



## EDUCATION HEALTH AND CARE PLAN (EHCP) FUNDING - RESOURCE LADDER GUIDANCE

### Contents

EDUCATION HEALTH AND CARE PLAN (EHCP) FUNDING - RESOURCE LADDER GUIDANCE .....	2
The Local Offer and the SEN Information Reports.....	4
Understanding and using the Resource Ladder to allocate Element 3 Top-Up funding to children who have been issued an EHCP.....	6
New Resource Ladder for Element 3 Top Up funding from the High Needs Block .....	8
Needs Description and Levels in Resource Ladder .....	9
Appendix A: pen portraits of a range of levels to demonstrate how the resource ladder would work in practice.....	23
Example 1: Ladder (level 2) top up £5,000; total £11,000 including notional SEN.....	23
Example 2: Ladder (level 4) top up £9,000; total £15,000 including notional SEN.....	25
Example 3: Ladder (level 7) top up £17,000; total £23,000 and over depending on individual need.....	27
Appendix B: New Resource Ladder for Top Up funding for 2,3 & 4 year olds taking up their Free Early Education Entitlement (FEEE) with an EHCP.....	28



## EDUCATION HEALTH AND CARE PLAN (EHCP) FUNDING - RESOURCE LADDER GUIDANCE

### **Background**

In March 2020, the Council approved a Cabinet Paper outlining proposed changes to High Needs Block (HNB) funding arrangements with the aim of achieving good outcomes; maintaining standards; and developing a new Resource Ladder for the allocation of Element 3 'top up' funding for children and young people from 0-25 years old with Education Health and Care Plans (EHCPs). A task and finish group was set up in December 2019 consisting of partners from health, education, early years, the parent/ carer forum, commissioning and others, to look at existing models of funding and to design a new Resource Ladder to be implemented from September 2020.

### **The 'current banding' system**

The 'top up funding' is currently based on a 'banding system', that has been in place for a considerable period and will be replaced by this new Resource Ladder. There are no provisions within the Children and Families Act 2014 (or the 2014 Regulations or SEND Code of Practice) which prevents local authorities from administering the High Needs SEND funding through a Resource Ladder system and many authorities do so in one form or another. The High Needs Operational Guide states that Resource Ladders can be helpful in providing clear and transparent funding arrangements for many types of need that may be met in a range of different institutions. However, the final allocation of funding must be sufficient to secure the agreed provision specified in any EHC plan.

### **Systems for current EHCP and new EHCP from September 2020**

There is no plan for the current EHCP to move onto the new Resource Ladder. This is because our schools expressed concerns over how in practice this could be achieved, and we agreed that this new Resource Ladder will only apply to all new EHCPs from September 2020. This means that the process for changes to funding to reflect a child's needs or circumstances for children with EHCPs issued before September 2020 will, when presented at SEND panel, be considered by the panel with reference to the existing 'banding system' of E, F, G, H, I.



## **Principles**

The new Resource Ladder is underpinned by the key legislation of the Children and Families Act 2014 and the Special Educational Needs and Disability Code of Practice: 0-25 years, 2014. It is a 'needs led' model spreading across seven ladder levels relating to the four areas of SEN identified in the SEN Code of Practice: cognition and learning; communication and interaction; social emotional and mental health; and physical and sensory needs.

## **Schools Funding**

The SEND Code of Practice says schools must:

*"...use their best endeavours to make sure that a child with SEN gets the support they need – this means doing everything they can to meet children and young people's SEN". (6.2)*

There are three elements of funding that schools receive to support young people who have been identified as having Special Educational Needs (SEN).

- **Element 1 funding** – this is the general pre-16 core funding included within the funding through the local schools funding formula.
- **Element 2 funding** - this is from the 'notional special needs funding' within the general funding for mainstream schools. Schools meet the first £6,000 of additional support costs from delegated funds within school budget share and academy grant, calculated under the local schools funding formula.
- **Element 3 funding** –this is the agreed per pupil top up paid by the commissioning local authority and is the amount given to both mainstream and special schools to support individual children with an EHCP.
- **Special Schools** – receive £10,000 for every place commissioned. This is not funding for individual children but general funding for special schools as all their children will have SEND.

## **High Needs Block (HNB)**

The High Needs Block (HNB) is the funding provided by the government for the Local Authority (LA) to support pupils with Special Educational Needs and Disabilities (SEND), Alternative Provision (AP) and a range of SEND services. Element 3 Top-Up funding and place-led funding for special schools and special resource provisions in mainstream schools are funded from the HNB.



## The Local Offer and the SEN Information Reports

The Waltham Forest Local Offer sets out the arrangements it has for assessing and identifying pupils as having SEND (Code of Practice section 6.6). (<https://www.walthamforest.gov.uk/service-categories/local-offer>).

Individual schools are also obliged to outline how they identify and assess pupils who may have special education needs and disabilities in their “SEN Information Report”. This report lays out the type of provision and any reasonable adjustments that education settings, schools and colleges will make to enable them to meet the special educational needs of children and young people with SEND, as well as those whose health is a barrier to learning. This should be updated at least each year and be published on the educational setting’s website. The local authority has agreed guidelines for education settings and schools to develop a consistent schools SEN Information Report across all maintained provision in the borough.

### Good practice in schools

The SEND Code of Practice 2014 makes it clear that teachers are responsible for the progress and development of all the pupils in their class – and that high-quality teaching, differentiated for individual pupils, is the first step in responding to pupil needs (6.4)

In schools, the provision includes a universal offer of high-quality teaching (‘Quality First Teaching’). School staff are expected to employ the following strategies:

- Focused teaching through the curriculum and some additional help from the teacher and/or another adult in the classroom and evidenced as part of a staged approach (assess, plan, do and review).
- Assessment and consultation advice accessed through referral to external specialist services such as Educational Psychology Service, CAMHS, Speech and Language, Occupational Therapy, Physiotherapy and other NELFT/NHS services.
- Some differentiation of the curriculum by presentation, activity, pace and/or outcome changes to schemes of work, materials and recording multisensory learning opportunities, considering cognitive strength and areas of development.
- Strategies employed to encourage engagement, transference and generalisation of learning i.e. pre-learning, individual support and assessment.
- Support to consist of small achievable steps that are measurable, and progress achieved is evidenced.
- Alternative ways of recording i.e. use of a scribe, reader or ICT equipment as well as exam concessions.
- Focused teaching through the curriculum with access to regular small groups / 1:1 from support staff.
- Language modelling and level of questioning is appropriately adjusted to developmental level in order to meet the needs of the child.



- Children who display behavioural difficulties should be referred to appropriate services, curriculum is to give opportunity for success and development of self-esteem.
- For children with sensory needs which require emotional regulation, maintenance of attention and concentration, curriculum is to give opportunity for building resilience and wellbeing.
- Children with autism to have structures in place to support their profile of need such as visual timetables, now and next boards- access to a calm space.
- Staff to access SENDsuccess Outreach Team for additional support or any successive service. The team would train staff in supporting children in the mainstream classroom.
- Specialist access equipment will be provided by the SENDsuccess Outreach Team or any successive service, who will train staff and the child or young person to use this effectively in the classroom.

Schools are expected to meet the costs of their strategies outlined in their SEN information report from their budgets, in particular from Element 2 school notional SEND budget and not from Element 3 Top Up funding which is for the purposes of meeting the needs of individual children with EHCPs to meet their individual needs as described in their EHCP and which relate to the descriptors set out below within the resource levels. The purpose of the descriptors is to enable the allocation of Element 3 Top Up funding at the level needed to meet those assessed needs.

### **Assess, Plan, Do, Review**

The SEND Code of Practice sets out clear expectations for inclusive educational system for all children. This should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil's needs and of what supports the pupil in making good progress and securing good outcomes. This is known as the graduated approach. It draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to support the SEND of children and young people. (paragraphs 6.45 to 6.56 of the SEND Code of Practice for more information about Assess, Plan, Do, Review).



## **Annual Review Process**

The Annual Review process is statutory. EHC plans should be used to actively review children and young people's progress towards their outcomes and aspirations. They must be reviewed by the Local Authority as a minimum every 12 months or 3 – 6 Months for a child under 5. The review must also consider whether these outcomes and supporting targets remain appropriate.

In some instances, there may be little or no significant changes to the arrangements a pupil needs since either the EHC Plan was issued or since the previous annual review. In other instances; where there is progress made the Resource Ladder may be adjusted accordingly. The Local Authority is responsible for monitoring the outcomes from person centred reviews / annual reviews utilising these to evidence systemic input-throughput-output and where appropriate increasing funding to meet needs or stepping down the financial support where it is appropriate to do so.

### **Understanding and using the Resource Ladder to allocate Element 3 Top-Up funding to children who have been issued an EHCP.**

All pupils will be placed on a level on the Resource Ladder according to their assessed needs following appropriate assessment and the issuing of an EHCP. The resource 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 allocation to a level on the Resource Ladder will be made by the multi-agency SEND panel following a decision to issue an EHCP. This will be done using a calculation of the specified interventions required to meet the pupil's needs. The local authority will ensure that all therapies are costed and where necessary the school would be expected to utilise its graduated approach. The allocation will be based on support time required which will be child specific requirement for specific therapies and in addition the panel will decide on the type of appropriate provision based on information provided by professionals and parents that is required to meet the identified needs.

## **How the ladder was developed**

The rationale for reaching the following seven levels on the Resource Ladder was a combination of qualitative and quantitative research as well as reviewing the existing descriptors. The existing descriptors were dated and needed to be aligned with the recommendations in the SEND Code of Practice. The work was also guided by a need to highlight the range of support that all schools / settings are expected to provide in the first instance. A task and finish group set-up considered a range of descriptors from their professional frame of reference and graded the needs across the seven levels which reflect increasing level of need. In addition, a range of descriptors from our SEND local authority partners and neighbours were also considered.



## **The seven levels of the Resource Ladder**

The Resource Ladder sets out seven Levels of Needs and associated funding based on the adoption of a new set of descriptors.

The levels describe increasing levels of learning need for children. The descriptors in the lower levels are more commonly occurring types of learning difficulty which may affect one or more area of learning for a child, with descriptions in the higher levels covering more profound overall learning disability for a child. The overall funding, including Element 3 Top Up, reflects more therapies/teaching time in the lower levels, with increasing TA time at higher levels but less direct therapies/teaching as with more significant learning disability, the children take longer to learn and generalise skills. For child at levels 4 and 5 for instance repetition and consistency are important from a staff member who has been trained in understanding the child's needs.

To allocate the funding the Resource Ladder uses a notional amount of TA support to express the resources required to meet a level of need, together with allowances for additional support from specialist teachers, therapies and equipment.

## **Allocation of resource from the Ladder**

For a pupil with identified and assessed special educational needs there are four clear points where consideration needs to be given to allocating a level on the resource ladder: these are (i) at the end of the statutory assessment process as indicated above; (ii) following a change in need; (iii) at the annual review(s) / Person Centred Review; (iv) where a pupil with an EHCP moves in to LBWF from another local authority. It is important to note that this document should be used as a guide by all professionals and to assist schools to demonstrate level of increasing need. Resource Ladder allocation is determined by the multi-agency SEND Panel and the decision is based on evidence provided from a range of professional agencies/services as part of an assessment process.

## **Criteria for levels across different areas of need**

Where needs are across levels for different areas i.e. cognition and learning or sensory and physical; the local authority will allocate a level that caters for the main area of functional impact of their learning needs. It is the panel's objective to separate the needs that should be met from within the universal offer of high-quality teaching ('Quality First Teaching') that schools already receive funding for and those that require a top up from Element 3.

## **What to do if there is a disagreement**

Where a school or parent does not agree with the level of funding allocated to a child's EHC the provision map and any additional reports can be resubmitted to SEND panel and the panel asked to reconsider in the light of new information. Parents can receive impartial advice and support from Waltham Forest SENDIASS throughout the process.



### New Resource Ladder for Element 3 Top Up funding from the High Needs Block

RESOURCE ALLOCATION					FUNDED BY	
Level	Notional Support Hours	Support Hours Allocation	Additional Support	Total	“Element 2” from Schools Budget	“Element 3” Top Up from High Needs Block
1	5	£5,000	£4,000	£9,000	£6,000	£3,000
2	10	£8,000	£3,000	£11,000	£6,000	£5,000
3	15	£12,000	£2,000	£14,000	£6,000	£8,000
4	20	£15,000		£15,000	£6,000	£9,000
5	27	£21,000		£21,000	£6,000	£15,000
6	30	£23,000		£23,000	£6,000	£17,000
7				Above £23,000		Above £17,000

- The Notional Support Hours are costed at £17.21 per hour for 45 weeks (i.e. the equivalent of a term time only Teaching Assistant). It is important to note that the support hours are notional and NOT indicative, they are simply a mechanism to reflect relative levels of need. The schools have discretion to determine how they meet the assessed needs in discussion with families and children with EHCP in their schools. This can be through a combination of whole school initiatives small groups, 1-1, paired work and will be specified in child’s EHCP. The Notional Support Hours Allowance will be adjusted in line with the annual pay awards for Teaching Assistants.





### Needs Description and Levels in Resource Ladder

<b>1</b>	<p><b>Cognition and learning:</b> Working below level of peers. Can achieve with some differentiation and occasional support. Attainment levels are lower than most peers even with additional support. Concentration and attention difficulties even with differentiation. Presents with difficulties when measured using standardised tests across some areas. Progress is at a slow rate. Some levels of disorganisation. Mild short- term memory difficulties. Some difficulty retaining and applying information. Some difficulty with abstract concepts. Weak processing skills. Up to 2 years behind peers. Weak attention span. Some levels of disorganisation.</p>
	<p><b>Communication and interaction: (<i>Speech and Language</i>)</b> Moderate to severe language delay in expressive and/or receptive language at a low level, i.e. around 5<sup>th</sup> percentile. Requires support for: organising expressive language and making meaning clear; Speech impact on intelligibility in certain situation / engaging in the classroom/learning activities. Presents with persistent difficulties with speech production impacting on intelligibility and literacy skills.</p>
	<p><b>Communication and interaction: (<i>social communication</i>)</b> Delayed social communication and interaction. Social vulnerability around recognising and communicating emotions; forming and maintaining friendships with peers. Requires support for: social interaction/skills; transition/unstructured times. May have rigid thinking/behaviours, empathy, support for inclusion and managing anxiety. May have repetitive activity.</p>
	<p><b>Social, emotional and mental health:</b>  <b>Child factors:</b> Requires verbal support guidance for making and maintaining friendships. May present with low self-esteem, some disengagement, frustration; some episodes of attention-seeking behaviours; some shouting out or brief expressions of anger/frustration/mood swings. Child experiences anxiety in specific situations e.g. busy or unfamiliar environments/new situations. Occasionally tearful/withdrawn or appears sad. Child may have additional diagnosis e.g. ADHD  <b>School factors:</b> Child finds it difficult to manage in unstructured situations, and may require alternative activity at break/lunch times. Peers may be involved in positive planning. Daily interventions from an adult are required to sustain peer relationships. Occasional support needed for behaviour regulation/ mediation with peers  <b>Home factors which may contribute to SEND but will be met by support agencies:</b></p> <ul style="list-style-type: none"> <li>• Family are using a range of strategies that may be meeting needs but require support to maintain them. Support may be in the form of resources or verbal discussion. Family express need for support in certain areas.</li> <li>• Child may need scaffolding from family around school attendance at times. Occasional avoidance of school for specific topics.</li> </ul>
	<p><b>Physical and sensory – (<i>Medical</i>)</b> Mild disability e.g. mild diplegia. Gross and fine motor delay/motor co-ordination, difficulty affecting function, may be in line with learning difficulty. Requires support with administration of medication; disability as well as medication; school level risk assessment. Delays in self-help skills. May also present with mild PD e.g. slight stiffness or balance issues.</p>



	<p><b>Physical and sensory – Sensory:</b> VI Likely to present with visual acuity of 6/24 to 6/48 and /or have a mild field loss e.g. hemianopia. Requires support: modification to the environment e.g. enhanced learning resources/positional seating.</p>
	<p><b>MONITORING:</b> Regular monitoring by SENCo. Any outside agency input is a one- off assessment and programme or initial guidance. SEND service to monitor via coordinating Person centred reviews, updating EHCP, managing phase transfers and liaison with family. Other support also includes signposting to agencies as required, as well as managing legislative processes (examples of services are: Health: Speech and Language Therapists, Occupational Therapy, CAMH’s, and Physiotherapists y, Education: Specialist Teachers of the Deaf, or Visually Impaired (sometimes called sensory services) Specialist Teachers for Autism or Educational Psychologists. All of the above can be found on Waltham Forest Local Offer with their contact details. Each case will have an allocated officer for the duration of the EHCP.</p>
	<p><b>SUPPORT:</b> Support in small groups. Requires some differentiation, teacher planning and social support. Therapy, teaching and specialist support to devise programmes required which may need to be purchased. SEND support to include allocation of a case officer to a specific school, support from senior leaders in SEND, support for conflict resolution as well as signposting to agencies and services. Where necessary the SEND service will also be vital in completing all statutory obligations as required and set out in the SEND Code of Practice.</p>
	<p><b>Level 1 Element 3 Top-Up: £3,000</b></p>

<p><b>2</b></p>	<p><b>Cognition and learning:</b> Low but persistent difficulties across all areas of the curriculum, independence and organisation. Working well below level of peers (&gt;3yrs below). Presents with low cognitive range and weak processing skills which may require support with:</p> <ul style="list-style-type: none"> <li>• Independence and organisation.</li> <li>• Increasing literacy and/or numeracy difficulties (&gt;3yrs below ARE).</li> <li>• Mild to moderate short- term memory difficulties</li> <li>• Some difficulty retaining and applying information.</li> <li>• Weak processing skills.</li> <li>• Poor memory.</li> </ul>
	<p><b>Communication and interaction: (<i>Speech and Language</i>)</b> Severe difficulties with understanding of spoken language typically, at 2nd % or lower on receptive language and using a range of simple grammatically correct structures. Requires support with speech production which impact on intelligibility and literacy skills. Struggles to follow instructions/listen.</p>

<p><b>Communication and interaction: (social communication)</b> Have difficulties developing social communication with peers and adults. Rigid and inflexible thought patterns. May require support with understanding social and physical risks. May also use language that provokes negative reactions.</p>
<p><b>Social, emotional and mental health:</b>  <b>Child factors:</b> Child needs support to build social and emotional skills and access learning, may present with low self-esteem and regularly withdraws in predictable situations e.g. large groups. Some disengagement from learning not under their own control, this may be expressed as frustration, or attention seeking behaviour. Child's anxiety and stress interfering with interactions both in structured and unstructured times. Child may have own agenda and often have difficulty following instructions, seeking control over specific situations. Triggers are known and predictable, and child's mood may be changeable with only brief indications of the reason. Child may have additional diagnosis e.g. ADHD.  <b>School factors:</b> Targeted Services may be involved to address mental health needs. Some regular small group work and access to familiar adult at specific times during the day and week are necessary for reflection and planning. Peers may be involved in positive planning.                  Approaches/differentiation needed for specific situations the child identifies as triggers.  <b>Home factors which may contribute to SEND but will be met by support agencies:</b></p> <ul style="list-style-type: none"> <li>• Family need support and advice to recognise, identify and proactively manage child additional needs, suggested responses may not be instinctive or are outside of family's previous experiences.</li> <li>• Advice and training required for strategies to be used. Family regularly need to intervene to support school attendance.</li> </ul>
<p><b>Physical and Sensory – (Medical)</b> Motor co-ordination difficulty with functional impact in many areas of daily living e.g. child may present with significant dyspraxia or motor co-ordination difficulty</p>
<p><b>Physical and Sensory – Sensory:</b> Moderate hearing loss up to 35dB making access to learning tiring and impact on concentration. Unusual responses to sensory experiences which affects function at specific times and in specific situations.</p>
<p><b>MONITORING:</b> Regular monitoring by SENCo. Any outside agency input is an assessment and programme planning or initial guidance. SEND service to monitor via coordinating Person centred reviews, updating EHCP, managing phase transfers and liaison with family. Other support also includes signposting to agencies as required, as well as managing legislative processes (examples of services are: Health: speech and language therapy, occupational therapy, CAMH's, and physiotherapy, Education: specialist teachers of the Deaf, or Visually Impaired (sometimes called sensory services) specialist teachers for Autism or Educational Psychologists). All the above can be found on the Waltham Forest Local Offer with their contact details. Each case will have an allocated officer for the duration of the EHCP.</p>
<p><b>SUPPORT:</b> Specific 1:1 and small group intervention have been introduced. Some 1:1 support for learning and social time, may benefit from shared support. Small group work is generally successful. Therapy, teaching and specialist support to devise programmes required which may need to be purchased. Requires daily differentiation and teacher planning. SEND support to include: Allocation of a case officer to a specific school, support from senior leaders in SEND, support for conflict resolution as well as signposting to agencies and services. Where necessary the SEND service will also be vital in completing all statutory obligations as required and set out in the SEND Code of Practice.</p>

<b>Level 2 Element 3 Top-Up £5,000</b>

<b>3</b>	<p><b>Cognition and learning:</b> Consistent Learning Difficulties across majority of the curriculum. Significantly low (below 1<sup>st</sup> centile) range on standardised assessments. Very slow rate of progress. Working well below level of peers and progress is limited. May present with:</p> <ul style="list-style-type: none"> <li>• Short-term memory</li> <li>• Moderate difficulty retaining and applying information.</li> <li>• Moderate to weak processing skills</li> </ul>
	<p><b>Communication and interaction: (<i>Speech and Language</i>)</b> Persistent difficulties with understanding of spoken language typically at 1st percentile or lower on receptive language. Unable to use a range of grammatically correct simple structures. Difficulties caused have impact across all areas of the curriculum. Speech is impaired and understanding is at a simple level. Child may use language and some augmentative means to support their communication e.g. signs and symbols</p>
	<p><b>Communication and interaction: (<i>social communication</i>)</b> Difficulties in communication with adults and peers. Limited functional and social communication skills which impacts on the ability to engage in the classroom/learning activities. May struggle understanding social and physical risks and their own vulnerability. May also have difficulty managing and sustaining relationships with others as well as some rigid or obsessional behaviours.</p>
	<p><b>Social, Emotional and Mental Health</b>  <b>Child Factors:</b> Motivational issues need to be addressed in many topics in order to engage child. Child/YP may avoid specific subjects needing significant scaffolding to engage. Child’s social understanding and emotional regulation is impacting on classroom performance, and needs some adult support to re-engage and sustain attention to task. May have a developing mental health difficulty. May have difficulty making and maintaining friendships requiring daily discussion/reframing and reflection. Presents with limited understanding of safety and behaviour – can be impulsive and does not always predict consequences of actions or can be unable to inhibit instinctive responses. Child may have additional diagnosis e.g. ADHD.</p>



	<p><b>School factors:</b> Child/YP requires tasks to be significantly differentiated to engage the pupil. Requires supervision in a small group and additional staffing required at times. Requires individualised teaching of specific skills, routines and conflict resolution strategies. Needs school based and occasional therapeutic support. Adjustment of people/approach to tasks are needed to accommodate emotional needs of child at specific points each day. Individualised behaviour responses required at least 3 times during the day for at least 30 minutes to prevent escalation which include both positive and negative factors-</p> <p><b>Home factors which may contribute to SEND but will be met by support agencies:</b></p> <ul style="list-style-type: none"> <li>• Family requires support and specific teaching to identify and meet above needs.</li> <li>• Instinctive approaches may not address child’s key issues without support, or may exacerbate the child’s responses. Family may need to intervene to support school attendance</li> </ul> <p><b>Physical and Sensory – (Medical)</b> Moderate disability with use of walking aids. Requires support with daily specialised programme for co-ordination skills; health care regimes. May have medical issue or disability and/or mobility adaptations which may require specific multi-agency risk management plan.</p> <p><b>Physical and Sensory –(Sensory):</b> Moderate bi-lateral field loss e.g. 6/19 - 6/36 (percentile). Moderate visually Impaired likely to evidence significant field loss e.g. hemianopia. Likely to present with moderate to severe hearing loss (40 - &gt;70dB) may be fitted with cochlear implant. Independently mobile in familiar areas but may need some preparation and support in unfamiliar areas. Experience significant impact of sensory issues affecting access to day to day function over the majority of functional areas.</p>
	<p><b>MONITORING:</b> Regular monitoring by SENCo. Any outside agency input is a one- off assessment or initial guidance. SEND service to monitor via coordinating person centred reviews, updating EHCP, managing phase transfers and liaison with family. Other support also includes signposting to agencies as required, as well as managing legislative processes. Examples of services are: Health: Speech and Language Therapists, Occupational Therapists, CAMH’s, and Physiotherapists, Education : Specialist Teachers of the Deaf, or Visually Impaired (sometimes called sensory services) Specialist Teachers for Autism or Educational Psychologists. All of the above can be found on Waltham Forest Local Offer with their contact details. Each case will have an allocated officer for the duration of the EHCP.</p>
	<p><b>SUPPORT:</b> Majority of learning require small group, paired work and specific 1:1 support and some social time may require shared support. Requires daily differentiation, teacher planning and personalised targets. Therapy, teaching and specialist support to devise programmes required which may need to be purchased. Specific interventions are established. SEND support to include allocation of a case officer to a specific school, support from senior leaders in SEND, support for conflict resolution as well as signposting to agencies and services. Where necessary the SEND service will also be vital in completing all statutory obligations as required and set out in the SEND Code of Practice.</p>



**Level 3 Element 3 Top-Up £8,000**

<b>4</b>	<p><b>Cognition and learning:</b> Range of difficulties and an accumulation of layered needs. Experiences significant, complex persistent and enduring learning difficulties. These learning difficulties may co-exist with a medical condition. May be associated behaviour difficulties including attention difficulties. Very slow rate of progress despite a high level of specialist intervention from a range of professionals. Significantly low cognitive range. Weak attention span. Significant difficulty retaining and applying information even with explicit overlearning. Significantly weak processing.</p> <p><b>Communication and interaction: (<i>Speech and Language</i>)</b> May not be able to formally assess language skills to gain equivalent centile rank. Language skill is a significant impact on ability to sustain learning. Communication challenges may result in regular high levels of distress and anxiety (at least 3 times per week) which may lead to ‘acting out’ behaviour or ‘withdrawn behaviour’. Severe language delay or disorder. May use augmentative and alternative means to communicate e.g. signs, pictures, and photos. Literacy development is significantly affected. Requires significant language modification in all subjects.</p> <p><b>Communication and interaction: (<i>social communication</i>)</b> Significantly limited social communication that causes anxiety, limits ability to manage emotions. Rigid or obsessional behaviours make it difficult to cope with unexpected changes and events. Unable to reflect on the consequences of their behaviours on others. Lack of awareness of personal and social safety of self and other for most of the time. Support needed for: social interaction/skills; transition; unstructured times; rigid thinking/behaviours; empathy; understanding others; inclusion; anxiety; repetitive actions.</p> <p><b>Social, Emotional and Mental Health:</b>  <b>Child factors:</b> Significant difficulty making and maintaining friendships. Child/YP has very limited understanding of safety. There is increasing concern around safety and risk taking. Episodes of sexualized language and behaviour/lack of self care/lack of empathy/emerging issues around identity and belonging/verbal and physical aggression. Disengaged from learning occurring across the day. Child/YP is avoidant of a broad range of activities and highly anxious in responses to direction. Requires a high level of control over own environment and own functions e.g. food. Child may have additional diagnosis e.g. ADHD.  <b>School factors:</b> Requires support with access to small groups or 1:1 teaching or support to engage throughout the day. Teaching environment is key to engagement e.g. out of class time. Inclusion with constant teaching of skills, routines and conflict resolution. External intervention and specialist advice is required. Differentiation needed is consistent across classes and staff. Child requires staff to be persistent and enduring in their attention. Staff resilience to challenging responses from child is needed to ensure positive outcomes.  <b>Home factors which may contribute to SEND but will be met by support agencies :</b></p>
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<ul style="list-style-type: none"> <li>• school attendance requires significant support and child is at risk of withdrawal from learning.</li> <li>• Attendance is not consistent and engagement with family sporadic and may also require support and scaffolding. Family environment may be chaotic.</li> </ul>
<p><b>Physical and Sensory – (Medical):</b> Needs adult support in a range of areas e.g. for dressing, eating and toileting, medication. May need special seating and/or other equipment. Has balance issues without seating/positioning.</p> <p>Needs high- or low-tech assistive technology and/or support for access to most of the curriculum. Enhanced support for medical issue and/or mobility adaptations and resources for a disability. Occasional support for self-care, feeding, personal care and/or manual handling, developing areas of independence. Specific multi-agency risk management plan. Support needed for learning needs associated with physical /medical needs.</p>
<p>Physical and Sensory –(<b>Sensory</b>): Constant specialist support/modification to the environment with pupil contact with the Sensory Team. Enhanced learning materials. Requires constant support and practical activities with adapted equipment. Severe Visually Impaired likely to present with visual acuity of 6/48 to 3/60 and /or have a very significant field loss e.g. hemianopia. with possibility of use of some Braille Likely to present with severe hearing loss (70 – 95 dB). Not using hearing aids effectively. Assistive technology required or child’s needs will negatively impact on language and communication gap. Frequently seeking sensory input to satisfy basic needs which may cause risk to safety of self or others.</p>
<p><b>MONITORING:</b> Regular monitoring by SENCo. Any outside agency input is a one- off assessment or initial guidance. SEND service to monitor via coordinating person centred reviews, updating EHCP, managing phase transfers and liaison with family. Other support also includes signposting to agencies as required, as well as managing legislative processes (examples of services are: Health: Speech and Language Therapists, Occupational Therapists, CAMH’s, and Physiotherapists, Education : Specialist Teachers of the Deaf, or Visually Impaired (sometimes called sensory services) Specialist Teachers for Autism or Educational Psychologists. All the above can be found on Waltham Forest Local Offer with their contact details. Each case will have an allocated officer for the duration of the EHCP.</p>
<p><b>SUPPORT:</b> All learning requires support e.g. one to one, daily small group and paired work. Social time may need some 1:1 support. Requires personalised learning to be in place and targets to be significantly adapted. Specific interventions are in place. Therapy, teaching and specialist support to devise programmes required which may need to be purchased. SEND support to include allocation of a case officer to a specific school, support from senior leaders in SEND, support for conflict resolution as well as signposting to agencies and services. Where necessary the SEND service will also be vital in completing all statutory obligations as required and set out in the SEND code of practice.</p>
<p><b>Level 4 Element 3 Top-Up £9,000</b></p>



<b>5</b>	<p><b>Cognition and learning:</b> Profound Learning Difficulties. Cognitive range is around the 1st percentile. Functioning at early developmental level. Unable to accomplish independent learning throughout the school day. Working well below level of peers. Learning difficulties that impact significantly on access to the curriculum. Difficulty with abstract concepts even with significant support.</p>
	<p><b>Communication and interaction: (<i>Speech and Language</i>)</b> Profoundly limited language skills; social communication that prevent from engaging with learning on daily basis. Non-verbal and very limited or no understanding of language. Significant disorder or delay. Literacy development is significantly affected. Literacy development is extremely affected.</p>
	<p><b>Communication and interaction: (<i>social communication</i>)</b> Reliant on other means of communication than spoken language, e.g. Communication systems such as technology aids, photos symbols and pictures. Persistently anxious or frustrated, leading to frequent, and unpredictable, some challenging behaviours.</p>
	<p><b>Social, Emotional and Mental Health:</b>  <b>Child factors:</b> Pupil has challenging and unpredictable behaviour despite a consistent and well-planned programme of support. Unsupported child is avoidant of structured activities and direction. Behaviours can be extreme and unpredictable with difficulty to contain after an incident, significant difficulty in making and maintaining healthy friendships. Limited understanding of personal space and social rules and boundaries .Complex mental health conditions that needs addressing through number of agencies. Physical outbursts if stressed by peers or environment which can be predicted. Child may be limiting their own access to basic needs e.g. intake of food/drink and is of concern. Child may have additional diagnosis e.g. ADHD.  <b>School factors:</b> Constant support to interact appropriately with others. Planned programme of personal and social development with highly predictable routine. Frequent specialist and external support and training required for risk assessment and management plan – specialist training for school staff needed e.g. for handling /holds and calming. May need physical handling. Risk of harm to supporting adults or peers.  <b>Home factors which may contribute to SEND but will be met by support agencies:</b></p> <ul style="list-style-type: none"> <li>• Interventions from family to support child’s attendance may result in perceived risk to child and or family members – this may be expressed by family or child.</li> <li>• Family interventions may be needed and attendance may be consistently below an acceptable level. School attendance not always valued by family and not replaced with activity if YP not in school. Engagement with family requires a high level of scaffolding. Basic needs may not be being met at home unintentionally. Family find establishing predictable routines challenging. Some attempts to support challenge and protect child but not effective or consistent.</li> <li>• Home factors are having an enduring impact on child’s learning.</li> </ul>
	<p><b>Physical and Sensory – (<i>Medical</i>)</b> Regular support for self-care, personal care and/or manual handling by one person. Risk assessment and management plan advised by a doctor/consultant that requires specialised training for school staff. Complex physical/medical conditions that need addressing through a number of agencies.</p>





	<p>Physical and Sensory –(<b>Sensory</b>): Pupil requires regular contact with the Sensory Team and staff require specific training. constant 1:1 support is required for all activities, with some possible physical intervention and support. Educationally Blind Pupil will be accessing the curriculum primarily through non-sighted methods e.g. Braille. Likely to present with severe to profound hearing loss (75 - &gt;95dB. Pupil may have sensory processing difficulties related to their physical/medical needs.</p>
<p><b>MONITORING:</b> Regular monitoring by SENCo. Any outside agency input is a one- off assessment or initial guidance. SEND service to monitor via coordinating Person centred reviews, updating EHCP, managing phase transfers and liaison with family. Other support also includes signposting to agencies as required, as well as managing legislative processes (examples of services are: Health: Speech and Language Therapists, Occupational Therapists CAMH’s, and Physiotherapist, Education: Specialist Teachers of the Deaf, or Visually Impaired (sometimes called sensory services) Specialist teachers for Autism or Educational Psychologists. All of the above can be found on Waltham Forest Local Offer with their contact details. Each case will have an allocated officer for the duration of the EHCP.</p>	
<p><b>SUPPORT:</b> All learning and potentially social time requires 1:1 support. Small group learning needs to be highly adapted and likely to be paired with preparation if this is to be successful. Requires personalised learning to be in place and delivered 1:1 with some 2:1 and personalised targets. Therapy, teaching and specialist support to devise programmes required which may need to be purchased. Specific interventions are in place every day. SEND support to include: Allocation of a case officer to a specific school, support from senior leaders in SEND, support for conflict resolution as well as signposting to agencies and services. Where necessary the SEND service will also be vital in completing all statutory obligations as required and set out in the SEND Code of Practice.</p>	
<p><b>Level 5 Element 3 Top-Up £15,000</b></p>	



<b>6</b>	<p><b>Cognition and learning:</b> The CYP will experience profound, complex lifelong learning difficulties. Needs have significant impact on functioning e.g. significant cognitive and intellectual impairment which limits access to all areas of learning and the social curriculum. Exhibits significant fluctuation in attention and concentration.</p>
	<p><b>Communication and interaction: (<i>Speech and Language</i>)</b> Profoundly limited social communication skills, which impact on all areas of learning. Complex disorder and delay. Nonverbal and very limited or no understanding of language speech and understanding may be at single word level or below e.g. anticipatory, following routines only. Literacy development is severely affected. Early Development of the use of communication, including intention to communicate using alternative forms of communication e.g. objects of reference or touch cues. , Requires daily/individualised preparation. Total curriculum modification. I. Literacy development is severely affected.</p>
	<p><b>Communication and interaction: (<i>social communication</i>)</b> Profoundly limited social communication skills, which impact on all areas of social activity including play times and lunch times. Unpredictable, sudden outbursts of challenging behaviour. Frequent ritualistic and obsessional behaviours. Unable to recognise personal, social, environmental and physical risks. Struggles to form appropriate relationships with others. Reliant on objects of reference for communication and some understanding of routine.</p>
	<p><b>Social, Emotional and Mental Health:</b></p> <p><b>Child factors:</b> Severely restricted ability to interact with others and with any programme of personal and social development. Profound lack of understanding of personal space and social rules and boundaries. Risk taking behaviours are frequent and unpredictable and may have profound or severe consequences for self or others. Intentional/repetitive risk taking behaviours including frequent self harm. Child/YP not meeting own basic needs sufficient to maintain concentration/health e.g. food/drink/toileting causing harm to self (eating disorder). Deliberate use of antisocial behaviour to leave situations e.g. toileting/smearing. Child may have additional diagnosis e.g. ADHD.</p> <p><b>School factors:</b> requires significant risk assessment/access to safe environments and may need staff team trained, not able to rely on only one staff member to maintain safety of themselves and others. Ability to function may be highly impacted by environment with frequent low level triggers to significant behavioural response. Child's needs maybe such that support over an extended school day is needed for a period of time, potentially including after school and evenings. Specialist MDT meetings needed such as one off care education treatment reviews as part of planning is required for multiagency input. Child requires access to services not normally commissioned from all agencies.</p> <p><b>Home factors</b></p> <ul style="list-style-type: none"> <li>• Whole family interventions may be needed. <b>Interventions from family to support child's attendance may result in actual risk to child as expressed by family or child.</b></li> <li>• Basic needs may not be being met at home. Evidence of neglect across many areas e.g. hungry/lack of sleep/criminal activity/gangs (buying and selling). Examples where home environment may normalise criminal activity.</li> </ul>

	<p><b>Physical and Sensory – (Medical)</b> Severe, complex physical/medical needs. Detailed risk assessment and plan of action for medical emergencies. May have degenerative condition. Daily access to medical treatment. Medical needs which are not stable and require regular review and change of medications.</p>
	<p>Physical and Sensory –(<b>Sensory</b>): Profound impairment Less than 6/120 Registered Blind. Severe/complex visual impairment. Severe Visually Impaired Plus Pupil will have a severe visual impairment Profound hearing loss (&gt;95 dB) / Blind/MSI. Multi-sensory impairment at severe level. Behaviour related to impact of sensory needs on function means child’s behaviours may cause self-harm e.g. biting self/headbanging.</p>
	<p><b>MONITORING:</b> Regular monitoring by SENCo. Any outside agency input is a one- off assessment or initial guidance. SEND service to monitor via coordinating Person centred reviews, updating EHCP, managing phase transfers and liaison with family. Other support also includes signposting to agencies as required, as well as managing legislative processes (examples of services are: Health: Speech and Language Therapists, Occupational Therapists CAMH’s, and Physiotherapists, Education: Specialist Teachers of the Deaf, or Visually Impaired (sometimes called sensory services) Specialist Teachers for Autism or Educational Psychologists. All of the above can be found on Waltham Forest Local Offer with their contact details. Each case will have an allocated officer for the duration of the EHCP.</p>
	<p><b>SUPPORT:</b> A multi-agency package of support, that includes specialist interventions and personalised approaches, is in place in either a mainstream or a specialist setting. Therapy, teaching and specialist support to devise programmes required which may need to be purchased. This support can be delivered by suitably trained in-house staff. SEND support to include: Allocation of a case officer to a specific school, support from senior leaders in SEND, support for conflict resolution as well as signposting to agencies and services. Where necessary the SEND service will also be vital in completing all statutory obligations as required and set out in the SEND code of practice.</p>
	<p><b>Level 6 Element 3 Top Up £17,000</b></p>

<p><b>7</b></p>	<p><b>Cognition and learning:</b> Complex, profound and multiple needs. Extreme impairment across the range of cognitive skill. Fully dependent on adult support to engage with any task.</p>
	<p><b>Communication and interaction: (Speech and Language)</b> Extremely limited communication skills; non-verbal and very limited or no understanding of language. Uses touch cues to predict routines. Communication at pre-intentional level. Daily ritualistic and obsessional behaviours that prevent adults from engaging the pupil with any adult-led activities. Severe and profound impact on literacy and curriculum access. Communications systems use objects of reference.</p>



	<p><b>Communication and interaction: (<i>social communication</i>)</b> Unable to use any supportive communication system so entirely reliant on familiar adults' interpretation of their needs. Profoundly limited functional social communication skills which lead to daily, persistently high levels of distress and anxiety. Unpredictable, escalating and prolonged challenging behaviours throughout the day that jeopardises health and safety of self and others. Lack of awareness of personal safety, exhibits violent behaviour several times a day. Extensive support for social interaction. Obsessional and ritualistic behaviour impacts severely on all aspects of the day.</p>
	<p><b>Social, Emotional and Mental Health:</b>  <b>Child factors:</b> Extreme difficulty in engaging in peer relationships due to lack of understanding, awareness or interest which may occur at all times throughout the day with unclear triggers. Presents with significant mental health issues including self harm potentially suicidal thoughts and intent to harm others. Severe and complex behavioural needs. Unsafe, risky or anti-social behaviour. Child will have additional diagnosis or diagnosable mental health needs.  <b>School factors: staff or child</b> require body protection for self-injurious actions and 2:1 adult staffing required for extended period with frequent check ins on child. Close and persistent supervision needed with resources for crisis intervention. Daily life and functioning is severely disrupted. Child's needs maybe such that support over an extended school day is needed, potentially including after school and evenings. Specialist MDT meetings needed such as regular and sustained care education treatment reviews as part of planning is required for multiagency input. Child requires access to services not normally commissioned from all agencies.  <b>Home factors:</b></p> <ul style="list-style-type: none"> <li>• Child requires care and support out of the home to meet complex emotional needs.</li> <li>• School attendance not valued, engagement from home destructive to child's school planning, potential deliberate harm to child from persons in the home. Examples where there is evidence of intent to engage/involve child in criminal activity by family.</li> </ul>
	<p><b>Physical and Sensory – (<i>Medical</i>)</b> Profound or progressive condition - life expectancy may be compromised. Requires regular moving / handling. Needs specialist health care and multi-agency response. Daily living skills and functioning severely disrupted. Completely dependent on adults for all personal care e.g. tube feeding, catheterisation. Profound and complex medical needs requiring resources for crisis intervention. Requires the implementation of multi-disciplinary support. Detailed plan of specific actions for medical emergencies. Risk assessment overseen by an individually trained adult. All movement requires a detailed manual handling plan.</p>
	<p>Physical and Sensory –(<b><i>Sensory</i></b>): Extremely limited functional hearing despite aids. Has a profound hearing impairment those who are multi-sensory impaired. Has little functional sight or is educationally blind. Needs 1:1 specialist support. Extreme reactions to sensory stimuli. Multi-sensory impairment which may also be deteriorating.</p>
	<p><b>MONITORING:</b> Regular monitoring by SENCo. Any outside agency input is a one- off assessment or initial guidance. SEND service to monitor via coordinating Person centred reviews, updating EHCP, managing phase transfers and liaison with family. Other support also includes signposting to agencies as required, as well as managing legislative processes (examples of services are: Health: Speech and Language Therapists , Occupational Therapists, CAMH's, and Physiotherapists, Education: Specialist Teachers of the Deaf, or Visually Impaired (sometimes called sensory services) Specialist</p>



teachers for Autism or Educational Psychologists. All of the above can be found on Waltham Forest Local Offer with their contact details. Each case will have an allocated officer for the duration of the EHCP.

**SUPPORT:** 1:1 and extensive 2:1 support for a range of needs and safety. Individualised provision and highly personalised curriculum. Specialist technical aids. Planned inclusion. Planned out of school support. Specialist staff and external agency input. Multi-professional advice. Staff must be highly specialised. SEND support to include: Allocation of a case officer to a specific school, support from senior leaders in SEND, support for conflict resolution as well as signposting to agencies and services. Where necessary the SEND service will also be vital in completing all statutory obligations as required and set out in the SEND code of practice.

**Level 7 Element 3 Top-Up Above £17,000.**

There is no upper financial limit set for the amount of Element 3 Top-Up funding of a child at this Level

Children's education packages may be joint funded with the Clinical Commissioning Group at this level if children are Continuing Care eligible as outlined in the attached document:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/499611/children\\_s\\_continuing\\_care\\_Fe\\_16.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499611/children_s_continuing_care_Fe_16.pdf)



### **Medical Conditions / Specialist equipment to access the curriculum or one-off support requirement**

Where there is a medical / physical requirement for a one-off resource allocation for example a specialist seating, specialist therapy or one-off intervention, the request will be submitted to the SEND team for consideration and allocation. All requests will be considered at SEND panel.

### **Application of economies / diseconomies of scale**

The LA will ensure efficient and effective arrangements by recognising both economies and dis-economies of scale where certain schools have large numbers of children with ECHPs.



## Appendix A: pen portraits of a range of levels to demonstrate how the resource ladder would work in practice.

Please see below for an example of EHCPs that fitted into Ladder step 2, 4 and 7. The examples are based on one schools approach of supporting a child at school. Schools may choose to achieve the same support and outcomes needed in a number of different ways. In all cases the approaches should be agreed with the family, and the child where appropriate, and outlined in the child's EHCP.

Support may vary in terms of who provides the advice and strategies (teacher/therapist/psychologist), who provides the actual intervention (therapist/teacher/teaching assistant) and the size of group in which the intervention is delivered e.g. one to one, pairs, small group of three to six children. All the above will depend on the child's needs, interests, motivations and abilities.

### Example 1: Ladder (level 2) top up £5,000; total £11,000 including notional SEN

Child A has underlying difficulties in working memory, processing information, non-verbal and spatial reasoning and verbal comprehension, which are likely to have a significant effect on his ability to comprehend spoken information and to recall information, plan and organise and to be able to start and maintain a task that is not highly structured and visual. Child is delayed in his numeracy skills.

**Child's views** - I hope I can get the best school results so I can become a British secret agent or an actor like Harry Potter.

#### **Communication**

Child A will require a programme written by a speech and language therapist. The strategies in this programme should be carried out by an experienced and trained education staff member, three times per week. This will involve 20 – 30 minutes of direct therapy focussing on developing Child A's independence and self-help skills, higher level thinking skills and social interaction skills, with the support of education staff.

*Interventions for self help/social interaction - 90 mins per week from a teaching assistant one to one £16.75 x 1.5 hours x 45 weeks = £1,130.62*

Where possible, once Child A has achieved their targets with a familiar staff member, he should then have opportunities to generalise these skills as part of paired or small group social skills sessions, and with support being provided to generalise skills to the classroom, and unstructured settings, such as break-times.

*Break and lunch time support to set up activities and play with peers - 1 hour a day x £16.75 x 5 days x 45 weeks with a peer = £1,884.36*

Child A will require a review/group/1:1 therapy session termly. This review may include:

- Monitoring of his current programme and care plan and updating targets as necessary.
- Liaison with education staff and parent/carer.



- Classroom observation and review assessment.
- Individual, paired or small group work/modelling.
- This programme will be modelled by the SLT to trained education staff who will then carry them out with monitoring by the speech and language therapist.

*Costs of setting up therapy package including modelling = £1,500*

### **Cognition and Learning**

Child A requires weekly 'Catch up' numeracy support group. He requires a structured teaching programme which baselines his knowledge and develops his understating in a stepped and developmental way emphasising foundation skills carried out in pairs with a teacher

*Costs of advisory teacher package Assessment and advice from specialist teacher to set programme and review numeracy skills notional cost = £1,500*

*Weekly numeracy support in pairs £54.00 teacher x 45 weeks 2 children = £1,215*

*Weekly Numeracy work in small groups - 5 classes a week x 60 mins x £16.75 x 45 weeks 3 children = £1,256.25*

Child A requires weekly paired support in developing his vocabulary to describe, infer and generalise with peer.

*Weekly vocabulary and language group – 1 hour x 16.75 x 45 weeks 2 children = £376.87*

*Literacy work in small group of 2 children to develop recording/organisation of written language - 5 classes x 60 mins x £16.75 x 45 weeks 2 children = £1,884.38*

### **Total cost of package:**

Teaching/specialist advisors £3,000

Teacher support in pairs £1,215

Individual teaching assistant time 1.5 hours £1,130.625

Paired work 11 hours £4,145.625

*Small group 5 hours £1,256.25*

Total £10,747.50





### Example 2: Ladder (level 4) top up £9,000; total £15,000 including notional SEN.

Child B is a generally healthy 5-year-old boy who has a diagnosis of Autism Spectrum Disorder. He presents with significant delays in social interaction and social communication. His combined communication difficulties are a barrier to the progress of making meaningful connections with a peer, participation in classroom discussion and academic success. It has a negative impact on his confidence at school, motivation at school and willingness to engage in new activities and/or social interactions.

#### **Child's views**

Child B likes to play with cars and on his tablet. Likes his own personal space, dinosaurs and farm animals as well as anything magnetic – letters, numbers etc. He loves dancing and will like to make more friends at school.

#### **Communication and interaction**

A 'Care plan' for communication will be provided to parents/carers and practised with education staff. A Care plan details smaller steps (short term goals) as well as specific strategies to achieving the outcomes detailed in Section E. This Care plan will be reviewed and updated on a termly basis. Child B will need to spend time in a pair or small group sessions to develop his attention and language skills, his awareness of his peers, his awareness of when it is his turn and that taking part can be fun and rewarding. This should be carried out for 20 minutes, four times a week by trained education staff. Colourful semantics will be used to develop his use of language development for both saying sentences and grammatical structures.

*Costs of setting up therapy package including modelling = £1,500*

*Attention and listening and social skills group - 1.3hr (20 mins x 4) x £16.74 x 45 weeks 3 children = £326.62*

#### **Social, Emotional and Mental Health**

Child B need access to an activity group promoting friendship and interaction around an area of interest, or more structured interaction skills through programme of cooperation such as: Ginger Bear -Time to Talk, Socialeyes, Board Games. Child B needs support through a programme of emotional literacy activities using programmes such as Transporters (Baron-Cohen). He benefits from visual emotional regulators such as 5 Point scale. Staff will introduce visual monitors of arousal such as barometer, a car engine and will use The Incredible 5 Point Scale to visualise regulation.

*Language and social interaction group - 5hr per week x £16.75 x 45 weeks 3 children = £1,256.25*

*Teaching Assistant to support 1:1 work transitions into tasks/breaking down tasks - 3 hr x £16.75 x 45 weeks = £2,261.25*



## **Cognition and Learning**

Child B requires an Autism friendly curriculum based on visual and structured tasks following and eclectic range of good practice but based on visual and structured learning using approaches in the TEEACH programme: including visual timetables, structured tasks etc. He will require an individual or small group Wave 3 programme of literacy and numeracy intervention to develop his skills and understanding.

*Paired activity run by a teaching assistant Literacy 5hr x £16.75 x 45 weeks 2 children = £1,884.375*

*Paired activity run by a teaching assistant Numeracy 5hr x £16.75 x 45 weeks 2 children = £1,884.375*

Literacy should be taught in a multisensory way following procedures of precision teaching and overlearning to ensure he is reaching fluency.

*Access to the sensory room to develop his attention and listening skills daily 5 hours x £16.75 x 45 weeks 3 children = £1,256.25*

*Child requires 1:1 support at lunch times to support him with eating lunch time 5 hours x £16.75 x 45 weeks = £3,768.75*

*2.5 hours break small group cover for break times = 2.5 hours x £16.75 x 45 weeks 3 children = £628.13*

### **Total Cost of Package:**

*Therapy programme £1,500*

*Individual teaching assistant time 8 hours £6,030*

*Paired work 10 hours £3,768.75*

*Small group 14 hours £3,467.25*

Total: £14,766.0



### Example 3: Ladder (level 7) top up £17,000; total £23,000 and over depending on individual need

Child C has a number of specific conditions including being registered as having severe sight impairment with minimal reaction to light but no vision. She has severe global developmental impairment and disordered breathing which means she needs to be supported by an oxygen pump 24/7. Child C reaches continuing care criteria due to her breathing difficulties and has a trained staff member supplied by the Clinical Commissioning Group to support her throughout the day. She cannot sit unaided or support her head independently for any length of time. Child C has a modified diet and needs to be fed by a trained staff member at lunch times and break times.

#### **Child's views**

Child C likes to explore sensory toys with her hands, such as the sparkly cloth. She enjoys musical toys and likes to play peek a-boo with adults. She enjoys listening to familiar music and rhymes and responds by smiling and laughing. She likes interacting with other people and laughs when people talk to her.

#### **Sensory, physical and health**

Adults to follow advice from Physiotherapists which might mean daily exercises overseen by a physio but implemented daily by adults involved in her care. This could also mean the use of physical resources such as a standing frame, specialist seating. Continued activities led by a teacher of Visually Impaired who can recommend strategies and equipment as required. Support to enable her to progress as a sight impaired child.

#### **Communication and Interaction:**

A high staff to pupil ratio throughout the entire school day as well as daily activities to be supported 1:1 to support her play and learning. Child C needs an adapted and multi-sensory curriculum. Daily opportunities to improve her play skills and ability to interact with and explore everyday objects and sensory play. Staff trained and familiar with use of specialist strategies such as total communication, intensive interaction, objects of reference, strategies.

#### **Cognition and Learning:**

Use of play activities which will help her develop her understanding of cause and effect that sustain her attention and encourage her early fine motor and problem-solving skills.

Total cost of package for child C would be the cost of a support staff member to assist at the times the health support is not available during break times, to support carrying out the physiotherapy programmes, to assist with access to the curriculum and for lunch and meal time assistance. This cost would exceed the resources on the ladder so would be individually costed as a full time trained teaching assistant, equipment and specialist teaching resources dependant on her learning environment.



## Appendix B: New Resource Ladder for Top Up funding for 2,3 & 4 year olds taking up their Free Early Education Entitlement (FEEE) with an EHCP

### **Good practice in Early Years Provisions including School nursery classes and Ofsted registered Childcare provision**

The SEND Code of Practice 2014 makes it clear that early years providers must have arrangements in place to support children with SEN or disabilities. These arrangements should include a clear approach to identifying and responding to SEN. (5.4).

All Early Years providers are required to have arrangements in place to identify and support children with SEN or disabilities and to promote equality of opportunity for children in their care. These requirements are set out in the EYFS framework.

EYs Practitioners are expected to employ the following strategies:

- 'Teaching' opportunities throughout the environment and within the curriculum, some additional support from a key person and/or another adult in the provision and a clear evidenced plan as part of a staged approach (assess, plan, do and review).
- Consultation advice accessed via the Early Years SEND team regarding onward assessment and onward referrals to external specialist services such as universal Children and Family Centre Speech and language services, specialised Speech and Language services, Occupational Therapy, Physiotherapy, and other NELFT/NHS services.
- Some differentiation of the learning environment and additional targets presented involving multisensory learning opportunities, considering the prime areas of learning, cognitive strength, and areas of development.
- Referral to Special Educational Needs Inclusion Funding (SENIF) to support child's needs prior to any referral for statutory assessment of Education, Health and Care needs (EHCP).
- Strategies employed to encourage engagement, i.e. pre-learning, individual support and assessment.
- Support to consist of small achievable steps that are measurable, and progress achieved is evidenced.
- Focused opportunities to offer teaching through the curriculum with access to regular small groups / enhanced support from additional staff.
- Language modelling and level of questioning is appropriately adjusted to developmental level to meet the needs of the child e.g. use of Makaton, visual timetables, and props
- Young Children who display behavioural difficulties should be referred to appropriate services, the learning environment offered to give opportunity for success and development of self-esteem



- For children with sensory needs which require emotional regulation, maintenance of attention and concentration, curriculum and learning environment is to give opportunity for building resilience and wellbeing.
- Children with autism to have structures in place to support their profile of need such as visual timetables, now and next boards- access to a calm space.
- Staff to access Early Years SEND team for additional information, advice and training.
- Specialist access equipment will be provided via SENIF application or any successive service. Staff will be trained to use any equipment effectively in the EYs provision.

EYs providers are expected to have implemented the strategies above as well as used SENIF funding as part of a staged approach before applying for an Education, Health and Care needs assessment. This will provide evidence that despite having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child including involving appropriate specialists and additional funding, the child has not made expected progress.

The table on page 7 is based on school aged children (reception and above) and is calculated on a child attending 25 hours a week, 38 weeks a year (equivalent to 950 hours per academic year or 1 full time equivalent (FTE) place).

The table below shows the resource ladder allocation adjusted pro rata to reflect **15 hours universal free early education entitlement (FEEE)** for nursery aged children. This takes into account, the core funding (FEEE hourly base rate) and the pro-rata of the EHCP funding to reflect 15 hours per week (which is equivalent to 0.6 FTE / 570 hours of a school aged child).

### 3 - 4 YEAR OLD UNIVERSAL FEEE PROVISION

EHCP RESOURCE ALLOCATION BASED ON 0.6FTE WHICH IS 15 HOURS PER WEEK OVER 38 WEEKS PER ANNUM = 570 HOURS

EHCP RESOURCE ALLOCATION				FEEE ALLOCATION		TOTAL ALLOCATION	
	A	B	C	D	E	F	G
Level	EHCP resource allocation for statutory school age child with an EHCP  (950 hrs per annum 1FTE)	Total annual pro rata funding allocation for a child taking up 15hrs FEEE with an EHCP  (0.6 FTE)  (A x 0.6)	Hourly Top-up funding for child with a EHCP  (B divided by 570 hrs annual FEEE provision)	FEEE hourly base rate *	Total annual FEEE base funding  (D x 570 FEEE hrs per annum)	Total annual funding allocation for a child taking up 15hrs FEEE with an EHCP  (B + E)	Total hourly rate of 15hrs FEEE Base Rate and EHCP Top-Up  (C+D)
1	£9,000	£5,400	£9.47	£5.00	£2,850	£8,250	£14.47
2	£11,000	£6,600	£11.58	£5.00	£2,850	£9,450	£16.58
3	£14,000	£8,400	£14.74	£5.00	£2,850	£11,250	£19.74
4	£15,000	£9,000	£15.79	£5.00	£2,850	£11,850	£20.79
5	£21,000	£12,600	£22.11	£5.00	£2,850	£15,450	£27.11
6	£23,000	£13,800	£24.21	£5.00	£2,850	£16,650	£29.21
7	Above £23,000						

\* Please note, the FEEE hourly base rate for Maintained Nursery Schools (MNS) from 1 April 2021 will be £6.71, therefore, the funding split in the above table will need to be adjusted for MNS to take their base hourly rate into account.



For those families eligible for the **Working Family entitlement of 30 hours of FEEE per week**, the table below shows the resource ladder for nursery aged children. This takes into account, the core funding (FEEE hourly base rate) and the pro-rata of the EHCP funding to reflect 30 hours per week (which is equivalent to 1.2 FTE / 1140 hours of a school aged child).

<b>3 - 4 YEAR OLD EXTENDED / WORKING FAMILY FEEE PROVISION</b>							
EHCP RESOURCE ALLOCATION BASED ON 1.2FTE WHICH IS 30 HOURS PER WEEK OVER 38 WEEKS PER ANNUM = 1140 HOURS							
<b>EHCP RESOURCE ALLOCATION</b>			<b>FEEE ALLOCATION</b>		<b>TOTAL ALLOCATION</b>		
	A	B	C	D	E	F	G
Level	EHCP resource allocation for statutory school age child with an EHCP  (950 hrs per annum 1FTE)	Total annual pro rata funding allocation for a child taking up 30hrs FEEE with an EHCP  (1.2 FTE)  (A x 1.2)	Hourly Top-up funding for child with a EHCP  (B divided by 1140 hrs annual FEEE provision)	FEEE hourly base rate *	Total annual FEEE base funding  (D x 1140 FEEE hrs per annum)	Total annual funding allocation for a child taking up 30hrs FEEE with an EHCP  (B + E)	Total hourly rate of 30hrs FEEE Base Rate and EHCP Top-Up  (C+D)
1	£9,000	£10,800	£9.47	£5.00	£5,700	<b>£16,500</b>	<b>£14.47</b>
2	£11,000	£13,200	£11.58	£5.00	£5,700	<b>£18,900</b>	<b>£16.58</b>
3	£14,000	£16,800	£14.74	£5.00	£5,700	<b>£22,500</b>	<b>£19.74</b>
4	£15,000	£18,000	£15.79	£5.00	£5,700	<b>£23,700</b>	<b>£20.79</b>
5	£21,000	£25,200	£22.11	£5.00	£5,700	<b>£30,900</b>	<b>£27.11</b>
6	£23,000	£27,600	£24.21	£5.00	£5,700	<b>£33,300</b>	<b>£29.21</b>
7	Above £23,000						

\* Please note, the FEEE hourly base rate for Maintained Nursery Schools (MNS) from 1 April 2021 will be £6.71, therefore, the funding split in the above table will need to be adjusted for MNS to take their base hourly rate into account.



For those families eligible for **2 year old funded place of 15 hours of FEEE per week**, the table below shows the resource ladder for nursery aged children. This takes into account, the core funding (FEEE hourly base rate) and the pro-rata of the EHCP funding to reflect 15 hours per week (which is equivalent to 0.6 FTE / 570 hours of a school aged child).

<b>2 YEAR OLD FEEE PROVISION FOR DISADVANTAGED CHILDREN</b>							
EHCP RESOURCE ALLOCATION BASED ON 0.6 FTE WHICH IS 15 HOURS PER WEEK OVER 38 WEEKS PER ANNUM = 570 HOURS							
<b>EHCP RESOURCE ALLOCATION</b>				<b>FEEE ALLOCATION</b>		<b>TOTAL ALLOCATION</b>	
	A	B	C	D	E	F	G
Level	EHCP resource allocation for statutory school age child with an EHCP  (950 hrs per annum 1FTE)	Total annual pro rata funding allocation for a child taking up 15hrs FEEE with an EHCP  (0.6 FTE)  (A x 0.6)	Hourly Top-up funding for child with a EHCP  (B divided by 570 hrs annual FEEE provision)	FEEE hourly base rate for 2 YOs	Total annual FEEE base funding  (D x 570 FEEE hrs per annum)	Total annual funding allocation for a child taking up 15hrs FEEE with an EHCP  (B + E)	Total hourly rate of 15hrs FEEE Base Rate and EHCP Top-Up  (C+D)
1	£9,000	£5,400	£9.47	£5.82	£3,317	<b>£8,717</b>	<b>£15.29</b>
2	£11,000	£6,600	£11.58	£5.82	£3,317	<b>£9,917</b>	<b>£17.40</b>
3	£14,000	£8,400	£14.74	£5.82	£3,317	<b>£11,717</b>	<b>£20.56</b>
4	£15,000	£9,000	£15.79	£5.82	£3,317	<b>£12,317</b>	<b>£21.61</b>
5	£21,000	£12,600	£22.11	£5.82	£3,317	<b>£15,917</b>	<b>£27.93</b>
6	£23,000	£13,800	£24.21	£5.82	£3,317	<b>£17,117</b>	<b>£30.03</b>
7	Above £23,000						