

Early Years (0-4 Years): Play, Cognition and Learning

Band 0	Needs are well met without any additional support <ul style="list-style-type: none">• Baby, toddler, child is generally meeting expected milestones.• Minor developmental delay: 6 months delay at 3 – 4 years, (using Development Matters or equivalent developmental tool).
Band 1 Universal Plus	<i>There is evidence of some delay in meeting expected milestones.</i> Under 2 years – 6 months delay 3 years – 12 months delay 4 years – 18 months delay (using Development Matters or equivalent developmental tool). <ul style="list-style-type: none">• Support plan required following 2-year progress check.• The child has some difficulty in acquiring language and/or other early developmental skills.• The toddler, child has a shorter concentration span than typically developing children of the same age.• There is limited exploration through play preferences.• The child has limited schemas to organise knowledge through exploratory play.• There is some evidence of repetitive play, restricted interests and limited imaginative play.• Adult support is needed to extend exploratory skills and to access early play.• The child may be unable to understand and follow simple instructions
Band 2	<i>The toddler or child is functioning considerably below age-related expectations.</i> Developmental delay: 12 months delay at 3 – 4 years, using observations and assessment from EYFS Development Matters or assessment from relevant professional. Continual difficulties with sequencing and short-term adult support is required to extend play, extend imaginative skills and access activities. <ul style="list-style-type: none">• There is evidence of frequent repetitive play, restricted interests and significant difficulties with imaginative play.• There is evidence that the child has difficulties retaining concepts over time.• The toddler or child may be showing signs of frustration.• The toddler or child may be beginning to lose skills.• Adult support is required to extend play, imaginative skills and to access activities.
Band 3 Targeted Plus	<i>The baby, toddler or child is delayed in meeting milestones:</i> Under 2 years – 6-12 months delay 3 years – 12 – 18 months delay 4 years – 18 – 24 months delay <ul style="list-style-type: none">• There is evidence of persistent repetitive play, restricted interests and severe difficulties in imaginative play.• There is evidence that the child has significant difficulties retaining concepts over time.• The toddler or child has difficulty in functioning appropriately and requires frequent adult support.• The child may be consistently losing skills.

<p>Band 4</p> <p>Specialist</p>	<p>The baby, toddler or child has substantial delays in meeting milestones.</p> <p>Learning Difficulties or Global Developmental Delay Significant difficulties across all areas of the early learning and development.</p> <p><i>Severe delay in reaching milestones:</i> Under 2 years – more than 12 months delay 3 years – more than 18 months delay 4 years – more than 24 months delay below their chronological age using EYFS Development Matters observations and assessment from relevant professional.</p> <ul style="list-style-type: none"> • Child is unable to function, participate and engage in play for a high proportion of their attendance without direct intense adult support. • The child experiences considerable, persistent and enduring learning difficulties. • The toddler or child presents with a range of issues and an accumulation of layered needs. • Learning difficulties may co-exist with a medical condition and/or physical or sensory difficulties. • The toddler or child may have attention difficulties. • The toddler or child has persistent difficulties in the acquisition and use of language. • The child has difficulties understanding simple instructions. • The child has difficulties remembering regular routines. • The toddler or child may be consistently losing skills. • The toddler or child can only participate with direct intense adult support. <p>Progress is in very small steps in-line with developmental age despite high levels of adult support.</p>
<p>Band 5</p> <p>Specialist Plus</p>	<p>The baby, toddler or child has a severe or profound and multiple learning difficulty which affects every area of their development and functioning requiring lifelong support.</p> <p>The baby, toddler or child will experience complex life-long learning difficulties.</p> <p>The baby, toddler, child will require specialised provision, with personalised programmes of support delivered by staff with a high level of expertise.</p> <p>Severe Learning Difficulties Significantly low (below 1st centile) range on standardised assessments. Very slow rate of progress despite a high level of specialist intervention.</p> <p>Profound and Multiple or Learning Difficulties Functioning at early developmental stages with a range of other disabilities, for example, medical conditions, sensory impairments</p>

Speech and Language and Communication Needs (SLCN)

Band 0 Universal	<p><i>Needs are well met without any additional support</i></p> <p>The child may be slightly delayed in receptive and expressive language skills using Development Matters or equivalent developmental tool but making some progress.</p> <p>The child may demonstrate some social communication difficulties, for example, conversational skills and joining groups.</p>
Band 1 Universal Plus	<p><i>Child has some identified SLCN and the setting will discuss the needs of the child with the link Speech and Language Therapist (SALT) and parents.</i></p> <ul style="list-style-type: none">• The child has some delay in receptive and expressive language.• The child has difficulty following or understanding simple instructions and everyday language with visual references.• Adults have difficulty understanding speech without it being in context.• Some children with SLCN may still fall within Universal as their language abilities are unaffected (splasy 's' sound). This may include children with motor difficulties affecting speech
Band 2 Targeted	<p><i>The child has identified SLCN which require additional specific provision. (Individualised targets that require short periods of individual 1:1 adult support.)</i></p> <ul style="list-style-type: none">• The child has delay and/or disorder in expressive and/or receptive language requiring speech and language therapy (SALT) input.• The child has communication skills that require additional alternative communication strategies to allow them to access play and learning opportunities.• Some children with poor communication will respond quickly given a rich and well-targeted language curriculum.• With the appropriate support in place, the child can access a differentiated mainstream curriculum and is making progress.• Some children will have longer term difficulties with articulation and/or language development.• The child may have word finding difficulties or difficulties constructing a sentence.• The child may have difficulties using language to problem solve and may find it hard to ask for help and support.• These difficulties may present in the context of weak attention skills, a weak working memory and difficulties with planning and organising in relation to problem solving.• The child may have emerging concerns with social communication, which require some individual strategies.• Continuing difficulties could include:<ul style="list-style-type: none">· weak phonological development,· vocabulary difficulties,· poor understanding.

Speech and Language and Communication Needs (SLCN)

<p>Band 3 Targeted Plus</p>	<p><i>Using Development Matters or equivalent developmental tool child will show a profile that SLCN is a significant need, if cognitive levels are in line with developmental age.</i></p> <ul style="list-style-type: none"> • The child has a severe delay in receptive and/or expressive language. • The child has limited communication skills that require individual alternative and/or augmentative communication strategies to allow access to learning opportunities. • The child has difficulties with social communication and developing relationships which require individual strategies supported by an adult on a 1:1 level. • The child has a disordered expressive language (word order) as identified by Speech and Language Therapist (SALT). The child has limited communication skills that require individual alternative and/or augmentative communication strategies to allow access to learning opportunities. • The child has clinical markers suggestive of developmental language disorder. This diagnosis may not be confirmed until the child is 5 years or over. • A Speech and Language Therapist (SALT) will have involvement.
<p>Band 4 Specialist</p>	<p><i>The child will experience persistent and enduring difficulties with SLCN.</i></p> <ul style="list-style-type: none"> • The child has limited functional communication skills that require individual alternative and/or augmentative communication strategies to allow access to learning opportunities. Specialist support, with high levels of adaptation, will be required to facilitate access to the Early Years Foundation Stage. • The child has severe language disorders affecting vocabulary, semantic/ organisation/ phonology as identified by Speech and Language Therapist. • The child has significant difficulties speaking and being understood by adults outside the family. • It is likely that the child will have additional learning needs and possible other co-existing needs. • The complexity of need is likely to be high. • The child may make small steps of progress or 'plateau' for extended periods of time. • The child may show evidence of weak executive functioning skills (attention, working memory, planning and organisation) in addition to their weak structural and functional language skills. • Ongoing specialist input may be required from a Speech and Language Therapist.
<p>Band 5 Specialist Plus</p>	<p><i>The child will experience profound, complex, persistent and enduring difficulties with both SLCN both verbally and non-verbally.</i></p> <ul style="list-style-type: none"> • The child's primary means of communication is through an alternative non-verbal system individualised for the child. Without adult support the child would not be able to participate in any interaction. • The child has severe communication difficulties which require intensive support and clear identified strategies which enable the child to engage in social activities. • The child presents with a range of difficulties and an accumulation of complex and layered needs. • Communication intent may be highly inconsistent and idiosyncratic. • The child has extremely limited receptive language skills. • The child will have limited expressive language skills, including gesture, which may not correspond with a language or signing system. • The complexity of need is likely to be high and the child may make limited steps of progress. • The child will show evidence of weak executive functioning skills (attention, working memory, planning and organisation) in addition to their weak structural and functional language skills. • Highly specialist support, with high levels of adaptation, will be required to facilitate access to the Early Years Foundation Stage and social inclusion.

Communication (social) and Autism

Band 0	<u>Needs are well met without any additional support</u>
Universal	The toddler or child can play with friends and participate in group activities (in line with developmental expectations).
Band 1	<ul style="list-style-type: none"> • The toddler or child can seem withdrawn from others. • The child may have difficulties communicating with adults outside the family. • The toddler or child has some difficulties following social (age-expected) norms, for example, eye contact, turn-taking in play. • The toddler or child may have higher than usual anxiety at times of change. • The child may have some difficulties following simple adult instructions.
Universal Plus	
Band 2	<p><i>The toddler or child may need additional support to teach and manage alternative communication systems that may involve outside agency input.</i></p> <ul style="list-style-type: none"> • The child may lose previously demonstrated communication skills. • The child has frequent difficulties following social (age-expected) norms. • The child has persistent difficulties forming relationships. • The child has difficulties understanding social boundaries and tolerating social interaction. • The toddler or child frequently has high levels of anxiety at times of change (compared to typically developing children of the same age).
Targeted	
Band 3	<ul style="list-style-type: none"> • The toddler or child has limited understanding of what is said or signed. • The child may have a sustained loss of communication skills previously demonstrated. • The child has persistent and severe difficulties following adult direction or social (age-expected) norms. • The child has an inability to form relationships. • The child has no understanding of social (age-expected) boundaries. • The child engages in persistent repetitive play which may include self-stimulatory behaviour. • The toddler or child has severe and persistent high anxiety levels requiring intensive support.
Targeted Plus	
Band 4	<ul style="list-style-type: none"> • The child exhibits daily ritualistic and obsessional behaviours that prevent adults from engaging them with any adult-led play activities. • The child exhibits violent behaviour several times a day. • The child has rigid or obsessional behaviours and cannot cope with unexpected changes and events. • The child frequently seeks sensory input to satisfy basic needs which may cause risk to safety
Specialist	
Band 5	<p><i>The toddler or child has profoundly limited social communication skills, which impact on all areas of learning and development of social skills through group play.</i></p> <ul style="list-style-type: none"> • The child may have unpredictable, sudden outbursts of challenging behaviour that jeopardizes the health and safety of self and others. • The toddler or child has frequent, ritualistic and obsessional behaviours that prevent adults from engaging them in any adult-led play activities. • The child has profoundly limited functional social communication skills which lead to daily, persistently high levels of distress and anxiety. • Highly specialist support, with high levels of adaptation, will be required to facilitate access to the Early Years Foundation Stage and social inclusion.
Specialist Plus	

Social, Emotional and Mental Health

<p>Band 0 Universal</p>	<ul style="list-style-type: none"> • The child may have difficulty with listening and maintaining attention. • The child struggles to follow routines if overwhelmed. • The child may have difficulties engaging in adult-led play. • The child may display behaviours that can be described as anxious or emotionally distressed, for example, crying, self-isolating, but will respond to re-engagement.
<p>Band 1 Universal Plus</p>	<ul style="list-style-type: none"> • The child may have difficulties settling into school/setting despite adult support. • The child may show emotional distress, which subsides with adult support. • The child when overwhelmed may demonstrate unpredictable or unexpected behaviour which may result in the need for adult support. • The child may demonstrate difficulties in sharing and turn-taking. • The child may require adult encouragement to remain engaged in play activities. • The child struggles to concentrate on adult-led play activities. • The child may find it difficult to remain focussed during whole group 'carpet' activities. • The child demonstrates some difficulties with social interaction when engaging with peers.
<p>Band 2 Targeted</p>	<ul style="list-style-type: none"> • The child becomes overwhelmed often, requiring adult intervention and support. • The child demonstrates ongoing separation difficulties. • There may be concerns regarding, social and emotional health, that require outside agency support. • The child when overwhelmed may withdraw or self-isolate. • The child may display emotions such as anxiety during learning activities. • The child finds it difficult to share, turn-take and engage in social interactions.
<p>Band 3 Targeted Plus</p>	<ul style="list-style-type: none"> • The child demonstrates distressed behaviours that disrupts learning and staff may find challenging. • The child experiences daily significant and persistent difficulties with regulating emotions. • The child struggles to engage with tasks, which could be perceived as demand avoidance or uncooperative behaviour intermittently throughout the school day for example, work avoidance/refusal, defiance. • The child demonstrates low levels of emotional resilience when faced with challenge or criticism for example, destroying work.
<p>Band 4 Specialist</p>	<ul style="list-style-type: none"> • The child demonstrates highly distressed behaviours on a daily basis, including difficulties related to mental health, relationships, learning, sensory needs and communication. • The child has difficulties regulating emotions and there is evidence of emotional distress and/or unpredictable outbursts. • The child finds it difficult to understand the consequences of their choices. • The child is unable to sustain play-based activities without significant, consistent adult attention and intervention.
<p>Band 5 Specialist Plus</p>	<ul style="list-style-type: none"> • The child's behaviour is unpredictable and at times dangerous, with intense episodes of emotional and/or challenging behaviour. • Multi-agency involvement would be expected, including the involvement of health and social care professionals. • The child is extremely vulnerable and there may be safeguarding issues to consider due to acute levels of mental health concerns and increased risk-taking behaviours or 'sabotage' of situations/placements. • The child may demonstrate self-harm behaviours. • The child is at risk of exclusion or becoming a non-attender.

Physical and Neurological Impairment (PNI)

<p>Band 0 Universal</p>	<p><i>Needs are well met without any additional support</i></p> <ul style="list-style-type: none"> The baby, toddler or child's fine and gross motor skill development may be slightly delayed.
<p>Band 1 Universal Plus</p>	<p><i>The baby, toddler or child may have physical difficulties that require some (specialist) developmentally appropriate equipment and adult support.</i></p> <ul style="list-style-type: none"> The toddler or child may be less agile than other children of the same age and be delayed with fine/gross motor skill development. They may appear clumsy, poorly coordinated or lack strength, for example, due to low muscle tone. The baby, toddler or child may have a delay in eye/hand coordination. Some difficulties may be caused by a specific disability, for example, Cerebral Palsy diagnosed at or soon after birth. The child may have physical difficulties that require specialist equipment and/or toys, and adult support, for example, fine and gross motor difficulties. The toddler or child may show evidence of unsteady gait or coordination and may require adult support for monitoring of mobility. Some environmental adaptations are required to allow access, including adjustments to 'carpet' activities, for example, access to a chair in order to participate in group activities. The child may have medical difficulties that require medication and adult support, for example, asthma, monitoring of epilepsy and seizures, gastrostomy feeds. The child may have difficulty with some aspects of self-help skills, for example, child assisted care routines. The child may still be in nappies and require intimate care/self-help skills to be met by others in the setting.
<p>Band 2 Targeted</p>	<ul style="list-style-type: none"> The baby, toddler or child may have a range of sensory preferences, for example, specific tastes/foods. The baby, toddler or child may become over-stimulated and/or stressed in noisy and/or busy environments. The baby, toddler or child may have an unpredictable long-term medical condition that sometimes affects their ability to access play, toys and interaction. The baby, toddler or child may have difficulties with their core stability affecting independent sitting/mobility and require specialist seating. The toddler or child may require equipment in order to walk, for example, specialist walker. The toddler or child may have moderately impaired mobility, causing difficulties with spatial orientation.
<p>Band 3 Targeted Plus</p>	<p><i>The baby, toddler or child has physical and/or medical difficulties that require varied and extensive equipment and adapted resources/toys.</i></p> <ul style="list-style-type: none"> A delay with physical coordination is likely to have been identified by an Occupational Therapist or Physiotherapist. The toddler or child requires adult support for development of independence skills in line with ages and stages of development. Physical independence is impaired and requires input and programmes from relevant professionals. The child has moderate difficulties with fine and gross motor skills. The baby, toddler or child shows signs of fatigue during the day. The baby, toddler or child has difficulties resulting from a medical condition in the development of early communication skills. Adult support is required to use identified communication aids and enable access to, and adaptation of play activities. The baby, toddler or child has a long-term medical condition that impacts on their ability to access daily life and for example, play groups and nursery. Medical needs require a considerable level of therapy or medical intervention. The toddler or child may have physical difficulties that require specialist equipment and position changes

Physical and Neurological Impairment (PNI)

Band 4 Specialist	<p><i>The baby, toddler or child has considerable medical needs impacting on their ability to access daily life safely. When these conditions are at their most severe, they may be life-threatening.</i></p> <ul style="list-style-type: none">• The baby, toddler or child has a medical condition that impacts on personal hygiene (i.e. a catheter, colostomy bag).• The baby, toddler or child has communication needs resulting from their physical disability.• The toddler or child has severely limited mobility, including being dependent on others/ equipment for mobility and being unstable when seated.• The toddler or child has very limited fine motor skills and requires significant time to complete simple motor tasks.• The baby, toddler or child has one or more health domains assessed as 'severe' as part of a continuing healthcare assessment.• The baby, toddler or child finds busy/ noisy environments distressing, to the extent that their participation in group play activities is limited.• The baby, toddler or child may be under-responsive to sensory input, leading to muted or delayed responses to sensory events, which impacts on their safety (i.e. high pain threshold).• The baby, toddler, child may be experiencing high levels of pain causing distress and prolonged episodes of crying.• The toddler or child seeks sensory input which inhibits daily life, for example head-banging, squeezing self into small spaces.• The baby, toddler or child has physical and/or medical difficulties that require specialist equipment, adapted resources/toys and position changes requiring a high level of adult support.• The baby, toddler or child needs intensive monitoring of physical and/or medical difficulties needed throughout the day as safety and wellbeing may be at severe risk.• The baby, toddler or child has a continuous loss of physical and/or neurological skills.• Attention and concentration will be variable and sometimes fleeting.
Band 5 Specialist Plus	<p><i>The baby, toddler or child has severe and complex medical needs that seriously limit their ability to access daily life safely and may be a persistent, life-threatening or life-limiting condition.</i></p> <ul style="list-style-type: none">• The baby, toddler or child has severely limited head and trunk control.• The toddler or child is unable to chew food or take food orally.• The baby, toddler or child is mostly overwhelmed by sensory inputs.• The toddler or child seeks sensory inputs to the extent that their daily life and social interactions are inhibited.• The toddler or child exhibits a high level of self-injurious behaviour.• The baby, toddler or child is consistently reliant on adult support for moving and positioning.• The baby, toddler or child may have severe or profound hearing loss impacting on development.• The baby, toddler or child may have visual impairment impacting on the development of mobility and life skills.• Adult support is required to enable access to, and adaptation of all play and daily activities.

Hearing Impairment

Band 0	<u>Needs are well met without any additional support</u>
Universal	<ul style="list-style-type: none"> • A baby, toddler, child who has a re-occurring conductive hearing loss with no hearing aids. • This hearing loss may be associated with middle ear infections, glue ear, temporary perforated eardrums. • The child may seem more dependent on cues from others in their environment
Band 1	A baby, toddler, child who has an audiological diagnosis of permanent:
Universal Plus	<ul style="list-style-type: none"> • conductive hearing loss • mild sensory-neural hearing loss • unilateral hearing loss • unilateral auditory neuropathy. <ul style="list-style-type: none"> • They may be prescribed hearing aids by an audiologist. • The baby, toddler, child is generally making expected progress in all areas of development.
Band 2	A baby, toddler, child who has an audiological diagnosis of permanent:
Targeted	<ul style="list-style-type: none"> • conductive hearing loss • mild sensory-neural hearing loss • unilateral hearing loss • unilateral auditory neuropathy • moderate to profound bilateral sensory-neural hearing loss. <ul style="list-style-type: none"> • They will be prescribed with hearing aids or wear auditory implants (called BAHAs or cochlear implants) from one year old • The toddler, child is not making expected progress in some areas of development as a result of their deafness. • The child has some delay in listening, language and communication which affects their ability to gain full access to the world around them. • Other needs may become apparent as the baby or toddler develops.
Band 3	A baby, toddler, child who has an audiological diagnosis of permanent:
Targeted Plus	<ul style="list-style-type: none"> • moderate to profound bilateral sensory-neural hearing loss • bilateral auditory neuropathy. <ul style="list-style-type: none"> • They will be prescribed with hearing aids or wear auditory implants (called BAHAs or cochlear implants) from one year old. • Baby, toddler, child may need to follow an intensive listening and language programme with an adult on a daily basis, in a quiet environment, to develop speech and language. • The baby or toddler may be profoundly deaf; hearing aids do not give access to sound. Baby or toddler needs access to sign language to communicate and learn about the world around them. • Baby, toddler, child may have Deaf parents and will have British Sign Language (BSL) as their home language. Toddler, child will develop spoken English to become bilingual, allowing full access to the world. • They are not making expected progress in some areas of development as a result of their deafness. • The baby, toddler, child's deafness causes significant language delay and impacts on his/her ability to access their environment requiring one to one adult support to access early play and learning in a setting

Hearing Impairment

Band 4 Specialist	<p>A baby, toddler, child who has an audiological diagnosis of permanent:</p> <ul style="list-style-type: none">• moderate to profound bilateral sensory-neural hearing loss. <ul style="list-style-type: none">• They will be prescribed with hearing aids or wear auditory implants (called BAHAs or cochlear implants) from one year old.• Baby, toddler, child may need to follow an intensive listening and language programme with an adult on a daily basis, in a quiet environment, to develop speech and language.• Baby or toddler may be profoundly deaf and hearing aids do not give access to sound. Baby or toddler needs access to sign language to communicate and learn about the world around them.• Baby, toddler, child may have Deaf parents and will have British Sign Language (BSL) as their home language. (Parental preference may be for access to Total Communication within a specialist setting where other children use signing and speech.)• Toddler, child will develop spoken English to become bilingual, allowing full access to the world. Child may need access to a BSL support worker whilst developing spoken English.• They are not making expected progress in some areas of development as a result of their deafness.• A baby, toddler, child's deafness causes significant language delay and impacts on his/her ability to access their environment requiring one to one adult support to access early play and learning in a setting.• The mainstream or specialist classroom must meet building bulletin 93 (BB93) regulations for children with hearing needs. The toddler or child will need to access some learning within a small group within an acoustically treated room.• A Speech and Language Therapist (SALT) will be involved.• The curriculum will be delivered by a Teacher of the Deaf (ToD) for some or all of the day.
Band 5 Specialist Plus	Not Applicable

Vision Impairment

Band 0 Universal	<p><u>Needs are well met without any additional support</u></p> <ul style="list-style-type: none">• A baby, toddler, child has typical vision.• Needs are well met without any additional support.• The baby, toddler or child has a refractive error which can be fully corrected by wearing glasses, for example, short/long sightedness, astigmatism.
Band 1 Universal Plus	<p><i>The baby, toddler or child has a diagnosed vision impairment (mild).</i></p> <ul style="list-style-type: none">• The baby, toddler or child may have delayed vision development (tracking, scanning, fixing, vision perception).• The baby, toddler or child may have minor delays in vision-motor integration.• The baby, toddler or child may have difficulties with perceiving depth, distance and speed.• Due to vision impairment, the baby, toddler or child may have some areas of development requiring additional support.• The toddler or child may struggle to navigate in busy and unfamiliar environments.• The toddler or child may need support to develop friendships and understand social situations.• The baby, toddler or child may suffer from vision fatigue.• The baby, toddler or child may have a head posture and tilt.
Band 2 Targeted	<p><i>The baby, toddler or child has a diagnosed vision impairment (moderate).</i></p> <ul style="list-style-type: none">• The baby, toddler or child has a recognizable ophthalmic condition which has the potential to affect the learning process.• The baby, toddler or child may have fluctuating vision.• The baby, toddler or child will have delayed vision development (tracking, scanning, fixing, vision perception).• The baby, toddler or child will have delays in visual-motor integration.• Vision impairment will impact upon all areas of development.• The toddler or child will have difficulties with perceiving depth, distance and speed.• The toddler or child will struggle to navigate in busy and unfamiliar environments.• The toddler or child may need support to develop friendships and understand social situations.• The toddler or child will suffer from vision fatigue.• The toddler or child may have a head posture and tilt.• The baby, toddler or child will need a vision development programme planned and delivered by a specialist in vision impairment.• The baby, toddler or child will need support to develop age-appropriate independent skills (feeding, dressing, washing, gross motor skills: crawling, walking, reaching).

Vision Impairment

Band 3

The baby, toddler or child has a diagnosed vision impairment (severe) and maybe registered as sight impaired.

Targeted Plus

- The baby, toddler or child may have learning difficulties in addition to vision impairment.
- The child may have a progressive vision impairment where functional vision is expected to deteriorate to registered sight impaired level.
- The baby, toddler or child is likely to have fluctuating vision.
- The baby, toddler or child will have ongoing delayed visual development (tracking, scanning, fixing, vision perception) requiring increased and/or daily sustained support.
- The baby, toddler or child will have ongoing delays in visual-motor integration requiring increased and/or daily sustained support.
- Vision impairment will impact upon all areas of development.
- The toddler or child will have difficulties with perceiving depth, distance and speed.
- The toddler or child will struggle to navigate in busy and unfamiliar environments.
- The toddler or child may need support to develop friendships and understand social situations.
- The toddler or child will suffer from visual fatigue.
- The toddler or child will require additional time to complete activities.
- The child may require rest breaks.
- The toddler or child will require modification to activities and early years' resources (toys, books, games) that enhance vision access (contrast, colour, size.)
- The toddler or child may have a head posture and tilt.
- The baby, toddler or child will need a vision development programme planned and delivered by a specialist in vision impairment.
- The toddler or child will need support to develop age-appropriate independent skills (feeding, dressing, washing, gross motor skills: crawling, walking, reaching).
- The child will require a package to support transition into and Early Years' settings.

Vision Impairment

<p>Band 4</p> <p>Specialist</p>	<p><i>The baby, toddler or child has a diagnosed vision impairment (profound).</i></p> <ul style="list-style-type: none">• The baby, toddler or child may be registered as severely sight impaired (blind).• Vision impairment will impact upon all areas of development.• The baby, toddler or child is unable to access age-appropriate learning materials/activities/resources using vision.• The toddler, child will have delays in fine and gross motor skills requiring ongoing and/or daily sustained support.• The toddler or child will struggle to navigate in busy and unfamiliar environments.• The toddler or child may need support to develop friendships and understand social situations.• The toddler or child will suffer from fatigue due to increased effort required to access everyday tasks.• The toddler or child will require additional time to complete activities and may require rest breaks.• The toddler or child will require modification to activities and early years resources (toys, books, games) that enhance access (contrast, colour, size.) This will be tactile and/or audio.• The toddler or child may exhibit unusual behaviours, for example, eye poking, rocking.• The toddler or child will need support to develop age-appropriate independent skills (feeding, dressing, washing, gross motor skills: crawling, walking, reaching).• The child will require a package to support transition into an Early Years setting.• The baby, toddler or child may have other diagnoses which impact upon learning, for example, ADHD, Autism, physical disability).
<p>Band 5</p> <p>Specialist Plus</p>	<p><i>The baby, toddler or child has a diagnosed vision impairment (profound).</i></p> <ul style="list-style-type: none">• The baby, toddler or child may be registered as severely sight impaired (blind).• The baby, toddler or child experiences complex and frequent barriers associated with vision impairment, which can significantly impact upon early development.• The baby, toddler or child's primary mode of access is through tactile (pre-braille) and/or other non-sighted means (audio). Their vision impairment will have a greater impact on play and interaction and will require the support of adults to scaffold/enable this.• The toddler or child will only be able to access the environment and move around with a high-level of support.

Multi-sensory Impairment (Deaf blindness)

The legal definition: 'A person is regarded as deafblind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss.' (Department of Health, 1995).

(A person with **sensory processing issues** may have eyes and ears that function normally and where the brain receives the signals in a typical way, but their brain has trouble filtering, and organising information taken in by the senses. This is not deaf blindness).

Band 0-3

Children and Young People who are deafblind have high levels of need outlined in the Level 4 and 5 descriptors.

Band 4

A baby or child whose deaf blindness has a severe impact upon all areas of development. They will have vision and hearing loss the combination of which severely affects their access to information, communication and development of mobility.

Specialist

- The baby or child has a combined impairment of vision and hearing. They may have additional difficulties or a range of difficulties but function as if they have significant sensory impairment/s.
- **The baby or child will probably have some remaining sight and/or hearing but is limited in how these can be used.**
- The baby or child may have a medical diagnosis of CHARGE or Usher syndrome.
- Their impairments have an impact upon early development, access to play and on their ability to be fully involved in learning and social activities.
- Impacts of deaf blindness can include difficulty with access to and development of play, delay in developing movement and mobility skills, and severe delay in developing communication skills. They will have secondary impact on development of cognitive skills, motor delays, social and emotional relationships and management including unusual behaviour, anxiety and fatigue.
- The baby or child may have a range of other needs including physical, medical and cognitive difficulties, and social and emotional needs. Some of these may be primary and some of these may be caused by the impairments of deaf blindness. They may have an autism spectrum disorder but the effects of deaf blindness (difficulty in eye contact, difficulty in communication, requiring routines and more) can be confused with the effects of ASD.
- Specialist support will usually be provided by a Qualified Teacher of the deafblind (QTMSI) with support from a Qualified Teacher of vision impairment (QTVI) and/or a Qualified Teacher of the deaf (QToD) in some cases.
- They may have an audiological diagnosis of mild, moderate or severe sensori-neural hearing loss or persistent/permanent conductive loss in combination with vision impairment. They may have prescribed hearing instruments (hearing aids, BAHA, cochlear implants).
- The baby or child may be profoundly deaf and hearing aids do not give access to sound.
- The baby or child has a diagnosed vision impairment (mild to profound) in combination with hearing impairment.
- The baby, toddler or child may be registered as severely sight impaired (blind).
- Combined vision and hearing impairment will impact on all areas of development.

Multi-sensory Impairment (Deaf blindness)

Band 4 Specialist	<ul style="list-style-type: none">• The baby or child will require support to develop communication skills, for some including alternative means such as signs, or symbols.• The baby or child may need to follow an intensive listening and/or language programme with an adult on a daily basis, in a quiet environment, to develop speech and language.• The child will need support to develop friendships and understand social situations.• The baby or child will need support to develop motor and mobility skills.• The child may need support to develop fine motor and manipulation skills, including those required for tactile learning.• The child may need support to develop mobility and navigation skills within familiar and unfamiliar environments.• The baby or child may be unable to access age-appropriate learning materials/activities/resources using either vision/hearing or both.• The baby or child will have difficulty maintaining security, attention and concentration and will become fatigued due to increased effort required to access everyday tasks.• The child will require a package to support transition into an Early Years setting.• The child will require additional time to complete activities and may require rest breaks.• The child will require modification to activities and early years resources (toys, books, games) building in where possible additional skills through touch and enhancing use and perception through remaining vision/hearing. <p><u>Intervenors</u> Some children will require the support of staff especially trained to work one to one with deafblind children (intervenors).</p>
Band 5 Specialist Plus	<p>The baby or child has combination of severe visual and hearing impairments. They have no sight, no hearing or both, or plus limited remaining sight and/or hearing.</p> <ul style="list-style-type: none">• The combination of sensory impairments has a profound impact on development or learning.• The child may have a progressive condition, involving vision, hearing, or both, or a range of functions. Learning may need regular adaptation to meet current needs• Specialist support will be provided by a Qualified Teacher of Multi-sensory impairment (QTMSI). Additional support may be provided by a Qualified Teacher of vision impairment (QTVI), and/or Teacher of the Deaf (ToD).• The baby or child may have a medical diagnosis of CHARGE or Usher syndrome. <p><u>Intervenors</u> Some children will require the support of staff specially trained to work one to one with deafblind children (intervenors)</p>