



Mainstream Banding Framework



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1. Introduction

This framework has been developed with representatives from Hillingdon Borough Council, all phases of schools and with a representative of Hillingdon Parent Carer Forum via SENDIAS, and with contributions from therapy leads. It has drawn from analysis of data and feedback from schools and wider partners, and a variety of models from other Local Authority areas.

The working group has reviewed the feedback received and learning from its implementation from September 2024, and this has informed this 2025 refresh. Profile of pupils against the new descriptors has been reviewed by the working group and shared with Schools Forum to evidence the profile. Data will continue to be routinely shared with schools via briefings as well as Schools Forum.

The framework references and supports the 'graduated approach' outlined in the SEND Code of Practice (2015), and the 4 areas of need referenced in this. This provides consistency with the recently refreshed Hillingdon Ordinarily Available Provision (OAP) Guidance which provides guidance on support and intervention that should be used prior to considering a request for an Education, Health and Care Needs Assessment (EHCNA).

Four Broad Areas of Need

- **Communication and Interaction**

This includes:

- Speech, language and communication needs (SLCN) - Children and young people with SLCN have difficulty in communicating with others; this may be because they have difficulty saying what they want to and being understood by others, difficulty understanding what is being said to them or they do not understand or use social rules of communication.
- Autism and social communication difficulties.

- **Cognition and Learning**

Support for learning difficulties may be required when children and young people learn at a slower pace than their peers. Learning difficulties cover a wide range of needs, including:

- Moderate learning difficulties (MLD)
- Severe learning difficulties (SLD) where children and young people are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication. Support is likely to be needed into adulthood.
- Profound and multiple learning difficulties (PMLD) where children and young people are likely to have very severe and complex learning difficulties as well as a physical disability or sensory impairment. Many will also have complex medical needs.
- Specific learning difficulties (SpLD) affect one or more specific aspects of learning. This includes a range of conditions such as dyslexia, dyscalculia and dyspraxia.

- **Social, Emotional and Mental Health**

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour.

These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained.

Other children and young people may have disabilities such as Attention Deficit Hyperactive Disorder (ADHD) or attachment disorder.

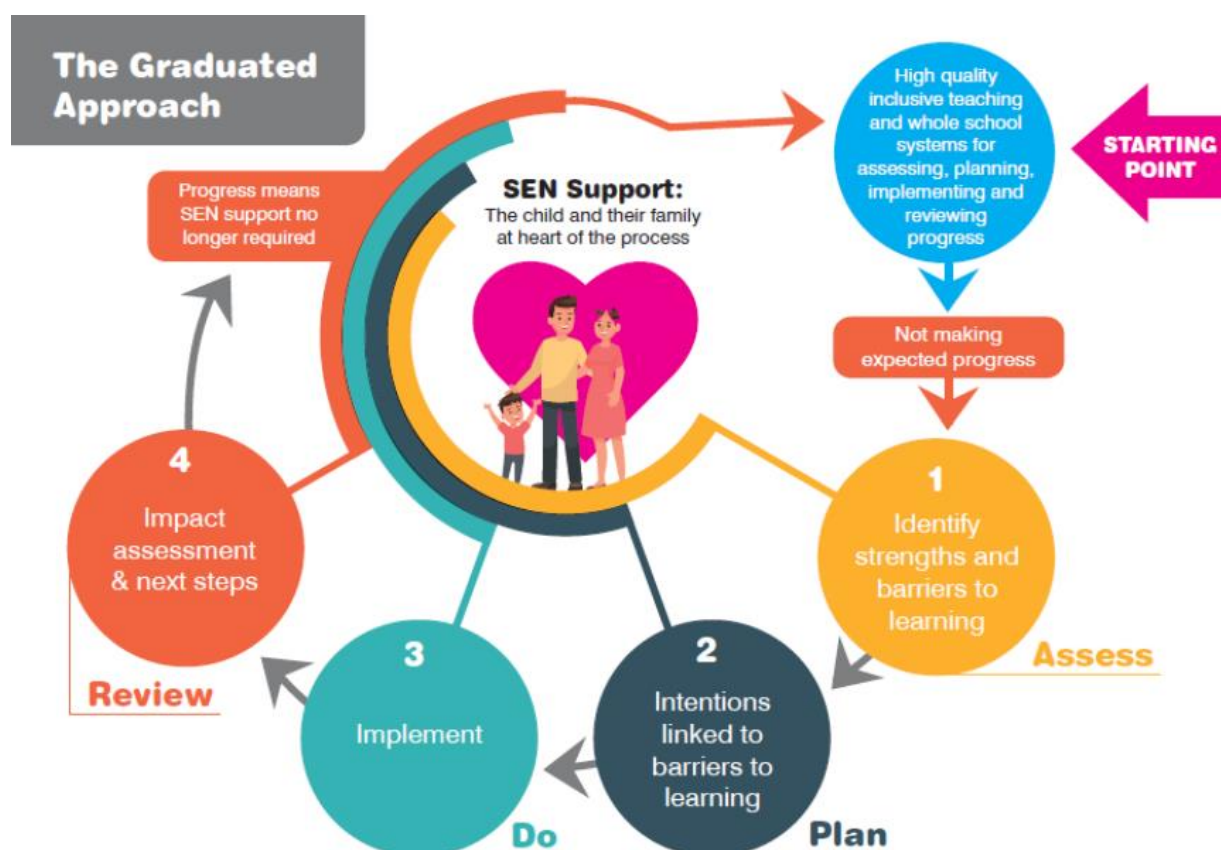
- **Physical and or Sensory Needs**

Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided.

This includes children and young people with:

- Visual impairment (VI)
- Hearing impairment (HI)
- Multi-sensory impairment (MSI) - a combination of vision and hearing difficulties
- Physical disability (PD)
- Medical Needs

In addition to being described via different broad areas of needs, Special Educational Needs and Disabilities (SEND) can also exist at different levels of severity. The different levels exist as a continuum and while SEND needs may remain, support needs may change and go up and down the continuum over time as a consequence of the impact of the support being received. This is known as a 'graduated approach'. The diagram below illustrates the graduated approach and has been taken from Hertfordshire's Handbook for Top-Up High Needs Funding in Mainstream Schools.



The framework has been put together to support implementation of a fairer, more transparent, efficient and effective high needs funding system across Hillingdon that supports delivery of the Ambitions within [Hillingdon's SEND & AP Strategy](#) with:

- The right provision / support being in place at the right time as locally as possible linked to evidenced needs.
- Identification and sharing of best practice and enabling it to become common practice.
- Improved parent / carer confidence in Hillingdon's local provision.
- Efficient and effective use of funding / resources.

The framework assumes that all schools will have a foundation of quality first teaching (QFT) for all of their pupils that includes:

- Highly focused lesson design with time-bound and sharp objectives, based on the prior knowledge of learners.
- Is informed by formative and summative assessment and sequential steps in learning linked to an evaluation of learners' current understanding.
- Demands learner involvement and engagement with learning and high levels of interaction.
- Draws on effective pedagogy including teacher questioning, modelling, explaining, and feedback.
- Provides opportunities for learners to talk both individually and in groups.
- Has an expectation that learners will develop and take responsibility for their own learning and work independently.
- Uses encouragement and authentic praise to engage and motivate children and young people.
- Reassuring children and young people that it is ok to make mistakes and that we can all make good progress through effort and persistence (growth mindset).
- Includes development of learners' emotional and social literacy skills e.g. self-awareness, self-regulation, empathy, motivation, and social skills.
- Adaptations to the environment, teaching and learning in line with duties under the Equality Act (2010). These will be set out in the school's Accessibility Plan.

We recognise that the successful delivery of this framework must be supported by the SEND improvement work we are undertaking across the area which includes:

- Development of clear information and guidance on what should be delivered as 'Ordinarily Available Provision' for children and young people with SEND that draws from evidence based best practice that supports children and young people to make good progress.
- Development and use of an easily accessible SEND Multi-agency Dashboard that helps us have a shared understanding of the range and levels of needs across Hillingdon, how that compares to other areas, and how that informs our collective priorities for improvement.
- Improving the quality of advice towards and content of Education, Health and Care Plans (EHCP) so that everyone involved with the child / young person knows what provision is needed to help the child / young person make progress.
- Evidencing the impact of resourcing on children and young people's outcomes, including through the improvement of Annual Reviews.

In assessing a child or young person's needs against the banding descriptors, the impact that high quality provision can have on the presentation of special educational needs should be recognised. This framework should be used alongside [Hillingdon's OAP Guidance](#) which provides information

on support at SEND Support broken down into 'SEND Support', 'Targeted SEND Support' and 'Enhanced SEND Support'.

This framework provides descriptors that links this to levels of need for children and young people with an EHCP with consistent terminology to the [OAP Guidance](#): Targeted, Enhanced 1A, Enhanced 1B and Enhanced 2. There is also a section to reflect which exceptional needs may sit outside this framework.

SEND practice and provision continually adapts to new research. As such, the OAP Guidance and SEND Banded Funding Framework are both intended to be evolving frameworks that are kept under review to ensure that they reflect the latest evidence and examples of best practice.

The descriptors within the SEND Banding Framework are not exhaustive and provision should not be limited to the content of the framework and should reflect the needs of the child / young person as evidenced through assessment.

We recognise that schools use a range of assessment tools to track children and young people's progress. Evidence provided by settings and schools will be drawn from their assessments and should clearly set out the child's needs, the impact of their needs on their current learning and progress and the impact of the provision that they have put in place already.

SEND Code of Practice (2015) Sections 6.16, 6.17 and 6.18

6.16 Schools should assess each pupil's current skills and levels of attainment on entry, building on information from the previous settings and key stages where appropriate. At the same time, schools should consider evidence that a pupil may have a disability under the Equality Act 2010 and, if so, what reasonable adjustments may need to be made for them.

6.17 Class and subject teachers, supported by the senior leadership team, should make regular assessments of progress for all pupils. These should seek to identify pupils making less than expected progress given their age and individual circumstances. This can be characterised by progress which:

- is significantly slower than that of their peers starting from the same baseline.
- fails to match or better the child's previous rate of progress.
- fails to close the attainment gap between the child and their peers.
- widens the attainment gap.

6.18 It can include progress in areas other than attainment – for instance where a pupil needs to make additional progress with wider development or social needs in order to make a successful transition to adult life. (6.18 SEND CoP)

Schools should make this assessment information available as part of any request for additional support or an EHC Needs Assessment as the assessment evidence should show that the child / young person needs provision / support that is in addition to or different from the majority of their peers.

The revised framework is a 'needs led' model which means that identified funding is based on the child / young person's level and range of needs. Special Educational provision is then matched the child / young person's specific needs. **It must not relate to the provision available.** The funding provided through this model will enable a range of interventions, training, specialist support, group activities and/or some additional individualised support (see section 4).

For pupils at SEND Support, this is through the Early Support Funding (ESF) process.

For pupils with an EHCP, this is through their assessed needs set out in their EHCP and any Annual Review of these.

2. Key definitions

To help us understand and implement the framework consistently and fairly, we have put together some key definitions. It should be expected that once the **right support** is in place then the child / young person will make progress. Provision should be kept under review and should change over time to reflect the child / young person's changing needs. For a child / young person with an EHCP, this would be formally through the Annual Review, and for a child / young person at SEND Support this would be through regular review and formally at least annually.

We also recognise the impact of context on support. For example, the space available taking account of 'reasonable adjustments' made to deliver the support in a way that works for the child / young person, or the peer group. We need to ensure that the school / setting is able to deliver the support needed in a flexible way to best meet the needs of the child / young person within that context.

Curriculum Level

The term 'below' is frequently used, so we have provided some detail to help consistently use language that describes how far below age related expectations the child / young person is learning.

We need to understand whether the child / young person is learning below age related expectations in one area of learning, e.g. literacy or communication, across several areas of learning or across all areas of learning.

We also need to understand whether the targeted or enhanced support at SEND Support is narrowing the gap between the child / young person and their peers, or whether the gap is still getting wider, and more specialist support might be needed.

'Below'	Accessing a curriculum between 12 and 24 months below Age Related Expectations (ARE), according to current teacher assessment. This might be described, for example, as accessing a year 1 curriculum in year 3.
'Well below'	Accessing a curriculum between 24 to 36 months below ARE, according to current teacher assessment. This might be described, for example, as accessing a year 4 curriculum in year 7.
'More than 3 years below'	Accessing a curriculum more than 3 years below ARE, according to current teacher assessment. This might be described, for example, as accessing a year 5 or 6 curriculum in Year 9/10.

Impact of needs on Learning (different to DfE categories of need)

Mild impact	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 impact	Needs which often cause a child or young person difficulties, but with applied, consistent and well directed support can be addressed effectively.
Severe / significant impact	Needs which have an ongoing and serious impact on most areas of learning and access to the curriculum and to a great degree. Support required to enable the child / young person to learn effectively and make progress will be more specialised and intensive and is likely to be required long-term.
Profound impact	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.

Types of learning need (Department for Education Categories used for school census)

Specific Learning Difficulties (SpLD)	SpLD affects the way information is learned and processed. Some people will have more than one SpLD and it is common for there to be an overlap. Children and young people with SpLDs may have a range of difficulties with specific aspects of learning such as word reading, writing, spelling and numeracy. Specific learning difficulties may include Dyslexia, Dyspraxia, Dyscalculia and Dysgraphia. More information on needs and how you can meet these can be found in the OAP Guidance .
Moderate Learning Difficulties (MLD)	A child / young person will display significant difficulty and delay in reaching developmental and learning milestones and into adult life. Children and young people will be learning and achieving several years behind others of the same age and will have difficulty in accessing the curriculum without significant support. Some children and young people with moderate learning difficulties will have an Education, Health and Care plan. More information on needs and how you can meet these can be found in the OAP Guidance .
Severe Learning Difficulties (SLD)	Children and young people will have significant and lifelong difficulties with their learning affecting their ability to participate in the school curriculum without high levels of support/ specialist support. All children and young people with SLD are likely to have an Education, Health and Care plan and will need additional support into adulthood.
Profound and Multiple Learning Difficulties (PMLD)	Children and young people will have a lifelong combination of learning, communication, physical and sensory needs as well as primary care and medical

	needs which have exceptional impact on their learning and development. They will generally communicate non-verbally, and communication may be pre-intentional and only understood by those that know them very well. A high level of adult support is needed at all times. Children and young people are likely to need sensory stimulation and a curriculum broken down into very small steps. Children and young people with PMLD will have an Education, Health and Care plan.
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Speech and Language Therapy Diagnosis for Language definitions

Language Difficulties	Child is under 5 years and demonstrating language difficulties but requires further assessment to determine persistence
Language Disorder	Child / young person has structural language difficulties (and may have pragmatic language difficulties) but it is not yet clear whether they fit criteria for any other conditions (e.g. ASD). This diagnosis is usually given to children / young people over 5 years old but can be given to children under 5 if there is clear evidence that language difficulties are going to persist.
Language Disorder associated with X	Child / young person has language disorder and associated with another condition (e.g. Language disorder associated with autism)
Developmental Language Disorder	Child has structural language difficulties (and may have pragmatic language difficulties) which will/have persisted into school age and NO other associated condition.

Group Size

*Group size may also be impacted by the size of the school, the physical spaces available at the school to accommodate group work, and the number of other children / young people who need similar types of provision / support.

'Group'	Up to 12 children and young people
'Small Group'	5 to 6 children and young people
'Very Small Group'	3 to 4 children and young people
'Individual'	1 child / young person (see section 4 on additional adult support)

Speech and Language Therapy Programme Support recommended group sizes

Paired	2 children
Small group	3-6 children
Group	7-10 children*

Group intervention of 7 – 10 is rarely recommended. It is usually paired and small group.

Differentiation

Differentiation is a pre-planned variation in teaching, Differentiation focuses on designing learning activities, for different levels of learners. This caters for pupils who may have different learning needs to the majority of the class. The technique of differentiation requires the teacher to decide, before the lesson starts, which activity a particular group/individual will complete based on prior assessment. While the term 'differentiation' is still used, schools mainly refer to adaptive teaching.

Adaptive Teaching

Adaptive teaching involves teaching the *same lesson objectives* to all pupils whilst providing scaffolds to support all pupils in making progress. It is a responsive approach that focuses on the class, whilst responding to the needs of individual pupils. It involves planning prior to the lesson (e.g. for scaffolding learning – see below), but also real-time adjustment based on each pupil's progress. This could involve modifying teaching methods, pace or resources as the lesson happens in response to pupil feedback or performance.

Scaffolding

Scaffolding it is a teaching strategy that involves providing temporary support to pupils as they develop new skills or understanding. This support is gradually removed as pupils become more proficient. Scaffolding can take many forms, such as breaking tasks into smaller, more manageable steps, providing visual aids, or offering prompts and cues. The goal is to help pupils achieve a higher level of understanding and independence than they would be able to reach on their own.

Adaptive Teaching

'Adaptive Teaching'	For high, middle, low ability sets
'Highly adaptive teaching'	Use of 'Highly adaptive teaching' for a small group of up to 6 children and young people
'Individually adapted teaching'	'Individually adapted teaching' / 'individually differentiated' to meet the needs of an individual child / young person

Personalised

'Personalised' support may be adjusting to and meeting individual children and young people's needs through planning and providing support as part of whole class adaptive teaching, group activities or through individual support when required.

Duration

While many children and young people with SEND will need long term support, the following definitions relate to specific programmes of support or intervention.

'Short term'	Up to 6 weeks
'Sustained'	Up to 2 terms
'Long term'	More than 2 terms

Breadth of Support

Note 'Support' takes a number of forms and will vary for each child / young person. It may be

- preparing resources to enable them to access learning
- specific teaching / learning approaches, or
- additional adult support available when the child / young person needs it (*see section 4 on additional adult support*).

The specific support and how it will be provided will be outlined in their Support Plan or Education, Health and Care Plan.

For example, a communication aid will need to be accessible to the child / young person across the day, whereas some support, including adult support, will be at specific times based on the child / young person's needs.

Some types of support can be reduced over time as the child / young person learns the skills to be more independent, while other types of support may be required long term (e.g. communication aids).

'In some subjects / lessons'	Up to one third
'In most subjects / lessons'	Up to two thirds
'In all subjects / lessons'	All
'At unstructured times'	Additional support required at play time and transition times. In early years, where there are more free flow activities, some children may need more support to move between activities.

Behaviours that are of Concern

Understanding the reasons / triggers for behaviours that are of concern and identifying the right support / teaching should form part of the approach to support. Support needs to be planned to take into account the impact of the behaviours on the child / young person and the impact on them and those around them. This included children and young people who internalise behaviours and may withdraw from learning. More information on evidence-based approaches and support can be found in the [OAP Guidance](#) and in this Framework.

Frequency

'Sometimes' / 'very low frequency'	Staff / parents / carers have noticed that the child / young person occasionally shows a behaviour of concern, but that does not occur frequently enough to form a pattern
'Often' / 'low frequency'	A behaviour of concern is noticed 1, 2 or 3 days a week with occasional multiple occurrences on some days
'Frequent' / 'medium frequency'	A behaviour of concern is observed most days of the week (at least 4), with some multiple occurrences on some days.
'Regular' / 'high frequency'	A behaviour of concern that occurs in most lessons / sessions most days of the week (at least 4), or multiple occurrences in some (at least a third) lessons / sessions
'Persistent' / 'very high frequency'	Persistent / non- stop throughout every session / lesson in both structured and unstructured environments

Intensity

‘Very low’	Some inappropriate behaviour with low amount of off-task behaviour
‘Low’	Resistant behaviour when not complying with expectations and / or instructions. Demonstrates ‘some’ off-task or task avoidance behaviours (in up to a third of lessons / sessions). May come across as defiant.
‘Medium’	Disruptive behaviour when not complying with expectations and / or instructions. ‘Some’ (up to a third of lessons / sessions) intrusive aspects of behaviour with ‘frequent’ (most days of the week) off task – task avoidance behaviours.
‘High’	‘Regular’ / ‘high frequency’ physical and / or verbally intrusive behaviour towards peers, adults and / or property.
‘Extreme’	Extreme and immediate danger to themselves and / or others which requires immediate action to support the child / young person and those around them.

Duration

‘Very low’	Momentary and usually lasts for between 30 seconds and a minute
‘Low’	Lasts for 1 – 3 minutes but is able to refocus either with their own learned calming techniques or with support.
‘Medium’	Lasts for extended periods of 5 minutes, with occasional extended periods. Likely to need support to refocus or regulate.
‘High’	Lasts for over 20 minutes and sometimes an entire lesson / session. Will need support to refocus or regulate.
‘Very high’	Often lasts throughout a significant part of the day or can be all day.

3. Assessment of SEND and issuing of Education, Health and Care Plans (EHC Plans)

Legal Test from children and Families Act (2014)

- The legal test for when a child or young person requires a **statutory Education Health and Care Needs Assessment**:
 - The local authority must secure an EHC needs assessment if the authority is of the opinion that the child or young person may have special educational needs, and it may be necessary for special educational provision to be made in accordance with an EHC plan.
- The legal test for when a child or young person requires an **EHCP**:
 - Where, in the light of an EHC needs assessment, it is necessary for special educational provision to be made for a child or young person in accordance with an

EHC plan, the local authority must secure that an EHC plan is prepared for the child or young person.

Guidance in the SEND Code of Practice (2015):

- **In considering whether an EHC needs assessment is necessary, the local authority should consider whether there is evidence that despite the early years provider, school or post-16 institution having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person, the child or young person has not made expected progress.**
- An EHC assessment will:
 - identify the child's SEND, and any related health and care needs.
 - provide advice to the local authority about the child's needs and the provision required to meet those. It should also detail any related health and social care needs and provision.
 - assist the local authority to determine if it is required to issue an EHC Plan.
- Where an assessment leads to the production of an EHCP, the Hillingdon banding framework will support the determination of the appropriate level of 'top-up' funding to allocate to the school to deliver the provision detailed in the EHC plan.

4. Additional Adult Support as part of SEND provision

Some children and young people will need additional adult support in the classroom to help them to make good progress. This may be through targeted group work ([see definitions on sizes of groups in Section 2](#)), access to adult support when needed (an adult is observing and able to step in and support when needed), or individual support for a specific activity. This may include support for specific programmes, or a child / young person may require access to more adult support for some, most or all their school day. Where this is the case, this adult support must form part of the expectation of high-quality teaching as well as the wider implementation of the child / young person's EHCP.

Some children and young people with physical disabilities may need support at specific times to help with, for example, mobility, physio programmes and personal care.

It should not be expected that **all** provision is delivered via 1:1 support, or that provision delivered by a suitably trained and experienced teaching / learning support assistant replaces high-quality teaching. The class teacher is responsible for every child / young person's progress and SEND is everyone's responsibility. Quality first teaching should include scaffolding to support the child / young person to become less dependent on adult prompt and all support. This needs to be implemented consistently and, where possible, involve the learner in determining what helps them to learn.

Wherever provision is delivered on a 1:1 basis, this should be kept under review, including with the child / young person. The child / young person's progress must be balanced against dependency on adult support to complete a task. It is important that children / young people are supported to be as independent with their learning and development as they can be, and that change in how that support is delivered is managed in a planned way to support their progress and confidence.

The Education Endowment Foundation provides guidance on the effective use of Teaching Assistants which is helpful for schools to consider.

[Deployment of Teaching Assistants | Education Endowment Foundation](#)

A summary is set out below:

Effective Practices

1	Deploy TAs in ways that enable all pupils to access high-quality teaching	TAs should supplement – not replace – the teacher. This means that pupils who struggle most should spend at least as much time with the teacher as other pupils, if not more. <ul style="list-style-type: none">• Ensure all pupils have access to high-quality teaching with their class teacher.• Ensure working relationships between teachers and TAs meet all pupils' needs, with the teacher retaining responsibility for all pupils.• Support teachers and TAs to identify practices which inhibit pupil learning and engage in effective alternatives.
2	Deploy TAs to scaffold learning and to develop pupils' independence	Leaders should ensure TAs are prepared to engage in scaffolding practices that support pupils' learning and ability to learn independently. Supporting pupil independence should be a key consideration of TA deployment. <ul style="list-style-type: none">• Equip TAs with a range of scaffolding strategies appropriate to the age, subject, and specific individual needs of pupils they work with.• Remove scaffolds over time to promote independent learning, with teachers supporting TAs to make those judgements.• Ensure pupils have the opportunity to attempt tasks independently before intervening appropriately when they can't proceed.
3	Deploy TAs to deliver well-chosen, evidence based, structured interventions where appropriate	The evidence shows that TAs can support pupils effectively through structured interventions. However, these need to be carefully considered, monitored, and linked to the classroom to ensure positive outcomes for pupils. <ul style="list-style-type: none">• Reflect on the purpose of interventions and engage with the evidence base before deploying TAs to deliver structured interventions.• Monitor progress to be sure the benefit of the intervention outweighs time away from the classroom.• Support teachers and TAs to engage in bridging practices that connect learning between interventions and the classroom.

Effective Implementation

4	Prepare and train staff around effective TA deployment	<p>School leaders should ensure staff are on the same page about the role of the TA and how they can most effectively support pupils. Ensuring teachers and TAs are well prepared to work in these roles increases the likelihood that TA deployment can have a positive impact on pupils.</p> <ul style="list-style-type: none">• Provide clarity on the role of the TA for all in the school.• Enable TAs to be effective in their role and teachers to work effectively with TAs, through effective professional development.• Develop ongoing coordination and communication so that teachers and TAs are prepared for their day-to-day roles.
5	Engage all staff in the process of implementing effective TA deployment	<p>Effective TA deployment is complex and dependent on a range of factors. School leaders should focus on implementation as they look to embed effective practices.</p> <ul style="list-style-type: none">• Ensure TA deployment is informed by both the underpinning evidence and the challenges of putting it into practice.• Engage and align the school community to build a shared understanding of good TA practice.• Be deliberate about deployment decisions, which should be taken in the context of the school and its current priorities.

5. Provision of Specialist Equipment and / or Training

A child / young person may require specific specialist equipment and/or training provided to adults working with them, some of which may be considered educational or medical in nature, or both. The provision of equipment or training may have a cost that may be one-off, required very few times across a child / young person's school career or more frequently. This does not necessarily mean that the provision of equipment or training increases the child / young person's needs or places a child / young person in a higher band. Similarly, a high level of need may not necessarily mean that a young person falls into a higher band if that need is met through the provision of equipment, e.g. a need relating to a sensory impairment being met by equipment or technology. The provision of equipment or training is subject to individual assessment of need. Training can be provision or can be the expertise to deliver provision. Please follow [School Equipment Policy for Pupils with Special Educational Needs and Disabilities](#) to apply for support with equipment.

6. Health or Social Care Provision

Section 9.7 of the SEND Code of Practice sets out the expectations around health and social care provision.

9.73 Health or social care provision which educates or trains a child or young person **must** be treated as special educational provision and included in Section F of the EHC plan.

9.74 Decisions about whether health care provision or social care provision should be treated as special educational provision **must** be made on an individual basis. Speech and language therapy and other therapy provision can be regarded as either education or health care provision, or both. It could therefore be included in an EHC plan as either educational or health provision. However, since communication is so fundamental in education, addressing speech and language impairment should normally be recorded as special educational provision unless there are exceptional reasons for not doing so.

9.75 Agreement should be reached between the local authority and health and social care partners about where provision will be specified in an EHC plan.

What should be included in Section G of the EHCP (SEND Code of Practice) 2015

Any health provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN.

- Provision should be detailed and specific and should normally be quantified, for example, in terms of the type of support and who will provide it.
- It should be clear how the provision will support achievement of the outcomes, including the health needs to be met and the outcomes to be achieved through provision secured through a personal (health) budget.
- Clarity as to how advice and information gathered has informed the provision specified.
- Health care provision reasonably required may include specialist support and therapies, such as medical treatments and delivery of medications, occupational therapy and physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies. It could include highly specialist services needed by only a small number of children which are commissioned centrally by NHS England (for example therapeutic provision for young offenders in the secure estate)
- The local authority and CCG may also choose to specify other health care provision reasonably required by the child or young person, which is not linked to their learning difficulties or disabilities, but which should sensibly be co-ordinated with other services in the plan.

7. Levels of need

The Hillingdon SEND Banded Funding framework supports the continued 'graduated approach' set out in the SEND Code of Practice (2015) by setting out additional provision matched to increasing complexity and intensity of needs. Each level of need and consequent provision builds on that described at the previous band.

The Descriptor grid in Appendix 1 (Page 19 onwards) sets out the range of needs of children and young people that might be expected at Targeted 2, Enhanced 1A and Enhanced 1B and Enhanced 2 against the four areas of need which are broken down further into sub sections.

SEND Support, Targeted SEND Support, Enhanced SEND Support (No EHCP and funding through SEND Notional Budget)	Children and young people whose SEN can be effectively supported from the resources that are ordinarily available from schools' 'notional SEN budget', the totality of schools' budgets and other resources available to schools, for example specialist services. See OAP Guidance .
Targeted 1 Early Support Funding (No EHCP but will meet)	Children and young people whose needs require support beyond quality first teaching and school-based targeted support and intervention, as set out in the OAP Guidance for Hillingdon. The level

guidance for Early Support Funding)	of resourcing exceeds what the school can provide from its SEND budget. However, if these needs can be addressed through short term funding early and quickly, it could result in the child / young person making good progress, prevent needs from escalating and enable them to access the curriculum within the ordinary offer at the school. (See Early Support Funding Guidance)
Targeted 2 EHCP	Children require a level of additional or different SEN support at times throughout the day (up to 1/3 of lessons), including moderate interventions.
Enhanced 1A EHCP	Children and young people who need ongoing strategies and support across a large part of the day (up to 2/3 of lessons), including some specialist interventions specifically designed for their needs.
Enhanced 1B EHCP	Children who in addition to needs set out in Enhanced 1A have a severe physical, medical or emotional health need that further impacts on access to learning.
Enhanced 2 EHCP	Children and young people who need ongoing strategies and support across the majority / all the day, including specialist and frequent interventions specifically designed for their needs. This may be delivered in different ways. The level of resourcing required is at a higher level than that required for provision at the Enhanced 1 support level.
Exceptional EHCP	Children and young people who require the highest levels of support in a mainstream setting and are likely to meet the admissions guidance for a specialist setting (SRP or special school) or have very high levels of need due to specific circumstances (see below)

Exceptional Needs

Examples might include:

- Meets admissions guidance for specialist placement as agreed by panel but a place is not available or parent / carer has chosen a mainstream school. This exception would not be relevant for children / young people who are transitioning to a specialist placement in September.

Or

- Visual impairment and learning or using Braille and or cane use and needing higher qualified support staff, significant adaptation of resources. Assessed by qualified teacher of the visually impaired as requiring full time support and needing additional provision as listed in the Curriculum Framework for the Visually Impaired (CFVI).
- White cane mobility training.

Or

- Degenerative condition requiring additional support. This will be look at on a case by case basis.

Or

- Sudden change in needs. For example, through accident or illness/ medical condition. A descriptor would be allocated at the earliest opportunity and the child / young person would then be funded on that descriptor level.

8. Early Support Funding (ESF) for children and young people at SEND Support who require support above what would be expected from the SEND Notional Budget and do not need an EHC assessment at this point in time

ESF is the process Hillingdon uses to allocate High Needs Block Funding to support **schools** with pupils who do not have an Education, Health and Care Plan (EHCP) but have significant additional needs beyond those that might be expected to be funded from the SEND Notional Budget. This funding is intended to provide short-term additional support to help close the gap for statutory school aged children with needs that exceed what would ordinarily be expected at SEND support.

9. Understanding and using the descriptors with reference to evidenced / assessed needs for children and young people with an EHCP attending mainstream schools

Following Education, Health and Care Assessment, all children / young people will be allocated a descriptor through the Resources Panel according to their assessed needs and the provision required to meet their needs. The decision must be based on the actual needs of the pupil as the assessment is about the child or young person and not the school provision.

The expectation is that these descriptions of need represent what a child / young person 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.

The descriptors should be **indicative and cumulative**; they are not exhaustive lists but rather reflect the types and complexity of SEND that children and young people may be described as experiencing. A child / young person does not need to be experiencing all the needs described. Many children and young people will experience needs at different levels across different aspects for the framework. It is important to decide on a descriptor that is a '**best fit**' for the child / young person's needs.

The potential of a lower need descriptor must be thoroughly explored before looking at higher need descriptors. This approach enables us to ensure equitable, consistent and transparent decision making.

The descriptors do not specify how needs will be met – that is for schools, parents, the young person (where appropriate) to consider together but do 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 / young person's SEND support planning which should be shared with the LA through the Annual Review.

A child or young person's needs are likely to change over time in response to the support and teaching they have received, the changes in educational context and setting (for example moving from primary to secondary education) and their own maturity. It is therefore recommended that the agreed banding level is reviewed once a year, or more frequently in response to an unexpected change or crisis. This will form part of the annual review of the EHCP.

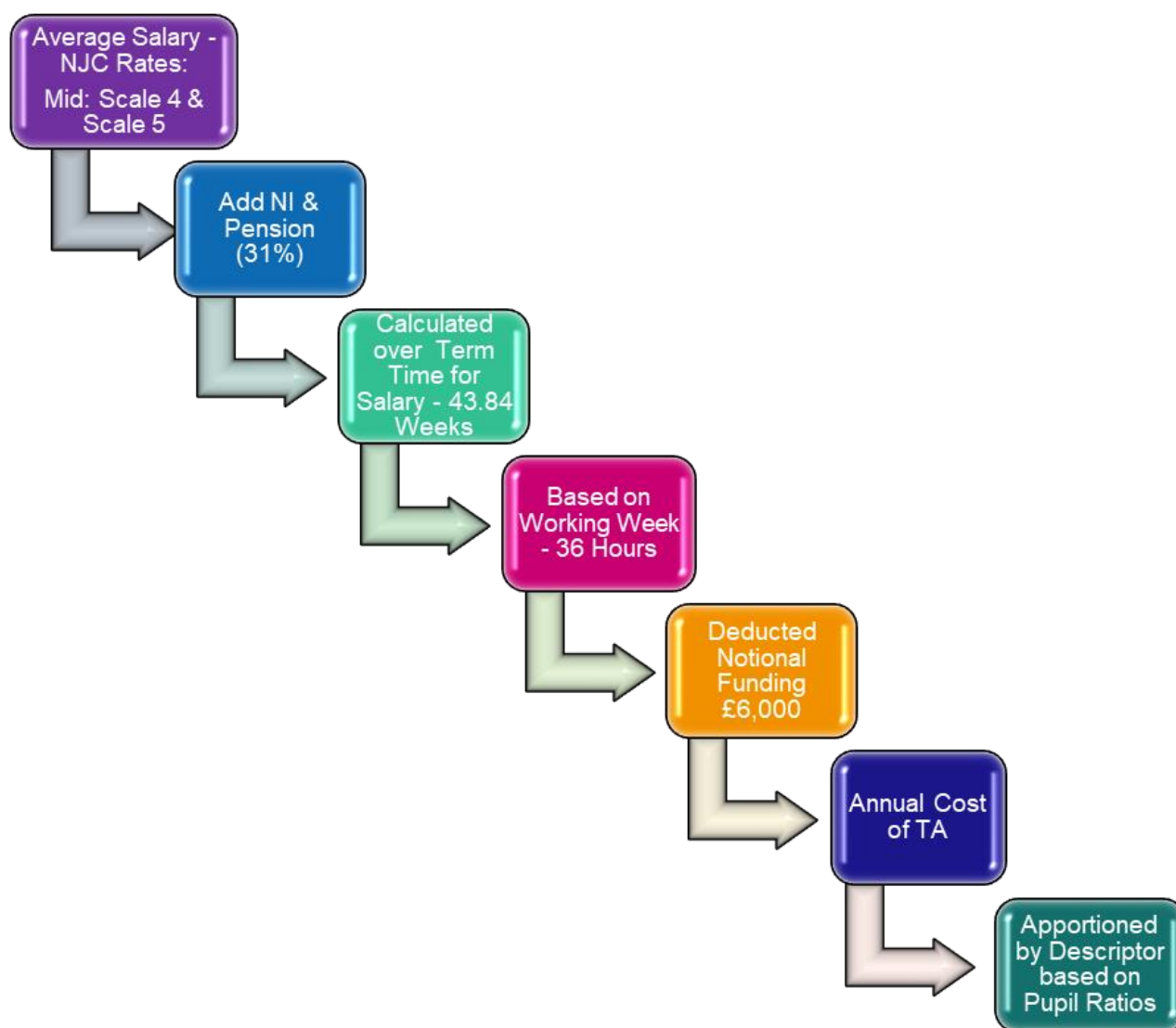
We hope that the banding descriptors will provide clarity of levels of need linked to levels of funding and ideas for targets to reduce dependence and planning to support greater independent access to the curriculum. We recognise that types of 'support' may change / reduce as the interventions and

support are working and impacting on progress due to needs being met, but 'needs' might remain. They support a fair and transparent model to ensure consistency across the local area.

We also recognise that for some children and young people, for example those with degenerative conditions, support may need to increase to retain as much independence and control as is possible.

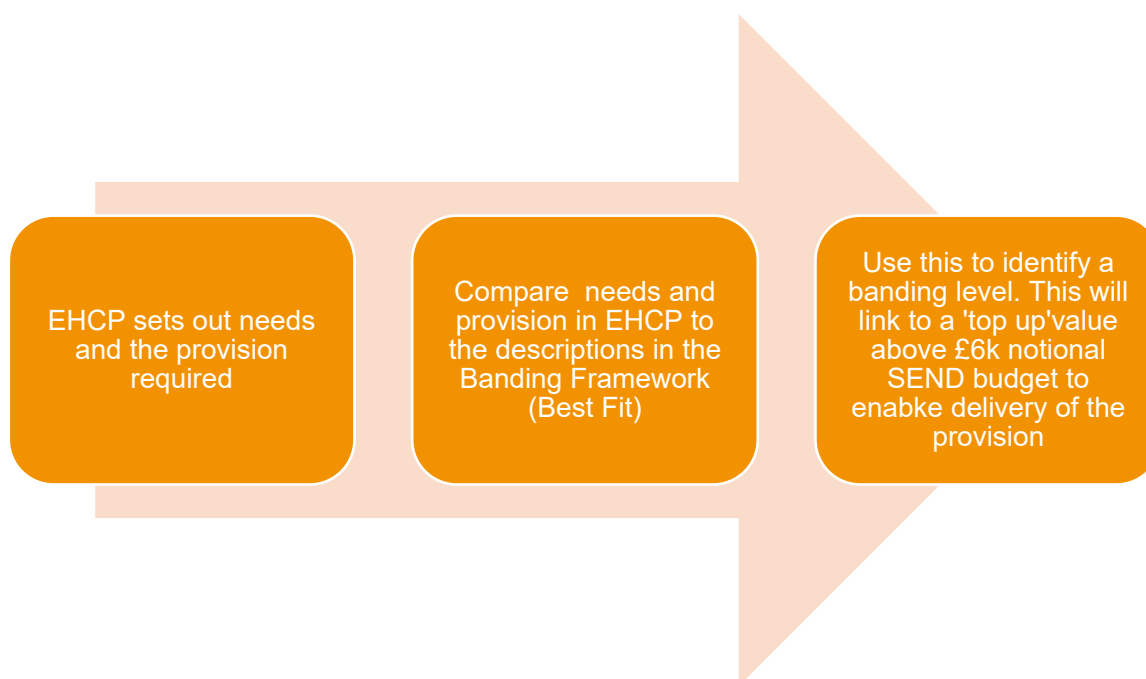
10. Funding methodology

The rates were calculated taking into account feedback, testing against some EHCPs and benchmarking against other Local Authorities whose frameworks we used to inform the Hillingdon Framework, ensuring the values reflected Hillingdon's context.



Payments to schools for top up funding are made over 39 weeks. Payments will be received monthly by schools and will be based on the number of school days that month. This ensures funding is paid accurately so that, if a child moves placements, payments will be up to date when packages are stopped/ transferred.

11. Decision making process



Where the EHCP does not reflect current needs and provision, the latest Annual Review will be used to identify an appropriate descriptor.

Where a pupil has transitioned from primary to secondary school, and the secondary school does not believe that the current EHCP and latest Annual Review reflects the level of needs for that context, further information can be provided as set out below for the panel to consider a different descriptor.

It is expected that primary and secondary schools will work together to ensure that from the year 5 Annual Review, the evidence of level of needs and provision required for a change in context informs amendments to the EHCP in preparation for phase transfer.

What information does the authority need from a school / setting for current pupils with EHCPs from the Annual Review to inform the allocation to the new model descriptors?

Please provide:

- The Annual Review paperwork.
- Either a current 'My Support plan' or a provision map of what you are providing for the pupil (this does not need to be costed as panel will no longer be using costed provision maps to justify banding, so schools should be matching with the descriptors to find the band that fits best).
- Up-to-date assessment information that you have for the pupil (this might include learning levels, cognitive assessments, reading ages for example).
- Any **new** external reports/assessments.
- Assessments of behaviour and behaviour support plan (if appropriate).

What happens if I don't agree with the descriptor band allocated to a pupil?

Please contact your link EHC Coordinator to discuss and provide evidence as listed above to support why a different descriptor is a better fit.

12. Exceptional Funding Guidance for Mainstream Schools

The exceptional funding applies only to mainstream schools supporting children and young people with EHCPs under the following circumstances:

Parental Preference for Mainstream Education

The child/young person meets the criteria for specialist provision, however, parents/carers have opted for a mainstream placement, exercising their legal entitlement under Section 33 of the Children and Families Act 2014. To ensure the child's needs are met effectively and safely long term, the mainstream school requires additional support as evidenced in professional reports/EHCP.

Temporary Mainstream Placement Due to Lack of Specialist Provision

The child/young person has been assessed as needing specialist provision, however, due to current capacity constraints or delays in securing an appropriate placement, they are temporarily attending a mainstream school. Exceptional funding may be considered to support the interim arrangements and ensure appropriate provision is in place.

Please note: Children and young people who are part of the Phase Transfer process are not eligible for this funding whilst they are still in their mainstream placement, if it is decided that special is most appropriate for the next phase of education.

In all cases, it is anticipated that children and young people with EHCPs in mainstream schools are receiving the provision specified in their plans, delivered effectively and within the school's existing resources. This provision should be tailored to support the child or young person in making meaningful progress towards the outcomes set in their EHCP, in line with the SEND Code of Practice (2015), which states that outcomes must be ambitious, person-centred, and focused on preparing for the next phase of education and adulthood.

However, during the phase transfer process - such as the transition from primary to secondary education - it may become clear that, despite appropriate support and progress, the children or young person's needs have evolved, and the current rate of progress is not sufficient to meet the increased complexity and demands of the next phase. In such cases, a move to a more specialist setting may be deemed appropriate to ensure continued progress and access to the curriculum.

The Children and Families Act 2014, and associated regulations require that EHCPs are reviewed and updated at key transition points to ensure that the provision remains appropriate. Where a specialist placement is identified as necessary, this reflects a change in the child or young person's needs rather than a failure of the mainstream school's provision. Consequently, the mainstream school would not be eligible for exceptional funding, as it is expected that the support provided was within the scope of their delegated resources.

Exceptional funding requests must demonstrate:

- Clear evidence of the children or young person's needs, how they meet special school admission guidance, special school banding descriptor and the rationale for additional support over and above the highest available funding level of £12,877 Enhanced 2.
- A detailed support plan outlining how the mainstream school will meet the child's needs.
- A timeline and plan for review, particularly where the placement is temporary.
- Confirmation that the placement is either parental preference or request to SEND Panel with special schools for consideration specialist provision.

Process

1. **Request Submission**

The mainstream school submits an exceptional funding request via their allocated EHC Coordinator (EHCCo).

2. **SEND Panel Review**

The request is presented to the SEND Panel to determine whether the child or young person meets the special school's admission guidance.

3. **Communication of Decision**

If the panel finds sufficient evidence that the CYP requires a special school placement, the panel allocates specialist school descriptor and exceptional funding linked to it. The decision is communicated to the mainstream school within 15 days after the panel.

4. **Funding Allocation**

Mainstream exceptional funding is calculated to bridge the gap between the mainstream school's delegated funding and the level of support required to meet the child or young person's needs, where a specialist placement is either temporarily unavailable or declined due to parental preference. All children who meet this criteria will be placed on Enhanced 2 funding (the highest mainstream band) and will receive additional exceptional top-up to reflect the relevant special school banding agreed.

The table below outlines the funding bands, with the Enhanced 2 rate of £12,877 serving as the baseline. The Exceptional Funding column reflects the additional financial support allocated to ensure the child or young person receives appropriate provision in a mainstream setting. This funding is not intended to replicate specialist provision but to enhance mainstream capacity to deliver the EHCP effectively. Negative values indicate that the mainstream school's delegated funding already exceeds the Enhanced 2 rate, and therefore, no exceptional funding is allocated.

The mainstream school receives funding on a pro rata basis, depending on the duration the CYP remains on roll.

Special School Band	Special School Funding Rate	Enhanced 2	Exceptional Funding
A	£35,000	£12,877	£22,123
B	£40,000	£12,877	£27,123
C	£25,000	£12,877	£12,123
D	£17,000	£12,877	£4,123
E	£21,000	£12,877	£8,123
F	£14,000	£12,877	£1,123
G	£11,000	£12,877	-£1,877
SEMH 1	£11,000	£12,877	-£1,877
SEMH 2 (S)	£23,200	£12,877	£10,323
SEMH 2 (P)	£15,000	£12,877	£2,123
SEMH 3 (S)	£33,500	£12,877	£20,623
SEMH 3 (P)	£25,000	£12,877	£12,123

5. **Special Schools Resource Panel Ratification**

The Special Schools Resource Panel reviews and ratifies the descriptor. If the Special Schools Resource Panel identifies a more appropriate descriptor for the CYP, efforts will be made to reconcile and align records and decisions accordingly.

Appendix 1: Hillingdon Mainstream Descriptors to support banded funding

- [Communication and Interaction](#)
- [Cognition & Learning](#)
- [Social, Emotional and Mental Health](#)
- [Sensory and / or Physical](#)

Needs are not in hierarchical order. People should start with the section that represents the child / young person's primary need e.g. Communication and Interaction, or physical needs.

The descriptors are not exhaustive lists but rather reflect the types and complexity of SEND needs that children and young people may be described as having. Allocation to a descriptor will be based on a '**best fit**' for the child / young person's needs. A child / young person does not need to be experiencing all the needs described. Children and young people will experience needs at different levels across different aspects for the framework.

This section should be read in conjunction with the definitions section on pages 7 - 13.

Impact of needs on Learning and progress

Mild impact	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 impact	Needs which often cause a child or young person difficulties, but with applied, consistent and well directed support can be addressed effectively.
Severe / significant impact	Needs which have an ongoing and serious impact on most areas of learning and access to the curriculum and to a great degree. Support required to enable the child / young person to learn effectively and make progress will be more specialised and intensive and is likely to be required long-term.
Profound impact	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.

Hillingdon Mainstream Descriptors to support banded funding

Communication and Interaction			
Targeted	Enhanced 1A	Enhanced 1B	Enhanced 2
Speech and Language			
Receptive Language / Understanding and Expressive Language			
<p>Key Stage 1 In addition to learning needs set out in attainment and progress section, the child has a moderate to severe receptive / expressive language disorder (either developmental or associated) that has been assessed by a speech and language therapist. Note, this descriptor on its own would not necessitate an EHCP as many children and young people with a moderate to severe language disorder will have their needs met without the need for an EHCP with support from speech and language therapists.</p> <p>In addition to learning needs (accessing a curriculum more than 3 years below age related expectations) the child / young person has a severe receptive language disorder (either developmental or associated) that has been assessed by a speech and language therapist.</p> <p>All Key Stages Severe difficulties in understanding classroom language including longer instructions and those with more complex vocabulary.</p> <p>Mainly communicates in very simple sentences and sometimes single words.</p>	<p>Key Stage 1 In addition to a higher level of learning needs set out in attainment and progress section the child has a severe receptive / expressive language disorder (either developmental or associated) that has been assessed by a speech and language therapist.</p> <p>Key Stage 2 upwards In addition to a higher level of learning need (more than 4 years below age related expectations), the child / young person has a severe receptive / expressive language disorder (either developmental or associated) that has been assessed by a speech and language therapist.</p> <p>All Key Stages Difficulty understanding simple instructions with a range of adults and peers.</p> <p>Child / young person requires frequent adult support to access verbal information.</p> <p>Mainly communicates in two-to-three-word sentences and single words.</p> <p>Connected speech remains poor.</p> <p>Child / young person is inconsistent in their responses to additional visual support to aid understanding of information and concepts.</p>	<p>As A PLUS Has frequent periods of high anxiety that impacts significantly on receptive language / understanding and expressive language.</p> <p>Exhibits frequent frustration or withdrawal behaviours due to lack of understanding or a gap between their level of understanding and their ability to express themselves clearly.</p> <p>OR Additional physical disability that impacts on levels of support required to communicate effectively.</p>	<p>All Key Stages Child / young person has a severe to profound receptive / expressive language disorder (either developmental or associated) as assessed by a speech and language therapist that contributes to life-long learning difficulties or disabilities, across most areas of development.</p> <p>Able to understand only highly modified language including assistive and augmentative systems (means of communicating without talking).</p> <p>Uses basic verbal communication alongside non-verbal communications which may be very idiosyncratic.</p> <p>Language difficulties may impact on social isolation or the young person becoming withdrawn. Will need significant support to socialise with peers.</p> <p>Child / young person may exhibit frustration and anger or withdrawal behaviours, due to lack of understanding of verbal information required to engage effectively in learning, which is frequent, persistent and unresponsive to calming / support strategies.</p> <p>Frustration and anger may manifest itself via behaviours which cause significant risk</p>

Communication and Interaction			
Targeted	Enhanced 1A	Enhanced 1B	Enhanced 2
<p>Child / young person finds it difficult to organise and use expressive language to communicate about things which are out of context in a way that can be understood by others (despite production of sounds being accurate and clear). This may be because of difficulties with creating sentences, narratives or choosing accurate words.</p> <p>Expressive language may be echolalic with repeated words and phrases being used to initiate communication or respond to questions.</p> <p>Child / young person beginning to respond positively to additional support and can use supports with moderate levels of independence. Will still require some adult support to use consistently and once confident may be able to move to SEND Support and no longer need an EHCP.</p>	<p>Child / young person may exhibit frustration or withdrawal behaviours due to lack of understanding or a gap between their level of understanding and their ability to express themselves clearly.</p> <p>Will need significant support and calming strategies to learn to manage their emotions.</p> <p>Expressive difficulties may cause frequent frustration, but child / young person will respond positively to calming strategies and learn to manage their frustration in a positive way (self-regulate).</p> <p>Expressive difficulties may lead to withdrawal behaviours that require adult support to manage.</p> <p>Child / young person can use supports with moderate levels of independence but will still require adult support to use consistently</p>		<p>of harm to the child / young person or others.</p>
Speech Sound Difficulties / Disorder			
<p>Persistent difficulties with speech which impact significantly on intelligibility and literacy skills as identified by a speech and language therapist.</p>	<p>Severe difficulties with speech which impact on intelligibility and communication.</p> <p>Listeners have to use high levels of exploratory questioning and visual scaffolds to ensure accurate interpretation of the child / young person's communication.</p>	<p>As Enhanced 1A</p>	<p>Child / young person has a severe to profound receptive / expressive language disorder (either developmental or associated) as assessed by a speech and language therapist that contributes to life-long learning difficulties or disabilities.</p> <p>Child / young person demonstrates multiple areas of persistent and disordered speech sound development, as identified through formal assessment.</p> <p>Speech intelligibility limited to familiar words used in context and persists into Key Stage 2 and beyond.</p>

Communication and Interaction			
Targeted	Enhanced 1A	Enhanced 1B	Enhanced 2
Social Communication Skills			
<p>Child / young person has difficulties with social communication that have a moderate to severe impact on daily functioning. However, after an initial introduction phase, responds positively to additional support strategies, and can use support strategies with moderate levels of independence but will still require adult input or intervention to use consistently.</p> <p>Inappropriate responses to adults or peers that may be perceived as rude or disruptive and that need adult support to challenge or re-frame.</p> <p>Difficulties in understanding and expressing their feelings in an appropriate way, leading to anxiety, frustration or withdrawal behaviours, low self-esteem, isolation, or reluctance to attend some lessons or clarification in the classroom.</p> <p>Difficulties in understanding change or social expectations which leads to higher impact errors in actions or choices but do not pose risk of harm to child / young person or others.</p> <p>Will need specific named strategies integrated into the school day.</p> <p>Will need planned access to named adults to support learning and development of social communication skills.</p>	<p>Child / young person has difficulties with social communication that have a severe impact on daily functioning and the child/ young person responds inconsistently to additional support strategies and requires frequent adult input or intervention across some subjects / lessons to implement support strategies.</p> <p>Misunderstanding of social cues and situations which severely impacts on the ability to engage in some classroom activities.</p> <p>Inappropriate responses to adults or peers that may cause offense, be highly disruptive and that need adult support to challenge or re-frame.</p> <p>May withdraw from communication in class or interact in unexpected ways in the classroom.</p> <p>Will need highly adaptive teaching and an adapted curriculum to support language and communication needs.</p> <p>May need opportunities and agreed strategies to self-regulate when at high levels of anxiety.</p>	<p>Child / young person has difficulties with social communication that have a severe impact on daily functioning and the child/ young person responds inconsistently to additional support strategies and requires frequent adult input or intervention across most subjects / lessons to access support strategies.</p> <p>Misunderstanding of social cues and situations which severely impacts on the ability to engage in most classroom activities.</p> <p>Inappropriate responses to adults or peers that may cause offense, be highly disruptive and that need immediate and frequent adult support to challenge or re-frame.</p> <p>Likely to withdraw from communication in class or interact in unexpected ways in the classroom.</p> <p>Will need highly adaptive teaching and an adapted curriculum to support language and communication needs.</p> <p>Will need opportunities and agreed strategies to self-regulate when at high levels of anxiety.</p> <p>May need to access a calm safe space, which may include playground to support regulation when at high levels of anxiety.</p>	<p>Child / young person has difficulties with social communication that have a profound impact on daily functioning and the child / young person responds inconsistently to additional support strategies, child / young person requires access to adult input or intervention across the day to keep them and others safe and to access support strategies.</p> <p>Misunderstanding of social cues and situations which severely impacts the ability to regulate emotions and causes regular high levels of distress and anxiety which present serious barriers to learning.</p> <p>Difficulties in understanding and expressing their feelings in an appropriate way, leading to very high levels of anxiety, frustration or withdrawal behaviours that cause low attendance, or pose risk of harm to the child /young person or others around them.</p> <p>May require a risk assessment and mitigating actions that inform a support plan for the child / young person consisting of bespoke strategies and resources.</p>

Cognition and Learning			
Targeted	Enhanced 1A	Enhanced 1B	Enhanced 2
Core Skills			
<p>Moderate to severe difficulties in acquiring of literacy and numeracy skills.</p> <p>Moderate to severe difficulties with processing information.</p> <p>Moderate to severe difficulties with recall and retention of information.</p> <p>Moderate to severe difficulties with generalising skills.</p> <p>Moderate to severe difficulties with problem-solving skills.</p>	<p>Severe and sustained difficulties in acquisition of literacy/ numeracy skills, despite specialist programmes..</p> <p>Severe difficulties with processing information. Processing difficulties may limit independence and need additional adult support in some areas, requiring a moderated curriculum.</p> <p>Severe difficulties with recall and retention of information.</p> <p>Children / young people require considerable modification to programmes and materials to access the curriculum which allows for repetition and over-learning.</p> <p>Severe difficulties with generalising skills.</p> <p>Severe difficulties with problem-solving skills. At KS2 and above children / young people do not have the necessary pre-requisite language skills for verbal reasoning, including following longer spoken directions.</p> <p>Children and young people have severe difficulties with comparisons and problem solving.</p> <p>Children and young people have severe difficulties with making and justifying predictions and with inference.</p>	<p>Severe and sustained difficulties in acquisition of literacy/ numeracy skills, retaining information, generalisation and problem-solving skills, affecting access to the curriculum in most lessons / subjects.</p> <p>In addition to needs outlined in Enhanced 1A child / young person Has frequent periods of high anxiety that impacts significantly on learning and progress, requiring additional support to manage anxiety.</p> <p>Or physical or sensory needs require additional support to access resources and / or accomplish personal care, self-help and independence skills throughout the day.</p> <p>Difficulty working alone due to physical, sensory or SEMH needs, requiring a highly adaptive curriculum with considerable modification to programmes and materials which allows for repetition and over-learning.</p>	<p>Processing difficulties that impact on independence thus needing additional adult support available throughout the day to make progress.</p> <p>Some difficulties accomplishing personal care, self-help and independence skills throughout the day.</p>

Cognition and Learning			
Targeted	Enhanced 1A	Enhanced 1B	Enhanced 2
Focus and Attention – all key stages			
<p>Significant difficulties in attention and concentration and staying on task.</p> <p>Difficulties with shifting focus of attention between all activities and / or sustaining attention on the majority of adult directed tasks.</p> <p>May have significantly slower processing skills and need more time to respond to instructions.</p> <p>After an extended introduction phase, child / young person responds positively to additional support, child / young person can use supports with moderate levels of independence but will still require adult support to use consistently.</p>	<p>Severe difficulties in attention and concentration and staying on task.</p> <p>Child / young person finds it difficult to 'listen and do' at the same time.</p> <p>Child / young person responds inconsistently to additional support.</p>	<p>In addition to needs outlined in Enhanced 1A child / young person Has frequent periods of high anxiety that impacts significantly on learning and progress, requiring additional support to manage anxiety.</p> <p>Finds it difficult to shift own attention focus.</p>	<p>Severe difficulties in sustaining attention and concentration and staying on task even for self-selected, highly motivating time-limited activities.</p> <p>Child / young person unable to shift own attention focus.</p> <p>Adult attempts at redirection result in significant and prolonged frustration, and sometimes distress.</p>
Response to Intervention and Support – all key stages			
Needs persist despite a range of highly adaptive teaching / evidence-based interventions, including those recommended by an external professional. Need adaptive teaching plus some support in some lessons / subjects (up to 1/3) as well as some evidence-based interventions.	Small steps of progress and needing higher amounts of highly adaptive teaching plus some support in most subjects / lessons across the day (up to 2/3rds) as well as some specialist evidence-based interventions.	As Enhanced 1A but severe physical or sensory needs will need additional support.	Very limited progress and needing more individualised adaptive teaching plus some support across all lessons/ subjects as well as higher levels of specialist evidence-based interventions.
Accessing the Curriculum – all key stages			
<p>Will need significant modification / greater personalisation of learning and materials which allow for building on success, repetition and over-learning to access the curriculum.</p> <p>Will need more time to consolidate learning before more advanced skills and knowledge are taught. A small</p>	Difficulties necessitate alteration of the curriculum which may include a personalised curriculum (see definition of personalised in framework) to enable a slower pace of learning with a more functional skills curriculum for an extended period.	<p>Curriculum and environment will require significant modification and sometimes higher levels of support to meet sensory and physical needs.</p> <p>Children and young people who need ongoing strategies and support across unstructured and transition times as well as most subjects and lessons to minimise</p>	<p>Difficulties necessitate alteration of the curriculum which will include an adaptive curriculum to enable a more limited pace of learning with a more functional curriculum for an extended period.</p> <p>Will need lots of opportunities for over learning and application of learning to multiple contexts.</p>

Cognition and Learning			
Targeted	Enhanced 1A	Enhanced 1B	Enhanced 2
<p>amount of new material will need to be introduced and practiced with areas of learning already consolidated.</p> <p>Will need additional adult support at times to check understanding, complete tasks and support developing independence in learning.</p> <p>Will need opportunities to work in small and / or large groups to learn specific skills with peers with similar learning levels to themselves.</p> <p>May need support with alternative recording methods which enable the child / young person to demonstrate knowledge without extended written work.</p> <p>May need support for emotional wellbeing and be taught strategies for managing anxiety.</p> <p>School staff may need to draw on specialist advice (internally and externally) to support access to learning and some curriculum areas.</p>	<p>Learning in shorter and more concentrated bursts to maintain focus.</p> <p>May need instructions chunked and communication support built into all planning.</p> <p>Will need daily opportunities to practice skills across different contexts.</p> <p>Will need use of alternative recording methods for all curriculum areas.</p>	<p>anxiety and provide co-regulation support.to support access to learning and the curriculum</p>	<p>Will need instructions chunked and supported by visual aids.</p> <p>Will need more adult support for recording for all curriculum areas.</p> <p>Personalised timetable may include highly differentiated programmes in small groups in social and emotional aspects of learning, and preparation for independence and adulthood and keeping themselves safe.</p> <p>May need support with personal care.</p> <p>Will need a high level of support at points of transition.</p>
Impact on Attainment and Progress			
<p>Learning significantly below age related expectations in most areas of learning / subjects alongside significant needs in other areas for example:</p> <ul style="list-style-type: none"> • End of Reception – At least 2 years delay • End of KS1 – over 2 years delay • End KS2 – learning at Y3 level. • End KS3 – learning at Y4 level • End KS4 – learning at Y6 level. 	<p>Learning significantly below age related expectations in most areas of learning / subjects alongside significant needs in other areas and the gap continues to widen despite targeted and specialist interventions for example:</p> <ul style="list-style-type: none"> • End of Reception – well over 2 years delay • End of KS1 – over 3 years delay • End KS2 – learning below Y2 level. • End KS3 – learning below Y4 level 	<p>As 2 PLUS</p> <p>Some will have frequent periods of high anxiety that impacts severely / significantly on learning and progress, requiring additional support to manage anxiety.</p>	<p>Lifelong learning disabilities across most areas of development.</p> <p>Learning significantly below age related expectations in all areas of learning / subjects, alongside high levels of needs in other areas and the gap continues to widen despite specialist support and interventions).</p>

Cognition and Learning			
Targeted	Enhanced 1A	Enhanced 1B	Enhanced 2
	<ul style="list-style-type: none"> End KS4 – learning below Y5 level. 		<p>Enhanced 1 plus significant additional needs in other areas of development, and in particular language and communication. Additional needs may also include mobility and coordination, or acquisition of self-help skills. Additional needs must be at least at Enhanced 1 level.</p> <p>Long term small steps progress despite a high level of specialist support and intervention.</p> <p>Lack of academic progress may impact on social, emotional and mental wellbeing.</p>

Social, Emotional and Mental Health			
Targeted	Enhanced 1A	Enhanced 1B	Enhanced 2
Emotional Wellbeing			
<p>May need support and understanding to manage emotional health needs.</p> <p>May have levels of anxiety that need support to manage effectively.</p>	<p>Emotional wellbeing has a severe impact on learning and leisure time. Child / young person will need target support to help them to manage this. Staff responses will need to be consistent.</p>	<p>Levels of anxiety have a severe impact on learning and leisure time. Child / young person will need targeted support and teaching to help them to learn to manage effectively.</p> <p>May need support with emotional health and self-esteem in relation to their severe physical and / or sensory needs and their response to them.</p>	<p>Emotional health and levels of anxiety have a profound impact on mental health. (see section on Mental Health)</p> <p>Child / young person will need high levels of specialist support and teaching to help them to learn to manage the impact of their anxiety / emotional / mental health effectively.</p>
Attention to Tasks			
<p>Moderate to severe difficulties with maintaining concentration and attention which limits learning and participation.</p> <p>May display a strong need to assert independence, autonomy or control of a situation or environment.</p>	<p>Severe difficulties within maintaining concentration and attention which impacts significantly on learning and participation requiring support for most activities (up to 2/3 of day).</p> <p>May display a strong need to assert independence, autonomy or control of a situation or environment.</p> <p>Likely to be misunderstood and respond inappropriately.</p>	<p>As Enhanced 1A plus</p> <p>Will require further support when levels of anxiety are higher.</p>	<p>Profound difficulties with maintaining concentration and attention prevent almost all learning and participation without significant adaptation.</p>
Identifying and Expressing Feelings / Emotions			
<p>Child / young person has significant difficulties interpreting and identifying emotions in themselves and others accurately.</p> <p>Has difficulty expressing feelings and emotions in most social and learning contexts.</p>	<p>Child / young person has severe difficulties interpreting and identifying emotions in themselves and others accurately.</p> <p>Difficulties expressing feelings and emotions which leads to increased anxiety on a daily basis.</p> <p>May show signs of distress, confusion or shutting down.</p> <p>Likely to be misunderstood and respond inappropriately.</p>	<p>As Enhanced 1A plus</p> <p>Difficulties expressing feelings and emotions which leads to increased anxiety and a severe impact on ability to engage on a daily basis.</p> <p>May show signs of distress, confusion or shutting down.</p>	<p>Child / young person has profound difficulties interpreting and identifying emotions in themselves and others accurately.</p> <p>Severe difficulties expressing feelings and emotions.</p> <p>Increased anxiety multiple times a day which may lead to distressed behaviours or complete withdrawal.</p>

Social, Emotional and Mental Health			
Targeted	Enhanced 1A	Enhanced 1B	Enhanced 2
Forming and Maintaining Friendships and Relationships			
<p>Significant difficulties in building and maintaining successful relationships with adults and peers.</p> <p>Difficulties in playing and / or interacting with peers appropriately (either socially or in a learning context), leading to verbal or physical disruptions in peer relationships that can be resolved by an adult 'debrief'.</p> <p>Limited initiation of social interaction but can take part in some imaginative play if taught/supported but does not yet show signs of developing this independently.</p> <p>Regularly participates in solitary activity which is often focused on a special interest.</p> <p>Difficulties understanding social and physical risks.</p> <p>Isolated from peers, has few friendships and finds friendships difficult to sustain. May be vulnerable to exploitation.</p>	<p>Severe difficulties in forming and maintaining appropriate and successful relationships with peers and adults that result in social isolation or social vulnerability.</p> <p>Finds it hard to see beyond their own point of view- unable to play games or interact on other people's terms.</p> <p>Limited social interaction with language difficulties having severe impact on learning.</p> <p>Difficulties understanding social and physical risks and their own vulnerability..</p> <p>Limited ability to understand consequences of actions on relationships.</p>	<p>As Enhanced 1A plus Difficulties understanding social and physical risks and their own vulnerability.</p>	<p>Profound difficulties in being able to manage his/her actions and how they may affect themselves and others.</p> <p>May approach others paying little or no attention to their responses- leading to a lack of real sustained friendships.</p> <p>Unable to engage in most social activities- becoming more isolated from other children / young people.</p>
Managing Change			
<p>Can show signs of anxiety or distress when faced with new people, places, events or uncertainty.</p>	<p>Regularly experiencing anxiety or distress when faced with new people, places, events or uncertainty or when changing focus or moving between activities.</p>	<p>Frequently experiences anxiety or distress when faced with new people, places, events or uncertainty or when changing focus or moving between activities.</p> <p>Appearing distracted/ self-occupying or frequent use of self-soothing actions due to anxiety or distress caused by changes in the environment.</p>	<p>Avoidance, self-occupying and other actions due to stress, change or uncertainty make it difficult to engage in learning without access to adult support.</p> <p>These can lead to severe anxiety, and distressed behaviour on a daily basis.</p>

Social, Emotional and Mental Health			
Targeted	Enhanced 1A	Enhanced 1B	Enhanced 2
		Changes in the environment prevent the child / young person from filtering anything else in the environment, interacting with others, or learning.	
Attachment and Relationships			
Repeatedly seeks affection, approval and reassurance but insecurity remains to an extent which prohibits successful functioning. Places importance on objects rather than relationships showing traits of obsessiveness.	In primary demonstrates the need for daily and on-going support and encouragement from a familiar adult when separating from main carer which causes distress for a prolonged period. Over dependent on key adults..	Over dependent on key adults, with a sense of desperately needing to hold attention and expressing hostility or violence to that adult if thwarted in this. Demonstrates hypervigilance and an absence of trust in adults and/or a lack of trust or compliance with any adult authority.	Likely to need specialist mental health support to manage attachment difficulties.
Mental Health			
May have mental health needs that impact on learning and activities..	May have an assessed mental health need that impacts on learning and activities on a daily basis.	May have an assessed mental health need that significantly impacts on learning and activities on a daily basis. May have intermittent or poor attendance and be at risk of emotionally based school avoidance.	Mental health needs significantly impact on daily learning and relationships with others. Attendance very low due to emotionally based school avoidance. Evidence of self-harming, substance abuse, eating disorders or physical symptoms that are medically unexplained which have required a medical or mental health referral.

Sensory and / or Physical			
Targeted	Enhanced 1A	Enhanced 1B	Enhanced 2
Vision			
Degree of visual loss			
<p>Moderate to severe vision impairment ranges from needing to be 3 to 6 times closer to objects to see them (6/19-6/36 Snellen LogMAR 0.5-0.78)</p> <p>Clear print and/or modified large print to point size N18-N24</p>	<p>Severe vision impairment ranges from needing to be 6 to 10 times closer to objects to see them (6/36-6/60 Snellen LogMAR 0.8-1).</p> <p>Likely to need modified large print to point size N24-N36 in addition to visual aids.</p> <p>Child / young person may have Cerebral Visual Impairment (CVI) – these pupils may have normal or near normal visual acuities but will display moderate to significant visual processing difficulties.</p>	<p>See Enhanced 2</p>	<p>Severe to profound vision impairment ranges from needing to be 10-20 times closer to objects to see them (6/60-6/120 Snellen LogMAR 1-1.3)</p> <p>Will need modified large print point size N36 or greater in addition to visual aids.</p> <p>CYP may be considered educationally blind, requiring braille. In this instance the child / young person's needs would be considered as requiring 'exceptional support'. See Exceptional section of this framework (page 17)</p>
Impact on Learning			
<p>Curriculum access will require significant modification and/or adaptations of curriculum materials.</p> <p>May not be able to see details on a white board without approaching to within 1 metre from it.</p>	<p>Access to the curriculum requires significant individual differentiation and adaptation of the majority of materials in all areas of the curriculum.</p>		<p>Access to the curriculum requires substantial individual differentiation and adaptation of material in all areas of the curriculum.</p> <p>Also refer to exceptional section of this framework (page 17) If assessed by qualified teacher of the visually impaired as requiring full time support this will be funded as an exceptional need.</p> <p>Will need additional provision as listed in the Curriculum Framework for the Visually Impaired (CFVI).</p>
Mobility, Independence and Social Wellbeing			
<p>May need assessment of mobility skills at transition points in their education.</p>	<p>May need emotional support to develop a sense of their identity, resilience, independence, self- esteem.</p>	<p>Will need orientation skills and may need assessment for cane training and independent living skills teaching and habilitation skills.</p>	<p>Able to access buildings and move around the school only with regular and individual formal teaching of orientation and mobility. This may include white cane training.</p>

Will need to be within 1m to see people's facial expressions, body language and gestures.			
Will need structured support with social interactions and building friendships			
Access and Specialist Technology			
Will need significant modification and/or adaptations of curriculum materials requiring training to produce resources and additional support in practical lessons.	Able to access curriculum only with substantial adaptations of most learning materials requiring training to produce resources and additional support in practical subjects to enable safe participation.	Will require accessibility software on a personal device to access all board work and/or print resources	<p>Able to access curriculum only with substantial adaptations of all learning materials requiring training to produce resources. May require the use of braille and/or tactile materials. (see exceptional needs section p 17)</p> <p>Specialist ICT will likely be required and additional support in all subjects.</p> <p>Will need use of braille and/or tactile materials</p>
Hearing			
Degree of Hearing Loss			
<p>Deafness is likely to be permanent and at least 'Moderate' in nature (average hearing thresholds between 41-70dB)</p> <p>May have auditory neuropathy and/or other hearing difficulties.</p> <p>Late diagnosis or onset, bilateral or unilateral.</p> <p>Hearing aids support access to learning and the curriculum with reasonable adjustment to enable effective learning</p>	<p>Deafness will be permanent and at a severe level (average hearing thresholds between 71-90dB).</p> <p>May have auditory neuropathy and/or other hearing difficulties.</p> <p>Late diagnosis or onset, bilateral or unilateral.</p> <p>Higher level of impact on leaning (see cognition and learning section)</p> <p>Hearing aids support access to learning and the curriculum with reasonable adjustment to enable effective learning</p>	As enhanced 1A, but requires more access to visual communication / adjustments to support optimum learning.	<p>Deafness will be permanent and severe to profound. (Average hearing thresholds 71dB to 95dB)</p> <p>May have auditory neuropathy and/or other hearing difficulties.</p> <p>Late diagnosis or onset, bilateral or unilateral.</p> <p>If requires BSL interpreter see exceptional on page 17.</p>
Impact on Learning			
Curriculum access may require significant modification and/or adaptations of curriculum materials.	Access to the curriculum requires individual differentiation and adaptation of teaching approaches.	Access to the curriculum requires substantial individual differentiation and	Access to the curriculum requires substantial individual differentiation and adaptation of material in all areas of the curriculum.

Support may use some signing and/or other visual approaches	Support may use signing / British Sign Language and/or other visual approaches	adaptation of materials in the majority of lessons in all areas of the curriculum. Support may use British Sign Language and/or other visual approaches	All teaching and support are likely to involve the use of British Sign Language and/or other forms of visual communication or oral/auditory communication.
Hearing Technology			
Hearing aid/s (including bone anchored hearing aids) essential. May need to be reminded to use hearing aids / switch them on. Radio aid likely to be necessary. Will need good listening conditions (position in class, facing teacher).	Hearing aid/s (including bone anchored hearing aids) essential. CYP cannot use hearing aid/s independently. Will need good listening conditions (position in class, facing teacher).	Hearing aid/s (including bone anchored hearing aids) essential. Radio aid essential.	Hearing aid/s (including bone anchored hearing aids, Cochlear Implant, Auditory Brainstem Implant) essential. Radio aid essential. Consideration must be given to optimising listening conditions.
Communication and Social Wellbeing - these points would be captured in SLCN and SEMH sections of statutory assessment advice report and EHCP			
May have speech and language difficulties e.g. poor sentence structure and delayed grammar structures. Functional language abilities will impact on effective age-appropriate communication. Will need emotional support to develop a sense of their positive deaf identity, resilience, independence, self- esteem. Will need structured support with social interactions and building friendships.	Likely to have speech and language difficulties e.g. poor sentence structure and delayed grammar structures. Functional language abilities will impact on communication and may result in limited social relationships. Will need emotional support to develop a sense of their positive deaf identity, resilience, independence, self- esteem. Will need structured support with social interactions and building friendships	As 2A	Will have speech and language difficulties e.g. poor sentence structure and delayed grammar structures. Functional language abilities will impact on communication and could result in limited social relationships. Will need emotional support to develop a sense of their positive deaf identity, resilience, independence, self- esteem. Will need structured support with social interactions and building friendships.

Physical and / or Medical Needs			
Overall Impact on Learning			
Access can be made with reasonable adjustments and pre-planning. Curriculum and environment access will require modification and/or adaptations of curriculum materials and/or adaptive equipment in line with Equality Duty.	Adaptations to the environment and approaches to teaching and learning will enable access. Personal care needs may need some support	<p>Modification and adaptation of curriculum materials e.g., scaffolding, physical/neurological difficulties requiring support for recording to enable curriculum access throughout the day, including adaptations to PE and other activities such as school trips and sports day in line with Equality Duty</p> <p>Will have a physio / OT programme that needs implementing as appropriate across school day by a trained adult.</p> <p>Physical needs may give rise to safety issues that require mitigating actions to support child / young person.</p> <p>AND / OR requires ongoing support for personal care routines</p>	<p>Severe physical, medical, or neurological condition which impacts on all areas of independent learning and/or emotional wellbeing throughout the day, requiring high levels of adult support o access leaning and the curriculum as well as to implement any physio / OT programmes.</p> <p>Considerable modification and adaptation of curriculum materials e.g., scaffolding, physical/neurological difficulties requiring support for recording to enable curriculum access, including adaptations to PE and other activities such as school trips and sports day in line with Equality Duty. Personal care needs may need to be addressed as a foundation to supporting access to learning and the curriculum.</p> <p>Personal care needs may need to be addressed as a foundation to supporting access to learning and the curriculum.</p>
Health or Medical Needs			
Monitoring of medical condition may be required and require some intervention.	Monitoring of medical condition will be required and require some intervention.	Medical needs require close monitoring and quick response from trained staff.	<p>Medical needs including feeding, sleeping and medication which have profound impact on child / young person's life.</p> <p>Will need for regular and ongoing support of specialist medical professionals to monitor health needs and advise on management of these.</p>
Mobility			
<p>Moderate disability.</p> <p>Pupil is mobile with use of walking aids but may need more frequent peer or adult assistance.</p> <p>Impaired motor functions, affecting dexterity or mobility within school,</p>	As targeted but needs impact to a higher degree on learning and progress (see Cognition and Learning section)	<p>Severe disability.</p> <p>Uses wheeled mobility for longer distances, outdoors and in the community – self-propel, powered or requires physical assistance with manual chair.</p>	<p>Severe disability.</p> <p>Needs access to a wheelchair (adult supported) for movement.</p> <p>Needs specialist seating and/or other specialist equipment.</p>

<p>which require reasonable adjustments.</p> <p>Physical skills may fluctuate during a day and be impacted by fatigue.</p>		<p>Needs specialist seating and/or other specialist equipment.</p> <p>Will be at risk of developing increased physical disabilities and joint abnormalities and associated pain and need regular implementation of physio/OT programmes across the day</p>	<p>Environmental adaptations to access school curriculum. For example, rise and fall tables, provision of care-suite for hygiene or adapted toilet facilities.</p> <p>Will be at risk of developing increased physical disabilities and joint abnormalities and associated pain and need regular implementation of physio/OT programmes across the day.</p>
Independence			
<p>May require support or prompting to carry out some routines / programmes</p>	<p>Will require some support for some activities / lessons e.g., personal care, movement between lessons, compared with what would be expected for their age.</p>	<p>Limited independence in managing interventions required for their condition e.g., personal care, movement, compared with what would be expected for their age</p>	<p>Requiring some adult support for most of their toileting, eating and drinking needs.</p> <p>Child / young person might be aware of toileting needs and routine; and be able to participate in aspects of this.</p>
Mental Health and Wellbeing			
<p>Physical and/or medical condition may impact on their self-esteem, social interactions and emotional regulation.</p>	<p>Physical and/or medical condition impacts to a great extent on their self-esteem, social interactions, and emotional regulation.</p>	<p>As 2A</p>	<p>Physical and/or medical condition severely impacts on their self-esteem, social interactions, and emotional regulation.</p>
Response to Sensory Inputs			
<p>Presents with varying responsiveness to sensory input, easily distracted/upset by noise/touch/light, leading to some distressed /unexpected behaviour. Sensory inputs may include auditory, visual, touch, movement, oral or a combination of these factors.</p> <p>May need sensory breaks and input to self-regulate.</p>	<p>Will need sensory breaks and input to regulate.</p> <p>May need to remove themselves from situations of sensory overload.</p>	<p>Presents with varying responsiveness to sensory input causing regular distress.</p> <p>Even with regular sensory breaks and input the child / young person is often still significantly dysregulated and/or showing signs of high sensory alert.</p> <p>May exhibit active sensory seeking behaviours such as running or shouting, or the need for eating or chewing.</p> <p>May need adult support to remove themselves from situations of sensory overload.</p>	<p>Presents with varying responsiveness to sensory input which is causing regular and frequent distress.</p> <p>With regular sensory breaks and input the child / young person is often still severely dysregulated which impacts on need for access to higher support levels as necessary across the day to manage sensory overloads.</p>