involve other agencies</td>
<td><strong>Profound impairment in multiple areas of verbal/non-verbal communication.</strong> Mute or restricted to a small number of words, phrases or sounds used repetitively. Unable to communicate effectively in any conventional way. Intensive support is required to develop the very early stages of communication and/or manage alternative communication systems, which involves other agencies</td>
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</table>
### Social Communication and Interaction Needs

<table>
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<tr>
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<th>Band A</th>
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<tbody>
<tr>
<td>Development within the Early Years Foundation Stage (EYFS) Framework is broadly within Age Related Expectations (ARE). particularly in Personal, Social and Emotional Development (PSED) and Communication and Language (C&amp;L)</td>
<td>Some difficulties evidenced in Social Communication and Interaction</td>
<td>Significant difficulties in Social Communication and Interaction</td>
<td>Significant and persistent difficulties in Social Communication and Interaction</td>
<td>Significant difficulties in all areas of Social Communication and Interaction</td>
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<td></td>
<td>May be below EYFS ARE, particularly in PSED and C&amp;L.</td>
<td>Significant difficulties in following social norms and unable to tolerate usual attempts at interaction from peers.</td>
<td>Does not display understanding of social boundaries. Not able to tolerate social interaction</td>
<td>Persistent and severe difficulties following social norms and expectations</td>
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<td></td>
<td>Interaction may sometimes be socially inappropriate.</td>
<td>Attempts at interaction will be socially inappropriate and below EYFS ARE, particularly in PSED and C&amp;L.</td>
<td>Child unlikely to actively participate in whole group activities without adult support.</td>
<td>Does not participate in all activities without a high level of trained adult support.</td>
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<td></td>
<td>Lack of expected progress in social skills for example as demonstrated in turn taking, joint attention and reciprocal interaction.</td>
<td>Unaware of social rules in turn-taking and social interactions and may require direct intervention to teach and model appropriate social actions or behaviours</td>
<td>Significant social isolation within the group and withdrawal from social and group learning activities which is below EYFS ARE, particularly in PSED and C&amp;L.</td>
<td>Persistent and severe social isolation within the group and withdrawal from social and group learning activities which are severely impacting on access to EYFS learning and environment and are below EYFS ARE, particularly in PSED and C&amp;L.</td>
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<td></td>
<td>May have difficulties recognising and communicating emotions.</td>
<td>Will have some difficulty expressing feelings or needs which are untypical of their</td>
<td>Significant social isolation within the group and withdrawal from social and group learning activities which is below EYFS ARE, particularly in PSED and C&amp;L.</td>
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<td>Has some difficulties managing change and transitions leading to higher</td>
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<td>Characteristics</td>
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<td>Than usual levels of anxiety. May show some difficulties forming and maintaining friendships with peers.</td>
<td>Lack of awareness of social space which may require adult prompts to maintain appropriate distance.</td>
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<tr>
<td>Age and stage of development. Limited ability to understand the impact of their actions on others.</td>
<td>Requires adult prompts and support to manage feelings and emotions. Evidence of some frustration, or distress, which is different to that typical of EYFS ARE when faced with new people, places, events or when unsure what is going to happen.</td>
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<tr>
<td>Limited ability to understand the impact of their actions on others.</td>
<td>May show signs of distress when face with change or transitions.</td>
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<tr>
<td>Requires adult prompts and support to manage feelings and emotions.</td>
<td>Change can be managed with appropriate individual strategies in place.</td>
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<tr>
<td>Evidence of some frustration, or distress, which is different to that typical of EYFS ARE when faced with new people, places, events or when unsure what is going to happen.</td>
<td>Some ability to understand the impact of their actions on others.</td>
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<tr>
<td>May show signs of distress when face with change or transitions.</td>
<td>Difficulty understanding social and physical risks. Child is becoming increasingly isolated with peers as a result.</td>
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<tr>
<td>Shows signs of distress over even small changes in the environment when faced with change or transitions with significant functional impacts. Displays rigid, repetitive or obsessiona</td>
<td>Significant and persistent difficulty in expressing and managing their emotions, which requires direct adult intervention to support their emotional state.</td>
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<tr>
<td>Episodes of severe and persistent high levels of distress managed only with intensive adult support.</td>
<td>May be severely and constantly distressed, upset, frustrated, angry, and withdrawn.</td>
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<tr>
<td>Shows signs of distress over even small changes in the environment when faced with change or transitions with significant functional impacts. Displays rigid, repetitive or obsessiona</td>
<td>Persistently anxious or frustrated, leading to frequent and unpredictable behaviours that jeopardizes the health and safety of self and others despite appropriate support in place.</td>
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<tr>
<td>Shows signs of significant distress when faced with change or transitions with significant functional impacts.</td>
<td>Shows signs of significant distress when faced with change or transitions with significant functional impacts.</td>
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<tr>
<td>Frequently displays rigid, repetitive or obsessiona</td>
<td>Frequently displays rigid, repetitive or obsessiona</td>
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<tr>
<td>Significant and persistent difficulty in expressing and managing their emotions, which requires direct adult intervention to support their emotional state.</td>
<td>Significant difficulties forming relationships.</td>
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<td>Significant difficulties forming relationships.</td>
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<td>Significant difficulties forming relationships.</td>
<td>Significant difficulties forming relationships.</td>
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<tr>
<td>Will display some difficulty forming and maintaining friendships with peers. Limited initiation of social interaction but can take part in some imaginative play if supported by an adult. Cannot develop this independently. Plays alongside, but not with, other children. Displays unusual responses to sensory stimuli (can be easily distracted, upset by noise/touch/Light,) which could lead to behaviours that challenge the norm Displays atypical responses to sensory stimuli which may cause distress</td>
<td>Persistent patterns of repetitive play and restricted interests which lead to distress if obstructed. May copy adult modelled actions with items of interest Experiences significant difficulties in response to sensory experiences which impact on/ prevents joining in. May seek or avoid sensory experiences Displays atypical responses to sensory stimuli impacting on levels of anxiety</td>
<td>Inability to form relationships / unable to tolerate social interaction other than to get needs met. Persistent and significant difficulties forming relationships Significant evidence of persistent repetitive play and restricted interests preventing access to learning. May copy adult modelled actions following the adult copying the child’s actions. Displays atypical responses to sensory stimuli May seek or avoid sensory experiences causing a high level of anxiety</td>
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</tbody>
</table>
## Social, Emotional and Mental Health

<table>
<thead>
<tr>
<th>Universal Offer</th>
<th>SEN Support</th>
<th>Band A</th>
<th>Band B</th>
<th>Band C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development within the Early Years Foundation Stage (EYFS) Framework is broadly within Age Related Expectations (ARE) in Personal Social Emotional Development (PSED)</td>
<td>Some delay evidenced in Social, Emotional and Mental Health</td>
<td>Some delay evidenced in Social, Emotional and Mental Health</td>
<td>Significant and persistent delay in Social, Emotional and Mental Health</td>
<td>Significant delay in all areas of Social, Emotional and Mental Health</td>
</tr>
<tr>
<td>Short term difficulties settling into setting.</td>
<td>Has recurrent or longer term difficulties settling into setting, in relation to peers, and is 6-12 months below EYFS, ARE, particularly in PSED</td>
<td>Some persistent challenging behaviours requiring adult intervention, which is different to and 12 - 18 months below that typical of EYFS, ARE</td>
<td>Frequent unpredictable extremes of demanding behaviour which affects the safety of self and others and is at least 18 - 24 months below EYFS, ARE,</td>
<td>Involved in incidents where intense emotional distress and or impulsive behaviour can put themselves or others at risk and is severely impacting on access to EYFS learning and environment. Child is at least 24+ months below EYFS, ARE, and particularly in PSED.</td>
</tr>
<tr>
<td>Evidence of emotional distress which subsides with key person support.</td>
<td>The child shows emotional distress for extended periods that are supported by nurturing care from key person.</td>
<td>Significant frequent unusual behaviours or changes in behaviour requiring adult intervention, which is different to and 12 - 18 months below that typical of EYFS, ARE</td>
<td>High levels of emotional distress mean child engages with play and learning activities only with significant, consistent adult attention and intervention</td>
<td>The child requires a high level of nurturing and skilful intervention to meet their social and emotional needs. This is likely to be with support and advice of specialist services and therapeutic intervention.</td>
</tr>
<tr>
<td>Needs adult encouragement to remain engaged in play.</td>
<td>The child seeks more contact and more assurance from key adults throughout play sessions than is typical for a child of their age. EG the child shows very little resilience or self-soothing when faced with a challenge.</td>
<td>The child becomes distressed when separated from main carer or key person and this persistently prevents them from engaging in activities available in the settings.</td>
<td>The child has not yet developed the social and emotional skills needed to form and maintain relationships with peers and key adults in the setting.</td>
<td>The child is frequently unable to engage with solitary, parallel or small group play activities</td>
</tr>
<tr>
<td>Struggles to concentrate on adult directed activities.</td>
<td>The child shows significant difficulties in sharing turn</td>
<td>The child shows significant and frequent withdrawal from both child- initiated and adult led</td>
<td>The child shows significant and frequent withdrawal from both child- initiated and adult led</td>
<td></td>
</tr>
<tr>
<td>Short attention span for certain activities</td>
<td>The child has some difficulty seeking support from adults when in need. EG when upset or hurt. The child cannot engage in setting routines consistently as they flit between activities and need some short term individual adult direction to participate and engage in them. EG child initiated play, adult directed play and small group activities.</td>
<td>taking and social interaction in numerous activities and this has persisted over time. The child shows frequent withdrawal from both child-initiated and adult led activities. Often shows an unwillingness to engage in 1:1 play and small group activities even when encouraged by an adult. The child may be able to make positive initial approaches to children and key adults but has difficulty maintaining relationships with peers and adults. Levels of emotional distress or behavioural challenge mean the child usually requires adult support and intervention to enable engagement with play and other activities.</td>
<td>activities and shows an unwillingness to engage in 1:1 play and small group activities even when encouraged by an adult, and requires specialist advice from outside agencies. Attachment difficulties have been identified by an appropriately qualified professional and are negatively affecting the child’s ability to build relationships and engage meaningfully in their environment. The child requires a high level of nurturing and skilful intervention to meet their social and emotional needs. This is likely to be with advice from outside agencies.</td>
<td>within a familiar setting and social context. This persists despite the support of a familiar adult providing consistent nurturing support. The child is not yet responding to skilful adults when interactions are initiated and so they are not yet able to build warm relationships outside of their family.</td>
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</table>
## Visual Impairment

<table>
<thead>
<tr>
<th>Universal Offer</th>
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<th>Band A</th>
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<th>Band C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision within normal range, including when corrected by glasses 6/6 – 6/12.</td>
<td>Permanent visual condition impacting on access to EYFS environment and curriculum e.g.:</td>
<td>Permanent visual condition impacting on learning and access to EYFS environment and curriculum e.g.</td>
<td>Permanent visual condition impacting on learning and access to EYFS environment and curriculum e.g.</td>
<td>Permanent visual condition impacting on learning and access to EYFS environment and curriculum e.g.</td>
</tr>
<tr>
<td>All reasonable adjustments Are/ have been made for the pupil to access the EYFS and environment according to the Equality Act 2010 and development within the EYFS is broadly within Age Related Expectations (ARE).</td>
<td>• Mild or Moderate vision impairment: 6/18-6/36 (LogMAR0.5-0.78)</td>
<td>• Moderate vision impairment: 6/18-6/36 (LogMAR0.5-0.78)</td>
<td>• Severe vision impairment: 6/36-6/60 (LogMAR0.8-1.00) N24.</td>
<td>• Severe vision impairment: 6/36-6/60 (LogMAR0.8-1.00) N24 or Profound vision impairment: Less than 6/60 (LogMAR 1.02)</td>
</tr>
<tr>
<td>Monocular vision, temporary vision difficulties such as squint requiring patching.</td>
<td>• Predicted N14-18</td>
<td>• Severe vision impairment: 6/36-6/60 (LogMAR0.8-1.00) N24.</td>
<td>• Cortical/cerebral visual impairment impacting on learning.</td>
<td>• Cortical/cerebral visual impairment impacting on learning.</td>
</tr>
<tr>
<td>Mild vision loss where there are no functional difficulties arising from this and written access</td>
<td>• Mild bilateral field loss.</td>
<td>Moderate vision impairment: 6/18-6/36 (LogMAR0.5-0.78)</td>
<td>Progressive sight loss and deteriorating visual conditions.</td>
<td>Progressive sight loss and deteriorating visual conditions.</td>
</tr>
<tr>
<td>May have difficulties with spatial awareness, but independently mobile in familiar areas.</td>
<td>• Colour blindness.</td>
<td>Severe vision impairment: 6/36-6/60 (LogMAR0.8-1.00) N24.</td>
<td>Cortical/cerebral visual impairment impacting on learning.</td>
<td>Cortical/cerebral visual impairment impacting on learning.</td>
</tr>
<tr>
<td>Assessments in EYFS should be in line with peers.</td>
<td>Registered sight impaired.</td>
<td>Predicted N18-N24 with significant functional difficulties arising from this.</td>
<td>Progressive sight loss and deteriorating visual conditions.</td>
<td>Progressive sight loss and deteriorating visual conditions.</td>
</tr>
<tr>
<td>EYFS access possible with setting based intervention and support.</td>
<td>EYFS access not possible without some mediation and/or some adaptations of learning materials.</td>
<td>• Progressive sight loss and deteriorating visual conditions.</td>
<td>Registered sight impaired or severely sight impaired</td>
<td>Additional or complex needs impacting on lower level (mild/moderate) vision impairment.</td>
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<tr>
<td></td>
<td>VI impact may be reflected in</td>
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<td></td>
<td></td>
<td>Registered severely sight impaired.</td>
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</table>
advice only is required from a specialist VI teacher.

Strategies to promote self-help / independence skills.

Following initial diagnosis, advice only from specialist VI Service regarding reasonable adjustment.

Setting required to follow advice gathered from an Environmental Audit carried out by VI Specialist, if required, making all reasonable adjustments to the setting environment as required by the Equality Act 2010.

Implementation of strategies as advised by specialist VI Teachers/Health professionals to ensure access to the EYFS curriculum in accordance with the Equality Act 2010.

Some modification of resources and materials, where required on advice from VI specialist.

Infrequent or short term targeted intervention from the specialist VI Service.

assessments below EYFS ARE particularly in Prime Areas.

Setting staff will require training to produce specialist resources where required.

Setting staff will need to provide additional support and targeted intervention to meet VI need.

Requires on-going specialist advice and direct intervention from a qualified VI specialist teacher.

Ongoing direct input from medical specialists – orthoptist/ophthalmologist/optician.

To be able to access the EYFS curriculum and environment may:

- need to access information using braille/tactile methods which require specialist training to produce resources.
- require tactile resources or pre-Braille skills because of deteriorating sight.
- require assistive devices to access curriculum depending on age and development
- require orientation and habilitation support

Assessment of development is likely to be below EYFS ARE particularly in Prime Areas.

Staff will require training to produce specialist resources.

May need to access information using braille/tactile methods which require specialist training to produce resources.

Requires frequent and on-going specialist advice and direct intervention from a qualified VI teacher.

Educationally blind/pre-Braille requirement. Will require tactile resources and pre-Braille skills.

Assessment of development is likely to be below EYFS, ARE particularly in Prime Areas. Only able to access EYFS curriculum and environment with all learning materials adapted, including the requirement for use of tactile means of communication.

Able to access EYFS only with substantial mediation support.

Will require intervention and support at all times to ensure safety and equal access to indoor and outdoor play opportunities.

High likelihood of requiring tactile resources or pre-Braille skills because of deteriorating sight.

Will require direct teaching of pre-Braille skills. May require tactile resources or pre-Braille skills because of deteriorating sight.
A specialist teacher.

May require short, time-limited, targeted intervention to safely access the whole environment.

Following environmental audit, setting will need to follow specialist advice and make all reasonable adjustments to the environment as required by the Equality Act 2010. to ensure equality of access with peers.

Ongoing direct input from medical specialists – orthoptist/ophthalmologist/optician.

Will need access to multisensory resources.

High likelihood of requiring specialist equipment to access EYFS depending on age and development.

Able to move around the setting only with regular and individual formal teaching of orientation and mobility.

Requires frequent specialist advice and on-going direct intervention from a qualified VI specialist teacher.

Following environmental audit, setting will need to follow specialist advice and make all reasonable adjustments to the environment as required by the Equality Act 2010. to ensure equality of access with peers.

Ongoing direct input from medical specialists – orthoptist/ophthalmologist/optician.
### Hearing Impairment

<table>
<thead>
<tr>
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<th>Band A</th>
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<th>Band C</th>
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</thead>
<tbody>
<tr>
<td>Hearing within normal range</td>
<td>Mild or Moderate permanent or persistent hearing-loss with consequent functional difficulties or language delay. Assessments might indicate development below EYFS ARE particularly in Communication and Language and PSE. Late diagnosis of permanent hearing-loss. Hearing aid user. May need assistive listening technology to support learning. Implementation of strategies advised by specialist HI Teachers, Educational Audiologist or clinical audiologist.</td>
<td>Permanent bi-lateral moderate or severe hearing loss with on-going functional difficulties and language delay. Persistent and long term conductive hearing-loss resulting in speech/language delay, progress, or ability to access the curriculum. Hearing-aid user Assessments might indicate development below EYFS ARE particularly in Communication and Language and PSE. EYFS access not possible without some mediation and/or adaptations of EYFS resources and materials.</td>
<td>Permanent bi-lateral severe or profound hearing loss resulting in severe functional difficulties, language delay or access requirements e.g. BSL communication support. Progressive hearing loss Hearing aid/speech processor (cochlear implant) user. Assessment might indicate development below EYFS ARE particularly in Communication and Language and PSE. EYFS curriculum access not possible without the use of assistive devices, mediation and/ substantial adaptations of learning materials. Requires adult support to</td>
<td>Permanent bi-lateral severe or profound hearing loss resulting in significant functional difficulties, language delay or access requirements, e.g. BSL communication support. Progressive hearing loss Hearing aid/speech processor (cochlear implant) user. Assessment might indicate development below EYFS ARE particularly in Communication and Language and PSE. EYFS curriculum access not possible without the use of assistive devices, mediation and/ substantial adaptations of learning materials. Requires adult support to</td>
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<tr>
<td>Temporary or fluctuating hearing-loss or glue-ear even if a hearing-aid is fitted leading to minor misunderstanding of some spoken information.</td>
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<tr>
<td>Requires frequent specialist advice and/or direct intervention from a qualified HI specialist teacher.</td>
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<tr>
<td>Communication support or mediation of language based activities may be required for a significant part of the daily routine.</td>
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<tr>
<td>mediate communication, either through speech or sign, to access all aspects of the EYFS curriculum.</td>
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<tr>
<td>May require communication using sign support e.g. Sign Supported English or alternative methods of communication.</td>
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<tr>
<td>Requires frequent specialist advice and direct intervention from a qualified HI specialist teacher.</td>
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<tr>
<td>Requires adult support to mediate communication, either through speech or sign, at all times throughout the day to ensure access to all aspects of EYFS, including lunchtimes, outdoor play and after/out of school activities.</td>
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<tr>
<td>May require communication using sign support e.g. Sign Supported English or alternative methods of communication.</td>
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<tr>
<td>Requires specialist advice and direct intervention/teaching support from a qualified HI specialist teacher.</td>
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<tr>
<td>Development within the Early Years Foundation Stage (EYFS) Framework is broadly within Age Related Expectations (ARE).</td>
<td>Some delay evidenced physical development</td>
<td>Some delay evidenced physical development</td>
<td>Significant delay in physical development</td>
<td>Significant delay in all areas physical development</td>
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<tr>
<td>Temporary short term physical need e.g. broken arm.</td>
<td>Fine and/or gross motor skills impact on function and need specific input.</td>
<td>Physical and / or medical difficulties that require specialist equipment and considered environment e.g. furniture rearranged to accommodate needs.</td>
<td>Physical and/or medical difficulties that require specialist equipment, and a considered environment.</td>
<td>Physical and/or medical difficulties that require specialist equipment, a considered environment and is highly reliant on adult support for moving, position changes, personal care including changing, drinking and eating.</td>
</tr>
<tr>
<td></td>
<td>Able to use mobility aid competently to overcome physical difficulties, e.g. walking frame.</td>
<td>Specific physical and or medical difficulties that require close monitoring to ensure safety.</td>
<td>Physical independence is impaired and requires specific regular input by an adult to promote physical independence and programmes from relevant professionals.</td>
<td>The child will require a high level of adult support to engage in activities.</td>
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<td></td>
<td>May have needs in undertaking practical tasks, reducing the level of independence. EG requires additional assistance time to change for toileting and meal times.</td>
<td>Physical independence is impaired and requires specific, regular input and programmes from relevant professionals.</td>
<td>The child is likely to require a high level of adult support. EG to access play and/or health care regimes, and/or to support or enable position changes (moving from sitting to standing or indoor to outdoor play).</td>
<td>A therapy programme/advice is highly likely to be provided by professionals to be carried out daily by the setting.</td>
</tr>
</tbody>
</table>
| | May have a physical/ medical condition which impacts on access to the EYFS and requires a care plan or medication to stabilise condition. | A therapy programme may be provided by a professional to be carried out by the setting. | A therapy programme/advice may be provided by professionals to be carried out | Long Term: Progressive/regressive condition(s). Profound physical,
<table>
<thead>
<tr>
<th>Condition may require monitoring e.g. diabetes, epilepsy.</th>
<th>Child may tire more quickly than peers.</th>
<th>High levels of specified self-care needs.</th>
<th>Child is highly likely to tire more quickly than peers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child may tire more quickly than peers.</td>
<td>Child may tire more quickly than others.</td>
<td>Requires continuous monitoring and support throughout the day and includes complex medical interventions.</td>
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</tbody>
</table>