

# Matching Provision to Need.

## A tool to support schools and early years settings

0 – 5 years version

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



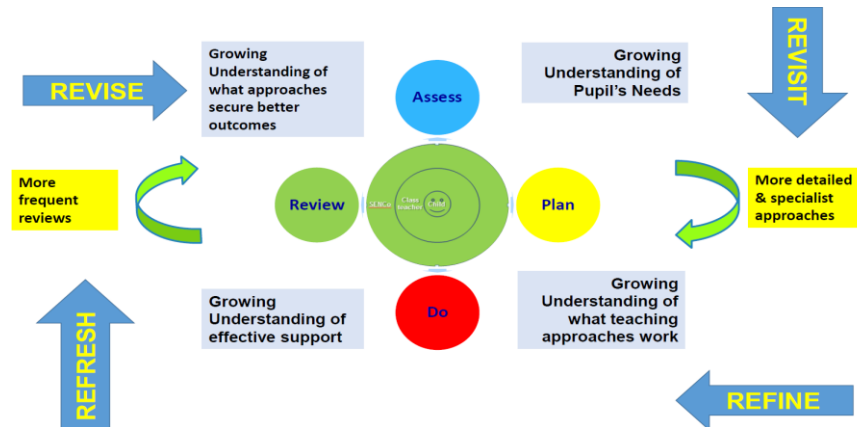
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### **Guidance on using Manchester's Matching Provision to Need Tool (MPNT) for schools**

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. It also takes into consideration the Equality Act (2010), referenced throughout the SEND code of practice (2014), for those children and young people who have a disability and who also require special educational provision. The EYFS framework sets out the requirements of all early year's providers to have arrangements in place to identify and support children with SEND and to promote equality for children in their care. The 'Early Years Outcomes' assist 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'. In their response, Early Years settings must use their "best endeavours" to ensure that children and young people with SEND get the support they need by making "reasonable adjustments" (Equality Act, 2010) to offer provision that is "additional to and different from" that made generally for others of the same age (Code of Practice, 2014). Such provision should be outlined within a provision map which identifies individual needs and the provision required to support that need. This provision must reflect the setting's high aspirations to enable individuals to fulfil their potential. 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



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
- Primary and Secondary
- 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. In addition, the tool can also support conversations between Health Visitors, EYs Practitioners and Parents/Carers as part of the “integrated review”, in order to promote an integrated approach to the review at aged two

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years. This will enable early intervention when concerns regarding a child's development arise. This integrated approach supports the principles of the Early Years New Delivery Model to secure improvements in children's school readiness.

This MPNT differs in presentation from the Primary and Secondary 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. 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.

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

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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.

### Glossary of terms used in the MPNT

- **SMART targets** – specific measurable achievable realistic timed
- **EHA**- Early Help Assessment
- **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
- **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
- **SEMH** – social, emotional and mental health difficulties
- **DLD** – Developmental Language Disorder
- **EAL** - English as an additional language
- **ToD** - teacher of the deaf
- **SALT** - speech and language therapist
- **OT**- Occupational therapist
- **SENCO** – special educational needs coordinator



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- **SEND**CO – special educational needs and/or disabilities co-ordinator
- **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.
<b>Birth – 11 months</b>	Babies enjoy the company of others. They respond to adult attention, copying facial movements. They respond when talked to e.g. changes in facial expressions and moves body/mouth. They respond to what the carer is paying attention to e.g. following their gaze. They seek physical and emotional comfort by snuggling in to a trusted adult. They can show a range of emotions e.g. pleasure, fear and excitement and can react to other people’s emotions. They use voice, gesture, eye contact and facial expression to make contact with people and keep their attention	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.
<b>8 – 20 months</b>	Babies and toddlers actively seek to engage with adults, engaging in turn taking games e.g. ‘peek a boo’. They interact with others when supported by a familiar person. They learn that their own voice and actions have effects on others. They use pointing with eye gaze to make requests, and to share an interest. They are aware of their own feelings, and they begin to accept the needs of others. They can usually tolerate delay when needs are not immediately met and can usually adapt behaviour to different events, social situations and changes in	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.

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	<b>routine.</b>		
<b>16 – 26 months</b>	Young children are beginning to play alongside others. They begin to demonstrate the urge to do things for themselves.	Young 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.
<b>22 – 36 months</b>	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 display difficulty in regulating their emotions with sudden episodes of hostility towards others. They find change challenging even with adult support.
<b>30 – 50 months</b>	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
<b>40- 60 months</b>	Children have a strong sense of who they are with regard for those around them. They will confidently initiate conversations, attend to and take account of what others say, negotiating and finding compromise to resolve conflict. They confidently organise their world, seeking support when it is required, whilst working, as part of their group or class, within set boundaries and behavioural expectations. They adjust their behaviour to different situations, and take changes of routine in their stride.	Children have no immediate sense of self. Their play is solitary with little or no awareness of those around them. They can find themselves in situations of conflict, struggle to overcome this without adult intervention and they have little understanding of the effect their behaviours have on others. They have some difficulties understanding boundaries, rules and have some difficulty following routines; often struggling with change. They can find it difficult to maintain focus and attention and can struggle to sit for any length of time.	Children’s play is confined for long periods on a self-selected, limited activity. Behaviours are repetitive and they are deeply focused in their own world. They can display highly unpredictable, challenging behaviours and can generally appear unhappy. They lack awareness of the impact their behaviours can have on others and struggle to form relationships with others. They routinely disrupt activities throughout the day, have no understanding of boundaries and rules and cannot manage changes in routine. They cannot maintain focus and attention and cannot sit for any group situations.

## 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 cannot 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 do not 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 and toddlers begin to put food and their cup to their mouth. They start to pull themselves up, crawl and walk. They hold and pass objects between hands.	Babies and toddlers show no sign of crawling or bottom shuffling. Despite interventions they are unable to stand with support and their head may flop back when they are supported to a sitting position.	Babies and toddlers do not follow objects or adults with their eyes, head or body. They do not 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 practise a range of movements have little impact on development. Young children have difficulty throwing balls, passing objects between hands. They display no awareness of bowel or bladder experience.	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><b>22 – 36 months</b></p>	<p><b>Children climb with increased dexterity and fine motor skills are developing. They clearly indicate their need for the toilet and show increasing independence with self-care needs.</b></p>	<p><b>Opportunities to practise physical skills such as cycling, running, jumping, climbing, going through tunnels has little impact on development. Little or no progress is made with self-care needs.</b></p>	<p><b>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.</b></p>
<p><b>30 – 50 months</b></p>	<p><b>Children have good balance and move freely and imaginatively. They can thread small beads and use a pencil with good control</b></p>	<p><b>Children are unable to use stairs, or move around independently. Manipulation or grasping of small objects, including holding their own cup or spoon, is difficult.</b></p>	<p><b>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.</b></p>
<p><b>40- 60 months</b></p>	<p><b>Children move with confidence and skill and have good spatial awareness. They handle small tools, objects, construction and malleable materials skilfully. They have identified a dominant hand and are using a pencil skilfully to mark make and form recognisable letters, with many formed correctly. Children show an understanding of keeping healthy, including good practices with regard to eating, exercise, sleeping and personal hygiene. They can keep themselves safe without constant adult direction.</b></p>	<p><b>Small steps may be made with repetitive action when directed by an adult. Children might be unsteady when they walk. They may have difficulty with quick movements or movements that need a lot of control, including mark making and writing. Children show little understanding of keeping healthy, including self-care and personal hygiene. They require adult support to keep safe.</b></p>	<p><b>Equipment is required to support adults to move children safely. It may be difficult for children to control their arms and hands when they reach for something. They have specific dietary needs and the ability to eat is physically challenging for them. They require constant adult care for self-care and to support them to keep safe.</b></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 are essential to a child's language development and have 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.
<b>Birth – 11 months</b>	Babies turn their head towards sounds, their own name and to look intently at adults. They begin to communicate needs and lift arms in anticipation of being picked up.	Babies do not always let you know when they are happy or sad. Little or no sounds are made, including cooing or babbling. They may not reach out for interactions. Sudden sounds fail to startle babies.	Close interactions, and facial expressions, with significant adults result in little response. Laughter when stimulated, crying when hungry is not observed. Babies do not react to loud noises.
<b>8 – 20 months</b>	Babies and toddlers show fleeting attention under new stimuli. They begin to understand familiar gestures. They communicate needs in a variety of ways.	Babies and toddlers remain fixed on an activity when new sights and sounds occur. They are slow to respond and imitate sounds others make and do not vary pitch when babbling. They do not always respond to their own name or look to where an adult is pointing.	Babies and toddlers do not wave, point or shake their head to communicate. They do not say "mama or dada" or practise using consonants such as p or b. When sharing a book, they do not often point to items of interest.
<b>16 – 26 months</b>	Young children engage in rhymes, songs and in sharing books. They understand simple sentences and will find objects on request. Children begin to put two or more words together when speaking and will ask questions.	Young children can struggle to engage in rhymes, songs and in sharing books. They do not understand or respond to familiar words and phrases including "no" and "bye bye". They do not respond to simple directions or instructions. They do not communicate their own needs. The acquisition of one new word a week or a command of six words is absent.	Young children do not engage in rhymes and songs and do not show enjoyment or imitate words and actions. They cannot point to at least one body part. When sharing a book, they cannot point to named pictures. Children do not use single words or two word phrases to

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			<b>communicate.</b>
<b>22 – 36 months</b>	Children listen attentively to stories and will repeat favourite phrases. They are beginning to understand complex sentences and will use simple sentences.	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.	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.
<b>30 – 50 months</b>	Children listen to others and follow directions and instructions. They use a range of tenses and intonation and are learning new words rapidly.	Familiar adults have difficulty understanding children and interventions make little progress. Children may have difficulty pronouncing the sound in words. The use of non-verbal communication makes some contribution to holistic learning.	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.
<b>40- 60 months</b>	Children can maintain attention and concentrate during appropriate activity; they can listen and do for short periods of time. They listen to, understand and respond appropriately to stories including answering “how and why” questions. They understand humour. They engage appropriately in conversations. They are developing their vocabulary and use language to imagine and recreate. They use talk to organise, sequence and clarify thinking, ideas, feelings and events. They respond to instructions involving a two-part sequence. They use complex sentences linked to thoughts and ideas. Children link sounds to letters and begin to read words and form recognisable letters.	Children struggle to maintain attention and concentration during adult led activities. Children use sentences of two/three words, which may be unclear. They are struggling to develop their vocabulary, including the use of prepositions e.g. under, or on. They have difficulty understanding a two-part sequence. They use single words and short phrases, alongside non-verbal gestures, to communicate. They are struggling to link sounds to letters and to mark make and form recognisable letters.	Children lack attention and 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.



## 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. They recognise familiar carers	Babies are unwilling to engage in basic interactions with 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 their attention or to stimulate enjoyment. Well established routines do not support their emotional security.
8 – 20 months	Babies and toddlers are becoming aware of number names through rhyme. Babies learn the cause and effect their own voice has on others.	Babies and toddlers may be reluctant to play with multiple toys. During adult communication with babies they may fail to mimic adult actions/communications.	Babies and toddlers 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 cues 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, bowel and bladder movements. They do not engage in symbolic play such as using a block as a phone. They are unable to follow two- or three-part instructions 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	Children’s do not register an awareness of bowel/bladder movements. They have difficulty recognising and or naming	Children do not interact with others during play e.g. approaching others to play, giving eye contact, sharing space, resources. They may not



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	<p>suggest how stories may end.</p>	<p>familiar objects in books. A high level of adult support is required in helping children follow routine.</p>	<p>respond to own name or link verbal communications and clues to familiar tasks such as going out to play and putting coat on.</p>
<p>40- 60 months</p>	<p>Children use talk to organise sequences and clarify thinking and ideas. They have a good understanding of phonological awareness; they can continue a rhyming string, are developing sound-symbol correspondence, can blend and segment sounds in simple words and they are beginning to read simple words. They are beginning to use the language of books and are enjoying an increasing range of books and can talk about what they have read. They begin to use clearly identifiable letters to communicate meaning, can write their own name, captions and labels and attempts to write short sentences in meaningful contexts. They are beginning to name 2D and 3D shapes, can order two or three items by length or height and can recognise and select numerals 1 to 5.</p>	<p>Children display little or no recall of recent activity, adult intervention secures little progress. They have difficulties with phonological awareness and are struggling with sound-symbol correspondence as well as blending and segmenting. Children have difficulty matching, ordering or placing objects. Organising and expressing thoughts and ideas is difficult for children.</p>	<p>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.</p>