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# Annex A: Essex SEN top-up funding banding descriptors

**Child’s name:**

**Date of birth:**

**Completed by:**

**Completion date:**

**Category of need:**

**Letter:**

|  | **Band A**  **Universal offer** | **Band B**  **SEN Support** | **Band C**  **High Needs** | **Band D**  **High Needs** | **Band E**  **High Needs** | **Band F**  **High Needs** | **Band G**  **High Needs** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Cognition and Learning** | Cognitive abilities within broad average or close to average ARE levels (or equivalent for EY and post 16).  Some CYP may present with some learning delay, show difficulties with conceptual understanding in some elements of the core curriculum. Attainment levels may be more than 1 year below average (or 6mths in EY). Progress data may be below the year group they are working in, but they respond to High Quality Teaching (HQT) + short, targeted intervention.  CYPs may have weak phonological skills/difficulty applying phonological skills to decoding or spelling  CYPs may have some difficulty organising written work, expressing and/or recording ideas. | Moderate Learning Difficulties in the low range on standardised assessments of cognitive ability. CYP may present with uneven profile.  Difficulties across all areas of the curriculum; much greater difficulty than peers in acquiring basic literacy and numeracy skills and in understanding concepts.  Significant delay in reasoning, problem solving, attention and concentration skills.  Concerns about rate of progress, generalising and retention of skills and information  Difficulties with organisational and presentational skills.  CYPs with specific learning difficulties may experience discrepancy between oral and literacy skills. Some CYP may grasp mechanical skills but lack comprehension e.g., reading, maths.  Sensory processing difficulties including planning and praxis, auditory and visual processing necessitate alteration of the curriculum and support. | Working significantly below ARE in most subjects for example:   * End of EY – 50%/2years + delay * End of KS1 – working at PKS1 * End KS2 – working at PKS2, * End KS 3 – working emerging KS2 (year 4 or below) * End KS4 – working at KS2 (year 5/6) * Post 16 – in addition to the above level consider learning pathways e.g., vocational learning programmes.   Attainment in the extremely low range on standardised assessments –2nd centile or below.  Significant difficulties retaining skills and information, generalising skills, attention and concentration, reasoning, problem solving, staying on task.  Sensory processing difficulties including auditory processing and visual necessitate alteration of the curriculum to enable a slower pace of learning with a more functional based curriculum. | Severe Learning Difficulties - significantly low (below 1st centile) range on standardised assessments  Very slow rate of progress despite a high level of intervention.  Severe difficulties in making inferences, generalisation and transferring skills  Severe:  Working significantly below NC ARE across all subjects for example:  End of Reception: Below step 7 in the developmental area ‘thinking’ of the Developmental Journal.  By the end of KS3 work toward year 1 ARE.  Sensory processing difficulties including auditory processing and visual necessitate alteration of the curriculum to enable a slower pace of learning with a more functional based curriculum for extended period. | Band D plus additional needs in other areas of SEN in mobility and coordination, communication or acquisition of self-help skills. Additional needs must be at least at band E level.  Sensory seeking /avoiding presentation limit engagement in learning and impact across the whole school day but can be managed to support learning and development of functional skills.  The child in an adapted environment can maintain arousal and attention levels at a level where they are in a “just right state” for extended periods of time within the school day. | Profound and Multiple or Learning Difficulties  Functioning at early developmental level  Due to level of learning difficulties unable to accomplish personal care, self-help and independence skills throughout the EY/school/college day  Profound:  Attainment levels at early developmental stage throughout their education.  Sensory seeking /avoiding presentation prevent any engagement in learning and impact across the whole school day but can be managed for short periods to support development of minimal functional skills.  The child with support can maintain arousal and attention levels at a level where they are in a “just right state” for short periods of time only. | Band E plus additional needs in other areas of SEN (totally physically dependent, neurological, genetic or other medical condition which results in profound needs in other areas of SEN). Additional needs must be at least at band G level.  The child is unable to maintain arousal and attention levels at a level where they are not either in a low arousal state or an extremely distressed state which prevents engagement in any learning.  Sensory seeking /avoiding presentation prevents any engagement in learning and impact across the whole school day. |
| **Communication and Interaction** | **Speech and Language** | | | | | | |
| Language communication skills within average or close to average levels.  May have difficulties with comprehension and ability to follow instructions may have difficulties in giving accounts of events, conveying more abstract and complex thoughts.  May have speech immaturities or difficulties impacting on intelligibility in certain situations.  EYFS children with developing speech sound systems whose speech is unclear but improving  A stammer which may impair communication in certain situations  May be reluctant to comment in class/group situations | Mild delay in expressive and/or receptive language and/or mild speech sound disorder (where there has been a formal assessment scores -1 to -1.5 SD / between 7 and 15 percentile)  Mild difficulties in processing and responding to verbal information. May have difficulties in understanding and following complex instructions.  May have difficulties in using a range of grammatically correct sentence structures. May have some word finding difficulties and/or muddle word order.  May show literal use and interpretation of language. May respond inappropriately in social and/or learning environment.  May show unusual aspects of speech such as unusual intonation, volume, rate echolalia and idiosyncratic phrases | Moderate delay in expressive or receptive language and/or speech disorder (where there has been a formal assessment scores 1.6 to -2 SD; 3 to 6 percentile)  Language abilities are impaired to a degree that prevents effective age-appropriate communication  Difficulties in understanding and following instructions impacting on learning, independence, and social interaction.  Considerable difficulty organising expressive language and making meaning clear  Difficulties in understanding longer instructions and those with more complex grammar and vocabulary.  Persistent difficulties with speech which impact significantly on intelligibility and literacy skills. Some single words may be clear but connected speech remains poor.  Speech may only be intelligible to familiar adults. | Severely limited language in expressive and receptive language and/or speech disorder causing limited functional communication causing significant barriers to learning and social relationships.  Uses basic verbal communication alongside non-verbal communications which may be very idiosyncratic and/or speech intelligibility limited to familiar words used in context  CYP likely to withdraw from communication in class, limited social interaction with language difficulties having significant impact on learning in all subjects.  CYP may show signs of distress and confusion, likely to be misunderstood and respond inappropriately | Severe language and/or speech difficulties which affect their ability to communicate successfully with all but those most familiar to them, even with contextual support.  Uses a mixture of speech and augmented/assistive communication systems to make needs/choices known. | Profoundly limited language skills; non-verbal and very limited or no understanding of language or other means of communication.  Reliant on assistive and augmentative systems to enable them to make their needs and wishes known  CYPs communicate by gesture, eye pointing or symbols | Profoundly limited language skills; non-verbal and very limited or no understanding of language or other means of communication.  and  difficulty in using any supportive communication systems.  Very reliant on familiar adults’ interpretation of their needs. |
| **Social Communication** | | | | | | |
| CYP may have features of autism/ a diagnosis of ASD but has competencies to support his/her ability to cope with the expectations of EY/school/college life.  CYP may experience low level/low frequency difficulties with following:  classroom routines responding to social situations such as turn taking, reciprocal attention, sharing of resources, social isolation or low-level anxiety in social situations.  Mostly confident with occasional difficulty integrating or fulfilling social activity | Delayed social communication skills which can lead to anxiety frustration or distress and impact on the ability to engage in learning and other activities.  Difficulty with initiating social interactions and/or decreased interest in social interaction.  Difficulty in forming and maintaining friendships.  Unusual/ unsuccessful social approaches.  Show inflexibility of behaviour which may cause some interference with function in one or more context.  Difficulties switching between activities.  CYP may experience anxiety, present with under (hypo) responsiveness and /or over (hyper) responsiveness to sensory input with unusual interest in sensory aspects of the environment. | CYP shows signs of anxiety or distress when faced with new people, places, events or when unsure what is going to happen.  Limited ability to understand the impact of their actions on others.  CYP have difficulties understanding social and physical risks. CYPs is isolated and may be vulnerable.  Limited initiation of social interaction but can take part in some imaginative play if taught/supported but cannot develop this independently.  CYP difficulty in verbal and non-verbal social communication, has difficulty expressing feelings.  Inflexibility of behaviour is causing significant interference with functioning in one or more context.  CYP regularly participates in solitary activity which is unusually focused on a special interest.  CYP presents with under (hypo) responsiveness and /or over (hyper) responsiveness to sensory input with unusual interest in sensory aspects of the environment, easily distracted/upset by noise/touch/light and this could lead to distressed or unexpected behaviour. | Limited functional and social communication skills which impacts on the ability to engage in classroom activities.  CYP experiencing distress when changing focus or moving between activities.  CYP have difficulties understanding social and physical risks and their own vulnerability, severely limited ability to understand consequences and responsibility for actions. Does not show empathy  Difficulties expressing emotions which may lead to distressed behaviours, increased anxiety and episodes of heightened emotional state.  Restricted/repetitive behaviour appear frequently enough to be obvious to all and interfere with functioning in a variety of contexts.  CYP frequently and regularly participates in solitary activity which is unusually focused on a special interest.  CYP presents with under (hypo) responsiveness and /or over (hyper) responsiveness to sensory input which is likely to cause regular distress. | Significantly limited social communication that limits ability to manage emotions and cause regular high levels of distress and anxiety which presents significant barrier to their learning.  Rigid, repetitive or obsessional behaviours make it difficult to engage in learning. These can lead to severe anxiety, and distressed behaviour.  Unable to reflect on consequences of his/her behaviour on others. Approach others paying little or no attention to their response. Unable to engage in most social activities.  CYP presents with under (hypo) responsiveness and /or over (hyper) responsiveness to sensory input which is causing regular and frequent distress. | Profoundly limited social communication skills, which impact on all areas of learning and ability to function within the educational setting throughout the day including social times.  Persistently anxious or frustrated, leading to frequent, and unpredictable, behaviours that jeopardizes the health and safety of self and others.  No recognition of own or others emotions.  Demand avoidant, distressed behaviours with high levels of anxiety which severely disrupts learning. | Profoundly limited functional social communication skills which lead to daily, persistently high levels of distress and anxiety.  Inability to tolerate any social interaction other than meeting own basic needs.  Unpredictable, escalating and prolonged distressed behaviours throughout the day that jeopardises health and safety of self and others.  Extremely high levels of anxiety which impact upon their wellbeing and ability to engage in all contexts.  Extreme sensory challenges throughout the day. |
| Social, Emotional and Mental Health | **Social, Emotional and Mental Health** | | | | | | |
| CYP may experience low level/low frequency difficulties with:  - self- worth and/or confidence  - making and/or sustaining friendships.  - following adult directions  - working independently  - motivation requiring frequent encouragement to stay on task  CYP may withdraw or become stressed when faced with new/unfamiliar tasks | Involved in regular incidents in and outside of lessons.  Disruption to learning.  Have difficulty with maintaining and directing attention, concentration, engagement, and participation in learning; this maybe as a result of fear of failure, or low self-worth.  Some connection seeking or avoiding behaviours, likely to be reliant on relationships with key adults or specific CYP.  May display anxiety or stress. May be at risk or isolation or becoming socially vulnerable.  Low self-worth, seeks approval and reassurance repeatedly but yet still appears to remain insecure. | Regular difficulties which may involve aggression or create situations which may compromise the safety and health of themselves.  Have significant difficulties related to level of concentration, engagement, and participation in learning.  Have low self-worth and a lack of resilience. When dysregulated unable to access support.  CYP may have mental health needs including attachment difficulties leading to connection seeking or avoidant behaviours. They may impact on the ability to build and maintain successful relationships with adults and peers.  Unable to self-regulate leading to prolonged experience of stress. | Regular difficulties which may involve impulsivity, unpredictability ad confrontations with peers or adults which sometimes compromises the safety and health or themselves and others  Struggles to comply with requests from anyone other than a key adult  CYP may have mental health needs that significantly impact on learning and activities throughout the week.  Mental health needs may cause the need to feel in control in order to feel emotionally safe. | More regular (daily) dysregulation which involve confrontations with peers or adults which often compromises the safety and health of themselves and others  Struggles to accept requests or consequences or engage in restoration.  CYP has mental health needs that significantly impact on daily learning and all relationships with adults and peers.  CYP has difficulty understanding and managing their emotions, exhibits regular changes in mood. | Frequent, intense and prolonged dysregulation which consistently compromises the safety and health of themselves and others.  Not able to access coregulation.  Persistent state of distress means they are unable to engage in most aspects of the curriculum.  CYP have complex, assessed mental health needs; for example, this may include attachment disorder, depression, etc which impacts on their daily life. | Very frequent and persistent (more than once per day) difficulties often appearing impulsive with unidentified stressors which are difficult to manage, even with specific, individualised intervention and co-regulation.  Adaptive responses to stress means that focus of behaviour is on survival  Unable to engage in the curriculum or any other activities.  Risk of significant harm.  Have complex, chronic and/or multiple mental health needs; this may include severe attachment disorder, depression, severe anxiety etc which impacts on their daily life. |
| **Sensory and/or Physical** | **Vision** | | | | | | |
| Vision within normal range, likely to have visual acuities of 6/6 of 6/6 6/12 Snellen  0.0- 0.3 Logmar  CYPs whose vision can be corrected by glasses for refraction, CYP with unilateral amblyopia, monocular vision.  If undergoing a vision occlusion programme (patching) CYP may need environmental changes such as sitting closer to the focal point of the lesson to allow for their temporary worsening of vision. | Mild to Moderate vision impairments: 6/12-6/18 Snellen (LogMAR0.3-0.6)  Bilateral vision impairment  Likely to need  clear print and/or enlarged print to point size N14-18  CYP Is independently mobile in familiar areas  Curriculum access possible with vision aids, use of accessibility options when using laptops, tablets and phones, specialist accessibility IT equipment, adaptation of materials.  May have difficulties with spatial awareness, using standard text and pictorial materials e.g., maps and graphs. | Moderate vision impairments: 6/19-6/36 Snellen (LogMAR0.6-0.78)  Clear print and/or modified large print to point size N18-N24  May have fluctuating functional vision in different educational environments.  Curriculum access not possible without significant mediation and/or adaptations of curriculum materials requiring training to produce resources and additional support in practical subjects (safety).  May need assessment of mobility skills at transition points in their school career. | Severe impairment: 6/36-6/48 Snellen LogMAR0.8-1.00  Likely to need modified large print to point size  N36  May have visual field loss  May have gradually deteriorating vision  Able to access curriculum and buildings only with substantial adaptations of all learning materials requiring training to produce resources and additional support in practical subjects to enable safe participation.  May need assessment of orientation, mobility and habilitation skills. | Severe vision impairment  6/48-6/60 Snellen  0.9-1.0 Logmar  Will need modified large print point size 48  Able to access curriculum and buildings only with substantial adaptations of  all learning materials requiting training to produce resources  Specialist ICT will be likely ICT and additional support in practical subjects.  Will need assessment of orientation, mobility and habilitation skills. | Profound impairment: Less than 6/60 Snellen (LogMAR 0.8-1.0)  Will need modified large print to point size N48 or larger.  Able to access curriculum and buildings only with substantial adaptations of all learning materials requiring training to produce resources, ICT and additional support in practical subjects. May need some elements of Braille and tactile materials (for example diagrams).  Will need orientation skills and may need assessment for cane training and independent skills teaching | Profound impairment: Less than 6/60 Snellen (LogMAR 1.02 and worse)  Registered severely sight impaired  Able to access information using braille/tactile methods which require specialist training to produce resources.  Will need to learn specialist Braille code for Maths, Science, Music and Languages, as well as the Literary Code.  Able to access buildings and move around the school only with regular and individual formal teaching of orientation and mobility. |
| **Hearing** | | | | | | |
| Hearing within normal range  CYP may have listening difficulties, particularly in noisy conditions and may mis-hear and mis-understand spoken information which may require monitoring and support. | The deafness is likely to be permanent and at least ‘Mild-Moderate’ in level (hearing loss greater than 41dB with late diagnosis or onset)  Deafness that affects access to the curriculum, possible with specialist equipment, adaptation and support; for example, hearing aids, radio aid, good acoustic conditions. | The deafness is likely to be permanent and at least ‘Moderate’ in nature (average hearing thresholds between 41-70dB)  And  Curriculum access not possible without significant mediation and/or adaptations of curriculum materials.  CYP may not be able to able to use hearing aid independently. | The deafness is very likely to be ‘Sensori-Neural’ or ‘Mixed’ in nature and is likely to be at Severe level (average hearing thresholds between 71-95dB). CYP may have Auditory Neuropathy.  And  It results in access to the curriculum requiring substantial differentiation and adaptation of material in all areas of the curriculum.  Could be an acquired hearing loss, congenital or progressive hearing loss  Hearing aid essential. | The deafness will be ‘Sensori-Neural’ or ‘Mixed’ in nature and is likely to be at Severe level. CYP may have Auditory Neuropathy or other complicating inner ear pathology.  And  It results in access to the curriculum requiring substantial individual differentiation and adaptation of material in all materials in all areas of the curriculum.  Support may make some use of British Sign Language unless the CYP is following a specifically auditory/oral only programme of development.  Hearing aids or Hearing/Cochlear Implants are essential. | The deafness will be ‘Sensori-Neural’ or ‘Mixed’ in nature and is likely to be Profound level (average hearing thresholds above 95dB  ). CYP may have Auditory Neuropathy or other complicating inner ear or auditory nerve pathology.  And  All teaching and support are likely to involve the use of British Sign Language unless the CYP is following a specifically auditory/oral only programme of development.  And  CYP able to access curriculum only with assistive devices and requires substantial mediation and/or adaptations of materials  Hearing aids or Hearing/Cochlear Implants/Radio Aids, access to excellent acoustic listening conditions essential. | The deafness will be ‘Sensori-Neural’ or ‘Mixed’ in nature and is at Propound level (average hearing thresholds above 95dB  ). CYP may have Auditory Neuropathy or other complicating inner ear or auditory nerve pathology.  And  All teaching and support will involve the use of British Sign Language unless the CYP is following a specifically auditory/oral only programme of development.  And  CYP able to access curriculum only with assistive devices and requires substantial mediation and/or adaptations of materials  Hearing aids or Hearing/Cochlear Implants/Radio Aids, access to excellent acoustic listening conditions essential. |
| **Physical / medical Needs** | Development in line with the typically developing child or young person.  CYP attempts all physical activities.  CYPs may have lower than age appropriate fine or grow motor skills; this may be due to limited experiences.  Medical needs are managed without a need for intervention. CYP can manage own medical, and self-care needs with minimal support. | CYP has poor fine and/or gross motor skills, despite a period of good quality teaching.  CYP can move and position independently but has some stability or motor coordination difficulties.  CYP has difficulties relating to tasks involving fine and gross motor skills, which require reasonable adjustments and additional planning.  Has a use of mobility aid when needed (occasionally or at specific time times of the day) with competence e.g., walking frame or wheelchair.  CYP can manage own intimate, and self-care need with minimal adult support.  May have needs relating to undertaking practical tasks, reducing the level of independence.  May have physical/medical condition which impact on access to the academic and social curriculum and require medication to manage condition. CYP may tire more quickly. Condition may require monitoring e.g. arthritis and diabetes.  May have physical abnormalities, which may make CYP self-conscious, isolate, defensive or behave erratically. | Physical needs give rise to safety issues and Curriculum and environment access may not be possible without mediation and/or adaptations of curriculum materials and/or adaptive equipment.  Has some independence in managing interventions required for their condition e.g., personal care, movement.  CYP uses of mobility aid throughout the day with some independence e.g., walking frame or wheelchair  CYP’s physical and/or medical condition begins to significantly impact on their self-esteem, social interactions and emotional regulation (refer to SEMH indicators). | Curriculum access not possible without substantial mediation and adaptations of curriculum materials e.g., scaffolding, physical/neurological difficulties requiring support for recording.  CYP uses a mobility aid, specialist seating or requires support in moving positioning and personal care, eating/drinking needs  Will have substantial communication/recording needs associated with physical disability.  CYP’s physical and/or medical condition significantly impacts on their self-esteem, social interactions, and emotional regulation (refer to SEMH indicators). | CYP has significant physical, medical, or neurological condition which impacts on all areas of independent learning and/or emotional wellbeing throughout the school day.  CYP has medical needs that require regular reviews of their medical health care plans authorised by relevant medical professional.  Significant difficulties with communication, learning and recording necessitating use of assistive technology, Augmentative and Alternative Communication  CYP not able to manage most of their toileting, eating and drinking needs. CYP might be aware of the toileting needs and routine; and be able to participate in some aspects of this.  Physical skills may fluctuate and/or deteriorate during a day.  Transfers may require hoisting. | CYP has a long-term and/or progressive condition and is wholly reliant on adult support for moving, positioning, personal care including drinking eating.  CYP has no independent seated stability.  Transfers are likely to require hoisting.  Have severe physical disability that create substantial communication difficulties requiring aid such as 4Talk4 or other assistive curriculum devices.  CYP medical needs are fluctuating and can lead to frequent emergency situations.  CYP is unable to communicate verbally; may be able to communicate when using specialist communication aids. | Profound physical, long-term, and progressive, life limiting condition/needs.  Has total and complex support needs for mobility, personal care, positioning, movement, hoisting and eating/drinking.  CYP health care needs require highly structured and complex medical interventions authorised by medical professionals, very likely to require fast staff response an administration of emergency rescue medication.  CYP is not able to communicate needs and is wholly reliant on adult support for all intimate and self-care needs. |