



**EARLY YEARS SEND**

**PROVISION AND FUNDING GUIDANCE**

Information for early years education providers  
and other agencies.

## Table of Contents

<b>Section 1: Definitions of Provision</b> .....	<b>3</b>
High Quality Teaching (Quality First Teaching).....	3
Ordinarily Available Provision.....	3
Reasonable adjustments .....	3
What is a special educational need? .....	3
What is special educational provision? .....	3
<b>Section 2: Definitions of Funding</b> .....	<b>4</b>
Element 1: National and local funding for early years provision.....	4
Element 2: Early Years SEN Inclusion Funding (EYSENIF) .....	5
Disability Access Funding (DAF) .....	5
Element 3: EY SEND Support Funding (High Needs Block) .....	5
<b>Section 3: Universal Inclusive Practice</b> .....	<b>6</b>
<b>Section 4: Ordinarily Available Provision</b> .....	<b>8</b>
<b>Section 5: EARLY YEARS BLOCK PROVISION - Early Years SEN Inclusion Funding (EYSENIF)</b> .....	<b>17</b>
<b>Section 6: High Needs Provision: - EY SEND SUPPORT FUNDING</b> .....	<b>18</b>
FUNDED SUPPORT FOR CHILDREN WITH MEDICAL NEEDS.....	31

# Section 1: Definitions of Provision

## High Quality Teaching (Quality First Teaching)

“High quality teaching that is differentiated and personalised will meet the individual needs of the majority of children and young people”. (CoP 2015)

High quality, inclusive teaching ensures that planning and implementation meets the needs of all children, and builds in high expectations for all children, including those with SEND. It is about the different pedagogical approaches that teachers use to engage and motivate learners which ensure good pupil progress. Ordinarily Available Provision

The SEN Code of Practice, 2015 defines this term as the support that education providers provide for children through their agreed funding arrangements.

## Reasonable adjustments

Under the Equality Act 2010, all education providers are required to make ‘reasonable adjustments’ so that all children can access their facilities and services.

## What is a special educational need?

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

## What is special educational provision?

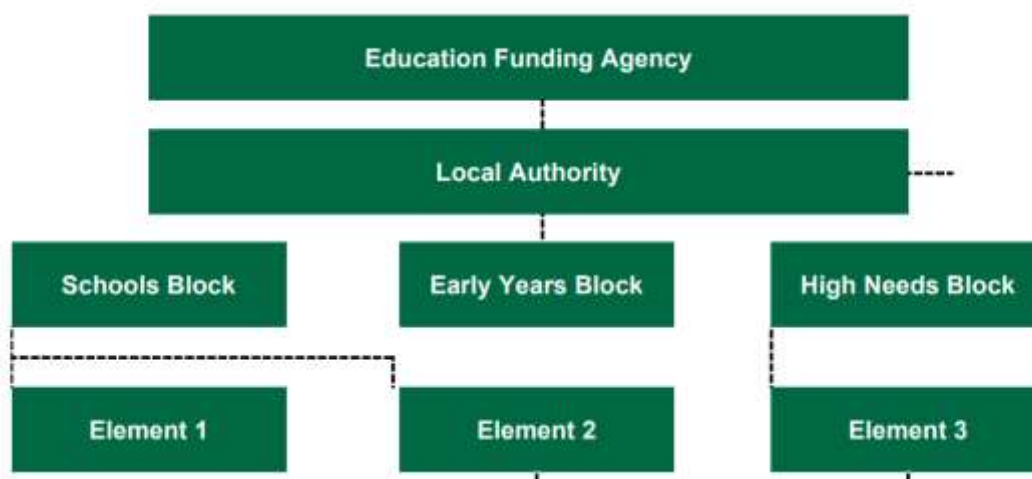
For children aged two or more, special educational provision is educational or training provision that is ‘additional to’ or ‘different from’ that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers.

“Settings must use their best endeavours to ensure that such provision is made for those who need it. Special educational provision is underpinned by high quality teaching and is compromised by anything less.” (Code of Practice, 2015).

## Section 2: Definitions of Funding

### Element 1: National and local funding for early years provision

Local authorities receive the Dedicated Schools Grant for the provision of all maintained schools, provision of early years entitlements and most academies in their areas. For mainstream schools and early years settings, the Dedicated Schools Grant (DSG) is broken down into three blocks:



Funding for early years education places to early years settings and schools is determined by nationally set formula and comes through the Early Years Block.

From April 2024 the early years entitlements are

- the 15 hours entitlement for eligible working parents of children from 9 months to 2 years old (new entitlement from 1 September 2024)
- the 15 hours entitlement for eligible working parents of 2-year-old children (new entitlement from 1 April 2024)
- the 15 hours entitlement for disadvantaged 2-year-olds.
- the universal 15 hours entitlement for all 3 and 4-year-olds
- the additional 15 hours entitlement for eligible working parents of 3 and 4-year-olds

Additional funding to support children with SEND comes through the Early Years Block (EY SEN INCLUSION FUNDING) and the High Needs Block (EY SEND SUPPORT FUNDING). Detail of each funding stream is provided below. Both funding streams are administered through the EY SEND Panel in accordance with the graduated approach.

**Note to school SENCOs** – Children accessing early years entitlements do not attract a notional budget payment therefore all additional funding should be requested through the EY SEND Panel process.

## Element 2: Early Years SEN Inclusion Funding (EYSENIF)

With the introduction of the new working parent entitlements for 2024 to 2025, local authorities should establish EYSENIFs for all children with SEN eligible for or taking up the entitlements, regardless of the number of hours taken. These funds are intended to support local authorities to work with providers to address the needs of individual children with SEN who are taking up their early years education entitlement. Local authorities must consult with early years providers to set the value of their local SENIF which is then retained from the Early Years Block.

Local authorities should pass the majority of their EYSENIF to providers in the form of top up grants on a case-by-case basis.

## Disability Access Funding (DAF)

The Equality Act 2010 prohibits local authorities and settings from unlawfully discriminating, harassing or victimising disabled children, and requires them to make adjustments for disabled children where it is reasonable to do so. Local authorities must comply with the provisions of the Act in finding suitable provision for eligible disabled children.

The DAF was introduced to support disabled children's access to the entitlements for 3 and 4-year-olds. For 2024 to 2025, DAF eligibility will be extended to eligible 2-year-olds and under, accessing the entitlements. Local authorities must fund all settings providing a place for DAF-eligible children at the annual rate of £910 per child. Annual funding allocations for DAF are based on DLA receipt data.

The funds can be used, for example, to support providers in making reasonable adjustments to their settings and/or helping with building capacity, be that for the child in question or for the benefit of children attending the setting.

For further guidance regarding claiming DAF use this link - [/Disability-Access-Fund-early-years-only](#)

## Element 3: EY SEND Support Funding (High Needs Block)

The high needs funding system provides local authorities with resources to support provision for children and young people with special educational needs and disabilities (SEND) from their early years to age 25, enabling both local authorities and educational settings to meet their statutory duties under the Children and Families Act 2014. High needs funding is also intended to support good quality alternative provision for children who, because of exclusion, illness or other reasons, cannot receive their education in mainstream or special schools.

The provision that is funded through the high needs funding system includes EY SEND Support funding for mainstream schools and PVI settings including childminders.

## Section 3: Universal Inclusive Practice

Inclusion is a process of identifying, understanding, and breaking down barriers to participation and belonging. Inclusive early years practice is about anticipating, paying attention, responding to, and reflecting on the needs and interests of all children. A commitment to inclusion should permeate all aspects of the design of educational programmes and the structuring of environments, as well as shaping every interaction with children, parents and other professionals.

<b>Key Points - Promoting voice and inclusion</b>
Inclusion is a process of identifying, understanding, and breaking down barriers to participation and belonging.
Listening to children’s voices and recognising these are expressed in a range of ways, including non-verbally, is central to inclusive practice.
Identifying what each unique child “knows and can do” is the foundation of inclusive early years practice.
Understanding children as unique includes considering them in relation to others.
Making sure that early years practice meets the needs of all children means thinking about children in context.

<https://birthto5matters.org.uk/promoting-voice-and-inclusion/>

### Settings /schools should:

- create an inclusive ethos where high aspirations for every child are expected, valued and celebrated.
- be caring and committed to providing the best for young children and strive to make sure that children are happy, secure and successful.
- promote an ethos of care, mutual respect and support, where effort is valued and success celebrated.
- develop inclusive high-quality teaching throughout the setting and ensure that provision is good/outstanding to improve outcomes for children and raise attainment.
- ensure a clear approach for promoting positive behaviour which is consistently applied, by all practitioners across the setting clearly linked to children’s age and stage of development.
- ensure their SEN co-ordination is in line with current EYFS and SEND Code of Practice requirements. These differ between types of early years providers.
- provide all staff with continuous professional development so that they can teach, support and manage all children built upon a thorough knowledge and understanding of child development.
- co-operate with the local authority in the development, use and review of the Local Offer.
- listen and respond to the concerns of children and their parents and use person-centred approaches.
- provide children and their parents with timely and appropriate information and advice regarding their child’s development.
- clearly articulate the strategy and approach to provision for SEND learners and the rationale behind these.
- ensure that children with additional needs have equal opportunity to participate in the life of the setting alongside their peers who do not have SEND.
- Create safe and secure places for all children and staff, particularly those who may have adverse childhood experiences.
- Promote a sense of belonging for all children and families including those with English as an additional language and those seeking refuge.
- provide a communication friendly environment.

- Ensure that provision takes account of the range of children’s sensory needs and responses, across ALL sensory areas.
- Use observation, planning and assessment to inform next steps /future learning outcomes.

**The manager/leader/head teacher should**

- Understand the implications of relevant legislation e.g., EYFS, Equality Act 2010 and SEND Code of Practice 2014 for the setting.
- Ensure that the needs of all children are met through the day-to-day management of the setting.
- Enable the SENCo to fulfil their duties and responsibilities by providing them with continuing professional development.
- Ensure that all setting policies should consider the needs of children with SEND.
- Provide professional guidance, training and advice to all staff in line with EYFS and SEND Code of Practice ensuring it is embedded in daily practice.
- Work in partnership with and value the contributions of staff, parents and other agencies in ensuring that the needs of children with SEND are met in line with the requirements outlined in the EYFS and SEND Code of Practice
- Support all staff in the early identification of a child’s specific needs including special educational needs.
- be assured that all records of and information about children with SEND are up to date.

**The SENCO should:**

- Promote the inclusion of ALL children in the setting and be an advocate for Inclusive practice.
- Be an agent of change where change is needed.
- Ensure that all practitioners in the setting understand their responsibilities to children with SEN & the settings approach to identifying and meeting SEN through the implementation of the graduated approach.
- Co-ordinates the response of the setting to children with SEND
- Advise and supports colleagues in all aspects of their work with children with SEN (and) in their use of the graduated approach.
- Ensure parents are involved throughout and that their insight informs action taken by the setting.
- Liaise with professionals or agencies beyond the setting.

**The child’s key person and all early years practitioners should:**

- access appropriate training and development to ensure they can support children with SEND.
- have high aspirations for all children and ensure that all are included and not disadvantaged.
- develop strong relationships with all children including those with SEND.
- contribute to the use of the graduated approach (assess, plan, do, review)
- develop and deliver specific and precise interventions responding to children’s needs.
- have a thorough understanding of the importance of early language development and how to support it for all children.
- Use their knowledge and expertise to respond to individual children’s communication needs.
- Know and understand the elements of their key child’s personality and how it influences their learning style and capacity to participate.
- Have a thorough understanding of child development so they can identify and respond to any emerging concern or need.
- apply their understanding of the EYFS in their daily practice.
- develop strong positive relationships with parents and carers and facilitate the home to setting relationship.
- Be able to use observational skills effectively to aid in effective planning for ALL children.
- Play a pivotal role in supporting transition.

## Section 4: Ordinarily Available Provision

**Unique Child** – Every child is a unique child, who is constantly learning and who can be resilient, capable, confident and self-assured.

Parent's knowledge about their child is used to form initial and ongoing understanding about what the child can do, what they like and what they do not like, child's method of communication – This information is gained before the child starts and is part of an ongoing conversation between practitioners and parents. (E.g., All about me, My Profile)

Written consent is obtained from parents so information can be shared with professionals as appropriate.

Carefully managed and planned transitions are an integral part of the individualized provision for ALL children but particularly where a child has SEND.

There are planned opportunities for the child and parent to meet practitioners and explore the environment before they start. (Home visits, stay and play sessions or taster sessions)

Settling in sessions/transitions into the setting are planned with the parent and professionals and adapted to meet the individual needs of the child.

Where a child attends more than one setting or already has a number of professionals involved a clear communication channel is established to ensure the children's needs are understood by all involved with the child.

There is an embedded cycle of assessment for all children. Assessment takes on many forms and is a critical part of the EYFS learning and development requirements. They should have a clear purpose. Assessments of need, assessments of progress made, assessments of impact/effectiveness of provision/strategies.

Additional assessment tools should be used to clarify areas of concern or emerging needs e.g., Every Child A Talker, Autism Education Trust Framework etc.

Practitioners should be able to describe the progress that a child has made and be clear about what should come next - SEND Support Plans can help to show this progression.

The Progress check at 2 must be undertaken for all children on roll aged between 2 and 3. This is done in collaboration with the parent. A written summary is provided for parents.

Where assessment indicate a concern about a child's development this must be shared with the parent and support should be put in place to address the child's need. This should be reviewed half termly and recorded using a short note.

Practitioners should ensure that they listen to children's voices and recognise that these can be expressed in a range of ways. Their views are used as part of their assessment, and this enables practitioners to shape and provide an interesting and challenging curriculum.

Recognising and responding to a child's physical and emotional wellbeing should be seen as equally important as other aspects of their development.

All setting policies should be reviewed at least annually and be able to reflect the specific needs of all children.

Relevant Continuing Professional Development should be provided to ensure all staff are able to implement the setting policies effectively.



## **Positive Relationships –**

Children learn to be strong and independent through positive relationships.

Settings should recognise that a child is part of a family and that the 'make up' of a family can be diverse.

A strong, respectful partnership with all parents is fostered. Parents knowledge about their child is central to initial and ongoing assessments about their child.

Warm, trusting relationships with knowledgeable adult's support children's learning more effectively than any amount of resource.

Practitioners should value and support children's developing friendships.

Information about what and how children are learning is readily available to parents. Parents are regularly provided with information to support children's learning at home - using online platforms, face to face, newsletters etc. taking in to account the accessibility needs of all families.

Every child has a named Key Person, and every parent knows who their child's key person is. The Key Person approach should be embedded across the setting.

A key person understands their special responsibility to a group of children, given them the reassurance to feel safe and cared for and building relationships with their parents. They should also discuss/review outcomes/social difficulties, coordinate support and build on successes.

Sensitive conversations and meetings can be confidently held with parents and professionals. Consideration should be made for the timing and accessibility of these meetings.

A whole setting approach is used to develop emotional literacy, wellbeing and resilience and promote positive attitudes to everyone – This should be embedded throughout policy and practice and supported through continuous professional development.

The provider has developed positive relationships and/or knows how/when to seek advice or involvement from other relevant professionals in support of children in their care.

Transitions for children are carefully planned with parents, the child and receiving providers/key person and or other professionals. This will be adapted to meet children's individual needs where necessary.

Transition is understood as a process and not a one-off event.

**Enabling Environments** - Children learn and develop well in enabling environments with teaching and support from adults, who respond to their individual interests and needs and help them to build their learning over time.

Both the physical and emotional environment are warm, welcoming, nurturing, and accessible to all children whilst facilitating a sense of belonging.

Separate space (where possible) should be available for children to co-regulate; calm/sensory spaces for spending quiet/reflection time.

There is sufficient space for children to move and collaborate and encourage exploration and risk-taking both in the indoor and outdoor environment.

Children are supported by knowledgeable practitioners who understand when to stand back, when to interact and what to offer individual children.

All practitioners understand and implement a Total Communication Approach within the environment, this is consistent for all children including those with SEND.

Objects of reference, visual prompts, Now/Next boards, puppets, signing, visual timetables, reduced levels of language etc should all be part of the ordinarily available provision on offer.

Practitioners regularly reflect on the environment to make sure it meets the need of all children, respond to their interests, and enable them to make progress.

Displays are meaningful and appropriate for all children.

Careful consideration should be given to the optimum seating positions during group time or mealtimes etc. for children with a visual and/or hearing difference and/or for children who may be overwhelmed by the social/sensory demands of a large group at group or mealtimes?

Adult's support for children should be informed by specialist advice and training.

Adjustments are made to the acoustic environment such as soft furnishings, blankets on tables, creating quiet corners.

Ensure the activities and environment meet the development needs of all the children who attend, from very young babies to older children. This is especially important in mixed age range rooms.

This should include accessible and age stage appropriate resources should be available for all children.

Activities, resources, and furniture such as table and chairs are child height and accessible to all. Resources be movable and used in a variety of ways,

Allow children the time and space to focus and reduce noise distractions.

Practitioners are aware of smells and noise in the room and any children who may be impacted by these.

Practitioners are aware of lighting in the room e.g., use of natural light, who is facing the light, where you stand/sit in relation to light with relation to facilitating group time, story time etc.

Routines of the day should have the consistency but also the flexibility to reflect all children's needs e.g., Visual Timetables, clear concise instructions with visual prompts, particular during transitions.

Special attention should be paid to preparing children for planned changes to routines, and explaining unpredicted changes to those who may be upset by them. Consider use of an 'oops' card on visual timetables.

Routines of the day are used as opportunities for learning ensuring all children are included.

Resources are clearly labelled with words and photographs to enable children to become independent learners, self-select resources, and make choices.

Children's interests are used to effectively promote engagement and extend focus and attention and developmental skills.

Sensitive grouping to enable social interaction in a secure environment; some planned groupings to enable peers to provide positive role models.

Use of additional adults is planned to maximise their impact on children's learning and maximise the development of independence.

Strategies are used to build and maintain positive relationships between child to child and adult to child across the whole setting.

There are opportunities to develop peer awareness/sensitivity and support for different needs both in and out of the setting.

**Learning and Development** – (Recognise the) importance of learning and development. Children develop and learn at different rates.

**This area is sub divided into the four areas of need outlined in the SEND Code of Practice**

### **Communication and Interaction**

All practitioners have knowledge of the different stages of development in Speech, Language and Communication. They know what a child's communication skills should look like at a particular age/stage and are able to adapt their practice to accommodate this.

Attention and listening skills are valued and explicitly taught.

All adults recognise and value non-verbal communication and gestures.

Practitioners use the level of language appropriate to the development and language level of the child(ren) they are addressing.

Instructions are given in small, manageable steps with visual cues and repetition when needed.

Maximise use of daily activities/routines such as snack time, nappy time to promote communication and understanding.

Focussed smaller group activities, promoting storytelling, nursery rhymes and phonological awareness appropriate to the groups age and stage of development.

Visual prompts should be used throughout the day, including enhanced prompts e.g., objects of reference/gestures.

Daily opportunities to work in small, structured, and adult initiated, group situations where, if necessary, distractions can be minimised.

Use of language and communication programmes to support skill progression e.g., letters and sounds, Blast, Again and Again Project, Squiggle While You Wiggle

Adults should understand the difference between those children who are shy or quieter than others and those with emerging speech and language needs.

All staff should have accessed a level of Autism Awareness training.

Adults should give children time to respond, and provide specific opportunities for children to initiate communication (including anticipatory games and rhymes, and cooperative tasks)

Adults should encourage children to communicate within the setting using non-verbal and verbal means.

Practitioners should give children time to respond, and provide specific opportunities for children to initiate communication (including anticipatory games and rhymes, and cooperative tasks e.g., placing objects out of a child's reach so they must request it during adult led activity)

Practitioners should reduce their level of language and give short, concise instructions using the child's name.

Objects of reference, pictures, signing etc should be used to promote both expressive communication and receptive understanding.

Practitioners should narrate children's play to provide good language modelling "I can see you are playing with the train. What will you do with the train? What might happen next?" etc.

**Learning and Development** – (Recognise the) importance of learning and development. Children develop and learn at different rates.

**This area is sub divided into the four areas of need outlined in the SEND Code of Practice**

### **Cognition and Learning**

Staff understand and recognise the stages and progression of play skills. Staff can use this knowledge to plan developmentally appropriate activities and experiences to aid skills development and progression.

Characteristics of Effective Learning are used to support the child's style of learning and lines of enquiry.

Opportunities should be provided for children to repeat and practice skills and concepts to reinforce new and prior learning. This should be offered in different contexts and times.

Planned opportunities for children to spend time in small group times to promote visual discrimination e.g., matching or sorting games.

Staff knowing how to select and use developmentally appropriate resources.

Practitioners should ensure children are given time to process instructions – 10 second rule.

Practitioners need to model skills, play and language consistently e.g., setting up an imaginative play sequence.

Developmentally appropriate progression and sequence of learning.

Resources across the age ranges and rooms enable progression of skills e.g., puzzles/jigsaws, climbing equipment, role play.

Strategies are used to actively promote independent learning through pre-teaching, overlearning, adapted resources where appropriate.

Tasks are broken down into small manageable steps. These steps are shown explicitly, and children are given time to practice them.

The pace and order of activities is relevant to maintain interest and attention of all children.

Key information and strategies are shared with all relevant Practitioners e.g. My Profile

Forward and backward chaining are used to help children learn new skills step by step.

Toys and activities are provided which are relevant to children's particular interests.

Children are offered opportunities for self-directed play during the session to explore and extend their skills, to consolidate skills and to give opportunities to regulate.

**Learning and Development** – (Recognise the) importance of learning and development. Children develop and learn at different rates.

**This area is sub divided into the four areas of need outlined in the SEND Code of Practice**

### **Social, emotional, and mental health**

The role of the key person is to

- know the child and their interests.
- support the child's wellbeing and growing independence.
- be the voice of the child and advocate on their behalf.
- build a relationship between the setting and the child's parents/carers.

Adults and children develop warm, trusting, and respectful relationships with each other.

Adults actively listen and empathise with children and support them to develop their ability to regulate their emotions, thoughts, and behaviours (self-regulation and co-regulation).

Practitioners plan opportunities for children to interact in pairs and small groups and support children to develop social skills which enable friendships.

Children are explicitly taught the language of feelings and encouraged to express how they are feeling. Activities and resources support the children's understanding and acknowledgement of ALL feelings, and they are valued and recognised.

A calm and nurturing environment is promoted throughout the setting, to support physical and emotional wellbeing.

Safe secure predictable routines are known and practised consistently by all staff and shared with the children, ensuring appropriate flexibility to meet children's individual needs.

Children who are upset or unsettled are comforted and their feelings acknowledged, particularly during times of transition and settling in.

Images, resources, and practices enable children to feel a sense of belonging as well as introducing the variety and diversity of society, which is visible in the setting and valued.

Children are taught to celebrate and appreciate the diversity of the natural world and helped to learn about valuing and caring for our planet and living things.

A whole setting approach to managing behaviour positively is adopted by all adults. All staff and parents have a clear understanding of the settings approach to managing behaviour.

Practitioners regularly communicate with parents & carers to establish consistent approaches between home and in the setting. Parents and carers are actively encouraged to use positive strategies for behaviour management, where adults model appropriate behaviours they are trying to encourage in the children.

Adults understand what behaviour is typical for the child's stage of development and have realistic expectations consistent with the child's level of understanding.

Parents and carers are **routinely** given positive feedback about the children's appropriate behaviours.

Where there is cause for concern regarding a child's presenting behaviours, practitioners work closely with parents/carers to identify any underlying causes, recognising that some behaviours are the outward expression of what the child is experiencing or feeling.

Practitioners need to separate the child's behaviours from their perception of the child. Talk about changing the inappropriate or unwanted BEHAVIOURS rather than being negative about the child.

Practitioners build rapport with ALL children not just their key group.

Learning opportunities are appropriate for the age and stage of ALL children. The room is organised to meet the differing developmental and curriculum demands.

Practitioners use accurate observations to help to identify possible causes and triggers, (STAR chart /ABC chart etc.)

Supportive strategies are understood by practitioners and applied consistently:

There should be few rules and boundaries and where necessary they should be positively worded. Adults provide regular reminders and consistent reinforcement.

Directions and instructions are given using positive language to tell the child WHAT to do rather than what NOT to do. E.g., "Coat on hook" rather than "Don't throw your coat on the floor."

Effective use of 'quiet time' away from the situation appropriate to the child's needs/age and stage of development.

Use praise and rewards effectively, praise is clearly related to appropriate behaviour.

Effort and small achievements are recognised and praised by all practitioners (catch the children being 'good').

Consequences are appropriate to the children's age and stage of development.

A safe place for children to regulate either indoors or outside.

Small group times are planned and regularly focus on developing children's personal, social, and emotional development.

Creative strategies and activities are provided to support sharing and turn- taking.

Reasonable adjustments are made around transitions and routines, encouraging flexibility to meet the needs of the child.

A range of strategies such as visual and individual timetables, now and next boards are used to support children particularly during transition times e.g., lunch, going out, going home, moving around the setting.

Stories, rhymes, and activities are carefully chosen to help children understand and acknowledge their own feelings and those of others, promoting the development of empathy and compassion.

Activities such as mindfulness, music, movement are used to help children learn to relax and self soothe.

**Learning and Development** – (Recognise the) importance of learning and development. Children develop and learn at different rates.

**This area is sub divided into the four areas of need outlined in the SEND Code of Practice**

### **Sensory and/or physical needs**

Practitioners have an understanding and acknowledge the impact sensory processing needs can have upon a child.

Practitioners are aware of any practices or features of the environment that may enhance an increased reaction to the stimulus.

The daily routine contains a variety of activities where children can move, rest, sit and play across the day, engaging in both active and sedentary activities.

Babies and children are encouraged to move and develop their physical skills in a progression, irrespective of any physical disabilities.

Opportunities are available to promote the development of gross motor coordination e.g., dance, yoga, gymnastics.

Opportunities are available to promote the development of fine motor strength and coordination e.g., threading, balancing, posting, mark making, dough disco,

Steps are taken to support the needs of children who may have a hearing or visual impairment – lighting, sound, movement of furniture, proximity of adults etc.

Reasonable adjustments are made to the physical environment to support children with sensory and/or physical needs. E.g., tuff trays on the floor, height adjustable tables to accommodate a wheelchair etc.

Children have daily access to an outdoor environment – nursery garden or yard, walk in the park, walk along the street etc.

Careful consideration is made for the indoor environment to meet the physical needs of all children and provide opportunities to climb, lie down and move throughout the day.

Children are encouraged to be independent with their self-care skills at an age/stage appropriate level.

Practices for self-care are discussed with parents and continuity between home and setting is encouraged.



## Section 5: EARLY YEARS BLOCK PROVISION - Early Years SEN Inclusion Funding (EYSENIIF)

With the introduction of the new working parent entitlements for 2024 to 2025, (1<sup>st</sup> April 2024) local authorities should establish SENIFs for all children with SEN eligible for or taking up the entitlements, regardless of the number of hours taken. These funds are intended to support local authorities to work with providers to address the needs of individual children with SEN who are taking up the entitlements.

### **Band A**

#### **Early Years SEN Inclusion Funding - all children in receipt of funded early years entitlements**

Children may have

- Speech, language, communication, social communication, or motor delay
- significant and prolonged anxiety in specific situations and may be reluctant to try new experiences.
- Prolonged difficulty settling into the setting and/or regulating their emotions.
- Limited interactions with adults and or peers.

Developmental differences may be linked to limited experiences in infancy/early childhood and family/environmental factors may have contributed.

These difficulties and/or delay will be identified through initial visits/observations, integrated review/ASQ or other developmentally based assessment.

It is anticipated that funding will support

- Transition - children joining an early years setting for the first time whose needs are emerging.
- interventions through enhanced ratio over a 6 -12-week period.

Childminders could also use the funding to

- attend CPD opportunities unique to the child's area of need.
- Consultation visits / contact from other professionals.

### **What can settings request?**

Funding for up to two terms to contribute to the cost of delivering specific evidence led interventions to support children's low and emerging needs e.g. EEF Evidence store and speech and language programmes Elklan etc. and/or provide additional adult supervision to monitor a child(ren) during snack and mealtimes to ensure the child is able to swallow food and drink safely and/or for the child not to consume food from other children which would contradict their identified dietary needs, e.g. diabetes

Settings can request support for an individual child or group of children.

**Application form, guidance and supporting materials - [SEND-templates-referral-forms-and-reports](#)**

## Section 6: High Needs Provision: - EY SEND SUPPORT FUNDING

This section provides descriptors and examples of provision which demonstrate tailored approaches for children with higher levels of SEND. For example, children who require frequent targeted support or an individualised curriculum.

Early years settings and schools must demonstrate why a child's needs cannot be met through 'Ordinarily Available Provision' and any additional support provided through reasonable judgements using the funding they receive to deliver the entitlement for funded 2-year-olds and the universal and additional entitlements for 3 and 4-year-olds

The descriptors should not be used as a 'bank' of statements, and they should not be considered as an exhaustive list of provision.

### Bands B, C, D and E

There are four bands available for 3- and 4-year-olds and two bands available for 9 month - 2-year-olds (Bands B and D). This takes account to the developmental differences and staff ratio requirements. There will be a 'best fit' approach to decide on the banding and stage. If a child's provision falls into a specific band, it is expected that all (or most) of the previous band's provision is already in place.

Band E funding will only be awarded in exceptional circumstances and is most likely to include children who are undergoing or have undergone a statutory assessment (EHCP).

Not all children with an EHCP will receive an E band.

Funding bands reflect the child's funded early years entitlement (15 or 30 hours)

**Application form, guidance and supporting materials -**

<https://www.durham.gov.uk/article/22227/Supporting-special-educational-needs-and-disabilities-SEND-templates-referral-forms-and-reports>

## **Broad descriptors to support settings and local authority decision making**

### **Band B**

The child will show one or more areas of developmental difference which may present as a child being at least 12 months or more behind the expected development in that area when compared with their peers. They may have a mild hearing loss or vision impairment or a delay in their motor development. The child requires occasional increased adult support in a mainstream setting that is above what is ordinarily available. This should be outlined in an SEN Support plan. This would include small group work, access to a workstation/quieter area (in addition to that which is ordinarily available).

Developmental difference may be linked to limited experiences in infancy/early childhood. Family/environmental factors may have contributed to this. The child may be in receipt of support from a health professional or specialist team/service. This might include a health visitor

### **Band C**

The child displays significant developmental difference in more than one of the prime areas which may present as a child being at least 18 months behind the expected ability in that area compared with their peers. This difference is having an impact on the child's overall development. The child will require frequent targeted adult support which will be outlined in a SEN Support plan. The child will be in receipt of support from health professionals or specialist team/service.

### **Band D**

The child requires a high level of supervision and adult engagement in play to support access and inclusion: for example, within group activities, snack, and mealtimes; free play, to extend interests or to support in outdoor play. Advice from other professionals will inform planning and implementation of individualised curriculum which will require regular multi agency review and additional adult support for extended periods of time. Support is targeted to ensure medical/ health needs are met.

### **Band E**

A bespoke totally individualised curriculum requiring specialist teaching approaches appropriate to the child's developmental stage, delivered by appropriately experienced/trained practitioners. The provision will entail highly adapted routines and activities, structured multi-sensory techniques during child-led activities.

Highly intensive and ongoing adult support to enable the child and other children in the setting to access their early years entitlement positively and safely in both structured and unstructured activities.

The child may have a high-level medical need, significant social communication needs requiring highly intensive adult support to help co-regulation during and following frequent and intense periods of prolonged dysregulation.

Within this level the expectation is the staff (more than one) will have undertaken additional training to develop specialist skills to be able to provide the right support for the needs of the child. This will enable cover for staff absence and sharing of the intensive support is advised.

**Band B**

The child will show one or more areas of developmental difference which may present as a child being at least **12 months or more** behind the expected development in that area when compared with their peers. They may have a mild hearing loss or vision impairment or a delay in their motor development. The child requires occasional increased adult support in a mainstream setting that is above what is ordinarily available. This would include small group work, access to a workstation/quieter area (in addition to that which is ordinarily available).

**Cognition and Learning****Child may demonstrate/ require:**

- Restricted interests or repetitive play
- Task repetition needed to learn a new concepts.
- Need for enhanced opportunities for adult supported play.
- Require access to additional small groups with a flexible approach:
  - supporting turn taking
  - conversation
  - gross and fine motor skills

**Provision may include:**

- Support with turn taking and following instructions.
- Visual aids to support understanding.
- Adult provides specific support and check ins for a higher proportion of the session to increase/maintain attention and concentration skills, time on task, understanding of instructions and tasks and independent learning skills.
- Adult supported access to a personalised workstation/quieter area e.g., early stages of implementation of Teacch.
- Adult to provide support to implement learning at a different stage.
- Adult to provide and facilitate extended play experiences (e.g., imagination, concepts and problem solving).

**Communication and Interaction****Child may demonstrate/ require:**

- Evidence-based approaches in the response to assessed need.
- Access to additional small groups with a flexible approach
  - supporting turn taking
  - conversation
  - gross and fine motor skills
- Increased opportunities to engage in adult-directed tasks.

**Provision may include:**

- Enhanced use of visual prompts e.g., objects of reference etc.
- Targeted adult support
  - to use visual aids/resources to enable children to communicate needs, wants and ideas.
  - ensure that instructions and activities are understood.
  - to support negotiation/compromise to enable the child to communicate effectively.
  - to gain attention by using name and physical proximity.
  - to use appropriate augmented communication (e.g., PECS, Makaton, communication boards, objects of reference).
  - to check on understanding of increasingly complex social concepts/language.
- Adult facilitated targeted communication and language interventions.
- Adult facilitated communication and language so that key interaction skills are developed.
- Adult facilitated opportunities for listening and attention when interacting with a peer.
- Adult supported teaching of play skills appropriate to developmental stage (incidental and planned).

<b>Sensory and/or physical</b>	
<p><b>Child may demonstrate/ require:</b></p> <ul style="list-style-type: none"> <li>• Some support to enable access to and adaptation of the curriculum.</li> <li>• Some support with communication related to a physical or sensory need.</li> <li>• Individual support to carry out a specific programme for a defined period, either individually or in a group as advised by the appropriate professional.</li> <li>• Regular administration of medication,</li> <li>• All staff in direct contact with the child require specific training to react to medical emergencies. (IMP would be in place)</li> <li>• Emerging sensory preferences.</li> </ul>	<p><b>Provision may include:</b></p> <ul style="list-style-type: none"> <li>• Adult facilitation of <ul style="list-style-type: none"> <li>○ movement or sensory breaks / sensory diet at regular points during the session</li> <li>○ programme to develop fine or gross motor skills, which is regularly monitored to ensure progress.</li> <li>○ development of listening skills and/or Total Communication Methods/Sign Language.</li> </ul> </li> <li>• Adult support to <ul style="list-style-type: none"> <li>○ with personal care provision, that is not age appropriate, to facilitate self-care skills, such as eating, drinking, toileting and to support development of growing independence in these areas.</li> <li>○ safely access the environment, curriculum, and off-site visits in the local community.</li> <li>○ facilitate social interactions and finding friends in unstructured times.</li> <li>○ introduce, model, and develop new vocabulary and language skills alongside play.</li> <li>○ model good communication strategies with peers.</li> <li>○ social and emotional interventions linked to child's sensory needs to promote good self-esteem and personal understanding of deafness.</li> </ul> </li> </ul>
<b>Social, Emotional and Mental Health</b>	
<p><b>Child may demonstrate/ require:</b></p> <ul style="list-style-type: none"> <li>• Enhanced contact with key adults</li> <li>• Some support required to make positive relationships, manage feelings and behaviour, and develop self-confidence and awareness.</li> <li>• Planned support for key transitions and activities.</li> <li>• Planned adaptations to the environment to meet the well-being needs of the child. Access to an adult if required, i.e., a calming space.</li> </ul>	<p><b>Provision may include:</b></p> <ul style="list-style-type: none"> <li>• Targeted teaching and/or adult facilitation/support of <ul style="list-style-type: none"> <li>○ different social situations and what would be expected.</li> <li>○ social communication skills e.g., non-verbal communication, perspectives.</li> <li>○ to recognise and explore emotions and develop strategies for emotional regulation/resilience.</li> <li>○ practise social skills across a range of contexts e.g., taking turns and sharing.</li> <li>○ understanding social situations or changes to routine e.g., use of social stories.</li> <li>○ practise friendship skills.</li> <li>○ monitor and support children via co-regulation and de-escalation.</li> </ul> </li> <li>• Regular nurturing check ins throughout the day with a named key person.</li> </ul>

**Band C**

The child displays significant developmental difference in more than one of the prime areas which may present as a child being at least 18 months behind the expected ability in that area compared with their peers. This difference is having an impact on the child’s overall development. The child will require frequent targeted adult support which will be outlined in a SEN Support plan.

Collaborative working with health professionals or specialist team/service adopting a whole team approach to ensure consistency for the child.

**Cognition and Learning****Child may demonstrate/ require:**

- Some reduced engagement
- Frequent repetitive play/restrictive interests and significant difficulties with imaginative play
- Difficulties retaining concepts over time.

**Provision may include:**

- An increasingly differentiated offer for children.
- Planned support, modelling and scaffolding required to mediate play and learning experiences to develop children’s learning.
- Use of specialised ICT as appropriate, supported by practitioners who have had additional relevant training.
- Adaptive teaching approaches which place emphasis on multi-sensory approaches.
- Adult support to
  - implement learning at a significantly different pace and level.
  - facilitate and extended play experiences (e.g., imagination, concepts and problem solving).
  - access to a personalised workstation (quieter area) which is frequently monitored.
- Increased opportunities for repetition and reinforcement for new learning so that skills can be generalised and transferred.

Developmentally appropriate resources which can facilitate success and progression.

**Communication and Interaction****Child may demonstrate/ require:**

- Significant speech, language, and communication difficulties
- Significant delay in relation to receptive and or expressive language

**Provision may include:**

- Planned explicit teaching of
  - early play skills, which may be linked to language development and/or social development, under the advice of a professional.

<ul style="list-style-type: none"> <li>• Limited functional communication and/or limited understanding of language</li> <li>• Difficulties with reciprocal engagement</li> <li>• Individual alternative and augmentative communication strategies to allow access to learning opportunities for example PECS/Makaton.</li> </ul>	<ul style="list-style-type: none"> <li>○ of augmented communication tools e.g., PECS, Makaton, communication boards.</li> <li>• Personalisation of activities and variation in resources used to consider communication needs and/or developmental stage.</li> <li>• Frequent opportunities <ul style="list-style-type: none"> <li>○ to develop early interaction skills e.g., intensive interaction.</li> <li>○ for supported positive interaction with others</li> <li>○ Interventions in small groups, pairs or 1:1 on programmes recommended by health professionals.</li> </ul> </li> <li>• Frequent adult commentary on what the child is doing during play (with a focus on special interests) to develop simple language and improve attention and listening skills.</li> <li>• Frequent adult facilitation/support to <ul style="list-style-type: none"> <li>○ of listening and attention in adult led tasks using an enabling environment (e.g., different spaces, group sizes, visuals, and motivators).</li> <li>○ to develop peer communication and interaction during play.</li> <li>○ to use visual aids/resources to enable child to communicate needs, wants and ideas.</li> </ul> </li> </ul>
--	---

**Sensory and/or Physical**

<p><b>Child may demonstrate/ require:</b></p> <ul style="list-style-type: none"> <li>• A significant hearing, visual or multi-sensory impairment, which affects participation in learning.</li> <li>• Some significant delay in their movement and co-ordination</li> <li>• Some well-established sensory preferences or be highly avoidant of some sensory stimuli.</li> <li>• Ongoing support with communication related to physical or sensory disability.</li> <li>• Frequent adult support required to use mobility or communication aid.</li> <li>• Appropriately trained individual adult support, to provide within</li> </ul>	<p><b>Provision may include:</b></p> <ul style="list-style-type: none"> <li>• Adult facilitated <ul style="list-style-type: none"> <li>○ movement or sensory breaks / sensory diet at increased points during the session.</li> <li>○ programme to develop fine and gross motor skills, which is regularly monitored to ensure progress.</li> <li>○ Increased personal care provision to facilitate self-care skills, such as eating, drinking, toileting and to support development of independence in these areas.</li> </ul> </li> <li>• Frequent adult support to <ul style="list-style-type: none"> <li>○ safely access the environment and early years curriculum.</li> <li>○ give more frequent support to pupil during whole group sessions e.g., use of sign language as appropriate.</li> <li>○ support participation during social times by modelling good communication strategies with peers.</li> <li>○ implement social and emotional interventions linked to child’s sensory needs to promote good self-esteem.</li> </ul> </li> </ul>
--	--

<p>the setting a regular, ongoing individual programme as advised by an appropriate professional.</p> <ul style="list-style-type: none"> <li>• Staff training in the use of specialist postural equipment e.g., a standing frame or specialist seating</li> <li>• Consistently reliant on adult support for moving and positioning.</li> <li>• Has medical needs requiring ongoing intervention and monitoring?</li> </ul>	<ul style="list-style-type: none"> <li>○ implement ongoing intervention work on speech and language targets that are impacted by hearing loss.</li> <li>○ introduce, model, and develop new vocabulary language and communication skills throughout the session.</li> <li>○ adapt resources, activities, and environment to meet sensory needs.</li> <li>○ during setting visits or activities. <ul style="list-style-type: none"> <li>○ continue the development of listening skills and/or Total Communication Methods/Sign Language.</li> </ul> </li> <li>• The child may have an individual health/ medical plan (IHP) that requires regular monitoring and review.</li> <li>• All staff in direct contact with the child including the senior leadership team requires appropriate training to react to medical emergencies.</li> </ul>
--	--

**Social, Emotional and Mental Health**

<p><b>Child may demonstrate/ require:</b></p> <ul style="list-style-type: none"> <li>• Prolonged difficulty settling into the setting, significant difficulty regulating their emotions, behaviours, and limited interactions with adults and or peers.</li> <li>• Will exhibit some anxiety in specific situations and any form of change could prove extremely challenging.</li> <li>• involvement in incidents where intense emotional distress and/or impulsive behaviour can put themselves or others at risk and requires specific interventions to diffuse the situation.</li> <li>• Difficulties in making relationships, managing feelings and behaviour, developing self-confidence and self-awareness appropriate to their age/stage of development.</li> </ul>	<p><b>Provision may include:</b></p> <ul style="list-style-type: none"> <li>• Planned and frequent access to evidence based social and emotional programme(s) e.g., Attention Autism, facilitated by staff who have had additional relevant training linked to child’s identified areas of need.</li> <li>• Adult facilitation of proactive and carefully planned adaptations to the daily routine and environment to reduce demands.</li> <li>• Key adult available to help negotiate/navigate play and learning, and to promote self-esteem and confidence.</li> <li>• Adult focussed support around inclusion and engagement e.g., scaffold support around social interactions including during play.</li> <li>• Adult facilitated support so that key social and emotional skills are consolidated and generalised e.g., using social stories to aid understanding of a range of situations.</li> <li>• Key adult to monitor, plan and facilitate early intervention strategies and support via co-regulation and recovery e.g., distraction, reframing, sensory breaks.</li> <li>• Frequent activities and interventions with peers are carried out in a very small group with adult modelling, sensitive scaffolding with a focus on developing social skills.</li> <li>• Frequent adult support across the day to enable the child to play alongside others, and to begin to tolerate others in his/her space.</li> </ul>
--	--



<ul style="list-style-type: none"><li>• Consistent adult attention and intervention to sustain activities.</li><li>• Planned adaptations to the environment to meet the well-being needs of the child, with access to adult support if required, e.g., a calming space.</li></ul>	<ul style="list-style-type: none"><li>• Frequent support available to support the child to increasingly tolerate routine transitions</li></ul>
---	--

**Band D**

In addition to previous descriptors the child requires a high level of supervision and adult engagement in play is needed to support access and inclusion for example within group activities, snack and mealtimes; free play, to extend interests or to support in outdoor play.

Advice from other professionals will inform planning and implementation of individualised curriculum which will require regular multi agency review and additional adult support for extended periods of time.

Support is targeted to ensure medical/health needs are met.

**Cognition and Learning****The child may require/ demonstrate:**

- The child's play is restrictive or repetitive.
- The child has significant difficulties retaining concepts over time and there will be evidence of severe delay in one or more of the prime areas of EYFS.

**Provision may include.**

- Explicit teaching of play skills, sequences and imaginative play.
- High levels of individual support to access a specifically planned early years curriculum.
- Highly differentiated individualised curriculum
- Access to learning is managed by constant and targeted specific support to increase/maintain attention and concentration skills, time on task, understanding of instructions and tasks and independent learning skills.
- Highly supported access to a personalised workstation (quieter area).
- Intense pre-/post- support for all areas of learning which is regularly monitored and reviewed to ensure progress (will include recommendations from professionals).

Adult to provide and facilitate significantly modified play experiences (e.g., imagination, concepts and problem solving).

**Communication and Interaction****Child may require/ demonstrate:**

- Ongoing, severe communication and or interaction difficulties, significantly impeding their development of social relationships and causing significant barriers to learn.

**Provision may include:**

- Alternative communication, which may include PECS.
- Supported play and opportunities for supported interaction.
- Reduction of sensory defensiveness and increased sensory integration.
- Intensive and ongoing direct teaching of specific speech and/or language approaches including augmented communication tools (e.g., PECS and Makaton) to embed and support communication skills.

<ul style="list-style-type: none"> <li>• Restricted functional communication and/or understanding of language.</li> <li>• Severe and persistent difficulties with reciprocal engagement.</li> </ul>	<ul style="list-style-type: none"> <li>• Adult facilitation of highly motivating resources and toys to support focus for short periods of time and to develop wider interests.</li> <li>• Specific planned provision embedded into the environment to enable play and exploration at an appropriate developmental stage.</li> <li>• Frequent and intensive adult support/facilitation of <ul style="list-style-type: none"> <li>○ opportunities planned to develop early interaction skills (e.g., intensive interaction).</li> <li>○ listening and attention in adult led tasks using an enabling environment (e.g., different spaces, group sizes, visuals and motivators).</li> <li>○ what the child is doing in a preferred activity to develop simple language and improve attention and listening skills</li> <li>○ to use visual aids/resources to enable child to communicate needs, wants and ideas.</li> </ul> </li> <li>• to negotiate/compromise to enable the child to communicate in a safe and assertive manner.</li> </ul>
---	--

**Physical and/or sensory**

<p><b>Children may demonstrate/ require:</b></p> <ul style="list-style-type: none"> <li>• Severe or profound hearing or vision loss that will have a significant impact on development and require continuous additional adult support and or severe multi-sensory impairment, which has a significant impact on development.</li> <li>• Sensory, physical or medical difficulties that require specialist equipment, adapted resources and or learning environment and position changes with a high level of adult support.</li> </ul>	<p><b>Provision may include:</b></p> <ul style="list-style-type: none"> <li>• Alternative communication, which may include BSL, Makaton, Braille.</li> <li>• Adaption and preparation of materials in tactile form</li> <li>• Physiotherapy/postural care</li> <li>• Supported play and opportunities for supported interaction.</li> <li>• All staff in direct contact with the child including the senior leadership team require appropriate training to react to medical emergencies.</li> <li>• Adult facilitated <ul style="list-style-type: none"> <li>○ movement/sensory breaks very frequently throughout the day.</li> <li>○ personalised physical programmes overseen by specialist therapist including fine motor programmes to maximise independence and promote self-care.</li> </ul> </li> <li>• Adult support to <ul style="list-style-type: none"> <li>○ use specialist resources e.g., standing frame, specialist seating.</li> <li>○ ensure specialist equipment is available and fully charged, any faults or issues to be resolved.</li> <li>○ move or facilitate movement around the environment and promote development of mobility and orientation skills.</li> </ul> </li> </ul>
---	---

	<ul style="list-style-type: none"> <li>○ manage personal care needs (due to an underlying condition) including eating, drinking and toileting.</li> <li>○ to implement and reinforce development of personal care skills due to profound vision/multi-sensory impairment such as eating, drinking and toileting as advised by Health professionals.</li> <li>○ to ensure personalised curriculum resources are available.</li> <li>○ during of site visits, to enable safe participation, provide sight guide as appropriate.</li> <li>○ to facilitate continuing development of listening skills and/or Total Communication Methods/Sign Language.</li> <li>● Frequent and intensive adult support <ul style="list-style-type: none"> <li>○ to develop language and communication skills.</li> </ul> </li> <li>● for social and emotional interventions linked to child’s sensory needs to promote good self-esteem</li> </ul>
--	---

**Social, Emotional and Mental health**

<p><b>Child may demonstrate/ require:</b></p> <ul style="list-style-type: none"> <li>● Severe and persistent difficulties regulating own emotions and recognising those of others. This will be evidenced by; long-term severe difficulties in social interaction that prevent learning.</li> <li>● High levels of anxiety in specific situations including any form of change</li> </ul> <p>The child will be involved in incidents where intense emotional distress and/or impulsive behaviour can put themselves or others at risk and requires specific interventions to diffuse the situation</p>	<p><b>Provision may include:</b></p> <ul style="list-style-type: none"> <li>● Adaption and preparation of the environment to foster well-being and safety.</li> <li>● Supported play and opportunities for supported interaction.</li> <li>● More frequent and intensive support for children with social, emotional, and mental health needs.</li> <li>● A flexible and adapted curriculum with access to modified environments and daily routine, which will include more regular use of planned breaks e.g., sensory breaks, calm breaks, calm kit, and access to preferred activities.</li> <li>● More frequent activities and interventions with other children are carried out in a very small group with intense adult modelling, sensitive scaffolding with a focus on developing social skills.</li> <li>● Tailored adult facilitation and intensive support for opportunities and experiences of positive social interactions across the day including unstructured times.</li> <li>● Adult support of self-regulating strategies across the day including unstructured times e.g., co-regulation.</li> <li>● Adult facilitating the details of a safety plan to ensure the safety and wellbeing of the child.</li> <li>● Access to specific counselling or emotional well-being type programmes/therapy</li> </ul>
--	---

## Band E

A bespoke totally individualised curriculum requiring specialist teaching approaches appropriate to the child's developmental stage, delivered by appropriately experienced/trained practitioners. The provision will entail highly adapted routines and activities, structured multi-sensory techniques during child-led activities.

Highly intensive and ongoing adult support to enable the child and other children in the setting to access their early years entitlement positively and safely in both structured and unstructured activities.

The child will have medical needs or significant social communication needs requiring highly intensive adult support to help co-regulation during and following frequent and intense periods of prolonged dysregulation.

Within this level the expectation is the staff will have undertaken additional training and develop specialist skills to be able to provide the right support for the needs of the child.

Ideally two staff who can develop this level of specialist skills need to be trained so that cover for absence and sharing of highly intensive work is successful for all involved e.g., sign language, intensive interaction, use of assistive technology, curriculum adaptations, mobility requirements and support of personal care needs.

### Cognition and Learning

#### Child may demonstrate/ require:

- The child's play is restrictive or repetitive.
- The child has significant difficulties retaining concepts over time and there will be evidence of significant developmental difference in all prime areas of EYFS.
- The child will have an individualised curriculum, multi-professional support and advice in place.

#### Provision may include (in addition to Band D):

- Explicit teaching of play skills, sequences and imaginative play.
- High levels of individual support to access a specifically planned curriculum.
- Individualised programme for alternative forms of communication, i.e., 'big Mack' button.

### Communication and Interaction

#### Child may demonstrate/ require:

- Severe communication and or interaction difficulties, significantly impeding their development of social relationships and causing significant barriers to learning.
- Severely restricted functional communication and/or understanding of language.
- Severe and persistent difficulties with reciprocal engagement.

#### Provision may include (in addition to Band D):

- Speech and language interventions
  - Alternative communication, which may include PECS.
  - Intensive interaction
  - Supported play and opportunities for supported interaction.
- Reduction of sensory defensiveness and increased sensory integration

<b>Sensory and/or Physical</b>	
<p><b>Child may demonstrate/ require:</b></p> <ul style="list-style-type: none"> <li>• Severe or profound hearing loss that will have a significant impact on development.</li> <li>• Severe visual loss that requires continuous support for mobility and self- help skills.</li> <li>• Physical or medical difficulties that require specialist equipment, adapted resources and position changes with a high level of adult support.</li> </ul> <p>In addition, there may be severe multi- sensory impairment, which has a significant impact on development.</p>	<p><b>Provision may include (in addition to Band D):</b></p> <ul style="list-style-type: none"> <li>• Alternative communication, which may include BSL, Makaton, Braille.</li> <li>• Adaption and preparation of materials in tactile form</li> <li>• Physiotherapy/postural care</li> <li>• Supported play and opportunities for supported interaction.</li> <li>• Occupational therapy.</li> <li>• All staff in direct contact with the child including the senior leadership team requires appropriate training to react to medical emergencies.</li> </ul>
<b>Social, Emotional and Mental Health</b>	
<p><b>Child may demonstrate/ require:</b></p> <ul style="list-style-type: none"> <li>• Severe and persistent difficulties regulating own emotions and recognising those of others. This will be evidenced by; long-term severe difficulties in social interaction that prevent learning.</li> <li>• High levels of anxiety in specific situations and any form of change could prove extremely challenging.</li> </ul> <p>Be involved in frequent incidents where intense emotional distress and/or impulsive behaviour can put themselves or others at risk and requires specific interventions to diffuse the situation.</p>	<p><b>Provision may include (in addition to Band D):</b></p> <ul style="list-style-type: none"> <li>• Adaption and preparation of the environment to foster well-being and safety.</li> <li>• Supported play and opportunities for supported interaction.</li> <li>• Specific counselling or emotional well-being type programmes/therapy.</li> </ul>

# FUNDED SUPPORT FOR CHILDREN WITH MEDICAL NEEDS

EY settings should consider this guidance alongside their relevant statutory framework and Durham County Council’s guidance “Support children with medical conditions in early years settings”.

This guidance supports LA decision making regarding the additional costs to support children’s needs beyond reasonable adjustments.

An Individual Health Plan and risk assessment will be in place prior to request for additional funding. All staff to have appropriate moving and handling training as required.

For children with identified SEND and medical/health needs these will be considered in line with bandings below. This list is intended as a guide only and is not exhaustive. Each case is considered on an individual basis. Panel should reflect upon the descriptors to determine whether this would increase the banding allocated regarding the child’s special educational needs. Each band prescribes provision that may be in addition to the descriptions in the previous bands.

Where children have health /medical needs without identified SEND, banding descriptors may be used as a guide. Consideration would be given to the proportion of the typical day/session where a child would require additional adult support: this may result in allocation of a lower/higher band.

<p>Band A</p> <p>Ordinarily Available Provision/EY SENIF</p>	<ul style="list-style-type: none"> <li>• Additional adult supervision is needed to monitor a child during snack and mealtimes to ensure the child can swallow food and drink safely and/or for the child not to consume food from other children which would contradict their identified dietary needs, e.g., diabetes.</li> <li>• Some additional adult supervision (for transition/in the short term) is needed to enable child to access full early years curriculum e.g., increased risk of seizure whilst swimming etc.</li> <li>• Adults occasionally needed to assist with self-help, mobility and independence skills (additional to developmental age and stage)</li> <li>• Child’s attendance at the setting requires some staff to be trained appropriately to react to medical emergencies.</li> </ul>
<p>Band B</p>	<ul style="list-style-type: none"> <li>• Adult support is needed to feed a child who is unable to feed themselves (additional to their developmental age/stage)</li> <li>• Adult support is needed to feed and monitor a child who has difficulty swallowing.</li> <li>• Child needs frequent blood glucose tests (self-monitoring tests) by an adult throughout the school day before snacks, meals and physical activity.</li> <li>• Additional adult supervision is needed (long term) to enable child to access full early years curriculum e.g. - increased risk of seizure whilst swimming etc.</li> <li>• Individual support, within the setting to carry out a specific programme for a defined period, either individually or in a group, as advised by the appropriate professional.</li> <li>• Child may require some adult-support with independence and self-help skills (additional to developmental age and stage).</li> </ul>
<p>Band C</p>	<ul style="list-style-type: none"> <li>• Child may require adult support to use mobility aids e.g., wheelchair, specialist seating or standing frame (staff appropriately trained)</li> </ul>

	<ul style="list-style-type: none"> <li>• More than 1 adult needed to support changing/intimate care frequently across the day.</li> <li>• Catheter/stoma management may be required.</li> <li>• Daily administration of medication that requires specific training for staff.</li> <li>• Regular support is required with communication related to physical or sensory disability (may include adaptive or assistive technology)</li> <li>• All staff in direct contact with the child require appropriate training to react to medical emergencies.</li> </ul>
Band D	<ul style="list-style-type: none"> <li>• Adult support to enable access to and adaptation of the curriculum for most of the session (including use of mobility aids and for moving and positioning)</li> <li>• Trained adults support every 4 hours with a bolus gastrostomy feed for a child, monitoring pace and then 'flushing' afterwards.</li> <li>• Child has medical needs requiring ongoing intervention and monitoring.</li> <li>• Increased staff vigilance due to high risk of seizure and allocation of medication as appropriate</li> <li>• Support with communication related to physical or sensory disability for the majority of the time in the setting.</li> <li>• Continuing adult support for implementation of an ongoing individual programme as advised by an appropriate professional.</li> <li>• All staff require appropriate training to react to medical emergencies. Risk assessment shows risk rating 'medium'.</li> <li>•</li> </ul>
Band E	<ul style="list-style-type: none"> <li>• Has long term significant medical condition requiring on-going medical intervention and monitoring.</li> <li>• Intensive adult support throughout the day for a child being continuously fed via nasogastric or gastrostomy tubes.</li> <li>• High level of positional management and therapeutic intervention</li> <li>• Child needs support in managing/carrying equipment, risk assessments in place.</li> <li>• Constant and intensive adult supervision required to monitor and respond to seizure activity due to risk of significant harm.</li> <li>• Fully reliant on an adult for moving and positioning to enable access to the curriculum.</li> <li>• Requires implementation of a range of intensive therapy programmes and support throughout the session</li> <li>• Continuous physical care throughout the session to enable access to curriculum both indoors and outdoors and with daily routines (additional to their developmental age and stage)</li> <li>• Medical and/ or physical condition may require lifesaving medication.</li> <li>• Constant monitoring of machinery and safety of child (may include breathing aids and adaptations)</li> <li>• Support with communication related to a sensory or physical disability throughout the session.</li> <li>• All staff require appropriate training to react to medical emergencies. Risk Assessment shows risk rating 'High'.</li> </ul>