Leicestershire County Council

Leicester City Council Social Care & Education SEND Support Service (SENDSS)

Rutland County Council

Banding Descriptors Early Years

These banding descriptors are a **best fit model** to provide guidance. A child or young person may have multiple areas of need and fit within multiple bands. In this case, use a best fit approach to apply a band.

Universal applies to what is Ordinarily Available within a mainstream setting, provision that a setting or school provide as part of their universal inclusive offer. Further guidance on Ordinarily Available can be found within Ordinarily Available: BERA documents.
Within this document IMP means Inclusive Mainstream Provision and BERA means Best Endeavours and Reasonable Adjustments.
(pale purple boxes within document)

When reading the descriptors, the banding level is in addition to the one before it, i.e., if considering the descriptors in banding 2, the descriptors within universal and banding 1 should also be considered.

Continuous Provision
(TA guidance)

- When referencing CONTINUOUS PROVISION, please provide a description of what this looks like in your setting and how the adults are used to directly support the CYP e.g., Continuous supervision throughout the provision both inside and outside to ensure safety of the child and peers (Including a description of the unsafe behaviours of the child e.g., absconding) alongside direct support with:
- Communication and Interaction, e.g., commentating and facilitating interaction.
- Using resources safely and exploring resources and their function.
- Transitioning from one activity to another safely using signs and/or symbols.
- Co-regulation and modelling of suitable regulation techniques
- Self-care needs, nappy changes, using the toilet, washing hands, eating skills.

Early Years Ratios (Optional – many settings will staff at ratios suitable to the needs and development stage of the children)
Under 2: 1:3 (with one L3 and half of staff L2)
2 Years: 1:5/1:4 (with one L3 and half of staff L2) (1:5 'optional ratio')
3 years: 1:13 (with one QTS/EYPS/EYTS and one L3)
1:8 (with one L3 and half of staff L2)

Staff-to-child ratios apply to the whole provision, not each room. Decisions on how to deploy staff are with the provider. For example, fewer members of staff in the baby room when they are sleeping than when they are awake or more staff observing children during mealtimes.

Research from: ECAT monitoring tool, Next Steps, Dingley's Assessment Tool, Communication Trust-Universally Speaking, LA descriptors (Leeds, Norfolk, Bolton, Bath)

Universal Inclusive Provision (BERA)

		Need/Observation	Environment and Provision
Play, Cognition and Learning	**Universal**	A child who presents with greater difficulties than the majority of other children of their age in making progress across all areas of the curriculum despite effective teaching. **You may observe:** The child may present with delays in all areas of the EYFS including understanding, thinking, problem solving and retaining information, concepts and skills as well as difficulties in: • Attention and listening • Understanding • Speaking • Self-help skill • Making links between different areas of learning and generalising to everyday experience • Visual, practical and physical learning • Early literacy and/or mathematical skills • Sensory processing **Any delays are NOT due to:** • Learning English as an Additional Language (EAL) • Social deprivation (lack of opportunity) • Sensory impairment • Emotional difficulties	**The child may require:** • A calmer, quieter environment • Extended thinking time before response is expected • breaks in learning for children if they are able to attend for longer periods • 'first-then' boards • Clear and simple instructions breaking down longer instructions and giving one at a time. • Individualised multi-sensory cues and prompts, including objects and photos to support understanding and play and learning • Easy access to sensory equipment e.g. wobble cushions, fidget toys, ear defenders, and weighted blankets • Physical support using hand over hand/hand under hand support • Increased opportunities for pre-teaching, overlearning, reinforcing and generalising skills • Use of timers so the child knows how long they are expected to remain on task or how long before it is their turn **School/Setting should:** • Use small steps approach; rather than expect the child to complete the whole activity, break it down into smaller parts and teach each part of the activity and practice it before moving on • Support to extend their play, initially by joining them at play and copying their actions • Support to generalise speech and language skills taught as part of individual/small group programmes • Use social stories to help explain something that is going to happen that the child might become anxious about • Use a structured teaching approach e.g. basket tasks. • Provide individual and small group interventions, such as Fun Time

		Need/Observation	Environment and Provision
Play, Cognition and Learning	A – TARGETED	- For children who are under 2 years of age, they show a mild developmental delay of 6 months. - For children who are 2-3 years of age, they show a mild developmental delay of 6 – 12 months - For children who are 3-4 years of age, they show a mild developmental delay of 12 - 18 months **You may observe:** • Some associated difficulties in speech and language and/or social emotional development. • Mild difficulties with sequencing • Mild difficulties with memory skills • Mild difficulties with making choices • Mildly limited engagement with resources or mildly restricted play. • Slow progress with early language acquisition, play skills and personal independence skills	**The child may require:** • Require smaller than average group sizes or 1:1 support for approximately 50% of activities • May require occasional use of visuals to support understanding of routines and to support making choices • May require occasional repetition of new information and/or learning skills • Occasional adult support is needed to follow routines of setting • Occasional use of alternative approaches to learning needed such as objects and reference

		Need/Observation	Environment and Provision
Play, Cognition and Learning	B - HIGH	- For a child under 2 years, they show a moderate developmental delay of 6 – 10 months - For a child between 2 – 3 years, they show a Moderate developmental delay of 12 – 18 months - For a child between 3 – 4 years, they show a moderate developmental delay of 18 – 25 months **You may observe:** • Moderate difficulties with sequencing • Moderate difficulties with memory skills • Moderate difficulties with making choices • Moderately limited engagement with resources or moderately restricted play. • Little progress made with early language acquisition, play skills and personal independence skills despite targeted intervention. • May require adult support for some aspects of self-care	**The child may require:** • Requires smaller than average group sizes or 1:1 support for approximately 75% of activities • Requires frequent access to visuals to support understanding of routines and to support making choices • Requires frequent differentiation of activities • Requires frequent repetition of new information and/or learning skills • Frequent adult support is needed to follow routines of setting • Requires frequent support during times of transition • Frequent use of alternative approaches to learning needed such as objects and reference

		Need/Observation	Environment and Provision
Play, Cognition and Learning	C - INTENSIVE	• For a child under 2 years, they show a severe development delay of more than 10 months • For a child between 2 - 3 years, they show a severe development delay of approximately from 18 to 25 months behind chronological age • For a child between 3 -4 years, they show a severe development delay of approximately from 25 to 31 months behind chronological age **You may observe:** • No progress or regressed progress with early language acquisition, play skills and personal independence skills despite targeted intervention. • Reliant on adults to access any leaning activities • Dependent on adults for all aspects of self-care	**The child may require:** • Requires smaller than average group sizes or 1:1 support for approximately 90 - 100% of activities • Requires constant access to visuals to support understanding of routines and to support making choices • Requires constant differentiation of activities • Requires constant repetition of new information and/or learning skills • Constant adult support is needed to follow routines of setting. • a sensory based / bespoke curriculum. • Constant use of alternative approaches to learning needed such as objects and reference **School/Setting should:** • Implement advice given by external agencies previously for children with similar needs • Liaise with external professionals *(referrals and input from SENDSS or other professionals is not required for an application for funding, evidence that the graduated approach is being followed should be provided)*

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Universal Inclusive Provision (BERA)

Communication & Interaction

UNIVERSAL

Need/Observation	Environment and Provision
A child with delayed and/or disordered speech, language and communication development that is NOT due to: • English as an Additional Language (EAL) • Social deprivation and impoverished language experience The child presents <u>with greater difficulty than the majority of other children of their age</u> in: **<u>Listening, Attention and Understanding</u>** • paying attention & listening in a 1:1/groups • understanding non-verbal communication • understanding words, sentences, instructions and questions **<u>Expressive Communication</u>** • communicating their basic needs • joining words together into phrases & sentences • expressing their ideas & feelings • asking & answering questions • telling a simple narrative • using speech sounds, i.e. their spoken language is unclear (may have echolalia) **<u>Social Communication</u>** • interacting and playing with adults & with other children • taking turns & sharing toys • using non-verbal communication to interact • following social rules & cues • understanding other people's feelings & intentions • managing transitions & changes in routine • insisting on "sameness", e.g. rigid routines, repetitive play	**<u>Listening, Attention and Understanding</u>** **The child may require:** • Create a good listening environment • Listening times to be short and interactive • A distraction free environment for individual and small group interactions • Simplified language to match the child's level of understanding and experiences. • Time to process information, waiting at least 10 seconds for the child to respond **School/Settings should:** • Teach and practice good attention and listening behaviours • Provide paired and small group story times • Use an auditory/visual cue to gain the children's attention • Sit the child close to an adult at listening times • Teach new words in context, using objects, pictures and multisensory experiences • Give instructions at the right level for the child, repeat, chunk and model them if needed. • Ask questions at the right level for the child's understanding, • Use a 'descriptive commentary' to provide a gentle running commentary on what the child is doing as they are doing it, keeping your language simple and repetitive **<u>Expressive Communication</u>** **The child may require:** • A good speech sound model. (Do not correct a child if they cannot say a word properly.) • Commentary on what the child is doing • Positive responses to the child's attempts to communicate • Reasons and opportunities to communicate, e.g. making choices **School/Settings should:** • Use a speech sound development chart to identify sounds the child can make and sounds they are having difficulty making. Remember that the sound may not be in the child's home language • Teach the child to join words together by expanding on what s/he says. • Teach vocabulary (nouns first, then verbs, then describing words/concepts). Make sure the child has opportunities to hear new words many times and to use them. • Use a vocabulary programme, (Word Aware 2/concept checklist) to identify the language you need to teach. • Use pictures to begin simple storytelling/narrative. • Play games which encourage playful sounds, e.g. transport or animal noises • Play listening and auditory discrimination games • Teach the child to use additional/alternative means of communicating if appropriate e.g. signs, Picture Exchange Communication System (PECS) **<u>Social Communication</u>** **The child may require:** • Help to notice, understand and respond to other people's non-verbal communication • Help to understand facial expression, body language, tone of voice • To be regularly involved in people play games, e.g. tickling games, chasing games, copying games **School/Settings should:** • Explicitly name emotions; help the child to recognise & begin to understand the feelings & thoughts of others • Follow the child's lead. Play alongside, observing their play & joining in by copying their actions & sounds. • Use an individual intervention, such as Play Interaction or Intensive Interaction • Support the child to play with another child (who has good social interaction skills) • Teach social rules through a more individualised approach • Use Social stories' to teach and reinforce appropriate social behaviour in specific situations • Include the child in a small group intervention, such as, Fun Time, to extend their skills to interacting and taking turns within a group.

		Need/Observation	Environment and Provision
Communication & Interaction	A – TARGETED	**FOR A CHILD THAT IS 2 YEARS** **Listening, Attention and Understanding - You may observe:** • Fleeting attention to play activities and adults • Difficulties in following/understanding single word instructions (without visual support: gesture, symbol, object) • Understanding of a few key words by looking, pointing or moving • Turning to familiar sounds or voices • Receptive language delay is more than 12 months as identified by ECAT monitoring tool/SALT. • Sensory processing impacts on learning (eg resistant to touching certain textures) **Expressive Communication - You may observe:** • Communicates needs/feelings through behaviour (smiles, cries, squeals, babbles) • Copied sounds or words used occasionally • Repeated syllables used ("mmm" "dddd") • Expressive language delay is more than 12 months. **Social Communication - You may observe:** • Looking towards adults rather than peers. • Using vocalisations, gesture, eye contact, facial expression to make connections with people. • Copying simple actions or sounds in response to adult interaction • Likes being with a familiar adult and may look to the adult for response to actions or vocalisations **FOR A CHILD THAT IS 3-4 YEARS** **Listening, Attention and Understanding - You may observe:** • Concentrating on objects or activities of own choosing for short periods • Rigid attention – may appear not to hear when focussed on immediate activity • Listening to and enjoys rhymes, stories and songs • Selecting some familiar objects by name • Difficulties understanding simple questions (what or where?) • Receptive language delay is more than 12 months as identified by ECAT monitoring tool/SALT. • Sensory processing impacts on learning (resistant to touching certain textures) **Expressive Communication - You may observe:** • Using a mixture of words and vocalisation (jargon) • Beginning to put two words together (e.g. 'more juice', 'all gone') • Difficulties in their speech being understood by familiar adults.	**The child may require:** • Smaller than average group sizes or additional adult support for approximately 50% of the time. • Use of visuals, objects of reference, sign to support understanding of routines and to follow them. • Use of visuals, objects of reference, sign to support making choices. • Repetition of new information and play/learning skills. • Planned time in a quiet space with an adult to provide interventions. **School/Settings should:** • Set individual targets (SEND Support Plan), which are reviewed regularly and in conjunction with external professionals where appropriate (EYST, SALT). • Ensure speech and language strategies are embedded in all play and learning activities and that all adults that are delivering interventions are suitably trained. • Work in partnership with parents – communication systems should be consistent and the same at home and in setting. • Have an awareness of sensory needs and the impact on learning/behaviour which is understood by all staff. • Monitor progress using toolkits, such as Speech, Language and Communication (ELSEC) or assessment tools such as Every Child a Talker (ECAT) and Dingley's Promise • Assess bilingual children in their home language and English; their assessment

		• Age-appropriate spoken language but inappropriate expressive communication (e.g. over loud voice, interrupts others, little use of facial expression, repeatedly asks same question, monotone voice) • Immaturities in speech sounds and patterns identified by SALT. • Expressive language delay is more than 12 months. **Social Communication - You may observe:** • Difficulties understanding taking turns and waiting in line without repeated adult prompts. • Looking towards others for responses. • Little interest in peers, may be able to play alongside or when given direct adult support. • Signs of distress when faced with new people, places or events.	should be based on their strongest performance in either language.

		Need/Observation	Environment and Provision
Communication & Interaction	**B - HIGH**	**FOR A CHILD THAT IS 2 YEARS** **Listening, Attention and Understanding - You may observe:** • Consistently needing visual and/or physical prompting to follow instructions and adult requests • Some anticipation in familiar contexts (e.g. beginning to understand and wait for "go" during ready steady go games.) • Sensory processing impacts behaviour and learning (e.g. constantly chewing toys, covers ears) **Expressive Communication - You may observe:** • Unable to use eye gaze or pointing to indicate wants or needs. • Attracting adult attention through vocalisations and/or behaviour to express a want or dislike. **Social Communication - You may observe:** • Actively withdrawing from engagement with adults and peers. • Repetitive behaviours (e.g. lines up toys, carries toy in hand all day, watches spinning objects, hand mannerisms/stimming behaviours) **FOR A CHILD THAT IS 3-4 YEARS** **Listening, Attention and Understanding - You may observe:** • Fleeting attention to play activities, adults and peers. • Understanding of single words in context is developing. • Consistently needing visual/gesture/symbol/object and/or physical prompting to follow instructions • Sensory processing impacts behaviour & learning (eg constantly chewing toys, covers ears) **Expressive Communication - You may observe:** • Imitating words & sounds & using some single words • Communicating by physical means (e.g. pulling an adult by hand) **Social Communication - You may observe:** • Using words, vocalisations, gesture, eye contact, facial expression to make connections with people. • Copying simple actions, sounds or words in response to adult interaction.	**The child may require:** • Smaller than average group sizes or additional adult support for approximately 75% of the time. • Frequent interventions throughout the week, likely to be every session. **School/Settings should:** • AS ABOVE AND BELOW? • Consider whether they need to liaise with external professionals (Referrals and advice implemented from Health and SEND professionals)

		• Repetitive behaviours (e.g. lines up toys, carries toy in hand all day, hand mannerisms/stimming) • Actively withdrawing from engagement with peers and/or adults – preferring solitary play.	

		Need/Observation	Environment and Provision
Communication and Interaction	**C - INTENSIVE**	**FOR A CHILD THAT IS 2 YEARS** **Listening, Attention and Understanding - You may observe:** • Limited awareness of their environment – not listening or turning to familiar sounds, words or songs. • No anticipation or awareness of everyday routines (nappy change, bath, meal times) • Sensory processing causes a highly anxious state which impacts on ability to focus/learn. **Expressive Communication - You may observe:** • Significant delay in communicating wants and likes – requires a familiar adult to interpret behaviour to understand (mostly through crying/vocalisations) **Social Communication - You may observe:** • Mostly unresponsive to adult attempts to engage. • May respond to caregivers voice by stopping crying, smiling, looking. • High levels of anxiety leading to frustration/aggression/ withdrawal. **FOR A CHILD THAT IS 3-4 YEARS** **Listening, Attention and Understanding - You may observe:** • Limited understanding of what is said or communicated by familiar adults. • Rigid, repetitive or obsessional behaviours make it difficult to cope with unexpected changes and engage in learning. • Sensory processing causes a highly anxious state which impacts on ability to focus/learn. **Expressive Communication - You may observe:** • Communicating needs/feelings through behaviour (smiling, crying, eye gaze, gesture…) • May have a few clear words (e.g. 'no') **Social Communication - You may observe:** • Mostly unresponsive to adult attempts to engage and finds it hard to follow adult directed agenda. • No understanding of social boundaries or tolerating interactions • High levels of anxiety leading to frustration/aggression/ withdrawal.	**The child may require:** • Smaller than average group sizes or additional adult support for approximately 95-100% of the time. • Intensive interaction approach embedded into their day. • Reliance on visuals, objects of reference, sign and physical prompting to move through their daily routine. • Detailed individual planning for all areas, especially transitions and unusual times (e.g. trips, sport's day) • Daily planned time in a quiet space with an adult to provide interventions. **School/Settings should:** • Provide a consistent named adult that is available to the child. • Consider whether they need to liaise with external professionals (Referrals and advice implemented from Health and SEND professionals)

Universal Inclusive Provision (BERA)			
Social, Emotional and Mental Health	**UNIVERSAL**	**Need/Observation**	**Environment and Provision**
		A child who presents with greater social and emotional difficulties than most other children of their age. **You may observe:** • Being withdrawn or isolated • Being disruptive and/or aggressive • Being unable to control or express emotions appropriate to their age • Difficulties in interacting with children and/or adults • Difficulties in attending to activities/tasks **The behaviour that you see may be due to one or more of the following factors**: • Difficulties with learning • Difficulties with communication • Difficulties with interaction • Mental Health issues e.g. anxiety • Physical difficulties or conditions that are undiagnosed • Specific disorders e.g. ASD/ADHD • The effects of trauma, abuse or neglect • Attachment difficulties • Environmental factors such as housing or family circumstances	**The child may require:** • A comforting, quiet space to take the child to at times when they feel very worried or anxious. Help the child to know where this place is so that they learn to go there themselves. • A consistent, familiar adult available to 'meet and greet' and spend time with the child at key times throughout the session such as coming into setting from home or coming into setting from playtimes. • Photos and pictures to talk to the child about and label feelings and to check in with the child • Calming language to de-escalate anxiety, keeping language as consistent as possible • 'first and then' language, • A comfort object from home to help them feel secure, particularly going from one activity or place • A change of scene and/or activity and build in opportunities for the child to move around • Individual and small group interventions to explicitly teach social skills and how to respond to feelings appropriately, e.g. Fun Time, small group story sharing times. • Individualised 'Social stories' to help children learn a specific behaviour in social situations. • Individualised reward systems, adapted to the child's age and developmental level and based on their likes and interests **School/Settings should:** • Ensure that all staff receive training and are aware of the effects of childhood trauma and attachment difficulties • Spend extra time observing the child to identify triggers and patterns of particular behaviours as well as times when the child is behaving 'well'. Use timed observations (e.g. observing the child at regular intervals) and A(antecedent) B(behaviour) C(consequence) charts to describe the behaviour clearly and note what happened before and after. • Use Six stages of crisis model in order to recognise and respond to when a child is becoming increasingly upset • Draw up and implement an individualised behaviour plan and/or Positive Handling Plan needed when a child has required a physical intervention once or more. Record things that work well in supporting the child on this, including what the adults should say as well as do • Use enhanced behaviour communication systems between home and setting

		Need/Observation	Environment and Provision
Social, Emotional and Mental Health	A - TARGETED	The child presents with moderate delays in their Personal, Social and Emotional development. **The Child may require an increased level of adult prompting, greater than peers, for the following areas:** • Attend to short story or song time • Sit in small group focused activities • To engage in play and social interactions across the areas of provision • To keep themselves and others safe **You may observe:** • Finding transitions distressing, becoming upset for a prolonged period, over what would usually be expected within this age group. • little self-regulation, having frequent intense emotional outbursts. • Reluctance to share or take turns • Disrupts/interrupts the play of others • communicates with physical behaviours, such as hurting others or themselves. • Unpredictable outbursts • Reluctance to engage in activities • Generally passive and allows other to dominate / lead • Frequently socially isolated from peers and plays alone • Frequently displays behaviours which interrupts the play of others. • Regular unsafe behaviours have an impact on the formation of relationships with peers e.g. other children regularly move away or appear intimidated by their actions. • Regular periods of low well-being, causing a lack of engagement and barrier to their learning. • have significant attachment needs (e.g., due to trauma) requiring high levels of support to separate from parents/carers and/or at transition times Have little awareness of safety or risk.	**The child may require:** • Differentiated learning tasks, enabling environments and child led learning • Model appropriate, language, play and social interactions • Small group interventions such as turn taking, social interaction and communication groups • Social stories • SEND support plan • Individual Behaviour Plan • Risk assessment • Restorative approach • Trauma informed practice **The child requires:** • smaller than average group sizes or 1:1 adult support for approximately **50%** of activities • Nurturing, enabling environment • Access to a calm, quiet space or low arousal area for regulation. • Frequent individual adult support to encourage participation in group sessions or collaborative play activities

		Need/Observation	Environment and Provision
Social, Emotional and Mental Health	**B - HIGH**	The child presents with significant delays in their Personal, Social and Emotional development. **The Child requires an increasing level of adult prompting, greater than peers, for the following areas:** • Follow adult instructions, routines and boundaries • keep themselves and others safe • Play or socially interact with peers • Sharing and turn taking • engage in a group or adult led activity for a developmentally appropriate length of time e.g. for a short story **You may observe:** • behaviours which interrupts / disrupts the play of others and effects the ability to form peer relationships • playing in isolation despite invitations by peers • Frequent wandering without purpose or engages in simple, repetitive or passive play. • seems unaware of the needs of others i.e. becomes distressed if intended action is thwarted. • Frequent reluctant to assert themselves with adults or peers • Limited awareness of risk • Frequent communication through unsafe physical contact. • Difficulty self-regulating with frequent, intense emotional outbursts, these can last for a prolonged period of time. • Frequently withdrawn or anxious. • refusal / rejection of adult attempts to comforts. • Frequently distressed at being left and/or difficulty in transitioning from one trusted adult to another.	**See provision above in targeted, duration & frequency will be increased.** **Smaller than average group sizes or 1:1 adult support for approximately 75% of activities** **The child may require:** • frequent individual adult verbal prompts to focus attention or an adult is required to sit near the child for some of the time **The child requires:** • Nurturing, enabling environment • Access to a calm, quiet space or low arousal area for regulation and safety. • familiar adult close by to facilitate engagement in a range of activities and areas of provision.

		Need/Observation	Environment and Provision
Social, Emotional and Mental Health	C- INTENSIVE	**Need/Observation** The child presents with severe delays in their Personal, Social and Emotional development. The child has had rigorous review showing little or no progress towards the targets set in the targeted plan. **The Child requires an intense level of adult support, greater than peers, for the following areas:** • to participate in a group/adult led activity • to focus attention or encourage engagement • to follow adult instructions, routines and boundaries • to self regulate/coregulate **You may observe:** • at risk of exclusion, isolation or becoming socially vulnerable • Unpredictable outbursts of inappropriate physical contact and language frequently in each session • Persistently demonstrates distress or dysregulation in most sessions • Persistently does not follow adult instructions • Persistently tearful and unable to express feelings / needs to familiar adults or peers • Persistently withdrawn or anxious. • Persistently very clingy with familiar adults, may reject adult attempts to comfort • low levels of resilience when faced with challenge or criticism • Persistently withdrawn and anxious even with 1-1 support • Does not engage in activities at all without a familiar adult nearby • Rarely seen to assert themselves with adults or peers • Persistently disruptive when asserting own needs or views. Unable to wait, take turns, share and accept others needs or feelings.	**Environment & Provision** **See provision above in high, duration & frequency will be increased.** **smaller than average group sizes or 1:1 adult support for approximately 95-100%** **The child may require:** • individual adult verbal prompts to focus attention or an adult is required to sit near the child for most of the time • Implementation advice given by external agencies previously for children with similar needs • Liaison with external professionals *(referrals and input from SENDSS or other professionals is not required for an application for funding, evidence that the graduated approach is being followed should be provided)* **The child requires:** • of activities • Nurturing, enabling environment • Access to a calm, quiet space or low arousal area for regulation and safety. • familiar adult close by to facilitate engagement in a range of activities and areas of provision, keep the child and others safe and provide coregulation.

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Rutland County Council

Universal Inclusive Provision (BERA)

		Need/Observation	Environment and Provision
Physical and Sensory (hearing & vision)	**UNIVERSAL**	**A Visual Impairment (VI) is an impairment of sight** **A visual impairment is significant when a child needs:** • Enlarged text on trays, displays, board work etc. or pre-braille skills/activities. • A curriculum that is provided via touch. • Constant supervision for health and safety. • Direct 1:1 to support for social skills. • Additional opportunities to practise skills. **A child with a visual impairment may have difficulties with:** • Learning and physically developing at the same pace as their peers. • Making links between differing areas of learning. • Physical tiredness. • Making and maintaining relationships. • Managing their equipment and physical safety • Early literacy and pre-writing skills. • General self-confidence and self-esteem. • Fully engaging with their environment **A hearing impairment (HI) is an impairment that affects a child's ability to access auditory information.** **A hearing loss is significant when a child:** • Has hearing loss which is not aided • Has a fluctuating hearing loss • Requires audiological equipment to support their listening • Has difficulty adapting to environments with high levels of background noise. • Misses out on incidental learning • Has difficulty with developing language and communication skills. • Has difficulty with social interaction	**A Visual Impairment (VI):** **The child may require:** • An adapted nursery environment to take account of sources of light, to avoid glare and visual clutter etc. Blinds at windows may be necessary. • Relevant equipment, e.g. specialist IT equipment, patches, modified toys or books following the advice provided by the specialist teacher. • consumable materials, e.g. braille paper, and other tactile resources e.g. collage items • Visual fatigue rest breaks built into the day • A shaded outdoor area as appropriate • Opportunities to generalise speech and language skills taught as part of individual/small group programmes. • Individual and small group interventions, e.g. Fun Time, to teach SLC skills, e.g. attention and listening skills, understanding, speaking, and social interaction skills. • A quiet space/workstation for 1:1 instruction. • Some support in self-care routines **School/Setting should:** • Liaise regularly with a specialist teacher to support the child and practitioners to understand the impact of the child's vision loss on the child's communication, language and learning. • Support the child to become independent in their use of any additional or modified equipment through training, regular checks and monitoring. • Share planning with the specialist teacher so that resources to be obtained or modified are in time for the activities planned. **A hearing impairment (HI):** **The child may require:** • Adapted nursery surroundings to provide a suitable listening environment e.g. a quiet space for 1-1 listening activities, keeping the level of background noise lower when speaking to the HI child. • Relevant audiological (hearing) equipment e.g. hearing aids, cochlear implants, radio systems, following the advice provided by the specialist teacher. • Individual and small group interventions, e.g. Fun Time, to teach SLC skills, e.g. attention and listening skills, understanding, speaking, social interaction skills, alternative communication skills, such as signing (Makaton/BSL) • opportunities to generalise speech and language skills taught as part of individual/small group programmes

		A child with a hearing impairment may have difficulties with: • Attention and listening • Language and communication • Early reading and/or number skill • Making links across different areas of the curriculum and learning from everyday experiences • Developing relationships with adults/peers. • Taking part in group discussions • Understanding new vocabulary • Learning new concepts • Clarity of speech **<u>Physical impairments in a young child may need adaptations to the EYFS curriculum.</u>** **The young child with physical impairment may have more difficulty than the majority of other children of their age in:** • Motor skills and spatial skills leading to problems moving around the setting. • Gross motor movement; difficulties in 'planning' movement resulting in awkward and clumsy body movements • Sitting up/sitting still due to weak core strength; delayed / immature body awareness and balance. • Making transitions from one position to another. • Running, jumping, skipping, kicking, throwing, catching, etc. • Fine motor movements • Handling tools, e.g. scissors, tongs, paint brush pens. • Spatial awareness resulting in positioning mark making on paper and difficulties forming letter shapes • Oral/verbal dyspraxia e.g. difficulty in eating, dribbling, sounds and speech production, organising thought into spoken words phrases and sentences	• Some support in self-care routines **School/Setting should:** • Implement the child's educational advice provided by the specialist teacher • Liaise with specialist teachers/teaching assistants to support nursery staff to understand the impact of the child's hearing loss on communication, language, learning and social interaction skills • Liaise with specialist teachers/teaching assistants to support to the child to become independent in their use of audiological (hearing) equipment through training, regular checks and monitoring. • Ensure that staff attend relevant training e.g. 'Supporting children with hearing loss' run by the Hearing Support Team **<u>Physical impairments:</u>** **The child may require:** • Adapted and simplified activities to support the development of fine and/or gross motor skills such as the use of alternative equipment e.g. training scissors, range of sizes of pens, crayons and brushes, smaller bikes and trikes and accessible outdoor equipment • Significantly more time for completing tasks if needed, e.g. consider whether the child should start earlier • Some support in self-care routines **School/Setting should:** • Follow advice from professionals such as occupational therapist (OT) and physiotherapist on making reasonable adjustments to the nursery environment • Make sure areas are well-organised with clear routes and remove any clutter that may cause a barrier to movement • Think carefully about timetabling activities and the location of rooms • Support the use of low-tech aids and equipment recommended by health professionals, • Take account of tiredness and muscle fatigue and make time for free play or rest breaks after focused activities • Promote exercises and activities to strengthen upper body, hands and fingers • Assess the child's learning and physical needs (e.g. observations, play-based assessment, checklists) leading to an appropriately targeted intervention programme; this should be planned in partnership with the child and their family and as advised by an outside agency where involved • Follow individual programmes of physical and self-help skills as advised by relevant specialists, such as an Occupational Therapist to access training and medical support for children with complex care needs, if appropriate • Make sure staff are trained in manual handling and position changes, if appropriate relevant health professional will advise

		Need/Observation	Environment and Provision
Physical and Sensory (hearing & vision)	A - TARGETED	**A Visual Impairment (VI) is an impairment of sight** **You may observe:** • Some difficulties with accessing the EYFS curriculum activities. • Some difficulties with gaining information at a distance. • Possible difficulties with moving around environment / safety issues. • Visual loss has some impact on development of self-help skills e.g. dressing, eating **A hearing impairment (HI) is an impairment that affects a child's ability to access auditory information.** **You may observe:** • Mild difficulty locating direction of sound • Mild difficulties with attention and listening and attention often needs to be gained through eye contact or physical signals • Mild difficulties with attention and listening and may need attention to be gained through eye contact or physical signal • Mild delays with early reading and/or number skill • Mild difficulties with making links across different areas of the curriculum and learning from everyday experiences • Mild difficulties with developing relationships with adults/peers, with taking part in group discussions, understanding new vocabulary, learning new concepts and the clarity of their speech **<u>Physical impairments in a young child may need adaptations to the EYFS curriculum.</u>** **You may observe:** • Some independence in managing their condition i.e. movement, personal care etc	**A Visual Impairment (VI):** **The child may require:** • Some selection / differentiation of appropriate resources and activities • support for learning and play opportunities for approximately 50% of their time • some follow up and reinforcement of skills • some oversight for safety issues. **School/Setting should:** • assist with self-help activities where necessary • attend appropriate training as advised by VIT **A hearing impairment (HI):** **The child may require:** • Targeted Individual and small group interventions for at least 50% of their time in the setting, e.g. Fun Time, to teach SLC skills, e.g. attention and listening skills, understanding, speaking, social interaction skills, alternative communication skills, such as signing (Makaton/BSL) **School/Setting Should:** • assist with self-help activities where necessary • Some support may be needed to ensure safety **<u>A Physical impairment:</u>** **The child may require:** • As above within sensory provision. • Regular support for self help, safety and inclusion. **School/Setting Should:** • Make adaptations to the curriculum and/or physical environment as physical needs give rise to safety issues and Curriculum and environment access may not be possible without mediation.

		Need/Observation	Environment and Provision
Physical and Sensory (hearing & vision)	B - HIGH	**A Visual Impairment (VI) is an impairment of sight** **You may observe:** • Moderate difficulties with accessing EYFS curriculum activities. • Moderate difficulties with gaining information at a distance. • May be registered sight impaired • Moderate difficulties with moving confidently and safely around environment. Visual loss has moderate impact on development of self-help skills e.g. dressing, eating **A hearing impairment (HI) is an impairment that affects a child's ability to access auditory information.** **You may observe:** • Moderate difficulty locating direction of sound • Moderate difficulties with attention and listening and attention often needs to be gained through eye contact or physical signals • Moderate delays with early reading and/or number skill • Moderate difficulties with making links across different areas of the curriculum and learning from everyday experiences • Moderate difficulties with developing relationships with adults/peers. • Moderate difficulties with taking part in group discussions • Moderate difficulties with understanding new vocabulary • Moderate difficulties with learning new concepts • Moderate difficulties with the clarity of their speech • Moderate attachment, emotional or behavioural difficulties associated with hearing loss and /or delayed or different language development • Moderately delayed development of self-help skills related to communication and /or knowledge and understanding of the world and/or delayed development of social skills **Physical impairments in a young child may need adaptations to the EYFS curriculum.** **You may observe:** • Physical and mental skills may fluctuate and/or deteriorate throughout the day due to tirednes	**A Visual Impairment (VI):** **The child may require:** • selection / differentiation of appropriate resources and activities • support for learning and play opportunities for approximately 75% of their time • regular follow up and reinforcement of skills • oversight for safety issues. **School/Setting should:** • Regularly assist with self-help activities • attend appropriate training as advised by VIT **A hearing impairment (HI):** **The child may require:** • Targeted Individual and small group interventions for at least 75% of their time in the setting, e.g. Fun Time, to teach SLC skills, e.g. attention and listening skills, understanding, speaking, social interaction skills, alternative communication skills, such as signing (Makaton/BSL) **School/Setting Should:** • assist with self-help activities regularly • Provide frequent support to ensure safety **A Physical impairment:** • As above within the sensory provision.

		Need/Observation	Environment and Provision
Physical and Sensory (hearing & vision)	C - INTENSIVE	**A Visual Impairment (VI) is an impairment of sight** **You may observe:** • Unable to use distance vision for nursery learning. • Possibly registered severely sight impaired • Unable to move confidently around environment; Severe level of visual loss has potential impact on safety • Visual difficulties which prevent independent participation in the majority of activities • Visual loss has significant impact on development of self-help skills e.g. dressing, eating **A hearing impairment (HI) is an impairment that affects a child's ability to access auditory information.** **You may observe:** • Significant difficulty locating direction of sound • Significant delays with early reading/number skill • Significant attachment, emotional or behavioural difficulties associated with hearing loss and /or delayed or different language development • Significantly delayed development of self-help skills related to communication and /or knowledge and understanding of the world and/or delayed development of social skills **Severe difficulties with:** • attention and listening and attention always needs to be gained through eye contact or physical signal • making links across different areas of the curriculum and learning from everyday experiences • developing relationships with adults/peers. • taking part in group discussions, understanding new vocabulary, learning new concepts and clarity of their speech. **<u>Physical impairments in a young child may need adaptations to the EYFS curriculum.</u>** **You may observe:** • Physical and mental skills may fluctuate and/or deteriorate throughout the day due to tiredness	• Implementation advice given by external agencies previously for children with similar needs • Liaison with external professionals *(referrals and input from SENDSS or other professionals is not required for an application for funding, evidence that the graduated approach is being followed should be provided)* **A Visual Impairment (VI):** **The child may require:** • modified differentiation of all resources and activities, • provide teaching and support for 100% of learning and recording, and play opportunities • implementation of programmes of work introduced by VIT staff. Termly joint planning and review of programmes with VIT staff and parents/carers • intensive reinforcement of concepts and specialist key skills teaching introduced by VIT staff. **School/Setting should:** • attend appropriate training as advised by VIT • Provide adult support for 100% of self-help needs • Provide intensive adult support to ensure safety **A hearing impairment (HI):** **The child may require:** • Targeted Individual and small group interventions for 100% of their time in the setting, e.g. Fun Time, to teach SLC skills, e.g. attention and listening skills, understanding, speaking, social interaction skills, alternative communication skills, such as signing (Makaton/BSL) • Translation into sign or other medium of the whole curriculum to ensure equal access **School/Setting should:** • Provide adult support for 100% of self-help needs • Provide intensive adult support to ensure safety **<u>Physical impairments in a young child may need adaptations to the EYFS curriculum.</u>** **The child may require:** • A high level of individual supervision in order to engage in and develop independence skills (will have a high dependency on adults for all aspects of their daily life) **School/Setting should:** • Provide daily, focused, time limited small group/1:1 interventions. • Allow for regular rest breaks and opportunities to repeat learning