

## ROYAL BOROUGH OF WINDSOR & MAIDENHEAD SCHOOLS FORUM

Date:	<b>April 2019</b>	<b>AGENDA ITEM:</b>	
Title:	<b>Top-up Funding High Needs Block</b>		
Responsible officer:	Kevin McDaniel, Director of Children's Services		
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### 1 PURPOSE AND SUMMARY

- 1.1 The purpose of this report is to provide the Schools Forum with:
- Current picture nationally and locally for Education, Health & Care (EHC) Plans, with associated needs and costs
  - Likely impact if no changes are made
  - Information for consultation relating to Top-up funding for schools in RBWM
  - Information for consultation around the current matrix and banding for EHC Plans

### 2 RECOMMENDATIONS

- 2.1 That the Forum:
- Note and comment on the contents, share and disseminate across all RBWM schools and discuss the preferred options.
  - Agreement for change of process to be trialled from September 2019 for new EHC assessments and phased transfers for 2020. To be reviewed April 2020.
  - Post 16 funding is not in the scope of the current proposal, unless the pupil remains on roll at their current school into the sixth form.

### 3 BACKGROUND

- 3.1 The Children and Families Act 2014 is clear that children and young people with special educational needs (SEN) should be educated in mainstream schools and other mainstream provision unless their SEN require more specialist provision<sup>1</sup>. 14.4% of school pupils in England are identified as having SEN; 2.8% have more complex needs, requiring a statement of SEN or an education, health and care (EHC) plan. This means that 11.6% – some 992,000 pupils – receive SEN support through their mainstream school's day to day activity funded by the schools block..
- 3.2 Primary and secondary schools together with mainstream early years settings and general further education (FE) colleges therefore have a central role to play in meeting the needs of their pupils with SEN and those who are disabled. DfE requirements report '*They need to work together with their local authority in making suitable provision, and to integrate pupils so far as is possible, giving them the same opportunities to achieve good outcomes as all other pupils*'.

3.3 Following the SEN Code of Practice (July 2014), discussions and consultations took place across Windsor and Maidenhead and in April 2017 the guidance document ‘*High Needs Funding Support for C/YP with SEN via Education, Health & Care Plans*’ was disseminated and Panel A and B were set up to follow the process including the High Needs Matrix and Top-up funding process. The document was finalised in November 2017.

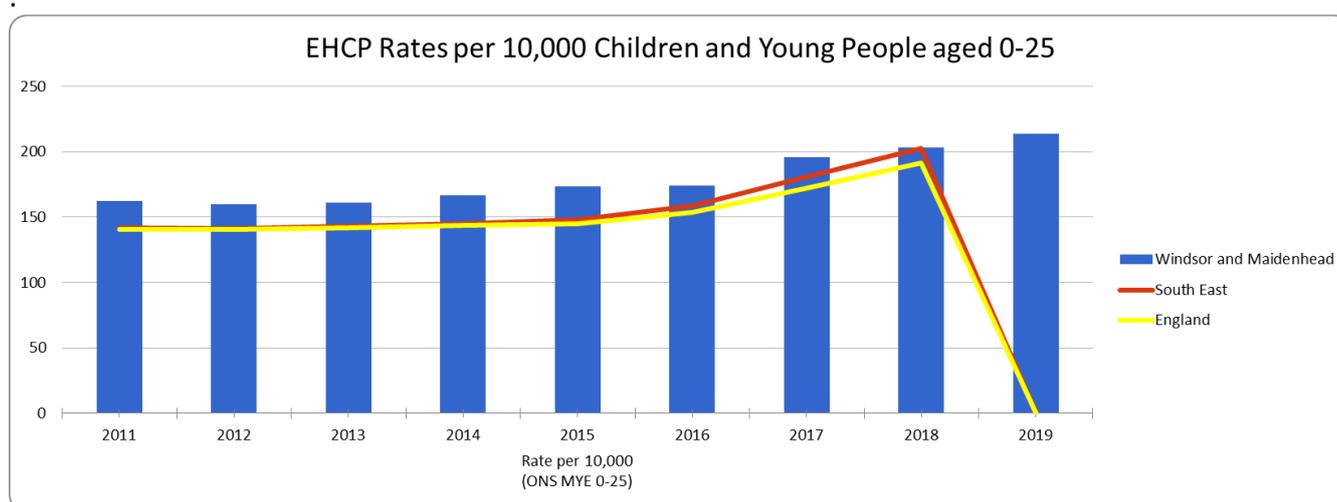
See [Appendix 1](#)

3.4 In the past 18 months there has been much work around the Written Statement of Action to improve services and support for families and schools. However, this has been against a backdrop of increasing EHC requests, and in particular increased requests for expensive specialist provision. This is a growing picture nationally. This report should be considered alongside the work underway for additional resource units and a new support service for C/YP at risk of permanent exclusion, to be presented at June 2019 School Forum.

3.5 The graph in **Table 1** shows EHCPs in RBWM are rising in line with national figures Data is taken from the January census.

**Table 1**

The national/local picture is zero for 2019 because this data is not yet publically available.

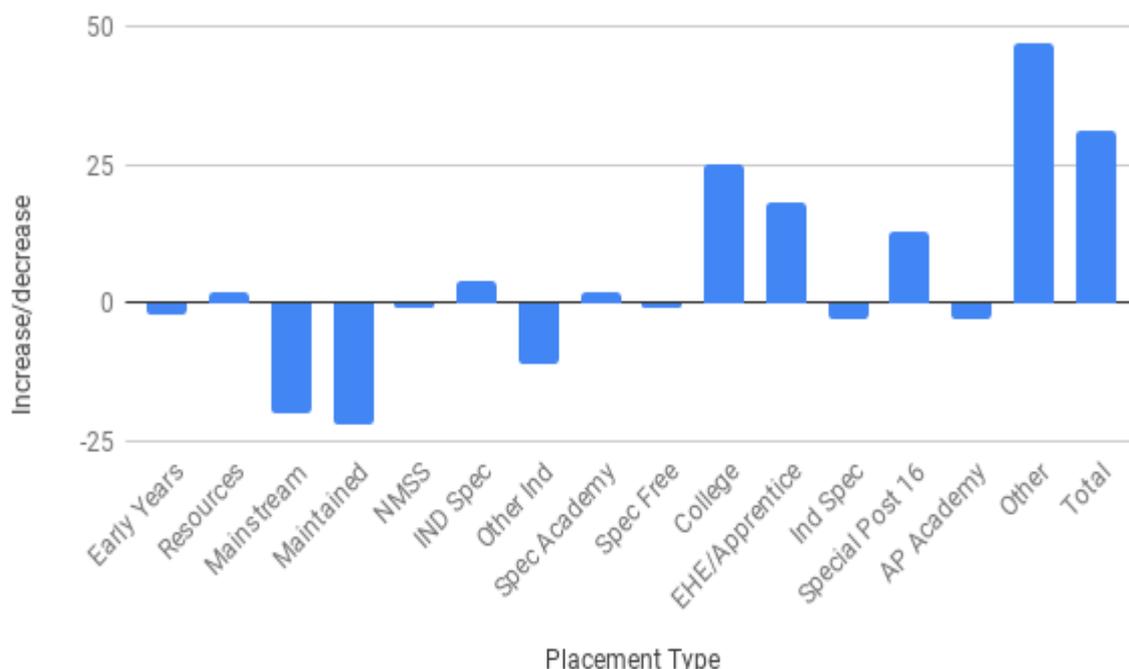


3.6 Comparison of the EHCP pupil population in RBWM from March 2018 with March 2019 shows the increase in all key stages, except Pre-school. The latter is likely to be as a result of settings accessing both the new Early Years SEN Team and the Early Years SEN fund. The increased numbers of Post 18 should settle by 2021, when all years groups who would have previously had a ceased Statement of SEN at the end of KS5, will have reached the age of 25 years. See **Table 2**

3.7 **Table 2** shows the increase in EHCP provision is predominantly in the Post 16 colleges and specialist provision area. However, there is also a small increase in the number of expensive Independent school placements.

**Table 2**

**Graph to compare the increase/decrease in type of placement as at March 2018 compared to March 2019**



'Other' includes Elective Home Education, Apprenticeships, EOTAS, NEET

3.8 In addition, the top-up funding for schools has changed and there has been feedback from some schools suggesting that the change of banding has reduced funding in certain cases and thus, to meet the needs of these children additional funding is being requested.

#### 4 TOP-UP FUNDING CURRENT PICTURE NATIONALLY & LOCALLY

4.1 Element 3 funding is the top-up for C/YP whose needs are over and above SEND Support (SENK). A study was completed in November 2018 to benchmark Element 3 funding nationally. There was a 37% return (**Table 3**). The data explored the range of banding values available and not the actual frequency of use of individual bands, however it is a useful indicator.

**Table 3**

Banding	Annual Top Up Values	
	Regional LA's £	London LA's £
Mainstream Minimum	750	1,175
Mainstream Median	4,044	8,320
Mainstream Maximum	16,000	24,225
Mainstream Average	5,554	10,159
Special / RP Minimum	4,447	1,165
Special / RP Median	16,036	10,812
Special / RP Maximum	50,529	87,188
Special / RP Average	20,064	13,550

4.2 Table 3 can then be compared to the current top-up and banding system for RBWM in **Table 4**. The results suggest that RBWM current banding funding is higher than the average regional LA,

but lower than London LAs. The median value for Manor Green Special School is significantly higher than the London LA median and close to the Regional LA median. Manor green banding is shown in **Table 5**.

**Table 4**

RBWM Banding Mainstream	Assessment points	Top up Amount £ (+£6000)	Total Band Value including AWPU and Notional SEN (Approx.)
A	0-31	0	10,000
B	32- 45	1,479	11,479
C	46- 58	3,821	13,821
D	59-70	7,579	17,579
E	71- 84	11,364	18,364
F	84 - 93	15,105	25,105
G	93+	16,523	26,523
Median		7,579	

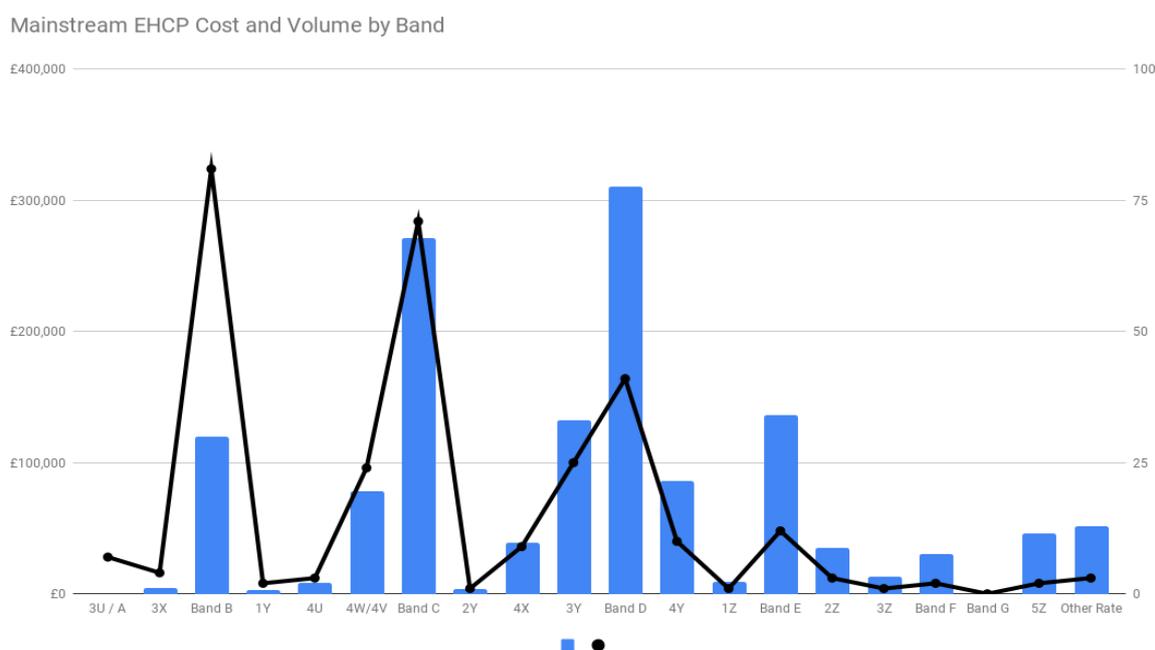
**Table 5**

Manor Green Band	Base funding	Top Up amounts	Total Band values (Actual)
2	£10,000.00	£2,394.00	£12,394.00
3	£10,000.00	£6,906.00	£16,906.00
4	£10,000.00	£11,369.00	£21,369.00
5	£10,000.00	£15,927.00	£25,927.00
6	£10,000.00	£20,408.00	£30,408.00
7	£10,000.00	£24,925.00	£34,925.00
8	£10,000.00	£33,294.00	£43,294.00
Median		£15,927.00	

4.3 Element 2 funding is the notional SEN budget allocated through the National Funding Formula using the Low prior attainment data for all the children in the school. Details of how this is calculated and the additional funding formulas and numbers for the resources and special school can be found in [Appendix 2](#)

- 4.4 The Speech and Language Therapy contract will be going out to tender this month and will include all the statutory requirements to meet the needs of C/YP with EHCPs, so this is not generally included in the cost of the top-up.
- 4.5 The current numbers (shown by the black line) and cost for each banding (blue columns) can be found in **Table 7**. This follows the expected trajectory where the number of C/YP requiring the higher levels of funding reduces as needs increase. Table 6 shows the numbers against the cost.

**Table 7**



**Table 6**

Band	A	B	C	D	E	F	G	Other	Old banding
Numbers	7	81	71	41	12	2	0	3	81
Cost	0	120,000	271,000	311,000	136,000	30,000	0	52,000	452,000

- 4.6 The overall number of RBWM residents in RBWM schools broken down by school group can be found in Table 7. Due to middle schools it was not possible to break it down accurately by key stage.
- 4.7 Individual school numbers can be requested if required. Total number of EHCPs for each school, including O/B residents can be found by in [Appendix 3](#) Spring 2019 RBWM School Census.

**Table 7**

	No. of RBWM residents with EHCPs	Top-up
Primary	147	762,000
Middle	26	132,000
Secondary schools	126	485,000
Total	299	1,379,000

## 5. NEW PROPOSAL for SUMMER TERM 2019

- 5.1 The 81 pupils currently on Band B with £1,479 funding will automatically increase to £2000 (per annum), at an additional cost of £42,201. All other pupils will be re-assessed for band level at phase transfer 2020 onwards, unless there is a significant change of need. Pupils still receiving funding at the old banding (pre 2017) will be re-banded at the next Annual review or earlier if requested.

## 6. PROPOSAL FOR AMENDED MATRIX AND TOP-UP FUNDING for Sept 2019

- 6.1 Following the extensive review of the matrix and associated funding issues, including suggestions such that the matrix scoring system and associated banding level do not always reflect the needs of the child, the School Forum are asked to consider the following proposals.

### 6.1.1 AMALGAMATION OF MAINSTREAM & SPECIAL SCHOOL BANDING

The banding for the mainstream, resources and special school to be amalgamated, so that a child will be eligible for equivalent funding irrespective of the placement to encourage broader inclusion within our mainstream schools (See Table 9)

### 6.1.2 INCREASE FUNDING FOR LOWEST BANDING

The top-up funding will begin at £2000, an increase of £521. Band A is equivalent to School Support (SENK) and will be removed from the new proposed banding system.

### 6.1.3 INCREASE NUMBER OF BANDS FOR MAINSTREAM PROVISION

The number of bands will increase by two for mainstream, with the option for Band 12 for exceptional cases. The banding will increase in regular £2000 increments (rather than irregular amounts) through from banding level 1 to Band 8. Band 9-11 to increase by £4000 for each band, until Band 12. The latter is expected for exceptional cases. (see Table 9)

**Table 9**

Band	Top-up	
1	£2,000	Mainstream/Resource Unit
2	£4,000	
3	£6,000	
4	£8,000	
5	£10,000	
6	£12,000	Mainstream/Resource Unit/Special
7	£14,000	
8	£16,000	
9	£20,000	
10	£24,000	Special
11	£28,000	
12	Agreed case-by-case	

#### 6.1.4 AMENDED MATRIX

The amended matrix (to be agreed) will sit alongside the new banding and top-up amounts. The amended matrix broadly following the Slough model (see [Appendix 4](#)) . this had been agreed with Slough SEN), and is planned to be trialled alongside the current matrix for the summer term, to be embedded for September 2019.

- 6.2 The Slough model is more detailed and also brings more clarity around SEMH and associated needs separate to other specific needs. It breaks down the 4 areas of need as per the Code of Practice, into 7 SEN areas, rather than the current 10 areas (see Appendix 1). The additional benefits of following a similar matrix is linked to the cross border issues. It is expected that this will ameliorate the concerns around the current matrix. The detail of the model is in Appendix 4

## Appendices

### [Appendix 1](#)

High Needs Matrix and Top-up funding process September 2017

### [Appendix 2](#)

Notional SEN Funding explanation

### [Appendix 3](#)

Spring 2019 RBWM School Census

### [Appendix 4](#)

Slough Matrix part 1

Slough Matrix part 2

**Royal Borough Windsor & Maidenhead**

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**Funding for pupils and students requiring high needs special educational needs support.**

**January 2017**

## Royal Borough of Windsor and Maidenhead

“The Royal Borough of Windsor & Maidenhead is a great place to live, work, play and do business supported by a modern, dynamic and successful Council”

### Our vision is underpinned by four principles:

*Putting residents first*

*Delivering value for money*

*Delivering together with our partners*

*Equipping ourselves for the future*

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In Children’s Services, our highly skilled workforce is committed to **meeting resident’s needs as quickly and early as possible**. We know that the more children, young people and families we help early, the more successful citizens they become.

Achieving our ambition of supporting all residents to be successful is dependent on us working together with a wide range of partners.



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### Frequently used acronyms

FTE	Full time equivalent
RBWM	Royal Borough of Windsor and Maidenhead
SEND	Special Educational Needs and Disability
EHC	Education, Health and Care Plan
DfE	Department for Education
HNF	High Needs Funding
“Settings”	State funded maintained Nursery, Primary, Secondary schools and F.E. college.
FE	Further Education.

## **1. Introduction**

- 1.1 In 2013 the government introduced new ways for funding additional needs in school and colleges. The national expectation is that state funded schools and colleges are able to provide up to £6,000 of additional provision from within their delegated budget. Consequently the majority of children with special educational needs (SEN) will have their needs met without requiring extra funding via the Local Authority (LA)
- 1.2 For those who require funding in excess of the additional £6,000, this can be accessed via an Education, Health and Care (EHC) Plan
- 1.3 From April 2017, RBWM will use a High Needs Matrix to inform decision making concerning the 'top up' funding allocated to individual pupils and students. The underpinning principle being that the level of funding to deliver EHC outcomes should be the same regardless of the setting the child or young person attends. This provides equity and transparency across a range of settings.
- 1.4 The national financial definition of a 'High Needs' pupil is one whose education (incorporating all additional support) costs more than £10,000 per annum. This threshold underlies the foundation of the new national 'Place Plus' framework and the basis of the financial responsibility that state-funded (including Academy schools but not independents) schools and other settings have for meeting the needs of pupils from their delegated budgets.
- 1.5 This guidance outlines the methodology for the allocation of funding of Pupils who have special educational needs requiring High Needs Funding (HNF), educated in:
- Mainstream Nursery, Primary & Secondary provision. ('top up' or element 3 funding)
  - In post 16, further education settings.
- 1.6 The methodology has been developed by the Local Authority with the Schools Forum and subject to consultation during the Autumn term 2016.
- 1.7 Whilst we concentrate in this paper on the funding for children and young people in mainstream Nursery, Primary & Secondary provision and Post 16 high needs provision in Further Education settings, the same principles will apply to all High Needs Pupils (HNP) in a range of other provisions such as Special Schools and Resource Units.

## **2. Principles**

- 2.1 RBWM has developed the 'Matrix' framework, to:
- Simplify the approach to the funding of high needs provision;
  - Drive up the level of inclusivity in all schools and colleges by having clear expectations on the use of the £6000;
  - Establish a greater level of consistency in the distribution for funding of high needs pupils across providers;
  - Establish a greater level of transparency in the funding of high needs pupils within RBWM;
  - Establish the same level of entitlement to special educational needs resources across all the borough's learners attending a mainstream school or college;
  - Create a joint understanding between LA staff and College/School to support their dialogue about individual learners;
  - Assist the LA in its statutory duty to monitor and evaluate effectiveness of special educational needs provision.
  - Ensure value for money.

### **3. Purpose**

- 3.1 This guidance document will be of use to parents and young people, schools and decision makers within the Council
- 3.2 Parents and young people
- 3.3 This guidance sets out what level of additional support you or your child is entitled to, and who is responsible for providing it. It shows how schools and the local authority will identify whether a child or young person has any additional needs and, if so, how they will devise a programme of support and monitor progress. Parents (and young people aged over 16 who are capable of making their own decisions) are key partners in this process.
- 3.4 Most children with SEND have their needs met in local mainstream schools, possibly with additional support. Some children may require a more formal assessment of their needs and be issued with an Education, Care & Health Plan (usually referred to as an EHC Plan, or just Plan). Only about 2%<sup>1</sup> of children need this, and some of those only need it for part of their education. EHC Plans are reviewed annually and can be changed or withdrawn. Most children and young people with EHC Plans continue to attend their local mainstream school, but some children need the more intensive and specialist support that can only be provided in a special school (see below). Nationally, about one child in every hundred attends a special school
- 3.5 Schools
- 3.6 Schools are responsible for meeting the needs of their children, including those with SEND. Over the past few years many schools in RBWM have made great strides to become more inclusive, and a number now have additional provision for children with a wide range of SEND.
- 3.7 Schools are responsible for the early identification of possible difficulties, and for putting in place strategies designed to address them. At the lowest level of need this will be by differentiation within, or adaptation of, the school curriculum. For children with higher levels of need, the importance of good record keeping and of early involvement of parents cannot be over stressed. Full and detailed plans will be needed if there is a request either for additional resources or for an EHC assessment. Schools will also find the descriptors in Appendix 3 useful in helping to assess the level of need a child or young person may have.
- 3.8 The Local Authority
- 3.9 The Local Authority (LA) will use this guidance before initiating a full EHC assessment to determine whether a child or young person's needs are greater than those of their peers, and whether schools have demonstrated that they have fulfilled their obligations. This guidance will help to ensure transparency and consistency across, all schools in the RBWM (including academies).

### **4 Expected levels of support**

- 4.1 This document provide general descriptions of different levels of support available in school and colleges. Every child or young person is unique, and so our aim is to provide broad descriptions that enable parents/careers, schools and young people themselves to gauge the sort of support they can expect to meet their needs.
- 4.2 There are 6 different bands, graded from A (the mildest) to F (for those with the most severe and complex needs). The level of support and the resources allocated increase accordingly. "Support" may be in the form of
- A more individualised programme of work
  - Being taught in a smaller group for part of the week

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<sup>1</sup> DFE Special educational needs in England: January 2016  
([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/539158/SFR29\\_2016\\_Main\\_Text.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539158/SFR29_2016_Main_Text.pdf))

- Advice and guidance from an experienced practitioner, including advice and guidance to teaching staff and parents
- A piece of equipment or software application.
- Therapy
- Additional support in the classroom
- Spending part of the school week at another establishment
- Specific skill training (for example, independent travel training)
- A detailed plan with measurable outcomes.
- A combination of the above

4.3 The Bands are progressive, but a child or young person's needs typically stay within one Band. The needs of children and young people in Bands A-D can be met within mainstream schools. Children and young people in Bands E-F may be in either a mainstream school with support, or in a specialist provision. Although children and young people in Band F are unlikely to have their needs met in mainstream provision, we are happy to support this where appropriate.

4.4 Identifying a child or young person as having a special need is an important decision as it can label them for life. It is crucial, therefore, that every decision is based on evidence, that support and interventions are monitored and that detailed records are kept. Panel A (a group comprising of senior local authority SEN staff and practicing senior staff from schools) will require evidence that schools and colleges have:

- made appropriate arrangements to support individuals with SEN,
- put in place and monitored individual support arrangements,
- financial analysis to show the cost of these,
- have sought advice from specialist practitioners,
- have involved parents/carers, and
- have detailed records of all actions taken over a period of time.

Figure 1 Broad descriptions of Banding support.

Type of SEN	School/College	Type of Support	Record Keeping	EHC Assessment
<b>Band A</b> These would formerly have been children on “school action”. They may be slightly behind their peers in language, numeracy or social development. They may have minor physical needs (e.g. toileting).	Mainstream school or college	Differentiation within the curriculum. Quality First Teaching.	Normal monitoring and record keeping by class teacher.	No
<b>Band B</b> These would formerly have been “school action plus.” Able to access the curriculum but performing below age level in one or more curriculum areas. Could have isolated or challenging behaviour.	Mainstream school or college	Needs can be met in a mainstream class but may require access to specialist IT or other learning aids. May need low level support for physical needs- mobility, toileting etc.	Monitoring by class teacher and SENCO. May require specialist advice or consultation.	No
<b>Band C</b> Modified curriculum and/or learning environment. May be following individual programme of leaning.. May need help with personal hygiene, mobility, feeding etc.	Mainstream school or college	Targeted support up to 25hours or other costs up to £6,000. May be taught in small groups for part of the week. May need access to specialist programmes/ equipment.	Regular, detailed monitoring by SENCO. Support and advice may be sought for other agencies. Schools are advised to keep records of any additional costs. Monthly parental contact is recommended.	No
<b>Band D</b> Substantial and/or significant difficulty in accessing curriculum because of learning ability or behaviour. Modified provision in mainstream setting/specialist equipment. Significant physical need (hygiene, tracheotomy).	Mainstream school Mainstream college	Targeted support up to 25hours. Spending of up to £6,000 per pupil	Costed provision map, regularly monitored. Regular input from therapist or other agency	Not in all cases, but likely if needs are long term
<b>Band E</b> The majority of children and young people in this band are likely to need a specialist setting, including a unit in a mainstream school. They are unlikely to be able to access a normal curriculum, and will need finely graded, highly structured, tasks. They may have severe communication or social interaction difficulties.  They may need a high level of nursing support for their physical needs.	Special school Or mainstream school/college with specialist provision	The details of support will be set out in the EHC Plan. There is likely to be support from either social care and/or the health services	Progress will be monitored at every stage. In addition, you child or young person’s wellbeing will be constantly monitored, particularly if they have communication difficulties. May have a care plan in addition to an EHC Plan.	Yes
<b>Band F</b> Most children and young people in this category will be in a specialist provision. Their needs are usually described as profound and multiple learning difficulties. May have multi-sensory impairment or severe behavioural issues	Special school/Specialist setting Mainstream school or college only with a high level of support	Specialist	There is likely to be regular health and social care monitoring as well as education.	Yes

## 5. Use of the Matrix.

- 5.1 The SEND Code of Practice 2014 makes it clear that there is an expectation that mainstream schools and colleges will use their existing resources via an Assess-Plan-Do-Review cycle to support all children and young people who may have special educational needs. In RBWM, if despite meaningful and targeted provision over a period of time a child is not making adequate progress, the school or college could consider making a request for an EHC plan.
- 5.2 Once evidence has been received that a pupil meets the criteria for statutory assessment, a funding matrix **will** be used to assist with the assessment of the level of High Needs funding that will be made available. (See appendix 1)
- 5.3 The matrix consists of the main categories of need as identified in the Code of Practice 2014, **subdivided** for ease of use. Each child/young person eligible for statutory assessment will be assessed against these categories to determine the level of need that prevents the child or young person from achieving. This assessment will be co-ordinated by the Children and Young People Disability Service, although it will involve considerable collaboration with all those who have detailed knowledge of the individual. The level of need will reflect the intensity of intervention required to support the individual to make progress towards their outcomes.
- 5.4 Each child/young person can be assessed against as many of the categories as evidence suggests is **required**.
- 5.5 A simple formula helps to calculate the need in numeric form from the matrix. These are mapped onto a six scale banding system. (See appendix )
- 5.6 From this a total sum of money is calculated dependant on the value of each band. This sum is not designed **to** equate to numbers of staff or ratios. It reflects the level of additional resources required to achieve desired outcomes. The school/college is expected to spend the element 3 “top up” funding alongside the delegated funds, in accordance with the outcomes specified on the EHC plan.
- 5.7 Figure 2 shows a conceptual example of the matrix methodology. Descriptors are used to populate each of the cells to assist in accurate placement of the individual in each area of need. A matrix with descriptors included is available in Appendix 1.
- 5.8 To **assist** in understanding, a worked example is provided in Appendix 2

Figure 2 shows a conceptual example.

2014 Code of Practice Primary areas of need										
	Sensory and physical			Communication and interaction		Emotional social and mental health			Cognition and Learning	
	Physical/medical	Hearing	Vision	SpLD	ASD	Emotional wellbeing	Social behaviour	Learning behaviour	cognitive	Spec LD
0	<b>Descriptors</b>									
1	<b>Descriptors</b>									
2	<b>Descriptors</b>									
3	<b>Descriptors</b>									
4	<b>Descriptors</b>									

- 5.9 To ensure consistency of decision making, requests for “assessment” and ‘top up’ funding will be considered by the **representatives** who sit on the weekly panels (these panels advise the Local Authority on whether a Statutory Assessment is required and the level of funding that is necessary).

5.10 These **representatives** include:

Panel A (consider new requests for statutory assessment only).

- Local Authority team manager – EHC plans (Chair)
- Principal Educational Psychologist
- EHC Case Officer
- Representatives from all education phases and sectors.

Panel B membership includes:

- Service Lead - Children and Young People Disability Service. (Chair)
- Local Authority team manager – EHC plans
- Educational Psychologist
- Social Care Team manager.
- Representatives from all education phases and sectors.

5.11 The function of Panel B is to decide on whether to issue an EHC plan and if agreed, what level of resourcing to allocate. This panel will also hear stage 1 level appeals. (See section 6.2)

5.12 In making the decision on whether to allocate ‘top up’ funding, Panel B will:

- Use the High Needs Matrix as a basis for decision making but also use collective experience to determine whether the suggested provision is “additional to or different from provision that would ordinarily be available in a mainstream school or college”.
- Ensure that there is a clear link between the identified needs and provision.
- Be mindful that ‘top up’ funding represents substantial sums of money and therefore will need to be convinced that the proposed additional provision will enable the child to make progress.

5.13 There are two possible outcomes:

- An allocation of additional funding for a time limited period. The duration of an allocation will vary depending on the individual circumstances but it is unlikely that an allocation will be for longer than 12 months. Clearly the annual review will consider the continued need for funding alongside the child or young persons special educational needs.
- No allocation of additional funding. In this event, the setting will be provided with specific reasons why an allocation was not made.

5.14 No high needs funding will be made without an EHC plan.

5.15 A full set of descriptors are available as Annex 3 to this document.

## **6. Appealing the funding allocation decision.**

6.1 Every effort will be made to ensure that decisions are fair, transparent and equitable and it is expected that if significant new information becomes available the setting will re-apply.

6.2 However there may be occasions when, having been provided with details of why the request was unsuccessful, a school or college wishes to challenge the decision. There are two stages

- Stage 1 – informal conversation with the Chair of Panel B to further explore the reasons why the request was unsuccessful. Should there be additional information to consider that was not initially provided, the request can then be re-submitted to the next meeting of Panel B to allow fuller discussion about the case with additional time outside of the Panel.
- Stage 2 – following Stage 1, a formal appeal to the Head of Schools and Educational Services to provide a final decision. The Head of Schools and Educational Services will consider the judgement of Panel B and schools reasons why the judgement was not a valid decision.

- Appeals will be reported to the schools forum on a termly basis.

## **7. Transition to the new system.**

7.1 The new methodology for element 3, 'top up' funding using the High Needs Matrix will be **phased in**. The matrix methodology would be introduced for:

- a) New Statutory Assessments agreed after April 2017
- b) All transfer reviews and annual reviews of EHC plans from April 2017 onwards – the school, college or setting should be aware that the recommendation for continued funding is based on the matrix methodology.

Existing funding will continue until either a or b have taken place.

## Appendix 1 High Needs Matrix

2014 SEND Code of Practice Primary Areas of SEN										
	Sensory and/or Physical (x4)			Communication and Interaction (x2)		Social, Emotional and Mental Health (x4)			Cognition and Learning (x4)	
	Physical disability and/or medical conditions	Hearing	Vision	Speech and Language	ASD	Emotional Wellbeing	Social behaviour	Learning behaviour	Cognitive Ability	Specific learning difficulty (official diagnosis required)
1	Mild disability e.g. absent digits, mild diplegia, Pupil shows poor fine and/or gross coordination skills. Pupil is independently mobile without the use of aids etc. but requires assistance for some school routines/self-help skills. Pupil may need support with administration of regular medication in school	Mild loss of hearing (e.g. conductive or Unilateral loss). Can hear clear voice without aids/amplification	Mild impairment. 6/12 - 6/18 (LogMAR 0.3 – 0.48) Reads N12 print. Mild bilateral field loss or adapted to monocular vision. Independent mobility Wears patch 1-2 hours daily.	Pupil has mild delay in expressive and/or receptive language and/or pupil has a mild speech sound disorder	Pupil has features of autism/ a diagnosis of ASD but has academic and behavioural competencies that support their ability to cope with the expectations of school life with some non-specialised adaptations e.g. time out card	Some inappropriate emotions and responses. Somewhat lacks empathy with others Sometimes (weekly) appears more and miserable. Some occasional mood swings. Sometimes (weekly) unsettled by change	Sometimes (weekly) has poor interactions with pupils. Sometimes is disrespectful to staff or property. Sometimes seeks attention inappropriately or unable to wait for rewards.	Sometimes (weekly) gets distracted from tasks. Sometimes (weekly) inattentive to staff. Sometimes (weekly) shows poor organisation skills. Sometimes (weekly) does not work well in a group.	Pupil presents with some learning delay, shows some difficulties with conceptual understanding, in one or more areas of the core curriculum and attainments are more than 1 year below average.	Some difficulty with reading/ spelling of high frequency words and the acquisition of phonic skills. Reading 2 years behind chronological age in spite of extensive attempts remediate difficulties
2	Moderate disability Pupil is mobile with the use of walking aids. May require level access and/or supervision or assistance on stairs, etc. Pupil needs daily specialist programme for co-ordination skills. Pupil needs daily adult support with health care regimes	Moderate hearing loss; uses post aural aids, nonverbal cues for communication.	Moderate impairment, needs some work modified. 6/18 – 6/36 (LogMAR 0.5 – 0.78) Moderate bi-lateral field Loss Independent mobility in familiar areas. Moderate level of specialist equipment required.	Pupil has moderate language delay or moderate language disorder or pupil has a moderate speech sound disorder.	Pupil has a diagnosis and has other associated areas of need (learning, attention, behaviour) and requires additional support and/ or specialised interventions in school. Social impairment which includes; qualitative impairments in reciprocal social interaction, inadequate appreciation of socio-emotional cues, lack of responses to other peoples emotions, lack of modulation of behaviour according to social context, poor use of social signals and lack of social emotional reciprocity	Often (Daily) shows inappropriate emotions and responses. Often (Daily) shows little empathy with others. Often (Daily) unhappy, withdrawn, disengaged, shows mood swings. Often upset by change Severe and persistent symptoms of anxiety that has not been resolved using targeted external services	Often (Daily) has poor interaction with pupils. Often is disrespectful to staff or property. Often (Daily) seeks Attention inappropriately or unable to wait for rewards	Often (Daily) gets distracted from tasks. Often (Daily) inattentive to staff. Often (Daily) disorganised and lacking equipment. Often (Daily) finds group learning difficult.	Mild learning difficulties. Needs differentiated work and support with conceptual understanding, and reasoning across the core curriculum. In the low range on standardised assessments of cognitive ability, or pupil presents with a very uneven profile of cognitive abilities that requires a balance of small group and additional adult support.	Uneven profile of skills in core areas. Some difficulties with spelling and reading high frequency words. Unrecognisable spelling of phonic alternatives. Reading 3-4 years behind chronological age in spite of specialised advice to support and remediate difficulties over a [period of more than two years.
3	Severe disability Pupil needs access to wheelchair for movement either independent with chair or adult support Pupil requires specialist seating and possible other specialist equipment. Dependent on assistive technology and/or support for most curriculum access, e.g. alternative to handwriting.	Severe hearing loss, needs aids (e.g. radio aids/ sound filed systems) for curriculum access. May use signing as aid to communication	Severe impairment 6/36 – 6/60 (LogMAR 0.8 – 1.00) Registered Sight Impaired (partially sighted). May require short term specialist support and training for mobility and independent living skills. Significant level of specialist equipment required	Severe language and /or speech sound disorder/ limited language. Uses mix of speech and Augmented communication Systems	As above but in addition child needs a regulated setting with staff experienced in using approaches suited to children with autism Restricted and repetitive activities and interests, which include: resistance to change, insistence on routines and rituals, hand flapping and other stereotypy's, ordering play, attachment to unusual objects, fascination with unusual aspects of the world and consuming preoccupations with restricted subjects.	In most lessons show inappropriate emotional responses. In most lessons distressed by change/transition. In most lessons displays bizarre, obsessive or repetitive behaviours  Severe and persistent symptoms of anxiety that has not been reduced using targeted services and where there is moderate to severe impact on daily living	In most lessons has poor interactions with pupils. In most lessons is disrespectful to staff or to property. In most lessons seeks attention inappropriately	In most lessons gets distracted from tasks In most lessons inattentive to staff. Frequently disorganised and lacking equipment. In most lessons finds group learning difficult. In most lessons unable to wait for rewards.	Moderate learning difficulties, showing significant delay in reasoning skills and experiencing learning difficulties across all areas of the curriculum. Extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support.	Very uneven profile of skills. Difficulty in all literacy based subjects. Severe difficulties with HF words. Reading 5 or more years behind chronological age. Pupil exhibits emotional barriers to learning as a consequence of their difficulties.
4	Profound or Progressive condition Powered wheelchair or dependent on assistance for mobility. Staff require regular moving and handling training. Dependent on assistance for most personal care needs, e.g. toilet, dressing, eating and drinking. Specialist health care support required e.g. tracheostomy, gastronomy, pressure care, multi-agency joint working required Pupils are dependent on adult to access learning/curriculum. Pupils need constant supervision to maintain their safety due to complexity of physical or medical need. Requires staff team that are highly skilled and trained in areas of medical need, therapy, moving and handling.	Very limited functional hearing for speech despite aids. Signing as first language.  Profound hearing loss Conductive hearing loss	Profound impairment: Less than 6/60 (LogMAR 1.02) Registered SSI (Blind) alternative/tactile methods of text access (e.g. Braille) Needs on-going specialist support and training for mobility and independent living skills High level of specialist equipment required	Severely limited language skills, uses alternative communication systems to make needs/choices known  Pupils with PMLD who depend on the use facial expressions, vocal sounds and body language to communicate	As above but child difficulties have a profound impact on their ability to function and multiple difficulties attaining developmental expectations  Pupils have little or no awareness of danger or how to keep themselves safe.  Pupils unable to regulate sensory input leading to challenging behaviour.	In all lessons shows inappropriate emotional responses including self-harming. In all lessons behaviour is severely withdrawn, bizarre or obsessional  Where there are concerns that there is a significant mental health difficulty as well as the learning disability and/or challenging behaviour	In all lessons shows only minimal respect for adults and peers. Is very difficult to direct. In all lessons intimidates and readily resorts to physical aggression.  High level of self directed behaviour.	In all lessons finds it very difficult to cope with most learning situations as an individual or as part of a group. In all lessons shows very little interest in school work at all	Severe learning difficulties and global delay, affecting self-help and independence skills throughout school. Functions at a level that requires specialised interventions and adaptations to the curriculum.	Severe difficulties in accessing any written material and often severe emotional barriers to engaging with learning.

## 1. How the High Needs Matrix works.

1.1 The High Needs Matrix will be used to support the decision making for all allocations of additional (element 3 “top up”) education funding for special educational needs.

1.2 The [2014 SEND Code of Practice](#) describes four broad categories of SEN. These are:

- Sensory and/or physical
- Communication and interaction
- Social, Emotional and mental Health
- Cognition and learning

1.3 In the High Needs Matrix these are further subdivided to give 10 columns describing need. These are:

- Physical disability and/or medical conditions
- Hearing
- Vision
- Speech and Language
- ASD
- Emotional Wellbeing
- Social behavior
- Learning behavior
- Cognitive Ability
- Specific learning difficulty

1.4 There are four rows relating to the severity of the need (0 = no significant need, 4 = highest level of need). The four main C.O.P categories are weighted as follows:

- Sensory and/or physical – x 4
- Communication and interaction – x 2
- Social, Emotional and mental Health – x 4
- Cognition and learning – x 4

1.5 In use, the pupil or student is plotted against the High Needs Matrix and the combined scores in all columns are added together to produce the overall “Assessment points”. This is then converted into a “top up” tariff. (see below). The awarded “top up” tariff will be reviewed annually.

Tariff Banding	Assessment points	Tariff amount
A	0-31	£2,072
B	32- 45	£7,479
C	46- 58	£9,821
D	59-70	£13,579
E	71- 84	£17,364
F	84 - 93	£21,105
G	93+	£22,523

1.6 The worked example below illustrates how the High Needs Matrix is used. The level of needs (number in left hand margin of matrix) in each column are considered and a decision reached on

which description best describes the pupil. On occasion, descriptors in more than one row seem to apply so best judgement should be used to decide which one is the best fit. For that reason the High Needs Matrix is well suited to being completed by someone who knows the child well or when a lot of information is available.

- 1.7 The level of need in each column (as represented by the numerical value of the row) is then multiplied by the amount indicated in 2.4. This gives the points value of the column (see worked example).
- 1.8 The points for each column are then added together to obtain an overall points total. (34 in the worked example)
- 1.9 The total points (tariff) are compared to the banding table to obtain a tariff amount in pounds. (In the example, the points total of 34 converts to a monetary value of £3,171.)
- 1.10 When a monetary value has been obtained, a maximum of £6000 (element 2) is deducted to arrive at the “top up” monetary value that will be allocated.
- 1.11 If the tariff calculated by the matrix is less than £6000, then only that amount will be deducted. No values lower than £0 will be the calculated “top up”.
- 1.12 In the worked example, 34 points were obtained. This converted to a tariff of £3,171. £6000 OR the tariff amount should be deducted, (whichever is lower) to arrive at a “top up “ of £0. It is felt that a child with this level of need should be able to be supported by the schools delegated budget.
- 1.13 If a school can **demonstrate (with evidence)** that they have used all the notional delegated budget on other children **currently** being supported, the local authority can decide to make an “exception” case and not deduct the £6000 from the calculated tariff. This is recorded and reviewed annually.

### Worked Example

Area of need	Score	Weighting	Points
	(from matrix column)	(from 2.4)	
Physical disability and/or medical conditions	0	X 4	0
Hearing	3	X 4	12
Vision	0	X 4	0
Speech and language	1	X 2	2
ASD	0	X 2	0
Emotional wellbeing	2	X 4	8
Social behaviour	1	X 4	4
Learning behaviour	1	X 4	4
Cognitive ability	1	X 4	4
Specific learning difficulty	0	X 4	0
		<b>Total</b>	<b>34</b>

In the example, the points total of 34 converts to a Tariff of £3,171. (see table in 1.5). “Top Up” funding after calculations is £0 (see 1.12).

## **2. When will Element 3 funding be allocated or amended?**

2.1 We allocate Element 3 funding using the High Needs Matrix for:

- Statutory Assessment based on the information provided
- The annual review process – the school, college or setting should ensure that the recommendation for an amendment to funding is evidence based
- Transfer reviews. (during the transfer from Statements of Special Educational Needs to Education, Health and Care Plans (EHCP))

Document Name	FUNDING METHODOLOGY FOR PUPILS AND STUDENTS REQUIRING HIGH NEEDS SPECIAL EDUCATIONAL NEEDS SUPPORT		
Document Author	Geoff King		
Document owner	Debbie Verity		
Accessibility			
File location	Children and Young People Disability Service.		
Destruction date			
How this document was created	Version 1	07/12/2016	Geoff King
	Version 2	11/1/2017	Comments throughout from Kevin McDaniel
	Version 3	17/1/2017	Comments throughout from Debbie Verity
Circulation restrictions	None		
Review date	11/01/2018		

1. This is allocated through the NFF using the Low prior attainment data for all the children in the school

### Primary

Schools receive funding for all primary pupils who did not reach the expected level of development at foundation stage through this factor.

The number of pupils attracting primary LPA funding has to be calculated in a special way because younger pupils have been tested in a different way to older pupils and because we do not have LPA data for pupils in Reception.

We calculate the total number of eligible pupils by

1. taking the proportion of LPA eligible primary pupils in years 1 to 4 (pupils who did not achieve the expected level of development in the new EYFSP) from the 2017-18 APT and multiplying by the Y1 –Y4 APT adjusted pupil count

then

2. taking the proportion of LPA eligible primary pupils in years 5 to 6 (pupils who achieved fewer than 78 points in the old EYFSP) from the 2017-18 APT and multiplying by the Y5-Y6 APT adjusted pupil count then summing 1 and 2 and dividing by the Y1-6 APT adjusted pupil count, to give the proportion of LPA eligible primary pupils

and finally, multiplying this proportion by the primary APT adjusted pupil count, which includes pupils in Reception.

### Secondary

Schools receive funding for all secondary pupils who did not achieve the expected level at key stage 2 in one or more of reading or writing or mathematics through this factor.

We calculate the total number of eligible pupils by taking the proportion of LPA eligible secondary pupils from the 2017-18 APT and multiplying by the secondary APT adjusted pupil count.

### Resource Bases

2. Places in RBWM RU's

2018-19 Resource unit funding		Annualised 2018-19 Places		
SCHOOL	Resource Type	Funded by RBWM (Maintained Schools Pre16)	Funded by EFA (Maintained Post 16 Academies Pre & Post 16)	Pre & Post 16 (RBWM & OLA)
Riverside Pri	SALT	14.00	0.00	14.00
Wessex Pri	HEARING	18.00	0.00	18.00
<b>TOTAL MAINTAINED</b>		<b>32.00</b>	<b>0.00</b>	<b>32.00</b>
Charters Sec	PD		14.00	14.00
Furze Platt Sen	ASD		17.00	17.00
<b>TOTAL ACADEMY SCHOOLS</b>			<b>31.00</b>	<b>31.00</b>
<b>TOTAL</b>		<b>32.00</b>	<b>31.00</b>	<b>63.00</b>

3. EFA submission

The APT is a tool The main purpose of this tool is:

☑ to allow local authorities to model different options for their 2018 to 2019 schools block funding formulae and at the same time act as the proforma which local authorities will submit in January 2018. It is also the mechanism by which we provide the schools block dataset to local authorities.

☑ to capture all the data required by the ESFA to calculate academy budgets, including information on the number of occupied high needs places at special units and resourced provision in mainstream academies to determine the place funding rate.

☑ to enable the ESFA to check that the formula has been applied reasonably and in compliance with regulations and conditions of grant, and that central budgets are being allocated in line with regulations.

☒ to collect data on maintained schools' schools block budgets for publication.

☒ to use the notional allocations for academies for recoupment purposes: recoupment will continue to take place on the basis of the budget, including the minimum funding guarantee (MFG), that the academy would have received as a maintained school.

☒ to give the ESFA information about which academies and future converters are judged by the authority as meeting the criteria to qualify for exceptional factors or MFG exclusions so that these can be taken into account in their funding allocations.

In November each year a 'Place change notification form' is submitted to the EFA stating the number of places required in each academy and higher education setting.

The SEN team are currently doing a review of this and the maintained settings for the 2019-20 budgets

#### 4. Who pays the base funding for an OOB LA, who invoices

The place funding for all units is received in the home LA's High Needs Block settlement regardless of whether the child resides in the LA or not. This is taken from the place change notification form which is approved in jan/feb each year.

#### 5. Who invoices for top-up

The top-up element for RU's and statements for OLA pupils, each school is responsible for raising termly invoices to re-coup the income. For RBWM pupils the income is journalled on a termly basis

#### 6. Change of place numbers

As mentioned above the SEN team are currently having discussions with schools & academies for the 19-20 financial year.

#### 7. Outreach

To be confirmed

### Special Schools

#### 8. (+9) How many places commissioned - base funding & top-up

Manor Green

	Annualised Places		£10,000		Funding
	April 18 - August 18	Sept 18 - March 19	2018-19 FYREof places	2017-18 Places	2018-19
Pre 16 Annualised places & 23 unfunded post 16 places	229	239	235.00	229.00	£2,350,
EFA Funded Post 16 places	24	24	24.00	24.00	£240,
	253	263	259.00	253.00	£2,590,

Place funding forms part of the high needs block and is paid to the school for all places

Top-up is paid termly for RBWM pupils & the school is responsible for re-couping top-up from the OLA

Forest Bridge

62 pupils currently being funded: 29 RBWM & 33 OLA.

In 2018-19 the places funding was from the EFA, from 19-20 this will form part of our high needs block so RBWM will pay the place funding for all pupils.

For the top-up the school will invoice each LA for the funding, including RBWM

#### 10. Top-up banding for OLA pupils

For the pupils in RBWM schools OLA's should pay RBWM top-up rates but it is up to the school & OLA to agree the top-up to be paid. In practice schools are claiming the rate of the OLA.

Regards RBWM pupils in OLA's you would need to speak to the SEN team or Kevin Goddard

#### 11. OOB places funded from HNB

Manor Green – 82.4

RU's - 16

Forest Bridge – (33 in 19-20)

BCA

## APPENDIX C

Spring 2019 RBWM School Census All pupils in school (RBWM+ O/B residents)

School Name	Total	E	K	N	Includes Resource Unit
Alexander First School	107	1	31	75	Special School
All Saints C.of E. Controlled	317	9	41	267	ALP
ALTWOOD CE SCHOOL	486	21	73	392	E= EHC P
Alwyn Infant School	259	2	48	209	K= SEN Support
Bisham CofE Primary School	59	2	4	53	N= No need
Boyne Hill CE Infant School	253	4	24	225	
Braywick Court School	150		13	137	
Braywood CE First School	142	1	26	115	
Burchetts Green CE Infant School	70	1	20	49	
CHARTERS SCHOOL	1655	40	222	1393	
Cheapside CE Primary School	192	7	37	148	
CHURCHMEAD C of E (VA) SCHOOL	317	8	85	224	
Clewer Green CE Aided First School	282	3	50	229	
Cookham Dean CE Aided Primary	188	3	5	180	
Cookham Nursery	69		5	64	
Cookham Rise Primary School	205	2	18	185	
Courthouse Junior School	357	6	46	305	
Cox Green School	1057	18	122	917	
Datchet St. Mary's School	241	3	19	219	
Dedworth Green First School	200	4	15	181	
Dedworth Middle School	505	10	118	377	
Desborough College	904	14	102	788	
Eton Porny C of E First School	112	2	10	100	
Eton Wick C.E. First School	136	3	14	119	
Forest Bridge Special School	64	63	1		
Furze Platt Infant School	266	2	23	241	
Furze Platt Junior	358	9	78	271	
Furze Platt Senior School	1308	38	197	1073	
Hilltop First School	249	1	17	231	
Holy Trinity CE Primary School, Cookham	208		21	187	
Holy Trinity CE Primary School, Sunningdale	230	6	37	187	
Holyport CE Primary School	288	2	32	254	
Holyport College	503	22	37	444	
Homer First School & Nursery	246	8	18	220	
Kings Court First School	206	1	17	188	
Knowl Hill Church of England Primary Academy	160		21	139	
Larchfield Primary School	221	5	25	191	
Lowbrook Academy	329	1	27	301	
Maidenhead Nursery School	80		10	70	
Manor Green School	291	274	17		
Newlands Girls School	1152	9	89	1054	
Oakfield First School	296	2	43	251	
Oldfield Primary School	421	7	113	301	

## APPENDIX C

Spring 2019 RBWM School Census All pupils in school (RBWM+ O/B residents)

RISE Alternative Learning Provision	32	6	11	15
Riverside Primary School and Nursery	419	21	97	301
South Ascot Village School	207	4	24	179
St Edmund Campion Catholic Primary	421	8	15	398
St Edward's Catholic First School	295	6	28	261
St Luke's CE Primary School	330	9	68	253
St Mary's Catholic Primary School	300	3	33	264
St Michael's CE Primary School	201	1	22	178
St Peter's Church of England School	220	3	32	185
St. Edward's Royal Free Ecumenical Middle School	480	4	53	423
St. Francis Catholic Primary	207	1	20	186
The Lawns Nursery School	184		22	162
The Queen Anne RF CE First	143	2	8	133
The Royal School	103	2	15	86
The Windsor Boys' School	843	13	98	732
Trevelyan School	577	10	80	487
Trinity St Stephen CE First	143	2	12	129
Waltham St. Lawrence CP School	131	1	28	102
Wessex Primary School	441	12	147	282
White Waltham CofE Academy	209	3	13	193
Windsor Girls' School	692	8	20	664
Woodlands Park Primary School	167	2	30	135
Wraysbury Primary School	397	6	120	271

# Support for SEND in Slough

*Right support, right time, right place*

Have your say:

Review of additional “top up” funding  
for children and young people with  
**SEND**

February 2019

# Your views matter

Slough Borough Council wants to hear your views on changes it plans to make to how it provides the additional (top up) funding for children and young people with an Education, Health and Care Plan (EHCP)

A group of head teachers, Special Educational Needs Coordinators (SENCOs), local authority officers and specialists has developed a new model to help make the way that funding is used to support children and young people with SEND is fair and as easy to understand as possible.

# What is “top up” funding?

“Top up” funding is the amount of **extra** money given to a school to help them meet the needs of a child or young person with SEND. The more severe and complex the needs, the higher the rate of funding given.

The current model uses a number of levels or “bands” to provide a range of funding (from £2,000 to £50,000 per child, although very few children in Slough have SEND that are so severe and complex that they require the highest bands). A different band range is used depending on whether a child or young person attends a mainstream school, specialist resource base, Littledown school, Arbour Vale school or Haybrook College. This is shown on the next slide

# The current model

BAND	SETTING	TOP UP
1	<b>Mainstream</b>	Nil
2		£2,000
2A		£4,000
3		£6,000
4		£10,000
5		£14,000
6		£18,000
2	<b>Resource Base</b>	£4,000
3		£9,000
4		£14,000
5		£19,000
6		£24,000
2	<b>Littledown School</b>	£10,000
3		£15,000
4		£20,000
5		£25,000
6		£30,000
7		£40,000
8		£50,000

BAND	SETTING	TOP UP
2	<b>Haybrook College</b>	£6,000
3		£11,000
4		£16,000
5		£21,000
6		£26,000
7		£36,000
8		£46,000
2	<b>Arbour Vale School</b>	£5,000
3		£10,000
4		£15,000
5		£20,000
6		£25,000
7		£35,000
8		£45,000

# Why is a new approach needed?

The current model is very complicated and it can be difficult for parents and professionals to understand. A new approach is needed that:

- Aligns with the SEND Code of Practice (2015)
- Offers a single banding framework across educational settings and independent budgets that is fair and transparent
- Provides transparency in how the LA assigns monetary values at each Band
- Helps shape how the LA and colleagues in schools understand SEND and specialist support/provision

# What is the new model?

1. A Matrix of “needs descriptors” that professionals can use to decide what kind of SEND a child or young person has and how severe and complex their needs are.

The Matrix also includes suggestions of:

- the evidence that professional can use to help them assess the child or young person’s needs
  - The kind and level of support and provision that is likely to be needed to meet those needs
2. One set of funding bands that can be used for mainstream, resourced mainstream and special schools

# The Matrix

Need descriptors for each of the 4 main SEND categories, across 6 levels of severity and complexity

Sensory and/or physical			Communication & interaction		SEMH	Cognition & learning
PD, PNI, SP, Ind.	Hearing	Vision	S&L	Social Communication ASD		

PD = Physical Disability

PNI = Persistent Neurological illness

SP = Sensory Processing

Ind = Independence

S&L = Speech and Language

ASD = Autistic Spectrum Disorder

SEMH = Social, emotional or mental health

# Funding Model

The following slides describe proposals for a single Funding Matrix that:

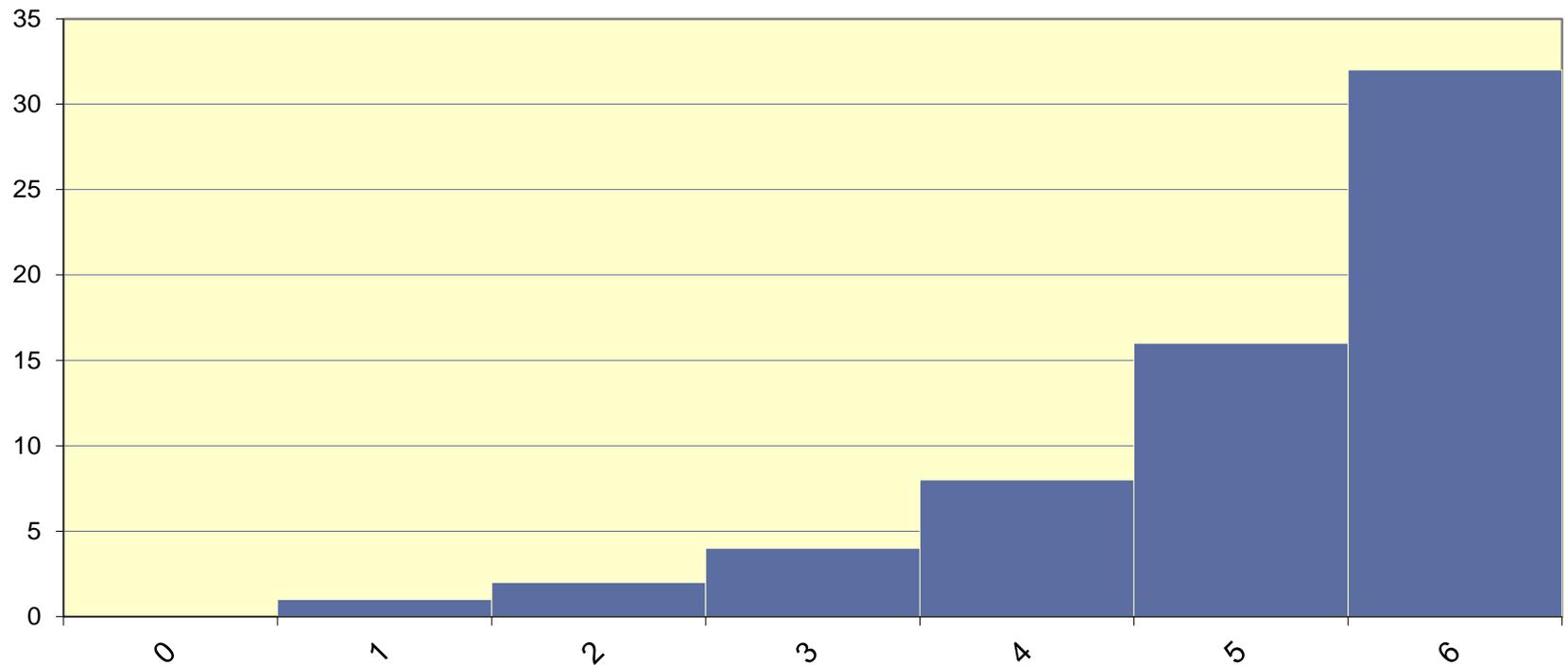
- Can be applied across, mainstream, resourced mainstream and specialist provision
- Translates the 6 levels across 4 categories within the Needs Descriptor Matrix to 11 bands within Funding Matrix

# Weighting the descriptor levels

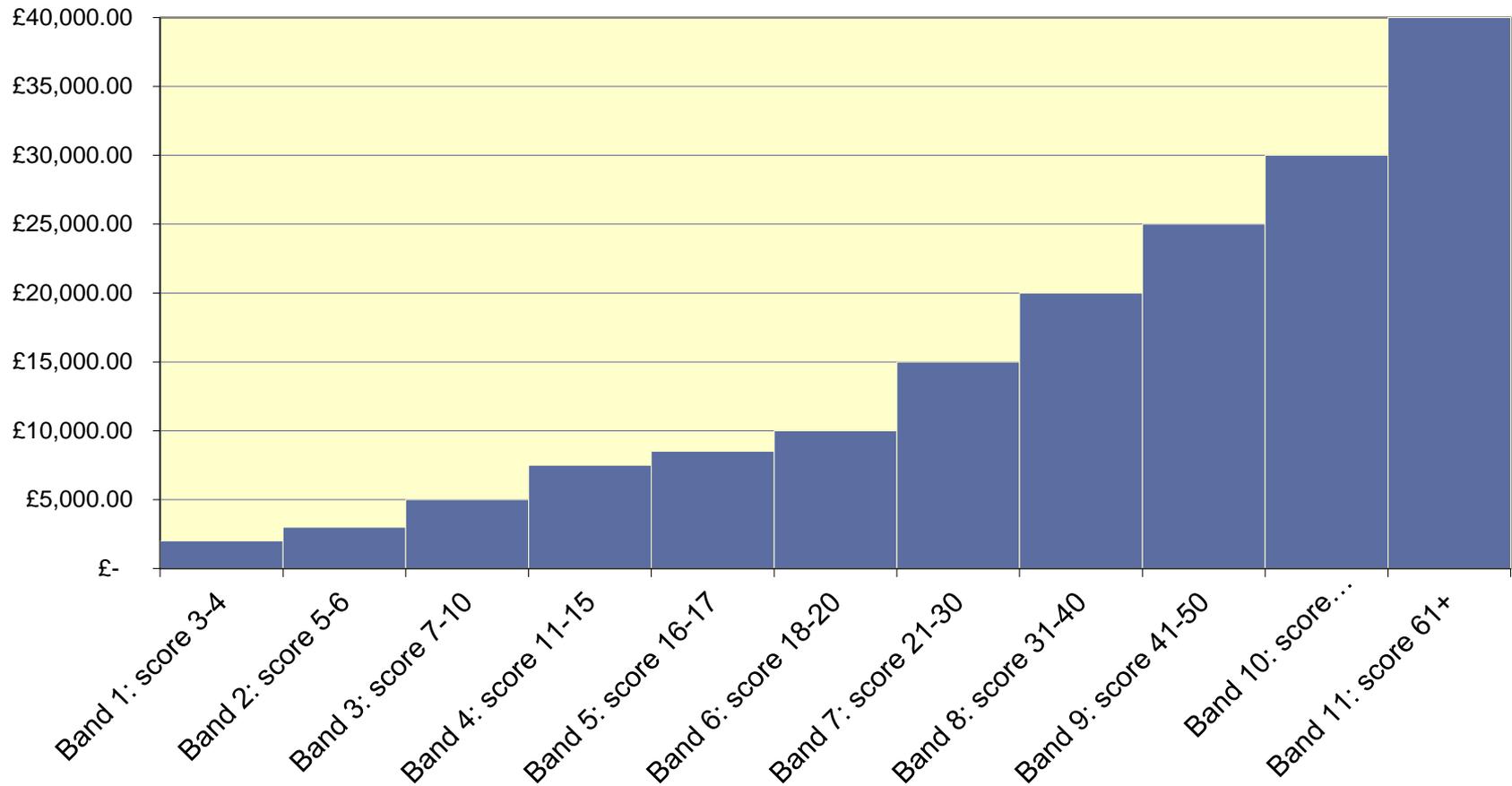
The 6 levels have been weighted to ensure that scores reflect increasing complexity of need and associated support/provision required:

Level	Sensory/Physical	Communication & Interaction	SEMH	Cognition & Learning
	Scores			
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	4	4	4	4
4	8	8	8	8
5	16	16	16	16
6	32	32	32	32

# Weighting the descriptor levels

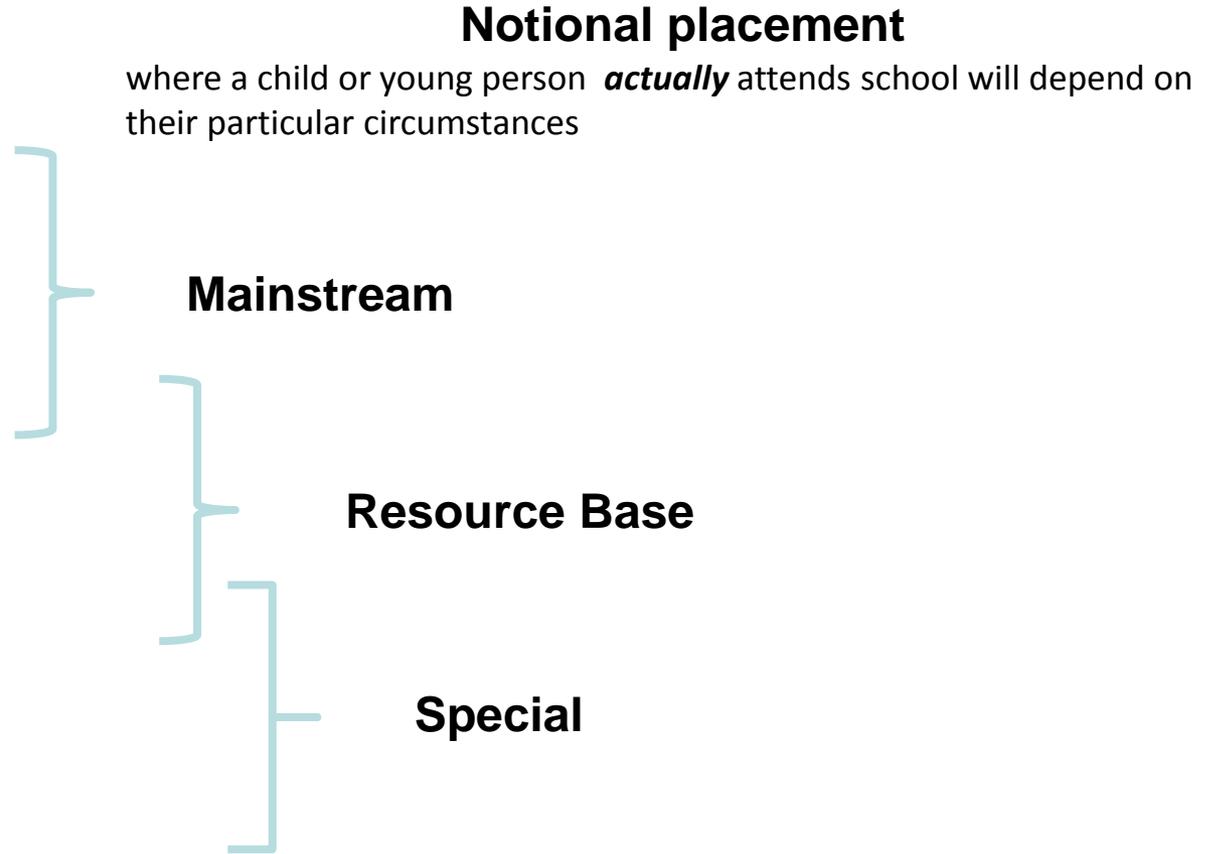


# Matrix scores map onto 11 progressive levels of funding



# Funding within a single banding model

Boundaries		Top Up
Band	Range	
1	3-4	2,000
2	5-6	3,000
3	7-10	5,000
4	11-15	7,500
5	16-17	8,500
6	18-20	10,000
7	21-30	15,000
8	31-40	20,000
9	41-50	25,000
10	51-60	30,000
11	61+	40,000



Top-up funding above Band 11 considered on a case-by-case basis for children and young people who's SEND are so severe and complex that they cannot be met within Band 11. 2 children in Slough currently receive a top-up of more than £40,000

# Examples for illustration

E.G.1	Sense and/or phys.			Comm & interact		SEMH	Cog. & learn	Total (range)	Band	Value
	PD, PNI, SP, Ind.	Hearing	Vision	S&L	Soc, Comm/ ASD					
Level	1	0	0	2	1	1	3			
Score	1			2		1	4	8	3	5,000

(Highest level taken to create score)

(Weighting based on slide 9)

# Examples for illustration

E.G.2	Sense and/or phys.			Comm & interact		SEMH	Cog. & learn	Total (range)	Band	Value
	PD, PNI, SP, Ind.	Hearing	Vision	S&L	Soc, Comm/ ASD					
Level	3	0	0	1	4	5	3			
Score	4			8		16	4	32	8	20,000

# What happens next?

We hope to begin to implement the changes from the beginning of April 2019.

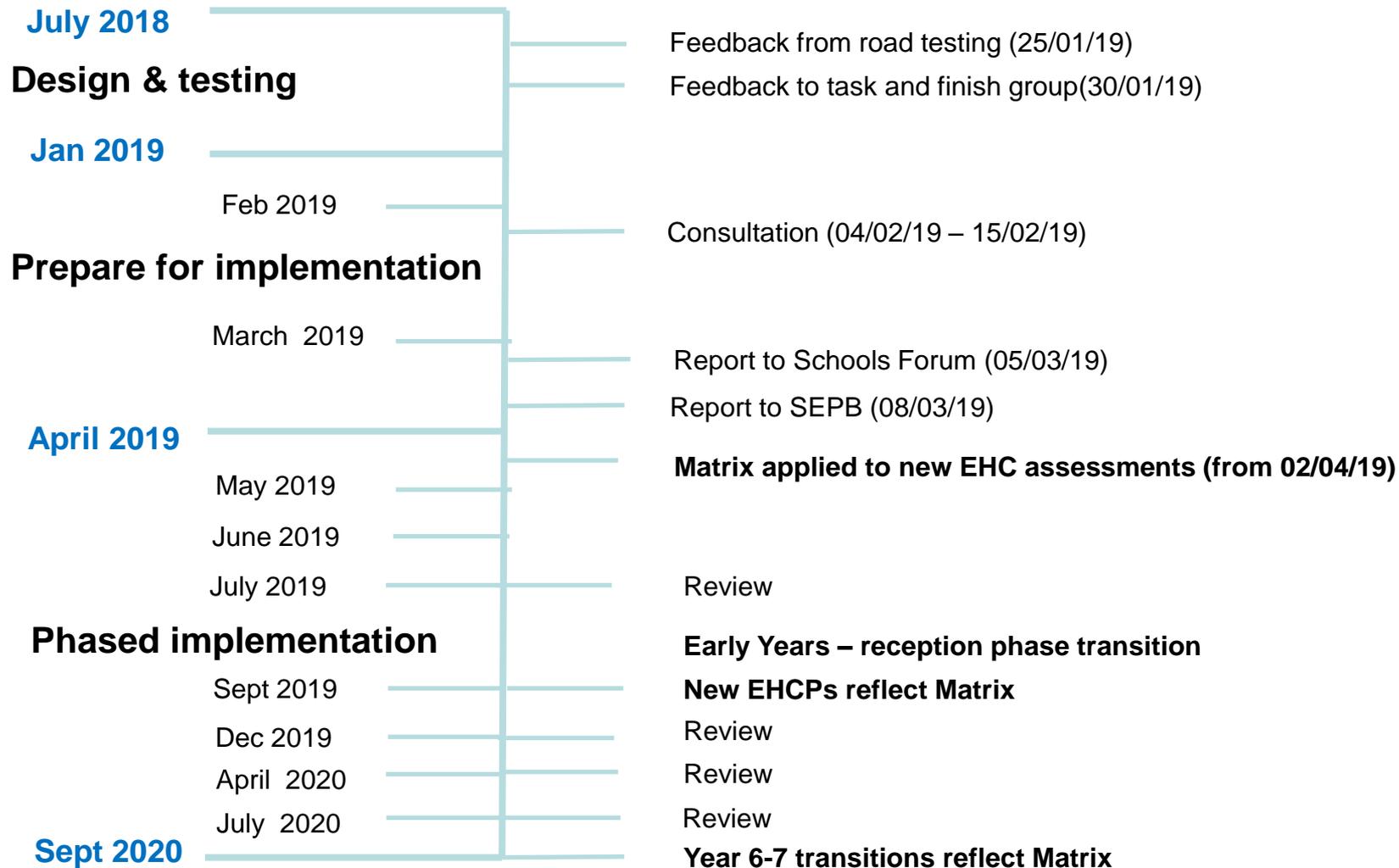
From 2<sup>nd</sup> April, the new model will be used for:

- All **new** Education, health and care assessments, including children entering school for the 1<sup>st</sup> time in September 2019
- Children who already have an Education, Health and Care Plan (EHCP) who move from primary to secondary school in September 2020 – that is children who are currently in Year 5

If a child already has an (EHCP), there will be **no change** to his or her funding unless or until:

- They transition to the next phase of education (from 2020)
- Their needs change and a re-assessment is required.

# Milestones and timelines



# Next steps

We are determined to implement the changes very carefully to make sure that we learn from experience along the way and, also, that no child or young person is disadvantaged as a result of the changes.

We will review how the model is working in July and December 2019 and also in April and July 2020

We want to know what you think. Please take the time to answer the short survey. The survey also provides an opportunity for you to ask any questions or raise concerns. We will publish answers to the most frequently asked questions on the Local Offer and The Link

Pupil's Name		Suggested Band					
Sensory and or Physical			Communication and Interaction		Social, Emotional and Mental Health	Cognition and Learning	
PD, PNI, Sensory Processing & Independence	Hearing	Vision	Speech and Language (S&L)	Social Communication / Autism Spectrum	Emotional Wellbeing / Social Behaviour / Learning Behaviour and Attitude	Learning Difficulties	
0	<p>Development in-line with the typically developing child or young person (CYP). Pupil may require increased differentiation where appropriate as part of quality first teaching (QFT).</p> <p>Development in-line with the typically developing child or young person (CYP). Clinical diagnosis of a unilateral or mild hearing impairment (HI) Quality First Teaching which takes account of the specialist advice from the Qualified Teacher of the Deaf (QTOD) Score of below 15 points on the NATSIP* Eligibility Framework for Scoring Levels – (HI) Mild hearing loss(21-40dB) which may require some small adjustments to access the curriculum such as good seating position, reducing background noise and awareness by staff.</p>	<p>Development in-line with the typically developing child or young person (CYP). Clinical diagnosis of a mild vision impairment (VI) Quality First Teaching which takes account of the specialist advice from the Qualified Teacher of the Vision Impaired (QTVI) Score of below 15 points on the NATSIP* Eligibility Framework for Scoring levels: (VI) Mild vision loss which cannot be corrected by glasses. Some small adjustments to ensure access to the curriculum.</p>	<p>Development in-line with the typically developing child or young person (CYP). Pupil may require increased differentiation where appropriate as part of quality first teaching (QFT).</p>	<p>Development in-line with the typically developing child or young person (CYP). Pupil may require increased differentiation where appropriate as part of quality first teaching (QFT).</p>	<p>Development in-line with the typically developing child or young person (CYP), except for a very few incidents of low level or low frequency difficulties with skills such as: - Complying with adult direction and following routines - Immaturity around sharing, taking turns and joint attention - Playing cooperatively/forming and sustaining relationships with peers - Managing feelings of anxiety or frustration</p>	<p>Development in-line with the typically developing child or young person (CYP). The CYP may take longer to understand new concepts and/or experience difficulties specific to one aspect of learning, requiring increased differentiation as part of quality first teaching (QFT) in order to make progress.</p>	
1	<p>CYP can move and position independently but has some stability and/or gross/line motor coordination difficulties; hand or limb function may be somewhat restricted. CYP has broadly age-appropriate self-care skills: feeding, dressing, hygiene, oral health although some assistance may be required for access to curriculum or self-help routines. Minimal assistance or basic equipment required to complete a basic task; may only need assistance when tired. Some prompting required to carry out school activities such as PE, dressing for PE, keeping up with peers in school. CYP may need support with self-medication in school. CYP may have mild sensory processing difficulties, affecting ability to sit still, attend to verbal teaching and cope with the general school environment (in line with age-related expectations). They can self-regulate with minimal prompting.</p>	<p>Clinical diagnosis of a mild HI (21-40dB) Score of between 15-39 points on the NATSIP* Eligibility Framework for Scoring Levels – (HI) May use hearing aids and occasionally a Radio aid. May require small adjustments to support good access to the learning in the classroom alongside wearing of hearing aids. Strategies and advice from a specialist teacher required to support the pupil's needs to make expected progress.</p>	<p>Clinical diagnosis of a mild VI (6/12 - 6/18 Snellen/Kay (LogMAR 0.3 – 0.48) Score of between 15-39 points on the NATSIP* Eligibility Framework for Scoring Levels – (VI) Monocular /mild/fluctuating VI with reasonable vision for a considerable amount of time. Functional mild loss due to CVI (Cerebral Vision Impairment) or other visual factors such as visual field loss or nystagmus. This may be correctable with environmental adaptations to the learning environment. Strategies and advice from a specialist teacher required to support the pupil's needs to make expected progress.</p>	<p>The CYP's language is mildly delayed in one or more areas of Speech, Language and/or Communication (SL&amp;C) but is in line with other areas of attainment.  Areas of language affected may include: comprehension, expression and verbal and nonverbal skills for effective communication and social interaction.  The CYP may: • require additional time and assistance in order to learn new vocabulary and to process and respond to verbal information • score below expected language levels as assessed by both informal and standardised assessments • have a mild phonological or speech difficulty (including dyspraxia and dysarthria) • speech is usually intelligible to everyone, but there may be minor sound errors, occasional loss of intelligibility • not expected to need therapy from a specialist in order to facilitate change. • difficulties may resolve spontaneously or after some intervention.  The setting is making interventions that are 'additional to' or 'different from' the provision available in order to meet the CYP's SL&amp;C needs.</p>	<p>The CYP shows difficulties in line with four or more of the areas below: • difficulty in initiating social interactions • a decreased interest in social interactions • social approaches, when made, are often unusual and unsuccessful • shows interest in playing with children and young people of their age and/or having friends but needs help with this • shows a level of inflexibility which may cause mild anxiety or interference with functioning in one or more contexts • sometimes has difficulty switching/transitioning between activities • has some problems with sequencing/planning • requires some additional cues, such as visual support and verbal prompting, to work on same tasks as others and follow instructions in the whole class group</p>	<p>The CYP is able to maintain stable healthy emotional states for most of the school day; however, there is some delay in development of social and/or emotional skills and understanding resulting in ongoing difficulties such as: - Managing and accepting change in systems and routines. - Uncooperative behaviour (usually addressed through additional extrinsic rewards) - Self-esteem and/or motivation - Emerging social isolation (often chooses to play alone, displays some social anxiety, and/or relies on adults beyond EYFS) - Immature social skills (regular difficulties with sharing/turn-taking, and/or some difficulties making and maintaining friendships) - Immature self-regulation skills (some emotional outbursts/impulsivity/hyperactivity/mood swings that require adult reassurance or re-direction) - Expressing themselves emotionally and letting others know how they are feeling compared to age-related expectations (CYP may express themselves through behavioural responses if unable to do so verbally).</p>	<p>The CYP is attaining at a level below age-related expectations in one or more areas despite access to appropriate learning opportunities and support. There are some problems with the pace of curriculum delivery, concept development and logical thought, and low level difficulties in the acquisition and use of literacy / numeracy skills.  The CYP may therefore be achieving: • EYFS bands below age-related expectations in at least one area of early learning • 1-2 years behind age-related expectations in English and/or Maths  The setting is making interventions that are 'additional to' or 'different from' the provision available, in order to meet aspects of the CYP's needs.</p>

2	<p>CYP experiences both fine and gross motor difficulties, which may include:</p> <ul style="list-style-type: none"> <li>• difficulties with their core stability (making independent use of safety features e.g. handrails).</li> <li>• moderately impaired mobility; difficulties using stairs and with spatial orientation; movements are unsteady in crowded areas, on uneven ground and when walking for some distance</li> <li>• physical difficulty recording their work</li> </ul> <p>CYP may have persistent health problems or an unpredictable long term condition which requires monitoring/support and may sometimes affect their ability to access activities and/or their school attendance</p> <p>CYP may be achieving below age-related expectations due to their physical limitations</p> <p>CYP's physical condition may vary from day to day. CYP is likely to need regular support or basic equipment to complete tasks</p> <p>CYP achieves most self-care activities at an age appropriate level with minimal support/routine structure. Transitions need planning and support, although routine transitions can be achieved independently within routine structures.</p> <p>CYP may experience mild sensory processing difficulties requiring adult support and prompting to self-regulate.</p>	<p>Clinical diagnosis of a mild/moderate hearing loss. Score of between 15-39 points on the NATSIP Eligibility Framework for Scoring Levels – (HI)</p> <p>The pupil will need some adaptations to the learning environment on advice from the specialist SI Service to facilitate inclusion and participation in the classroom as outlined in the Quality First Teaching documents and advice recommendations.</p> <p>The pupil may find hearing some speech sounds more challenging and to hear in the presence of background noise or over distance.</p> <p>The pupil will use hearing aids and may make use of a soundfield system or radio aid.</p> <p>Key family or staff members will require training in managing specialist equipment and good management of equipment in the setting. The pupil may require support from school staff to become an independent user of their equipment and to understand their hearing and listening needs</p>	<p>Clinical diagnosis of a mild/moderate vision impairment. (6/12 - 6/36 Snellen/Kay (LogMAR 0.3 – 0.78)</p> <p>Score of between 15-39 points on the NATSIP eligibility framework – (VI)</p> <p>Monocular/mild/moderate/fluctuating VI Functional mid/moderate loss due to CVI (Cerebral Vision Impairment) or other visual factors such as visual field loss or nystagmus.</p> <p>The pupil will need some adaptations to the learning environment on advice from the specialist SI Service to facilitate inclusion and participation in the classroom as outlined in the Quality First Teaching documents and advice recommendations.</p> <p>The pupil may use enlarged print and equipment as well as require Habilitation.</p> <p>Key family or staff members will require training in managing specialist equipment and good management of equipment in the setting. The pupil may require support from school staff to become an independent user of their equipment and to understand their vision needs.</p>	<p>The CYP shows a moderate delay in one or more areas of language development which is likely to have some impact on the child's ability to access the educational curriculum, and/or</p> <p>The CYP presents with a speech sound disorder which affects intelligibility and literacy development.</p> <p>Areas of language affected may include; attention and listening, comprehension, expression, verbal and nonverbal skills for effective communication and social interaction.</p> <p>The Child/Young Person (CYP) may:</p> <ul style="list-style-type: none"> <li>• achieve scores at or below the 16th percentile for either receptive or expressive language on standardised assessments</li> <li>• have poor generalisation of skills taught, to new or different situations</li> <li>• have difficulties listening and attending to verbal information in the classroom</li> <li>• have mild to moderate phonological or speech difficulties (including dyspraxia and dysarthria)</li> <li>• speech may be noticeably different from that of peers, with potential for change</li> <li>• display immature processes persisting beyond the average age of resolution (e.g. k = t)</li> <li>• have structural articulation problems e.g., cleft palate, dysphonia</li> <li>• have difficulties with voice production (voice that is hoarse, croaky etc)</li> </ul>	<p>The CYP shows difficulties in line with four or more of the areas below:</p> <ul style="list-style-type: none"> <li>• deficit in verbal and non-verbal social communication skills</li> <li>• levels of inflexibility causing anxiety and very significant interference with functioning in one or more contexts</li> <li>• frequent difficulty switching/transiting between activities</li> <li>• has problems with sequencing/organisation/planning which hampers independence.</li> <li>• able to work on the same tasks as others the same age that do not have additional needs. With frequent support</li> <li>• a limited interest in interactions with CYP of their own age.</li> <li>• a smaller group and/or less stimulating environment to work on same tasks as others and follow adult instructions</li> <li>• presents with unusual interests and/or ritualised behaviours</li> </ul>	<p>The CYP has persistent SEMH needs which cause barriers to their learning and/or are beginning to impact the learning of others, such as:</p> <ul style="list-style-type: none"> <li>- Non-compliance and uncooperative behaviour (e.g. refusal to work/engage, disrupting the learning of others, destroying own work, etc) occurring several times per week</li> <li>- Self-regulation difficulties (emotional outbursts, impulsivity, hyperactivity, poor concentration and/or mood swings that require adult intervention occurring several times per week)</li> <li>- Developing social isolation (plays mostly alone, unable to sustain sharing or taking turns without adult support, displays social anxiety, some difficulties with empathy or social understanding, has difficulty making and maintaining friendships/trusting relationships, appears vulnerable among peer group, etc)</li> <li>- Reduced self-esteem/self-perception, levels of resilience and/or motivation when faced with adversity/challenge</li> <li>- Frequent use of behaviour as communication due to delayed emotional literacy and social understanding</li> </ul>	<p>The CYP is attaining at a level below age-related expectations across the curriculum, or significantly below age-related expectations in one specific area, despite access to appropriate learning opportunities and support. There is evidence of an increasing gap between them and their peers, and additional support is required to ensure progress and to access the curriculum. The CYP has moderate difficulties with concept development and logical thought which limits access to the curriculum. There are moderate but persistent difficulties in the acquisition and use of literacy / numeracy skills. CYP may experience some difficulties with memory, organisation and independent learning.</p> <p>The CYP may therefore be working at one or more of the following;</p> <ul style="list-style-type: none"> <li>• EYFS bands below age-related expectations in three or more areas of learning</li> <li>• 1-2 years behind age-related expectations in both English and Maths</li> </ul> <p>The setting is continuing/increasing/changing interventions for the CYP that are 'additional to' or 'different from' the provision available to meet the majority of pupil's needs in response to assessments and reviews.</p>
3	<p>CYP has a physical disability such that they regularly use a mobility aid to move independently. Where needed/applicable they can independently transfer to and use a wheelchair.</p> <p>CYP needs adjustment of classroom environment and activities to enable access; they may require increased personalised use of assistive equipment/technology to engage with the curriculum.</p> <p>CYP's disability and/or neurological factors can directly limit aspects of self-care, learning and functioning, and they need planned routines, prompting and support.</p> <p>CYP has a long term medical condition that requires adult support to manage day-to-day.</p> <p>CYP has moderate sensory processing difficulties requiring routine intervention, prompting and support from adults.</p>	<p>Clinical diagnosis of a moderate hearing impairment (41 – 70dB)</p> <p>Score of between 40-49 points on the NATSIP Eligibility Framework for Scoring Levels – Hearing Impairment.</p> <p>The pupil will have prescribed hearing aids and recommended to use a radio aid.</p> <p>The pupil will need some adaptations to the learning environment on advice from the specialist SI Service to facilitate inclusion and participation.</p> <p>Vocabulary/language and listening development may be delayed and require targeted intervention. Incidental opportunities for learning may have been missed leading to poor concept development and delayed vocabulary.</p> <p>Key family or staff members will require training in managing equipment and ensuring inclusion.</p> <p>The pupil will require support to become an independent user of their equipment and to understand their hearing and listening needs.</p> <p>The pupil will need risk assessments to be carried out with their setting to enable them to be fully and safely included in curriculum e.g. trips</p> <p>The pupil will require advice to be given to settings regarding access to external assessments, particularly those which require an ability to listen e.g. phonics screening/Modern Foreign Language exams.</p>	<p>Clinical diagnosis of a moderate vision impairment ( 6/19-6/36 Snellen/Kay (0.5-0.78 (LogMAR )</p> <p>Score of between 40-49 points on the NATSIP eligibility framework for vision impairment.</p> <p>Moderate/fluctuating VI Functional mild loss due to CVI (Cerebral Vision Impairment) or other visual factors such as visual field loss or nystagmus.</p> <p>Pupils will have a bilateral impairment.</p> <p>The pupil may use enlarged print (N18-24) and require modified materials and specialist assistive equipment.</p> <p>CYP are likely to need Habilitation visits e.g. mobility.</p> <p>Vision Impairment will have impacted on the development of a significant number of curriculum areas such as literacy and Maths. All curriculum and examination materials will need to be adapted and modified</p> <p>Incidental opportunities for learning may have been missed leading to poor concept development.</p> <p>Key family or staff members will require training in managing equipment and ensuring inclusion.</p> <p>The pupil will require support to become an independent user of their equipment and to understand their visual needs.</p>	<p>The CYP has a moderate specific language difficulty or moderate language delay which will have an impact on the child's ability to access the educational curriculum, i.e., a moderate delay in both receptive and expressive language development, or a receptive or expressive delay alongside a mild speech sound disorder which affects intelligibility and literacy development. Areas of language affected may include; attention and listening, comprehension, expression, verbal and nonverbal skills for effective communication and social interaction</p> <p>The CYP may;</p> <ul style="list-style-type: none"> <li>• achieve scores at or below the 5th percentile for either receptive or expressive language on standardised assessments</li> <li>• have specific difficulties where language is more affected than other areas of attainment</li> <li>• have a moderate delay evident in most areas of language, including attention and listening</li> <li>• display non-verbal skills that are better than verbal</li> <li>• have moderate phonological or speech difficulties (including dyspraxia and dysarthria)</li> <li>• everyday conversational speech is often unintelligible and verbal interaction is impaired</li> <li>• have four or more immature processes persisting beyond average age of resolution (e.g. 'fronting' 'k = t - [cat] to [tat])</li> <li>• phonological awareness is limited, affecting literacy development.</li> <li>• have structural articulation problems (cleft palate)</li> <li>• have moderate to severe stammering</li> </ul>	<p>The CYP shows difficulties in line with six or more of the areas below;</p> <ul style="list-style-type: none"> <li>• difficulties with social skills are apparent even when support is in place</li> <li>• marked difficulties with coping with change</li> <li>• displays anxiety, distress and difficulty when changing focus or moving from one activity to another</li> <li>• restricted/repetitive behaviours appear frequently and interfere with functioning in a variety of contexts</li> <li>• is unable to interpret social cues</li> <li>• interprets speech literally and shows rigidity and inflexibility of thought processes</li> <li>• participates in solitary play which is unusually focussed on a special interest</li> <li>• presents with unusual interests and/or ritualised behaviours</li> </ul>	<p>The CYP has frequent and persistent SEMH needs which cause substantial barriers to their learning, are challenging to mainstream staff, are disruptive to the learning of others, and may make them at risk of exclusion or becoming a persistent non-attender. This could include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Daily incidences of noncompliant and uncooperative behaviour which are prolonged and/or frequent e.g. refusals to work, defiance, leaving classroom/school site on a regular basis</li> <li>• Persistent difficulties self-regulating e.g. emotional / aggressive / uninhibited outbursts. Outbursts are almost daily, often sustained and require adult intervention to de-escalate.</li> <li>• Levels of anxiety, hypervigilance and/or mood swings are increasing</li> <li>• Mental health concerns such as self harm, irrational fears, risk-taking and/or substance abuse are increasing</li> <li>• Significant levels of socially inappropriate or sexualised behaviour</li> <li>• Low self-esteem/self-perception, levels of resilience and/or motivation when faced with adversity/challenge</li> <li>• Increasing levels of disengagement and avoidance e.g. limited concentration, destroying own/others' work, work avoidance strategies that are disruptive, etc</li> <li>• Increasing risk of social vulnerability and isolation e.g. play is often solitary, has persistent difficulties with social relationships, some lack of empathy or social understanding, is a victim or perpetrator of bullying, etc</li> <li>• Persistent use of behaviour as communication due to delayed emotional literacy and social</li> </ul>	<p>The CYP is operating at a level significantly below expected outcomes and there is evidence of a persistent, increasing gap between them and their peers despite access to appropriate learning opportunities and support. The CYP has significant and enduring difficulties with concept development and logical thought. There are significant and persistent difficulties in the acquisition and use of literacy / numeracy skills. There may be some complexity or co-morbidity of needs (e.g. both cognitive delay/general learning difficulties and specific learning difficulties). There are significant difficulties with memory, organisational skills and/or independent learning.</p> <p>The CYP may therefore be working at:</p> <ul style="list-style-type: none"> <li>• EYFS bands significantly below expected/age-related expectations in three or more areas of learning</li> <li>• 2-4 years behind age-related expectations in both English and Maths</li> </ul> <p>The setting is making daily interventions that are 'additional to' or 'different from' the provision available to meet the majority of pupil's needs.</p>

<p>CYP has a significant life-long physical disability and/or medical condition, across key areas requiring targeted intervention /specialist therapy.</p> <p>CYP's physical skills may fluctuate or deteriorate during a day.</p> <p>Independent wheelchair use possible but requires adult support for transfer and some aided mobility.</p> <p>CYP's disability significantly limits the range of independent self-care possible.</p> <p>Structured planning required for effective use of assistive technology to support learning, function and self-care.</p> <p>Neurological factors linked to specific physical impairments may also frequently impact on many areas of independent learning and independent self-care.</p> <p>CYP has moderate to severe sensory processing difficulties – requires adult support in an environment that meets their sensory needs in order to self-regulate.</p>	<p>Clinical diagnosis of a severe/ profound hearing loss (71 – 95dB )</p> <p>Score of between 50-69 points on the NATSIP Eligibility Framework for Scoring Levels – (HI) Hearing Impairment.</p> <p>Severe/ profound bilateral hearing loss which requires the use of hearing aids and a radio aid for use in school.</p> <p>Hearing loss will have had a significant impact on the development of language and literacy/ numeracy skills. Language skills may be severely delayed.</p> <p>Incidental opportunities for learning will have been missed leading to poor concept development and delayed vocabulary.</p> <p>The pupil will require Individual teaching in specific curriculum areas across the key stages in order to make educational progress</p> <p>Key family/ staff will require training in managing specialist equipment and ensuring access to learning in the classroom.</p> <p>The pupil will require support to become an independent user of their equipment and to understand their hearing, language and listening needs.</p>	<p>Clinical diagnosis of a severe vision loss 6/60-6/120 (Snellen/Kay (LogMAR 0.8-1.0</p> <p>Score of between 50-69 points on the NATSIP Eligibility Framework for Scoring Levels – (VI) Severe/ fluctuating VI. Functional severe loss due to CVI (Cerebral Vision Impairment) or other visual factors such as visual field loss or nystagmus.</p> <p>The pupil will use enlarged print (N24-36) All curriculum and examination materials will need to be adapted and modified.</p> <p>They will require specialist assistive equipment</p> <p>CYP will need Habilitation visits e.g. mobility.</p> <p>VI will significantly impact on access to all areas of the curriculum.</p> <p>Incidental opportunities for learning will have been missed leading to gaps in knowledge.</p> <p>Key family/ staff will require training in managing specialist equipment and ensuring access to learning in the classroom.</p> <p>The pupil will require specialist support to become an independent user of their equipment and to understand their visual needs.</p>	<p>The CYP has a moderate to severe language and/or speech delay/disorder which affects their ability to communicate successfully with all but those most familiar to them, even with contextual support.</p> <p>The CYP uses a mixture of speech and augmented/assistive communication systems to make needs/choices known.</p> <p>Areas of language affected may include; Tention and listening, comprehension, expression, verbal and nonverbal skills for effective communication and social interaction</p> <p>The CYP has;</p> <ul style="list-style-type: none"> <li>• achieved scores at or below the 2nd percentile for either receptive or expressive language on standardised assessments</li> <li>• a profound/severe specific language difficulties or severe language delay which will have significant impact on their ability to access the educational curriculum</li> <li>• a profound/severe specific difficulty, where language is more affected than other areas of attainment</li> <li>• extremely limited language is evident in all areas OR severe problems in two or more areas of speech and language OR one profound overriding area</li> <li>• a severe/specific phonological/articulation disorder (including dyspraxia and dysarthria)</li> <li>• usually unintelligible speech to familiar and non-familiar listeners</li> <li>• a speech system restricted to a few sounds only</li> <li>• no recognisable consonants</li> <li>• structural articulation problems (cleft palate)</li> </ul>	<p>The CYP shows difficulties in all or most of the areas below;</p> <ul style="list-style-type: none"> <li>• for parts of the school day, is considerably motivated to follow own (possibly sensory) agenda, which distracts them from the adult-led agenda</li> <li>• shows significant difficulties in social motivation, which very often prevents the pupil from engaging with most or all social activities.</li> <li>• shows levels of inflexibility and anxiety daily to a degree that may have a negative impact on school engagement</li> <li>• may be pre-verbal or have very limited communication skills that require an augmented communication system.</li> <li>• presents with highly unusual interests in restricted and/or sensory aspects of the environment.</li> </ul>	<p>The CYP's behaviour is worrying, unpredictable and/or severely disrupting the learning of self and others. It poses a significant challenge to highly skilled support staff, such that the CYP is likely at risk of permanent exclusion or becoming a chronic non-attender. The CYP experiences significant, frequent and persistent SEMH needs, which are a complex accumulation of difficulties with mental health, emotional regulation, relationships and engagement with learning (e.g. two or more of the following):</p> <ul style="list-style-type: none"> <li>• Daily incidences of noncompliant and uncooperative behaviour which are long-lasting and frequent e.g. refusals to work, defiance, leaving classroom/school site on a persistent basis</li> <li>• Significant difficulties self-regulating e.g. intense emotional / aggressive / uninhibited / unpredictable outbursts. Outbursts are daily, sustained and require adult intervention to de-escalate.</li> <li>• High levels of anxiety, hypervigilance and/or mood swings</li> <li>• Significant mental health concerns such as regular self harm, irrational fears, risk-taking and/or substance abuse</li> <li>• Significant levels of socially inappropriate or sexualised behaviour</li> <li>• Very low self-esteem/self-perception, levels of resilience and/or motivation when faced with adversity/challenge</li> <li>• Significant disengagement and avoidance e.g. limited concentration, destroying own/others' work, work avoidance strategies that are severely disruptive, etc</li> <li>• Significant risk of social vulnerability and isolation</li> </ul>	<p>The CYP has significant and enduring learning difficulties/disability which affects most areas of their development, learning and functioning:</p> <ul style="list-style-type: none"> <li>• The CYP is attaining at a level significantly below age-related expectations in most/all areas (e.g. working within Pivats or equivalent for the majority of KS1/2).</li> <li>• The CYP is making limited progress despite appropriate learning interventions and support being implemented consistently and over time.</li> <li>• At KS3/4, the CYP may be a suitable candidate for a Foundation GCSE or ASDAN course.</li> <li>• The CYP lacks independent learning skills and requires support from highly trained staff to engage with tasks.</li> </ul>
<p>CYP has a significant life-long physical disability and/or medical condition, across key areas requiring specialist intervention/ therapy, which is likely to include:</p> <ul style="list-style-type: none"> <li>• Adult-assisted or power-assisted wheelchair mobility.</li> <li>• Personalised seating support as no independent seated stability.</li> <li>• Transfers requiring a hoist and assistance for all personal care needs.</li> <li>• High levels of adult support/ assistive technology to enable access</li> <li>• Severely impacted learning and functioning due to neurological factors associated with impairment/condition</li> </ul> <p>• Access arrangements /adaptations to promote or maintain physical skills require frequent liaison between teacher/TAC and OT/physiotherapist.</p> <ul style="list-style-type: none"> <li>• Increased likelihood of factors such as fatigue, hospital visits and essential medical/therapy treatment.</li> </ul> <p>CYP has severe sensory processing difficulties – needs support from highly trained staff to enable the student to regulate</p>	<p>Clinical diagnosis of a severe hearing loss (71 – 95dB )</p> <p>Score of between 50-69 points on the NATSIP Eligibility Framework for Scoring Levels – (HI) Severe bilateral HI which requires the use of hearing aids and a radio aid for use in school.</p> <p>Hearing loss will have had a significant impact on the development of literacy/ numeracy skills. Language skills may be severely delayed.</p> <p>Incidental opportunities for learning will have been missed leading to poor concept development and delayed vocabulary.</p> <p>Key family or staff members will require training in managing specialist equipment and ensuring access to learning in the classroom.</p> <p>The pupil will require support to become an independent user of their equipment and to understand their hearing, language and listening needs.</p> <p>The pupil will require Individual teaching sessions to address specific learning needs as a consequence of hearing impairment across the curriculum at different key stages.</p>	<p>Clinical diagnosis of a severe/ profound vision impairment 6/60-6/120 Snellen/Kay (LogMAR 0.6-1.0 or less)</p> <p>Score of between 50-69 points on the NATSIP Eligibility Framework for Scoring Levels – Vision Impairment.</p> <p>Severe/profound fluctuating VI. Functional severe/profound loss due to CVI (Cerebral Vision Impairment) or other visual factors such as visual field loss or nystagmus.</p> <p>The pupil will use enlarged print (N24-36) and may need an introduction to using tactile formats such as Braille.</p> <p>They will need adapted modified materials in the classroom and in examinations as well as specialist assistive equipment.</p> <p>They will need Habilitation visits e.g. mobility.</p> <p>Vision Impairment will severely impact on access to all areas of the curriculum. .</p> <p>Incidental opportunities for learning will have been missed leading to gaps in knowledge.</p> <p>Key family or staff members will require training in managing specialist equipment and ensuring inclusion.</p> <p>The pupil will require support to become an independent user of their equipment and to understand their visual needs.</p>	<p>The Child/Young Person (CYP) has a severe language and/or speech delay/disorder and is reliant on assistive and augmentative systems to enable them to make their needs and wishes known.</p> <p>These needs are likely to be long term and include;</p> <ul style="list-style-type: none"> <li>• a significant or moderate speech delay with significant difficulties with social communication and weak auditory skills difficulties which have a significant impact on access to the curriculum</li> <li>• language skills which are more affected than other areas of attainment</li> <li>• a speech disorder which may require the use of an Augmentative and Alternative Communication (AAC) system <a href="https://www.isaac-online.org/english/what-is-aac/">https://www.isaac-online.org/english/what-is-aac/</a></li> </ul>	<p>The CYP shows difficulties in all or most of the areas below;</p> <ul style="list-style-type: none"> <li>• interaction is limited to narrow special interests</li> <li>• communication is very often only to meet their needs</li> <li>• shows high levels of inflexibility and anxiety on a daily basis to a degree that may have a negative impact on school engagement and/or attendance</li> <li>• has significant difficulties with communication, which may include those who are pre-verbal or show very limited communication skills that require an augmented communication system (AAC)</li> <li>• impaired social development, rigidity of thought and communication are enduring, consistently impeding their learning and leading to severe difficulties in functioning in the vast majority of contexts within school and home</li> <li>• evidence of significant difficulties persisting for the pupil as a result of their ritualised behaviours and / or intrusive obsessional thoughts</li> <li>• very highly unusual interests in restricted and/or sensory aspects of the environment.</li> </ul>	<p>The CYP has been assessed as having complex and persistent SEMH needs requiring daily input from specialist support/provision in order to prevent permanent exclusion and keep themselves/others safe, due to issues such as:</p> <ul style="list-style-type: none"> <li>• Incidences of oppositional, defiant, avoidant, aggressive behaviour have the potential to be frequently triggered throughout the day, require a high ratio of specialist staff to prevent/de-escalate, and pose a significant risk to CYP/others.</li> <li>• Levels of anxiety, hypervigilance and/or mood swings can be extreme and difficult to predict.</li> <li>• Severe mental health concerns such as persistent self harm, irrational fears, risk-taking and/or substance abuse</li> <li>• Extreme levels of socially inappropriate or sexualised behaviour</li> <li>• Extremely low self-esteem/self-perception, levels of resilience and/or motivation when faced with adversity/challenge</li> <li>• Severe risk of social vulnerability and isolation</li> <li>• Persistent reliance on behaviour as communication due to severe difficulties with emotional literacy and social understanding</li> </ul>	<p>The CYP has a significant, complex, lifelong learning disability which affects every area of their development and functioning and will require a placement in a specialist setting.</p> <ul style="list-style-type: none"> <li>• The CYP will require a very high level of support, which will need to be maintained long term, to enable their engagement.</li> <li>• Value added progress is limited and may be focused more on experiences/skills rather than attainment.</li> <li>• The CYP will be working within Pivats or other similar for the majority of their school career</li> <li>• The CYP may be unable to access standardised assessments/tests</li> </ul>

<p>ICYP has a profound and lifelong physical disability and/or medical condition requiring specialist mobility and positioning equipment and hoisting for all activities; they are totally dependent on others to meet all self-care needs including toileting, dressing, and nutrition. A highly structured individual health care plan and specialist support needed to meet health care needs. CYP's condition/s is very likely to require fast staff response and administration of emergency rescue medication (e.g. epilepsy/anaphylaxis medication), and/or palliative care. High level use of assistive technology for all areas of development. Need for detailed holistic multi-agency planning.</p> <p>CYP has profound sensory processing difficulties that require specialist support (OT trained); fluctuating arousal levels leading to regular loss of control and risk of harm to self or others.</p>	<p>Clinical diagnosis of a profound hearing loss (96db- &gt;120dB)</p> <p>Score of above 70 points on the NATSIP Eligibility Framework for Scoring Levels – (HI) Hearing Impairment.</p> <p>The pupil will be using hearing aids and/or cochlear implant/s and a radio aid.</p> <p>The pupil has no access to sound without their hearing aids or cochlear implant/s).</p> <p>The pupil may use Auditory Oral / British Sign Language or Total Communication as their mode of communication.</p> <p>Hearing Impairment will profoundly impact on access to all areas of the curriculum.</p> <p>Language and Listening skills are usually severely delayed although this can depend on the age of the young person, age of diagnosis or presence of additional needs.</p> <p>Incidental opportunities for learning will have been missed leading to significant gaps in knowledge.</p> <p>CYP will require a high level of additional support to develop listening and language skills. They are likely to need a high level of differentiation in the classroom.</p> <p>Key family/ staff members will require training in managing specialist equipment and ensuring inclusion.</p> <p>The pupil will require support to become an independent user of their equipment and to understand their hearing needs.</p>	<p>Clinical diagnosis of a profound vision loss (Less than 6/120 Snellen/Kay (LogMAR 1.02)</p> <p>Score of above 70 points on the NATSIP eligibility framework for scoring levels –(VI)</p> <p>Profound fluctuating VI .Functional profound loss due to CVI (Cerebral Vision Impairment) or other visual factors such as visual field loss or nystagmus.</p> <p>The pupil is educationally blind/ braille user/tactile learner /may be able to access some quantities of print larger than N26.</p> <p>They will need all curriculum and examination materials adapted and modified.</p> <p>Teaching will be through non sighted mediums such as tactile and auditory channels.</p> <p>They will need Habilitation visits including mobility and daily living skills.</p> <p>Vision Impairment will profoundly impact on access to all areas of the curriculum. .</p> <p>Incidental opportunities for learning will have been missed leading to significant gaps in knowledge.</p> <p>They are likely to have difficulties interpreting non-verbal communication</p> <p>Key family/ staff members will require training in managing specialist equipment and ensuring inclusion.</p> <p>The pupil will require support to become an independent user of their equipment and to understand their visual needs.</p>	<p>The CYP has a severe language and speech delay/disorder and is reliant on assistive and augmentative systems to enable them to make their needs and wishes known.</p> <p>These needs are likely to be part of a complex diagnosis encompassing significant needs across a range of areas; they are significant and enduring and include;</p> <ul style="list-style-type: none"> <li>• language skills at pre-verbal levels</li> <li>• difficulties which have a profound impact on access to the curriculum</li> </ul>	<p>The CYP shows difficulties in all or most of the areas below;</p> <ul style="list-style-type: none"> <li>• rarely begins social interaction, and when they do, makes unusual approaches, to meet needs</li> <li>• shows great distress in changing focus or activity</li> <li>• restricted repetitive behaviours markedly interfere with their functioning in all spheres, affecting daily life</li> <li>• extremely motivated to follow their own (possibly sensory) agenda, which for the majority of the time overwhelms the adult-led agenda</li> <li>• extreme difficulties in social motivation, which very often prevents engagement with most or all social activities</li> <li>• shows anxiety to a degree that has a negative impact upon their wellbeing &amp; ability to engage in all contexts</li> <li>• presents with extremely high levels of unusual interests in sensory aspects of the environment; experiences sensory challenges for most of the day</li> <li>•displays concrete behaviours and lack of awareness of others; responds only to very direct approaches</li> </ul>	<p>In addition to difficulties described in level 5 above, CYP requires significant differentiation of existing specialist provision in order to meet their SEMH needs. For example, high levels of one-to-one teaching in a quiet environment and/or access to some alternative, off-site provision as part of an individualised curriculum to maintain their engagement and enrich their learning.</p>	<p>The CYP has a profound or multiple learning disability(ies) (PMLD) which affects every area of their development and functioning and will require a placement in a specialist setting with support on a permanent and long term basis.</p> <p>The CYP has multiple barriers to learning which will require a very high level of support for all aspects of their life potentially on a permanent basis which may require some form of assisted living in the future.</p> <p>The CYP's attainments will be working within Pivats or other similar for the whole of their school career. Experiences/attainments may be tracked using the Engagement Profile or similar.</p>
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Pupil's Name

Suggested Band

0

	Sensory and or Physical			Communication and Interaction		Social, Emotional and Mental Health	Cognition and Learning
	PD, PNI, Sensory Processing & Independence	Hearing	Vision	Speech and Language (S&L)	Social Communication / Autism Spectrum	Emotional Wellbeing / Social Behaviour / Learning Behaviour and Attitude	Learning Difficulties
Level	0	0	0	0	0	0	0
Score	0	0	0	0	0	0	0

	Highest Level for each area of need	Highest Score for each area of need
Sensory and or Physical	0	0
Communication and Interaction	0	0
Social, Emotional and Mental Health	0	0
Cognition and Learning	0	0
Total Score		0
Suggested Band		0

Please select a Level from the drop down list. You do not need to change any other values and the Score and suggested banding will be calculated for you.

Level	Score
0	0
1	1
2	2
3	4
4	8
5	16
6	32

	<b>PD, PNI, Sensory Processing &amp; Independence descriptors</b>	<b>Evidence (examples)</b>	<b>Support / Provision</b>
<b>0</b>	Development in-line with the typically developing child or young person (CYP). Pupil may require increased differentiation where appropriate as part of quality first teaching (QFT).	Observation records by teaching staff	Motor activities and strategies integrated into QFT as per CYPIT toolkit: <a href="https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/0-4-years/">https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/0-4-years/</a> <a href="https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/5-10-years/">https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/5-10-years/</a> <a href="https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/11-19-years/">https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/11-19-years/</a>
<b>1</b>	CYP's fine and/or gross motor skills are developing at a slower pace than his/her peers. CYP can move and position independently but has some stability and/or gross/fine motor coordination difficulties; hand or limb function may be somewhat restricted. They may appear clumsy, poorly coordinated and lack strength; mobility may be affected by fatigue. CYP is having minor difficulties with daily living skills such as dressing, personal care, eating and drinking; some assistance or basic equipment may be required for access to curriculum or self-help routines. CYP has a long term medical condition and may require some support with self-medication in EYFS/KS1. CYP may have mild sensory processing difficulties, affecting ability to sit still, attend to verbal teaching and cope with the general school environment (in line with age-related expectations). They can self-regulate with minimal prompting.	Observations, examples of work, photos, assessments comparing pupil with age related expectations from parents/carers, CYP and school  Reports from relevant professionals e.g., Physiotherapist, Occupational Therapist, Educational Psychologist etc.  Assess/Plan/Do/Review of IEP/personalised provision map SMART targets that reflects advice from professionals	Differentiated curriculum and use of a time limited small group programme of activities in addition to activities and strategies integrated into QFT  After small group intervention it is expected that the pupil will be able to access and use these strategies independently.  Equipment such as foot rests, angled board, pencil grip, move and sit cushion etc.  Staff awareness of sensory processing difficulties with activities and strategies integrated into QFT.  Reasonable adjustments made to learning environment.  Delivery of sensory diet programme as advised by the relevant professional.
<b>2</b>	CYP experiences both fine and gross motor difficulties, which may include: <ul style="list-style-type: none"> <li>• difficulties with their core stability (making independent use of safety features e.g. handrails).</li> <li>• moderately impaired mobility; difficulties using stairs and with spatial orientation; movements are unsteady in crowded areas, on uneven ground and when walking for some distance</li> <li>• physical difficulty recording their work</li> </ul> CYP may have persistent health problems or an unpredictable long term condition which requires monitoring/support and may sometimes affects their ability to access activities and/or their school attendance CYP may be achieving below age-related expectations due to their physical limitations CYP's physical condition may vary from day to day. CYP is likely to need regular support or basic equipment to complete tasks CYP achieves most self-care activities at an age appropriate level with minimal support/routine structure. Transitions need planning and support, although routine transitions can be achieved independently within routine structures. CYP may experience mild sensory processing difficulties requiring adult support and prompting to self-regulate.	Repeated/regular advice (e.g., annually) from relevant professionals e.g., Physiotherapist, Occupational Therapist, Consultant Paediatrician, Educational Psychologist etc.  Current/discharge programme from OT/Physio  Assess/Plan/Do/Review of IEP/personalised provision map SMART targets that reflects advice from professionals  Risk assessments and health/medication protocols where appropriate	Differentiated curriculum and use of a time limited small group programme of activities in addition to activities and strategies integrated into QFT, in line with regular professional advice  Routine structures taught as part of small group, working towards independence  Regular adult support to complete tasks and supervise transitions  Consistent use of equipment e.g., writing slope, adapted scissors, seating wedge, weighted blanket/cushion etc  Reasonable adjustments made to learning environment.  Delivery of sensory diet programme as advised by the relevant professional, including small group and individual support, regular movement breaks and prompting to access sensory strategies

3	<p>CYP has a physical disability such that they regularly use a mobility aid to move independently. Where needed/applicable they can independently transfer to and use a wheelchair.</p> <p>CYP needs adjustment of classroom environment and activities to enable access; they may require increased personalised use of assistive equipment/technology to engage with the curriculum.</p> <p>CYP's disability and/or neurological factors can directly limit aspects of self-care, learning and functioning, and they need planned routines, prompting and support.</p> <p>CYP has a long term medical condition that requires adult support to manage day-to-day.</p> <p>CYP has moderate sensory processing difficulties requiring routine intervention, prompting and support from adults.</p>	<p>Repeated/regular advice (at least annually) from relevant professionals e.g., Physiotherapist, Occupational Therapist, Consultant Paediatrician, Educational Psychologist etc.</p> <p>Current programme from OT/Physio detailing identified need for more specialist equipment, daily programme of intervention and support strategies.</p> <p>Assess/Plan/Do/Review of IEP/personalised provision map SMART targets that reflects advice from professionals</p> <p>Risk assessments and health/medication protocols as appropriate</p>	<p>Support/provision could include Level 2 plus:</p> <ul style="list-style-type: none"> <li>• Adult support during lunch/break times and for transitions/aspects of self-care</li> <li>• Reduced/adapted environment</li> <li>• Individualised time-table</li> <li>• Individual adult support in classroom (e.g. mainstream)</li> <li>• Small group teaching and learning (e.g. resource base)</li> <li>• Positive handling plan and suitably trained staff</li> </ul>
4	<p>CYP has a significant life-long physical disability and/or medical condition, across key areas requiring targeted intervention /specialist therapy.</p> <p>CYP's physical skills may fluctuate or deteriorate during a day.</p> <p>Independent wheelchair use possible but requires adult support for transfer and some aided mobility.</p> <p>CYP's disability significantly limits the range of independent self-care possible.</p> <p>Structured planning required for effective use of assistive technology to support learning, function and self-care.</p> <p>Neurological factors linked to specific physical impairments may also frequently impact on many areas of independent learning and independent self-care.</p> <p>CYP has moderate to severe sensory processing difficulties – requires adult support in an environment that meets their sensory needs in order to self-regulate.</p>	<p>Long term, regular advice from relevant professionals e.g., Physiotherapist, Occupational Therapist, Consultant Paediatrician, Specialist Consultant</p> <p>Current programme/medical advice detailing identified need for specialist equipment, daily programme of intervention and support strategies to be delivered by trained staff.</p> <p>Assess/Plan/Do/Review of IEP/personalised provision map SMART targets that reflects advice from professionals</p> <p>Risk assessments and health/medication protocols as appropriate</p>	<p>Support/provision could include Level 3 plus:</p> <ul style="list-style-type: none"> <li>• Adult support for all curriculum access, transitions and self-care routines</li> <li>• Access to specialist sensory equipment/sensory room</li> <li>• Small class size (e.g. special provision)</li> </ul>
5	<p>CYP has a significant life-long physical disability and/or medical condition, across key areas requiring specialist intervention/ therapy, which is likely to include:</p> <ul style="list-style-type: none"> <li>• Adult-assisted or power-assisted wheelchair mobility.</li> <li>• Personalised seating support as no independent seated stability.</li> <li>• Transfers requiring a hoist and assistance for all personal care needs.</li> <li>• High levels of adult support/ assistive technology to enable access</li> </ul> <p>• Severely impacted learning and functioning due to neurological factors associated with impairment/condition</p> <ul style="list-style-type: none"> <li>• Access arrangements /adaptations to promote or maintain physical skills require frequent liaison between teacher/TAC and OT/physiotherapist.</li> <li>• Increased likelihood of factors such as fatigue, hospital visits and essential medical/therapy treatment.</li> </ul> <p>CYP has severe sensory processing difficulties – needs support from highly trained staff to enable the student to regulate</p>	<p>Long term, regular advice from relevant professionals e.g., Physiotherapist, Occupational Therapist, Consultant Paediatrician, Specialist Consultant</p> <p>Current programme/medical advice detailing identified need for specialist equipment, daily programme of specialist intervention and support strategies to be delivered by highly trained staff.</p> <p>Assess/Plan/Do/Review of IEP/personalised provision map SMART targets that reflects advice from professionals</p> <p>Risk assessments and/or health/medication protocols</p>	<p>Support/provision could include Level 4 plus:</p> <ul style="list-style-type: none"> <li>• Highly trained staff member to design and implement personalised curriculum and support regulation.</li> <li>• Separate space and adapted environment for CYP's sole use</li> <li>• Constant individual support</li> <li>• Assistance to transfer and for positioning in specialist seating systems/ wheelchair</li> <li>• Adapted environment for wheelchair or equipment use.</li> <li>• Possible need for specialist nursing input.</li> </ul>

6	<p>CYP has a profound and lifelong physical disability and/or medical condition requiring specialist mobility and positioning equipment and hoisting for all activities; they are totally dependent on others to meet all self-care needs including toileting, dressing, and nutrition. A highly structured individual health care plan and specialist support needed to meet health care needs. CYP's condition/s is very likely to require fast staff response and administration of emergency rescue medication (e.g. epilepsy/anaphylaxis medication), and/or palliative care. High level use of assistive technology for all areas of development. Need for detailed holistic multi-agency planning. CYP has profound sensory processing difficulties that require specialist support (OT trained); fluctuating arousal levels leading to regular loss of control and risk of harm to self or others.</p>	<p>Long term, regular advice from relevant professionals e.g., Physiotherapist, Occupational Therapist, Consultant Paediatrician, Specialist Consultant</p> <p>Current programme/medical advice detailing identified need for specialist equipment (such as moulded wheelchair system, specialist medical supports etc), and highly structured individual care plan to be delivered by highly trained staff (which may include specialist nurse).</p> <p>Assess/Plan/Do/Review of IEP/personalised provision map SMART targets that reflects advice from professionals</p> <p>Risk assessments and care protocols</p>	<p>Support/provision could include Level 5 plus:</p> <ul style="list-style-type: none"> <li>o High level of individual support and individualised planning including own timetable with regular breaks, supported by highly trained/specialist staff</li> <li>o Support from specialist teams when required</li> <li>o Likely to need specialist nursing input.</li> <li>o May require full support and assistance to complete any task</li> <li>o Will need at least one, possibly two or three people to transfer and position.</li> <li>o Full built in time for sensory input throughout the day</li> <li>o Strategies in place to manage risk to be delivered by trained staff only</li> <li>o CYP may require alternative package of provision if unable to attend school.</li> </ul>
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	Hearing descriptors	Vision descriptors	Evidence (examples)	Support / Provision
0	<p>Development in-line with the typically developing child or young person (CYP).</p> <p>Clinical diagnosis of a unilateral or mild hearing impairment (HI) (21-40dB) which may require some small adjustments to access the curriculum such as good seating position, reducing background noise and awareness by staff.</p> <p>Score of below 15 points on the NATSIP* Eligibility Framework for Scoring Levels – (HI)</p>	<p>Development in-line with the typically developing child or young person (CYP).</p> <p>Clinical diagnosis of a mild vision impairment (VI) which cannot be corrected by glasses and may require some small adjustments to ensure access to the curriculum.</p> <p>Score of below 15 points on the NATSIP* Eligibility Framework for Scoring levels: (VI)</p>	<p>Scores from NATSIP Eligibility Framework for Sensory Impairment</p> <p>Referral visit for CYP with a mild sensory impairment which involves gathering of evidence to inform advice and recommendations relating to Sensory Impairment (SI)</p> <p>Clinical assessment of a mild SI</p> <p>Pupil is making expected progress.</p>	<p>Guidance in the SCS Quality First Teaching SCS Document which takes account of the specialist advice from the Qualified SI Teacher</p> <p>Setting may use additional staff flexibly to support group work or intervention work.</p> <p>Signposting to SCS website and resources.</p> <p>Pupil not taken on to caseload.</p>
1	<p>Clinical diagnosis of a mild HI (21-40dB)</p> <p>Score of between 15-39 points on the NATSIP* Eligibility Framework for Scoring Levels – (HI)</p> <p>May use hearing aids and occasionally a Radio aid.</p> <p>May require small adjustments to support good access to the learning in the classroom alongside wearing of hearing aids.</p> <p>Strategies and advice from a specialist teacher required to support the pupil's needs to make expected progress.</p>	<p>Clinical diagnosis of a mild VI (6/12 - 6/18 Snellen/Kay (LogMAR 0.3 – 0.48)</p> <p>Score of between 15-39 points on the NATSIP* Eligibility Framework for Scoring Levels – (VI)</p> <p>Monocular /mild/fluctuating VI with reasonable vision for a considerable amount of time. Functional mild loss due to CVI (Cerebral Vision Impairment) or other visual factors such as visual field loss or nystagmus. This may be correctable with environmental adaptations to the learning environment.</p> <p>Strategies and advice from a specialist teacher required to support the pupil's needs to make expected progress.</p>	<p>Scores from NATSIP Eligibility Framework for SI</p> <p>Referral visit for CYP with a mild SI and gathering of evidence to inform advice and recommendations for specialist advisory support.</p> <p>Clinical assessment of a mild SI</p>	<p>Guidance in the SCS Quality First Teaching SCS Document which takes account of the specialist advice from the Qualified SI Teacher</p> <p>Signposting to SCS website and resources.</p> <p>C advisory package from the Berkshire Sensory Consortium Service (BSCS) which includes specific advice and recommendations and training.</p> <p>Assistive technology such as a radio aid may be provided.</p> <p>Soundfield system may be provided by school.</p>
2	<p>Clinical diagnosis of a mild /moderate hearing loss.</p> <p>Score of between 15-39 points on the NATSIP Eligibility Framework for Scoring Levels – (HI)</p> <p>The pupil will need some adaption to the learning environment on advice from the specialist SI Service to facilitate inclusion and participation in the classroom</p> <p>The pupil may find hearing some speech sounds, and to hear in the presence of background noise or over distance, more challenging.</p> <p>The pupil will use hearing aids and may make use of a soundfield system or radio aid.</p> <p>Key family or staff members will require training in managing specialist equipment and good management of equipment in the setting. The pupil may require support from school staff to become an independent user of their equipment and to understand their hearing and listening needs</p>	<p>Clinical diagnosis of a mild /moderate vision impairment. (6/12 - 6/36 Snellen/Kay (LogMAR 0.3 – 0.78)</p> <p>Score of between 15-39 points on the NATSIP eligibility framework – (VI)</p> <p>Monocular /mild/moderate /fluctuating VI Functional mild/moderate loss due to CVI (Cerebral Vision Impairment) or other visual factors such as visual field loss or nystagmus.</p> <p>The pupil will need some adaption to the learning environment on advice from the specialist SI Service to facilitate inclusion and participation in the classroom</p> <p>The pupil may use enlarged print and equipment as well as require Habilitation.</p> <p>Key family or staff members will require training in managing specialist equipment and good management of equipment in the setting. The pupil may require support from school staff to become an independent user of their equipment and to understand their vision needs.</p>	<p>Scores from NATSIP Eligibility Framework for SI</p> <p>Advisory visit for CYP with a mild sensory impairment and review of evidence to inform advice and recommendations relating to Sensory Impairment with a recommendation for specialist advisory support.</p> <p>Clinical assessment of a mild to moderate sensory impairment.</p>	<p>Guidance in the SCS Quality First Teaching SCS Document which takes account of the specialist advice from the Qualified SI teacher</p> <p>Signposting to SCS website and resources.</p> <p>C+ advisory package from BSCS which includes specific advice and recommendations and a training offer for all schools.</p> <p>An additional package of specialist SI teacher visits to develop equipment use may be recommended</p> <p>Additional visits may be required for Habilitation /Environmental Audit</p>
3	<p>Clinical diagnosis of a moderate hearing impairment (41 – 70dB)</p> <p>Score of between 40 -49 points on the NATSIP Eligibility Framework for Scoring Levels – Hearing Impairment.</p> <p>The pupil will have prescribed hearing aids and recommended to use a radio aid.</p> <p>The pupil will need some adaption to the learning environment on advice from the specialist SI Service to facilitate inclusion and participation.</p> <p>Vocabulary/language and listening development may be delayed and require targeted intervention.</p> <p>Incidental opportunities for learning may have been missed leading to poor concept development and delayed vocabulary.</p> <p>Key family or staff members will require training in managing equipment and ensuring inclusion.</p> <p>The pupil will require support to become an independent user of their equipment and to understand their hearing and listening needs.</p> <p>The pupil, family and setting may need some support in managing developing social and emotional needs.</p> <p>The pupil will need risk assessments to be carried out with their setting to enable them to be fully and safely included in curriculum e.g. trips</p> <p>The pupil will require advice to be given to settings regarding access to external assessments, particularly those which require an ability to listen e.g. phonics screening/Modern Foreign Language exams.</p>	<p>Clinical diagnosis of a moderate vision impairment ( 6/19-6/36 SnellenKay (0.5-0.78 (LogMAR )</p> <p>Score of between 40-49 points on the NATSIP eligibility framework for vision impairment.</p> <p>Moderate/ fluctuating VI Functional mild loss due to CVI (Cerebral Vision Impairment) or other visual factors such as visual field loss or nystagmus. Pupils will have a bilateral impairment.</p> <p>The pupil may use enlarged print (N18-24) and require modified materials and specialist assistive equipment.</p> <p>CYP are likely to need Habilitation visits e.g. mobility.</p> <p>Vision Impairment will have impacted on the development of a significant number of curriculum areas such as literacy and Maths. All curriculum and examination materials will need to be adapted and modified</p> <p>Incidental opportunities for learning may have been missed leading to poor concept development.</p> <p>Key family or staff members will require training in managing equipment and ensuring inclusion.</p> <p>The pupil will require support to become an independent user of their equipment and to understand their visual needs.</p> <p>The pupil, family and setting may need some support in managing developing social and emotional needs.</p>	<p>Scores from NATSIP Eligibility Framework for SI</p> <p>Specialist teaching visits from a QTVI /QTOD for CYP with a moderate sensory impairment.</p> <p>Ongoing review and assessment of evidence to inform advice and recommendations relating to Sensory Impairment.</p> <p>Clinical assessment of a moderate sensory impairment.</p> <p>Regular review with school staff and parents on progress and tracking of areas known to be at risk as a consequence of a sensory impairment.</p>	<p>Guidance in the SCS Quality First Teaching SCS Document which takes account of the specialist advice from the Qualified SI teacher</p> <p>Signposting to SCS website and resources.</p> <p>AB Teaching package from the Berkshire Sensory Consortium Service which includes specific advice, recommendations and a training offer for all schools alongside a teaching programme delivered by BSCS staff.</p> <p>Provision of specialist technology and equipment such as radio aids, Supernova or Video Magnifier.</p> <p>Additional visits are required for Habilitation /Environmental Audit</p> <p>CYP may have an EHCP and additional teaching assistance.</p> <p>Guidance in the SCS Quality First Teaching SCS Document which takes account of the specialist advice from the Qualified SI teacher</p> <p>Signposting to SCS website and resources.</p> <p>AB Teaching package from the Berkshire Sensory Consortium Service which includes specific advice, recommendations and a training offer for all schools alongside a teaching programme delivered by BSCS staff.</p>

4	<p>Clinical diagnosis of a severe/ profound hearing loss (71 – 95dB ) Score of between 50-69 points on the NATSIP Eligibility Framework for Scoring Levels – (HI). Severe/ profound bilateral hearing loss which requires the use of hearing aids and a radio aid for use in school. Hearing loss will have had a significant impact on the development of language and literacy/ numeracy skills. Language skills may be severely delayed. Incidental opportunities for learning will have been missed leading to poor concept development and delayed vocabulary. The pupil will require Individual teaching in specific curriculum areas across the key stages in order to make educational progress Key family/ staff will require training in managing specialist equipment and ensuring access to learning in the classroom. The pupil will require support to become an independent user of their equipment and to understand their hearing, language and listening needs.</p>	<p>Clinical diagnosis of a severe vision loss 6/60-6/120 Snellen/Kay (LogMAR 0.8-1.0 Score of between 50-69 points on the NATSIP Eligibility Framework for Scoring Levels – (VI) Severe /fluctuating VI .Functional severe loss due to CVI (Cerebral Vision Impairment) or other visual factors such as visual field loss or nystagmus. The pupil will use enlarged print (N24-36) All curriculum and examination materials will need to be adapted and modified. They will require specialist assistive equipment CYP will need Habilitation visits e.g. mobility. VI will significantly impact on access to all areas of the curriculum. . Incidental opportunities for learning will have been missed leading to gaps in knowledge. Key family/ staff will require training in managing specialist equipment and ensuring access to learning in the classroom. The pupil will require specialist support to become an independent user of their equipment and to understand their visual needs.</p>	<p>Scores from NATSIP Eligibility Framework for SI Specialist teaching visits from a QTVI /QTOd for CYP with a severe sensory impairment. Ongoing review and assessment of evidence to inform advice, recommendations and teaching programme relating to Sensory Impairment needs. Clinical assessment of a severe sensory impairment. Regular review with school staff and parents on progress and tracking of areas known to be at risk as a consequence of a sensory impairment.</p>	<p>Guidance in the SCS Quality First Teaching SCS Document which takes account of the specialist advice from the Qualified SI teacher Signposting to SCS website and resources. Teaching package A from the Berkshire Sensory Consortium Service which includes specific advice and recommendations and a training offer for all schools alongside a teaching programme delivered by the specialist SI staff. Provision of specialist technology and equipment such as radio aids, Supernova or Video Magnifier. Additional visits are required for Habilitation /Environmental Audit CYP may have an EHCP and additional teaching assistance.</p>
5	<p>Clinical diagnosis of a severe hearing loss (71 – 95dB ) Score of between 50-69 points on the NATSIP Eligibility Framework for Scoring Levels – (HI) Severe bilateral HI which requires the use of hearing aids and a radio aid for use in school. Hearing loss will have had a significant impact on the development of literacy/ numeracy skills. Language skills may be severely delayed. Incidental opportunities for learning will have been missed leading to poor concept development and delayed vocabulary. Key family or staff members will require training in managing specialist equipment and ensuring access to learning in the classroom. The pupil will require support to become an independent user of their equipment and to understand their hearing, language and listening needs. The pupil will require Individual teaching sessions to address specific learning needs as a consequence of hearing impairment across the curriculum at different key stages.</p>	<p>Clinical diagnosis of a severe/ profound vision impairment 6/60-6/120 Snellen/Kay (LogMAR 0.6-1.0 or less) Score of between 50-69 points on the NATSIP Eligibility Framework for Scoring Levels – Vision Impairment. Severe/profound fluctuating VI .Functional severe/profound loss due to CVI (Cerebral Vision Impairment) or other visual factors such as visual field loss or nystagmus. The pupil will use enlarged print (N24-36) and may need an introduction to using tactile formats such as Braille. They will need adapted modified materials in the classroom and in examinations as well as specialist assistive equipment. They will need Habilitation visits e.g. mobility. Vision Impairment will severely impact on access to all areas of the curriculum. . Incidental opportunities for learning will have been missed leading to gaps in knowledge. Key family or staff members will require training in managing specialist equipment and ensuring inclusion. The pupil will require support to become an independent user of their equipment and to understand their visual needs.</p>	<p>Scores from NATSIP Eligibility Framework for SI Specialist teaching visits from a QTVI /QTOd for CYP with a severe/profound sensory impairment. Ongoing review and assessment of evidence to inform advice, recommendations and teaching programme relating to sensory impairment needs. Clinical assessment of a severe/profound sensory impairment. Regular review with school staff and parents on progress and tracking of areas known to be at risk as a consequence of a sensory impairment.</p>	<p>Guidance in the SCS Quality First Teaching SCS Document which takes account of the specialist advice from the Qualified SI teacher Signposting to SCS website and resources. A/A + Teaching package from the Berkshire Sensory Consortium Service which includes specific advice and recommendations and a training offer for all schools alongside a specialist teaching programme delivered by the specialist SI staff. Provision of specialist technology and equipment such as radio aids, Supernova or Video Magnifier. Introduction of Braille Print/Tactile learning package. Additional visits are required for Habilitation /Environmental Audit CYP is likely to have an EHCP and additional teaching assistance.</p>
6	<p>Clinical diagnosis of a profound hearing loss (96db - &gt;120dB) Score of above 70 points on the NATSIP Eligibility Framework for Scoring Levels – (HI) Hearing Impairment. The pupil will be using hearing aids and/or cochlear implant/s and a radio aid. The pupil has no access to sound without their hearing aids or cochlear implant(s) . The pupil may use Auditory Oral / British Sign Language or Total Communication as their mode of communication. Hearing Impairment will profoundly impact on access to all areas of the curriculum. Language and Listening skills are usually severely delayed although this can depend on the age of the young person, age of diagnosis or presence of additional needs. Incidental opportunities for learning will have been missed leading to significant gaps in knowledge. CYP will require a high level of additional support to develop listening and language skills. They are likely to need a high level of differentiation in the classroom. Key family/ staff members will require training in managing specialist equipment and ensuring inclusion. The pupil will require support to become an independent user of their equipment and to understand their hearing needs.</p>	<p>Clinical diagnosis of a profound vision loss (less than 6/120 Snellen/Kay (LogMAR 1.02) Score of above 70 points on the NATSIP eligibility framework for scoring levels – (VI) Profound fluctuating VI .Functional profound loss due to CVI (Cerebral Vision Impairment) or other visual factors such as visual field loss or nystagmus. The pupil is educationally blind/ braille user/tactile learner /may be able to access some quantities of print larger than N26. They will need all curriculum and examination materials adapted and modified. Teaching will be through non sighted mediums such as tactile and auditory channels. They will need Habilitation visits including mobility and daily living skills. Vision Impairment will profoundly impact on access to all areas of the curriculum. . Incidental opportunities for learning will have been missed leading to significant gaps in knowledge. They are likely to have difficulties interpreting non-verbal communication Key family/ staff members will require training in managing specialist equipment and ensuring inclusion. The pupil will require support to become an independent user of their equipment and to understand their visual needs.</p>	<p>Scores from NATSIP Eligibility Framework for SI Specialist teaching visits from a QTVI /QTOd for CYP with a profound sensory impairment. Ongoing review and assessment of evidence to inform advice, recommendations and teaching programme relating to sensory impairment needs. Clinical assessment of a profound sensory impairment. Annual review with school staff and parents on progress and tracking of areas known to be at risk as a consequence of a sensory impairment.</p>	<p>Guidance in the SCS Quality First Teaching SCS Document which takes account of the specialist advice from the Qualified SI teacher Signposting to SCS website and resources. A+ Teaching and Habilitation package from the Berkshire Sensory Consortium Service which includes specific advice and recommendations and a training offer for all schools alongside a specialist teaching programme delivered by the specialist SI staff. Provision of specialist technology and equipment such as radio aids, Brailenote or Supernova Braille Print/Tactile learning teaching package CYP will normally have an EHCP and additional teaching assistance.</p>

	Speech & Language descriptors	SCD/ASD descriptors	Evidence (examples)	Support / Provision
0	<p>Development in-line with the typically developing child or young person (CYP). Pupil may require increased differentiation where appropriate as part of quality first teaching (QFT).</p>	<p>Development in-line with the typically developing child or young person (CYP). Pupil may require increased differentiation where appropriate as part of quality first teaching (QFT).</p>	<ul style="list-style-type: none"> <li>Effective differentiation in terms of support, time, resources, environment, objectives and task evident in planning and work produced</li> <li>Work matched to ability and use of scaffolds evident in planning and work produced</li> <li>Progress is reviewed, entry and exit data is collected and tracked as part of the assess, plan, do, review process model</li> <li>Use of Early Years Profile tracker and Learning Journal or similar with a focus on Communication and interaction age related benchmarks</li> </ul>	<p>Quality First Teaching (QFT), including:</p> <ul style="list-style-type: none"> <li>short term, time limited, targeted and evidence based interventions focusing on vocabulary/word level work, social communication/organisational skills, e.g., Early Language Stimulation Programme, I talk, Intervention assessments at the beginning and end of interventions, Talking Partners etc., in order to narrow the gap/allow the CYP to catch up with peers for a set length of time e.g., over 6 weeks in one year rather than every week for a whole year.</li> <li>work/tasks matched to ability</li> <li>effective differentiation of response, support, time, resources, environment, objectives and task</li> <li>correct and consistent use of scaffolds for learning across the curriculum</li> </ul>
1	<p>The CYP's language is mildly delayed in one or more areas of Speech, Language and/or Communication (SL&amp;C) but is in line with other areas of attainment.</p> <p>Areas of language affected may include; comprehension, expression and verbal and nonverbal skills for effective communication and social interaction.</p> <p>The CYP may;</p> <ul style="list-style-type: none"> <li>require additional time and assistance in order to learn new vocabulary and to process and respond to verbal information</li> <li>score below expected language levels as assessed by both informal and standardised assessments</li> <li>have a mild phonological or speech difficulty (including dyspraxia and dysarthria)</li> <li>speech is usually intelligible to everyone, but there may be minor sound errors, occasional loss of intelligibility</li> <li>not expected to need therapy from a specialist in order to facilitate change.</li> <li>difficulties may resolve spontaneously or after some intervention.</li> </ul> <p>The setting is making interventions that are 'additional to' or 'different from' the provision available in order to meet the CYP's SL&amp;C needs.</p>	<p>The CYP shows difficulties in line with four or more of the areas below:</p> <ul style="list-style-type: none"> <li>difficulty in initiating social interactions</li> <li>a decreased interest in social interactions</li> <li>social approaches, when made, are often unusual and unsuccessful</li> <li>shows interest in playing with children and young people of their age and/or having friends but needs help with this</li> <li>shows a level of inflexibility which may cause mild anxiety or interference with functioning in one or more contexts</li> <li>sometimes has difficulty switching/transitioning between activities</li> <li>has some problems with sequencing/planning</li> <li>requires some additional cues, such as visual support and verbal prompting, to work on same tasks as others and follow instructions in the whole class group</li> </ul>	<ul style="list-style-type: none"> <li>Standardised screening/assessments e.g. Early Language Programme Screening, Proficiency in English audits, Bi-lingual assessments etc e.g. ASD checklists, Boxall Profile, ABC, Star tracking etc.</li> <li>Reports/assessments from outside professionals e.g. SaLT, HI, E.P. etc</li> <li>Other setting assessments, reports and observations e.g. communication skills checklists</li> <li>Setting paperwork such as EYFS Learning Journals, Assess, Plan, Do, Review, and/or IEPs</li> <li>Use of specific evidenced-based interventions in response to needs that have been assessed and reviewed as per professionals recommendations</li> <li>Impact of interventions on progress/value added rather than on age related attainment</li> <li>Minimal impact and/or rate of progress from starting points via assessments/work produced despite interventions provided</li> <li>Negative change/deterioration of presentation</li> </ul>	<p>Quality First Teaching (QFT), including:</p> <ul style="list-style-type: none"> <li>communication friendly strategies and differentiation which may include use of visual supports/communication systems, checklists, etc across the whole of the curriculum</li> <li>possible use of a work station and TEACCH style tray based activities</li> <li>continued/further targeted and evidence based interventions individually and/or in small groups such as; Helping Young Children to Speak with Confidence, Helping Young Children to Listen, Colourful Semantics, Talking Maths etc.</li> <li>work/tasks matched to ability</li> <li>effective differentiation of response, support, time, resources, environment, objectives and task</li> <li>correct and consistent use of scaffolds for learning across the curriculum</li> <li>possible referral to specialised agencies e.g. E.P., Speech Therapist, ASD Advisory Teachers etc, with report recommendations followed across the whole curriculum and time in the setting.</li> </ul>
2	<p>The CYP shows a moderate delay in one or more areas of language development which is likely to have some impact on the child's ability to access the educational curriculum, and/or</p> <p>The CYP presents with a speech sound disorder which affects intelligibility and literacy development.</p> <p>Areas of language affected may include; attention and listening, comprehension, expression, verbal and nonverbal skills for effective communication and social interaction.</p> <p>The Child/Young Person (CYP) may;</p> <ul style="list-style-type: none"> <li>achieve scores at or below the 16th percentile for either receptive or expressive language on standardised assessments</li> <li>have poor generalisation of skills taught, to new or different situations</li> <li>have difficulties listening and attending to verbal information in the classroom</li> <li>have mild to moderate phonological or speech difficulties (including dyspraxia and dysarthria)</li> <li>speech may be noticeably different from that of peers, with potential for change</li> <li>display immature processes persisting beyond the average age of resolution (e.g. k = t)</li> <li>have structural articulation problems e.g., cleft palate, dysphonia</li> <li>have difficulties with voice production (voice that is hoarse, croaky etc)</li> </ul>	<p>The CYP shows difficulties in line with four or more of the areas below:</p> <ul style="list-style-type: none"> <li>deficit in verbal and non-verbal social communication skills</li> <li>levels of inflexibility causing anxiety and very significant interference with functioning in one or more contexts</li> <li>frequent difficulty switching/transitioning between activities</li> <li>has problems with sequencing/organisation/planning which hampers independence.</li> <li>able to work on the same tasks as others the same age that do not have additional needs. With frequent support</li> <li>a limited interest in interactions with CYP of their own age.</li> <li>a smaller group and/or less stimulating environment to work on same tasks as others and follow adult instructions</li> <li>presents with unusual interests and/or ritualised behaviours</li> </ul>	<ul style="list-style-type: none"> <li>Standardised screening/assessments e.g., verbal, non verbal reasoning, Clinical Evaluation of Language Fundamentals (CELF) test etc.</li> <li>Continued/increased/changed differentiation with work/tasks matched to need in response to specialist recommendations</li> <li>Correct use of recommended scaffolds in all aspects of the curriculum and day; Early Years Profile tracker and Learning Journal, IEP's or other planning documents showing clearly that the Assess, Plan, Do, Review process has been adhered to</li> <li>INCREASED use of specific evidenced based interventions in response to need that have been measured and reviewed in line with professionals recommendations</li> </ul>	<p>All or most of the provision required to meet the CYP's needs can be provided from within the resources normally available to mainstream early years' providers, schools and post-16 institutions, e.g., Quality First Teaching (QFT) mainstream and longer term targeted interventions (Wave 2+3). This could include</p> <ul style="list-style-type: none"> <li>referral to specialised agencies e.g. SaLT, E.P., ASD Advisory Teachers, CAMHS etc, with report recommendations followed across the whole curriculum and time in the setting (and home if possible)</li> <li>consistent and total use of communication friendly strategies and differentiation which may include use of visual supports/communication systems, checklists, etc across the whole of the curriculum</li> <li>interventions focusing on resilience, regulating and expressing emotions and developing specific strategies to operate effectively within a neuro typical society e.g., The Incredible 5 point scale</li> <li>scaffolds for learning across the curriculum</li> <li>access to low stimulation areas, use of a work station and TEACCH style tray based activities etc</li> <li>continued/further targeted and evidence-based interventions individually and/or in small groups such as; Attention Autism, Time to Talk, etc.</li> <li>work/tasks matched to ability and systems used effectively to enable access</li> <li>effective differentiation of response, support, time, resources, environment, objectives and task</li> <li>delivery of programme developed by a SaLT, OT, EP etc.</li> </ul>

<p>3</p>	<p>The CYP has a moderate specific language difficulty or moderate language delay which will have an impact on the child's ability to access the educational curriculum, i.e., a moderate delay in both receptive and expressive language development, or a receptive or expressive delay alongside a mild speech sound disorder which affects intelligibility and literacy development. Areas of language affected may include: attention and listening, comprehension, expression, verbal and nonverbal skills for effective communication and social interaction</p> <p>The CYP may;</p> <ul style="list-style-type: none"> <li>• achieve scores at or below the 5th percentile for either receptive or expressive language on standardised assessments</li> <li>• have specific difficulties where language is more affected than other areas of attainment</li> <li>• have a moderate delay evident in most areas of language, including attention and listening</li> <li>• display non-verbal skills that are better than verbal</li> <li>• have moderate phonological or speech difficulties (including dyspraxia and dysarthria)</li> <li>• everyday conversational speech is often unintelligible and verbal interaction is impaired</li> <li>• have four or more immature processes persisting beyond average age of resolution (e.g. 'fronting' k = t - [cat] to [tat])</li> <li>• phonological awareness is limited, affecting literacy development.</li> <li>• have structural articulation problems (cleft palate)</li> <li>• have moderate to severe stammering</li> </ul>	<p>The CYP shows difficulties in line with six or more of the areas below;</p> <ul style="list-style-type: none"> <li>• difficulties with social skills are apparent even when support is in place</li> <li>• marked difficulties with coping with change</li> <li>• displays anxiety, distress and difficulty when changing focus or moving from one activity to another</li> <li>• restricted/repetitive behaviours appear frequently and interfere with functioning in a variety of contexts</li> <li>• is unable to interpret social cues</li> <li>• interprets speech literally and shows rigidity and inflexibility of thought processes</li> <li>• participates in solitary play which is unusually focussed on a special interest</li> <li>• presents with unusual interests and/or ritualised behaviours</li> </ul>	<p>-Individual adjustments made to the setting, processes and the curriculum</p> <p>-Small steps differentiation and correct use of scaffolds in all lessons and targeted individual work; Early Years Profile tracker and Learning Journal etc, showing clearly that the Assess, Plan, Do, Review process have been adhered to</p> <p>-Daily specific, long term, consistent evidenced-based interventions, based on professionals recommendations, organised in response to need</p>	<p>The provision required to meet the CYP's needs cannot usually be provided long-term from within the resources normally available to mainstream early years' providers, schools and post-16 institutions (via their notional SEND budget). Support/provision could include:</p> <ul style="list-style-type: none"> <li>- Quality First Teaching (QFT) in the form of a personalised/individual curriculum developed from professionals advice</li> <li>- small steps objectives/targets are set over a number of weeks</li> <li>- use of scaffolds, recommended specialised targeted interventions and specialised resources</li> <li>- continued and long term use of interventions focusing on resilience, regulating and expressing emotions and developing specific strategies to operate effectively and more independently within a neuro typical society e.g., The Incredible 5 point scale, Social Stories, Comic Strip Conversations etc.</li> <li>- daily, long term, use of specialised staffing and specific outside agency involvement which could include the delivery of multiple interventions e.g. specific therapeutic sessions, Speech Therapy sessions delivered by a Speech Therapist etc.</li> </ul>
<p>4</p>	<p>The CYP has a moderate to severe language and/or speech delay/disorder which affects their ability to communicate successfully with all but those most familiar to them, even with contextual support.</p> <p>The CYP uses a mixture of speech and augmented/assistive communication systems to make needs/choices known.</p> <p>Areas of language affected may include; Tention and listening, comprehension, expression, verbal and nonverbal skills for effective communication and social interaction</p> <p>The CYP has;</p> <ul style="list-style-type: none"> <li>• achieved scores at or below the 2nd percentile for either receptive or expressive language on standardised assessments</li> <li>• a profound/severe specific language difficulties or severe language delay which will have significant impact on their ability to access the educational curriculum</li> <li>• a profound/severe specific difficulty, where language is more affected than other areas of attainment</li> <li>• extremely limited language is evident in all areas OR severe problems in two or more areas of speech and language OR one profound overriding area</li> <li>• a severe/specific phonological/articulation disorder (including dyspraxia and dysarthria)</li> <li>• usually unintelligible speech to familiar and non-familiar listeners</li> <li>• a speech system restricted to a few sounds only</li> <li>• no recognisable consonants</li> <li>• structural articulation problems (cleft palate)</li> </ul>	<p>The CYP shows difficulties in all or most of the areas below;</p> <ul style="list-style-type: none"> <li>• for parts of the school day, is considerably motivated to follow own (possibly sensory) agenda, which distracts them from the adult-led agenda</li> <li>• shows significant difficulties in social motivation, which very often prevents the pupil from engaging with most or all social activities.</li> <li>• shows levels of inflexibility and anxiety daily to a degree that may have a negative impact on school engagement</li> <li>• may be pre-verbal or have very limited communication skills that require an augmented communication system.</li> <li>• presents with highly unusual interests in restricted and/or sensory aspects of the environment.</li> </ul>	<ul style="list-style-type: none"> <li>• Personalised/individual curriculum, small steps differentiation and correct use of scaffolds in all lessons with planning setting 'appropriate learning interventions' that reflect identified specialist needs</li> <li>• Small steps targets/objectives for both learning and curriculum access</li> <li>• Daily specific evidenced-based interventions from professionals recommendations, organised to match specifically to needs that have been measured, and reviewed to identify impact in terms of value added progress and attainment</li> <li>• Small steps impact of interventions focusing on value added progress from starting points, access and some life skills</li> </ul>	<p>Quality First Teaching (QFT) in the form of a personalised/individual curriculum and likely to require a placement in a specialist setting (e.g. resource base).</p> <ul style="list-style-type: none"> <li>- Quality First Teaching (QFT) in the form of a personalised/individual curriculum developed from professionals advice</li> <li>- small steps targets/objectives are set over a number of weeks and regularly revisited and revised</li> <li>- constant use of scaffolds, specialised targeted interventions and specialised resources</li> <li>- daily, long term, use of specialised staffing and specific outside agency involvement which could include the delivery of multiple interventions e.g., specific therapeutic sessions focusing on resilience and social interaction, Speech Therapy sessions delivered by a SaLT</li> </ul>
<p>5</p>	<p>The CYP has a severe language and/or speech delay/disorder and is reliant on assistive and augmentative systems to enable them to make their needs and wishes known.</p> <p>These needs are likely to be long term and include;</p> <ul style="list-style-type: none"> <li>• a severe speech delay with significant difficulties with social communication and weak auditory skills which have a significant impact on access to the curriculum</li> <li>• language skills which are more affected than other areas of attainment</li> <li>• a speech disorder which may require the use of an Augmentative and Alternative Communication (AAC) system (<a href="https://www.isaac-online.org/english/what-is-aac/">https://www.isaac-online.org/english/what-is-aac/</a>)</li> </ul>	<p>The CYP shows difficulties in all or most of the areas below;</p> <ul style="list-style-type: none"> <li>• interaction is limited to narrow special interests</li> <li>• communication is very often only to meet their needs</li> <li>• shows high levels of inflexibility and anxiety on a daily basis to a degree that may have a negative impact on school engagement and/or attendance</li> <li>• has significant difficulties with communication, which may include those who are pre-verbal or show very limited communication skills that require an augmented communication system (AAC)</li> <li>• impaired social development, rigidity of thought and communication are enduring, consistently impeding their learning and leading to severe difficulties in functioning in the vast majority of contexts within school and home</li> <li>• evidence of significant difficulties persisting for the pupil as a result of their ritualised behaviours and / or intrusive obsessional thoughts</li> <li>• very highly unusual interests in restricted and/or sensory aspects of the environment.</li> </ul>	<ul style="list-style-type: none"> <li>• Personalised/individual curriculum using Engagement Profile or similar structure which focuses mainly on curriculum access and experiences/skills rather than attainment</li> <li>• Assessment using Engagement Profile or similar structure which focuses mainly on curriculum access, social skills, communication and experiences rather than attainment.</li> <li>• Structured observations from multiple specialists</li> <li>• Interventions matched to specific individual needs which are a part of the consistent, daily timetable</li> </ul>	<p>Quality First Teaching (QFT) focuses on functional Maths and English, basic life skills and working towards assisted independence in a specialist setting;</p> <ul style="list-style-type: none"> <li>- a personalised/individual curriculum developed from professionals advice</li> <li>- basic functioning/social communication interaction skills e.g. responding to questions, expressing wants and needs etc.</li> <li>- life skills working towards an attainable level of independence</li> <li>- working towards employability-college-voluntary work-supported internship</li> <li>- consistent use of specialised staffing and specific outside agency involvement</li> </ul>

6	<p>The CYP has a severe language and speech delay/disorder and is reliant on assistive and augmentative systems to enable them to make their needs and wishes known.</p> <p>These needs are likely to be part of a complex diagnosis encompassing significant needs across a range of areas; they are significant and enduring and include;</p> <ul style="list-style-type: none"> <li>• language skills at pre-verbal levels</li> <li>• difficulties which have a profound impact on access to the curriculum</li> </ul>	<p>The CYP shows difficulties in all or most of the areas below;</p> <ul style="list-style-type: none"> <li>• rarely begins social interaction, and when they do, makes unusual approaches, to meet needs</li> <li>• shows great distress in changing focus or activity</li> <li>• restricted repetitive behaviours markedly interfere with their functioning in all spheres, affecting daily life</li> <li>• extremely motivated to follow their own (possibly sensory) agenda, which for the majority of the time overwhelms the adult-led agenda</li> <li>• extreme difficulties in social motivation, which very often prevents engagement with most or all social activities</li> <li>• shows anxiety to a degree that has a negative impact upon their wellbeing &amp; ability to engage in all contexts</li> <li>• presents with extremely high levels of unusual interests in sensory aspects of the environment; experiences sensory challenges for most of the day</li> <li>• displays concrete behaviours and lack of awareness of others; responds only to very direct approaches</li> </ul>	<ul style="list-style-type: none"> <li>• Personalised/individual curriculum and value added assessment tracking using the Engagement Profile or similar structure which focuses mainly on curriculum access, experiences, social interaction, communication skills and a good quality of life</li> <li>• Small steps value added impact on access and experiences</li> <li>• Structured, regular and ongoing observations from multiple specialists</li> <li>• Small steps targets for curriculum access</li> <li>• Daily specific evidenced based interventions matched to specific needs.</li> </ul>	<p>Quality First Teaching (QFT) focuses on basic life skills and stimulating learning experiences in a specialist setting:</p> <ul style="list-style-type: none"> <li>- a personalised/individual curriculum developed from professionals advice</li> <li>- basic functioning/interaction/communication skills</li> <li>- life skills working towards assisted living</li> <li>- specialised staffing and specific outside agency involvement</li> </ul>
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	<b>SEMH descriptors</b>	<b>Evidence (examples)</b>	<b>Support / Provision</b>
<b>0</b>	<p>Development in-line with the typically developing child or young person (CYP), except for a very few incidents of low level or low frequency difficulties with skills such as:</p> <ul style="list-style-type: none"> <li>- Complying with adult direction and following routines</li> <li>- Immaturity around sharing, taking turns and joint attention</li> <li>- Playing cooperatively/forming and sustaining relationships with peers</li> <li>- Managing feelings of anxiety or frustration</li> </ul>	<p>Observation records by teaching staff or other visiting professionals.</p>	<p>The CYP's needs can be managed in a mainstream classroom, with differentiation of task and teaching style where needed as part of Quality First Teaching. This could include:</p> <ul style="list-style-type: none"> <li>- Well-planned and differentiated EY/PSHE/Citizenship curriculum</li> <li>- SEAL styled materials and interventions</li> <li>- Planned opportunities to learn and practice social and emotional skills during structured activities</li> <li>- Effective classroom reward systems</li> </ul>
<b>1</b>	<p>The CYP is able to maintain stable healthy emotional states for most of the school day; however, there is some delay in development of social and/or emotional skills and understanding resulting in ongoing difficulties such as:</p> <ul style="list-style-type: none"> <li>- Managing and accepting change in systems and routines.</li> <li>- Uncooperative behaviour (usually addressed through additional extrinsic rewards)</li> <li>- Self-esteem and/or motivation</li> <li>- Emerging social isolation (often chooses to play alone, displays some social anxiety, and/or relies on adults beyond EYFS)</li> <li>- Immature social skills (regular difficulties with sharing/turn-taking, and/or some difficulties making and maintaining friendships)</li> <li>- Immature self-regulation skills (some emotional outbursts/impulsivity/hyperactivity/mood swings that require adult reassurance or re-direction)</li> <li>- Expressing themselves emotionally and letting others know how they are feeling compared to age-related expectations (CYP may express themselves through behavioural responses if unable to do so verbally).</li> </ul>	<p>Observation records by teaching staff or other visiting professionals</p> <p>EYFS profile demonstrating aspects of PSE below ARE</p> <p>Standardised measures of social skills, mental health and/or emotional wellbeing (e.g. SDQs) demonstrate an area of below average development.</p> <p>Advice from EP, SEBDOS, SaLT, Specialist teacher etc identifying some delay in social and/or emotional skills</p> <p>Incident logs will usually reflect frequency of incidents is less than one per week</p> <p>Assess/Plan/Do/Review of IEP/personalised provision map SMART targets that reflects advice from professionals</p>	<p>CYP's difficulties can largely be managed in the mainstream classroom environment with appropriate support and interventions. This could include Level 0 (above) plus:</p> <ul style="list-style-type: none"> <li>- Personalised reward systems and/or behaviour plans</li> <li>- Time-limited small group social skills interventions such as PALS, Circle of Friends, Mixed Feelings, etc</li> <li>- Adult support/visual scaffolding to manage transitions</li> <li>- Time-limited emotional/coping skills interventions such as ELSA input, growth mindset program, self-esteem group, cognitive-behavioural approaches (e.g. Anger Gremlin, Volcano in my Tummy, Think Good Feel Good)</li> <li>- Additional adult support at unstructured times</li> <li>- Regular access to small group support in mainstream classroom</li> <li>- Access to a quiet area to calm or soothe</li> <li>- Sensory diet</li> <li>- Referral to support service (e.g. EP, SEBDOS, Specialist teacher, Youth Service)</li> </ul>
<b>2</b>	<p>The CYP has persistent SEMH needs which cause barriers to their learning and/or are beginning to impact the learning of others, such as:</p> <ul style="list-style-type: none"> <li>- Non-compliance and uncooperative behaviour (e.g. refusal to work/engage, disrupting the learning of others, destroying own work, etc) occurring several times per week</li> <li>- Self-regulation difficulties (emotional outbursts, impulsivity, hyperactivity, poor concentration and/or mood swings that require adult intervention occurring several times per week)</li> <li>- Developing social isolation (plays mostly alone, unable to sustain sharing or taking turns without adult support, displays social anxiety, some difficulties with empathy or social understanding, has difficulty making and maintaining friendships/trusting relationships, appears vulnerable among peer group, etc)</li> <li>- Reduced self-esteem/self-perception, levels of resilience and/or motivation when faced with adversity/challenge</li> <li>- Frequent use of behaviour as communication due to delayed emotional literacy and social understanding</li> </ul>	<p>Observation records by teaching staff or other visiting professionals</p> <p>ABC/Iceberg analysis of behaviour (triggers, communicative intent, etc)</p> <p>EYFS profile demonstrating PSE below ARE</p> <p>Standardised measures of social skills, mental health and/or emotional wellbeing (e.g. SDQs) demonstrate several areas of below average development, or one area that is significantly low</p> <p>Advice from EP, SEBDOS, SaLT, Specialist teacher etc identifying persistent difficulties in social and/or emotional skills</p> <p>Incident logs will usually show weekly incidents (and some input from staff who are Team Teach trained to de-escalate)</p> <p>Assess/Plan/Do/Review of IEP/personalised provision map SMART targets that reflects advice from professionals</p>	<p>CYP's difficulties can usually be managed in a mainstream environment with appropriate support and interventions. This could include Level 1 (above) plus:</p> <ul style="list-style-type: none"> <li>- Some individual support for particular parts of the day</li> <li>- Regular access to small group support outside of mainstream classroom</li> <li>- Regular/daily small group teaching of social-emotional skills</li> <li>- Time-limited intervention programmes with staff who have specialist training and expertise in SEMH e.g. EP/Counsellor/SEBDOS mentor</li> <li>- Positive Handling Plan</li> <li>- Restorative Justice interventions</li> <li>- Multi-agency (TAF) approach</li> </ul>

3	<p>The CYP has frequent and persistent SEMH needs which cause substantial barriers to their learning, are challenging to mainstream staff, are disruptive to the learning of others, and may make them at risk of exclusion or becoming a persistent non-attender. This could include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Daily incidences of noncompliant and uncooperative behaviour which are prolonged and/or frequent e.g. refusals to work, defiance, leaving classroom/school site on a regular basis</li> <li>• Persistent difficulties self-regulating e.g. emotional / aggressive / uninhibited outbursts. Outbursts are almost daily, often sustained and require adult intervention to de-escalate.</li> <li>• Levels of anxiety, hypervigilance and/or mood swings are increasing</li> <li>• Mental health concerns such as self harm, irrational fears, risk-taking and/or substance abuse are increasing</li> <li>• Significant levels of socially inappropriate or sexualised behaviour</li> <li>• Low self-esteem/self-perception, levels of resilience and/or motivation when faced with adversity/challenge</li> <li>• Increasing levels of disengagement and avoidance e.g. limited concentration, destroying own/others' work, work avoidance strategies that are disruptive, etc</li> <li>• Increasing risk of social vulnerability and isolation e.g. play is often solitary, has persistent difficulties with social relationships, some lack of empathy or social understanding, is a victim or perpetrator of bullying, etc</li> <li>• Persistent use of behaviour as communication due to delayed emotional literacy and social understanding</li> </ul>	<p>Observation records by teaching staff or other visiting professionals</p> <p>ABC/Iceberg analysis of behaviour (triggers, communicative intent, etc)</p> <p>EYFS profile demonstrating PSE significantly below ARE</p> <p>Standardised measures of social skills, mental health and/or emotional wellbeing (e.g. SDQs) demonstrate several areas of significantly below average development, or one area that is extremely low</p> <p>Advice from EP, SEBDOS, SaLT, Specialist teacher etc identifying frequent and persistent difficulties in social and/or emotional skills</p> <p>Incident logs will usually show incidents several times per week (with routine input from staff who are Team Teach trained to de-escalate)</p> <p>Attendance record below 90%</p> <p>Assess/Plan/Do/Review of IEP/personalised provision map SMART targets that reflects advice from professionals</p>	<p>CYP's difficulties are posing a challenge to staff within a mainstream environment (such that they may be at risk of exclusion or becoming a persistent non-attender). This could include Level 2 (above) plus:</p> <ul style="list-style-type: none"> <li>- Significant levels of individual support to reduce risk of harm to CYP and/or others</li> <li>- Alternative provision at unstructured times</li> <li>- HPTC course</li> <li>- Referral to Primary Behaviour/PEAR panel for PRU Outreach</li> <li>- Extended intervention programmes with staff who have specialist training and expertise in SEMH e.g. EP/Counsellor/SEBDOS mentor</li> <li>- Targeted, time-limited interventions by agencies specialising in DV, substance abuse, sexualised behaviour, trauma, etc</li> </ul>
4	<p>The CYP's behaviour is worrying, unpredictable and/or severely disrupting the learning of self and others. It poses a significant challenge to highly skilled support staff, such that the CYP is likely at risk of permanent exclusion or becoming a chronic non-attender. The CYP experiences significant, frequent and persistent SEMH needs, which are a complex accumulation of difficulties with mental health, emotional regulation, relationships and engagement with learning (e.g. two or more of the following):</p> <ul style="list-style-type: none"> <li>• Daily incidences of noncompliant and uncooperative behaviour which are long-lasting and frequent e.g. refusals to work, defiance, leaving classroom/school site on a persistent basis</li> <li>• Significant difficulties self-regulating e.g. intense emotional / aggressive / uninhibited / unpredictable outbursts. Outbursts are daily, sustained and require adult intervention to de-escalate.</li> <li>• High levels of anxiety, hypervigilance and/or mood swings</li> <li>• Significant mental health concerns such as regular self harm, irrational fears, risk-taking and/or substance abuse</li> <li>• Significant levels of socially inappropriate or sexualised behaviour</li> <li>• Very low self-esteem/self-perception, levels of resilience and/or motivation when faced with adversity/challenge</li> <li>• Significant disengagement and avoidance e.g. limited concentration, destroying own/others' work, work avoidance strategies that are severely disruptive, etc</li> <li>• Significant risk of social vulnerability and isolation e.g. play is mostly solitary, has significant difficulties with social relationships, limited empathy or social understanding, is a persistent victim or perpetrator of bullying, etc</li> <li>• Appears reliant on behaviour as communication due to significant difficulties with emotional literacy and social understanding</li> </ul>	<p>Observation records by teaching staff or other visiting professionals</p> <p>ABC/Iceberg analysis of behaviour (triggers, communicative intent, etc)</p> <p>EYFS profile demonstrating PSE very significantly below ARE</p> <p>Standardised measures of social skills, mental health and/or emotional wellbeing (e.g. SDQs) demonstrate several areas of development that are in the low range</p> <p>Advice from EP, SEBDOS, SaLT, Specialist teacher etc identifying significant, frequent and persistent difficulties in several aspects of SEMH</p> <p>Incident logs will usually show daily incidents (with routine input from staff who are Team Teach trained to de-escalate)</p> <p>Attendance record below 80%</p> <p>Assess/Plan/Do/Review of IEP/personalised provision map SMART targets that reflects advice from professionals</p>	<p>CYP's difficulties are posing a significant challenge to highly skilled support staff (such that they are at risk of permanent exclusion from mainstream, or of becoming a chronic non-attender). This could include Level 3 (above) plus:</p> <ul style="list-style-type: none"> <li>- Individual support throughout the school day to reduce risk of harm to CYP and/or others</li> <li>- Referral to Primary Behaviour/PEAR panel to prevent permanent exclusion</li> <li>- Extended period of intervention by agencies specialising in DV, substance abuse, sexualised behaviour, trauma, youth offending, etc</li> </ul>

5	<p>The CYP has been assessed as having complex and persistent SEMH needs requiring daily input from specialist support/provision in order to prevent permanent exclusion and keep themselves/others safe, due to issues such as:</p> <ul style="list-style-type: none"> <li>• Incidences of oppositional, defiant, avoidant, aggressive behaviour have the potential to be frequently triggered throughout the day, require a high ratio of specialist staff to prevent/de-escalate, and pose a significant risk to CYP/others.</li> <li>• Levels of anxiety, hypervigilance and/or mood swings can be extreme and difficult to predict.</li> <li>• Severe mental health concerns such as persistent self harm, irrational fears, risk-taking and/or substance abuse</li> <li>• Extreme levels of socially inappropriate or sexualised behaviour</li> <li>• Extremely low self-esteem/self-perception, levels of resilience and/or motivation when faced with adversity/challenge</li> <li>• Severe risk of social vulnerability and isolation</li> <li>• Persistent reliance on behaviour as communication due to severe difficulties with emotional literacy and social understanding</li> </ul>	<p>Observation records by teaching staff or other visiting professionals</p> <p>ABC/Iceberg analysis of behaviour (triggers, communicative intent, etc)</p> <p>Standardised measures of social skills, mental health and/or emotional wellbeing (e.g. SDQs) demonstrate several areas of development that are in the low or extremely low range</p> <p>Advice from EP, SEBDOS, SaLT, Specialist teacher etc identifying significant and complex SEMH</p> <p>Incident logs will usually show daily input from staff to de-escalate/manage crises</p> <p>Assess/Plan/Do/Review of IEP/personalised provision map SMART targets that reflects advice from professionals</p>	<p>CYP's difficulties cannot usually be met in mainstream. They require specialist provision where staff have specialist training in meeting the needs of CYP with extreme and persistent challenging behaviour. There should be a very high ratio of adult support due to CYP's high level of risk and vulnerability, which can respond to numerous daily incidents when the CYP is in crisis.</p>
6	<p>In addition to difficulties described in level 5 above, CYP requires significant differentiation of existing specialist provision in order to meet their SEMH needs. For example, high levels of one-to-one teaching in a quiet environment and/or access to some alternative, off-site provision as part of an individualised curriculum to maintain their engagement and enrich their learning.</p>	<p>Observation records by teaching staff or other visiting professionals</p> <p>ABC/Iceberg analysis of behaviour (triggers, communicative intent, etc)</p> <p>Standardised measures of social skills, mental health and/or emotional wellbeing (e.g. SDQs) demonstrate several areas of development that are in the low or extremely low range</p> <p>Advice from EP, SEBDOS, SaLT, Specialist teacher etc identifying significant and complex SEMH and identifying need to individualise existing provision.</p> <p>Incident logs will usually show daily input from staff to de-escalate/manage crises</p> <p>Assess/Plan/Do/Review of IEP/personalised provision map SMART targets that reflects advice from professionals</p>	<p>CYP is unable to cope in a mainstream school setting. In addition to Level 5 CYP may also access off site/alternative provision for part of the week to supplement and enrich school-based learning (e.g.vocational/practical or college/work placements within timetable) or in order to minimise need for out of area/residential placement (e.g. 50-50).</p>

<b>Learning Difficulties descriptors</b>	
<b>0</b>	<p>Development in-line with the typically developing child or young person (CYP). The CYP may take longer to understand new concepts and/or experience difficulties specific to one aspect of learning, requiring increased differentiation as part of quality first teaching (QFT) in order to make progress.</p>
<b>1</b>	<p>The CYP is attaining at a level below age-related expectations in one or more areas despite access to appropriate learning opportunities and support. There are some problems with the pace of curriculum delivery, concept development and logical thought, and low level difficulties in the acquisition and use of literacy / numeracy skills.</p> <p>The CYP may therefore be achieving:</p> <ul style="list-style-type: none"> <li>• EYFS bands below age-related expectations in at least one area of early learning</li> <li>• 1-2 years behind age-related expectations in English and/or Maths</li> </ul> <p>The setting is making interventions that are 'additional to' or 'different from' the provision available, in order to meet aspects of the CYP's needs.</p>

	<p>The CYP is attaining at a level below age-related expectations across the curriculum, or significantly below age-related expectations in one specific area, despite access to appropriate learning opportunities and support. There is evidence of an increasing gap between them and their peers, and additional support is required to ensure progress and to access the curriculum. The CYP has moderate difficulties with concept development and logical thought which limits access to the curriculum. There are moderate but persistent difficulties in the acquisition and use of literacy / numeracy skills. CYP may experience some difficulties with memory, organisation and independent learning.</p> <p>The CYP may therefore be working at one or more of the following;</p> <ul style="list-style-type: none"> <li>• EYFS bands below age-related expectations in three or more areas of learning</li> </ul> <p><b>2</b></p> <ul style="list-style-type: none"> <li>• 1-2 years behind age-related expectations in both English and Maths</li> <li>• 2-4 years behind age-related expectations in one specific area of learning</li> </ul> <p>The setting is continuing/increasing/changing interventions for the CYP that are 'additional to' or 'different from' the provision available to meet the majority of pupil's needs in response to assessments and reviews.</p>
	<p>The CYP is operating at a level significantly below expected outcomes and there is evidence of a persistent, increasing gap between them and their peers despite access to appropriate learning opportunities and support. The CYP has significant and enduring difficulties with concept development and logical thought. There are significant and persistent difficulties in the acquisition and use of literacy / numeracy skills. There may be some complexity or co-morbidity of needs (e.g both cognitive delay/general learning difficulties and specific learning difficulties). There are significant difficulties with memory, organisational skills and/or independent learning.</p> <p>The CYP may therefore be working at:</p> <ul style="list-style-type: none"> <li>• EYFS bands significantly below expected/age-related expectations in three or more areas of learning</li> </ul> <p><b>3</b></p> <ul style="list-style-type: none"> <li>• 2-4 years behind age-related expectations in both English and Maths</li> </ul> <p>The setting is making daily interventions that are 'additional to' or 'different from' the provision available to meet the majority of pupil's needs.</p>

4	<p>The CYP has significant and enduring learning difficulties/disability which affects most areas of their development, learning and functioning:</p> <ul style="list-style-type: none"> <li>• The CYP is attaining at a level significantly below age-related expectations in most/all areas (e.g. working within Pivats or equivalent for the majority of KS1/2).</li> <li>• The CYP is making limited progress despite appropriate learning interventions and support being implemented consistently and over time.</li> <li>• At KS3/4, the CYP may be a suitable candidate for a Foundation GCSE or ASDAN course.</li> <li>• The CYP lacks independent learning skills and requires support from highly trained staff to engage with tasks.</li> </ul>
5	<p>The CYP has a significant, complex, lifelong learning disability which affects every area of their development and functioning and will require a placement in a specialist setting.</p> <ul style="list-style-type: none"> <li>• The CYP will require a very high level of support, which will need to be maintained long term, to enable their engagement.</li> <li>• Value added progress is limited and may be focused more on experiences/skills rather than attainment.</li> <li>• The CYP will be working within Pivats or other similar for the majority of their school career</li> <li>• The CYP may be unable to access standardised assessments/tests</li> </ul>
6	<p>The CYP has a profound or multiple learning disability(ies) (PMLD) which affects every area of their development and functioning and will require a placement in a specialist setting with support on a permanent and long term basis.</p> <p>The CYP has multiple barriers to learning which will require a very high level of support for all aspects of their life potentially on a permanent basis which may require some form of assisted living in the future.</p> <p>The CYP's attainments will be working within Pivats or other similar for the whole of their school career. Experiences/attainments may be tracked using the Engagement Profile or similar.</p>

### **Evidence (examples)**

Records of effective differentiation in terms of support, time, resources, environment, objectives and task evident in planning and work produced

Evidence of work matched to ability and use of scaffolds evident in planning and work produced

Progress is reviewed, entry and exit data is collected and tracked as part of the assess, plan, do, review process model

Use of Early Years Profile tracker and Learning Journal or similar, demonstrating that child is working generally within age related expectations

Record of differentiation with work/tasks matched to ability and pitched to zone proximal development (ZPD), including correct use of scaffolds at Wave 1/whole class, Wave 2/targeted group and Wave 3/targeted individual work.

Early Years Profile tracker, Learning Journal, IEP's or other documents showing clearly that the Assess, Plan, Do, Review process has been applied.

Evidence of the use and impact (value added) of specific evidenced based interventions in response to need/s that have been assessed and reviewed

Evidence of below expected rate of progress from starting points via assessments/work produced, despite interventions provided.

Standardised measures of cognition, where applied, identify one area of below average thinking skills development.

Standardised measures of attainment, where applied, identify at least one area below the average range (e.g. SS 75-85).

Record of continued/increased/changed differentiation with work/tasks matched to ability and pitched to zone proximal development (ZPD), including correct use of scaffolds at Wave 1/whole class, Wave 2/targeted group and Wave 3/targeted individual work.

Early Years Profile tracker, Learning Journal, IEP's or other documents showing clearly that the Assess, Plan, Do, Review process has been applied.

Evidence of the increased use, and impact (value added), of specific evidenced based interventions in response to need/s that have been assessed and reviewed (in-line with professionals recommendations e.g. EP or Specialist teacher).

Evidence of minimal/slow rate of progress from starting points via assessments/work produced, despite interventions provided.

Standardised measures of cognition, where applied, identify several areas of below average thinking skills development, or one area that is significantly low.

Standardised measures of attainment, where applied, identify several areas below the average range (e.g. SS 75-85) or one area that is low (e.g. SS 65-75).

Evidence of a personalised/individual curriculum, small steps differentiation and correct use of scaffolds in all lessons, targeted individual work.

Early Years Profile tracker, Learning Journal, IEP's or other documents showing clearly that the Assess, Plan, Do, Review process has been applied.

Evidence of daily, specific, evidenced-based interventions from professional recommendations, organised in response to need that have been measured and reviewed to identify impact (value added).

Evidence of negligible rate of progress from starting points via assessments/work produced, despite interventions provided.

Standardised measures of cognition, where applied, identify several areas of thinking skills development that are in the low range.

Standardised measures of attainment, where applied, identify several areas that are low (e.g. SS 65-75).

Evidence of a personalised/individual curriculum, small steps differentiation and correct use of scaffolds in all lessons with planning setting appropriate learning interventions that reflect identified needs (learning style informing teaching approach).

Record of small steps targets/objectives for both learning and curriculum access.

Daily, specific, evidenced-based interventions from professionals recommendations, organised to match specifically to need that have been measured and reviewed to identify impact (small steps impact of interventions focusing on value added progress from starting points, access to learning and independence skills).

Evidence that rate of progress from starting points can only be measured in small steps over time.

Standardised measures of cognition, where applied, identify several areas of thinking skills development that are in the low and very low range.

Standardised measures of attainment, where applied, identify several areas that are low or very low (e.g. SS 70 and below).

Evidence of personalised/individual curriculum using Engagement Profile <https://engagement4learning.com/resources/> or similar structure which focuses mainly on curriculum access and individual experiences/skills rather than attainment

Assessment using Engagement Profile . or similar structure which focuses mainly on curriculum access and experiences rather than attainment

Structured observations from multiple specialists/external professionals

Small steps targets for curriculum access

Daily specific evidenced-based interventions matched to specific individual needs

Small steps value added impact on access and experiences/skills rather than attainment

Evidence of personalised/individual curriculum/and value added assessment tracking using the Engagement Profile or similar structure which focuses mainly on curriculum access, experiences/skills and a good quality of life

Small steps value added impact on access and experiences/skills

Structured, regular and ongoing observations from multiple specialists

Small steps targets for curriculum access

Daily specific evidenced-based interventions matched to specific needs

## Support / Provision

The CYP's needs can be met with differentiation of task and teaching style where needed as part of Quality First Teaching. This could include:

- work/tasks matched to ability and pitched to zone proximal development (ZPD) <https://www.simplypsychology.org/Zone-of-Proximal-Development.html>
- effective differentiation of response, support, time, resources, environment, objectives and task
- correct and consistent use of scaffolds for learning across the curriculum
- short term, time limited, targeted and evidence based interventions e.g., extra reading or phonics work, to narrow the gap/allow the CYP to catch up with peers for a set length of time e.g., over 6 weeks in one year rather than every week for a whole year.

The provision required to meet the CYP's needs can be provided from within the resources normally available to mainstream early years' providers, schools and post-16 institutions, e.g., Quality First Teaching (QFT) mainstream and longer term targeted interventions (Wave 2+3). This could include:

- use of standardised assessments to plan small steps learning, aid differentiation and measure progress
- targeted work on key areas of learning such as number, phonics, etc for at least 2 terms
- use of evidence based targeted interventions chosen in response to need e.g. Catch Up Maths/Reading
- use of specific, recommended resources for learning for individual pupil e.g. I.T. dyslexia programme
- Referral to outside agency (e.g. EP, Specialist teacher, etc)

Main provision is by early years'/class/subject teacher with advice from SENCO. Additional adults including trained TAs are routinely used to support flexible groupings, differentiation, small group interventions and some individual support.

All or most of the provision required to meet the CYP's needs can be provided from within the resources normally available to mainstream early years' providers, schools and post-16 institutions, e.g., Quality First Teaching (QFT) mainstream and longer term targeted interventions (Wave 2+3). This could include:

- regular and consistent use of standardised assessments to plan small steps learning, aid differentiation and measure progress on at least a termly/half termly basis
- increased personalisation of the curriculum and amount of targeted work on key areas of learning such as number, phonics, etc.
- increased amount and frequency of the use of evidence based targeted interventions chosen in response to need which may take place in a small group or individually, within or outside the classroom
- use of specific, recommended resources for learning for individual pupil e.g. assistive technology
- regular, consistent, ongoing outside agency involvement which could include the delivery of interventions

Main provision is by early years'/class/subject teacher with support from SENCO and advice from other professionals as appropriate. Additional adult, under the direction of teacher, provides sustained targeted support on an individual/group basis.

The provision required to meet the CYP's needs cannot usually be provided long-term from within the resources normally available to mainstream early years' providers, schools and post-16 institutions (via their notional SEND budget). Support/provision could include:

- Quality First Teaching (QFT) in the form of a personalised/individual curriculum developed from professionals advice
- small steps learning objectives/targets are set over a number of weeks
- use of scaffolds, recommended specialised targeted interventions and specialised resources e.g. interactive technology which may require specific training
- daily, long term, use of specialised staffing and specific outside agency involvement which could include the delivery of multiple interventions
- curriculum assessment or dynamic assessment rather than standardised assessments are used to plan small steps learning, aid differentiation and measure progress (termly/half termly)
- CYP may be a suitable candidate for a Foundation GCSE at KS3/4

The provision required to meet the CYP's needs cannot usually be provided from within the resources normally available to mainstream early years' providers, schools and post-16 institutions (via their notional SEND budget). Child may be deemed appropriate for placement in a more specialist setting such as a resource base. Support/provision could include:

- Quality First Teaching (QFT) in the form of a personalised/individual curriculum developed from professionals advice
- small steps targets/objectives are set over a number of weeks and regularly revisited and revised
- constant use of scaffolds, specialised targeted interventions and specialised resources
- daily, long term, use of specialised staffing and specific outside agency involvement which could include the delivery of multiple interventions
- curriculum assessment/ dynamic assessments are used to plan small steps learning, aid differentiation and measure progress
- CYP may be a suitable candidate for a Foundation GCSE at KS3/4 or similar foundation course e.g. ASDAN

Quality First Teaching (QFT) focuses on functional maths and English, basic life skills and working towards assisted independence in a specialist setting:

- a personalised/individual curriculum developed from professionals advice
- sensory, stimulating learning experiences more than an acquisition of knowledge
- functional Maths and English focusing on mastering processes rather than academic progress
- basic functioning/interaction skills with a PSHE focus e.g. responding to questions, expressing wants and needs etc.
- life skills working towards an attainable level of independence
- working towards employability-college-voluntary work-supported internship
- consistent use of specialised staffing and specific outside agency involvement

Quality First Teaching (QFT) focuses on basic life skills and stimulating learning experiences in a specialist setting, involving intensive specialist teaching in a small group or one-to-one:

- a personalised/individual curriculum developed from professionals advice
- basic functioning/ skills
- sensory, stimulating learning experiences focused on a good quality of life e.g. response to external stimuli such as music
- life skills working towards assisted living
- specialised staffing and specific outside agency involvement