

## Appendix Five: Haringey Early Years Inclusion Banding Descriptors

(Changes as a result of consultation are in red)

### Introduction

Haringey Local Authority and its partners are committed to strengthening the systems of support for all young people with SEND. Haringey recognises that SEND is a broad term which includes the vast range of special educational needs and disabilities many of our young people manage, sometimes living with these permanently, and other times for a shorter period.

To ensure resources are used efficiently, it is essential to ensure that systems for allocating additional resources (beyond those expected in our inclusive Early Years Settings) are transparent, fair and based on need.

As a step towards addressing this, a set of banding descriptors has been developed over the course of 2022/23 working across our partnerships to provide a guide to levels of developmental differences and SEN needs, so that there is greater transparency and understanding of how needs are identified, and the provision made to meet those needs.

The banding descriptors are designed to align with Haringey's graduated response to children and young people with SEND and with the guidance for when to seek an EHC assessment.

The banding descriptors were developed throughout 2023. They have been developed by a working party of SENCOs, therapists and other educational professionals, parents and carers and local authority SEND officers. The Bandings were open to public consultation in Autumn 2023 and as a result further modifications were made.

The Early Years Bandings are for children working within the Early Years Foundation Stage (aged 2-the end of Reception). There is a separate set of bandings for children working within the National Curriculum, year 1 to 11; this is to ensure that the descriptors take account of the different developmental and curricular needs. **The descriptors are designed to enable emerging needs to be identified swiftly in order to support early identification and intervention and should be revisited in the light of the response to intervention.**

The Bandings are intended to be part of a wider SEND sector-led improvement programme and exist in conjunction with the Haringey Early Years Best Practice Guide, and the duties of Early Years Settings to provide adapted learning environments and quality-first teaching. They are not intended to replace complimentary services such as those provided by Health Visitors and Children's Centres.

Finally, no Banding or set of descriptors will provide a full and accurate description of the entirety of a child or young person's needs and presentation, in every instance care and attention must be given to emerging difficulties and parental concerns as they know their children best.

## The structure of the banding document

The bands are set out from 1-4. As a rough guide:

<b>Band 1</b>	Children make expected or better progress in a rich inclusive learning environment. They may experience developmental delays in some areas but these resolve with high quality teaching and short term interventions
<b>Band 2</b>	Children make expected or better progress with a personalised programme of targeted support or adapted early learning environment less than 50% of the time. Needs are likely to be developmental or delayed, including sensory or medical needs that they do not yet have the maturity to manage independently.
<b>Band 3</b>	Children make steady progress from their starting points when provided with personalised support and an adapted early learning environment more than 50% of the time. Needs are likely to be persistent and significant and across all the prime areas of the EYFS
<b>Band 4</b>	Children require the ongoing input of 3 or more specialist practitioners such as speech and language, occupational and physiotherapists, social workers, in addition to a highly personalised early learning environment. Needs will be persistent and significant and across education, health and care

The descriptors set out in this banding document are organised according to the four areas of need identified within the 2015 SEND Code of Practice which have been interpreted to be considered within the areas of learning and development identified within the Early Years Foundation Stage. This is to ensure the approach takes account of developmental differences which may resolve with early intervention as well as children who have special educational needs and /or disabilities.

### Cognition and learning including play

Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate scaffolding. This will cover a wide range of needs, from children who have delayed play skills due to limited access to enabling environments and positive relationships to those with moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

## **Communication and interaction**

In our banding framework, we have separated Communication and Interaction into two areas – Speech and Language and Social Communication

### ***Speech and Language***

Many children and young people experience difficulties with speech and language. These might include difficulties with producing speech sounds accurately, stammering, voice problems, understanding language and using language (words and sentences). Everyone with speech and language needs is different and may have difficulty with one, some or all of the different aspects of speech, language or communication at different times of their lives. Some difficulties are short-term but others will be more permanent and remain throughout childhood and adult life. Sometimes a child or young person's language disorder is associated with an underlying or co-concurring condition such as hearing loss, cleft palate, neurodevelopmental conditions and genetic conditions. However, there are times when there may be no clearly identifiable cause.

### ***Social Communication***

Children may have difficulties with interacting and engaging in social situations and early learning environments with or without having speech and language needs. This may be attributed to a different way of thinking and processing information and may particularly, but not exclusively, apply to neurodiverse children and young people.

## **Personal, Social and Emotional Development**

Children's personal social and emotional development is rapid in the early years and their skills should always be considered in relation to what is appropriate for their age. Some children may experience difficulties which make it hard for them to form relationships with adults and peers or separate confidently from their primary caregiver. They may become withdrawn or isolated, or display challenging, disruptive or disturbing behaviour. The underlying causes of emotional dysregulation are likely to be varied and may include a challenging start to life or neurodiversity.

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

Some children require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people who require support with vision or hearing, or who have a multi-sensory impairment (MSI), will require specialist support and/or equipment to access their learning, or habilitation support. Some children with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers. Some children with a medical need may need high levels of adult support until they have the maturity to manage their condition themselves.

## How to use the banding descriptors

The banding descriptors do not specify how needs will be met – that is a matter for the setting, parents and the professionals who know the child well to consider together, but it does include indicative levels to help plan support. The strategies and provision needed to meet the child's needs will be agreed as part of the child's SEN support planning.

In assessing a child or young person's needs against the banding descriptors, educational professionals and parents or carers should recognise the impact that high quality provision can have on the presentation of special educational needs. It is therefore critical that this document is read alongside Haringey's agreed approach to ordinarily available provision; which are set out in the Haringey Early Years Best Practice guide [Early Years SEND Best Practice Guide 2023-2024 \(September 2023\) \(haringey.gov.uk\)](#) –These set out what every Early Years setting in Haringey should provide for all children with a special educational need. The expectation is that these descriptions of need represent what a child can do, and the learning challenges they face, after appropriate and good quality provision has been made. The descriptors of need are not designed to compensate for poor quality or inconsistent support.

Children's needs often change rapidly in the Early years as they grow and develop and in response to the support and Early Years Education they receive as well as changes in educational context and setting (for example moving from nursery to primary education). It is therefore recommended that the agreed banding is reviewed six monthly or more frequently in response to an unexpected change or crisis. In the case of children with an EHCP, this will form part of the annual review.

## Understanding common terms used in the banding descriptors

In reading the banding descriptors you will see the words mild, moderate, significant, severe and profound used frequently. We are aware that in some contexts these words might have very specific medical or therapeutic definitions. However, in this document we are using these words in a pragmatic and non-technical way to describe the extent to which a child or young person's needs impact on their learning and their life. In general, throughout this document:

**Mild** describes needs which cause a child or young person some difficulty on a fairly regular basis, but which can be overcome with relatively light-touch help and support.

**Moderate** describes needs which often cause a child or young person difficulties, but with applied, consistent and well directed support can be addressed effectively.

**Significant** describes needs which have an ongoing and serious impact on a child or young person's learning and ability to access the curriculum and requires a much more intensive and individualised support offer to manage well.

**Severe** describes needs which impact on most areas of learning and to a great degree. Support required will be more specialised and intensive, and is likely to be required long-term.

**Profound** describes the highest level of needs, which affect all areas of life and learning and require the highest levels of support to manage safely and effectively in an educational setting.

Area of Need	Band 1	Band 2	Band 3	Band 4	Evidence
<b>Cognition and learning including play</b>	Birth to Five/ Development Matters shows less than 12month delay in play and learning skills	Haringey Portage Checklist/Birth to Five shows delay of 12 -24 months AND play shows typical developmental patterns	Haringey Portage Checklist shows delay of 24 months or more AND/OR Play skills are disordered and repetitive	Severe and multiple learning needs. Attainment levels likely to remain at early developmental stage throughout their education	<i>Haringey Portage Checklist. Educational Psychologist Advice. Paediatrician Report. 2 year old Developmental Check</i>
<b>Communication and Language: Speech and language</b>	Haringey LEEP Screen indicates AMBER needs	Haringey LEEP screener indicates RED needs	Pre-verbal or emerging verbal language in the severe range for their age	Child has no functional communication system. Needs are likely to be complex, severe and life long.	<i>Haringey LEEP Screener, SALT Report</i>
<b>Communication and Language: Social Communication</b>	Child has 4 or 5 ticks on Step 1 of LEEP screen.	Child has 0-3 ticks on Step 1 of LEEP screen	Child has 0-3 ticks on Step 1 of LEEP screen AND/ OR Severe difficulties for age in attention and concentration and staying on task even for highly motivating activities	Severe and multiple learning and communication needs. Attainment levels likely to remain at early developmental stage throughout their education	<i>Haringey LEEP Checklist, Haringey Portage Checklist. Educational Psychologist Advice. Paediatrician Report. 2 year old Developmental Check</i>
<b>Personal, Social and Emotional Development</b>	Some periods of difficulties with transitions and/or accessing activities independently	Separation difficulties which persist throughout the session after settling in period AND/OR Child needs frequent adult intervention	Child has not formed a strong relationship with any significant adult in the setting AND/OR child has experienced	Severe and multiple and complex needs. Child needs bespoke curriculum and personalised intervention supported by SEND	<i>Educational Psychologist Advice, Personal Risk Assessment Social worker advice</i>

		to regulate emotions multiple times per session leading to reduced access to available activities AND/OR Difficulties engaging in routine leading to withdrawal or challenging behaviour AND/OR lack of awareness of danger leading to risky behaviour compared to other children of their age	significant early life disruption AND/OR unable to regulate emotions even with a high level of adult support AND/OR no awareness of danger which causes harm to self or others.	specialists daily to access EYFS.	
<b>Physical and Sensory: Vision</b>	Prescribed glasses and needs encouragement to wear them. Patches/treatment for squint. Temporary mild sight impairment.	Moderate to severe sight impairment some requiring adaptations of resources and teaching strategies.	Severe sight impairment requiring significant adaptations of resources and teaching strategies.	Sensory loss plus complex needs requiring significant adaptations of resources and teaching strategies.	<i>Medical Reports, QTVI Recommendations</i>
<b>Physical and Sensory: Hearing</b>	History of temporary conductive hearing loss such as glue ear (no hearing aids)	Permanent unilateral hearing loss. Permanent bilateral Mild/ Moderate hearing loss requiring aiding with behind the ear hearing aids, bone anchored hearing aid etc	Permanent bilateral Severe/ Profound hearing loss requiring aiding with behind the ear hearing aids, bone anchored hearing aid, cochlear implants etc.	Sensory loss plus complex needs requiring significant adaptations of resources and teaching strategies.	<i>Audiology Report, QTOD recommendations</i>
<b>Physical and Sensory: Sensory</b>	Child's sensory regulation needs can be met by adjustments to the environment	Child's sensory processing needs regularly require adult intervention to be regulated and access the EYFS	Child's sensory processing needs significantly limit their ability to access EYFS AND/OR frequently cause the child to be distressed AND/OR Child needs high levels of adult supervision	Sensory Processing Needs are severe and multiple and complex needs. Child needs bespoke curriculum and personalised intervention supported by SEND specialists daily to access EYFS.	<i>Sensory Profile, OT Advice. Medical Reports</i>

			due to risk of danger to self or others		
<b>Physical and Sensory: Sensory</b>	Any identified needs are well managed and do not impact access to EYFS	Physical needs require specialist interventions or equipment which require adult support	Non-mobile or restricted movements. Child needs high levels of adult supervision due to risk of danger to self or others	Requires constant supervision or assistance with long term medical/physical needs AND/OR Requires 24hr positioning and reliant on adult support for all intimate and self-care needs	<i>Therapy Advice, Vale Mobility Service Report, Medical Report</i>
<b>Physical and Sensory: Medical</b>	Medical condition managed within adult ratio in setting e.g., mild asthma, anaphylaxis	Medical condition which limits child's ability to access EYFS e.g., moderate to severe epilepsy or diabetes AND/OR eating or drinking difficulties requiring a modified diet AND/OR Persistent toileting problems requiring close adult supervision	Medical condition which requires continuous adult support to access EYFS  Significant eating and drinking difficulties e.g., gastroenterology fed.	Significant health needs e.g., tracheostomy which require continuous support from medically trained professionals	<i>Health Care Plan. Medical Reports</i>