



Graduated Approach Document for children with Special Educational Needs and Disabilities aged 0-5 years

Contents

- General Guidance
- Evaluation and Reviewing progress
- Early Years SEND Inclusion Funding
- Communication and Interaction
- Personal Social and Emotional
- Physical
- Sensory Processing
- Hearing Impairment
- Visual Impairment
- Multi Sensory Impairment
- Cognition and Learning
- General Resources



General Guidance

In the Early years all children require a **universal** approach:

- Staff to regularly communicate with parents, getting their views about their child's needs and outcomes.
- Planning that is centred on the child's individual learning goals, considering strategies to support individual development.
- Arrangements should be in place to regularly assess the environment to ensure it is accessible for all - this assessment should inform future planning.
- The child's developmental progress should be clearly recorded and used to inform planning and next steps.
- A curriculum that is differentiated appropriately to take account of individual needs.
- Staff to access training offered by the Local authority (<http://www.readingeducationservices.co.uk/>)

Targeted Support (Stage 1&2)

In addition to this some children will benefit from a more **targeted** approach to their learning, which will involve the setting:

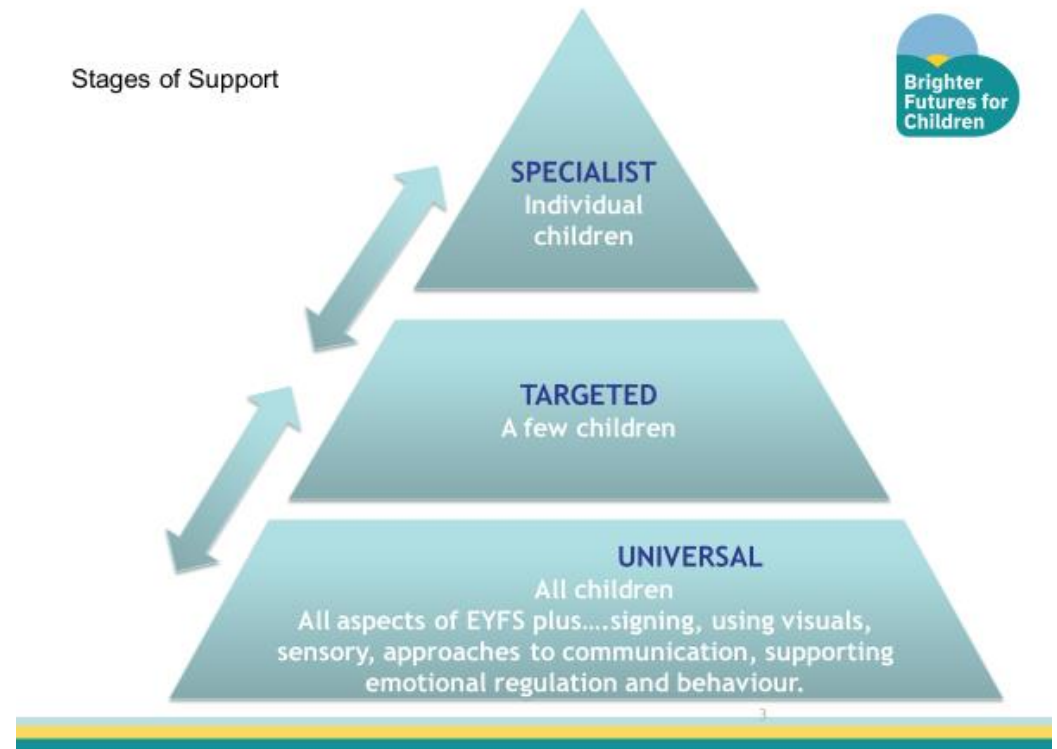
- Discussing with parents any concerns, taking into account parents views, and jointly planning individual learning goals. It is important to establish good communication between home and setting so any changes in circumstances that may affect progress are shared.
- The SENCO should build a holistic profile of the child's development with parents and must seek parent's permission to contact other professionals involved with the child to inform individualised planning.
- Additional liaison with and referral to external professionals including Portage Service, Early Years SEND Advisors, Speech and Language Therapy, Health Visitor, Paediatrician, Occupational Therapist, Physiotherapist, Educational Psychologist or Sensory Consortium Teacher may be necessary and should be done in conjunction with parents agreement.
- Clear and achievable learning targets should be set in partnership with parents, taking in to account the holistic profile of the child's development and should be regularly reviewed and evaluated with parents.

Stage 3: Specialist Approach

If a child is failing to make adequate progress despite appropriate intervention at stage 2 or there will be a need to sustain a high level of support over time to ensure the child continues to make adequate progress we will need to consider the need for a more specialist approach which may require statutory assessment of their special educational needs which may lead to an Education Health Care Plan.

Note: Some children may be born with additional needs that require a stage 1, 2 or stage 3 immediately.

It is important to note that the stages are not consecutive, and children may begin in different stages, and some children may enter into one stage and move across the other stages both ways



General guidance: Evaluating Progress and Reviewing

Universal	Stage 1 and 2	Stage 3
<p>All children will have assessments with the health visiting team at birth and again at 9-12 months and 2 year development check to review their development and progress. All children will be offered the ELIM screening between 2 and 2 half years of age.</p> <p>Regular consultation and reviews with parents/carers to review the child's progress via an SEN Support Plan. Refer to the Early Years SENCO Guidance Document for more advice around creating plans and the role of the SENCO: https://search3.openobjects.com/mediamanager/reading/enterprise/files/early_years_senco_guidance_2020.pdf</p> <p>Outcomes should be created with parents and provision/strategies outlined on how the setting is going to work towards meeting those outcomes.</p> <p>During transition to another setting and/or school/transition to new rooms, all children should have:</p> <ul style="list-style-type: none"> • Opportunity to visit the new setting/room and teacher/room leader and vice versa • Opportunities to visit the new setting/room over a period of time • The new key person/teacher should be introduced to the child and their parents/carers • Working with both settings when a child attends more than one setting • Transition book with photographs of new setting and staff. <p>Parents/carers to be informed of Local offer and Reading Advice and Support Service for SEND (IASS) http://servicesguide.reading.gov.uk/kb5/reading/directory/family.page?familychannel=3 http://servicesguide.reading.gov.uk/kb5/reading/directory/service.page?id=VqahHplA19A</p>	<p>Some children may have specialist professionals who will continue to monitor and review the child's development and offer advice and strategies to be implemented.</p> <p>There should be a review of progress with parents at least on a termly basis and then the plan amended with ongoing or new outcomes. Where appropriate, the setting may use the Early Years Developmental Journal which helps to show progress of smaller steps within the EYFS age bands.</p> <p>The setting may apply for additional funding to enable the interventions to be put into place effectively http://servicesguide.reading.gov.uk/kb5/reading/directory/advice.page?id=oe14dFGrQZO</p> <p>Disability Access Fund may be applied for children who are in receipt of Disability Living Allowance to enable purchase of resources to support the child's progress http://servicesguide.reading.gov.uk/kb5/reading/directory/advice.page?id=myVTywwh2SM</p> <p>Referral to the Early Years SEND Advisors to observe and offer further strategies to support the child's progress. When appropriate, referrals to external services may be necessary to seek further advice (Portage, Educational Psychology, Speech and Language, Occupational Therapy etc...)</p> <p>For transition to another setting/and or school the setting should:</p> <ul style="list-style-type: none"> • Complete an SEN passport in consultation with parents. • Hold a transition meeting to discuss the transition. • Share effective strategies with the new setting. 	<p>Child may require an Education Health Care Plan Assessment and be issued an Education Health Care Plan (EHCP) which will need to be reviewed at least every 6 months with the child, parents and professionals involved in the formal review process.</p> <p>Please see the Local Offer Page for further information about applying for an EHCP.</p> <p>http://servicesguide.reading.gov.uk/kb5/reading/directory/advice.page?id=fTTotKeGMc</p>

General Guidance: Level of Need for Early Years SEND Inclusion Funding

Stage 1	Stage 2	Stage 3
<p>Developmental delay of up to 12 months below their expected age development in essential milestones using EYFS observations and / assessment from relevant professional.</p> <p>Child has difficulty following or understanding instructions and everyday language including visual references.</p> <p>Child struggles stage appropriate play with other children, and appropriate turn taking and sharing.</p> <p>Child has occasional (monthly) short term anti-social behaviour which is managed without specialist support.</p> <p>Child has shorter attention, flitting between activities requiring some short term input and direction to engage with activities.</p>	<p>*Developmental delay of 12 – 18 months below their expected age development in essential milestones using EYFS observations and / assessment from relevant professional.</p> <p>** Child is already receiving small group/individualised support as identified in their SEN Support plan.</p> <p>Child struggles with social communication and developing relationships that require strategies supported individually by an adult.</p> <p>Child requires regular adaptation of activities and/or times where an adult is needed to support the learning and engage appropriately.</p> <p>Child requires individual support at times of transition.</p> <p>Requires regular (daily) adult support at key parts of the day due to limited awareness of their behaviour and/or safety concerns.</p> <p>Child suffers with anxiety that is creating a barrier to learning that requires adult support.</p> <p>Child requires adult support on a regular (daily) basis to facilitate medical and physical needs in line with their disability.</p> <p>Child requires single daily physical/medical therapy which requires adult support.</p>	<p>*Developmental delay of 18 – 24 months below their chronological age in essential milestones –using EYFS Development Matters observations and assessment / assessment from relevant professional</p> <p>**Child has not been able to participate and engage for a high proportion of their attendance without direct adult support or additional mechanisms in place as already identified in their SEN support plan.</p> <p>Child has limited communication that requires individual alternative and/or augmentative communication strategies to allow access to learning opportunities</p> <p>Child has regular (throughout the day, daily) disruptive anti-social behaviours that break down the child’s ability to engage with the learning on offer and significantly impact other children’s education.</p> <p>Child may have significant medical condition/disability that require dependency on adults.</p> <p>Child may have a health care plan that may involves tube feeding, epilepsy and monitoring of seizures.</p>

Communication and Interaction

What you may observe about the child...

Children who have difficulties with their communication may have difficulties with their **expressive language** which may mean they are unable to communicate via gestures, use minimal language, echo/imitate words, the language they use may be unclear, they may have a delay in their speech or they may find it difficult to express themselves

Children who have difficulties with their communication may have difficulties with their **receptive language** which could mean they find it difficult understanding instructions, following direction, understand gestures (nonverbal communication) and they may struggle to participate in conversations.

Children who have difficulties with the **interaction** may have difficulties in reciprocating conversations with others, may focus on their own interests in conversations, may struggle with adapting to social context and struggle to remain engaged in an activity with another person. Difficulties with communication and interaction may affect the child's ability to access the curriculum, and it could also impact on their emotional health, social interactions and behaviour.

Tools/Resources to use...

- I can website <https://www.ican.org.uk/>
- Universally Speaking: Ages and Stages birth to 5: https://www.thecommunicationtrust.org.uk/media/363847/tct_univspeak_0-5.pdf
- CYPIT website <https://cypf.berkshirehealthcare.nhs.uk/our-services/children-and-young-peoples-integrated-therapies-cypit/speech-and-language-therapy/>
- [Berkshire Healthcare NHS Foundation Trust - Home | Facebook](#)
- The Foundation Stage Every Child a talker monitoring tool https://www.foundationyears.org.uk/wp-content/uploads/2011/10/ECAT_child_monitoring_tool1.pdf
- Early Language Identification Measure - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939833/ELIM_Summary_report_December-2020.pdf

Visual supports; PECS books; Story sacks; Early Language objects (doll; brush; cup); Labels of reference throughout setting; Choice boards; Social stories, Create personal visual time tables; Access to resources that facilitate shared play e.g. seesaw; large marble run.

Universal	Stage 1 and 2	Stage 3
<p>Adult modelling to promote communicate and language using simple language and repetition</p> <p>Communication friendly environment: using photographs/pictures to show the routine of setting, use of gestures and signs, equipment labelled with photographs or pictures and words</p> <p>Structure of the day presented through visual time tables and now and next boards</p> <p>Use a structured approach for tasks to have a clear beginning middle and end</p> <p>Match plus one: i.e. repeat what the child has said and add one word</p> <p>Allow time for the child to respond to verbal communication</p> <p>Use of non-verbal communication including signing and visuals</p> <p>Audit the environment and make changes where possible if needed. Make use of the SEN environment self-evaluation audit tool in SENCO Guidance https://search3.openobjects.com/mediamanager/reading/enterprise/files/early_years_senco_guidance_2020.pdf</p> <p>Provide quite/low distraction areas that children can access freely.</p>	<p>Small Group work focussing on social interaction and language. This should include targets and advice from external professionals such as speech and language therapy where appropriate.</p> <p>Repeating verbal communications individually to the child supported with visual aids.</p> <p>Use of augmented and/or alternative communication systems – PECS, Objects of reference, Signing.</p> <p>Use of personal individual visual timetables using objects of reference and symbols suited to child’s needs. Must be used to consistently by all staff.</p> <p>Adapt the content and presentation of language-based activities – story time, singing, ensuring the child is appropriately placed, gaining child’s attention using their name, simplifying and reducing amount of language used/visual support.</p> <p>Individual focused work to encourage and support the development of interaction and attention building skills beginning with one adult gradually increasing the size of the group. E.g. Evidence Based programme: Attention Autism</p> <p>Use of Evidence based Intervention e.g. Intensive Interaction to build and develop fundamentals of communication directly with a child.</p> <p>On-going advice sort from Early Years SENCO and external professionals working with child and family (with parental permission) this advice can be used to inform planning of individual targets</p> <p>Referral to external services such as Speech and Language Therapy and/or Portage with parental consent.</p>	<p>Constant and consistent use of an alternative communication system requiring the support of a communicative partner.</p> <p>Daily and frequent use of Intensive Interaction to develop fundamental communication skills.</p> <p>Regular access to a work station/area of low distraction to work on individual targets as advised by external professionals</p> <p>Continued and consistent implementation of Stage two strategies for repeated cycles of intervention</p>

Personal, Social and Emotional Development

What you may observe about the child...

Children who have a delay or difficulties in their Personal, Social and Emotional development may present as having difficulties playing with other children in an appropriate way for their expected level of development, they may struggle to or be unable to share or take turns, find it difficult to remaining on task without adult support, have difficulties with transition and/or difficulty moving from one task to another, they may struggle to cope with unfamiliar or new situations, be unable to accept unexpected changes.

They could struggle to make choices, engage in repetitive play, be dependent on adult support to access activities, could have limited conversational skills, may find it difficult to manage their emotions, they may also find it difficult to express their emotions which could lead to undesired behaviours.

Tools/Resources to use...

- Create a clear behaviour support plan that all staff who are working with the child implement.
- Book on to Early Years Behaviour for Learning training - <http://www.readingeducationservices.co.uk/>
- Use the Behaviour Monitoring Triggers Tool to record observations of incidence, triggers and outcomes – See Appendix in SENCO Guidance Document https://search3.openobjects.com/mediamanager/reading/enterprise/files/early_years_senco_guidance_2020.pdf
- Access NASEN resources: <https://nasen.org.uk/events/introduction-nasens-early-years-resilience-development-pack>

Feelings faces; Sensory tent; Sensory toys; Portable dividers to create different spaces; Visual time tables, Timers, Now and Next board, Choice boards, Social stories. Please also see sensory processing resources to support children with sensory needs that are impacting on their personal, social and emotional development.



Universal	Stage 1 and 2	Stage 3
<p>To be offered a curriculum differentiated appropriately to take in to account individual needs</p> <p>Staff set personalised learning targets for all children</p> <p>Consistent behaviour management by all staff including regular reinforcement of positive behaviours.</p> <p>Whole class learning to develop social and emotional well-being</p> <p>Use Behaviour Management Triggers Tool through observations to identify specific triggers – adapt the environment to reduce triggers.</p> <p>Model positive interactions with children and staff</p> <p>Use of a visual time table</p> <p>Warning of changes and transitions throughout the day - use of visuals and timers</p> <p>Consistent adult modelling to build on children’s ability to play appropriately with toys and to interact socially with others</p> <p>Audit the environment and make changes where possible if needed. Make use of the SEN environment self-evaluation audit tool in SENCO Guidance https://search3.openobjects.com/mediamanager/reading/enterprise/files/early_years_senco_guidance_2020.pdf</p> <p>Quiet calming space available for children to access.</p>	<p>Risk assessments for children with risky behaviours and enhanced staffing support for short periods of the day to provide Intensive support for the child to meet Personal, Social and Emotional development (e.g. anti social behaviour, social interaction, self-esteem and positive relationships.)</p> <p>Small group work to focus on building relationships and developing social skills such as turn taking – Evidence based Intervention: Attention Autism</p> <p>Focused work time and consistent adult modelling to build on child’s ability to focus and attend, to understand and use language, to play appropriately with toys and to interact socially with others</p> <p>Use ongoing Behaviour Management Triggers Tool through observations to identify triggers and adapt the environment to reduce known triggers</p> <p>Consistent use of personal visual time tables</p> <p>Access to a quiet area to be support by a key adult to support child with strategies’ to develop their ability to self-regulate – i.e access to a sensory basket, soft music</p> <p>Use of access to sensory circuits. Please refer to sensory processing.</p> <p>Individual focused work to encourage and support the development of interaction skills beginning with one adult gradually increasing the size of the group</p> <p>Consistent individualised warning and preparation for changes and transition both daily and one-off transition’s such as move to new room or setting</p> <p>On-going advice sort from Early Years SENCO and external professionals working with child and family (with parental permission) this advice can be used to inform planning of individual targets</p>	<p>Regular (throughout the day) supervision and individualised and consistent behaviour management with behaviour plan for children with anti-social behaviour.</p> <p>Child requires a highly adapted environment and sensory diet to suit their sensory needs throughout the day.</p> <p>Regular access to a work station/area of low distraction to work on individual targets as advised by external professionals.</p> <p>Continued and consistent implementation of Stage two strategies’ for repeated cycles of intervention</p>

Physical Development

What you may observe about the child...

A child may have difficulty with their gross motor skills such as coordinating their hands and feet and whole body movements. They may appear clumsy and walking into objects or lose balance easily. Children may also have difficulty with fine motor skills and struggle to complete these tasks easily. Some children may only have difficulties in one hand/leg or it may be both. Some children may suffer from hypermobility where they also will be in pain and tire more easily with day to day activities.

For some children with physical development needs, they may have a medical or physical needs which mean they have limited awareness of toileting needs and/or other areas of development such as breathing and senses.

You may find children with physical development needs may also struggle with their sleep, and may become easily tired and require more naps throughout the day. Children may also have physical development needs that impact on their ability to eat due to physical issues in the digestive system and may require specialist equipment to help with their feeding.

Tools/Resources to use...

You can refer to the “What to do if there is a developmental problem” for further details on what you might observe in a child with physical developmental delays - <https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/0-4-years/what-to-do-if-theres-a-developmental-problem/>

You may need some adaptations to your setting to include Gates; child gates; Clear Access pathways; Ramps; Handrails; clearly marking steps; Hoists;

The child may also require Specialist equipment such as Chairs; walking aids; Helmets to protect; Special Boots/straps to support;

You may also need to consider the outside equipment to include - different swing seat; adapted trikes; trikes with waist straps and resources to support to access the outdoor area

Some other resources might include: Sitting wedges; Corner-seats; different types of scissors; Early Pencil Grips; Bibs for feeding; Waterproof suits to allow access to outdoor/messy play; Chunky Crayons; Finger Crayons; Malleable soft materials; stress balls; soft brushes.

Interventions/Strategies to support the child

Universal	Stage 1 and 2	Stage 3
<p>Children are required to have support to understand the importance of physical activities and healthy choices in relating to food. This can be provided by outside opportunities, indoor physical development activities and healthy choices provided at snack time.</p> <p>A risk assessment should be completed with any actions to ensure that the child can be safe and secure in the setting.</p> <p>Audit the environment and make changes where possible if needed. Make use of the SEN environment self-evaluation audit tool in SENCO Guidance https://search3.openobjects.com/mediamanager/reading/enterprise/files/early_years_senco_guidance_2020.pdf</p> <p>Reasonable adjustments may need to be made to the routine and/or physical adaptations to the environment.</p> <p>You can use Disability Access Fund to enable purchase of resources to support the child.</p> <p>Opportunities must be provided for children to be active and develop their co-ordination, control and movement.</p> <p>Activities suggested including:</p> <ul style="list-style-type: none"> ● Throwing, rolling, catching a ball/bean bag activity ● Using bubbles to encourage children to reach and pop bubbles. 	<p>Disability Funding Application for children in receipt of Disability Living Allowance to purchase resources and/or equipment as required.</p> <p>Specialist or additional equipment to support children with physical disabilities</p> <p>Planned rest breaks to combat fatigue with time and space provided for naps should child require this.</p> <p>Fine or gross motor skills activities programme that is planned as part of small group work as advised by medical professionals.</p> <p>Physical exercise as advised by medical professionals.</p> <p>Physical hand under/over hand support to perform control in fine and gross motor skills e.g. standing behind child and supporting them to whisk an in the mixing bowl. If a child is reluctant to do an activity, by you doing the activity and they have their hand over your hand therefore not directly touching the activity but learning the movement and skill involved.</p>	<p>Specialist equipment to access the environment safely and equally.</p> <p>Intensive support to manage basic hygiene and personal needs for children with complex needs and care needs, with training undertaken or overseen by a community nurse</p> <p>Significant attention being paid to the provision and maintenance of a range of personal equipment and manual handling and hoist training for staff where applicable.</p> <p>Provide manual handling support (this may involve two people) to meet the primary care needs.</p> <p>A daily Specialist Physiotherapy/Occupational Therapy programme requires to be implemented</p> <p>The child may require the management of medial and specialist individual health care (Oxygen management)</p>



<ul style="list-style-type: none">• Using indoor and outdoor equipment e.g. tunnels, slopes etc.• Pushing and pulling activities.• Crawling and tumbling games.• Stop and Start games.• Music, movement and dance activities.• Gaining independence with role play activity e.g. putting coat on but without time constraints/pressure.• Activities to develop hand/eye coordination• Messy trays with items for child to pick up using their fine motor grips. (Can you find the.... Activity).• Rhymes that use our hands or bodies.• Using scissors to cut different shapes and textures including playdough.• Activities that encourage use of both hands e.g. cutting Velcro fruit, drumming, tearing paper...• Use songs to practice finger movement or hand movement or body movement e.g. this little piggy/head shoulders knees toes/sleeping bunnies.	<p>Support to manage basic hygiene, feeding and personal needs above and beyond what would normally be expected for a child given their age (note: nappy changing should be an integral)</p> <p>Care Plans for children who require specific care outlined by a medical professional, delivered by staff with training.</p>	<p>Specialist trained staff member to provide small group teaching and provision.</p>
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Sensory Processing

What you may observe about the child...

The child may appear to be over or under sensitive to senses such as noise/touch. They may try to avoid environments/situations that they find difficult to manage in. You may also see seeking sensory behaviours e.g. touching, screaming, pushing, climbing, throwing objects and these behaviours are unpredictable. The child may engage regularly in spinning/rocking behaviours, and also fidgeting.

You may also see children Chewing or mouthing on objects that is not age appropriate for their development or excessively smelling objects.

Children with sensory processing difficulties may find transitions difficult e.g. moving from inside to outside/going to another room.

Many children on the Autistic Spectrum may have sensory processing difficulties but not all children with sensory processing difficulties will have Autism.

Tools/Resources to use...

- Refer to the Berkshire Healthcare Sensory Toolkit for further assessment and strategies: https://www.berkshirehealthcare.nhs.uk/media/168255/bh_cypittoolkit_sensoryprocessing_pr1.pdf
- Refer to Berkshire Healthcare Sensory Circuits: <https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/sensory-processing/sensory-circuits/>
- Book onto Early Years Advisory Training for Sensory Processing Difficulties - <https://secure2.sla-online.co.uk/Training/pTrainingDetailsOnDemand.aspx?id=69098>
- Research resources and online training at National Autistic Society: [Sensory differences \(autism.org.uk\)](https://www.autism.org.uk)
- Use the National Autism Standards Checklist to assess for possibly Sensory Processing Difficulties - <http://www.aetraininghubs.org.uk/wp-content/uploads/2012/05/37.2-Sensory-assessment-checklist.pdf>

Resources: “Chewie’s”; Sensory baskets; Messy sensory play items; Musical instrument; Tactile materials; Tactile board; Stepping Stones; Light and sound buzzers/Sound board; Scented playdough or other malleable material; Ear defenders; Push/Pull objects; Trampettes; Sensory Room/Areas; Sensory cushions; Weighted blankets; Weighted rucksacks; Exercise/bouncy ball; Visual timetable; Choice boards; Now and Next Boards; Sand Timers.

Interventions/Strategies to support the child

Universal	Stage 1 and 2	Stage 3
<p>Use observations to identify why the child is behaving in this way. Are there any triggers or times that appear more frequently? Are there certain objects the child mouths/touches/throws. Discuss with parents if they experience the same behaviours at home or notice anything at home.</p> <p>Provide the child with safe objects to mouth if their need is very strong, and provide these in an accessible basket/box for the child to access.</p> <p>Allow children to explore messy play with tool e.g. wooden spoon rather than hands.</p> <p>Encourage exploration of every day sensory objects by using their interest e.g. bar of soap in the “garage” for washing the cars.</p> <p>Do not insist on child wearing an apron – liaise with parents about change of clothes/wearing old clothes.</p> <p>Provide sensory experiences to encourage exploration appropriately.</p> <p>Have a sensory bag or basket that they can access easily.</p> <p>Provide the child with items that are safe to throw or push e.g. bean bags/pushing exercise balls.</p> <p>Make an activity from throwing e.g. throwing into a container and plan to this frequently throughout the day.</p> <p>Provide a quiet/safe environment that the child can retreat to when they are feeling unsecure.</p>	<p>Sensory Circuits planned in small group sessions.</p> <p>Regular movement breaks with specific equipment that requires additional support.</p> <p>Planned intervention in sensory room for short periods of time.</p> <p>Calming yoga or similar planned interventions.</p> <p>Regular requirement for sensory massage and heavy proprioceptive input.</p> <p>Amend the routine to suit the child needs where reasonable e.g. allowing child to go outside first to feel safer then let other children join.</p> <p>Consistent use objects of reference to support the child with the transition onto new activities e.g. showing them a train indicating they can play with train track.</p> <p>Consistent use now and next boards to reduce anxiety for transitions.</p>	<p>Sensory issues are so severe child may require a specific environment and sensory diet to suit their sensory needs at all times. This would usually be alongside other developmental concerns.</p> <p>Referral to occupational therapist via EHC Needs assessment.</p> <p>Training and advice from Sensory Integration and Massage Therapy Service.</p>



Ensure that all adults are using the strategies/resources provided consistently.

Provide ear defenders for when the environment is too noisy.

Provide sensory cushions/designated space during carpet time.

Have access to fidget toys that the child can have in their hands when feeling the need to fidget.

Sensory blankets/rucksacks to help the child feel secure.

Encourage a child to take an object from one place to another e.g. if currently playing with playdough, allow them to take some with them to help with transition.

Consider amending finish times jointly with parents if this may avoid busier times to help child feel calmer when arriving etc.

Have access to choice boards so children can indicate their preferences.

Use sand timers to warn the child that the activity is coming to end.

Hearing Impairment

What you may observe about the child...

Children may appear to have excessive concentration on adult body language and facial expressions however they may occasionally not follow instructions or follow them incorrectly. You may find that they watch other children to see what the instructions are in group situations. The child may appear unable to respond to name being called especially if person calling is not in front of them. You may find the child talking loudly in noisy environments.

Children with hearing difficulties may also demonstrate behavioural concerns and frustration without a clear cause. They may have delayed speech and language and also be behind in development that requires listening skills e.g. phonics. They sometimes may appear in their own world and struggle to interact with their peers.

Some children can have a temporary or permanent hearing loss in one or both ears. A common cause of hearing loss in early years is the “glue ear” condition.

Tools/Resources to use...

- Support Pack from Berkshire Sensory Consortium - <http://btckstorage.blob.core.windows.net/site14723/September%202020%20HI%20Parent%20Pack.pdf>
- National Deaf Children’s Society - <http://www.ndcs.org.uk/>
- Success from the Start: <https://www.ndcs.org.uk/documents-and-resources/success-from-the-start-a-developmental-resource-for-families-of-deaf-children-aged-0-3/>
- RNID - <https://rnid.org.uk/>
- Refer to the section on Communication and Interaction for supporting language delay as a result of hearing impairment.

Resources:

Sign language books/cards and games to promote language development; talking tins; Light and sound toys

Specialist Equipment for the child such as Hearing Aids; Cochlea Implant; Bone Conductor Aid; Soundfield system and Radio aids.

Specialist audio equipment for the environment: listening checkers; listening leads; stettoclip; splitter cables.

Interventions/Strategies to support the child

Universal	Stage 1 and 2	Stage 3
<p>Curriculum may need to be differentiated to take account of the child's needs e.g. make sure they are visually supported and/or any information repeated individually to the child to enable lip reading.</p> <p>If another person says something, the leading adult to repeat this so the child with a hearing loss can also receive this information clearly.</p> <p>Ensure the child's name is said first and they are looking/showing attention before communicating</p> <p>Encourage other children to be patient and repeat information in a clear appropriate volume too.</p> <p>Ensure all staff are being supportive to promote independence and encourage confidence and self-esteem.</p> <p>Training for the staff regarding Awareness and using equipment correctly.</p> <p>Ensure instructions are clear and concise with visual support.</p> <p>A language rich environment.</p> <p>Opportunities to develop language through play and planned activities e.g. language boxes,</p>	<p>Referral to an audiologist for further assessment and support.</p> <p>Referral to a Teacher of the Hearing Impaired for advice via Berkshire Sensory Consortium Service - http://berkshirescs.btck.co.uk/</p> <p>Children may have equipment to support their hearing e.g. hearing aids/cochlea implants/bone conductor aids/grommets.</p> <p>Involvement of a teacher of the deaf for specialist advice/training regularly.</p> <p>Specialist equipment such as radio aids or Soundfields may need to be implemented.</p> <p>Child may require speech and language programme to support their linguist development.</p> <p>Planned targeted activities to develop language e.g. speech sounds as advised by professionals.</p> <p>Specific pre teaching of concepts and vocabulary.</p> <p>Requires additional communication methods e.g. Sign language.</p>	<p>Uses alternative communication methods e.g. Sign language.</p> <p>A highly modified environment to meet the child's needs e.g. specialist unit/educational setting.</p> <p>A high level of adult support to provide care and supervision and to support learning throughout the day.</p>



<p>communication activities, modelling of language, extending language.</p> <p>Allow time for the child to process information/respond.</p> <p>Environment to be assessed for a good listening environment. Think about where lots of listening activities are to be held.</p> <p>Check that the lighting is suitable to enable lip-reading.</p> <p>Ensure the child sit somewhere where they can see the leading adult.</p> <p>Acoustic modification of the environment to include:</p> <ul style="list-style-type: none">• fabric for tables• curtains• hanging mobiles• acoustic clouds• carpet for a setting/rugs• felt on bottom of boxes/chairs to reduce scraping sounds		
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Visual Impairment

What you may observe about the child...

You may find the child looking closely at books and objects or sitting at the front for story time/television/group time.

You may also notice the child falling over objects/walking into objects and has a lack of confidence when moving around the room.

The child may be unable to focus on objects and unable to track moving objects. You may also notice the child rubbing or poking eyes regularly.

The child may also have poor hand eye coordination.

You may also notice unusual visual movements e.g. random eye movements or the child holding their head in an unusual posture.

NB: Children with mild reduced vision that can be corrected with glasses would not be classified as special educational needs.

Tools/Resources to use...

Support pack from Berkshire Sensory Consortium - <https://berkshirescs.btck.co.uk/VisionImpairment/VIParentPack>

Refer to Early Years Resources from the National Institute for the Blind - <http://www.rnib.org.uk/>

Resources can include:

Books with sound buttons; tactile patches; Touch Braille letters; Tactile books; Story sacks; Musical instruments; Light and sound buzzers; Scented playdough; Scented pens and pencils; Vibrating cushions; Plate guard/plate surround; Scooping bowl; Dark tent/cosy cave; Dark room kit; UV Dark Den Multi-Sensory Glow Kit; Fibre Optics; Lightbox; Torches; Subscription for 3-d books; Survival blanket/space blanket; Talking Tins/books; Wikki Sticks; Braille Maths Blocks; Braille ABC blocks; Plain table mats...

Interventions/Strategies to support the child

Universal	Stage 1 and 2	Stage 3
<p>Audit the environment and make changes where possible if needed. Make use of the SEN environment self-evaluation audit tool in SENCO Guidance https://search3.openobjects.com/mediamanager/reading/enterprise/files/early_years_senco_guidance_2020.pdf</p> <p>Consider the position of the child during their day and following the routine.</p> <p>Consider the lighting is appropriate for the child.</p> <p>Avoid rearranging the room where necessary.</p> <p>Ensure the room stays well organised and resources placed appropriately.</p> <p>Ensure the routine is clear and all staff follow this.</p> <p>Adopt a multi-sensory approach to everything e.g. use real objects rather than just visual image.</p> <p>Give the child time to explore objects.</p> <p>During story time, give the child real objects to make associations with the story.</p> <p>Use contrasting materials for mark making e.g. white on black, colour on foil.</p>	<p>Children may be referred to Ophthalmology for a visual concern to be identified.</p> <p>Regular involvement from a Teacher of the Visually Impaired to provide advice on strategies and support via Berkshire Sensory Consortium Service - http://berkshirescs.btck.co.uk/</p> <p>Specialist equipment to be used to aid independence and self-care.</p> <p>Access to specialist ICT equipment and programmes.</p> <p>Use of Braille throughout the setting.</p>	<p>A highly modified environment to meet the child's needs.</p> <p>A high level of adult support to aid mobility/self-care and to support learning throughout the day.</p>



<p>Adult to provide commentary on what marks the child is making during activity.</p> <p>Ensure activities are presented to the child on eye level and if they have a stronger eye, present to this eye.</p> <p>Warn children of any possible sudden movements in front of them.</p> <p>Make a visual timetable but with objects glued to the board.</p> <p>Use plain table cloths so child can play with objects and see object more clearly.</p> <p>Include sensory element to the stories e.g. water for rain, hand fan for wind, use toy animals etc.</p> <p>Ensure that all adults provide auditory reinforcement and commentary where appropriate.</p> <p>Provide small group opportunities to encourage social interaction and social skills.</p>		
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Multi-Sensory Impairments

What you may observe about the child...

Children with multi-sensory impairments will have a combined degree of hearing and visual loss, they may be affected in one or both ears and eyes.

They may ignore/misunderstand instructions even with support and may have difficulty understanding and responding to verbal and visual cues. The child may find it difficult to maintain attention without adult support.

The child may appear to be easily frustrated resulting in difficulties in communicating and interacting.

They may have other complex physical and medical needs too and the child may have difficulty in all of their senses including taste, smell and balance.

Tools/Resources to use...

Refer to Berkshire Sensory Consortium Multi-Sensory Information Pack - <https://berkshirescs.btck.co.uk/Multi-SensoryImpairment/MSIParentPack>

Refer to SENSE Charity for support and advice - <https://www.sense.org.uk/>

Refer to Visually and Hearing-Impaired tools and resources

Interventions/Strategies to support the child

Universal	Stage 1 and 2	Stage 3
<p>Refer to both Hearing and Visual Impairment Strategies/Interventions.</p> <p>Training for staff to be able to manage good practice in relation to multi-sensory impairments.</p> <p>The environment must be safe and secure to promote learning and independence.</p> <p>Avoid rearranging the room and ensure that it stays organised.</p> <p>Keep the routine the same where possible.</p> <p>Appropriate seating/sitting arrangements to suit the child's needs to be able to access the information.</p> <p>Refer to strategies stated in Visual and Hearing Impairment section.</p>	<p>Refer to both Hearing and Visual Impairment Strategies/Interventions.</p> <p>Regular involvement from a Teacher of Multi-sensory impairments to provide advice on strategies and support via Berkshire Sensory Consortium Service - http://berkshirescs.btck.co.uk/</p>	<p>Refer to both Hearing and Visual Impairment Strategies/Interventions.</p> <p>A highly modified environment to meet the child's needs.</p> <p>Alternative Communication e.g. Touch Signing</p> <p>A high level of adult support to aid mobility/self-care and to support learning throughout the day.</p>

Cognition and Learning Difficulties

What you may observe about the child...

Child may show little interest in people, objects or the world around them. They may show little engagement and find it hard to concentrate on activities for a period of time. The child may not show much enthusiasm or enjoyment in activities like other children typically may. The child may also engage in repetitive play and not engage in spontaneous play.

The child may find it difficult to apply learning to different situations and/or activities, for example they may be able to do one shape sorter but cannot do another one with different shapes. They may become frustrated with new activities and give up easily as a result of this.

The child may appear rigid with their play and cannot change how they play with activities. They may appear unable to express or explore their own ideas and thinking.

Tools/Resources to use...

Refer to Early Years SENCO Guidance Document for general strategies to support developmental delays - https://search3.openobjects.com/mediamanager/reading/enterprise/files/early_years_senco_guidance_2020.pdf

Refer to Berkshire Healthcare Children and Young Peoples Toolkit: Early Years - <https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/>

Downs Syndrome Organisation - <https://www.downs-syndrome.org.uk/for-new-parents/education/early-years/>

British Dyslexia Organisation - <http://www.bdadyslexia.org.uk/parent/getting-help-for-your-child/early-years>

Provide a range of resources and activities that are both familiar and new to the child. This could include musical instruments, sensory play activities, messy play activities, treasure baskets, photographs, different types of mirrors, use of ICT equipment where appropriate and use of all EYFS resources.

Interventions/Strategies to support the child

Universal	Stage 1 and 2	Stage 3
<p>Ensure that play and learning provided are of interest to the individual child and match their interest. (Discuss with parents what the child plays with at home and use observations and review planning to support this).</p> <p>If appropriate, try to use the same favourite toys from home in the setting.</p> <p>Setting to provide open ended play opportunities and play experiences e.g. outdoor exploration, building dens, using fabric, building blocks.</p> <p>Extend the child’s thinking in appropriate moments by saying “I wonder what would happen if...”</p> <p>Adults to model how to play and show interest in activities when playing with the children.</p> <p>Use the child’s name to ensure you have their attention before speaking/engaging with the child.</p> <p>Play alongside the child and copy what the child does to show interest in the activity then model ways to extend and develop the play (child holding doll, adult then holds doll and feeds doll using a spoon).</p> <p>Ensure that you are using physical reassuring physical cues e.g. facial expressions, body language, gestures to encourage effort and engagement in play.</p> <p>Provide a simple narrative using key words e.g. “baby sleeps”.</p>	<p>Referral to the Area SENCO and other external services such as Speech and Language, or Educational Psychologist for further assessment and advice.</p> <p>Child may require regular alternative communication methods such as Makaton and using visuals/objects to make connections and links between experiences.</p> <p>Small group Planned Interventions to focus on learning activities through the use of repetition and pre teaching concepts.</p>	<p>Child requires ongoing alternative differentiated curriculum and alternative communication methods that may require a high level of additional support.</p>



<p>Use specific and meaningful praise when the child persists to achieves something new.</p> <p>Use visual support such as now and next, choice boards to support the development of play routines.</p> <p>Integrate a range of resources into the child’s interest e.g. add small world people/mark marking as part of playing with a train.</p> <p>Use specific motivators that the child is interested in and include in play situations (often this might be food or specific types of play e.g. spinning/rocking/wheel movement).</p> <p>Allow time for the child to engage and become immerse in an experience. If a child is engaging with something, try not to move the child on too quickly.</p> <p>Be patient with repetitive play, the child may need to repeat many times to learn/understand something.</p> <p>Always offer choices even if you know the child will choose something to give them opportunities to explore other options.</p> <p>Provide a range of familiar resources but include “new” experiences in small doses. E.g. sensory baskets add a new item every week.</p>		
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General Resources

- Reading Local Offer (Online Hub for parents and professionals supporting children with SEND in Reading).
<http://servicesguide.reading.gov.uk/kb5/reading/directory/family.page?familychannel=3>
- Reading Information and Advice Service (A free, impartial and confidence service for families)
<https://www.readingiass.org/>
- SEND: Guidance for Early Years on the Code of Practice
<https://www.gov.uk/government/publications/send-guide-for-early-years-settings>
- Council for Disabled Children Early Years SEND Resources
[https://councilfordisabledchildren.org.uk/search/content?f\[0\]=field_work_themes%3A122&f\[1\]=type%3Aresource&return_nid=56&return_section=0](https://councilfordisabledchildren.org.uk/search/content?f[0]=field_work_themes%3A122&f[1]=type%3Aresource&return_nid=56&return_section=0)
- NASEN – An online Gateway to Early Years Resources:
<https://nasen.org.uk/early-years>
- The Foundation Years Knowledge Hub and SEND
<https://www.foundationyears.org.uk/send/>
- Early Developmental Journal from the Council For Disabled Children (Toolkit for monitoring progress)
<http://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/merged-early-years-developmental-journal.pdf>
- <https://www.autism.org.uk/>
- <https://hungrylittleminds.campaign.gov.uk/>
- <https://www.bbc.co.uk/tiny-happy-people>

Local

- Dingley's Promise Berkshire – Offer Training for Early Years Settings: <https://www.dingley.org.uk/professional-zone/>
- Autism Berkshire: <http://www.autismberkshire.org.uk>
- Parenting Special Children: <https://www.parentingspecialchildren.co.uk>