

Matching Provision to Need.

A tool to support schools and early years settings

0 – 5 years version

A TOOL TO SUPPORT SCHOOLS AND EARLY YEARS SETTINGS WHEN IDENTIFYING AND MAPPING PROVISION FOR CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND)



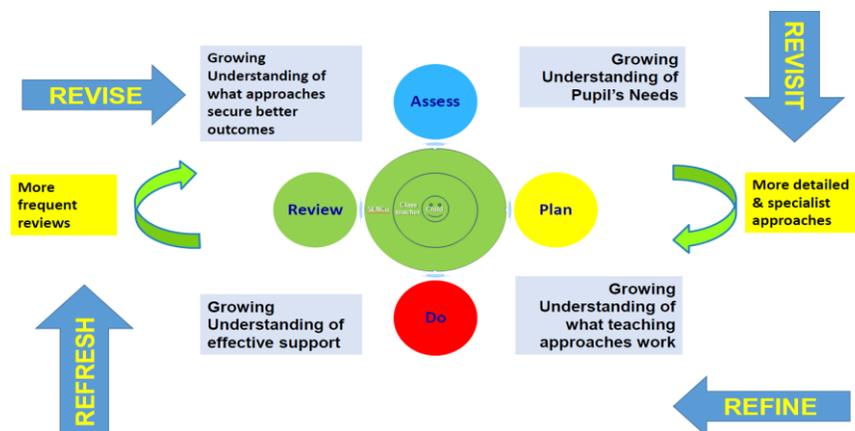
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Guidance on using Manchester's Matching Provision to Need Tool (MPNT) for schools

The Children and Families Act (Part 3) (2014) sets about a significant number of cultural and systematic changes which are designed to improve outcomes for children and young people with special educational needs and disability (SEND). The Matching Provision to Need Tool (MPNT) has been reviewed to account for the statutory guidance on duties, policies and procedures in the Special Educational Needs and Disability (SEND) code of practice: 0 – 25 years which replaced the former Code on 1 September 2014. The EYFS framework sets out the requirements of all early years providers to have arrangements in place to identify and support children with SEND and to promote equality opportunity for children in their care. The 'Early Years Outcomes' assists practitioners, including child minders and nurseries and other settings to help them understand the outcomes they should be working towards. The code of practice (2014) makes it clear that SEN support in Early Years settings should be through a graduated approach with four stages of action: assess, plan, do and review. This is referred to as the 'graduated response'. The MPNT compliments this approach recognising that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be accessed to assist the child with the difficulties they are experiencing. (Code of Practice 2014).

The Graduated Response



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Many Early Years providers including schools and settings have been involved in reviewing the Matching Provision to Need Tool and have given up their valuable time to do this. We extend our grateful thanks and appreciation for their valuable contributions.

Purpose of the Matching Provision to Need Tool

There is one MPNT tool for children and young people aged between 0 and 25 years which is separated into three separate suites:

- 0-5 years
- 5-14 years
- 14- 25 years

The 0-5 years MPNT has been developed to support Early Years providers to identify the levels of need and the provision they should make to support children with SEND in their school or setting. This MPNT differs in presentation from the 5-14 and 14-25 versions so that it can be used alongside the Early Years (EYS) framework. EYS specialists have been consulted about this and have agreed that this is the best way to support staff when considering children aged 0-5years.

Within each section, descriptors are mapped along a continuum. Early Years providers are no longer required to record on early years action / early years action plus so the points on this continuum are:

- Normative developmental indicators
- Indicators that give cause for concern
- Significant indicators that identify the need for additional support;

The tool is separated into the four areas of need referred to in the SEND code of practice (2014). These broad areas give an overview of the range of needs that should be planned for and are:

- Cognition and Learning
- Social, Emotional and Mental Health difficulties
- Communication and interaction
- Physical needs

Description of the Matching Provision to Need Tool

- Each matching provision to need tool is a different colour and alters in shade as the child moves along the continuum.

Each tool suggests at which points on the continuum, the child has not made the expected progress which gives concern or identifies when additional support may be needed for individual children.

Funding

- Early years providers are responsible for considering how best to use their resources to support the progress of children with SEND. Local Authorities are required to ensure that all providers delivering funded early education places meet the needs of children with SEND and should make sure funding arrangements for early education reflect the need to provide suitable support for these children (Code of Practice 2014).
- Where a child goes through statutory assessment and an Education, Health and Care plan is agreed, top up funding (element 3) will be agreed to meet the outcomes detailed in the plan.
In *very* exceptional circumstances a school or early years setting can apply for a time limited 'Temporary Agreement for Element 3 funding' whilst statutory assessment is being considered.

Using the Matching Provision to Need Tool

The MPNTs are **not** to be used as an assessment tool for individual children. Schools and early years settings should use the information and knowledge they have about a child from ongoing assessment, observation and child progress reviews to profile the child's needs and provision requirements. This process should involve parents/carers and professionals involved with the pupil.

Many children will have needs which span the different categories of SEND and more than one MPNT may be needed to identify the provision required. However, in most cases by using a '**best fit**' approach to the descriptors, the MPNTs will enable the school or early years setting to identify the primary need of an individual child.

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At the heart of the SEND reforms (2014) is the participation of children and their parents in decision making and it is still therefore considered good practice to share the MPNT with parents/carers. Case studies have shown that where the MPNT has been shared with parents/carers they have better understanding about what provision the school or early years setting has put in place to meet their child's needs and the rationale for this.

Schools and early years settings should use the MPNTs to assist with decision making about when to seek specialist advice, when to access more specialist support and when to make a request to the Local Authority for a statutory assessment. When making a request to the Local Authority for additional resources, schools and early years providers will be required to evidence that they have adopted a graduated response similar to that described in the MPNTs in their planning appropriate provision.

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Glossary of terms used in the MPNT

- **SMART targets** – specific measurable achievable realistic times
- **CAF**- Common assessment framework
- **Specialist services** - outreach/in reach from special schools, support from sensory services [hearing/visual impairment] or other SEND services.
- **EHC plan** – Education Health and Care Plan
- **MCAF** – Manchester Common Assessment Framework
- **EP** – educational psychologist/educational psychology
- **CAMHS** - Child and Adolescent Mental Health Services
- **SCAIT** - social communication assessment and intervention team
- **PECS** - picture exchange communication system
- **AAC** - augmented or assisted communication
- **SEBD** - social and emotional behavioural difficulties
- **SLI** - specific language impairment
- **EAL** - English as an additional language
- **ToD** - teacher of the deaf
- **SALT** - speech and language therapist
- **OT**- Occupational therapist

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- **SENCO** – special educational needs coordinator
- **TA** - teaching assistant
- **PSHE** – personal social health education

Social, Emotional and Mental Health

Personal, Social and Emotional Development

Children need to experience trusting relationships to foster their desire to be with other children and adults. In this context we can support children developing an awareness of their feelings and how to manage these incorporating appropriate behaviours. The adult's role is to nurture the child's self-confidence and self – awareness.			
Age band	Normative developmental indicators	Indicators that give cause for concern	Significant indicators that identify the need for additional support.
Birth – 11 months	Babies respond to adult attention, copying facial movements. They seek physical and emotional comfort by snuggling in to a trusted adult.	Babies are occasionally responsive to adults, smiling back at familiar adults. They are not always comforted by the sensitive touch or voice of an adult.	Babies progress is minimal they are primarily unresponsive to adults or children. They express only a slight emotional or physical response to engagement with others or activities.
8 – 20 months	Babies and toddlers actively seek to engage with adults, engaging in turn taking games e.g. 'peek a boo'.	Babies and toddlers are impassive to most forms of stimulation provided. They are mostly indifferent to the adult's attempts to engage or comfort them.	Babies and toddlers have difficulty in relating to others and forming attachments. They show no response to simple boundaries such as 'yes', 'no' and are unable to sooth themselves.
16 – 26 months	Young children are beginning to play alongside others. They begin to demonstrate the urge do things for themselves.	Yong children's level of engagement with others is brief. They display some difficulty in being with others.	Young children play in isolation, displaying difficulty when others attempt to engage them. They either flit or are fixated in their play, unable to share space or resources with others.
22 – 36 months	Children show affection towards special people. They seek out others to share experiences, expressing their feelings.	Interventions to support children in engaging with others have little impact on outcomes. Incidents of frustration are increasing despite the support of a sensitive adult.	Children's display difficulty in regulating their emotions with sudden episodes of hostility towards others. They find change challenging even with adult support.
30 – 50 months	Children initiate group play in a friendly manner, aware of their own feelings and others. They will self-select activities and value praise.	Children supported in group play continue to present with difficulties. They are non-compliant or impassive to the situation.	Children rarely make eye contact with others and display unwanted behaviours in a group situation. They rarely seek attention, recognition for achievement or approval of behaviour from adults
40- 60 months	Children have a strong sense of who they are with regard for those around them. They confidently organise their world working within set boundaries.	Children have no immediate sense of self. Their play is solitary with little or no awareness of those around them. They have some difficulty following routines and understanding boundaries	Children play is confined for long periods on a self-selected, limited activity. Behaviours are repetitive and they are deeply focused in their own world.

Physical/Medical

Physical Development

<p>Early childhood is a significant period of growth in both fine and gross motor development. Children develop in a holistic manner; physical activity in early years can enhance concentration, motivation, learning and well-being. The adult has an important role in providing opportunities for physical play in order to promote fine and gross motor skills.</p>			
Age band	Normative developmental indicators	Indicators that give cause for concern	Significant indicators that identify the need for additional support
Birth – 11 months	Babies quickly become aware of their own bodies with rapid gross motor development. They enjoy exploring toys with all their senses.	Babies are slow to discover their hands or feet. They can't reach for or grasp toys. Babies have difficulty supporting their head by themselves. They are slow to weight bear on their legs and may have either stiff or floppy limbs.	Babies don't follow moving object with their eyes. They have difficulty in supporting their head. Babies make no attempt to roll over, reach out or move limbs freely. They are unresponsive to physical contact and care.
8 – 20 months	Babies begin to put food and cup to their mouth. They start to pull themselves up, crawl and walk. They hold and pass objects between hands.	Babies show no sign of crawling or bottom shuffling. Despite interventions they are unable to stand with support and their head may flop back when you pull baby to a sitting position.	Babies don't follow objects or adults with their eyes, head or body. They don't use gestures such as waving to gain attention or as part of a game such as 'Peek a boo'.
16 – 26 months	Young children walk steadily; they enjoy moving to music and exploring different ways to move their body. They are alert to bowel and bladder experience.	Opportunities to practice a range of movements have slow or little impact on development. Young children have difficulty throwing balls, passing objects between hands. They display no awareness of bowel or bladder movements.	Increased intervention has little or no impact on gross and fine motor development. Muscle tone may be tight or loose, movements may be jerky or disconnected. Muscle strength may be poor and children may not be able to withstand pressure on their body.

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<p>22 – 36 months</p>	<p>Children climb with increased dexterity and fine motor skills are developing. They clearly indicate their need for the toilet, increasing independence with self-care needs.</p>	<p>Children need to have over and above opportunities to practice physical skills such as cycling, running, jumping, climbing, going through tunnels. Little or no progress is made with self-care needs.</p>	<p>Children have difficulty controlling movement and/or balance. Additional adult support is needed to support children in accessing activities safely and their self-care needs are met by the adult, they drool persistently.</p>
<p>30 – 50 months</p>	<p>Children have good balance and move freely and imaginatively. They can thread small beads and use a pencil with good control</p>	<p>Children are unable to use stairs, or move around in total independently. Manipulation or grasping of small objects, holding own cup or spoon is difficult.</p>	<p>Full adult support is needed to give children opportunities to physical activities. Adults require specialist support to move children safely. Children need feeding and changing by an adult.</p>
<p>40- 60 months</p>	<p>Children move with confidence and skill and have good special awareness. They handle small tools skilfully. Children keep themselves safe without constant adult direction</p>	<p>Small steps may be made with repetitive action directed by adult. Children might be unsteady when they walk. They may have difficulty with quick movements or movements that need a lot of control, like writing.</p>	<p>Children require equipment to support the adult moving them. Control of arms/hands may be difficult when they reach for something. Specific dietary needs and the ability to eat physically is challenging to the child.</p>

Communication and Interaction

Communication, Language and Literacy

From birth we are social beings, ready to communicate. The way we communicate relies on verbal and non-verbal expressions; children learn to communicate in various ways and at different rates. The adult’s role is to scaffold the child’s development; communication needs to be purposeful and unique to each individual child. Early identification and intervention is essential to a child’s language development and a positive impact on their future outcomes.

Age band	Normative developmental indicators	Indicators that give cause for concern	Significant indicators that identify the need for additional support.
Birth – 11 months	Babies turn their head towards sounds, own name and look intently at adults. They begin to communicate needs and lift arms in anticipation of being picked up.	Babies don’t always let you know when they are happy or sad. Little or no sounds are made, cooing or babbling. They may not reach out for interactions. Sudden sounds fail to startle babies.	Close interactions, facial expressions with significant adults result in little response. Laughter when stimulated, crying when hungry is not observed. Babies don’t react to loud noises.
8 – 20 months	Fleeting attention under new stimuli. Begins to understand familiar gestures. Communicates needs in a variety of ways.	Babies remain fixed on activity when new sights and sounds appear. They are slow to respond and imitate sounds others make and don’t vary pitch when babbling. Do not always respond to own name or look to where you are pointing.	Babies are not waving, pointing or shaking head to communicate. They do not say “mama or dada” or practise using consonants like p or b. When sharing a book they don’t always point to things of interest.
16 – 26 months	Young children engage in rhymes and books. They understand simple sentences and will find objects on request. Children begin to put two or more words together and ask questions.	Young children don’t understand or respond to words like “no” and “bye bye” or simple directions. They are not communicating when they need help. The acquisition of one new word a week or command of 6 words is absent.	During rhyme time children don’t attempt to join in or display enjoyment or imitate words and actions. Cannot point to at least one body part. When sharing a book they cannot point to named pictures. Children do not use one/two words.

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<p>22 – 36 months</p>	<p>Children listen attentively to stories and will repeat favourite phrases. They are beginning to understand complex sentences and will use simple sentences.</p>	<p>Imaginative play is incomplete, despite repetitive role modelling by adults. Children have difficulty imitating actions and words. Adults may have difficulty understanding words used. Children may have difficulty understanding short instructions.</p>	<p>Following adult intervention children are unable to speak in short phrases, any speech is unclear. Language is used solely to get needs met, there is no conversational interchange. They have great difficulty joining in an adult led group activity.</p>
<p>30 – 50 months</p>	<p>Children listen to others and follow directions and instructions. They use a range of tenses and intonation and are learning new words rapidly.</p>	<p>Familiar adults have difficulty understanding children and interventions make small steps. Children may have difficulty pronouncing the sound in words. The use of non-verbal communication makes some contribution to holistic learning.</p>	<p>Children use very few or no words, they may display some understanding of what is being communicated to them. Non-verbal forms of communication appear to support understanding.</p>
<p>40- 60 months</p>	<p>Children can concentrate for periods. They use complex sentences linked to thoughts and ideas. Children link sounds to letters and begin to read words and form recognisable letters.</p>	<p>Children use sentences of two/three words, which may be unclear. They have difficulty understanding a two part command with prepositions, under, or on. They hold a pencil and make some random marks on paper.</p>	<p>Children lack concentration during adult led activity. Significant adaptations are needed to include children in all aspects of learning. Communication is extremely limited children may not be able to give their first name.</p>

Cognition and Learning

Mathematics, Understanding the World, Expressive Arts and Design

Cognitive development refers to the intellectual development of a child where children learn to process their thoughts, including remembering, recalling, reproducing, problem solving and decision making. Cognitive development in babies and young children is a time of extraordinary growth and development. Through a holistic approach to learning adults can have a constructive impact on children's cognitive development.			
Age band	Normative developmental indicators	Indicators that give cause for concern	Significant indicators that identify the need for additional support.
Birth – 11 months	Babies notice when objects are removed from sight. They are willing to explore with their eyes, mouth and hands and recognise familiar carers	Babies are unwilling to interact to basic interaction from their carer. They may not notice or be stimulated by features in the environment, communication and play time.	Babies appear expressionless to repeated facial interactions. Objects fail to hold babies attention or stimulate enjoyment. Well established routines do not support emotional security for baby.
8 – 20 months	Babies are becoming aware of numbers names through rhyme. Babies learn the cause and effect their own voice has on others.	Babies may be reluctant to play with multiple toys. During adult communication with babies they may fail to mimic adult actions/communications.	Babies have difficulty following objects or people with eyes. They may turn, tilt or hold their head in a strained or unusual position. Playing with objects only occurs with adult support.
16 – 26 months	Young children make connections between their movements and the marks they make. They remember where objects belong. They understand simple sentences.	Young children display little purpose in their play. Adults need to direct investigation of objects. Verbal communications need visual clues to support understanding.	Young children remain fixed, using repetitive actions on the same activity for prolonged periods. Minimal verbal communication or gestures used to engage with adults or children.
22 – 36 months	Children express a preference in play using newly acquired words to communicate interests. They are developing an understanding of some simple concepts e.g. big/little.	Children have difficulty understanding some actions may hurt others and do not always recognise danger. The acquisition of new language is slow and their imaginative play is undeveloped despite adult intervention.	Children do not express physical states e.g. hunger, thirst, soiled. They don't engage in symbolic play such as using a block as a phone. They are unable to follow two/three part directives and attention is not maintained on specific activity for at least 10 minutes.
30 – 50 months	Children gain more control of bowel and bladder. They listen to stories with increasing attention and recall and may suggest how stories may end.	Children's do not register an awareness of bowel/bladder movements. They have difficulty recognising and or naming familiar objects in books. A high level of	Children do not interact with others during play e.g. approaching others to play, giving eye contact, sharing space, resources. They may not respond to own name or link verbal

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		adult support is required in helping children follow routine.	communications and clues to familiar tasks such as going out to play and putting coat on.
40- 60 months	Children use talk to organise sequences and clarify thinking and ideas. They order two or three items by length or height and can recognise and select numerals 1 to 5.	Children display little or no recall of recent activity, adult intervention secures little progress. Children have difficulty matching, ordering or placing objects. Organising and expressing thoughts and ideas is difficult for children.	Significant adult involvement does not support children's progress in memory, problem solving and understanding. Children make little or no progress. Adult's use of various strategies to support development has little or no impact on children's outcomes.