



Area of Need	Universal and Universal +	Targeted and Targeted +	Specialist
Cognition and Learning	• Learning planned around developmental stage, interests and strengths rather than chronological age alone. • Play-based, hands-on exploration with warm, responsive adult interaction and shared attention. • Key person uses observation, interaction and parent/carer dialogue to inform planning and review. • Simple language, repetition, modelling, real objects, visual cues and small manageable steps embedded in routines. • Opportunities for children to practise and generalise skills across play, routines, indoor and outdoor provision.	• Focused observations across free play, adult-led activities, outdoor learning and transitions to identify barriers. • SENDCo involvement where progress remains limited despite embedded Universal and Universal Plus provision. • Small-step developmental outcomes recorded on a SEND Support Plan and reviewed termly or half-termly with families. • Structured play-based small-group or individual support for attention, memory, early thinking, problem-solving, literacy or numeracy. • Overlearning, repetition and adult scaffolding planned across the day to support retention and confidence.	• Highly individualised, specialist-informed planning focused on engagement, access and developmental readiness. • Learning reduced to a small number of priority outcomes, broken into tiny achievable steps. • Sustained adult support and repeated meaningful experiences used to build engagement and early independence. • External professional advice, such as Educational Psychology, Portage/Preschool or specialist teacher input, embedded in daily provision. • Progress recognised through small gains in engagement, participation, security, communication and readiness to learn.
Communication and Interaction	• Language-rich, communication-friendly provision with songs, stories, rhymes, gestures, objects, photos and repetition. • Adults notice, interpret and respond to verbal and non-verbal communication within play and routines. • Children are given time to process, respond and communicate in their own way. • Interaction is supported through shared attention, turn-taking, modelling and following the child's interests.	• Focused support for listening, attention, understanding, expressive language, play and peer interaction. • Pre-teaching/revisiting key words, routines and phrases using real objects, visuals and meaningful contexts. • Planned small-group interaction opportunities and adult-supported play to practise communication across contexts. • Use of now/then boards, visual routines, social stories, symbols, objects of reference or communication boards as needed.	• Communication support is intensive, sustained and central to the child's day, not an isolated activity. • Individualised systems such as Makaton, PECS, AAC, symbols or objects of reference used consistently where appropriate. • Activities and interactions broken into tiny, adult-supported steps with continuous repetition to maintain emerging skills. • Highly predictable routines and familiar adults support communication, regulation and participation.



	Careful consideration of EAL, developmental stage and wider experiences when identifying communication needs.	Advice from SALT, Portage/Preschool or other professionals used to inform targeted approaches.	Specialist advice is embedded across play, routines, transitions and home-setting communication.
Social, Emotional and Mental Health	- Behaviour understood as communication; adults respond with curiosity, warmth and consistency. - Secure key-person relationships, predictable routines and emotionally safe spaces support belonging and regulation. - Emotions are named, validated and modelled through play, stories, routines and adult interaction. - Co-regulation, positive reinforcement, turn-taking and shared play are embedded naturally across the day. - Parent/carer views help staff understand home-setting differences, attachment, transitions and emotional needs.	- Focused observations identify triggers, patterns and times when emotional demand is highest. - Planned support for transitions, group times, less structured play and emotional recovery. - Adult modelling, emotional check-ins, stories and structured play used to develop emotional understanding. - Children supported to notice early signs of dysregulation and access calming strategies with familiar adults. - Support plans include proactive regulation strategies and are reviewed with parents/carers.	- Emotional safety and wellbeing are prioritised; learning is offered when the child is calm enough to engage. - Highly individualised, predictable experiences with familiar adults and planned regulation/recovery time. - Expectations flex dynamically in response to regulation and readiness, prioritising connection and security. - Multi-agency advice sought or implemented where SEMH needs are complex, persistent or linked to trauma/attachment/sensory needs. - Progress valued through increased security, participation, emotional communication, recovery and engagement over time.
Sensory and Physical	- Calm, welcoming and accessible spaces support emotional wellbeing, sensory regulation and belonging. - Movement, sensory-rich play, rest, quiet play and emotional recovery opportunities are built into the day. - Resources are accessible and organised to encourage independence, exploration, play and communication.	- Sensory and regulation opportunities planned proactively at known points of challenge, not only after escalation. - Environmental and routine adjustments reduce noise, visual clutter, transition demand or sensory overload. - Targeted fine/gross motor, self-care, postural, balance or coordination support embedded in play-based routines.	- Environment highly adapted around the child's sensory, physical, communication and emotional profile. - Specialist resources, therapy programmes or access plans form part of everyday routines with trained staff. - Continuous adult support may be required for safe access, regulation, mobility, self-care or participation.



	• Staff observe sensory preferences and physical access needs across indoor, outdoor and routine activities. • PEEP, health care plan, moving/handling or risk assessment considered where appropriate.	• Advice from OT, physiotherapy, health, hearing/vision services or specialist teachers used to shape provision. • Specialist equipment/resources are used consistently and reviewed for impact on participation and independence.	• Visual, concrete, sensory and physical supports embedded across all spaces, routines and transitions. • Specialist input supports access, wellbeing, independence and carefully planned transition into school.
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St. Oswald's Catholic Primary School

Framework Alignment Summary

SEND Provision Map EYFS 2026-27



- Provision is organised as a graduated, cumulative response: Universal, Universal Plus, Targeted, Targeted Plus and Specialist.
- Movement between tiers should be based on presenting needs, provision already in place and evidence of impact over time through Assess–Plan–Do–Review.
- Children and families should be active partners in assessment, planning and review, with pupil voice captured in accessible ways.
- Needs should be understood functionally and contextually, rather than being based on diagnosis alone.
- Where support is Targeted or above, provision should be planned, documented, reviewed and coordinated through the SENDCo as appropriate.
- Provision should promote independence, participation, wellbeing, preparation for transition and access to a broad and inclusive curriculum.