

Graduated Approach

**Early Years: how to support
children from 0-5 years in Solihull**

December 2022

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Introduction

Welcome to Solihull's Graduated Approach for the Early Years. The aim of this document is to provide clear and consistent guidance to Solihull's expectations of the different thresholds for special educational needs and disabilities (SEND) as applied in an education setting. This is so that we can help the education and training sector, parents, carers and allied professionals understand what we expect in terms of professional decision making, at the earliest stage possible, to ensure that children's needs are identified, and the most appropriate support put in place. This will enable all children to progress and realise their individual potential. This document provides a clear, graduated framework for all settings and stakeholders to provide well-coordinated early intervention and support.

The principles in this document are underpinned by the SEND Code of Practice. Most children with SEND will achieve their outcomes through arrangements which can be implemented without the need for an education, health and care plan (EHCP). This can be achieved through differentiation, making reasonable adjustments, taking a person-centred approach and by liaising with a range of multi-agency partners.

It is designed for children aged 0–5. It covers children birth to Reception Year (Year R) at school. This aligns with the Early Years Foundation Stage Statutory Framework (EYFS). It can be used by anyone who delivers the EYFS, a childminder, a private, voluntary or independent (PVI) nursery or a school nursery or reception class. Some of the referrals and funding streams listed within the document are not available for children in their Reception Year at school, so please read with some caution. It is the interventions that are listed within these sections that may be appropriate for some children in their Reception Year, if they are not making expected progress.

What is a Graduated Approach?

The SEND Code of Practice expects barriers to learning to be removed and measures put in place to enable effective educational provision to be available and accessible to all. Where a child is identified as having a special educational need and/or disability, a cycle of support must be put in place. This cycle includes four stages of [Assess, Plan, Do and Review](#). By following this cycle, you will be able to continuously adapt support to meet the child's needs and secure good outcomes. This defines a graduated approach.

The SEND Code of Practice advises that you should have a clear approach to identifying and responding to SEND. The benefits of early identification are widely recognised. Identifying need at the earliest point, and then making effective provision, improves long-term outcomes for children.

How to use the Graduated Approach document

This document can be used at any stage of the graduated approach to provide advice and guidance. Someone new to working with children with SEND, or new to being an SENCo in the early years, may look at the document in its entirety to help understand the process. Others with more experience may use sections of the document to support with parts of the process when working with an individual child. The profile of needs and the strategies of intervention sections are colour-coded to support you to find information more easily. The strategies and interventions in this document are those which are considered reasonable adjustments to support children with SEND in the early years. The list of strategies and interventions are not an exhaustive list of reasonable adjustments available.

The document contains hyperlinks to other information that will support parts of this guidance and expand on the information it contains. Some of these are local to Solihull, others are national guidance.

Language used in this document

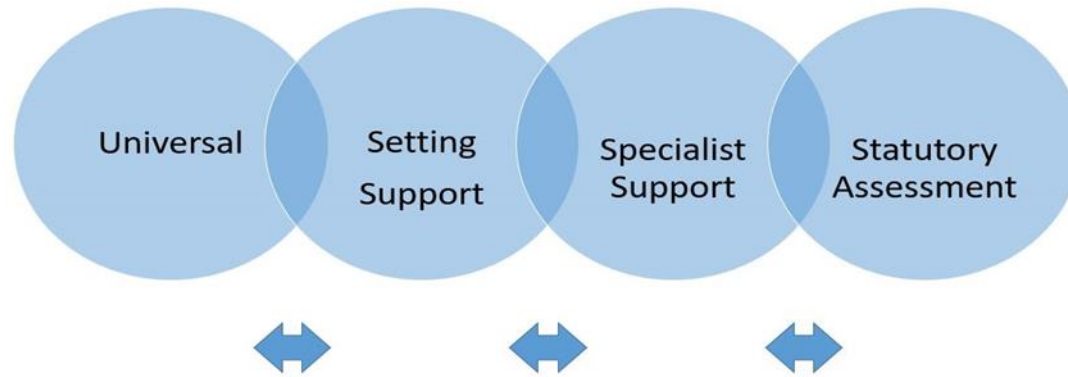
SEND is divided into four areas in the code of practice:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Physical and sensory needs (including hearing impairment, visual impairment and/or multi-sensory impairment)

The levels of the graduated response are divided into four levels:

- **Universal** - Support and access to services that enable **all** children and their families to be healthy, stay safe, enjoy life and achieve their full potential. This includes everything you do in an early years setting for all children.
- **Setting Support** - The majority of children will have their needs met through an early year's provision which adapts and makes reasonable adjustments to meet individual need. This may include an application to Early Years Inclusion Funding (EYIF) or differentiating the curriculum, or your approach, to meet their needs.
- **Specialist Support** - Where a child continues to make less than expected progress, despite evidence-based support and interventions highlighted in Setting support, you should consider making referrals and seeking specialist support from multi-agency professionals. A referral to the Early years Area SENCos is needed at this point if the child meets their criteria. This may include an application to Early Years Inclusion Funding (EYIF).
- **Statutory Assessment** – could be considered where, despite the relevant and purposeful action that has been taken to identify, assess and meet the SEND needs of the child, including the involvement of multi-agency professionals, the child has not made expected progress. The setting or parents should consider requesting a statutory assessment.

Children on the graduated approach can move in both directions through this process. If the interventions and support put in place results in good progress and enables a child to learn, they may be able to move down a level on the graduated approach.



In the profile of need we describe levels of need in three different ways:

- **Some difficulties**
The difficulties may be over a short period of time. They may be achieving only slightly below what we would expect for the child's age, but the child is not making progress with quality first teaching (universal provision)
- **Significant difficulties**
The difficulties are present despite individualised support being put in place to address the needs. They have been present over a period of time and they are not explained by environmental factors in the child's life, for example, poor attendance.
- **Sustained difficulties**
The difficulties are significant and have been present over a long period of time (three cycles of the graduated approach). Despite a high level of support and advice being given by outside agencies, they are of a level that the child is having difficulties accessing nursery/school. The child is not making significant progress.

Assess

Universal	Setting support	Specialist support	Statutory assessment
<p>The EYFS Statutory Framework outlines assessment arrangements for measuring progress.</p> <p>Three statutory assessment and reporting requirements are:</p> <ul style="list-style-type: none"> • Progress check at age 2 years • Reception Baseline check • End of EYFS Key Stage EYFS Profile <p>Ongoing assessment involves practitioners knowing children’s level of achievement and interests.</p> <p>When assessing whether an individual child is at the expected level of development, practitioners should draw on their knowledge of the child and their own expert professional judgement.</p> <p>Parents and/or carers should be kept up-to-date</p>	<p>To support with early identification, specific assessment tools will be required over and above what is included in the EYFS Statutory Framework and the Non-statutory Development Matters These can help you assess and plan for the individual child.</p> <p>The assessment tools used must provide information on small steps of progress. Examples of SEND Paperwork (solgrid.org.uk)</p> <p>These are additional to the assessments used at Universal level and should continually be used and updated in partnership with the parents.</p> <p>The setting’s SENCo should be involved in the assessments and observations of the child’s needs.</p>	<p>The child should be referred to specialist agencies. The assessments carried out by these professionals should be referred to when planning support for the child.</p> <p>A SEND plan/My Support Plan should be in place and shared with parents. Examples of SEND Paperwork (solgrid.org.uk)</p> <p>Setting should update the Area SENCo on a child’s levels and progress on each visit.</p> <p>The early years Area SENCos will complete an initial observation and consultation form upon referral. They will continue to regularly monitor the child, recording key information on a record of events form. It is the setting SENCo’s duty to share all reports from the early years Area SENCos with the child’s parents/carers.</p>	<p>A small number of children and young people may not make expected academic progress despite the “Assess, Plan, Do, Review” cycle. In this event, schools or parents/carers may consider requesting a statutory assessment. This education, health and care needs-based assessment will help determine whether an education, health and care plan (EHCP) is required. https://www.solihull.gov.uk/children-and-family-support/localoffer/EHCplans</p> <p>An EHCP is a legal document that enables provision to be made by settings. This provision is in addition to, and different from, what is ordinarily available in a mainstream setting and more than the ‘reasonable adjustments’ required by every setting for disabled children under the equalities act. www.legislation.gov.uk/ukpga/2010/15/contents</p> <p>It is the role of the setting’s SENCo to apply for an EHCP. Before doing this, there should be written evidence of at least three cycles of the graduated approach in the form of individual SEND/My Support Plan and reports from outside agencies. These need to be included with the application.</p> <p>A referral for an EHCP, if accepted, will result in formal assessment of the child’s needs by an educational psychologist (EP). www.solihull.gov.uk/Children-and-family-</p>

<p>with their child's progress and development.</p> <p>Development Matters non-statutory guidance includes observation checkpoints. These checkpoints can help you to notice whether a child is at risk of falling behind.</p>	<p>A SEND support plan/My Support Plan should be in place, detailing appropriate SMART targets and strategies of support. The plan should be shared with parents/carers and regularly reviewed. The process of reviewing a plan is a form of assessment, you are assessing the child's progress against the targets you set.</p>	<p>The therapies such as occupational therapy (OT), speech and language therapy (SLT) and physiotherapy will carry out their own assessments of a child's needs, producing a report for the family which should be shared with the setting. Practitioners should consider professionals' reports as part of their assessment process.</p> <p>If the child does not attend a setting, or they attend a childminder setting, the child can be referred to the Early Years Practitioner Home Visiting Team (EYPs) via the Early Years Team Around the Child (EYTAC) process. The EYPs will assess the child's development and provide intervention strategies to support the child's needs.</p>	<p>support/localoffer/children-educational-psychology</p> <p>Information about the child's needs will be gathered from all professionals involved.</p> <p>As part of the EHCP assessment process, the parents/carers and setting staff will take part in a pupil centred meeting led by the EHCP officer. The purpose of this meeting is to gather information on the child's likes, dislikes, and aspirations.</p>
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Profile of needs (Assess continued)

Communication and interaction

Listening and attention

Universal	Setting support	Specialist support	Statutory assessment
Active listening/attention			
<ul style="list-style-type: none"> Child is aware of, and responds to, age-appropriate cues typically used to gain attention e.g. adult using their name and getting down to their level. 	<ul style="list-style-type: none"> Child is having some difficulties with age-appropriate active listening and attention and may need additional support from adults and/or small group intervention. They may need more prompts or individual instructions. 	<ul style="list-style-type: none"> Child is showing significant difficulties with age-appropriate active listening and attention, which is impacting on their speech and language development. They may not respond to their name or follow simple instructions. 	<ul style="list-style-type: none"> Child exhibits sustained difficulties with age-appropriate active listening and attention, despite incorporating advice from the Speech and Language Therapy Team (SLT) and other professionals, which is impacting on their speech and language development. The gap between the child and their peers is widening.
Eye contact			
<ul style="list-style-type: none"> Child responds to and uses eye contact appropriate to their age, stage and culture. 	<ul style="list-style-type: none"> Child has some difficulties with responding to and using eye contact. They may stare or only use eye contact when responding to something they like. The child may look in the direction of other people without using eye contact. 	<ul style="list-style-type: none"> Child is exhibiting significant difficulties responding to and using eye contact. Child's eye contact is poor and fleeting. They do not use it during interactions. 	<ul style="list-style-type: none"> Child continues to use fleeting or unusual eye contact when responding to adults or peers. Despite specialist interventions, support from external agencies and enhanced ratios, they have sustained and significant difficulties.
Respond to name			
<ul style="list-style-type: none"> Child responds to their name as appropriate for their age, turning and looking in the direction of adults and peers when their name is called. 	<ul style="list-style-type: none"> Child has some difficulties responding to their name. They may need it repeated or for staff to gain attention visually first. 	<ul style="list-style-type: none"> Child is showing significant difficulties responding to their name. The child is unaware of others trying to interact with them and is engrossed in their own play. They may appear stubborn. 	<ul style="list-style-type: none"> Child is engrossed in their own world and has sustained difficulties responding to their name, even with a high level of adult intervention and support from external agencies.

Listening			
<ul style="list-style-type: none"> • Child listens and attends to adults and peers for a gradually increasing length of time, as appropriate for their age. 	<ul style="list-style-type: none"> • Child has some difficulties listening and attending to age-appropriate communication by adults and peers. The child may join an activity but be quickly distracted by noise or movement and often needs adult support to refocus. 	<ul style="list-style-type: none"> • Child has significant difficulties listening and attending to age-appropriate communication from adults and peers. Adults need to use visuals such as Now & Next and shared attention activities to engage the child. 	<ul style="list-style-type: none"> • Despite a high level of targeted interventions and enhanced ratios, child has sustained difficulty listening and attending to age-appropriate communication from adults and peers. Child's focus remains fleeting, and they may demonstrate a need to move constantly.
Sustained focus			
<ul style="list-style-type: none"> • Child is able to independently access the setting environment and sustain focus on age-appropriate self-chosen activities and resources. 	<ul style="list-style-type: none"> • Child has some difficulty accessing the setting environment. Child may be easily distracted and need some adult support to enable them to access the environment and sustain focus on self-chosen activities and resources. Child may appear to enjoy more physical play, such as chasing games. 	<ul style="list-style-type: none"> • Child is exhibiting significant difficulty accessing the setting environment. The child is easily distracted and flits between activities or finds it difficult to move on. Child needs a high level of intervention through enhanced staffing to enable them to access the nursery environment, choose activities and sustain focus. They will have limited play skills. 	<ul style="list-style-type: none"> • Child has sustained difficulty accessing the nursery environment and is unable to focus on own interests and play. Despite an individualised programme of support, and a high level of intervention, the child is showing a sustained delay in their play skills and the gap between the child and their peers is widening.

Language receptive/expressive

Universal	Setting support	Specialist support	Statutory assessment
Following routines			
<ul style="list-style-type: none"> Child is able to follow physical prompts or visuals of familiar routines independently or with age-appropriate support. Child can enjoy and join in with songs, rhymes and stories using words and gestures at age-appropriate level of development. 	<ul style="list-style-type: none"> Child needs some adult support to follow routines due to some difficulty understanding instructions. Adults need to support child to follow routines using tailored visual support e.g. objects of reference, Now & Next visuals. 	<ul style="list-style-type: none"> Child has significant difficulty understanding and following routines and instructions without the use of enhanced ratios. Child requires one to one adult prompting for daily routines such as washing their hands and snack time. 	<ul style="list-style-type: none"> Child has sustained difficulty understanding and following routines and instructions, despite an individualised programme of support and a high level of intervention.
Understanding instructions			
<ul style="list-style-type: none"> Child is able to understand and follow age-appropriate instructions. 	<ul style="list-style-type: none"> Child has some difficulty understanding and following age-appropriate instructions and needs some adult support and the use of visual aids. Adults need to simplify the language they use. 	<ul style="list-style-type: none"> Child is showing significant difficulty understanding and following age-appropriate instructions. Child requires a high level of intervention through enhanced staffing to enable the use of visuals such as Now & Next boards, Makaton and objects of reference. Staff need to simplify language, model and coach correct response. 	<ul style="list-style-type: none"> Child displays sustained difficulty understanding and following age-appropriate instructions, despite an individualised programme of support and a high level of intervention. Child may need increased use of individual visual aids. Professional advice has been followed for an extended period with child making little progress. The gap between child and peers is widening.
Understanding questions			
<ul style="list-style-type: none"> Child is able to understand and answer age-appropriate questions, including what, where, and when appropriate how and why. 	<ul style="list-style-type: none"> Child has some difficulty answering age-appropriate what and where questions. 	<ul style="list-style-type: none"> Child is showing significant difficulty or is unable to answer any questions even by showing the adult the answer non-verbally. 	<ul style="list-style-type: none"> Child displays sustained difficulty responding to any questions, despite an individualised programme of support and a high level of intervention.

Communicating needs

<ul style="list-style-type: none">• Child is able to use age-appropriate gestures, signs, key words and/or appropriate vocabulary.	<ul style="list-style-type: none">• Child has some difficulty communicating with others in comparison to other children their own age. They require some targeted adult support. They may be working below age-appropriate levels.	<ul style="list-style-type: none">• Child is showing significant difficulties communicating with others in comparison to other children their age. They may be working over 12 months below age related expectations. They find it very difficult to make their needs known. They may be using echolalia and may not use gestures, tone of voice or facial expression to support communication.	<ul style="list-style-type: none">• Despite an individualised programme of support and a high level of intervention, the child displays sustained difficulties communicating with others in comparison to other children their age. SLT assessment indicates a severe and sustained delay. Child may be dependent on adult to interpret wants and needs using additional aids.
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Social communication

Universal	Setting support	Specialist support	Statutory assessment
Awareness of social cues			
<ul style="list-style-type: none"> Child is aware of social cues and responses i.e. seeks contact with others, joint attention, can take turns and is interested in other children's play as age-appropriate. 	<ul style="list-style-type: none"> Child has some difficulty engaging with peers and adults. They may demonstrate a lack of awareness of social cues. They need support to turn-take and are uninterested in others' play. 	<ul style="list-style-type: none"> Child exhibits significant difficulty engaging with peers and adults. They may struggle to give eye contact even during motivating activities and often avoid other children. 	<ul style="list-style-type: none"> Child displays sustained difficulty engaging with peers and adults. During high attention activities, the child avoids all eye contact, even when objects are held at the adult's eye level.
Play alongside/with others			
<ul style="list-style-type: none"> Child engages in age-appropriate play alongside or with others. They show an interest in the play of others and may stop and watch their peers. 	<ul style="list-style-type: none"> Child may have some difficulties playing alongside others and they may prefer to play alone. They rarely initiate interactions with peers. Child may appear to follow their own agenda but will accept some adult ideas, when it is something that they like. 	<ul style="list-style-type: none"> Child shows a significant difficulty interacting with others. They may prefer to play alone and when other children come close, may move away, physically move others, scream or lash out. Child follows their own agenda and is unaware of others. They may be engaging in rigid or obsessive behaviours such as turning in circles or spinning car wheels. The child may require adults to distract by using a Now & Next board to encourage them to join more functional play. 	<ul style="list-style-type: none"> Despite an individualised programme of support and a high level of intervention, child has sustained difficulty interacting with others and is in a world of their own. They may move around the room constantly with little or no play, repeating actions such as rubbing their head against the wall or swiping toys off the table. Adults need to use intensive interaction and visuals to gain the child's interest, even fleetingly.

Imaginative play			
<ul style="list-style-type: none"> Child engages in purposeful, functional and imaginary play as appropriate for their age. They sometimes require adult support to adapt their play. 	<ul style="list-style-type: none"> Child has some difficulties playing imaginatively by themselves or with others. Child may need adult support to model and coach simple imaginative sequences of play within free play. 	<ul style="list-style-type: none"> Child is showing significant difficulties playing imaginatively by themselves or with others. They may engage in limited and repetitive play. Child may not engage in play with toys without demonstration. They may carry toys or empty boxes seemingly without purpose. 	<ul style="list-style-type: none"> Child has sustained and significant difficulties playing imaginatively by themselves or with others. Despite a highly specialised programme of support, they have made limited progress.
Transition and unstructured times			
<ul style="list-style-type: none"> Child explores the environment around them, with age-appropriate curiosity, during unstructured times. Child realises that their actions have an effect on the world, so they may want to keep repeating them. 	<ul style="list-style-type: none"> Child shows some difficulties during unstructured times and during changes in routine and needs additional adult support. 	<ul style="list-style-type: none"> Child has significant difficulties during unstructured times and during changes in routine. They may be very anxious and upset and may show unexpected behaviours, unless boundaries and expectations are consistently reinforced within a structured environment. 	<ul style="list-style-type: none"> Child has sustained difficulties during unstructured times and may be unaware of routines. Child may be very distressed during daily transitions and need an individual structured programme with objects of reference to support. They may be passive, withdrawn or respond physically and are unable to access the EYFS due to the severity of their social communication difficulties.
Turn-taking and sharing			
<ul style="list-style-type: none"> Child participates in age-appropriate adult-led activities with their peers. They may require some adult support to share toys and take turns. 	<ul style="list-style-type: none"> Child is showing some difficulties with taking turns and sharing during adult led activities. They have some difficulty interacting or participating in a small group activity. They need some adult support and visuals to support e.g. waiting symbol. 	<ul style="list-style-type: none"> Child has significant difficulties engaging in structured turn-taking activities even on a one to one. They become upset if others touch their toys. They are unable to participate in small group activities. 	<ul style="list-style-type: none"> Child has sustained difficulty engaging in structured turn-taking activities despite a high level of intervention. They will require a highly individualised programme of support.

Speech

Universal	Setting support	Specialist support	Statutory assessment
Producing sounds and words			
<ul style="list-style-type: none"> Child is able to make noises, babble, and use a range of different sounds and speech which are age-appropriate. 	<ul style="list-style-type: none"> Child may have some speech difficulties which is starting to impact on communicating their wants and needs. They may have limited sounds; they produce or use less words than their peers. 	<ul style="list-style-type: none"> Child has significant speech difficulties which is having a marked impact on their ability to communicate their wants and needs. 	<ul style="list-style-type: none"> Child has significant and sustained difficulties with speech which is having a severe impact on their ability to communicate their wants and needs. They require ongoing individual advice and support from a speech and language therapist. This is now affecting their access to the EYFS.
Clarity of speech			
<ul style="list-style-type: none"> Child's speech clarity allows them to communicate their wants and needs to familiar and unfamiliar adults. 	<ul style="list-style-type: none"> Child's speech clarity results in them having some difficulties making their needs and wants known to familiar adults. Unfamiliar adults and children may have more difficulty understanding them. 	<ul style="list-style-type: none"> Child's speech clarity results in them having significant difficulties making their needs and wants known to both familiar and unfamiliar adults. They may become frustrated at not being understood and withdraw or show more physical behaviours. The child needs support to communicate their needs and wants using gestures, visuals and Makaton if appropriate. This may be having some impact on confidence and social interaction. 	<ul style="list-style-type: none"> Despite support from SLT, child's speech clarity results in them having sustained difficulties making their needs and wants known to both familiar and unfamiliar adults. Child's confidence and self-esteem may be low, and frustrations may be increasing, or the child may withdraw. They may show an unwillingness to take part in activities and levels of frustration may be shown by swift changes in behaviour. The development of communication, literacy and language may not be progressing.

Dysphagia (Swallowing)

Universal	Setting support	Specialist support	Statutory assessment
<ul style="list-style-type: none">Child has no difficulties with eating, drinking or with oral motor skills.	<ul style="list-style-type: none">Child is showing some difficulties with oral motor skills and excessive dribbling.	<ul style="list-style-type: none">Child is regularly coughing or choking when eating or drinking and needs a referral to the Speech and Language Dysphagia Service.	<ul style="list-style-type: none">Child may need changes in diet and/or thickened fluids, nasogastric feeding or a gastrostomy.

Cognition and learning

Universal	Setting support	Specialist support	Statutory assessment
Perseverance and focus			
<ul style="list-style-type: none"> Child shows perseverance and concentrates on a chosen task for an age-appropriate period of time. They show signs of deep involvement. At times, they may need some additional prompts e.g. range of teaching strategies, choice board and general visuals to aid learning. 	<ul style="list-style-type: none"> Child requires some planned support to sustain perseverance and focus on an activity. Differentiation allows child to extend activities to develop areas of interest. 	<ul style="list-style-type: none"> Child requires planned strategies and additional support to retain, and use learned skills. Child will often lose focus at activities and need significant support to keep them on task even for short amount of time. 	<ul style="list-style-type: none"> Child requires sustained support in order to engage their attention and help them play, learn and make progress. Child will constantly flit between activities and cannot concentrate without support.
Adult-lead activities			
<ul style="list-style-type: none"> Child can listen and attend to an adult-led activity for a short amount of time in line with age expectations. Small groups of children are encouraged in early years learning and plenty of exciting resources and props should help keep the child's attention. 	<ul style="list-style-type: none"> Child needs some reminders/encouragement to persevere with an activity that is adult led. 	<ul style="list-style-type: none"> Child needs planned intervention (support) and prompts to listen and attend, and to maintain attention on an activity that is adult-led 	<ul style="list-style-type: none"> Child needs sustained, individualised support such as verbal and visual reminders/encouragement, to attend to an activity that is adult-led.
Accessing range of learning			
<ul style="list-style-type: none"> Child shows curiosity and is motivated to learn. They investigate and experience different things. They can play independently with appropriate differentiation. They join in with others. They demonstrate a 'Have a go' attitude to learning. 	<ul style="list-style-type: none"> Child has some difficulty joining in and accessing a range of activities. They may sometimes limit their play to specific interests. The child may carry around certain toys/objects and focus more on exploring certain schemas or patterns of play, such as spinning wheels and lining up toys. Differentiation 	<ul style="list-style-type: none"> Child's play is not age appropriate. It is significantly limited, inflexible and repetitive. Mostly likes to play on their own. They may have an fixation with certain objects, colours, toys or spinning wheels on cars or trains. Show frustration when asked to share toys/equipment. 	<ul style="list-style-type: none"> Child needs sustained support and a highly differentiated approach to enable them to play, join in, share and communicate their ideas and experiences. They are often not aware of what their peers are doing and play entirely on their own.

	by adults may be required to allow the child to learn routines, expectations, and boundaries.		
Exploring the environment			
<ul style="list-style-type: none"> Child begins to make sense of their physical world and their community. They explore, observe, and find out about people, places, technology and the environment. 	<ul style="list-style-type: none"> Child shows some difficulty expressing an interest in significant events in their own life and understanding what makes them unique. Child does not always ask questions and think about why things happen. 	<ul style="list-style-type: none"> Child shows significant difficulties in understanding their own experiences. Child shows continuing difficulties with a range of transitions. 	<ul style="list-style-type: none"> Child is showing sustained difficulties in the why, how and what concerning the world around them. They do not understand experiences and cannot learn from them.
Generating ideas			
<ul style="list-style-type: none"> Child explores and plays with a wide range of media and materials as well as sharing their thoughts, ideas, and feelings through a variety of activities in art, music, dance, role-play, and design and technology. 	<ul style="list-style-type: none"> Child has some difficulties or has a particular sensory need to engage in specific activities repetitively. Child requires some adult support to access other areas of the curriculum. Child has some difficulty in sharing their thoughts and ideas accurately. Some difficulty in generating ideas for imaginative play. 	<ul style="list-style-type: none"> Child shows significant difficulties in exploring the properties of materials and understanding their use. Needs additional support to join in, share and communicate ideas and experiences. Significant difficulty in generating ideas for play. Their play is repetitive. Child unaware of what other children do in their play. 	<ul style="list-style-type: none"> Child shows sustained difficulties in generating ideas for any play they engage in. Repetitive activities: they are not able to recreate play when role-modelled by the adult. This is not changing, despite a high level of support and modelling by adults

Social, emotional and mental health

1 Profile of need

Universal	Setting support	Specialist support	Statutory assessment
Turn-taking and waiting			
<ul style="list-style-type: none"> Child is able to take turns and wait during activities at age-appropriate level. 	<ul style="list-style-type: none"> Child shows some difficulty in developmentally appropriate turn-taking/sharing and participation in group activities. They find waiting difficult and need adult prompting. 	<ul style="list-style-type: none"> Child showing significant difficulty in developmentally appropriate turn-taking/sharing and participation in group activities. They get upset or lose interest if they need to wait, even with adult support. 	<ul style="list-style-type: none"> Child is showing sustained difficulty in turn-taking/sharing and participation in group activities. They cannot wait even with a high level of adult support.
Key person relationships			
<ul style="list-style-type: none"> Child is developing a secure attachment with keyperson. 	<ul style="list-style-type: none"> Child may be showing some difficulty in developing a positive relationship with keyperson. 	<ul style="list-style-type: none"> Child is showing significant difficulties in developing a positive relationship with keyperson. 	<ul style="list-style-type: none"> Child is showing sustained difficulty in developing a positive relationship with keyperson.
Friendships			
<ul style="list-style-type: none"> Child is developing social play and interaction with peers at age-appropriate level. 	<ul style="list-style-type: none"> Child showing some difficulty in building and/or maintaining friendships with others. They may not have children they choose to play with more or there may be frequent conflict with friends. 	<ul style="list-style-type: none"> Child showing significant difficulty in building and/or maintaining friendships. They may avoid playing with or near others, or there is conflict when they interact with other children. 	<ul style="list-style-type: none"> Child is showing sustained difficulty in building and/or maintaining friendships with others. Despite a high level of support, they either avoid others or are unaware of others in their environment.
Awareness of feelings			
<ul style="list-style-type: none"> Child is developing an age-appropriate awareness of other people's feelings and responds accordingly. 	<ul style="list-style-type: none"> Child is showing little awareness of other people's feelings. They need adult support to notice and support to behave appropriately to others' emotions. 	<ul style="list-style-type: none"> Child is showing no awareness of other people's feelings. They appear unaware of, and do not respond to others if they are upset, even with adult support to become aware of this. 	<ul style="list-style-type: none"> Child is showing no awareness of other people's feelings, despite interventions and support. They also find it difficult to be aware of and respond appropriately to their own emotions.

Social interactions			
<ul style="list-style-type: none"> Child shows age-appropriate social interactions with others. 	<ul style="list-style-type: none"> Child shows some inappropriate social interactions with others which may include including physical contact. 	<ul style="list-style-type: none"> Child frequently interacts inappropriately with others e.g. pushing, biting, which may lead to harm. They need closer adult supervision. 	<ul style="list-style-type: none"> Child persistently uses inappropriate physical contact with others which leads to an outcome of harm They require a high level of adult support at all times.

Social language

Universal	Setting support	Specialist support	Statutory assessment
Understanding non-verbal cues			
<ul style="list-style-type: none"> Child responds to non-verbal cues in an age-appropriate way. 	<ul style="list-style-type: none"> Child showing some difficulty in using and reading non-verbal cues. They may need adult support to help them notice and understand them. They may not notice when others are getting cross or bored and may not understand when a practitioner uses a cross voice or a stern look. 	<ul style="list-style-type: none"> Child showing significant difficulty in using and reading non-verbal cues resulting in increasing isolation from peers. They do not respond appropriately, even when an adult draws attention to the non-verbal cues. 	<ul style="list-style-type: none"> Child showing sustained difficulty in using and reading non-verbal cues. They are not making progress, despite a high level of support and teaching.

Emotional

Universal	Setting support	Specialist support	Statutory assessment
Confidence			
<ul style="list-style-type: none"> Child is confident to try new activities and explore their environment. 	<ul style="list-style-type: none"> Child appears hesitant, lacks confidence and is sometimes withdrawn, which may impact on how they access the environment and social times. 	<ul style="list-style-type: none"> Child appears hesitant, lacks confidence and is frequently withdrawn, which significantly impacts on how they access the environment and social times. 	<ul style="list-style-type: none"> Child appears to display sustained and persistent hesitancy, lacks confidence and is persistently withdrawn. which significantly impacts on how they access the environment and social times
Expressing emotions			
<ul style="list-style-type: none"> Child is able to show emotions in a range of age-appropriate ways. 	<ul style="list-style-type: none"> Child expresses emotions (fear, frustration, excitement etc.) through some incidents e.g. pushing, hitting, kicking, biting non-deliberate harm to others or they may not show emotions i.e. being withdrawn and quiet and mask their anxiety. 	<ul style="list-style-type: none"> Child expresses emotions through frequent incidents of pushing, hitting, kicking, biting and non-deliberate harm to others, or the child uses a high level of masking which parents report is frequently expressed at home. 	<ul style="list-style-type: none"> Child expresses emotions through persistent incidents of pushing, hitting, kicking, biting and non-deliberate harm to others. Or they become setting refusers or selectively mute. They mask all emotions at a very high level. They may engage in some self-harm.
Emotional regulation			
<ul style="list-style-type: none"> All children aged 0-5 years need support from adults to regulate their emotions (co-regulation). With adult support, children are beginning to manage and regulate their emotional responses in an age-appropriate way. 	<ul style="list-style-type: none"> Child has some difficulty in managing and regulating emotions, even with adult support, resulting in avoidant behaviour, for example, hiding under tables and/or challenging behaviour. It may be difficult to support them to calm down. 	<ul style="list-style-type: none"> Child has significant difficulty in managing and regulating emotions, even with adult support, resulting in avoidant behaviour and/or acting out behaviour. They may be hyper-vigilant or frequently upset for long periods without adults being able to help them calm down. 	<ul style="list-style-type: none"> Child has sustained difficulty in managing and regulating emotions, even with adult support, resulting in avoidant behaviour and/or acting out behaviour. There are frequent and sustained periods of the child being upset, which an adult cannot help with.

Self-esteem			
<ul style="list-style-type: none"> Child has a positive sense of self and is confident to try new experiences. They can cope when things don't go to plan and will persevere with an activity. 	<ul style="list-style-type: none"> Child sometimes shows low self-esteem, which impacts on their confidence to try new experiences. They find it difficult to cope when things don't go to plan and will give up with an activity or become frustrated. 	<ul style="list-style-type: none"> Child frequently shows low self-esteem, which impacts on their confidence to try new experiences. They find it difficult to cope when things don't go to plan and will give up with an activity or become frustrated. They will refuse to try many activities. 	<ul style="list-style-type: none"> Child persistently shows low self-esteem, which impacts on their confidence to try new experiences. They find it difficult to cope when things don't go to plan and will give up with an activity or become frustrated. They will frequently refuse to try even activities they enjoy
Anxiety			
<ul style="list-style-type: none"> Child can use a range of coping strategies to remain calm when managing everyday challenges, for example, transition times and separation from parents/carers. 	<ul style="list-style-type: none"> Child displays some anxiety and has difficulty in remaining calm when faced with everyday challenges, and this may impact on their emotional wellbeing. 	<ul style="list-style-type: none"> Child displays anxiety and has significant difficulty in remaining calm when faced with everyday challenges and this may impact on their emotional wellbeing. They appear hyper-vigilant to change. 	<ul style="list-style-type: none"> Child displays a high level of anxiety and has persistent difficulties in remaining calm and this may impact on their emotional wellbeing.
Risk taking			
<ul style="list-style-type: none"> Child is confident to take age-appropriate risks during their play and learning. 	<ul style="list-style-type: none"> Child sometimes lacks ability to risk assess their own safety, which may cause them to be overly cautious or have little regard for danger. 	<ul style="list-style-type: none"> Child frequently lacks ability to risk assess their own safety, which may cause them to be overly cautious or have little regard for danger. 	<ul style="list-style-type: none"> Child persistently lacks ability to risk assess their own safety, which may cause them to be overly cautious or have little regard for danger.

Learning behaviour

Universal	Setting support	Specialist support	Statutory assessment
Following routines			
<ul style="list-style-type: none"> Child makes choices and explores, responds to new experiences, plans ahead about how to play, uses language to guide their own thinking and begins to predict routines maybe using visual cues. 	<ul style="list-style-type: none"> Child has some difficulty in following setting routines such as difficulty coping with boundaries, difficulty in coping with changes in routine/staff etc. 	<ul style="list-style-type: none"> Child has significant difficulty in following setting routines such as difficulty coping with boundaries, difficulty in coping with changes in routine/staff etc. They still find it difficult even with a high level of adults' support and cueing-in. 	<ul style="list-style-type: none"> Child has sustained difficulty in following setting routines such as. difficulty coping with boundaries, difficulty in coping with changes in routine/staff etc. It remains difficult with full adult support and cueing-in, which has been in place over a significant period of time.
Remaining on task			
<ul style="list-style-type: none"> Child can remain on task with some additional verbal prompts. They can concentrate on achieving something that is important to them. 	<ul style="list-style-type: none"> Child has some difficulty in regulating their emotions and this impacts on their ability to remain on task during a developmentally appropriate activity, even with visual prompts (e.g. Now & Next board, sand-timer, snack bar or handwashing routine). 	<ul style="list-style-type: none"> Child has significant difficulty in regulating their emotions and this impacts on their ability to remain on task during a developmentally appropriate activity, despite ongoing individualised interventions. 	<ul style="list-style-type: none"> Child has sustained difficulty in regulating their emotions and this impacts on their ability to remain on task during a developmentally appropriate activity, despite ongoing individualised interventions.
Independent learning			
<ul style="list-style-type: none"> Child can learn independently, with appropriate differentiation, as well as spending a short amount of time in group activities. They take part in play alone and with others. They bring their own interest and fascinations to the setting. They use a range of strategies to reach self-set goals. They have their own ideas and solve problems. 	<ul style="list-style-type: none"> Child has some difficulty in learning independently, with appropriate differentiation, as well as spending a short amount of time in group activities. 	<ul style="list-style-type: none"> Child has significant difficulty in learning independently, despite appropriate differentiation. The child also spends a short amount of time in group activities. 	<ul style="list-style-type: none"> Child has sustained difficulty in learning independently, despite appropriate differentiation. The child also spends a short amount of time in group activities.

Adult-directed activities

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| <ul style="list-style-type: none">• Child can transition from child-chosen play to adult-led activities or routines with adult verbal prompts. | <ul style="list-style-type: none">• Child has some difficulty in transitioning from child-chosen play to adult-led activities or routines with adult support. They may need more prompting or support and may be resistant to stay. | <ul style="list-style-type: none">• Child has significant difficulty in transitioning from child-chosen play to adult-led activities or routines, even with a high level of adult support and it is difficult to get them to engage. | <ul style="list-style-type: none">• Child has sustained difficulty in transitioning from child-chosen play to adult-led activities or routines with adult support. They frequently will not engage in adult-directed tasks at all, despite full adult support. |
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Physical and sensory needs

1 Profile of need

Physical

The child's level of physical functioning will be a cause of concern and have an impact on their access to the early years setting and their ability to be fully involved in learning and social activities. Medical needs may also have an impact on physical function.

Examples of long term physical disabilities include Cerebral Palsy, Spina Bifida, Achondroplasia, muscular dystrophy, acquired brain injury, and Osteogenesis Imperfecta (brittle bone disease).

Universal	Setting support	Specialist support	Statutory assessment
Gross motor			
<ul style="list-style-type: none"> Child is able to engage in age-appropriate gross motor activities and is achieving gross motor milestones within expected age-related timeframes. 	<ul style="list-style-type: none"> Child may have some delay in meeting gross motor milestones. They may have some difficulty accessing age-appropriate gross motor activities and need some adult support to achieve. 	<ul style="list-style-type: none"> Child has a significant delay or physical condition/diagnosis/disability that considerably impairs their gross motor skills and requires specialist intervention and approaches to support them accessing the curriculum. Child should be on the SEND register of setting. SISS Sensory and Physical Impairment (SPI) team to be involved if they meet referral criteria. 	<ul style="list-style-type: none"> Child has sustained difficulties that impact on their ability to participate and learn. Child is significantly behind age related expectations that requires consistent adult support and adjustments to the provision, as recommended by other professionals.

Fine motor			
<ul style="list-style-type: none"> Child is able to engage in age-appropriate fine motor activities and is achieving fine motor milestones within expected age-related timeframes. 	<ul style="list-style-type: none"> Child may have some delay in meeting fine motor milestones. They may have some difficulty accessing age-appropriate fine motor activities and need some adult support to achieve. 	<ul style="list-style-type: none"> Child has a significant delay or physical condition/diagnosis/disability that considerably impairs their fine motor skills and requires specialist intervention and approaches to support them accessing the curriculum. 	<ul style="list-style-type: none"> Child has sustained difficulties that impact on their ability to participate and learn. Child is significantly behind age-related expectations that requires consistent adult support and adjustments to the provision, as recommended by other professionals.
Using resources			
<ul style="list-style-type: none"> Child can access and use age-appropriate resources and tools independently within a clearly labelled and organised environment. For example, signs/symbols of where resources should be. 	<ul style="list-style-type: none"> Child may have some difficulties with fine motor activities and use of tools. They may require differentiated resources and activities. 	<ul style="list-style-type: none"> Child requires a significant level of adult support to access activities and additional time for completion of tasks. This may include hand over hand support, leading by the hand or access to specialist equipment and resources. 	<ul style="list-style-type: none"> Child will require significant and sustained modifications and adjustments made to resources and the environment, making it easier to access the curriculum and become more independent.
Mobility			
<ul style="list-style-type: none"> Child can move around the setting independently and can access all areas and activities as appropriate for their age. 	<ul style="list-style-type: none"> Child may need some support to move around the setting. They are not fully independent, despite all reasonable adjustments being made to the environment. 	<ul style="list-style-type: none"> Child requires significant differentiation and/or some modification to be able to move around the setting and access activities. Child requires significant differentiation and/or some modification to be able to move around the setting and access activities. Child will require significant and sustained modifications and adjustments made to 	<ul style="list-style-type: none"> Child will require significant and sustained modifications and adjustments made to resources and the environment, making it easier to be mobile and to access the curriculum and become more independent.

		<p>resources and the environment, making it easier to be mobile and to access the curriculum and become more independent.</p> <ul style="list-style-type: none"> • Child should be on SEND register of the setting. • SISS SPI team to be involved if they meet referral criteria. 	
Balance and coordination			
<ul style="list-style-type: none"> • Child able to demonstrate age-appropriate balance and coordination. 	<ul style="list-style-type: none"> • Child may have some difficulties with balance and coordination when compared with their peers. They may need extra support to ensure they are safe. You may see more trips and falls than you would expect, and they may drop things more often. 	<ul style="list-style-type: none"> • Child may have significant difficulties and/or a diagnosis that affects their balance and co-ordination, which impairs their ability to access the learning environment and keep themselves safe. 	<ul style="list-style-type: none"> • Child has sustained difficulties that impact on their ability to participate and learn. Child is significantly behind age related expectations that requires consistent adult support and adjustments to the provision, as recommended by other professionals.
Access			
<ul style="list-style-type: none"> • Child accesses the physical environment independently and uses resources that promote physical development. 	<ul style="list-style-type: none"> • Child may require additional support to access the physical environment and some differentiation of activities to support their physical development. 	<ul style="list-style-type: none"> • Child requires significant and frequent support and/or adjustments to access provision. • In addition, child requires additional adult support for self-help skills, (dressing, hand-washing, feeding, and using the toilet independently if appropriate). 	<ul style="list-style-type: none"> • Child has sustained difficulties that impact on their ability to participate and learn. Child is significantly behind age related expectations that requires consistent adult support and adjustments to the provision, as recommended by other professionals.

Sensory processing

This is difference in how a child processes information from their senses once the message reaches their brain and not impairments with eyes ears etc Sensory difference can include all senses including hearing, sight, touch, smell, taste, as well as balance and special awareness.

Universal	Setting support	Specialist support	Statutory assessment
Over-sensitivity			
<ul style="list-style-type: none"> Child is responding to sensory stimuli in an age-appropriate way. 	<ul style="list-style-type: none"> Child appears to be over-sensitive to some sensory stimuli, for example, covering their ears in a noisy environment or disliking some items of clothing. They may react to strong smells or avoid bright lights. 	<ul style="list-style-type: none"> Child is showing significant difficulties with some sensory stimuli. They may become distressed and seek to get away from stimuli others don't find difficult such as certain noises, smells or textures. They may need support and adaptations to access the environment. 	<ul style="list-style-type: none"> Child has sustained difficulties with every day sensory stimuli, making them distressed and avoidant. This is impacting on their ability to access the environment and learning despite support and adaptations.
Under-sensitivity			
<ul style="list-style-type: none"> Child is responding to sensory stimuli in an age-appropriate way. 	<ul style="list-style-type: none"> Child appears to be under sensitive to some sensory stimuli or they may not react appropriately to pain or hunger or notice when they need the toilet. They may seek out sensory stimulation such as movement. They may smell or taste objects. They may seek out pressure such as tight cuddles. 	<ul style="list-style-type: none"> Child is showing significant sensory seeking behaviours. They may need to be moving constantly, often pacing or rocking. They may spin or flap and possibly toe walk. They may like some textures so much that they can't leave them alone such as stroking and touching others' hair. 	<ul style="list-style-type: none"> Child has sustained difficulties with every day sensory stimuli making them seek them out to the exclusion of other activities. This is impacting on their ability to access the environment and learning, despite support and adaptations.

Pica			
<ul style="list-style-type: none"> • Child eats and mouths objects in age-appropriately way. 	<ul style="list-style-type: none"> • Child may occasionally put non-food items in their mouth and chew on things, such as their jumper sleeve, more so than you would expect. 	<ul style="list-style-type: none"> • Child frequently puts non-food items in their mouth and eats things that are not appropriate or safe, if not supervised. Child seeks out things to chew and does this to a level that things are destroyed. 	<ul style="list-style-type: none"> • Child has sustained difficulties with eating non-food items making them seek them out to the exclusion of other activities. This is impacting on their safety and their ability to access the environment and learning, despite support and adaptations.
Diet			
<ul style="list-style-type: none"> • Child will eat a variety of different foods and drinks as appropriate for their age. 	<ul style="list-style-type: none"> • Child has some difficulty trying new or different foods and may be a fussier eater than expected for their age and experience. 	<ul style="list-style-type: none"> • Child has significant difficulties eating a range of food. They may only eat a very limited range of food and become upset or avoidant if different foods are offered. Even if they are hungry, they may only eat certain brands or flavours. Their diet can be described as bland, or beige and they may gag or refuse to eat certain textures of food. They may need food pureed long after you would expect. Need different foods kept separate. 	<ul style="list-style-type: none"> • Child has sustained difficulties with eating. They have a very limited diet. This is impacting on their safety and health. They may need specialist intervention with their diet to prevent failure to thrive.

Hearing impairment

This is a medically diagnosed hearing impairment which is permanent and/or necessitates the use of amplification equipment. If a child/young person presents with amplification hearing devices, this indicates they have been assessed for a hearing loss. They are likely to have an audiogram which will help define their level of hearing loss.

Universal	Setting support	Specialist support	Statutory assessment
Accessing classroom language/group work and social play			
<ul style="list-style-type: none"> • Child responds to environmental sounds at an age-appropriate level. • Child responds to routine language and instruction at an age-appropriate level. • Child participates in social play and interaction at an age-appropriate level. 	<ul style="list-style-type: none"> • Child may have a temporary loss, most commonly glue ear. • Child may miss some spoken information and require repetition. • Child may miss environmental sounds or demonstrate delayed response. 	<ul style="list-style-type: none"> • Child is clinically identified with temporary or permanent hearing impairment which necessitates the use of amplification of hearing equipment – SISS SPI team to be involved. • Child should be on the SEND register of setting. • Child requires significant and frequent support and/or adjustments to access provision. 	<ul style="list-style-type: none"> • Child has sustained difficulties that impact on their ability to participate/is significantly behind age related expectations that requires consistent adult support and adjustments to the provision, as recommended by other professionals.
Communication			
<ul style="list-style-type: none"> • Child may show intermittent responsive to adults and their peers and attempts mostly age-appropriate gestures, signs keywords and/or appropriate vocabulary. 	<ul style="list-style-type: none"> • Child may have speech and language delay and gaps in vocabulary or difficulties with social interaction or being understood. 	<ul style="list-style-type: none"> • Child could have significant speech and language difficulties due to diagnosed hearing impairment that requires intervention from specialists and the use of specialist technology, British Sign Language (BSL) use 	

Visual impairment

A long term, medically defined, visual impairment that cannot be corrected with standard glasses or contact lenses, including visual processing difficulties such as Cerebral Visual Impairment. The CYP's impairment has an impact on their access to the curriculum and on their ability to be fully involved in learning and social activities.

Universal	Setting support	Specialist support	Statutory assessment
Accessing learning and environment/interaction with peers			
<ul style="list-style-type: none"> Child can mostly complete tasks and participate in learning activities as age-appropriate (e.g. small group times, free play and independent play) but may need a small amount of adult intervention and differentiation at times. 	<ul style="list-style-type: none"> Child may require some additional support and differentiation of tasks and activities to enable them to access learning. 	<ul style="list-style-type: none"> SISS to be involved if the child has a diagnosis of a vision impairment (VI). May be registered with a certificate of visual impairment (CVI) as sight impaired. Child should be on the SEND register. Child requires significant and frequent support and/or adjustments to access provision. 	<ul style="list-style-type: none"> Child has sustained difficulties that impact on their ability to participate/is significantly behind age related expectations that requires consistent adult support and adjustments to the provision, as recommended by the specialist teacher, the qualified teacher for visual impairment (QTVI).
Accessing the environment			
<ul style="list-style-type: none"> Child can mostly access resources independently and move around a clearly labelled and organised learning environment. 	<ul style="list-style-type: none"> Child may experience some difficulties, seeing resources which may result in reduced engagement with the learning environment. 	<ul style="list-style-type: none"> Child has significant difficulties with visual impairment that impedes access to the learning environment and resources and may require a high level of support to access the curriculum. 	<ul style="list-style-type: none"> Child has sustained difficulties associated visual impairment and requires a highly structured and individualised play and learning environment, significant intervention.

		<ul style="list-style-type: none">• Is likely to need the support of a trained habilitation officer (Guide Dogs). Adaptations to the environment may be needed in order to meet the needs of the child.	<ul style="list-style-type: none">• Child very likely to require habilitation and mobility support from a trained habilitation officer (Guide Dogs). Adaptations to the environment are likely to be needed to meet the needs of the child.
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Multi-sensory impairment

MSI – are considered to have a multi-sensory impairment when they have a dual loss to both their distance senses- hearing and vision. They may also have neurological differences and additional difficulties which cause them to function as if they have significant sensory impairment/s. An impairment of both distance senses has an exponential impact on a child’s development. All children with a dual loss will have difficulties in the three key areas of communication, gaining of information and orientation and mobility.

Universal	Setting support	Specialist support	Statutory assessment
<ul style="list-style-type: none"> Follow universal statements as per hearing and vision impairment. 	<ul style="list-style-type: none"> Obtain up-to-date medical information and any information appertaining specifically to vision and hearing loss. Referral to SISS SPI team. 	<ul style="list-style-type: none"> SISS will be involved with child where they have a diagnosed dual loss of both distance senses or functional loss of both distance senses. Child should be on SEND register in setting. 	<ul style="list-style-type: none"> Follow advice from QTMSI from SISS/health professionals/parents and contained in EHCP.

Plan

Universal	Setting support	Specialist support	Statutory assessment
<p>The EYFS Statutory Framework contains the educational programmes for the seven areas of learning and development.</p> <p>If a child's progress in any prime area gives cause for concern, practitioners must discuss this with the child's parents and/or carers and agree how to support the child. Practitioners must consider whether a child may have a special educational need or disability (SEND) which requires specialist support. They should link with, and help families to access, relevant services from other agencies as appropriate.</p> <p>Development Matters describes the curriculum as: what we want children to learn:</p> <ul style="list-style-type: none"> The curriculum is a top-level plan of everything the early years setting wants the children to learn. 	<p>A meeting should be held with parents/carers to discuss their child's SEND needs They should be told their child is going to be placed on their SEND register. The setting also needs to inform parents/carers of this in writing and get written consent to do so. See example letter on solgrid https://www.solgrid.org.uk/eyc/send/examples-of-send-paperwork/</p> <p>Practitioners should use the information gathered from the assessment and observations to plan support for the child that is appropriate and to ensure that the provision is meeting the child's individual needs.</p> <p>The child will need an individualised plan that clearly sets out what the child's needs are, what targets they are working towards and what support the setting is providing to help the child meet these targets.</p> <p>All targets should be SMART www.solgrid.org.uk/eyc/send/graduated-approach-incl-ehcp-process</p> <p>The SEND plan should be a working document used by all adults working with the child and used to record progress.</p>	<p>The child should be added to the settings SEND register and parents/carers informed of this if not already done. Examples of SEND Paperwork (solgrid.org.uk)</p> <p>A referral should be made to the early years Area SENCo team for children in settings Link to Our referral www.solgrid.org.uk/eyc/send/refferals/ or a Team around the Child EYTAC referral made for children not yet in settings or attending a childminder. Some children will be supported by SISS team. Please check their criteria for referral. Their advice should be included in the child's SEND/My Support Plan.</p> <p>Practitioners should have agreed dates to update the child's records and SEND plan/My Support Plan. using the information gathered from the assessments and observations. When available, include specialist advice and add recommendations to the child's SEND/My Support Plan. www.solgrid.org.uk/eyc/send/graduated-approach-incl-ehcp-process</p> <p>Plan regular meetings to review the child's plan. This meeting should</p>	<p>Practitioners should make parents/carers aware of the EHCP process and time scales.</p> <p>The statutory process and time scales for an EHCP are on the local offer. https://www.solihull.gov.uk/children-and-family-support/localoffer/EHCplans</p> <p>Practitioners should make parents/carers aware that part of the statutory assessment process will consider whether specialist provision might be appropriate for their child.</p> <p>Parents/carers need to be made aware that it is their responsibility to request this if this is what they want, they need to do this before the EHCP is finalised.</p> <p>Practitioners should make parents/carers aware that a statutory assessment will not always lead to an</p>

<ul style="list-style-type: none"> • Planning to help every child to develop their language is vital. • The curriculum needs to be ambitious. Careful sequencing will help children to build their learning over time. • Young children’s learning is often driven by their interests. Plans need to be flexible. • Babies and young children do not develop in a fixed way. Their development is like a spider’s web with many strands, not a straight line • Depth in early learning is much more important than covering lots of things in a superficial way. <p>The practice and provision meets the needs of every child through developmentally appropriate expectations, environments and routines.</p>	<p>The majority of children will have EYFS targets and be able to meet them with the support of responsive and professional keypersons.</p> <p>However, some children will need practitioners to plan for their learning needs, differentiating the curriculum and using smaller steps to allow progress.</p> <p>Practitioners plan a cycle of ‘assess, plan, do and review’ as outlined in the Code of Practice for SEND 2014. All plans must include a date you plan to review them on.</p> <p>Staff should plan to attend training to meet the specific needs of individual children, for example Makaton training.</p> <p>Practitioners should decide whether it is necessary to complete a risk assessment for an individual child, to reduce risk of harm to self or others. www.solgrid.org.uk/eyc/send/examples-of-send-paperwork/</p> <p>Practitioners to consider asking their Area SENCo for advice about individual children not yet formally referred to them www.solgrid.org.uk/eyc/send/</p>	<p>include parents, key workers, setting’s SENCo and where appropriate outside agencies</p> <p>Practitioner to talk to parents/carers about the ‘Disability Living Allowance’ (DLA) https://contact.org.uk/advice-and-support/money-benefits-work-and-childcare/benefits-and-taxcredits/disability-living-allowance/ . This will help the child at home and also meet the criteria for EEF Funding and the Disability Access Funding.</p> <p>You may need to plan to organise or attend a Team Around the Family meeting.</p> <p>Practitioners to plan a transition meeting for individual children moving between rooms/settings or schools</p> <p>Consider an application for level 2 inclusion funding https://www.solihull.gov.uk/Children-and-family-support/localoffer/inclusion-fund</p> <p>Funding can be used to enhance staff ratios, access training to be able to implement agreed interventions and strategies recommended by specialist agencies and detailed in the My support Plan.</p>	<p>EHCP. The information gathered during an EHC assessment may indicate ways in which the nursery or school can meet the child’s needs without an EHCP.</p> <p>Parents/carers of children with final EHCPs need to be aware of the school admissions process going into the reception year of school. Guidance can be found on the local offer website. https://www.solihull.gov.uk/Schools-and-learning/School-admissions</p> <p>Practitioners to signpost the parents/carers to SENDias Solihull for support with EHC processes and mediation, if required. https://www.solihull.gov.uk/children-and-family-support/localoffer/sendias</p>
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<p>Practitioners must be aware of all health needs, health care plans, and access relevant training. (e.g. epi pens and inhalers).</p> <p>SENCo to attend termly local authority SENCo briefings and support staff Continuing Professional Development (CPD) for SEND</p> <p>https://dingley.org.uk/dingley-s-promise-training/early-years-inclusion-programme/</p>	<p>Practitioners to consider completing an application for level 1 Inclusion funding https://www.solihull.gov.uk/Children-and-family-support/localoffer/inclusion-fund to enhance staff ratios, attend training and to implement agreed interventions and strategies identified and detailed in the child's individualised plan.</p> <p>Plan a good transition to new settings by following the early years team transition advice document.</p> <p>www.solgrid.org.uk/eyc/send/transition/</p>		
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Do (Strategies)

Communication and interaction

2 Strategies and interventions (Do)

Listening and attention

Universal	Setting support	Specialist support	Statutory assessment
<ul style="list-style-type: none"> Children's back-and-forth interactions from an early age form the foundations for language and cognitive development. Reading frequently to children, and engaging them actively in stories, non-fiction, rhymes and poems, and then providing them with extensive opportunities to use and embed new words in a range of contexts, will give children the opportunity to thrive. Provide high-quality adult-child interactions, using the continuous provision and the role of the play partner to support communication skills and sustained shared thinking Draw the child's attention to sounds in their environment, such as doorbell ringing, kettle boiling, clock ticking, rain on windows etc. 	<ul style="list-style-type: none"> Repeating/reinforcing verbal communications individually to the child supported with visual aids such as communication boards or cue card. Use of personal visual timetables using objects of reference, photos or symbols such as Now & Next boards. These must be used consistently by all staff. Adapt the content and presentation of language-based activities, e.g., story time or singing. Gain the child's attention using their name, simplify and reduce the amount of language used and provide appropriate visual support. Ensure the child is appropriately placed during activities; children find it easier to listen when they are sitting comfortably in a position where they can see the speaker's face. Individual focused work to encourage and support the development of interaction and attention building skills beginning with one adult, and then 	<ul style="list-style-type: none"> To follow the strategies and support given by the specialist outside agency involved. 	<ul style="list-style-type: none"> To follow the strategies and support outlined in the education, health and care plan (EHCP).

<ul style="list-style-type: none"> • Communication friendly environment: using visuals such as photographs/pictures, use of gestures and signs, equipment labelled with photographs or pictures and words. • Structure of the day presented through visual timetables and cueing children into what is happening next such as tidy up song, tablecloths for lunch. • Provide quiet/low distraction areas that children can access freely. • Provide resources to reflect the different development needs of the children. 	<p>gradually increasing the size of the group to include other children.</p> <ul style="list-style-type: none"> • Use of interventions to encourage interaction and engagement such as mirroring,(intensive interaction) play partnering, anticipation games, turn-taking. www.solgrid.org.uk/eyc/send/strategies/ • Focused turn-taking activities can help to develop good listening. Play games such as encouraging the child to copy the pattern of clapping or beats on a drum. You may have to wait longer than you expect for young children to respond. • Access the Activities for Home and Nursery resource leaflets and videos available on the Community Therapies SLT website. 		
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Language

Universal	Setting support	Specialist support	Statutory assessment
<ul style="list-style-type: none"> The number and quality of the conversations they have with adults and peers throughout the day in a language-rich environment is crucial. By commenting on what children are interested in or doing and echoing back what they say with new vocabulary added, practitioners will build children's language effectively. Through conversation, storytelling, and role play, where children share their ideas with support and modelling from their teacher, and sensitive questioning that invites them to elaborate, children become comfortable using a rich range of vocabulary and language structures. Adult modelling to promote communication and language. Practitioners sometimes use simplified language and repetition. 	<ul style="list-style-type: none"> Individual focused work to develop language. Play games such as 'What's in the bag?' naming objects clearly and repeatedly. https://www.solihull.gov.uk/children-and-family-support/localoffer Work on the child making choices between two objects, for example show the child two choices. Label each, e.g., "apple, biscuit" then hold them apart so the child needs to reach for, eye point or vocalise for the preferred item. Give them the preferred choice and again say what it is e.g. "apple". www.solgrid.org.uk/eyc/send/strategies/ Look through a book a few times and name the same pictures each time. Then the next time you look at the book, point to one of the pictures and say nothing. Wait for the child to communicate with you in some way, to tell you to name it or to attempt to name it themselves. Label what the child is doing when they are doing it. This may be at a one-word level such as saying jumping as they jump. 	<ul style="list-style-type: none"> To follow the strategies and support given by the specialist outside agency involved. 	<ul style="list-style-type: none"> To follow the strategies and support outlined in the education, health and care plan (EHCP).

<ul style="list-style-type: none"> • Reduce the number of questions asked to a child. Instead, make comments on what they are doing, about the environment and resources e.g. talk about the pictures in books, involve yourself in their play, following the child's lead. • Allow time for the child to respond to verbal communication. • Provide time to talk. In the busy environment of the early years setting, it is easy to forget the value of simply talking. Try to prioritise conversational opportunities and pick up on ad-hoc explorations of concepts, events, words, and stories. • Let the child lead. Wait to see the child's interest before presenting a word label – e.g. wait for the child to point things out or look at things in the environment. 	<ul style="list-style-type: none"> • Introduce simple Makaton signs for functional language such as more, finished, stop, drink. www.solgrid.org.uk/eyc/send/strategies/ • A child is more likely to use Makaton if it is used across the setting not just with the individual with SEND. • Consider referral to external services such as speech and language therapy (SLT) with parental consent. Community Therapies SLT website. 		
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Social communication

Universal	Setting support	Specialist support	Statutory assessment
<ul style="list-style-type: none"> • Provide a variety of social situations including opportunities to interact on a 1-1 basis in small and larger groups. • Use adults and peers to model and encourage appropriate social interactions. Praise and reward those when seen. • Use stories to support and teach social skill development. • Scaffold the child's communication. Learning is essentially a social process, and we have a vital role to play in helping young children discover and engage with their natural, social and cultural environments through language. 	<ul style="list-style-type: none"> • Small group work focusing on social interaction and language. <p>Use of interventions to encourage interaction and engagement:</p> <ul style="list-style-type: none"> • Mirroring: Sit next to child and play with same thing – you can have the same toy and play in the same way as he/she is (mirroring their ideas and actions). The child may be aware that you're doing this – they may then start to look at you. If they look at you, respond by saying something. (intensive interaction). • Play partnering - Model simple imaginative play routines such as rolling a train along a track or feeding a doll. Try to model the same play routine every day until the child is copying, before extending the play. Initially, you may need to prompt the child to do the actions. • Anticipation games - Rolling a car/ball to a partner. Say, "Ready steady," and wait for eye contact and then roll the car. Reinforce turn taking with, "Your turn, my turn". Give lots of praise by smiling/clapping hands using thumbs up and, "Good". Try this with another adult if it is difficult to 	<ul style="list-style-type: none"> • To follow the strategies and support given by the specialist outside agency involved. 	<ul style="list-style-type: none"> • To follow the strategies and support outlined in the education, health and care plan (EHCP).

	<p>engage the child at first and then tempt them to join in.</p> <ul style="list-style-type: none">• Asking for More - Blow bubbles first to gain attention. Then hold bubbles by eyes waiting for eye contact. Once eye contact is established, say, 'More' or 'Bubbles' and blow straight away. Repeat this a couple of times (you could support this with the Makaton sign for more).• Turn-taking - Use toys such as click-clack tracks/building a tower and taking turns to put each brick on. Use clear language, "My turn, your turn".• Create opportunities for communication. Set up regular opportunities for the child to "ask" for things; initially the "ask" may be eye contact or reaching, or it could be a point or a sign. https://www.solihull.gov.uk/children-and-family-support/localoffer• Offer things bit by bit. If children have everything they want all at once, there is no need for them to communicate that they want more. Give toys, food and drink bit by bit so that children have the opportunity to communicate that they would like some more.		
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	<ul style="list-style-type: none">• Choose a song that the child likes. Each time you sing it: start the song in the same way, sing it through with the actions and end it in the same way. Once the child is familiar with it choose a point in the song to pause and wait. Wait for the child to communicate with you, in some way, that he/she wants the song to continue.• The Solihull SLT website contains video examples of simple activities to encourage communication.		
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Dysphagia (ability to swallow)

Universal	Setting support	Specialist support	Statutory assessment
<ul style="list-style-type: none"> • Ensure all children are appropriately supervised during meal and snack times. • Use developmentally appropriate cutlery, cups, bottles etc. for the child. • Teach appropriate mealtime behaviours of good sitting. • Teach appropriate hygiene around mealtimes e.g. handwashing before and hand and face cleaning after meals. <p>Food safety - Help for early years providers - GOV.UK (education.gov.uk)</p> <p>Sensory food education - Help for early years providers - GOV.UK</p>	<ul style="list-style-type: none"> • Provide increased supervision and support during snack and mealtimes. • Support the child with a clear routine around mealtimes, e.g. encourage the child to eat slowly, take small bites of food, chew food well before swallowing, swallow food or drink in their mouth before taking more. • Provide adapted cutlery, bottles, or cups as necessary for the child's needs. • You may need to provide adapted food choices or food that is pre-cut or liquidised. • Support for excess dribbling by staff or through teaching a child to manage this themselves with tissues. <p>Solihull SLT website</p>	<ul style="list-style-type: none"> • To follow the strategies and support given by the specialist outside agency involved. 	<ul style="list-style-type: none"> • To follow the strategies and support outlined in the education, health and care plan (EHCP).

Speech

Universal	Setting support	Specialist support	Statutory assessment
<ul style="list-style-type: none"> • Listen to the child and respond positively to their attempts, even though they may not be clear. • Ensure all adults are modelling good, clear language at an appropriate level for the child. • When a child's speech is difficult to understand, ask them to repeat it by saying things like, "My ears missed that". • If a word is not clear, let the child hear you say it without expecting them to repeat it. For example: "There's a tup," you say, "That's right, it's a cup." Avoid correcting the child's speech. Getting them to say it properly has little long-term effect, but it can cause a loss in the child's fluency and confidence in their ability to communicate. • Encourage babble and play sounds during play by joining in e.g. splash, brum etc. 	<ul style="list-style-type: none"> • Use of augmented and/or alternative communication systems such as Makaton symbols and signs to support their communication. • Ensure all staff take the time to get to know the child's speech patterns and communication skills, not just the child's key worker, to ensure they have successful communication with all. • Have regular 1-1 or small group sessions that focus on speech development appropriate for the child's needs. These could include sound anticipation/attention games. • Songs such as "Round and round the garden" or "This little piggy went to market" or "Row, row, row the boat". Pause before the important phrase when you do the action. Check to see if your child looks at you when you are about to say the important part of the rhyme. This shows that s/he is expecting the fun part. 	<ul style="list-style-type: none"> • To follow the strategies and support given by the specialist outside agency involved 	<ul style="list-style-type: none"> • To follow the strategies and support outlined in the education, health and care plan (EHCP).

<ul style="list-style-type: none"> • Show interest in what children are saying. Give them time, respond to, and value what they are saying. • Have a language rich environment for all. • Reduce the pressure on the child to speak i.e. do not ask too many questions or request the child to 'say' or 'tell'. • Provide on-going opportunities and motivation to communicate. • Match plus one: i.e. repeat what the child has said and add one word. • Value and encourage all home languages. • Use songs and stories to encourage repetition of speech. 	<ul style="list-style-type: none"> • Play "Ready, steady, go" games with balls, cars, tickling, bubbles etc. Make sure you leave a gap before you say "Go!" Check to see if the child looks at you when you are about to say "Go!" • Use pop-up toys and say "Pop" as they go. Check to see if the child looks at you when you are about to say "Pop!" https://www.solihull.gov.uk/children-and-family-support/localoffer • Plan in activities that are strong motivators for the child to communicate. 		
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Cognition and learning

2 Strategies and interventions (Do)

Universal	Setting support	Specialist support	Statutory assessment
<ul style="list-style-type: none"> • Effective teaching is a mix of different approaches. Children learn through play, by adults modelling, by observing each other, and through guided learning and direct teaching. • Practitioners carefully organise enabling environments for high-quality play. Sometimes, they make time and space available for children to invent their own play. Sometimes, they join in to sensitively support and extend children’s learning. • Children in the early years also learn through group work when practitioners guide their learning. Older children need more of this guided learning. • Pretend play gives many opportunities for children to focus their thinking, persist and plan ahead. • Ensure that there are play and learning opportunities provided that are of interest to the individual child. 	<ul style="list-style-type: none"> • Child may require regular alternative communication methods such as Makaton and using visuals/objects to make connections and links between experiences. www.solgrid.org.uk/eyc/send/strategies/ • Plan activities at the developmental level of the child to enable them to succeed. • Ensure the child has access to developmentally appropriate toys and activities not just age-appropriate toys. • Small group planned interventions to focus on learning activities using repetition and pre-teaching concepts. • Use visual support such as Now & Next, choice boards to support the development of play routines and extend the number of activities they will engage with. www.solgrid.org.uk/eyc/send/strategies/ • Encourage accessing a wide variety of activities by provide a range of familiar and “new” resources. 	<ul style="list-style-type: none"> • To follow the strategies and support given by the specialist outside agency involved 	<ul style="list-style-type: none"> • To follow the strategies and support outlined in the education, health and care plan (EHCP).

<ul style="list-style-type: none"> • Discuss with parents/carers what the child plays with at home and use observations and review planning to support this. If appropriate, try to use the same favourite toys from home in the setting. • Setting to provide open-ended play opportunities and play experiences such as outdoor exploration, building dens, using fabric, building blocks. • Extend the child's thinking in appropriate moments by saying "I wonder what would happen if..." • Practitioners model how to play and show interest in activities when playing with the children. • Use the child's name to ensure you have their attention before speaking/engaging with the child. • 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). 	<ul style="list-style-type: none"> • Offer choices, from two options. Use the objects or pictures to make the choice from if the child is non-verbal. • Teach and model concepts using sorting, matching and ordering rather than relying on language. 		
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<ul style="list-style-type: none">• Ensure that you are using reassuring physical cues e.g., facial expressions, body language, gestures to encourage effort and engagement in play.• Provide a simple narrative using key words such as. “baby sleeps”.			
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Social, emotional and mental health (behaviour)

2 Strategies and interventions (Do)

Universal	Setting support	Specialist support	Statutory assessment
<ul style="list-style-type: none"> Underpinning their personal development are the important attachments that shape their social world. Strong, warm, and supportive relationships with adults enable children to learn how to understand their own feelings and those of others. Children should be supported to manage emotions, develop a positive sense of self, set themselves simple goals, have confidence in their own abilities, to persist and wait for what they want and direct attention as necessary. Through supported interaction with other children, they learn how to make good friendships, co-operate and resolve conflicts peacefully. 	<ul style="list-style-type: none"> Write an individual positive behaviour plan example on solgrid www.solgrid.org.uk/eyc/send/examples-of-send-paperwork/ Practitioners record incidents of physical intervention and share records with parents/carers. Complete ABC or STAR charts to understand when, where, and why a behaviour is happening. When triggers are identified, make changes to the child's routines and environment to support positive behaviour. Link to example www.solgrid.org.uk/eyc/send/examples-of-send-paperwork/ Address any underlying learning deficit that may be causing the behaviour, for example, provide alternative methods to communicate their needs. 	<ul style="list-style-type: none"> To follow the strategies and support given by the specialist outside agency involved. Referral to understanding your child's behaviour training. Consider specialist training needs of staff if appropriate. 	<ul style="list-style-type: none"> To follow the strategies and support outlined in the education, health and care plan (EHCP). Continue to provide a highly individualised curriculum, making significant modifications and adjustments to the environment and resources as advised by health and educational professionals.

<ul style="list-style-type: none"> • Practitioners support self-regulation through scaffolding of tasks, naming and recognising feelings, co-regulation strategies and reinforcement of positive behaviours. • Practitioners should recognise and respond appropriately to a child's feelings and role model appropriate emotional responses. • Practitioners should name the child's feelings as they are experiencing the emotion, so that they can link the feeling with the language. In addition, some children may benefit from visual support to reinforce this. • Settings should have an agreed behaviour policy that is regularly reviewed and followed by all staff and understood by all parents/carers. 	<ul style="list-style-type: none"> • Risk assessments for individual children and enhanced staffing support for short periods when necessary. Link to example www.solgrid.org.uk/eyc/send/examples-of-send-paperwork/ • Co-regulation strategies to develop self-regulation e.g., emotion coaching. • Small group work/1:1 work to focus on building relationships and developing social skills such as turn-taking, waiting, sharing, mutual engagement, relationship-based play. • 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. • Consistent use of personal visual timetables. • Access to a quiet area supported 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. 		
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<ul style="list-style-type: none"> • Structure of the day presented through visual timetables and cueing children into what is happening next such as. tidy up song., tablecloths for lunch. • Provide quiet/low distraction areas that children can access freely. • Provide resources to reflect the different development needs of the children. 	<ul style="list-style-type: none"> • Use of sensory circuits, activity breaks, wobble cushions, fiddle toys. www.solgrid.org.uk/eyc/send/strategies/ • Use consistent individualised warning and preparation for changes and transition both daily and one-off transition's, such as move to new room or setting. www.solgrid.org.uk/eyc/send/transition/ • Dingley's Promise training- https://www.solgrid.org.uk/eyc/training/ Managing Behaviours That Challenge • NASEN Resilience resources- https://nasen.org.uk/news/early-years-resilience-development 		
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Physical and sensory impairment

2 Strategies and interventions (Do)

Physical

Universal	Setting support	Specialist support	Statutory assessment
<ul style="list-style-type: none"> Gross and fine motor experiences develop incrementally throughout early childhood, starting with sensory explorations and the development of a child's strength, co-ordination, and positional awareness through tummy time, crawling and play movement with both objects and adults. By creating games and providing opportunities for play both indoors and outdoors, adults can support children to develop their core strength, stability, balance, spatial awareness, co-ordination and agility. Repeated and varied opportunities to explore and play with small world activities, puzzles, arts and crafts and the practice of using small tools, with feedback and support from adults, allow 	<ul style="list-style-type: none"> Discuss concerns with parents if child does not have recognised physical difficulty but appears to be having physical difficulties. Have they seen their GP? Does there need to be a referral to occupational therapy or a GP referral to physiotherapy? Is the child under the care of a paediatrician? Carry out risk assessments - www.solgrid.org.uk/eyc/send/examples-of-send-paperwork/ Identify concerns/emerging needs through observations, tracking and developmental checks. Child may require use of strategies such as gestures, signing, and use of visuals, Now & Next board, and simplified language to participate in activities relating to their physical and self-help skills. Consider the need to access differentiated resources such as larger wooden jigsaws, fatter pencils, pencil grips, scissors and sensory toys. 	<ul style="list-style-type: none"> To follow the strategies and support given by the specialist outside agency involved. Consider specialist training needs of staff, if appropriate. If moving and handling is involved for any transfers, then staff involved need to have attended moving and handling training and have a current certificate. Continue to work and liaise with external agencies, occupational health (OT) and/or physiotherapy), so targets and strategies contribute to the intervention and support of the child. 	<ul style="list-style-type: none"> To follow the strategies and support outlined in the education, health and care plan (EHCP). Continue to provide a highly individualised curriculum, making significant modifications and adjustments to the environment and resources as advised by health and educational professionals.

<p>children to develop proficiency, control, and confidence.</p> <ul style="list-style-type: none"> • Through adult modelling and guidance, they will learn how to look after their bodies, including healthy eating, and manage personal needs independently. • Plan daily opportunities for a child to have lots of physical activity including active outdoor play and moderate-to-vigorous intensity physical activity. • Provide quiet spaces and times for periods of rest and relaxation. • Practitioners will need to model use of resources and scaffold play to enable active participation. Use of song bags, story sacks and actions support physical participation. 	<ul style="list-style-type: none"> • Provide suitable lighting and seating for specific tasks and activities. • Planning and consideration to routines that meet the physical needs of the child - more time outside, sensory breaks etc. • Adult support and direction during unstructured times to engage in play and interaction with others and the environment may need to be considered. Interventions should include using the child's interest and developmental level. • Implement strategies and activities to support body awareness, postural control and hand/eye coordination e.g. beam OR Smart moves. • The use of adapted utensils/resources and a high level of intervention e.g., hand over hand, supports hand/eye coordination, postural control, and body awareness. • Consider environmental adjustments which may include adaptations to seating, furniture, steps etc. • Consider training needs of staff if appropriate. 		
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Sensory processing

Universal	Setting support	Specialist support	Statutory assessment
<ul style="list-style-type: none"> • Audit the environment to ensure it supports sensory development. • Plan daily opportunities for a child to have lots of physical activity including active outdoor play and moderate-to-vigorous intensity physical activity. • Provide quiet spaces and times for periods of rest and relaxation. • Provide rich sensory activities using all five senses as part of the curriculum both indoors and outside. • Encourage exploration of every day sensory objects by using their interest e.g. bar of soap in the “garage” for washing the cars. • Do not insist on child wearing an apron – liaise with parents/carers about change of clothes/wearing old clothes. 	<ul style="list-style-type: none"> • Child may require use of strategies such as gestures, signing, use of visuals, Now & Next board, and simplified language to participate in activities relating to their physical and sensory and self-help skills. • Provide multi-sensory toys and activities at each session such as resources that support children’s sensory needs. • Setting must provide suitable lighting and seating for specific tasks and activities. • Plan for more time outside, sensory breaks and alter the daily routine to meet the physical and sensory needs of the child. • Child may need some adult support and direction during unstructured times, to engage in play and interaction with others and the environment. Intervention should include using a child’s interest. 	<ul style="list-style-type: none"> • To follow the strategies and support given by the specialist outside agency involved. • Consider training needs of staff if appropriate. • Continue to work and liaise with external agencies (occupational therapy and/or physiotherapy), so targets and strategies contribute to the intervention and support of the child. • Provide considerable adult support and direction during unstructured times to engage in play and interaction with others. 	<ul style="list-style-type: none"> • To follow the strategies and support outlined in the education, health and care plan (EHCP). • Continue to provide a highly individualised curriculum, making significant modifications and adjustments to the environment and resources as advised by health and educational professionals.

<ul style="list-style-type: none"> • Allow children to explore messy play with tools e.g. wooden spoon rather than hands. • Provide the child with items that are safe to throw or push e.g. bean bags/pushing exercise balls. Make an activity involving throwing e.g. throwing into a container and plan to this frequently throughout the day. • Provide quiet/low distraction/safe areas that children can access freely. • Have access to fidget toys that the child can have in their hands when feeling the need to fidget. • 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. • Use sand-timers to warn the child that the activity is coming to end. 	<ul style="list-style-type: none"> • Carry out a risk assessment for a child with high energy levels, sensory seeking behaviours and are at risk to themselves and/or others. www.solgrid.org.uk/eyc/send/examples-of-send-paperwork/ <p>Consider environmental adjustments which may include adaptations to lighting, noise, colour, or seating (e.g. weighted lap pad seats, ear defenders.)</p> <ul style="list-style-type: none"> • 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. • Sensory circuits planned in small group/individual sessions. www.solgrid.org.uk/eyc/send/send-needs/ • Regular movement breaks and use of specific sensory equipment to support individual child e.g., wobbly blanket, fiddle toys etc. • Planned intervention in sensory room for short periods of time. 	<ul style="list-style-type: none"> • Utilise equipment and resources as recommended by educational professionals and/or health professionals. 	
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	<ul style="list-style-type: none">• Calming yoga/mindfulness or similar planned interventions.• Regular requirement for sensory massage and heavy proprioceptive input.• Amend the routine to suit the child's needs where reasonable e.g. allowing child to go outside first to feel safer then let other children join.• Consistent use of 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. www.solgrid.org.uk/eyc/send/strategies/e object of reference• Consistent use of Now & Next boards to reduce anxiety for transitions. www.solgrid.org.uk/eyc/send/strategies• Consider amending finish times jointly with parents/carers 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.		
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	<ul style="list-style-type: none">• Sensory blankets/rucksacks to help the child feel secure.• Provide ear defenders for when the environment is too noisy.• Have a sensory bag or basket that they can access easily.• 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 as needed.• Provide sensory cushions/designated space during carpet time.		
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Hearing impairment

Universal	Setting support	Specialist support	Statutory assessment
<ul style="list-style-type: none"> • Ensure setting is a good acoustic environment. • Provide alternative space for adult led activities where main area has considerable background noise. • Be aware of outside noise close doors and windows when necessary. • Make sure room is well lit but that children are not looking into the light. • Add background noise only when relevant e.g. music. • Provide visual cues to support communication. • Gain attention of children before speaking to them. • Speak at child's eye level. • Use simplified instructions, repeat or rephrase where necessary. • Allow processing time and time to explore resources. • Provide a language rich environment. 	<ul style="list-style-type: none"> • Position child so they can always see the speaker. • Highlight new vocabulary and share with home. • Create intervention were language gaps become evident. • Repeat comments made by peers. • Work in a quiet space. • Sit centrally and at the front. • Speak naturally. • Do not cover your mouth. • Check understanding. • Be aware that the child may not hear the fire alarm. • It is more difficult to hear during outside activities - instructions need to be repeated near the child. 	<ul style="list-style-type: none"> • Consider training for the staff regarding deaf awareness and using equipment correctly. • To follow the strategies and support outlined in advice from teacher of the deaf audiology. 	<ul style="list-style-type: none"> • To follow the strategies and support outlined in EHCP. • Continue to provide a highly individualised curriculum, making significant modifications and adjustments to the environment and resources as advised by health and educational professionals.

	<ul style="list-style-type: none">• During unstructured times, ensure the child is engaged in play with adults and peers because they are not picking up on social cues to engage. Intervention should be in small groups with the adult role modelling and encouraging social language and engagement.• Model language, reinforce key words where children have delay in the use and understanding of language.• Referral to an audiologist for further assessment and support.• Acoustic modification of the environment to include:<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

Universal	Setting support	Specialist support	Statutory assessment
<ul style="list-style-type: none"> • Audit the environment to ensure it supports visual learning e.g. can all children easily see the learning activity? • Is lighting appropriate? • Are resources uncluttered and easily accessed? • Always use the child's name to gain their attention and cue them into the activity. • Ensure routine and routes are clear, and all staff follow these. • Adopt a multi-sensory approach to everything e.g. use real objects alongside visual images. • Give children time to explore in the environment and with objects – tactile exploration. • During story time, give children real objects to make associations with the story and aid understanding/language. • Include sensory element to the stories e.g. water for rain, hand fan for wind, use toy animals etc. 	<ul style="list-style-type: none"> • Avoid re-arranging the room and consider adaptations such as visual markers. • Use contrasting materials for mark-making e.g. white on black, colour on foil. • If using tablecloths, ensure they are plain. Again, consider contrast colours with equipment. • Adult to provide commentary on what marks the child is making during activity. • Ensure activities are presented to the child at eye level and if they have a stronger eye, present to this eye. This includes seating position of any adult working with the child. • Warn children of any possible sudden movements in front of them. Make a visual timetable. • Consider the size of visuals/objects. You may consider objects glued to the board to help with tactile information. 	<ul style="list-style-type: none"> • To follow the strategies and support given by the specialist teacher (QTVI) and Habitation Officer (when needed). • Consider specialist training needs of staff, if appropriate. • Provide additional materials such as enlarged text within books, and a wide variety of tactile experiences. • Provide necessary equipment to aid visual access e.g. iPad/tablet, laptop etc. • Ensure the adult models language to reinforce key spoken words and differentiates play and learning experiences as directed by the specialist teacher for the visually impaired. 	<ul style="list-style-type: none"> • To follow the strategies and support outlined in the education, health and care plan (EHCP). • Continue to provide a highly individualised curriculum, making significant modifications and adjustments to the environment and resources as advised by health and educational professionals.

<ul style="list-style-type: none">• Provide small group opportunities to encourage social interaction and social skills.	<ul style="list-style-type: none">• Ensure that all adults provide auditory reinforcement and commentary where appropriate throughout tasks and social situations as required.		
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Multi-sensory impairment

Universal	Setting support	Specialist support	Statutory assessment
<p>Refer to the strategies for hearing impairment (HI) and vision impairment (VI) but as each child with MSI (multi-sensory impairment) is very unique in the way they use their distance senses, a qualified teacher of multi-sensory impairment (QTMSI) will create a profile which contains strategies to support the difficulties encountered in the three areas of difficulties.</p> <ul style="list-style-type: none">• Follow the strategies and support outlined in the education, health and care plan (EHCP).• Follow advice offered by Complex Needs Team, QTMSI and Interveners• Refer to SISS MSI Local Offer webpage https://www.solihull.gov.uk/children-and-family-support/localoffer/multi-sensory-impairment			

Review

Universal	Setting support	Specialist support	Statutory assessment
<p>The EYFS Statutory Framework outlines assessment arrangements for measuring progress.</p> <p>Practitioners draw on their knowledge of the child and their professional judgement when assessing an individual child as being at the expected level of development.</p> <p>Reviewing children's progress through ongoing/formative assessment is used to understand, and plan for their needs and support.</p>	<p>Setting SENCos must review the child's SEND/My Support Plan at least once a term for younger children half termly is recommended or more often where progress is made. www.solgrid.org.uk/eyc/send/examples-of-send-paperwork/</p> <p>If the child has not made progress, think about if the targets or the support strategies need to be changed to enable success. Do not keep using the same target if they have not achieved this, unless it is due to external factors, such as attendance.</p> <p>Review your use of any early years Inclusion Funding and the impact it has had on the child's progress. Are you spending it to get the most impact on progress?</p> <p>Early Years Inclusion Funding</p> <p>In reviewing the progress that has been made, the child may continue to be supported by setting support and in some instances can return to universal support. However, if little or no progress has been made at this stage, then after discussion with parents, move on to specialist support.</p>	<p>The setting SENCo must review and update the child's SEND/My Support Plan. This needs to be at least once a term, but for young children we recommend half termly. Where appropriate, reviews can involve external professionals if there are concerns over progress or a transition is due. www.solgrid.org.uk/eyc/send/examples-of-send-paperwork/</p> <p>Check if the targets you have set are SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound). If targets have not been achieved, look at why and if an aspect of the target needs to be changed. www.solgrid.org.uk/eyc/send/graduated-approach-incl-ehcp-process/</p> <p>Parents/carers should always be involved in the review of the child's progress.</p> <p>The child's views should always be sought as part of the review process. If a child does not talk, gather their views through observations.</p> <p>Review your use of Early Years Inclusion Funding and the impact it has had on the child's progress and decide whether a further application is needed.</p>	<p>The majority of children with SEND will have their needs met within local mainstream early years settings. However, a small number of children may be offered a specialist nursery or school place.</p> <p>Practitioners should continue to use assessments and review, at least termly, to assess and review the child's progress, even when there is an EHCP in place.</p> <p>An EHCP must be reviewed six months after the final plan is issued. The early years setting will need to chair this meeting, inviting the key worker, health and educational professionals and parents/carers. Parents/carers should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Further details on conducting an annual review and the relevant paperwork can be found on the local offer https://www.solihull.gov.uk/children-and-family-support/localoffer/annual-reviews</p>

<p>Practitioners know children's level of achievement and interests well and shape teaching and learning experiences to reflect this knowledge.</p> <p>Practitioners should work in partnership with parents/carers to review a child's development and progress.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by universal approaches. However, if little or no progress has been made at this stage, then move on to setting support.</p>		<p>In reviewing the progress that has been made, the child may continue to be supported by specialist support and in some instances return to setting support. However, if little or no progress has been made at this stage, then move on to statutory assessment.</p>	<p>In reviewing the progress that has been made, it may be agreed that the child no longer needs provision through an EHCP, and that their needs will be met through specialist support. Some children will continue to need provision through an EHCP.</p>
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Glossary of terms

- EHCP: Education, health and care plan
- SEND: Special educational needs and disability
- HI Hearing impaired
- VI visually impaired
- MSP My Support Plan
- SISS- Solihull Inclusion Support Services

Useful links and contacts

Statutory document

[Early years foundation stage \(EYFS\) statutory framework - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[SEND: guide for early years settings - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Non-statutory document

[Disabled children and equality Act 2010 - Early years.](#)

[Development Matters 2020 \(development-matters.org.uk\)](http://development-matters.org.uk)

[Birth to 5 Matters – Guidance by the sector, for the sector](#)