

Guidance for Solihull Early Years Settings

Referral to Area SENCO

This document is provided as guidance for settings on when it is appropriate to make a referral to your Area SENCO.

The descriptions included are not exhaustive but offer examples of a child's development in specific areas. A child does not need to present with all of the listed difficulties for a referral to be considered.

Before a referral for an individual child is made, please ensure at least ONE cycle of Assess, Plan, Do, Review (APDR) has been completed as part of your Graduated Approach (GA).

This means when you make a referral, you must also submit a copy of a SEND support plan that has been written, implemented for about six weeks, AND then reviewed. We will also expect setting staff to provide accurate assessment of the child's current attainment/development profile by using, so for example Solihull Early Years Assessment toolkit.

To make a referral, please click **here** or scan the QR code.

We are an advisory service, which means you're welcome to contact us for general advice on any aspect of SEND in the early years, without needing to make a referral to our team. For example, you might get in touch if:

- You would like further guidance on implementing the Graduated Approach.
- You are considering offering reduced hours to a child due to their SEND needs.
- You are looking for suitable SEND training for your practitioners.
- You have a query about how the SEND system operates in the early years, including:
 - Funding options such as EYIF and DAF
 - Submitting a request for an EHC needs assessment
 - Legal responsibilities within SEND, including the Equality Act

For further information on any of the topics above or anything else you feel we can help you with, please contact your named Area SENCO.

Guidance on when to refer to your Area SENCO and when to watch and wait

By 18 months

Any minor gaps in development can be addressed through targeted support. Do not refer.	Monitor and continue to implement the Graduated Approach Do not refer yet.	Implement and review a SEND support plan. Then refer to Area SENCO.
<ul style="list-style-type: none"> Understands familiar language in everyday situations. Understands more than they can say. Has a strong bond with key adults who can help them calm down when upset. Shows interest in watching others play and may try to copy them. Has a short attention span but may repeat activities they enjoy. Responds to music. Is becoming more curious and wants to explore their surroundings. Joins in social play with adults. Starting to help with self-care (e.g. finger feeding). Can walk, get up from the floor, and go up/downstairs on their tummy, but may still fall often. Can make marks on paper, build a tower, and hold two objects at once. Cooperates with care routines (e.g. pushes arm through sleeve), can hold a spoon and bring it to their mouth. 	<ul style="list-style-type: none"> Around a 6-month delay in one or two areas of development, with milder delays in others (e.g. limited speech). The child may say only a few words (around 4 or 5). May use jargon or nonsense sounds most of the time. Shows interest when hearing language but does not try to copy words. Understands only very familiar words in known situations (e.g. "Do you want juice?"). Uses gestures (like pointing) for a few communication purposes. May often become upset or frustrated but can sometimes be calmed or distracted by familiar adults. May hit or throw objects when angry or frustrated, in a targeted way. Not yet walking but can sit without support and cruise (move while holding onto furniture). Is either passive during self-care (e.g. dressing, feeding) or actively resists. 	<ul style="list-style-type: none"> 6 months or more delay in three or more areas of development. Poor attention – e.g. can't sit with an adult even for a short time. No eye contact or interest in adults or other children. Not saying any words, may babble or make repetitive sounds. Doesn't seem to understand much of what is said (eg: doesn't respond to their name.) Doesn't turn to look when hearing sounds (possible hearing concern?). Shows no interest in familiar adults; doesn't look for them. Doesn't accept help from familiar adults to calm down; stays upset for a long time. May hurt others when upset if they are nearby. Seems to be in their own world. Focused on sensory feedback rather than playing; may stim and not understand cause and effect. Not pulling up to stand or cruising; may not be able to stand while holding on or sit without support.

Guidance on when to refer to your Area SENCO and when to watch and wait

BY 2 YEARS

Any minor gaps in development can be addressed through targeted support. Do not refer.	Monitor and continue to implement the Graduated Approach Do not refer yet.	Implement and review a SEND support plan. Then refer to Area SENCO.
<ul style="list-style-type: none"> ▪ Vocabulary is growing – may be hard to list all words. ▪ Mostly using single words, but some two-word phrases may be heard. ▪ Speech is understood by close family. ▪ Can understand some short phrases without needing clues. ▪ Using language in different ways, not just to ask for things or comment. ▪ Watches and copies others during play. ▪ Play is functional, with some simple pretend/symbolic play; often repeats favourite activities. ▪ Shows frustration with frequent meltdowns, which may last a while. ▪ Can walk and run, go up and down a few steps while holding on, build towers, and scribble lines and circles. ▪ Starting to eat and drink independently, with less mess. 	<ul style="list-style-type: none"> ▪ The child has delays in only one or two areas, e.g. speech delay that may affect behaviour, but is doing well in other areas. ▪ Using some single words or gestures to communicate; may include real words mixed with babble. ▪ Shows simple functional play (e.g. rolling a train on a track), but no simple pretend/symbolic play yet. ▪ Can focus for short periods when doing something they enjoy. ▪ Understands only familiar instructions and language. ▪ Interested in watching others, may copy simple actions from familiar adults. ▪ Meltdowns are hard to understand – adults may not know what triggers them. ▪ Can walk, but with a wide gait and still falls often; tries to build towers and do inset puzzles but finds them difficult. ▪ Still explores some objects by mouthing. 	<ul style="list-style-type: none"> ▪ More than 6 months delay in three or more areas of development. ▪ No words and no nonverbal communication (e.g. no pointing, nodding, or waving). ▪ Doesn't respond to their name. ▪ Makes repetitive sounds or no sounds at all; may squeal. ▪ Play is very repetitive and focused only on sensory experiences — no pretend or purposeful play. ▪ Poor attention and can't share attention (e.g. doesn't join in simple games like "ready, steady, go"). ▪ Unaware of other children or may actively avoid them. ▪ Has long periods of distress and won't seek comfort or let adults help them calm down. ▪ Not walking or only takes a few steps with frequent falls. ▪ Can't build towers, make marks, or pass objects between hands. ▪ Puts most things in their mouth. ▪ Doesn't cooperate with selfcare routines (e.g. won't lift bottom for nappy change, push arm into sleeve, feed themselves, or hold a cup)

Guidance on when to refer to your Area SENCO and when to watch and wait

BY 2½ YEARS

Any minor gaps in development can be addressed through targeted support. Do not refer.	Monitor and continue to implement the Graduated Approach Do not refer yet.	Implement and review a SEND support plan. Then refer to Area SENCO.
<ul style="list-style-type: none"> Starting to use two-word phrases, e.g. “Daddy shoe”. Understands some questions, like “What is it?” or “What’s it doing?” Can follow basic familiar instructions without needing visual clues. Speech is mostly understood by family and people who know the child well. Can focus on an activity for a few minutes if it’s something they enjoy. Shows affection for familiar adults and wants to spend time with them. Beginning to share and play cooperatively with others but may still need support. Starting to jump, kick a ball, and climb; can pick up small objects and turn pages in a book. Can take off their coat, wash hands with help, and indicate when they need the toilet, though they may not be dry during the day yet. 	<ul style="list-style-type: none"> Delay in only one or two areas; other areas are age-appropriate or only slightly delayed. Vocabulary of single words is growing but not yet linking words together. Relies heavily on context to understand spoken instructions. Uses memorised phrases to communicate, even if they sound unusual. Engages in simple functional play (e.g. rolling a train on a track). May show some early pretend play) Plays alongside others, may watch but doesn’t join in. Struggles with sharing, which can lead to frequent disagreements and needs more adult support. Finds balance and climbing difficult; can’t pick up small objects and still uses whole hand to grasp items. Shows no interest or understanding of toilet training. 	<ul style="list-style-type: none"> 12 months or more delay in three or more areas of development. Still not following instructions or showing understanding of language; doesn’t respond to their name. Uses few or no words. May use memorised phrases out of context instead of simple 1–2-word phrases. Repeats what others say a lot (echolalia). Shows little interest in familiar adults; doesn’t seem to have favourites. Little or no interest in other children; may avoid them or hit out if they come too close or touch toys. Play is sensory and/or repetitive, such as tipping containers. Not much simple pretend/symbolic or functional play. Not walking, or walks with a wide stance, falls often. Can’t run safely, can’t climb or balance without full adult help. Can’t go up/down steps or slopes easily; struggles to get up from the floor.

Guidance on when to refer to your Area SENCO and when to watch and wait

BY 3 YEARS

Any minor gaps in development can be addressed through targeted support. Do not refer.	Monitor and continue to implement the Graduated Approach Do not refer yet.	Implement and review a SEND support plan. Refer to Area SENCO.
<ul style="list-style-type: none"> Using 2–3-word phrases, e.g. “me want juice” Starting to understand basic position words like “on,” “in,” and “under,” as well as simple concepts like colour and size Usually responds well to adult suggestions Uses language during play Still gets frustrated and may have meltdowns, but can often be distracted and is beginning to self-regulate with adult support Joins in pretend play and plays with others, but still needs adult help to share and take turns Understands boundaries and often follows them Can jump, walk upstairs (two feet per step), thread beads, and snip with scissors Can get their coat, use cutlery, use the toilet independently most of the time, and turn taps on to wash hands 	<ul style="list-style-type: none"> A significant delay in only one or two areas, with much milder delays in other areas that are related to the main delay — for example, a child with delayed speech may show behaviours linked to frustration from being unable to communicate Only a few words, with limited linking between them Does not understand more than basic “what” questions Still needs a lot of co-regulation to manage emotions and may hit, throw, or bite when dysregulated Finds it hard to stay on task; often flits between activities but can engage for short periods May be starting to watch and copy others during play and is learning simple play routines. Eg rolling train on track. Engages in some simple pretend/symbolic play. Has poor balance; cannot kick or try to catch a ball. Uses palmer grip to hold mark making tools. Cannot make snips with scissors Struggles with toilet training. Beginning to use a fork and spoon to pick up food. May refuse certain food textures 	<ul style="list-style-type: none"> 12 months or more delay in three or more areas of development. Poor understanding of verbal language; may respond to some familiar instructions Only saying single words or using learned phrases Language used is repetitive Play is still repetitive and limited; tends to choose the same toy or activity nearly all the time Cannot focus for more than a few minutes Actively avoids playing near other children or seems unaware of them Very frequent meltdowns: child is unable to self-regulate and resists adult support to calm down, or shows little emotion (flat affect) Still walking with a wide gait; cannot manage stairs or climbing, struggles to get up from the floor, or sit unsupported for long periods. Uses whole hand or immature pincer grip to grasp items. Cannot feed themselves or is still on puréed/mashed food; frequently gags or chokes when eating Actively resists all self-care tasks to the point where they are very difficult to carry out

Guidance on when to refer to your Area SENCO and when to watch and wait

BY 4 YEARS

Any minor gaps in development can be addressed through targeted support. Do not refer.	Monitor and continue to implement the Graduated Approach Do not refer yet.	Implement and review a SEND support plan. Refer to Area SENCO.
<ul style="list-style-type: none"> Utterances are developing to at least 4 words and are used appropriately Child is intelligible to most people Child can answer some questions even when out of context Able to start conversations and form good relationships with peers and familiar adults; has established friendships Follows routines and social expectations most of the time, but may need verbal reminders and adult support to stay motivated Beginning to manage sharing, though may still struggle at times, especially with high-value items Child is developing understanding of size and shape concepts Starting to interact with others during play. Acts out simple 'stories' in their play/familiar role play routines such as tasks in the home. Beginning to talk about emotions and recognise them in themselves and others, but still needs help to self-regulate Can pedal a ride-on toy, catch, kick, and throw a large ball, and make simple drawings of people Can follow hygiene routines independently, cut food, pour from a jug, and is beginning to peel fruit 	<ul style="list-style-type: none"> Has a significant delay in one or two areas, with much milder delays in other areas that are related to the primary delay — e.g. a child with delayed speech may also show some delay in social skills due to difficulty negotiating during play Child finds it difficult to understand questions Child uses short phrases of up to 2–3 words Child's speech sounds 'young' and may be accompanied by immature language development Child uses unusual or 'sing-song' intonation Needs adult support to follow routines such as sitting for group time or meals, but can manage with reminders Child's social skills appear immature; they need frequent adult support to play with others and struggle to share Beginning to carry some simple familiar role-play activities such as tasks in the home. Unable to manage stairs without holding on; cannot throw or kick a ball, or stand on one leg for a short time; mark making is immature, with poor or no use of pincer grip Still struggling with toileting accidents or needs frequent reminders Has a limited diet but eats around 15-20 different foods or more 	<ul style="list-style-type: none"> 12 months or more delay in three or more areas of development. Noticeable difficulties with understanding language; unable to follow more than one-step simple instructions Still using no speech or only 1–2-word phrases Uses odd phrases; words may seem muddled Speech is mostly unintelligible, even to family Plays alone; avoids or seems unaware of others; frequently gets into altercations by taking things from others Plays with the same items repeatedly; has a strong interest in specific things, excluding other activities Unable to follow group routines (e.g. sitting for group time or meals) Cannot change direction when running; poor balance; frequently stumbles or falls; struggles to get up without holding on; uses palmar grip and only scribbles when mark making Still in nappies with no signs of understanding toileting Finger feeds and has a very limited diet (e.g. will only eat up to 10 different foods)

Solihull Early Years Team

