

## EARLY EDUCATION

### 3 & 4-year-old SEND Funding Banding Descriptors

Use Development Matters as a guide to making best fit judgements about whether a child is showing typical development for their age or may be at risk of delay. Concentrate on documenting the things the child can do to give a baseline. Remember that what is appropriate for early three-year olds looks very different for late three's and fours (Sally Thomas)

These descriptors are intended to be indicative; they are not an exhaustive list. To be considered for funding, it is not necessary for a child to experience all the needs described. Some of the needs described may not individually warrant intervention, but they may be significant when considered in conjunction to other needs. The following descriptors are designed to support providers to gauge the level of support they need to arrange for children prior to applying for SEN Inclusion funding.

Banding should reflect the extent to which practice is additional to and different from your universal offer.

#### Banding for identified need:

- **No Band** Standard Inclusive Practice (Universal Offer)
  - **Band 1** Standard Inclusive Practice **PLUS** small group work **and/or** occasional additional adult support is required
  - **Band 2** Standard Inclusive Practice **PLUS** small group work **and/or** occasional additional adult support is required **and** involvement from external agencies
  - **Band 3** Standard Inclusive Practice **PLUS** additional intensive support outlined in individual support plan or vigilance for 50% of the time
  - **Band 4** Standard Inclusive Practice **PLUS** additional intensive support or vigilance for 75% of the time
  - **Band 5** Significant impairment, severe high-level medical need, severe social communication disorder or severe challenging behaviour. Requires additional intensive support
- } Low and Emerging Need

} High Level Need

#### Broad Areas of Development (as identified in SEND Code of Practice)

- Communication & Interaction
- Play, Cognition & Learning
- Social Emotional & Behavioural
- Physical & Sensory

### 3 & 4-YEAR-OLD EARLY EDUCATION FUNDING SEND Banding Descriptors

#### Communication & Interaction:

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

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

#### SEN Inclusion Fund: Application for children in receipt of their 3 & 4-year old early education entitlement

**Band 1** ← → **Band 5**

Broad Areas of Development as identified in SEND Code of Practice	Universal Offer	Band 1 -	Band 2	Band 3	Band 4	Band 5 – Significant visual & hearing impairment Severe medical need	Band 5– Social communication disorder or severe Challenging Behaviour
<b>Communication &amp; Interaction</b>  Listening / understanding	May demonstrate limited understanding of nonverbal cues. If child has English as additional language requires accessible information and support is required	Child has difficulty following or understanding instructions and everyday language with visual references	Receptive language delay is more than 12 months as identified by Speech & Language Therapist, Early Support Developmental Journal or ECAT monitoring tool	Limited communication skills that require individual alternative and/or augmentative communication strategies to allow access to learning opportunities. Some individualised/small group activities as identified in individual support plan	Limited functional communication skills that require individual alternative and/or augmentative communication strategies to allow access to learning opportunities.	A significant sensory loss which is the primary obstacle to accessing learning. Primary means of communication is through an alternative non-verbal system individualised for the child	SEVERE communication difficulties which require intensive support and clear identified strategies for the child to communicate due to social communication difficulties (with or without a formal diagnosis)
<b>Communication &amp; Interaction</b>  Expressive language	Immature speech sounds Requires help with key words Requires repetition from an adult May demonstrate limited understanding of non-verbal cues	Adults have difficulty understanding speech without it being in context. Child has poor oral muscle control. Child has poor enunciation/clarity of speech	Expressive language delay is more than 12 months. Little or no expressive language. Immature speech sounds and patterns as identified by SALT. Difficulty with adult understanding children's spoken language as identified by Speech and Language Therapist (SALT).	Disordered expressive language (word order) as identified by Speech and Language Therapist (SALT). Limited communication skills that require individual alternative and/or augmentative communication strategies to allow access to learning opportunities. Some individualised/small group activities as identified in individual support plan. Requires repetition, slow pace of language and use of only key words.	Limited functional communication skills that require individual alternative and/or augmentative communication strategies to allow access to learning opportunities. Severe language disorders affecting vocabulary, semantic/organisation/ phonology as identified by Speech and Language Therapist (ALT)	A significant sensory loss which is the primary obstacle to accessing learning. Primary means of communication is through an alternative non-verbal system individualised for the child.	Primary means of communication through an alternative non-verbal system individualised for the child. Without adult support the child would not be able to participate in any interaction.
<b>Communication &amp; Interaction</b>  Social Communication	Difficulty being understood by adults outside the family Some withdrawal from the company of others	Immaturity in socialisation. Looks towards adults rather than peers. Some difficulties with social communication and interaction.	Actively withdraws from engagement with peers. Does not seek out interaction with others i.e. solitary play. Does not respond to name. May have a formal diagnosis of Autism or going through a multi-disciplinary assessment (MDA).	Has difficulties with social communication and developing relationships which require individual strategies/support by an adult. Some individualised/small group activities as identified in individual support plan.	Significant difficulties speaking and being understood by adults outside the family.	Primary means of communication is through an alternative non-verbal system individualised for the child.	SEVERE communication difficulties which require intensive support and clear identified strategies which enable the child to engage in social activities.

### 3 & 4-YEAR-OLD EARLY EDUCATION FUNDING SEND Banding Descriptors

**Play, Cognition & Learning:**

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

Broad Areas of Development as identified in SEND Code of Practice	Universal Offer	Band 1	Band 2	Band 3	Band 4	Band 5 – Significant visual & hearing impairment Severe medical need	Band 5– Social communication disorder or severe Challenging Behaviour
<b>Play, Cognition &amp; Learning</b>	Short concentration span. Limited exploration through play preferences. Schemas limited. Repetitive play and or limited imagination. Continuous use of multi-sensory activities to reinforce learning and provide meaningful experiences. Needs additional adult support in group activities to ensure participation. Short sequences (if any) in role play	Minor developmental delay: 6 months delay at 3 – 4 years, (using Development Matters or equivalent developmental tool) Planned support required following 2-year progress check. Slow progress with early learning, language acquisition, play and personal independence skills. Difficulties with sequencing and some short-term adult support is required to extend play sequences and imaginative skills	Developmental delay: 12 months delay at 3 – 4 years, using observations and assessment from EYFS Development Matters or assessment from relevant professional. Continual difficulties with sequencing and short-term adult support is required to extend play, extend imaginative skills and access activities	Difficulty in functioning appropriately and requires some adult assistance to participate in activities to ensure active participation in practical tasks. E.g. child uses personal aids effectively and consistently but does not manage them independently. Regular modification of activities and specified times when adult supports structured learning. Individual support at times of transition	Developmental delay of 18 – 24 months below their chronological age in essential milestones –using EYFS Development Matters observations and assessment / assessment from relevant professional. Child is unable to function, participate and engage for a high proportion of their attendance without direct intense adult support or additional support mechanisms. Child uses prescribed personal aids effectively and consistently but does not independently manage them and this affects learning. Adult support with alternative approaches to learning such as objects of reference, tactile methods of communication. Individualised support plan and differentiated activities. Complex and long-term difficulties with play which require intense interventions. Adult support required for the child to access appropriately planned activities/curriculum. Adult support required for child to develop independence and interpersonal skills.	A level of functional vision so reduced as to prevent its use as the primary route for information acquisition and learning. Requires tactile support systems and alternative methods in almost all areas of learning	Requires access to a full-time support from an experienced adult offering differentiated activities for all aspects of learning. Without additional adult support the child would not be able to participate in any learning opportunities
					Adult support with alternative approaches to learning such as objects of reference, tactile methods of communication. Individualised support plan and differentiated activities	Access to a full-time support from an experienced adult offering differentiated activities for all aspects of learning	

### 3 & 4-YEAR-OLD EARLY EDUCATION FUNDING SEND Banding Descriptors

<b>Social, Emotional &amp; Mental Health:</b> Children may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. For the purposes of these descriptors we have broken them down into four categories: 1. Settling in and forming attachments. 2. Attention and learning. 3 unwanted behaviours 4 Social and play							
Broad Areas of Development as identified in SEND Code of Practice	Universal Offer	Band 1	Band 2	Band 3	Band 4	Band 5 – Significant visual & hearing impairment Severe medical need	Band 5– Social communication disorder or severe Challenging Behaviour
<b>Social Emotional &amp; Behavioural</b>  Settling in & forming attachments	Short term difficulties settling into setting. Evidence of emotional distress (anxiety), which subsides with peer/adult support	Has longer term difficulties settling into setting, in relation to his peers. Has difficulty seeking comfort from familiar adults and/or with self-soothing. Some difficulties relating to separating from carer (attachment issues).	Severe separation anxiety that persists throughout the session over a period of weeks despite support in place. Attachment to key carers not securely established.	Does not cooperate with care giving experiences. Anxiety expressed through behaviour creates a barrier to learning.	Involved in incidents where intense emotional distress and or impulsive behaviour can put themselves or others at risk. Requires a high level of intervention from adults including specialist support to address the child’s social and emotional needs.		Child <b>unable</b> to function, participate and engage without direct intense adult support or specific support mechanisms as identified in child’s behaviour support/risk management plan.
<b>Social Emotional &amp; Behavioural</b>  Attention & Learning	Needs adult encouragement to remain engaged in play. Struggles to concentrate on adult directed activities. Short attention span. Sits for shorter lengths of time compared to peers	Flits between activities and needs some short-term individual adult direction to participate and engage in activities. Sits for shorter lengths of time than peers.	Needs adult support on a regular basis to enable participation in learning and develop sustained concentration	Requires significant level of support to engage and participate in learning. Support plan in place.	Requires structured support to provide prompting, to start and to maintain appropriate behaviour for most of the session.		Requires intensive support to enable child to engage with learning. Needs a safe designated area within the context of the setting which allows the child to undertake individualised activities and make progress with their learning.
<b>Social Emotional &amp; Behavioural</b>  Unwanted behaviours	Occasional and short term unwanted behavioural difficulties resulting in adult intervention. Exhibits behaviours designed to manipulate peers/adults to gain attention.	Does not accept ‘no’ and routine boundaries, regularly tests or challenges. Cannot inhibit own actions to stop from doing something they shouldn’t do.	Struggles to respond to appropriate boundaries when encouraged and supported. Struggles to tolerate delay when needs not immediately met. Requires behaviour support plan with adult interventions.	Regular (daily) intensive disruption which breaks down the child’s ability to continue with learning. Requires specific support from an adult at key points of the day because of limited awareness of consequences of behaviour and/or safety.	Regular (daily) intensive episodes of behaviour (biting, spitting, kicking etc.) which are unpredictable, persistent and extreme in relation to the child’s ages and stages of development. Risk Assessment scores 6 or above in 1 or 2 areas. Behaviour support plan monitored closely to evaluate reasonable adjustments made to the environment and resourcing.	Documented evidence of foreseeable significant risk of harm to self, peers, adults and property and loss of learning for the child and others, which is planned for and monitored or evidence	Documented evidence of significant risk of harm* to self, peers, adults and property and loss of learning for the child and others. which are planned for <b>*Harms:</b> Actual harm to self: Head-banging, climbing on furniture, running around room, tantrums To peers: Screaming, swearing, pulling, pushing, pinching, hitting, kicking, throwing toys/sand without regard to others, biting, spitting To staff: Screaming, biting, hitting, spitting, kicking, etc. To property: Breaking things, sweeping things off tables, throwing things so that they break other things Disruption: Refusal to comply with safe routines (come in/go out/hand wash), accessing screened off areas/equipment

### 3 & 4-YEAR-OLD EARLY EDUCATION FUNDING SEND Banding Descriptors

<p><b>Social Emotional &amp; Behavioural</b></p> <p>Social &amp; Play</p>	<p>Struggles with age and stage appropriate play with other children. Struggles with age and stage appropriate turn taking and sharing. Occasional (monthly) short term anti-social behaviour, shrieking, screaming etc. which is managed without specialist interventions.</p>	<p>Some disruption to the play of other children through behaviour – snatching, sabotaging, and taking over play. Does not pick up on behaviour and feelings of others.</p>	<p>Reluctant to participate or refuses to participate in play (withdraws, challenging behaviour, task refusal). Greater disruption to the play of others. Cannot negotiate and solve problems without aggression.</p>	<p>Regularly (daily) exhibits unprovoked, unpredictable behaviour putting themselves and others in danger. Requires a behaviour support plan.</p>	<p>Consistently high levels of severe and challenging behaviour or obsessive behaviour which has the <b>potential</b> to prejudice the education of other children in the setting. Limited regard to the consequences of behaviour</p>		<p>Consistently and persistently high levels of severe and challenging behaviour or excessive obsessive behaviour <b>causing</b> disruption to the majority of children’s learning on a daily basis.</p>
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### 3 & 4-YEAR-OLD EARLY EDUCATION FUNDING SEND Banding Descriptors

**Physical & Sensory:**

For the purpose of these descriptors the following gives an explanation to certain terms used. A child with any of the identified difficulties will most likely have involvement from a qualified teacher from the Virtual School Sensory Support (VSSS) who will give advice regarding the child’s care/education. They will also support clarification of terminology.

**Visual impairment, or vision loss,** is a decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses.

**Hearing Impairment** is when the hearing loss is permanent. The use of hearing aids to amplify residual hearing may be used. However, the more profound the hearing loss, the greater the likelihood that the child will have a cochlear implant, which allows electrical signals to be sent directly to the auditory nerve, providing a sensation of hearing.

When the term ‘**Intervenor**’ is used this means an adult providing 1:1 support for a child with Multi-Sensory Impairment (MSI), who has completed the Sense 5 Day Intervenor Course. Within the field of MSI, we describe this person as ‘working as the eyes and ears of the child with MSI’. VSSS recommend that an Intervenor works in a small team of around 2-3 familiar adults, working with a young person in Early Years settings.

<b>Mild multi-sensory loss</b>	Dual impairment with a mild loss in both modalities
<b>Moderate multi-sensory loss</b>	Dual impairment with a moderate loss in both or the most affected modality
<b>Severe multi-sensory loss</b>	Dual impairment with a severe loss in both or the most affected modality
<b>Profound multi-sensory loss</b>	Dual impairment with a profound loss in both or the most affected modality
	Educationally blind and severe/profound hearing loss

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

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<b>Physical &amp; Sensory</b>	<p>Less agile than other children of the same age. Physical difficulties that require some specialist equipment but little adult support. Delay in eye/hand coordination. Some difficulties caused by disability. Delayed fine motor skills.</p> <p>Mild hearing or visual impairment, managed with aids or glasses if required</p> <p>Difficulty with some aspects of self-help skills. Difficulty with dressing and undressing independently. Not reliably toilet trained and required help with personal care.</p>	<p>Physical difficulties which require some adaptations to equipment with some adult monitoring. Delay in fine and gross motor development which requires adult monitoring.</p> <p>Moderate hearing or visual impairment requiring adult support to monitor adjustments.</p> <p>Difficulties at 46 – 60 months in independently dressing/undressing. Significant difficulties with self-help skills i.e. drinking from a cup. Delay in achieving continence by 48 months</p>	<p>Requires adult support for monitoring of mobility. Some adaptations required to the environment to allow access. Delay with fine/gross motor development requiring input/programmes from external professional. Regular support from an adult for some activities</p> <p>Has a diagnosed hearing loss and wears hearing aids</p> <p>Moderate visual difficulties/loss. Speech and language difficulties associated with sensory needs/loss.</p> <p>Continence not achieved by 48 – 60 months. Unable to dress/undress independently without high levels of adult support</p>	<p>Physical difficulties that require varied and extensive specialist equipment and regular support. Delay with physical coordination as identified by OT or physiotherapist.</p> <p>Adult support required to use identified communication aid and enable access to and adaptation of activities/ curriculum due to sensory impairment.</p> <p>Individual/small group work activities required as part of support plan for specific interventions.</p> <p>Requires adult support for development of independence skills in line with ages and stages of development</p> <p>Child actively Self-Seeking sensory experiences (spinning, licking windows etc.,) within the environment but are able to be distracted by an adult</p>	<p>Consistently reliant on adult support for moving and positioning. Staff are appropriately trained to use specialist postural equipment for standing, seating.</p> <p>Support with communication adaptation and preparation of materials in tactile form. Frequent adult support required to monitor communication aid. Severe or profound hearing loss impacting on development. Significant visual impairment impacting on mobility and life skills.</p> <p>Adult support required to enable access to and adaptation of activities/ curriculum.</p> <p>Medical condition which requires adults to have additional training or receive advice to administer medication.</p> <p>Child actively Self-Seeking sensory experiences (spinning, licking windows etc.,) within the environment and are unable to be distracted by an adult</p>	<p>A level of functional vision so reduced as to prevent its use as the primary route for information acquisition and learning. Requires tactile support systems and alternative methods in almost all areas of learning.</p> <p>All staff in direct contact with the child require appropriate training to react to medical emergencies. Has significant medical condition requiring ongoing medical intervention and monitoring</p>	