



Information Governance Team

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Dear Sir/Madam

Freedom of Information Act 2000 (FOIA)

Request ID: FOI420764924

Thank you for your request for information relating to High Needs Top-Up & Banding Allocations.

You have requested the following information:

- 1. A copy of the Council's current operational guidance for SEND High Needs Block funding allocation (a URL to current policy document would be fine);**
- 2. Information that describes “top-up”, “banding,” “matrix,” or “element” arrangements that the Council uses to guide its allocation of High Needs Block funding to mainstream schools, resource base / units in mainstream schools, and special schools;**
- 3. Information showing the maximum High Needs or Top-Up funding allocation (in pounds) that each specific band, matrix point, or element attracts in the current academic year (2022-23);**
- 4. Information showing the maximum High Needs or Top-Up funding allocation (in pounds) that each specific band or element attracted for the previous academic year (2021-22).**
 - a. If funding allocations for each band/element in 2022-23 are identical to those in 2021-22, please say so.**
 - b. If it is more efficient for you to provide these allocations based on financial years rather than academic years, please use financial years instead.**

c. If the Council has changed its banding arrangements during the 2021-22 and 2022-23 periods, please provide information showing the previous banding arrangements as well as the current ones.

d. For special schools where banded funding is not used, please provide information showing the 'top-up' allocation per place

Please see the attached documents in response to all questions.

The supply of information in response to a FOI/EIR request does not confer an automatic right to re-use the information. You can use any information supplied for the purposes of private study and non-commercial research without requiring further permission. Similarly, information supplied can also be re-used for the purposes of news reporting. An exception to this is photographs. Please contact us if you wish to use the information for any other purpose.

For information, we publish a variety of information such as: [FOI/EIR Disclosure Log](#), [Publication Scheme](#), [Facts about Coventry](#) and [Open Data](#) that you may find of useful if you are looking for information in the future.

If you are unhappy with the handling of your request, you can ask us to review our response. Requests for reviews should be submitted within 40 days of the date of receipt of our response to your original request – email: infogov@coventry.gov.uk

If you are unhappy with the outcome of our review, you can write to the Information Commissioner, who can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or email icocasework@ico.org.uk.

Please remember to quote the reference number above in your response.

Yours faithfully

Information Governance

Coventry High Needs Band Descriptors for Special School Provisions

Using the Banded Funding Descriptors

Following appropriate assessment, all students will be placed on a Band according to their **primary area of need**. The banding decision must be based on the **actual needs** of the student as the assessment is about the child or young person and not the school provision. Bands may be reviewed through the statutory review process.

The evidence used to inform these assessment decisions is likely to include some or all of the following:

- Statutory Assessment/Statement/EHCP
- Annual Review
- Individual Education Plan / Individual Behaviour Plan
- Risk Analysis
- Care Plan
- Continuing Care Assessment

CRITERIA:

Band 1 – Communication and Interaction

Band 1C – Speech and Language Impairment/Disorder:

- Long-term speech & language difficulties causing barriers to learning and social relationships.
- Moderate language impairment with problems in some areas which may involve one severe predominant area involving use/ comprehension/ expression/ phonology.
- Free spontaneous speech often unintelligible.
- Good use of consonants and vowels at a single word level but poor transfer of sounds into sentences.
- Single words clear but connected speech poor.
- Intelligible to familiar listeners in context but not intelligible in context with unfamiliar listeners.
- Able to follow simple instructions in a clear context.
- Self-confidence and social integration limited by communication difficulties may respond inappropriately.
- Able to achieve some limited social integration with educational activities.

Band 1D - ASC/Social Communication moderate

A student is likely to have:

- A professional diagnosis of an autism spectrum condition.
- Persistent difficulties with social interaction, social communication or understanding emotions.
-

A student may have/display:

1. Functional language or communication difficulties across some settings
2. Limited initiation of social interaction but can take part in some imaginative play if taught/supported, but cannot develop this independently.
3. Some difficulties with restricted or repetitive patterns of behaviour or interest.
4. Major communication difficulties (despite adequate vocabulary and language structures), which inhibit learning. Expressive language abilities are impaired to a degree that prevents effective age appropriate communication.
5. Difficulties with social interaction and/or restricted/ inflexible thinking leading to experiences of anxiety in certain situations, which the student finds difficult to cope with and which could occasionally lead to behaviour that challenges the norm.
6. Occasional sensory or processing difficulties which cause the child anxiety, without intervention, these could lead to behaviours that challenge the norm.
7. Use of adult stereotyped phrases, some evidence of reliance on routines and specific interests. Some reaction and resistance to change.
8. Able to follow appropriate, structured and predictable classroom conventions so behaviour not usually challenging. They will work with a variety of adults. With support/ appropriate intervention the student can become calm relatively quickly.
9. Transitions occasionally require additional planning to enable them to succeed.

Band 1E – ASC/Social Communication high/significant:

Students will have a professional diagnosis of an autism spectrum condition. The student experiences severe and persistent difficulties with social interaction.

Students may have/display:

1. Limited functional language or communication difficulties across most settings.
2. Difficulty seeing the point of learning activities or social activities, and require personalised rewards, reinforcement or activities that build upon personal interests to help them to engage.
3. Persistent difficulties with restricted or repetitive patterns of behaviour or interest and some repetitive motor mannerisms used to self-regulate or self-occupy.
4. Severe and persistent difficulties with communication. These lead to significant experiences of anxiety or heightened arousal in certain situations, which the student finds difficult to cope with and could lead to behaviour that challenges the norm.
5. Severe and persistent difficulties with social interaction and/or restricted/inflexible thinking leading to heightened anxiety that can endure for a prolonged period even with support/appropriate intervention.
6. Severe and persistent difficulties with sensory processing which leads to heightened anxiety levels and some behaviour which challenge the norm and/or impact on learning.
7. Signs of distress over small changes in the environment and are reliant on routine and the expected. Some preoccupation with stereotyped or restricted patterns of interest that act as a barrier to other activities
8. Lack of understanding of classroom conventions, needing clearly defined roles and expected behaviours; they will interact with their own preferred adults.
9. Some transitions need planned, personalised strategies to be successful.

Band 1F – ASC/Social Communication severe:

Severe ASC with contextually, inappropriate, social responses.

Students will have a professional diagnosis of an autism spectrum condition.

The student experiences severe, persistent and complex difficulties with social interaction and sees little purpose in peer relationships. They will have associated anxieties and/or sensory difficulties which have a significant impact on their ability to function across a range of settings. Student's ability to learn is significantly and persistently impaired by communication and interaction difficulties over prolonged periods.

Students may have/display:

1. Significantly limited functional language and communication across all settings.
2. Attempts to approach others (only to meet their own needs) paying little or no attention to their response.
3. Repetitive verbal and physical behaviours are frequent and preclude most engagement in learning. These can lead to severe anxiety, aggression or withdrawal.
4. Severe and persistent frustration with communication cause extreme levels of acute anxiety experienced on a regular basis and across different settings. This will lead to extreme behaviours that will challenge the norm.
5. Severe and persistent difficulties with social interaction, unpredictable, ongoing, extended periods of anxiety that cannot be reduced even with support and appropriate interventions.
6. Significant difficulties with sensory processing and sensory modulation which lead to heightened anxiety levels. Passive/unsafe behaviours that challenge the norm and adversely affect the ability to engage with the world.
7. Signs of distress over small changes in the environment and are reliant on routine and the expected. Significant and persistent adherence to personal, specific or complex routines across all settings.
8. Highly dependent upon personal, routines and rituals leading to intense inappropriate reactions at times.
9. All transitions will require personalised and consistent strategies to be successful.

Band 2 – Cognition and Learning

Band 2D – Moderate Learning Difficulties (MLD)

Young people with general learning difficulties experience significant problems across the majority of the curriculum. Their general level of development and academic attainment is significantly below that of their peers. In many cases difficulties will include speech and/or language developmental delay. Some young people may also have poor social skills and/or may show signs of emotional and behavioural difficulties.

Significantly greater difficulties in most developmental and curricular areas. In addition, significant difficulty with:-

- Retaining skills and information
- Generalising skills
- Staying on task/ attention
- Confidence
- Organisation

Note: Severe or Profound Learning Difficulties (SLD & PMLD)

Young people with severe or profound and multiple learning difficulties are almost always identified before they reach statutory school age. Young people with SLD will be most likely to work at P level to level 1, of the National Curriculum up to school leaving age. A young person with PMLD will be most likely to work at early P levels, P1i to P3 until school leaving age. In most cases the LA will be able to draw upon a considerable body of existing knowledge arising from assessments carried out and provision made by Health Agencies and Children's Services.

Band 2E - Severe Learning Difficulties (SLD: P4-L1)

Students with severe learning difficulties may also have associated difficulties in mobility and coordination, communication and perception and the acquisition of self-help skills. Students with SLD will need support in all areas of the curriculum. They will require teaching of self-help, independence and social skills. Most students may use sign and symbols but some will be able to hold simple conversations and gain some literacy skills. They may also have difficulties with:

- Self-organisation, following routines, managing equipment
- Immature behaviour and social skills
- Fine or gross motor control
- Self-confidence and independence
- Attention, concentration
- Expressive and receptive language

Achievement Thresholds

Students for whom SLD describes their primary need if assessed against their highest completed level of achievement averaged across the four strands of English would broadly fall as follows:

- P3 – P4 at end of KS1
- P4 – P6 at end of KS2
- P4 - P8 at end of KS 3
- P4– L1B at end of KS 4

Band 2F – Profound and Multiple Learning Difficulties (PmLD: P1 to P3)

Students will have profound cognitive difficulties and developmental delay in a number of areas. They may have additional medical and/or personal care needs. In addition the student will have significant difficulties with one or more of the following:

- Sensory perception
- Social awareness
- Attention/concentration
- Expressive and/or receptive communication

Students with profound and multiple learning difficulties may have other significant difficulties such as physical disabilities or sensory impairment. Students will require a high level of adult support, both for their learning needs and also for personal care. They are likely to need sensory stimulation and a curriculum broken down into very small steps. Some students communicate by gesture, eye pointing or symbols, others by very simple language.

Achievement Thresholds

Students for whom PmLD describes their primary need, would if assessed against their highest completed level of achievement averaged across the four strands of English broadly fall as follows:

- P1 – P2 at end of KS1
- P1 – P3 at end of KS2
- P1 – P3 at end of KS 3
- P1 – P3 at end of KS 4

Band 3 – Social Emotional, Mental Health (SEMH)

Common Characteristics:

The student presents persistent behavioural / emotional difficulties that have not been ameliorated by differentiated learning opportunities or by the whole-school behaviour management techniques: underdeveloped skills in listening and attending to the teaching and learning process failure to make progress anticipated across areas of the curriculum accompanied by signs of mood swings, frustration, non-co-operation, withdrawal or isolation, disillusionment, or non-attendance. difficulty with social relationships including peer/ group relationships which affect classroom dynamics and require teacher intervention difficulty acquiring and applying basic social skills emotional immaturity; low self-esteem lack of confidence in their ability to cope with new demands and change to their routines

Some examples of the behaviours and social and emotional difficulties that might be exhibited by a young person with SEMH:

- often destroys own work
- is unable to make /sustain friendships
- appears depressed
- lacks confidence to attempt tasks
- reluctant to engage in classroom activities
- communicates aggressively preventing the class functioning
- is silent or speaks selectively
- shows obsessive behaviours and/or irrational anxieties
- displays extreme mood swings
- frequently engages in disruptive behaviour in class
- is subject to bullying or signs of stress affecting school performance
- exhibits attention seeking behaviours that restrict the good order of the learning that takes place
- persistent disruptive behaviour occurs in a variety of contexts and impedes the learning of the young person and/or other young people despite interventions detailed in IEP.
- difficulty sustaining peer relationships.
- fluctuations in mood and unpredictable attitude to learning tasks – periods of uncooperative behaviour and withdrawal.
- progress is often below expectations in many areas – often associated with frustration and disaffection
- poor decision maker

Band 3D – SEMH moderate/complex:

This band covers a range of significant social, emotional and mental health difficulties requiring planned positive/ restrictive intervention which has significant resource implications for the school. All areas of curriculum planning reflect the need to develop social, emotional and/or mental health well-being and resilience

There will be a history of a number of the following:

- Progress is seriously affected by emotional, social and mental health difficulties
- Frequent and significantly challenging and disruptive behaviour which includes refusal to accept consequences.
- Behavioural outbursts, generally on a daily basis.
- Significant difficulty in following basic classroom routines
- Exceptional restlessness and inattentiveness for much of the school day.
- Aggressive confrontations with peers at least daily.
- Few constructive relationships with peers and seems isolated.
- Unpredictable emotional outbursts
- Withdrawn; relating to others at a minimal level tending to resist attempts to engage
- Inappropriate response to praise
- Evidence of very frequent need for reassurance but anxiety remains after this has been provided.
- A high level of disaffection or anxiety which impacts on attendance.
- Evidence of feeling victimised

Band 3E – SEMH high/significant:

This band covers a range of social, emotional and mental health difficulties identified through formal assessment and may include specific conditions requiring significant, regular additional adult support to access the majority of learning activities and to sustain concentration. Most areas of curriculum planning reflect the need to develop social, emotional and/or mental health well-being and resilience

There will be a history of a number of the following:

- Progress is significantly affected by emotional, social and mental health difficulties
- Unsettled and disruptive behaviour in class
- Frequently loses temper or has tantrums
- Has difficulty in maintaining relationships with members of staff, e.g. avoids engaging in work, and may challenge teachers in a verbally aggressive manner.
- Frequent aggressive conflict with peers.
- Remembers confrontations, 'bears a grudge' and seeks revenge.
- Seeks affection, approval and reassurance repeatedly but appears to remain insecure.
- Inappropriate actions in search of attention.
- Destroys own work or hard won social achievements.
- Demonstrates extremely low self-esteem and emotional neediness through social withdrawal.
- Demonstrates anxiety; clings and is tearful.
- Attendance may need to be monitored.
- Irregular attendance
- Evidence of putting themselves at risk

BAND 3F – SEMH severe:

This band covers a range of severe social, emotional and mental health difficulties with resulting *significantly challenging* behaviour. Student requires constant supervision to ensure their own safety and that of peers and/or adults with positive, restrictive intervention strategies employed on a regular basis and requiring regular, one-to-one adult support to access the majority of learning activities and to remain on task

There will be a history of a number of: the following

- Progress is very significantly affected by emotional, social and mental health difficulties.
- Very provocative, aggressive and confrontational behaviour which can include verbal and physical aggression towards peers and staff.
- Loses temper frequently during the day or has frequent tantrums.
- Outbursts are prolonged and are difficult for staff to manage.
- Has poor relationships with most staff, is disruptive in most lessons and unwilling to comply with teachers' requests.
 - Refuses to acknowledge responsibility for inappropriate behaviour despite objective evidence.
 - Has very few positive relationships with peers, has frequent disputes and fights and is known to bully.
 - Lacks confidence and independence and is dependent on other children. Very rarely volunteers a positive response in class.
 - Very withdrawn; social contact with other students is very limited; appears isolated and has no friendship group in school.
 - Chronic non school attendance
 - Shows extreme levels signs of anxiety in everyday situations.
 - Actions often put themselves and others at serious risk.

Band 4 – Sensory and/or Physical Disability

Hearing Impairment - Common Characteristics

Deafness impacts upon the child's ability to acquire, process and develop language and also upon their ability to learn effectively. It affects communication, interaction with others and social and emotional development.

The degree of hearing loss does **not** necessarily describe how the child will function and acquire language and learn. For instance, a child with a profound hearing loss and a cochlear implant may present as one with a moderate hearing loss. Equally a child with a moderate or severe hearing loss may present as one with a profound loss. Every deaf child is an individual and basing decisions regarding level of need upon audiological information alone not sufficient.

Age of onset of deafness may contribute to their ability to develop language. For example, Prelingual deafness (i.e. deafness from birth) may have a greater impact upon all aspects of communication, language and cognition.

Progressive Nature of a Hearing Loss. Some children's hearing will deteriorate over time and this has to be taken into account, as it will impact significantly upon the progress in all areas. We have taken that into consideration within the banding.

Use of Residual Hearing. The level of a child's hearing loss, the way in which they use their hearing aid technology and how they process language will affect how they are able to understand and use spoken language. This will impact upon all areas of development.

Linguistic ability and competence. Age and onset of deafness and the degree of hearing loss, coupled with a child's innate cognitive abilities and other factors, such as family environment, all impact upon the level of linguistic delay upon the child.

Information about listening skills and language assessment are therefore very useful in determining the level of need for a child.

The greater the difference between the child's linguistic and chronological age, the greater the challenge for the child in terms of access to information, the curriculum and their social and emotional development.

Terminology

Levels of Hearing loss

- Mild 21-40 dBHL (decibels of hearing loss)
- Moderate 41-70 dBHL
- Severe 71-90 dBHL
- Profound 91- dBHL

Prelingual HL Hearing loss which occur before or very soon after birth

Progressive HL Hearing loss which is or will deteriorate over time

Bilateral HL Hearing loss in both ears

Hearing Technologies Hearing aids, cochlear implants, Bone Anchored Hearing Aids

Band 4C - Hearing Impaired (Severe loss)

The student will have a diagnosed severe permanent hearing loss and a combination of the following:

- A diagnosis of Auditory Neuropathy (ANSI).
- Wear hearing aids or cochlear implant required for amplification.
- Information received via hearing aids or cochlear implants, is unlikely to give significant improvements to speech perception
- Expressive, receptive and functional use of language is significantly delayed.
- Ability to communicate through spoken language is significantly delayed. They might require sign support in addition to development of their residual hearing.

Band 4D - Profoundly Deaf

The student will have a diagnosed profound permanent hearing loss and a combination of the following:

- A diagnosis of Auditory Neuropathy (ANSI).
- With the use of effective amplification, the perception of speech is still significantly impaired and information perceived through hearing aids/cochlear implant will be barely intelligible or missing altogether.
- The student's acquisition and use of language (receptive, expressive, written) will be severely delayed.
- The student will be unable to follow conversations/instructions through spoken language.
- Speech intelligibility will be minimal.

- The student will require use of sign language to support their learning. This may be a combination of British Sign Language and Sign Supported English depending on the needs and preferences of the student.

Visual Impairment Common Characteristics

There is a wide spectrum of visual impairment ranging from moderate to profound, temporary to permanent or degenerative. Students in this category will have a visual impairment which impedes access to the curriculum and necessitates use of appropriate strategies. **Sight impairment is their primary need.**

The student will have a combination of the following:

- Significantly reduced visual acuity (6/18-Logmar equivalent 0.5 or below)) in both eyes which cannot be corrected by glasses
- A defect in their field of vision e.g. tunnel vision or loss of central vision
- A deteriorating eye condition
- A cortical visual impairment

BAND 4B - Visual Impairment (Moderate-Severe loss/Targeted)

The student will have:

- **a moderate-severe visual impairment** which impedes access to the curriculum, necessitates use of appropriate strategies and has resource implications for the school.
- **a corrected visual acuity range between 6/18 to 6/48 (Logmar equivalent 0.5 – 0.9) or a significant field loss**
- **a visual loss which may merit registration as sight impaired.**
- significant difficulty in the use of standard text, pictorial materials and standard presentation of class work e.g. board work

The student may have/exhibit:

- **a Cortical Visual Impairment which merits registration as sight impaired.** (This level of CVI may require environmental and presentational modifications e.g. individualised presentational routines to engage vision for a task).
- tracking, scanning, depth, speed of work difficulties. She/he may also have difficulties with spatial awareness.
- Difficulties in group social interaction and a reluctance to comment in class/group situations
- Delayed receptive and expressive language and immature functional use of language
- Some difficulties in expressing/understanding more abstract and complex ideas/information although they may be able to follow most conversations/instructions in context
- Difficulty coming to terms with their visual impairment
- Difficulty in management /organisation of equipment.
- Frustration, anger, distress, embarrassment, anxiety, confusion, inappropriate behaviour or withdrawal at times.

Band 4C - Visual Impairment (Severe loss)

The student will have:

- **a severe visual impairment** which greatly impedes access to the curriculum, necessitates use of specialist strategies and has significant resource implications for the school.

- a corrected visual acuity range between 6/60 to 6/95 (Logmar equivalent 1.0-1.2) or a severe field loss.
- a significant visual loss which merits registration as sight impaired/severely sight impaired.

The student may have/exhibit:

- a high level of Cortical Visual Impairment which may merit registration as sight impaired/severely sight impaired. (This level of CVI will require environmental and presentational modifications e.g. individualised presentation routines to engage vision for a task, reduced distractions, clear background, colour contrast, size.)
- An inability to understand, assimilate and express new concepts, thoughts and ideas
- Difficulties in social interaction
- Difficulties in following speech in larger groups
- Poor self-confidence
- Lack of awareness of social situations
- Gaps in social development
- Difficulties in coming to terms with their visual impairment

Band 4D - Visual Impairment (Profoundly Sight Impaired)

The student will have:

- a profound visual impairment which affects access to all aspects of the curriculum, necessitates use of highly specialist strategies and has extensive resource implications for the school.
- vision within the range 3/60 to total blindness (Logmar equivalent 1.3 or below) or they will have a very severe field loss e.g. tunnel vision which will merit registration as severely sight impaired.

The student may have:

- a high level of Cortical Visual Impairment which will merit registration as severely sight impaired. Level of Cortical Visual Impairment means that student makes little or no use of visual information.
- a rapidly deteriorating visual condition.

Band 4E: Physical and or Medical - High

Common Characteristics

Students with motor disabilities and severe medical problems are most frequently identified at the pre-school stage. Exceptions to this would be students experiencing severe trauma, possibly as the result of an accident or illness, leading to long term disability.

Physical disabilities may commonly arise from some of the following:

- physical, neurological or metabolic causes such as cerebral palsy, achondroplasia, epilepsy, or spina bifida severe trauma, perhaps as a result of an accident, amputation or serious illness degenerative conditions, like muscular dystrophy (Duchenne)
- moderate or severe gross motor and/or fine motor dysfunction in conjunction with other learning difficulties e.g. dyspraxia and Autistic Spectrum Conditions

- moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes

Physical disabilities arising from this wide spectrum of need may present difficulties with accessing the following:

- physical environment of the school
- educational facilities and equipment
- whole school and class activities, including assessments
- practical subjects such as Physical Education and Technology
- information and communication technology.

As well as difficulty in:

- achieving independent self-care skills
- communicating through speech and other forms of language
- spatial awareness
- pace within lessons
- Emotional stress, physical fatigue, complex learning, social needs and multi-sensory difficulties may also be experienced.

Band 4F – MSI/Complex Sensory:

The student will have a severe/profound hearing loss plus a severe additional disability such as visual impairment, ASC, cognition and learning, BESD, physical disability, medical etc, resulting in the need for a high level of individual support

The student may have:

- a diagnosis of Auditory Neuropathy (ANSD), together with a high level of additional difficulties.
- a Multi-Sensory Impairment (MSI) - combination of significant visual and hearing difficulties.
- additional disabilities (complex) needs, which make it difficult to ascertain their intellectual abilities.
- significant difficulty in accessing the curriculum and the environment.
- significant difficulties in perception, communication and in the acquisition of information.
- high anxiety and multi-sensory deprivation.
- significant long-term difficulties requiring specialist/and or additional support to access the curriculum, which have significant resource implications for the school.
- a range of other special educational needs

OR

The student will have:

- **a profound visual loss plus a severe additional disability** such as hearing impairment, ASC, cognition and learning, BESD, physical disability, medical etc, resulting in the need for a high level of individual support.
- difficulties in perception, communication and in the acquisition of information.

The student may have/experience:

- a very high level of Cortical Visual Impairment (student makes little or no use of visual information) together with a high level of additional difficulties.
- a Multi-Sensory Impairment (MSI) - combination of significant visual and hearing difficulties.
- little or no incidental learning.

- high anxiety and challenging behaviour.
- significant long term difficulties in accessing the curriculum, requiring specialist/and or additional support, with extensive resource implications for the school.

Band 6E/6F – Continuing Care

Students will have a very high dependency on adults for all aspects of their daily life. They may have a life-limited or deteriorating condition or critical medical needs. They will usually need nursing care or require the constant support of Complex Care staff. They are likely to have a postural programme requiring additional equipment. Their learning will be affected by reduced attendance as a result of the severity of their condition.

Typically, these students children will need some of the following:

- Support for their physical management and personal care needs as their independence skills will be very limited or non-existent
- Specialist support with communication as they may be non-verbal
- Significant allowances as they will tire easily or may be slow to complete physical activities or tasks
- Regular intervention and careful monitoring for a significant medical condition
- Support with complex medical issues e.g. needs oxygen, tube feeding or a tracheotomy
- A very high level of adult support to access all aspects of the curriculum and daily living.
- Meet the criteria for a Continuing Care Assessment endorsed by the Continuing Care Panel



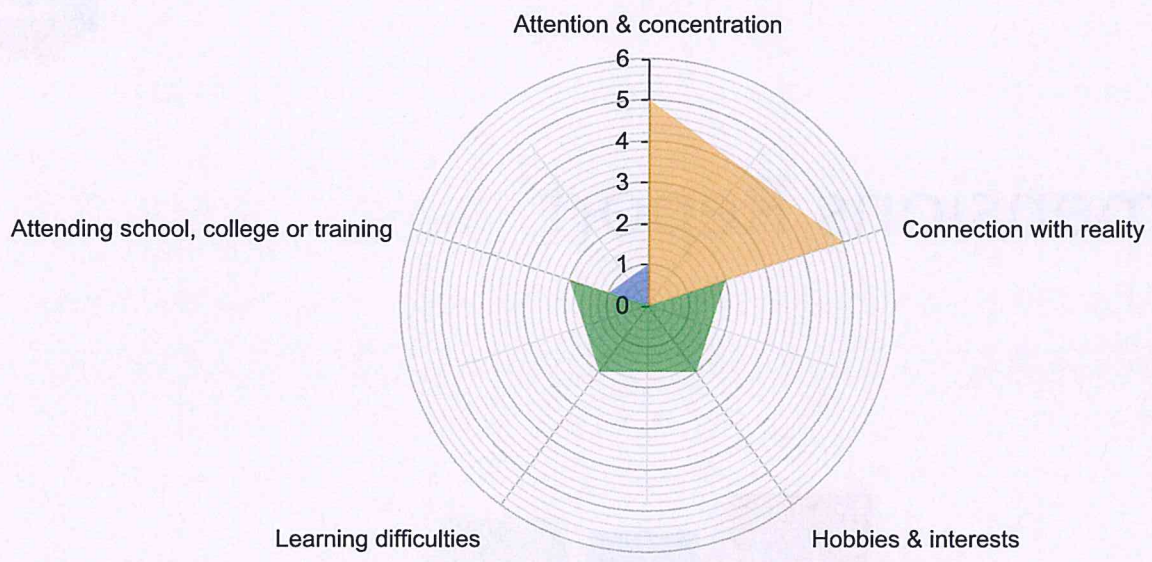
Dimensions Report

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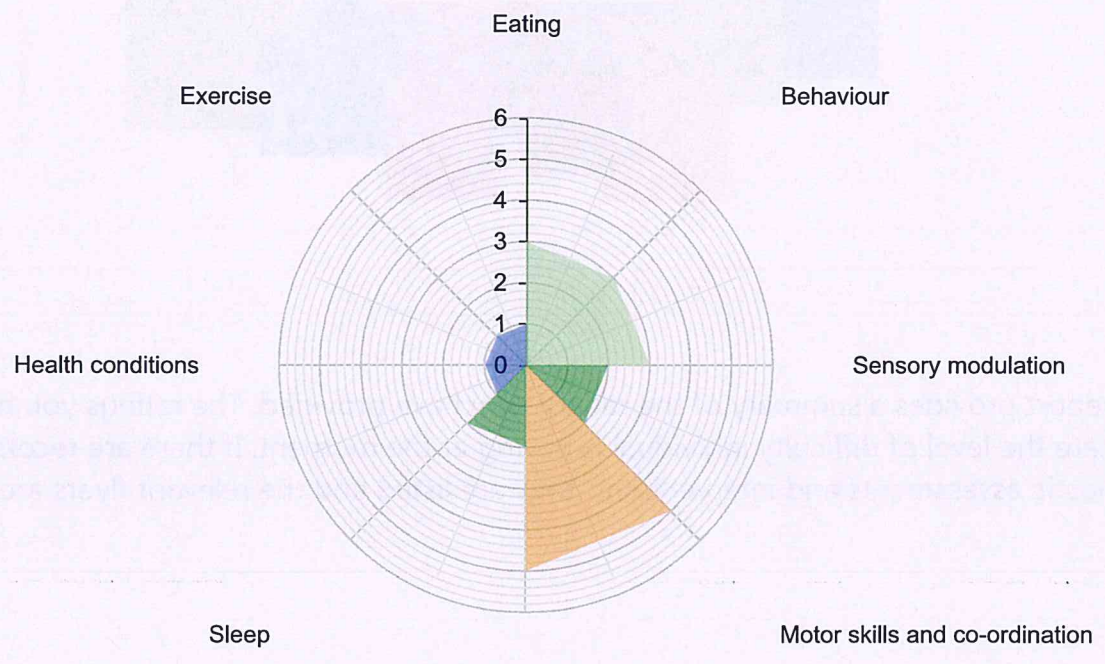
This report provides a summary of the ratings you have provided. The ratings you have made indicate the level of difficulty individual is having at the moment. If there are recommended diagnostic assessments and interventions, they are listed and the relevant flyers are attached.

Thinking and Learning



- Question: Attention & concentration Band:5
- Question: Connection with reality Band:2
- Question: Hobbies & interests Band:2
- Question: Learning difficulties Band:2
- Question: Attending school, college or training Band:1

Body and Health

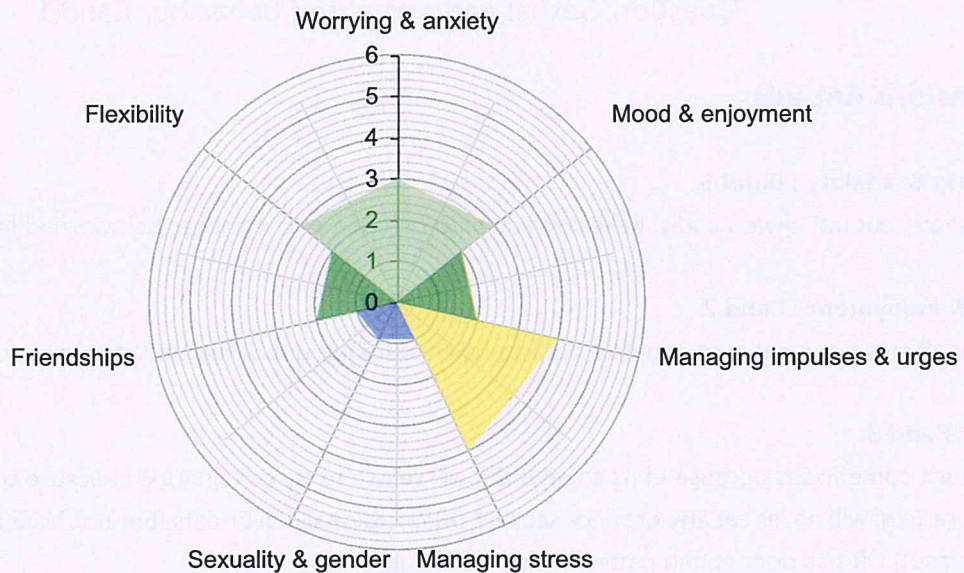


- Question: Eating Band:3
- Question: Behaviour Band:3
- Question: Sensory modulation Band:2
- Question: Motor skills and co-ordination Band:5
- Question: Using the toilet Band:2
- Question: Sleep Band:1

Question: Health conditions Band:1

Question: Exercise Band:1

Feelings and Self Control



Question: Worrying & anxiety Band:3

Question: Mood & enjoyment Band:2

Question: Managing impulses & urges Band:4

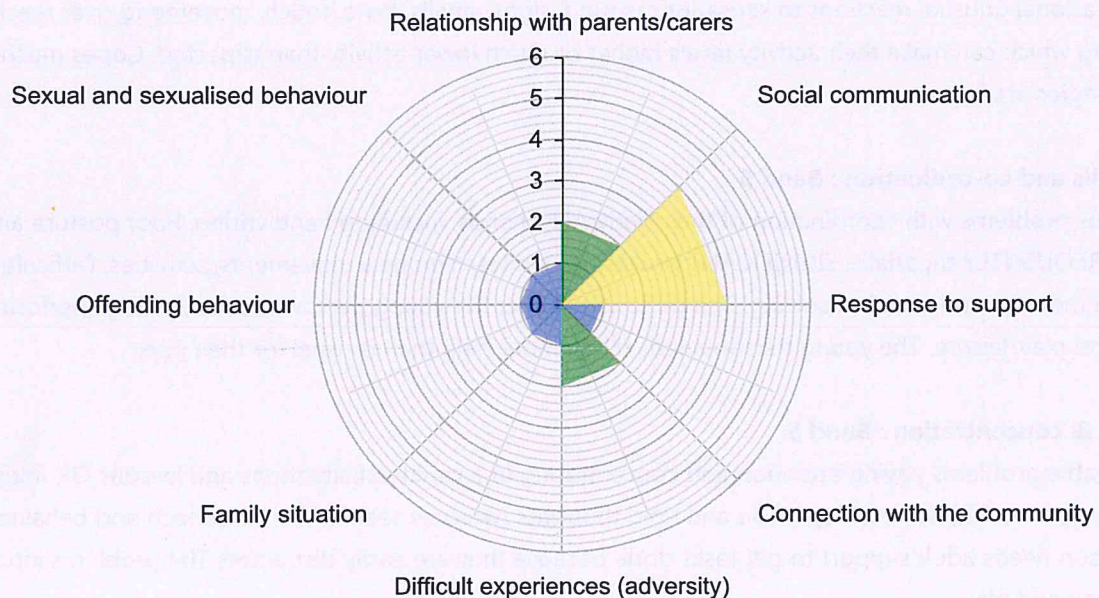
Question: Managing stress Band:1

Question: Sexuality & gender Band:1

Question: Friendships Band:2

Question: Flexibility Band:3

Relating to People



Question: Relationship with parents/carers Band:2

Question: Social communication Band:4

Question: Response to support Band:1
Question: Connection with the community Band:2
Question: Difficult experiences (adversity) Band:1
Question: Family situation Band:1
Question: Offending behaviour Band:1
Question: Sexual and sexualised behaviour Band:1

Dimensions Ratings

Worrying & anxiety : Band 3

Gets anxious but not always badly. Relies on adults to help them to manage their worried feelings.

Mood & enjoyment : Band 2

Occasionally feels miserable or negative but can be encouraged out of that mood or distracted.

Eating : Band 3

Will not eat some foods because of its calories OR will refuse to try certain foods because of the texture or sensations (e.g. will never eat any gravy or sauces) OR occasionally over-eats (but not because connected with feeling upset) OR has poor eating patterns with little healthy food.

Managing impulses & urges : Band 4

Has difficulty managing feelings associated with the effort of controlling impulses and urges and associated with distress (e.g. tics, drug use, aggression, self-harm, self-injury, intense arguing). May be very distressed and self-critical after the problem has happened (eg describes self as stupid or bad) OR may not seem to care about the impact of their behaviour.

Behaviour : Band 3

Needs structure and behaviour strategies in place help them to behave well and to adapt behaviour to different environments and situations, including different people

Sensory modulation : Band 2

Shows occasional unusual reactions to sensations (sound, sight, smells, taste, touch, movement) over reacting or not noticing which can make their activity levels higher or much lower activity than expected. Copes much better when strategies are in place.

Motor skills and co-ordination : Band 5

Has obvious problems with coordination of their body AND hands, including handwriting. Poor posture and balance, FREQUENTLY trips/falls. SIGNIFICANT problems with learning new movements/activities. Difficulties with short-term memory and problem solving. The difficulties affect the young person's school/college performance, self -are and play/leisure. The young person needs much more help than is usual for their age.

Attention & concentration : Band 5

Has noticeable problems paying attention and concentrating in a variety of situations and lessons OR finds it hard to move away from his/her own repetitive and rigid thoughts (which is seen in their in speech and behaviour). The young person needs adult support to get tasks done because they are easily distracted. The problems interfere with learning and play.

Relationship with parents/carers : Band 2

Some anxiety about separation that is known to carers and seen rarely by others OR makes connections with

unfamiliar adults or children a bit too easily (eg approaches others to invite them to play or talk).

Social communication : Band 4

Has significant difficulty communicating in most situations outside the immediate family but better at home where the family know and understand him/her. Uses very little facial expression and body language OR facial expression and gesture seems to be exaggerated. Often misunderstands other people's intentions and what they mean by what they say.

Connection with reality : Band 2

Finds it hard to understand the difference between fantasy and reality in a way which is more typical of a younger child (eg has imaginary friends, thinks Spiderman is real, thinks they will marry a superstar).

Managing stress : Band 1

Can cope with the usual experiences of life for their age

Sexuality & gender : Band 1

Is comfortable with their sexuality or gender

Using the toilet : Band 2

Wets the bed OR does not realise when they should wee or poo but will use the toilet when adults tell them to go.

Sleep : Band 1

Normal sleep pattern for age

Response to support : Band 1

No difficulties with receiving or asking for support

Connection with the community : Band 2

Not very keen to attend any clubs or groups but can be encouraged to go and enjoys it at the time.

Difficult experiences (adversity) : Band 1

Has not had any unusually difficult experiences

Hobbies & interests : Band 2

Has hobbies and interests which need more than the usual level of support from family but are shared with other young people (eg parents to take to a swimming club at 6am on weekdays).

Family situation : Band 1

Normal family situation

Offending behaviour : Band 1

No behaviour that could be a criminal offence

Health conditions : Band 1

Has no significant health problems

Exercise : Band 1

Healthy level of regular exercise (1 hour per day across school and home).

Learning difficulties : Band 2

Some problems with learning (is below expected levels in most subjects in school) or has very poor progress in literacy or maths only.

Friendships : Band 2

Has some friends and plays/spends time with them but mixes less than average OR falls out with them more than average.

Flexibility : Band 3

Needs some adult help to manage changes but then usually copes independently after the first few experiences (eg can attend a group much more easily after the first session, can try new foods after a few attempts (if liked), can try out new video games, can relate to a new teacher after a few days settling period.)

Sexual and sexualised behaviour : Band 1

No unusual sexual behaviour for age

Attending school, college or training : Band 1

Attends full time (more than 97%)

Recommended diagnostic assessments

The ratings indicate that the no diagnostic assessments are required.

Recommended Diagnostic Assessments and interventions

The flyers for diagnostic assessments are below.

There are no recommended diagnostic assessments

SEND NEEDS MATRIX

Level	Strand 1 Communication and Interaction		Strand 2 Cognition and Learning		Strand 3 Emotional, Social and Behavioural Development			Strand 4 Sensory and Physical			
	Speech and Language	Flexibility of Thought and Action	Cognitive Ability	Literacy and Numeracy Difficulties	Emotional Well being	Social understanding and behaviour	Learning behaviour	Physical disability and/or medical conditions.	Hearing	Vision	Sensory Processing
A	Child / young person may have some additional needs, which are less severe than those described at level B.		(Early Years only) demonstrates skills within broad average levels and EYFS attainments of average or close to average. Child / young person may have some additional needs, which are less severe than those described at level B.		Child / young person may have some additional needs, which are less severe than those described at level B.			Child / young person may have some additional needs, which are less severe than those described at level B.			
Students' individual progress is monitored through regular formative and summative assessment.											
B	Child / young person has mild delay in expressive and/or receptive language and/ or child / young person has a mild speech sound disorder.	Child / young person is sometimes unsettled by change and struggles to adapt to their environment requiring support to cope with everyday routines. Can transition from one activity to another with support. Child / young persons can learn incidentally.	(Early years only) some difficulties understanding early concepts. (Early Years and School Age) In-setting assessment indicates that the child / young person is working below age related expectations in more than one area of the curriculum. Dynamic assessment, which indicates that the child / young person requires some adult mediation to progress. Standardised assessment, in which scores are below the 16th percentile in two or more areas of cognition.	(Early Years only) Early literacy and numeracy skills are below the expected levels in the EYFS. Below average attainment (evidenced by a score between the 16 th and 8 th percentile standardised tests or through adult-assessed literacy and numeracy tasks) persisting in spite of extensive attempts to remediate difficulties, in one or more of the following: Early literacy and number skills, reading accuracy, reading fluency, reading comprehension, spelling, written expression, number sense or mathematical reasoning. Differentiated work in literacy and numeracy and adaptations to whole-class teaching are required for the child / young person to progress.	Sometimes emotions and responses appear mismatched to the situation. Sometimes finds it hard to empathise with others. Sometimes experiences low mood. Sometimes experiences mood swings. Sometimes experiences anxiety.	Sometimes finds it difficult to interpret the behaviour of others. Sometimes finds it hard to make and maintain relationships and friendships. Sometimes is disrespectful to staff or property. Sometimes seeks attention inappropriately or finds it hard to wait for rewards. Sometimes unaware of potential dangers in the environment around them.	Sometimes finds it hard to concentrate on learning tasks. Sometimes finds it hard to concentrate on instructions from staff. Sometimes finds organisation difficult. Sometimes finds it hard to work well in a group. Requests help and attempts to problem solve independently.	Mild disability e.g. absent digits, mild diplegia. Child / young person shows poor fine and/or gross co-ordination skills. Child / young person is independently mobile without the use of aids, etc, but requires assistance for some school routines/self help skills. Child / young person may need support with administration of regular medication in school.	Mild loss of hearing (e.g. conductive or unilateral loss). Can hear clear voice without aids/ amplification.	Mild impairment. 6/12 - 6/18 (LogMAR 0.3 – 0.48) Reads N12 print. Mild bilateral field loss or adapted to monocular vision. Independent mobility. Wears patch 1-2 hours daily.	Child / young person's sensory differences are slight e.g. may not like loud noise, but is generally able to tolerate this
Students' individual progress is monitored through a child / young person passport, individual education plan or My Support Plan.											
C	Child / young person has moderate language delay or moderate language disorder or child / young person has a moderate speech sound disorder.	Child / young person is often upset by change and requires specific teaching in how to transition from one activity to another. Child / young person requires additional strategies to structure time, communication, work and the environment (eg visual schedules & timetables). Child / young person has the capacity to	(Early years only) Limited understanding of early concepts. (Early Years and School Age) In-setting assessment, which indicates that the child / young person is working well below age related expectations in more than one area of the curriculum. Dynamic assessment, which indicates that the child / young person	(Early Years only) Early literacy and numeracy skills are well below the expected levels in the EYFS. Low attainment (e.g. between the 8 th and 2 nd percentile on standardised tests or through adult-assessed literacy and numeracy tasks), persisting in spite of extensive attempts to remediate difficulties, in two or more of the following: early literacy and number skills, reading accuracy,	Often emotions and responses appear mismatched to the situation. Often finds it hard to empathise with others. Often appears unhappy, withdrawn, disengaged, or experiences mood swings. Experiences anxiety on a daily basis which requires	Often finds it difficult to interpret the behaviour of others. Often finds it hard to make and maintain relationships and friendships. Often is disrespectful to staff or property. Often seeks attention inappropriately or finds it hard to wait for rewards. Often unaware of potential dangers in	Often finds it hard to concentrate on learning tasks. Often finds it hard to concentrate on instructions from staff. Often finds organisation difficult. Often finds it hard to work well in a group. Often presents as passive or withdrawn from learning.	Moderate disability. Child / young person is mobile with the use of walking aids. May require level access and/or supervision or assistance on stairs, etc. Child / young person needs daily specialist programme for co-ordination skills. Child / young person needs daily adult support with	Moderate hearing loss; uses post aural aids, non verbal cues for communication.	Moderate impairment, needs some work modified. 6/18 – 6/36 (LogMAR 0.5 – 0.78) Moderate bi-lateral field loss. Independent mobility in familiar areas. Moderate level of specialist	Child / young person's sensory differences can be tiring or distressing for them. They may require regular sensory breaks or the use of fiddle and focus tools.

	learn incidentally some of the time. Child / young person requires flexible teaching arrangements.	requires frequent adult mediation to progress. Standardised assessment, in which scores are below the 8th percentile in two or more areas of cognition.	reading fluency, reading comprehension, spelling, written expression, number sense or mathematical reasoning. Structured, time-limited interventions are required in literacy and/or numeracy for the child / young person to progress.	modification of timetable. Often finds it hard to self-regulate.	the environment around them.	Often struggles to problem solve but tolerates help being given. Often impulsive (acts without thinking).	some health care regimes (such as feeding, toileting and dressing).		equipment required.	
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Student's individual progress is usually monitored through My Support Plan or an EHC plan

D	Severe language and /or speech sound disorder/ limited language. Uses mix of speech and augmented communication systems. Child / young person has considerable difficulty communicating in social situations e.g. may misread body language, tone of voice, need longer processing time, misunderstand idiom etc. Child / young person may find it difficult to maintain interest in a conversation about a topic that is not of their choosing. This leads to frequent misunderstandings with peers and affects the child / young person's ability to make and maintain friendships.	Restricted, repetitive patterns of behaviour, interests and activities. Significant difficulties with inflexibility of thought. Frequently distressed by change/transition. Child / young person frequently requires adjustment of the curriculum and specialist strategies to learn how to transition between activities. Child / young person requires direct teaching to support flexibility and enable them to access the work. Child / young person has capacity to learn incidentally when the environment is adapted, and support is in place. Child / young person has difficulty seeing something from someone else's point of view and this impacts on their ability to make and maintain friendships.	(Early years only) Very limited understanding of early concepts. (Early Years and School Age) In setting assessment, which indicates that the child / young person is working well below age related expectations in most areas of the curriculum. Dynamic assessment, which indicates that the child / young person requires intensive adult mediation to progress. Standardised assessment, in which scores are below the 2 nd percentile in two or more areas of cognition.	Very low attainment, (e.g. 2nd percentile or below on standardised tests, or adult assessed tasks) persisting in spite of extensive attempts to remediate difficulties, in two or more of the following: Early literacy and number skills; reading accuracy, reading fluency, reading comprehension, spelling, written expression, number sense or mathematical reasoning. On-going programmes of specialist intervention are required in literacy and/or numeracy for the child / young person to progress.	Frequently, emotions and responses appear mismatched to the situation. Frequently shows behaviour which appears bizarre, obsessive or repetitive. Evidence of anxiety in most lessons and unstructured times making it difficult to access the curriculum and possibly resulting in poor attendance. Frequently finds it very hard to 'bounce back' from setbacks and challenges. Cannot self-regulate.	Very limited self awareness and awareness of others. Frequently finds it hard to make and maintain relationships and friendships. Highly structured activities required to promote emotional regulation and social interaction. Frequently is disrespectful to staff or to property. Frequently seeks to avoid demands made by others. Frequently seeks attention inappropriately. Frequently unaware of potential dangers in the environment around them.	Frequently finds it hard to concentrate on learning tasks. Frequently finds it hard to concentrate on instructions from staff. Frequently finds organisation difficult. Frequently finds it hard to work well in a group. Frequently presents as passive or withdrawn from learning. Frequently struggles to problem solve but tolerates help being given. Frequently impulsive (acts without thinking).	Severe disability Child / young person needs access to wheelchair for movement either independent with chair or adult support Child / young person requires specialist seating and possible other specialist equipment. Dependent on assistive technology and/or support for most curriculum access, e.g. alternative to handwriting. Child / young person needs daily adult support with all health care regimes (such as feeding, toileting and dressing).	Severe hearing loss, needs aids (e.g. radio aids/ sound filed systems) for curriculum access. May use signing as aid to communication.	Severe impairment 6/36 – 6/60 (LogMAR 0.8 – 1.00) Registered Sight Impaired (partially sighted). May require short term specialist support and training for mobility and independent living skills. Significant level of specialist equipment required.	Child / young person's considerable sensory differences mean that reasonable adjustments need to be in place to support the child / young person e.g. headphones, individual distraction-free workstation. Child / young person's sensory differences can raise anxiety levels.
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Student's individual progress is monitored through an EHC Plan

E	Severely limited language skills, uses alternative communication systems to make needs/choices known.	Child / young person requires curriculum totally adjusted to enable them to access activities and specialist approaches embedded within the school day to increase flexibility. Child / young person does not learn incidentally. Child / young person's rigidity of thought and actions significantly limits social interaction.	(Early Years only) Little or no understanding of early learning concepts e.g. numbers, colours, shapes. (Early Years only) Cannot engage in an adult led activity. Severe learning difficulties affecting most aspects of functioning (including independence and self-help skills). Child / young person functions at a level that requires specialist interventions and personalised adaptations to the curriculum. A highly specialised approach is required for the child / young person to progress.	Severe difficulties in accessing any written and/or numerical material. As learners with this level of need may not be able to access standardised assessment, level of need may need to be determined using assessment through teaching.	Frequently, emotions and responses appear mismatched to the situation. Self-harm. Regularly shows behaviour which appears severely withdrawn, bizarre or obsessional. Extreme anxiety in all lessons and throughout the school day and beyond making accessing education difficult. and causing risk of non-attendance. Nearly always finds it very hard to 'bounce back' from setbacks and challenges.	No awareness of self or other people as different than objects. Regularly shows only minimal respect for adults and peers. Requires modelling from an adult in order to interact positively with peers. Regularly seeks to avoid demands made by others. Regularly intimidates and readily resorts to physical aggression. Not able to form long term relationships.	Regularly finds it very difficult to cope with learning situations as an individual or as part of a group. Regularly shows very little interest in school work. No independent problem-solving skills and cannot request or accept help well. Cannot generalise learning. Extremely impulsive.	Profound or Progressive condition. Powered wheelchair or dependent on assistance for mobility. Child / young person needs daily adult support with all health care regimes (such as feeding, toileting and dressing).	Very limited functional hearing for speech despite aids. Signing as first language.	Profound impairment: Less than 6/60 (LogMAR 1.02) Registered SSI (Blind). alternative/tactile methods of text access (e.g. Braille) Needs on-going specialist support and training for mobility and independent living skills. High level of specialist equipment required.	Child / young person's severe sensory differences mean that tolerating a wide-range of sensory experiences are distressing for them and highly specialist support is required. Child / young person's sensory differences can significantly raise anxiety levels and affect behaviour.
	Student's individual progress is monitored through an EHC Plan										

F	Severe, persistent and complex difficulties with social interaction which mean that the student sees little purpose in peer relationships. Student's ability to learn is significantly and persistently impaired by communication and interaction difficulties over prolonged periods. Significantly limited functional language and communication across all settings. Repetitive verbal and physical behaviours are frequent and preclude most engagement in learning. These can lead to severe anxiety, aggression or withdrawal. Severe and persistent frustration with communication cause extreme levels of acute anxiety experienced on a regular basis and across different settings. This will lead to extreme behaviours that will challenge the norm.	Profound cognitive difficulties and developmental delay in a number of areas, as well significant additional needs in other areas. Need for sensory stimulation and a curriculum broken down into very small steps. Communication by gesture, eye pointing or symbols or by very simple language. Little or no incidental learning.	Lacks confidence and independence and is entirely dependent on other people to meet their day to day needs. Very withdrawn. Social contact with other students is non-existent or very limited. Chronic non-school attendance Extreme levels signs of anxiety throughout the day, across many different situations.	In addition to the behaviour described at Level F, they may also: Show intense or inappropriate social reactions. Become distressed by small changes in the environment. Show significant and persistent adherence to personal, routines across all settings.	In addition to the behaviour described at Level F, they may also: Requires constant supervision to ensure their own safety and that of peers and/or adults. Be very provocative, aggressive and confrontational behaviour which can include verbal and physical aggression towards peers and staff. Lose their temper frequently during the day or has frequent tantrums. Outbursts are prolonged and are difficult for staff to manage.	Non-weight bearing – requires use of hoisting. Staff require regular moving and handling training. Dependent on assistance for most personal care needs, e.g. toilet, dressing, eating and drinking. Specialist health care support required e.g. tracheostomy, gastronomy, pressure care, multi-agency joint working required.	Very limited functional hearing for speech (including Auditory Neuropathy; ANSD), together with a high level of additional difficulties. Profound impairment or registered blind (including a cortical visual impairment), together with a high level of additional difficulties. A Multi-Sensory Impairment (MSI) - combination of significant visual and hearing difficulties. Significant difficulties with sensory processing and sensory modulation which lead to heightened anxiety levels. Associated anxieties and/or sensory difficulties which have a significant impact on their ability to function across a range of settings.	Child / young person's profound sensory differences mean that they can be in a distressed state for long periods of time. Behaviour is severely affected. Child / young person is dependent on highly specialised support.
	Student's individual progress is monitored through an EHC Plan							

Key definitions

Curriculum Level	"Below" means between 12 and 18 months below ARE, according to current teacher assessment.	"Well below" means 18 to 30 months below ARE, according to current teacher assessment.		
Frequency of behaviour	"Sometimes" means that school staff have noted that a student sometimes shows a behaviour, but that it does not occur frequently enough to form a pattern.	"Often" means a behaviour that is observed one two three times a week.	"Frequent" means a behaviour that is observed most days of the week (at least four).	"Regular" means a behaviour that occurs many times twice or more per day, most days of the week (at least 4).

SEND PROVISION MATRIX

Level	Strand 1 Communication and Interaction		Strand 2 Cognition and Learning		Strand 3 Personal, Social and Emotional Development			Strand 4 Sensory and Physical			
	Speech and Language	Flexibility of Thought and Action	Cognitive Ability	Literacy and Numeracy Difficulties	Emotional Well being	Social understanding and behaviour	Learning behaviour	Physical disability and/or medical conditions.	Hearing	Vision	Sensory Processing
A	<p>Speaking and listening skills are taught as part of a wider literacy, communication and language curriculum.</p> <p>Key vocabulary is introduced and explained as part of new learning.</p> <p>Spoken language is adapted to make sure all children can understand it.</p> <p>Different modes of communication are used in teaching (e.g. visual, auditory and kinaesthetic).</p> <p>There are opportunities to develop speaking and listening skills in a group context.</p>		<p>Teaching and learning are planned based on regular assessment.</p> <p>Work is differentiated to meet the needs of different ability sets.</p> <p>(In early years settings) continuous assessment to identify and meet needs.</p> <p>(In schools) regular formative feedback is given to children and young people through marking and verbally.</p> <p>A range of different teaching approaches and resources are used to ensure children and young people can access learning.</p> <p>Minor adaptations are made to the teaching environment to cater for individual needs (e.g. a seating plan).</p> <p>Children and young people are supported to understand new learning and keep on task.</p>		<p>A whole-setting PSHE Curriculum supports the social and emotional development of all children and young people.</p> <p>A whole-setting behaviour policy is applied consistently throughout the setting.</p> <p>There are a range of different ways for children and young people to share worries and concerns with adults in the setting.</p> <p>Praise, rewards and encouragement are used throughout the setting.</p> <p>Supervised recreational activities are provided.</p> <p>Support to help children and young people make positive transitions (e.g. from one phase/year/room to another).</p>			<p>A whole setting physical education programme is used and differentiated to meet children and young people's individual needs.</p> <p>There is a whole setting accessibility plan / physical development programme.</p> <p>All adults have awareness of children and young people's physical and sensory needs (e.g. hand preference, use of glasses, sensitivity to loud noises, etc.).</p> <p>Minor adjustments are made to the learning environment to ensure it is accessible to children and young people with mild sensory/physical impairment.</p> <p>Medication is managed in line with government guidance: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3</p>			
Children and young people's individual progress is usually monitored through regular formative and summative assessment.											
B	<p>In addition to the above:</p> <p>A short programme of group or individual intervention (up to six hours over six weeks) to develop social, listening, speaking and/or language skills.</p> <p>Sustained small group support to develop key vocabulary (up to an hour a week).</p> <p>Planned and structured use of visual aids in up to one third of lessons.</p> <p>Arrangements to prepare children and young people for a change to their usual routine (e.g. trips / off site visits).</p>		<p>In addition to the above,</p> <p>Highly differentiated work in up to a third of lessons.</p> <p>(In early years settings) learning as part of a small group for a short period of time throughout the day.</p> <p>(In schools) learning within a small group, of up to six children and young people, to target a specific area of difficulty in one subject.</p> <p>Individual or group support from an adult in advance of core lessons to introduce new concepts.</p> <p>and / or</p> <p>Individual or group support to revisit and revise learning after core lessons.</p> <p>Moderate adaptations to the learning environment to accommodate individual needs, for example: movement breaks, visual timetable, prompts and instruction sheets.</p> <p>(In early years settings) opportunities to explore new resources, routines and environments with an adult, before they are fully introduced.</p>		<p>In addition to the above:</p> <p>(In early years settings) access short programmes of intervention to develop social and emotional skills.</p> <p>(In schools) access short programmes of group intervention (up to six sessions/weeks) to develop social and emotional skills and/or social inclusion (e.g. Circle of Friends)</p> <p>Weekly support (up to 1 hour) from a key person, such as a Learning Mentor or skilled teacher or teaching assistant.</p> <p>Access a safe area in setting and/or time out.</p> <p>Adults use pre-agreed and appropriate strategies to prevent and de-escalate conflicts, as detailed in the setting's behaviour policy.</p> <p>A range of social activities, with supervision and support as required.</p>			<p>In addition to the above:</p> <p>The use of technology and specialist equipment (such as sound field equipment, mobility aids, or equipment to support fine motor coordination, such as a writing slope or specialist pen) to support learning where needed. Specialist Advice from a health professional, or teacher of the deaf or visually impaired may be needed to support with this.</p> <p>Adaptations to routines, resources and the physical environment to support children and young people with mobility needs.</p> <p>Adaptations to the physical environment to support children with sensory impairments (such as an appropriate seating plan, guided by individual need).</p> <p>Adaptations to teaching resources (such as the use of enlarged print).</p> <p>Support to develop skills needed to access the curriculum (e.g. touch typing)</p> <p>Children will have access to 'fiddle and focus' tools and headphones to support their sensory differences.</p>			
Children and young people's individual progress is usually monitored through a pupil passport, individual education plan or My Support Plan.											

<p>C</p> <p>In addition to the above:</p> <p>A sustained programme of small group intervention (a weekly session, for up to an hour, for up to two terms) to develop listening, speaking or language skills.</p> <p>(In early years settings) a sustained programme of intervention linked to speech and language targets.</p> <p>Individual teaching of Key vocabulary, for up to one hour per week.</p> <p>Planned and structured use of visual aids in all subjects.</p> <p>Support is planned and reviewed in collaboration with external professionals, including Specialist Teachers; Educational Psychologists and Health professionals.</p> <p>Adaptations are made to the timetable and daily routine to allow access to targeted support, where needed.</p>	<p>In addition to the above:</p> <p>Up to two and a half hours per week to work toward targets agreed with an external professional, either individually or as part of a small group.</p> <p>Highly differentiated work in up to one third of lessons</p> <p>Learning within a small group (of up to six children and young people) in up to a third of lessons.</p> <p>(in early years settings) individual or small group support from an adult to revisit and reinforce early play skills and concepts.</p> <p>(in schools) individual or small group support from an adult to revisit and revise lesson content (for up to 2 and a half hours a week)</p> <p>Support at the beginning (first 2-5 minutes) of all learning tasks, and for short periods of time (1-3 minutes) thereafter to help the children and young people sustain concentration.</p>	<p>In addition to the above:</p> <p>(In early years) a sustained programme of intervention to develop social and emotional skills or wellbeing.</p> <p>(In school) a sustained programme of group intervention (a weekly session for up to two terms) to develop social and emotional skills or wellbeing.</p> <p>(In early years) support from a key person for short blocks of time throughout the day.</p> <p>(In school) weekly individual support (up to three hours per week) from a key person, such as a Learning Mentor or skilled teacher or teaching assistant.</p> <p>Support is planned and reviewed in collaboration with external professionals, including Specialist Teachers; Educational Psychologists and Mental Health and Medical professionals.</p>	<p>In addition to the above:</p> <p>Support is planned and reviewed in collaboration with external professionals, including a Teacher of the Deaf; a Teacher of the Visually Impaired or a Health professional.</p> <p>Differentiation within the curriculum to accommodate moderate levels of sensory impairment.</p> <p>(In school) individual or small group support (up to two and a half hours a week) to develop self-care and/or independent living skills (e.g. cutlery skills; travel training etc.).</p> <p>(In early years) support to develop independence and self-care skills</p> <p>A sustained programme of group intervention (e.g. a weekly session of up to an hour for up to two terms) to develop fine and gross motor skills.</p> <p>Support to help children and young people develop the skills they need to manage most of their health care independently.</p> <p>Children will have access to 'fiddle and focus' tools' and headphones; regular sensory breaks throughout the day; and a sensory box to support their sensory differences.</p>
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Children and young people's individual progress is usually monitored through My Support Plan or an EHC plan.

<p>D</p> <p>In addition to the above:</p> <p>A long-term individual intervention programme (for up to an hour a week) to develop social communication, listening, speaking or language skills.</p> <p>Specialist communication strategies used by all staff in all lessons to facilitate access to the curriculum (e.g. basic augmentative communication; PECS).</p> <p>Adaptations to the timetable to allow children and young people to access targeted support, where needed.</p>	<p>In addition to the above:</p> <p>Specialist targets to provide an individually relevant and realistic curriculum.</p> <p>(In early years settings) highly differentiated learning opportunities throughout the day.</p> <p>(In schools) highly differentiated work in all subjects and individually differentiated work in up to one third of subjects.</p> <p>(In schools) learning within a small group (of up to six children and young people) in up to two thirds of lessons, which may include individual work in up to one third of lessons.</p> <p>Support in all subjects for the essential development of attention and concentration skills in order to access the curriculum fully.</p>	<p>In addition to the above:</p> <p>A long-term individual intervention programme (up to three sessions per week) to develop social and emotional skills or wellbeing.</p> <p>(In early years) support from a key person for short blocks of time throughout the day.</p> <p>(In school) daily support (up to one hour a day) from a key person, such as a Learning Mentor or skilled teacher or teaching assistant.</p> <p>Individual programmes of personal social and health education which have priority in curriculum planning.</p> <p>At least half termly contact with family members (e.g. phone call; discussion during drop off / collection or meeting) to ensure a consistent approach to intervention in the setting and at home.</p>	<p>In addition to the above:</p> <p>A curriculum which is focused upon developing independent living skills as well as providing vocational and educational opportunities.</p> <p>or</p> <p>Specialist strategies routinely incorporated into all lessons to by all staff to promote access despite profound sensory impairment.</p> <p>Children will have access to 'fiddle and focus' tools' and headphones; regular sensory breaks throughout the day; and a sensory box to support their sensory differences.</p> <p>Children may require further reasonable adjustments to be made, such as an individual, distraction-free workstation.</p>
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Children and young people's individual progress is monitored through an EHC Plan

E	<p>In addition to the above:</p> <p>Specialist communication techniques used by all staff to elicit and interpret very individualised responses as the only means of the pupil accessing the curriculum.</p> <p>The development of pupil-specific non-verbal communication systems.</p> <p>Highly structured opportunities for very basic awareness of peers and adults, and initiation and/or acceptance of social interaction.</p> <p>OR</p> <p>A highly individualised programme of support to develop essential social communication skills.</p>	<p>In addition to the above:</p> <p>An individual curriculum, within which task analysis is used to maximise access to learning.</p> <p>Flexible class organisation to allow for individual support to be provided for over two thirds of the time.</p> <p>Individual support in all activities to promote more than fleeting attention or to release attention from an all – absorbing focus.</p>	<p>In addition to the above:</p> <p>A specialist, multi-element approach to support mental health and/or behaviour which is used throughout the entirety of the day.</p> <p>Targeted and structured support from a key person, such as a Learning Mentor or skilled teacher or teaching assistant throughout the day to respond to incidents quickly, as they occur.</p> <p>At least weekly contact with family members (e.g. phone call; discussion during drop off / collection or meeting) to ensure a consistent approach to intervention in and out of the setting.</p>	<p>In addition to the above:</p> <p>The whole curriculum is structured to prepare the child / young person for planned dependency after completing formal education.</p> <p>Highly structured and adult led opportunities to develop essential leisure skills.</p> <p>Essential daily provision within a structured, individualised curriculum for promotion and maintenance of functional mobility.</p> <p>Curriculum opportunities to be flexible to respond to frequent urgent medical needs which are managed exclusively by adults.</p> <p>Highly specialised sensory programmes required as the only means of accessing the National Curriculum, EYFS or equivalent.</p> <p>Children will have access to a sensory diet based on a sensory screen. This may include all of the provision outlined above, alongside specific activities to develop their proprioception, vestibular and interoceptive senses.</p> <p>The child may require further reasonable adjustments to be made, such as an individual, distraction-free workstation.</p> <p>The child may require support for anxiety related to sensory issues, e.g. a safe space for them to go to when they are feeling overwhelmed.</p> <p>The child may require input from an occupational therapist.</p>
	Children and young people's individual progress is monitored through an EHC Plan			
F	Individual support, over and above that described in band E, to meet the needs of children and young people with complex and severe special educational needs.	Individual support, over and above that described in band E, to meet the needs of children and young people with complex and severe special educational needs.	Individual support, over and above that described in band E, to meet the needs of children and young people with complex and severe special educational needs.	Individual support, over and above that described in band E, to meet the needs of children and young people with complex and severe special educational needs.
	Children and young people's individual progress is monitored through an EHC Plan			

Key definitions

Group Size	"Group" up to 12 children and young people	"Small Group" up to 6 children and young people	"Very Small Group" up to 4 children and young people
Differentiation	"Differentiated" for high, middle and low ability sets	"highly differentiated" for a small group of up to 6 children and young people	"Individually differentiated" to address the individual needs of the children and young people.
Duration	"Short term" up to 6 weeks	"Sustained" up to 2 terms	"long term" over 2 terms
Breadth of support	"in all subjects"	"in most subjects" up to two thirds	"in some subjects" up to one third

	Special Schools						Mainstream Schools	
	Cat 1 Communication and Interaction	Cat 2 Cognition and Learning	Cat 3 SEMH	Cat 4 Sensory &/or Physical	Cat 5 Exceptional	Cat 6 Personalised As agreed with Head of SS		
							5C	£3,500.00
							6C	£7,000.00
Level A	£0.00	£0.00	£0.00	£0.00	£0.00			
Level B	£0.00	£0.00	£0.00	£0.00	£0.00		ERB's Aldermoor Farm Primary	£2,686.62
Level C	£2,382.60	£2,859.12					Alderman's Green Primary	£2,686.62
Level D	£2,859.12	£4,765.20	£7,147.80	£7,147.80			Courthouse Green Academy	£2,868.69
Level E	£9,530.40	£8,815.63	£11,913.00	£11,913.00	£19,611.00	£30,656.61		
Level F	£15,486.90	£14,295.60	£14,295.60	£14,295.60	£39,222.00	£0.00		

Special Schools

Mainstream Schools

	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5	Cat 6		
	Communication and Interaction	Cognition and Learning	SEM/	Sensory &/or Physical	Exceptional	Personalised As agreed with Head of SS		
							5C	£3,500.00
							6C	£7,000.00
Level A	£0.00	£0.00	£0.00	£0.00			M1	£2,517.00
Level B	£0.00	£0.00	£0.00	£0.00			M2	£4,367.00
Level C	£2,477.90	£2,973.49					M3	£6,833.00
Level D	£2,973.49	£4,955.80	£7,433.72	£7,433.72			M4	£8,683.00
Level E	£9,911.62	£9,168.25	£12,389.52	£12,389.52	£20,395.44	£31,882.87	M5	£12,873.00
						As agreed with Head of		
Level F	£16,106.38	£14,867.42	£14,867.42	£14,867.42	£40,790.88	SS		
							ERB's	
							Aldermoor Farm	
							Primary	£2,686.62
							Alderman's Green	
							Primary	£2,686.62
							Courthouse Green	
							Academy	£2,868.69