

INCLUSION COUNTS

Guidance to support the delivery of universal inclusive high-quality practice and graduated approach guidance for children at SEN Support in the early years.





Foreword

Improving outcomes for young children with Special Educational Needs & Disabilities (SEND) is at the heart of shared ambitions around providing the best education possible for all children accessing Early Years Education within Kirklees

Investing in our learners and their families at the earliest opportunity will support us to help them achieve their best possible outcomes.

Inclusion Counts provides comprehensive strategies to help practitioners remove barriers to learning. The Universal Inclusive High Quality Practice section has been created using the Early Years themes, as Early Years practitioners wanted the document to run alongside the Early Years Curriculum. This section is to support settings to evaluate the extent to which they can meet the requirements of learners with SEND within the day-to-day context. It is this inclusive high-quality teaching which is expected to be in place for all learners, every day in every setting.

It is important that this section is utilised prior to considering the SEN Support in the Early Years section guidance; as the SEND Code of Practice (2015) states, 'additional intervention and support cannot compensate for a lack of good quality teaching' (para. 6.37).

The SEN Support in the Early Years section covers the four broad areas of need as outlined in the SEND Code of Practice (2015). This guidance is designed to support settings to identify the strengths and needs of learners with special educational needs and suggests a range of targeted provision that may need to be put into place for these learners at SEN Support.

The aim is to make a lasting difference for all young children- enabling them to feel they belong in every setting, can fully engage in learning and ultimately feel successful.

Contents

- Rationale and intent.
- The conditions for inclusion for learners with SEND.
- Core expectations.

Section A - Universal inclusive high-quality practice

- Introduction.
- Universal inclusive high quality practice through early years principles.
- Unique child.
- Positive relations.
- Enabling environments.
- Learning and development.

Section B - Kirklees graduated approach to SEN support

- Introduction.
- What is the graduated approach and how should we use it?
- Communication and interaction.
- Cognition and learning.
- Social emotional mental health (SEMH).
- Physical and sensory (Hearing Impairment (HI), Visual Impairment (VI), Sensory, Medical).
- Hearing impaired (HI).
- Visually impaired (VI).
- Sensory integration differences.
- Additional links and resources.



'All children have an entitlement to have their requirements met.'

Salamanca Statement (UNESCO, 1994) and the Equality Act (2010).

Rationale

These materials have been produced to inform and support Early Years Settings in their delivery of universal inclusive high-quality practice for children with Special Educational Needs and or Disabilities (SEND). Practice that should be ordinarily available to all children attending a Kirklees setting. The graduated approach offers guidance to practitioners around building specific, often bespoke targeted provision for children requiring an offer that is additional to or different from universal inclusive high-quality practice. This offer (known as SEN support) will link to children's needs that have been identified within the 4 broad areas outlined in the Special Educational Needs and Disabilities (SEND) Code of Practice (2015). These materials have been developed by gathering information using the following statutory documents: The SEND Code of Practice (2015), Early Years Foundation Stage Statutory Framework (2021), Equality Act (2010) and non-statutory documents Birth to Five Matters (2021), Development Matters (2020), Kirklees SENDIF Policy (2020) and Kirklees Universal Offer of Inclusive High-Quality Teaching for Learners with SEND in schools (2021).

Intent

Supporting preparation for adulthood from the earliest years.

This guidance is a practical resource that aims to help all practitioners to be confident supporting children with Special Educational Needs and or Disabilities (SEND). It has been produced in line with the principle that every Early Years practitioner is a practitioner of children with SEND. This guidance has been developed primarily to support mainstream settings but will also be useful to other professionals across education, health and social care who work with settings in supporting children with SEND. This guidance promotes the importance of early identification of need and early intervention using the graduated approach. It is important to acknowledge that good universal inclusive high-quality practice teaching for children with SEND is good practice for all. This guidance supports the preparation for adulthood (PFA) agenda. It will influence the opportunities and experiences of our youngest children with SEND, contributing to them achieving positive and aspirational outcomes. It can be used as a valuable tool for individual practitioners as well as for whole settings. This will ensure consistent standards of good practice for all staff across all settings.

SEND is the responsibility of all practitioners in settings and this guidance is designed to be usable and informative for all. This guidance has been created by the Early Years SEND Support Service, in partnership with a range of professionals from Early Years Settings and Education Support Services.

The conditions for inclusion for learners with SEND

For learners with SEND, their environment can have a profound impact upon their feelings of belonging and aspiration; the influence of a settings culture, ethos and attitudes of staff and peers are highly influential.

Everyday relationships and interactions with staff and peers form the basis of each learner's experience. Where they are positive and nurturing, our learners with SEND are far more likely to feel they belong and can thrive in the setting.

Fundamental conditions for inclusion should be in place prior to individualised targeted provision for our learners with special educational needs and disabilities:

- An inclusive culture that permeates policy and practice across all aspects of school life.
- An ambitious vision.
- Equality of opportunity across all aspects of the settings experiences.
- An understanding and application of the duty to make 'reasonable adjustments' across all aspects of the settings offer.
- Alertness to possible unconscious bias that may lead to reduction in aspiration.
- Prioritising independence.
- Representation of positive role models with SEND through the curriculum, resources, experiences. Positive relationships between Early Years practitioners and peers and inclusive teaching practice built on established inclusive principles are fundamental to improving outcomes for all learners.



Universal inclusive high-quality practice - What does it look like in our Early Years Settings?

Core expectations

- All families accessing the setting will receive a positive warm welcome.
- There is a clear focus on building and maintaining positive partnership working with parents / carers and all professionals.
- There is a culture of inclusivity and positivity within the setting.
- An inclusive and accessible SEND policy is in place that is available to and shared with parents / carers. This includes clear information on how the setting supports children with SEND and is regularly reflected upon and reviewed.
- All practitioners have a good knowledge of child development. They demonstrate a good understanding in this area and regularly update their professional development, which influences their practice.
- Supporting children with SEND is seen as every practitioner's responsibility. A 'whole setting' approach to SEND is adopted.
- All practitioners are confident to make accurate assessments as to whether a child may need additional support, which may or may not lead to the identification of a Special Educational Need. They will be confident in using the graduated approach cycle of assess, plan, do review to support this process.
- All practitioners have accessed the free 'Dingley's Promise' training offer with a focus on 'Introduction to Early Years Inclusive Practice'.
- SENCO's will have regular attendance at termly Early Years SENCO Networks and Additional Needs Partnerships (ANP's).
- All practitioners are aware of the Autism Education Trust (AET) principles and will have accessed the initial module of their professional development programme (Making Sense of Autism in the Early Years).
- All children have access to the Early Years Foundation Stage (EYFS) Curriculum (2020).
- All children have access to high quality, consistent and effective pedagogy that is reviewed regularly to support individual children's interests.
- The setting's leadership team understands and fulfils their statutory duties in relation to The Equality Act (2010) and SEND Code of Practice (2015). Send is a key priority in setting development planning.
- An inclusive enabling environment is available to all children with reasonable adjustments made where required.
- A SENCO who has knowledge and understanding of the graduated approach and the 4 broad areas of need (Cognition & Learning; Communication & Interaction; Social, Emotional & Mental Health; Physical / Sensory) as set out in the SEND Code of Practice 2015.
- If a SENCO is new to role there will be a clear plan for opportunities to develop their knowledge through networking and training. For example – they will meet with the Area SENCO to consider SEND development planning for themselves and the setting.
- Leaders have an awareness of the Level 3 SENDCO Award for Early Years Practitioners. Leaders will have an aspiration that the setting SENDCO completes this qualification if they do not have it already.
- Robust individualised transition plans are in place for each child at every key transition (room to room, setting to setting, setting to school, change of adult).

Section A - Universal inclusive high-quality practice

Introduction

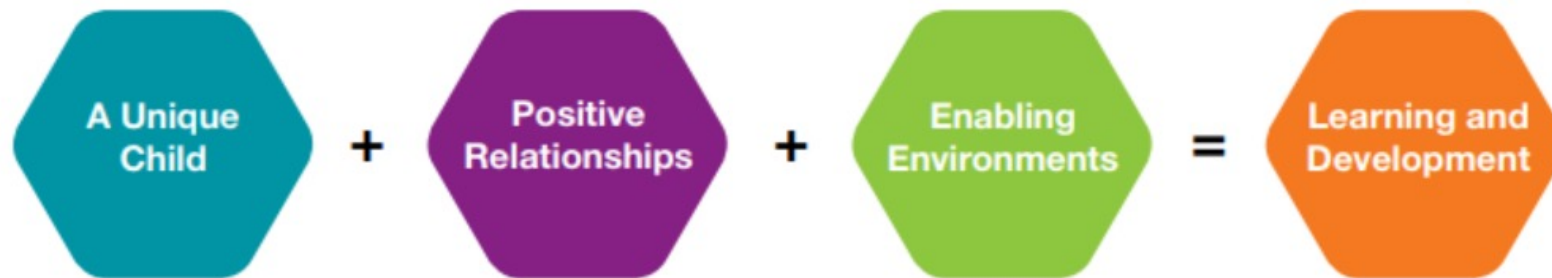
'Providers must have arrangements in place to support children with SEN or disabilities. These arrangements should include a clear approach to identifying and responding to SEND. The benefits of early identification are widely recognised – identifying need at the earliest point, and then making effective provision, improves long-term outcomes for children.' (DFE Send Code of Practice, 2015, pg 79).

Universal inclusive high-quality practice is the core curriculum offer that must be available for all children including those with additional needs. There is an expectation that practitioners will use their best endeavours to make reasonable adjustments to their universal inclusive high-quality practice for children with emerging SEND needs or identified send needs including medical needs. It is crucial the provision and strategies outlined are regularly monitored through use of the graduated approach - assess, plan, do, review, for children with an emerging or identified need.



Universal inclusive high-quality practice through early years principles

The Early Years Foundation Stage is underpinned by four key principles. These principles provide the foundation for good practice. This includes universal inclusive high-quality practice for children with SEND.



'All children develop in different ways and development is not a linear or automatic process. It depends on each unique child having opportunities to interact in positive relationships and enabling environments that encourage their engagement and recognise their strengths. All children have agency and curiosity to learn and will interact with other people and the world around them in different ways. Understanding these different ways of knowing about the world is central to understanding who children are and how best to support their development.' (Birth to 5 Matters, 2021).

The section below has been designed as guidance to support practitioners and settings proactively delivering Universal Inclusive High-Quality Practice for all

children, including those with emerging needs. The strategies and approaches within the four principles are intended to prompt further understanding of a child's development through observation, professional dialogue between setting and families, and assessment to ensure the child's next steps are planned for in an appropriate way.

Practitioners will put the strategies and provision in place described below. Where children have emerging needs, there is an expectation that the assess, plan, do, review cycle will be implemented, and this information will then be used to support and understand the child's development and identify any additional needs.

Unique child

- All children are equally valued.
- A child-centred approach is adopted in settings which ensures everyone working with the child can build on the child's interests, knows, and understands what support they need and contributes to the development of their next steps.
- Practitioners regularly gather information from parents / carers about the child and use this information to support personalised planning.
- The child's individual needs, likes and dislikes should be shared in a clear way for all staff, for example, developing individual one-page profiles.
- Practitioners are aware of differences in children's learning styles and needs. There is a positive attitude to difference and sensitivity to each child's uniqueness is promoted amongst all.
- Useful and appropriate assessment is carried out, considering what children can do, what they know and what enhancements they may need to help achieve their aspirations.
- Practitioners identify a child's strengths and barriers, through early identification and plan next steps in relation to the child's developmental stage rather than chronological age. This is supported by an effective pedagogy which allows a mix of different approaches that can be easily adapted through provision – for example, small step approach, modelling of play skills, extra processing time, multi-sensory experiences, and visual prompts.

Positive relationships

- All children to have the opportunity to be greeted by an adult on entry into the setting regardless of their time of arrival. Flexible plans should be in place to ensure children have a smooth transition into the setting, helping them to feel safe and settled.
- Positive and respectful interactions are seen throughout the day that support the development of all relationships, friendships and connections. Such interactions are observed between all groups - adult to child, child to child, and adult to adult.
- Positive relationships with parents / carers will be nurtured. Partnership working will be built on strong respectful connections. The setting will signpost families to services / agencies if required and will work together with the family to support consistency for the child and a shared understanding of their needs.
- Practitioners have secure knowledge and understanding of the child's development and will communicate effectively in an open and non- judgemental way with parents / carers and other professionals.
- Parents / carers have full and active involvement in their child's send journey. They know who their child's key person and who the SENDCo is.

Enabling environments

- Environments are inclusive, nurturing, and supportive of all children with consideration of the 4 areas of need.
- The environment is reviewed regularly to ensure it is physically accessible to all children – this is anticipatory.
- Resources are accessible and in well planned spaces. Reasonable adjustments are made with consideration to children's different developmental stages.
- Environments are managed flexibly to promote children's independence, self-care skills and access to provision.
- Developing opportunities for communication and interaction is central to all areas of the environment.
- Practitioners are skilled and reflective about the role of the adult in modelling and facilitating the development of children's communication and language skills.
- The setting has consistent and shared approaches to the use of visual supports. These approaches are applied and differentiated according to a child's needs and stage of development. Visual supports may include objects of reference, photographs, pictures, and gesture, including Makaton signs.
- Children have access to safe and quiet spaces with reduced distractions. These spaces support co and self-regulation.
- Resources reflect people from different cultures and family groupings and reflect differences in physical needs to promote belonging, identity, and inclusion.
- Space is available for children to move freely without the rigidity of routine. Using the outdoors provides children with the freedom to take risks, explore and be challenged.
- The outdoor environment can be accessed in equal measure to indoors to encourage a healthy, active lifestyle for the mind and body.



Learning and development

- All practitioners have high expectations of all children and of their developmental stage.
- Experiences and activities are appropriately differentiated / broken down into small steps suitable for the developmental stage the child is at.
- The setting has a shared understanding of what inclusion is and how learning can be made inclusive.
- All practitioners promote flexibility in teaching styles and are respectful of the different learning journeys each individual child takes.
- A child-centred approach is in place which allows children to progress at their own pace. Practitioners have high aspirations for progress and support teaching and learning through skilled and sensitive adult interactions.
- Continual reviews of each child's learning occur through play and structured activities. Practitioners adapt the curriculum according to the child's needs.
- An appropriate, broad, and balanced curriculum is offered, that includes children's interests, is linked to relevant experiences, is meaningful and incorporates all areas of the EYFS.
- All practitioners reinforce the characteristics of effective learning to enforce strong foundations for all children in all learning.
- Multi-sensory approaches are used throughout the setting by all practitioners.
- Practitioners have a secure understanding of how a range of factors can influence a child's access to learning.
- Practitioners are reflective and review their own practice and their own learning to improve opportunities and outcomes for children.
- Practitioners are aware of children's engagement levels and support the development of engagement through their practice.
- Planning ensures adults think about pace, transitions, and daily routines to ensure all learners access provision to their full potential. Practitioners adapt and differentiate approaches where needed.
- All practitioners prioritise modelling language and interactions, play and social skills within all areas of the curriculum.
- Practitioners are aware of strategies to support children's learning including harnessing curiosity, providing opportunities for repetition and overlearning, using multi-sensory approaches, using consistent visual supports and providing high interest experiences / activities to gain attention and engagement.
- Children are given sufficient time for processing verbal and non-verbal communication and when needed, practitioners have awareness of and use the observe, wait, listen (owl) approach.
- Children's communication methods are nurtured and valued at all stages including pre-verbal communication.
- Practitioners enable children at different developmental stages to share experiences and learning together.
- Parent / carer partnership is strong. Information is shared regularly between families and setting to support children's learning and progress. Home learning experiences are valued and supported.
- Children are given opportunities to generalise their skills, being able to use what they have learned and apply it in different and new contexts.
- Achievements are celebrated.
- All practitioners use specific and appropriate positive feedback to all children.
- The outdoor environment can be accessed in equal measure to indoors to encourage a healthy, active lifestyle for the mind and body.

Section B - Kirklees graduated approach to SEN support - Beyond universal inclusive high-quality practice

Introduction

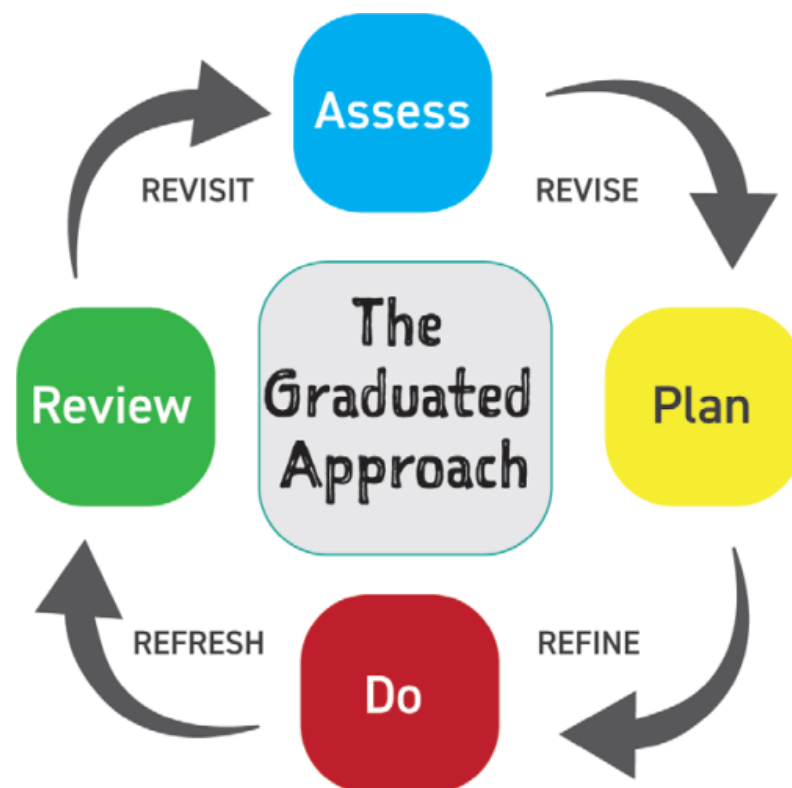
SEN Support is when a child / young person receives an enhancement to the provision / learning offer within their setting. This provision is additional to or different from the universal inclusive high-quality practice available to all children of a similar age.

A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that normally available to pupils of the same age (COP 2015 ; 6:15 p 94)

The following materials will support you, using the graduated approach, to identify needs, strategies and provision for children who require a different offer to that provided within universal inclusive high-quality practice. It includes resources and links to outreach services within Kirklees. The final part of this section will provide additional links and resources that you can access to support your continuing professional development and further needs of children in your setting.



What is the graduated approach and how should we use it?



All settings should adopt a graduated approach with four stages of action: Assess, Plan, Do and Review (DFE COP 2015 p86)

'This cycle of action should be revisited in increasing detail and with increasing frequency, to identify the best way of securing good progress. At each stage parents should be engaged with the setting, contributing their insights to assessment and planning. Intended outcomes should be

shared with parents and reviewed with them, along with action taken by the setting, at agreed times.'

'The graduated approach should be led and co-ordinated by the setting SENCO working with and supporting individual practitioners in the setting and informed by EYFS materials. '(DFE COP, 2015, Pg 87).



When providing additional and different support for children identified at SEN Support there is an expectation that the Graduated Approach is followed, which may result in personalised planning being put in place. For example, an Individual Education Plan (IEP) or a My Support Plan (MSP). Such plans provide a more targeted approach for children to reach their outcomes through provision that is beyond high quality universal inclusive practice and supports consistency for the child, their families, and professionals supporting the child.

A My Support Plan provides the opportunity for a holistic overview of a child's story including thorough identification of need and identification of outcomes and provision. It should be a useful working plan for those involved in supporting the child and should actively promote co-ordinated support for the child, so that they can make progress.

Early years MSP guidance | Early Years | Kirklees SEND Local Offer (kirkleeslocaloffer.org.uk)

This section has been divided into the four areas of need as stated in the SEND Code of Practice.



Communication
and interaction



Cognition
and learning



Social emotional and
mental health



Physical and /
or sensory

Included in each area of need is a section that evaluates child observations made by practitioners and a bank of enhancement strategies to consider when providing support to the child/children.

Communication and interaction

What does this mean for children in the Early Years?



Children and young people with communication and interaction needs may have difficulty in expressing themselves, in understanding language and interacting with others and the world around them. This may be because they have difficulty saying what they want to say, understanding what is being said to them or they do not understand or use typical social rules of communication. The profile for every child with communication and interaction needs is different and their needs may change over time.

They may have difficulty with one, some, or all of the different aspects of speech, language or social communication at different times of their lives. The pyramid above reminds us that the fundamentals of communication and language are built on the foundations of attention and listening skills. Being able to pay attention and show engagement to things in the environment will prompt exploration, curiosity and a desire to play and interact, understand and use language through sounds and words.

Enhancements to support

When there are concerns a child does not appear to be meeting expectations or is making slower than typical progress within their development in this area, it is important to consider all the factors that could be contributing to their learning and development at every level: personal, environmental and familial aspects, and remain curious about what their needs are communicating to us, as early years practitioners.

Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (SEMH, C&L, P&S) and refer to the other areas in this document for a holistic approach.

What have we observed?

A child with communication and interaction needs may have difficulties with:

Listening and attention

- Paying attention and listening in a 1:1 situation and in groups.
- Following directions.
- Focussing on what is being said (may look around for cues).
- Sitting still during in group situations.
- Accessing adult led learning.
- Being easily distracted by things in their environment.
- Social skills (appear distracted, appear to be ignoring, difficulties with friendships).
- Following basic functions of communication - taking turns, waiting, leading play, initiating and joining others in play.
- Shared / joint attention.
- Staying focused in activities minimal adult support.
- Finishing an activity with a clear end - jigsaws.
- Staying at an activity for an age-appropriate time limit.
- Learning and remembering new information.
- Remembering simple stories.
- Paying attention to details.
- Ignoring background noise to focus.
- Social cues of conversation talking over a person speaking.

Listening and attention

- Create good listening environments that have minimised distractions.
- Develop joint attention opportunities through intensive interaction experiences. (See social communication, intensive interaction strategies, please see the sections on page 20).
- Use agreed auditory and visual prompts, objects of reference, photographs, signs, symbols, musical instruments for transitional times to support the child's attention and focus. These should be individualised, matched to the child's developmental stage and used consistently by all practitioners.
- Gain joint attention before speaking. This may be through saying the child's name if they respond to this; through showing them an object of reference linked to the words you are using; through positioning yourself so you are in their eye line.
- Model being a good listener, by listening to children and taking account of what they say in your responses to them, for example, I liked hearing about your dog, what is he called
- Modify your voice and non-verbal gestures – including facial expression to encourage attention from the child.
- Keep group listening times short and interactive. Make them multi-sensory experiences. Use pictures, objects, puppets, acting gestures and facial expressions to keep the child's interest.
- Consider where a child is positioned during group listening times – will they find their attention and listening skills improve if they are near the key adult with limited distractions around them?
- Offer experiences that promote anticipation and a desire to attend / listen. For example, Ready Steady Go and games using a stop and wait technique. Use highly motivating activities such as bubble play.
- Change to provide 1:1 and paired group activities.
- Draw the child's attention to sounds around them - phone ringing, fire engine, doorbell.
- Play games that encourage children to listen and anticipate an exciting end, Round and Round the Garden, Row, Row, Row Your Boat.
- Follow the child's lead in play and interactions, talk about the things the child is interested in and this will encourage them to shift their attention between activity and your voice.
- Plan turn taking experiences that are based on highly motivating activities.
- Play games that allow children to look and copy adult's actions and sounds.
- Offer motivating listening walks, 'What Can We Hear?'
- Use familiar rhymes and stories, to maintain focus try leaving a word and ask them to fill it in, Humpty Dumpty sat on a....
- Play games that include listening for a signal, ready steady go, musical statues, what's in the bag, etc.

Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (SEMH, C&L, P&S) and refer to the other areas in this document for a holistic approach.

What have we observed?

A child with Communication and Interaction needs may have difficulties with:

Receptive language (understanding)

- Understanding non-verbal communication (body language, gesture, eye contact).
- Understanding what is asked or said to them.
- Staying engaged with interactions and activities (may appear to ignore you).
- Retaining and retrieving information.
- Following instructions – showing understanding without relying on visual cues or learnt routines.
- Language development and generating ideas.
- Responding to adults and peers.
- Connecting words and ideas.
- Answering questions appropriately. (They may give a random answer or repeat the question).
- Understanding what real objects are and what they are used for.
- Following routines.
- Activities that rely solely on listening to language.

www.leedscommunityhealthcare.nhs.uk/cslt

Receptive language (understanding)

- Gain a child's attention before speaking by physical prompts such as touching their arm, saying their name before speaking.
- When giving whole group instructions, ensure that it is repeated to the child individually if required
- Try to minimise distractions.
- Simplify your vocabulary to the main aim of the sentence / phrase - Adam Coat / Adam get your coat instead of.... Adam it's time to go outside, what is everybody else doing, please go get your coat.
- Reduce your sentence length, breaking into manageable chunks – mirror the child's language level - so if single word / 1 key word level have this as your starting point for communication exchanges.
- Repeat key words and rephrase instructions as necessary.
- Speak with an appropriate pace and not too fast – use pause and emphasis to highlight the keywords / information.
- Be aware of and implement a total communication approach. Use a range of auditory and visual prompts, objects of reference, photographs, signs, symbols, musical instruments for transitional times to support the child's understanding. These must be individualised and matched to the child's developmental level and used consistently by all the practitioners in the setting.
- Allow time for the child to process information,
- Reduce direct questions.
- Use familiar words. Teach new words in context, using objects, around the provision and setting.
- Give one instruction at a time. Repeat the instruction if the child needs to hear it again.
- Adult to model carrying out the instruction given by showing the child what to do.
- Comment on what the child is doing, providing a narrative rather than questioning.
- Adult to look for cues that show the child has understood. Are they copying their peers, looking for visual prompts etc?
- Adult to join in pretend play naming and modelling how to use resources. Imitate with your own toy, for example, brushing baby's hair, brushing teddy's hair.
- Use hand over hand when modelling, for example, stir the spoon in the pot.
- Play naming games such as 'what's in the bag?' with functional everyday objects such as 'hairbrush,' and model how they are used.

Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (SEMH, C&L, P&S) and refer to the other areas in this document for a holistic approach.

What have we observed?

A child with Communication and Interaction needs may have difficulties with:

Expressive language

- Delay in typical age / stage patterns of communication development.
- Communicating their needs both verbally and non-verbally.
- Developing and using a range of nouns - labelling for their age.
- Developing and using a range of word types - Verbs, pronouns etc.
- Expressing feelings that need to be supported.
- Unclear spoken language.
- Finding and using the correct word for things and being able to recall them when they need to use them.
- Using the correct words when answering questions.
- Understanding what they are saying, therefore repeating noises, words and phrases that they have heard (echolalia).
- Confidence in group situations.
- Confidence to verbally communicate and frustrations around this.
- Interactions with peer group.
- Combining words to form short phrases and sentences.
- Putting words in the right order.
- Asking and answering questions.
- Using language functionally, no spontaneous language (rote learnt).
- Difficulties organising and sequencing their thoughts for example when telling a story / explaining what happened.
- Pace when talking - may talk too quickly.
- Stammering.
- Confidence and willingness to use spoken language (elective mute).

Expressive language

- Copy sounds the child makes.
- Child to have clear view of the adult's face when you talk to them so they can see you clearly.
- Get down to the child's level so that eye contact is at the same level.
- Talk in a sing song voice to keep the child interested in the words that they are hearing.
- Use language linked to everyday activities / routines, like eating, self-care skills, transitions.
- Use actions / gesture with words, as this will help them relate and make connections for the words they need.
- Repeat words in a range of different contexts – repeat words often, children need to hear words many times to remember and say them (modelling) remove the expectation for the child to repeat back in return. (they may copy your words when they are ready to do so)
- Give a child time to process any interaction and respond with an expressive communication signal of their choosing – this may be a look / sound / word / sentence depending on the child's stage of communication and language development
- Say the word the child means when they do not have the words. If the child wants a drink and makes a noise / gesture to request the adult to say 'drink' and pass the drink to the child.
- Give the child choices between two things to encourage communication. Instead of what do you want to eat? You could say 'apple' or 'banana' holding both choices up. Again, say the word back to the child if they use a noise or gesture.
- Try not to anticipate the child's needs, so they need to communicate to get what they want.
- Play 'more' games – offer things bit by bit, snacks, bubbles, puzzle pieces to encourage and prompt requesting behaviours
- Let the child fill in the gaps in games such as - Ready, Steady Go.
- Comment on what the child is doing, providing a narrative rather than questioning.
- Teach the child to join words together by expanding on what s/he says. Repeat the child's words and add 1-2 words, for example, if the child says "car", you could model "Mummy's car".
- Allow gaps and pauses so that it gives the child time to respond with noise or gesture.
- Use pictures to begin simple storytelling.
- Read books together. Looking at pictures and describing them is just as good as reading the story.
- Encourage the child to use additional/alternative means of communicating if appropriate - visuals and gestures.
- Respond positively to the child's attempts to communicate.
- Do not insist on words if the child is using another way to get their message across.
- Have fun with sounds and words, encouraging playful sounds, such as, Old McDonald had a farm, rhyming strings, changing words in familiar rhymes, guess the noise etc...

Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (SEMH, C&L, P&S) and refer to the other areas in this document for a holistic approach.

What have we observed?

A child with Communication and Interaction needs may have difficulties with:

Social communication

- Responding to a familiar adult's voice.
- Showing interest looking at faces particularly when spoken to.
- Turning towards the person who is speaking.
- Vocalising differently to show happiness and unhappiness.
- Imitating sounds.
- Copying actions.
- Anticipating and sharing enjoyment.
- Shared/joint attention.
- Shifting attention from a toy to a person when playing.
- Engaging in pretend play.
- Using language and non-verbal communication to interact with adults and other children.
- Taking turns in conversation.
- Listening to others.
- Using appropriate gesture, eye-contact, body language and gesture.
- Using appropriate words for the situation or person they are communicating with.
- Beginning to demonstrate empathy,
- Interactions with their peers.
- Making friends.
- Managing transitions and changes in routine.
- Insisting on "sameness", rigid routines, repetitive play.

Social communication

- Respond to all the child's attempts to communicate.
- Watch and comment on what the child is doing
- Engage in high interest activities together - picture book and Ready, Steady Go games.
- Turn take with a range of activities such as, blowing bubbles, building a tower from bricks or posting.
- Create as many opportunities as possible to communicate in play by using requesting games in high interest activities, holding things back and giving objects one at a time.
- Give children choices – think about a desirable choice and a less desirable choice initially.
- Identify and utilise the child's motivators.
- Make eye contact when speaking to the child.
- Play people play games - Peek-a-Boo, tickles, Round and Round the Garden.

Develop the desire to communicate through intensive interaction strategies

Sharing personal space

Lying or sitting closely together, touching or apart. It can be pleasant merely having someone nearby experiencing mutual proximity and warmth.

Physical contact

Holding hands, playfully squeezing each other's hands, clapping hands together in unison, hand-over-hand games and / or with feet, tickling, walking arm in arm etc. Sensitive physical contact is vital to the approach, promoting mutual trust and sociability.

Imitation

Overt, dramatized copying of the learner's activity, echoing his/her vocalisations or actions, laughing together. Imitation is a signalling, and it can develop into conversation-like sequences or exchanges that involved both people giving and receiving feedback.

Eye contact

Peek-a-Boo, pulling faces, dramatic glances, looking in the mirror, staring at each other. Eye contact is both an objective of the method and a means of giving and receiving signals.

Joint focus

Both people looking at or physically exploring objects – magazines, toys, pieces of coloured paper, looking in the mirror together, watching bubbles in the air, moving objects through the learner's field of vision, listening to or making sounds or music together. It involves both people focusing attention on the same activity or object; this is a stage in learning to communicate.



Joint action

Sharing a physical and/or sound rhythm, with musical instruments, ball or balloon play, passing object from one person's hands/feet to the other person's hands/feet, chanting or singing the learner's name, making up songs, poetry and rhymes, giving a running commentary on the learner's actions: this is called descriptive commenting and can be used at much later stages too, escalating the noise made in humming and then decreasing it, whistling, playing with water and sponges. This is not an exhaustive list of activities that can be done together. There will be many others that can be used in the pursuit of simply doing things together.

Burst-pause sequences

Peek-a-boo, hide and seek without either person going anywhere, playing catch, 1-2-3-go spoken before an action. Whatever the activity that is chosen, the idea is that you leave a pause or a gap for the learner's response, building body tension, anticipation, and expectancy. Any form of turn-taking activity can be made to conform to such a pattern, as in:

Activity - expectant pause (in which there may be a response).

Activity - expectant pause (in which there may be a response) and so on.

Exchanging facial expressions

Smiles, winks, making different faces, tongue-poking, touching foreheads etc where the communicative significance to each exchange is being reciprocated each time, as in:

I smile - you smile, or I poke out my tongue - you poke out your tongue.

Turn taking

Pulling faces, making noises, vocalising, making actions or gestures, for example passing an object backwards and forwards and accompanying this with the message "My turn, now your turn" or "First you, then me". Turn-taking exercises can involve and include any sequence where both people share and acknowledge an exchange, whatever form it might take whilst they are both aware of their roles and their turns.

Links for communication and interaction

www.locala.org.uk/services/childrens-speech-and-language-therapy (North Kirklees)

www.cht.nhs.uk/childrens-therapy-services (South Kirklees) EYSEND Partnership (ican.org.uk)

Intensive interaction

www.intensiveinteraction.org



Cognition and Learning

What does it mean for children in the early years

As soon as children enter the world, children demonstrate a natural curiosity of the world, of others and the environment around them. Cognition and learning refers to the processes by which children acquire new knowledge, skills and competencies. The acquisition of new knowledge, skills and competencies needs time in frequent opportunities of play, giving children independence to foster their curiosity and interests. Adult support to encourage sustained, shared thinking will promote learning. This will also contribute to children becoming creative, resourceful and resilient learners. The EYFS references characteristics of effective teaching and learning and identifies 3 key areas.



Playing and exploring
children investigate and experience things, and 'have a go'.



Active learning
children concentrate and keep on trying if they encounter difficulties, and enjoy achievements.



Creating and thinking critically
children have and develop their own ideas, make links between ideas, and develop strategies for doing things.

Individual children can display a range of differences which will vary in severity and intensity, and which may change over time.

Enhancements to support

When there are concerns a child does not appear to be meeting expectations or is making slower than typical progress within their development in this area, it is important to consider all the factors that could be contributing to their learning and development at every level: personal, environmental and familial aspects and remain curious about what their needs are communicating to us, as early years practitioners.

Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (SEMH, C&L, P&S) and refer to the other areas in this document for a holistic approach.

What have we observed?

A child with cognition and learning needs may have difficulties with:

Playing and exploring

- Showing curiosity through using their senses to explore the world around them
- Showing interests through engagement in open ended activities
- Pretending objects are from their experience.
- Representing experiences in play
- Taking a role in play
- Acting out experiences with other people
- Initiating activities
- Seeking challenge
- Showing a can-do attitude
- Taking a risk, engaging in new experiences and learning by trial and error.

Playing and exploring

- The curriculum to be planned to focus on the child's strengths and interests to feed into the provision to meet the child's needs.
- Ensure all staff use a child-centred approach that focuses on the child's abilities rather than disabilities
- The curriculum to be adapted to ensure it is developmentally appropriate to meet the child's needs.
- Plan individualised learning opportunities to ensure that learning is relevant to the child so they can generalise and connect real life experiences.
- Clear routines in place with repetitive, predictable and familiar activities to increase independence.
- Song, rhyme, and rhythm could be used to support familiarity of expectations within a session you could, sing instructions.
- Build in opportunities to demonstrate anticipation, allowing time and creating pauses in motivating activities to show curiosity
- Make use of quieter and calmer environments that offer less distractions.
- Give regular opportunities for adult supported shared play and turn-taking activities - joint construction modelling, filling up sand buckets, going down the slide
- Adults to actively play with children within the provision, modelling turn taking skills and using clear language to support, 'my turn...your turn'.
- Ensure that children have easy access to any specialist equipment they need.
- All adults recognise there is a complex interaction between pupils' physical, sensory, communication and additional needs that affects how they progress. Including helping children ready to engage. Consider additional factors such as health, energy levels, sensory regulation, etc.



Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (SEMH, C&L, P&S) and refer to the other areas in this document for a holistic approach.

What have we observed?

A child with cognition and learning needs may have difficulties with:

Active learning

- Showing a deep drive to know more about people and their world.
- Maintaining focus on their activity for a period of time.
- Showing high levels of involvement, energy and fascination.
- Paying attention to detail
- Persisting with an activity or towards their goal when a challenge occurs (resilience)
- Showing a belief that more effort or a different approach will pay off and that their skills will grow and develop (growth mindset)
- Bouncing back after difficulties.
- Showing satisfaction in meeting goals. not just the end result.
- Enjoying meeting challenges for their own sake rather than external reward or praise (intrinsic motivation)

Active learning

- Motivating through small games, such as, What's in the bag?
- Give additional time to transition before activities to allow children time to prepare for an activity / routine change.
- Give additional time immediately before an activity to familiarise themselves and build a basic level of light understanding.
- Provide opportunities for overlearning through high levels of repetition, reinforcing and generalising skills across different areas of the provision.
- Have reasonable expectations that are inclusive of each individual child's needs, for example, the length of time a child is expected to sit and focus.
- Allow the child to process what has been said before response is expected.
- Provide breaks in learning for children who may not be able to focus for longer periods.
- Give children activities with a clear start and a clear finish, this could be, building a tower with a set number of bricks.
- Use of timers to encourage the child to stay at an activity for a short period of time. Praise given when the child has completed the time shown.
- Use visuals including Choice Boards, Now and Next Boards and Visual Timetables to support the child to finish an activity before moving on. These can be objects or photographs dependent on the child's understanding. Use motivators to support. Contact EYSEN/SALT for further support.
- Use clear and simple instructions breaking down longer instructions and giving one at a time, using visuals.
- Basket work to be used as a clear structured approach. This will ensure a clear start and finish as well as a structure to their activity.
- Individualised targeted work with a key person to focus on identified outcomes.
- Physically support the child using hand over hand / hand under hand support.

Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (SEMH, C&L, P&S) and refer to the other areas in this document for a holistic approach.

What have we observed?

A child with cognition and learning needs may have difficulties with:

Creating and thinking critically

- Thinking of ideas that are new and meaningful for the child.
- Playing with possibilities What if? What else?
- Visualising and imagining options.
- Finding new ways to do things.
- Making links and noticing patterns in their experience.
- Making predictions.
- Testing their ideas.
- Developing ideas of grouping, sequences, cause and effect.
- Planning, making decisions about how to approach a task, solve a problem and reach a goal.
- Checking how well their activities are going.
- Flexibly changing strategy as needed.
- Reviewing how well the approach worked.
(Characteristics of Effective Learning, Sept 2021)

They may also have difficulties in the following areas:

- Understanding.
- Retention of new skills.
- Memory skills - visual / auditory.
- Copying skills – physical / verbal.
- Problem solving.
- Retaining information.
- Concepts and skills.
- Sustained attention.
- Speaking.
- Self-help skills.
- Self esteem.

They may also experience difficulties in the acquisition of skills of Specific Areas of the EYFS Curriculum.



Creating and thinking critically

- All adults to support the child through a whole setting approach that recognises that engagement is multi-dimensional, recognising how well the child engages when developing new skills, knowledge and concepts.
- Ensure that open ended resources are provided and are appropriate for the child's stage of development.
- Unfamiliar resources to be introduced to the child during targeted support to encourage the child to try something new.
- To ensure play is not interrupted and routines are consistent, use visuals for key transitions.
- Practitioners to respond with flexibility to the child's play and copy the child's play and then model how that can be extended. Use of limited language.
- Offer visual choices so the child can be in control when extending their play.
- Practitioners to be reflective and consider the use of appropriate resources and strategies for the child's next steps to extend their thinking.
- Use of visuals to recall and retrieve the prior learning within the area of the provision. For example, in the construction area show the child the resources they used last time, i.e., the Duplo, for them to retrieve the skills they had used.
- Give praise for achievements to encourage the continuation of the open-ended play.
- Limit questions and instead, comment on the child's play when noticeable patterns and groupings are occurring. Using limited language, i.e., ice melting, etc.....
- Labelling nouns and verbs when sharing the experience with the child.
- Take the activity to the child if they are reluctant to access a certain area.
Think about – Do they prefer outside? Do they prefer a quiet environment?



Use the Portage small steps approach.

- 'Breaking down of a long-term goal into smaller steps..... Identify the steps needed to move the child from their baseline to their long-term goal.'
- 'Teach the small steps that are meaningful for the child and family.' 'An important aspect of Portage is ensuring success for the child.'
- 'Prompts can be used to make small steps achievable..... Prompts can take a number of forms: physical, demonstration, visual / gestural and verbal.'

National Portage Association, 2016

Backward chaining model

1. Start with a 4 piece jigsaw
2. Adult to complete 3 pieces of the jigsaw with child alongside.
3. Adult to hand over hand support the child to put the last piece of the jigsaw in to complete. Celebrate child's success.
4. Repeat steps allowing for child to complete pieces 3&4 hand over hand. Celebrate child's success.
5. Repeat steps allowing for child to complete pieces 2,3&4 hand over hand. Celebrate child's success.
6. Repeat steps 1,2,3&4. Celebrate child's success.
7. Repeat process as child is ready without hand over hand.

Always use the same jigsaw until completed independently.

- Setting to refer to Kirklees Early Years SEND Support Service once Universal High Quality Inclusive Practice and SEND Support strategies have been implemented and reviewed.
- Implement strategies for the child's educational progress that has been reached by joint working with the Outreach Service, Health, Parents, SENDCO and Key Person.

www.portage.org.uk

The engagement model - GOV.UK (www.gov.uk)



Social Emotional Mental Health (SEMH)



What does this mean for children in the early years?

Early years children often need to manage big feelings that can be overwhelming. It is helpful to understand that all behaviour is a form of communication. Learning to understand these feelings, manage their emotions and make positive relationships is part of typical development and is fundamental to positive cognitive development. Being able to self-regulate and control immediate impulses is a key skill but one that is often challenging for children presenting with SEMH needs. Positive connections / relationships are of fundamental importance in laying the foundations for continuing good SEMH and positive self-awareness. We also acknowledge that SEMH is a continuum on which we all exist and can impact us all at different times in our lives and for different durations.

Enhancements to support

When there are concerns a child does not appear to be meeting expectations or is making slower than typical progress within their development in this area, it is important to consider all the factors that could be contributing to their learning and development at every level: personal, environmental and familial aspects and remain curious about what their needs are communicating to us, as early years practitioners.

Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (C&I, C&L, P&S) and refer to the other areas in this document for a holistic approach.

What have we observed?

A child with SEMH needs may have difficulties with:

Self and others

- Developing a positive self-image, self – esteem and confidence
- Socialising / being within a group (they may exhibit solitary or isolated behaviours)
- Separating / withdrawing from adults / carers and / or peers
- Initiating and maintaining shared attention / reciprocal interactions
- Engaging in new experiences

Self and others

- Ensure all practitioners are alert to positive / desired responses from the child and provide consistent positive feedback in a timely way.
- Model positive interactions.
- Use narration during play to comment upon positive learning behaviours and outcomes, to notice successes and to communicate to the child they are valued.
- Share positives from home such as interests, exciting events, favourite moments that can be built on in the setting with others.
- Be mindful of language. Using clear, explicit language provides the child with clarity and will enable understanding.
- Develop language scripts that can be shared and support consistency. For example ' I like the way you....'
- Use individual and small group activities to develop social skills, modelling language and actions of turn taking (serve and return) and sharing.
- Identify key interests and motivators with the child (parents and key workers if necessary) and support play with peers focussing on these.
- Have a consistent, familiar adult available to 'meet and greet' and to provide reassurance during key transitions. For example, when entering the setting, preparing for home and returning from playtimes. Provide a settling activity / resource if needed.
- Effective communication systems between home and setting are helpful when communicating strengths and needs, successes and areas for development.
- Provide opportunities for regular check ins with the child, letting them know you have 'held them in mind'.
- Play partnering the child and follow their lead and interests.
- Practitioners should respect the child's personal boundaries. Be sensitive to sharing their play space and give sufficient room without encroaching their space. Join in and mirror their play, imitating movement, vocalisations and sounds.
- Comment and narrate the play as it happens for both you and the child, commenting on actions, labelling objects and sharing delight or disappointments in play.
- Reflecting on what you see in their play is invaluable and can tell you a lot about their preferences, strengths and difficulties. Ask yourself what are they getting out of the activity they are engaging and how can I provide this in other ways?

Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (C&I, C&L, P&S) and refer to the other areas in this document for a holistic approach.

What have we observed?

A child with SEMH needs may have difficulties with:

Transitions

- Key transitions (into school, leaving school, lunchtimes and playtimes)
- Transitioning between routines of the setting (moving between activities, activity beginning and endings)
- Managing or following a request, expectation or demand

Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (C&I, C&L, P&S) and refer to the other areas in this document for a holistic approach.

What have we observed?

A child with SEMH needs may have difficulties with:

Feelings and emotions

- Self regulation affecting relationships and impacting/interfering with their learning e.g. expressing difficult feelings through dysregulated behaviours such as acting on impulse, lashing out or fleeing a situation.
- Sharing adult attention with other adults/peers e.g. the need for adult attention, positive or negative
- Difficulties with showing empathy
- Following an adult's lead e.g. adult initiated activities
- Listening and attention including focussing on specific tasks
- Busy environments

Transitions

- Ensure all adults use consistent, clear language
- Discuss with parents / carers and SALT about the appropriateness of supporting the child's understanding with resources such as visual supports e.g objects of reference, photographs or a pictorial reference.
- Use language of 'first and then', for example 'First coat on, then outside' to help provide structure, reduce anxiety. Use high interest / motivators to support engagement with this.
- Transitional objects from home can be helpful to support the child to feel secure about transitions.
- Review practice to monitor how transitions are carried out during the day and whether they can be arranged differently.
- Provide pre warnings where possible – verbally or with visuals dependent on the child's needs
- Use visual methods such as sand tines to indicate when activities are coming to an end.
- Ensure adults are on hand to support and guide transitions, to provide reassurance in a nurturing approach.
- Have robust transition planning procedures in place for major transitions such as change of rooms / setting / phase of education. Ensure these are timely, involve parents / carers and future practitioners and that communication systems are clear and transparent.

Feelings and emotions

- Always remain curious to what any behaviour / response may be communicating.
- Use timed observations (observing the child at regular intervals) and charts to describe the behaviour / response clearly and note what happened before, during and after, who is involved and where it is. (For example, ABC / STAR approaches). Considering this information, are there any identified triggers, clues or patterns in your observations?
- Talk to parent/carers to explore whether they are experiencing a similar pattern of behaviours / responses at home. Has there been a change in circumstances at home? Is the child sleeping/eating as normal? What soothes the child at home?
- Use interest-based motivators to reinforce positive interactions and responses
- Intervene in a timely manner and remain alert to the potential for dysregulation. Provide a change of activity for the child when there is risk of dysregulation and build in opportunities for the child to move around the provision.
- Focus and implement the 3 'Rs of emotional regulation – Recognise the signs of escalating stress, Reduce the stress, Restore the child's emotional wellbeing through known and agreed co regulation approaches
- Co regulation will be founded in nurturing secure relationships between key adult and the child; adults will provide consistent responses using calm spoken language which will be minimised (at the point of dysregulation); will use calm minimised body movements (at the point of dysregulation) and ensure the child is safe and secure in an environment where stress has been reduced.



- Create a safe nurturing space where the child can be guided to when they feel overwhelmed. E.g. a space with cushions, soft toys, familiar/favourite activities, sensory provision or a pop-up tent – focus on providing a low arousal context that supports regulation and a sense of calm
- Give children space and time and ensure children know a key adult is available to them.
- If stage appropriate provide the child with some simple emotional language. Validate a child's feelings through labelling and ask questions around it, for example, 'I can see that you are feeling sad'.
- Use individual and small group activities (age / stage appropriate) to talk, teach and explore feelings with guidance about how we can respond to how we are feeling appropriately. Adults to model as appropriate.
- Use visuals including photos and pictures to talk to the child and label feelings, adults to model their own feelings using verbal and non-verbal gestures.
- Create an individualised self-regulation plan in partnership with family which is used consistently at both home and all settings. (EYSEND Outreach can support with this).
- Consider a referral to Kirklees Early Years SEND Support following implementation of the graduated approach.
- Implement strategies for the child's educational progress that has been reached by joint working with the Outreach Service, Health, Parents, SENDCO and Key Person.

Further links to support:

Thriving Kirklees - health and wellbeing services for children and families.



Physical and Sensory (Hearing Impairment (HI), Visual Impairment (VI), Sensory, Medical)



Physical

For children with physical difficulties, their ability to move, coordinate actions or perform physical activities is limited, impaired, or delayed and is exhibited by difficulties in one or more of the following areas: postural control; motor skills; motor planning; independent movement; balance; coordination; manual dexterity performing everyday life skills.

Enhancements to support

When there are concerns a child does not appear to be meeting expectations or is making slower than typical progress within their development in this area, it is important to consider all the factors that could be contributing to their learning and development at every level: personal, environmental and familial aspects and remain curious about what their needs are communicating to us, as early years practitioners.

Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (C&I, C&L, SEMH) and refer to the other areas in this document for a holistic approach

What have we observed?

A child with physical differences may have difficulties with:

- Motor skills and spatial skills causing barriers to movement around the setting.
- Difficulties in 'planning' movement
 - clumsy, awkward gross motor movements.
- Weak core affecting sitting up / sitting still
- Delayed body awareness
- Delayed balance skills
- moving from one position to another.
- Running, jumping, skipping, kicking, throwing, catching, etc.

Fine motor

- Pincer grip
- Manipulation of objects due to weak hand strength.
- Showing control and coordination with crayons, chalks, jugs, scissors, tools and mark making equipment).
- Spatial awareness resulting in positioning mark making on paper.
- Forming emerging letter shapes.

Physical (gross and fine motor)

- Setting to refer to Kirklees Specialist Provision Outreach (Physical Impairment Team) to seek and follow specific advice linked to the environment, generalised and individualised needs, where appropriate.
- Following the advice of Health and Outreach, support the child to use, check and monitor their relevant equipment such as rise and fall changing beds ramps, height adjustable furniture, grab bars, door handles and more availability for floor play space by ensuring all staff have the correct support and guidance.
- Implement strategies for the child's educational progress that has been reached by joint working with the Outreach Service, Health, Physiotherapist (PT), Occupational Therapist (OT), Parents, SENDCO and Key Person.
- Where reasonable adjustments allow, level access to be provided into and within the early years setting and playground
- Intimate care plans to be in place
- Where in place, physical management programmes to be built into the timetable (postural equipment and training provided by health PT/OT)
- Settings will receive support from relevant professionals with any plans that need to be in place such as:
 - Health Care Plans
 - Manual Handling Risk Assessments
 - Personal Emergency Evacuation Plan (PEEP)

Where possible, the following are to be provided:

- Space to store postural equipment: height adjustable seating, standing frames, wheelchair and walkers
- Accessible toilet and hand washing facilities with space to use postural/manual handling equipment, as directed by PT/OT/ manual handling trainer, these could be, toilet seats, potty chair, height adjustable changing bed, hoists, transfer aids.

Strategies to think about

- All areas to be well-organised to include clear routes by removing obstacles
- Adapt and simplify activities carefully consider alternative equipment, such as, training scissors, range of sizes of pens, crayons and brushes, smaller bikes and trikes and accessible outdoor equipment
- Consider the location of all parts of the day including dinner time and outdoor play.
- Individualised timetables that account for tiredness and muscle fatigue and make time rest breaks as needed.
- Include and model exercises and activities to strengthen upper body, hands and fingers - posture, warm-ups, dough disco, hand exercises and massages, including those recommended by relevant specialists – enhanced opportunities, differentiated for the child.
- Follow individual programmes of physical and self-help skills as advised by relevant specialists, such as an Occupational Therapist to access training and medical support for children with complex care needs, if appropriate.
- Provide a clear route around the setting to allow free movement for children using wheelchairs and walkers.
- Make floor play activities accessible to a child who may not be able to sit independently on the floor, by raising play items where possible.
- Home corner, dressing up, water tray, sand tray, etc, to be accessible from a wheelchair, height adjustable posture chair or stander.
- Consider fatigue and pain. Use rest breaks and change of position to relieve any discomfort.

Self-care skills

- Provide reachable coat pegs.
- Dressing skills to be supported and developed.
- Self-help skills to be promoted with equipment in place to promote independence: - adapted cutlery, plates, drinking cups, non-slip mats.

Gross motor skills

- Promote development of gross motor skills.
- Consider floor-based balance activities rather than balance beams and climbing frames: stepping stones, lines, footprints.
- Promote development of balance, walking and playing on grassy / barked areas
- Consider outdoor play equipment, taking into account ease of climbing on and off, lower back support: accessible trikes, consider toe straps, foam handlebar grips.
- Promote hand eye coordination - catching colourful voile or bubbles. Have lighter bats and larger, lighter, slower moving balls.
- Promote core stability with activities that involve pushing, pulling, carrying, lifting, crawling games and animal walks.
- Promote shoulder girdle stability through play at shoulder height: painting at an easel, pouring containers of water at shoulder height, putting toy boxes on shelves at tidy up time, carrying and lifting toys.

Fine motor skills

- When promoting acquisition of fine motor skills, ensure child's seated posture is stable. Seated securely, ideally with hips and knees at 90 degrees and feet on the floor, or using postural equipment provided by OT
- Promote fine motor development through fine motor programmes such as Funky Fingers. Consider simplifying posting games, using foam grips for paint brushes and chunky soft leaded pencils, and adapted scissors for crafts.
- Promote pre-writing skills with simple visual perception games, sorting games, simple and easy to hold puzzles, painting and finger letter/ number formation in sand trays and in foam, whiteboard and whiteboard pens. Magnetic boards with letters and numbers.

pdnet.org.uk

A network for those supporting learners with physical disability

Physical Impairment | A-Z of specific conditions | Kirklees SEND Local Offer (kirkleeslocaloffer.org.uk)



Hearing impaired (HI)

Deafness, or hearing loss, happens when one or more parts of the ear aren't working effectively. The two main types of deafness are:

- **Sensorineural deafness**, which is a hearing loss in the inner ear. This usually means that the cochlea isn't working effectively. Sensorineural deafness is permanent.
- **Conductive deafness** means that sound can't pass efficiently through the outer and middle ear into the inner ear. This is often caused by blockages such as wax in the outer ear, or fluid in the middle ear (glue ear). Glue ear is a very common condition, especially in pre-school children. Conductive deafness is usually temporary, but it can be permanent in some cases.

Very few deaf children have no useful hearing. Most deaf children can hear some sounds at certain frequencies and loudness, and with the use of hearing aids or implants they are often able to hear more sounds.

Enhancements to support

When there are concerns a child does not appear to be meeting expectations or is making slower than typical progress within their development in this area, it is important to consider all the factors that could be contributing to their learning and development at every level: personal, environmental and familial aspects and remain curious about what their needs are communicating to us, as early years practitioners.

Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (C&I, C&L, SEMH) and refer to the other areas in this document for a holistic approach

What have we observed?

A child with hearing loss may have difficulties with:

- Attend, follow what is going on (they may observe and follow others lead).
- Concentrate and listen for long periods of time, without becoming tired.
- Making sense of new information.
- Responding quickly to questions and/or comments.
- Processing large chunks of information.
- Developing relationships and interactions with others.
- Participating and interacting in small group activities across the provision.
- Understanding and using new vocabulary.
- Clarity of speech.
- Making links across the curriculum and learning from everyday experiences.
- New areas of learning in the curriculum - early number and literacy skills.
- Difficulties listening in background noise.

- Setting to refer to Kirklees Specialist Provision Outreach (Hearing Impairment Team) to seek and follow specific advice linked to the environment, generalised, and individualised needs.
- Where there are any concerns regarding a child's hearing, and they are not known to Audiology / ENT, parents should be advised to take their child to the GP in the first instance.
- Following the advice of Health and Outreach, support the child to use, check and monitor their relevant audiological (hearing) equipment - hearing aids, cochlear implants by ensuring all staff have the correct support, guidance, and ongoing training.
- Implement strategies for the child's educational progress that has been reached by joint working with the Outreach Service, Health, Parents, SENDCO and Key Person.
- Liaise with specialist teachers/teaching assistants to support staff to understand the impact of the child's hearing loss on communication, language, learning and social interaction skills.

Support will be offered to settings by the Kirklees Specialist Outreach Service (hearing impairment) by a teacher of the deaf who will:

- Support and advise on strategies to support the children with learning.
- Deliver deaf awareness training and training on meeting the children's needs.
- Support the use and maintenance of hearing technologies.
- Carry out specialist assessments to identify the children's needs and give recommendations to inform teaching and learning strategies, interventions and help set targets.
- Recommend improvements to the listening environment and access to learning activities.
- Advise on which outcomes can be achieved when support is sustained and developed effectively over time.
- Give advice and support for all areas of the children's development.
- Support and advise parents on audiological and educational issues, communication choices and advice on getting the appropriate support for their deaf child.
- Help coordinate liaison with other agencies involved with the children.
- Support the children's move from early years to primary school and then from primary to secondary.
- Deliver Makaton training to support child's need.

Strategies to think about

- Setting environment to be well equipped to ensure there are opportunities for a quiet space where listening activities can take place.
- Minimise background noise, consider adaptations to improve listening environment.
- Hearing technologies don't work well at a distance; make sure the children are within two metres of the speaker.
- Make sure you have the child's attention before you start talking and be on the child's level.
- Don't cover your mouth when speaking and face the children, they may need to use your lip patterns.
- Modelling simple language, speaking clearly and steadily using key words.
- Repeat comments and questions from other children, saying the name of the speaker first, as their voices may be softer and unclear.
- Carrying out listening / language activities as appropriate to the child's needs and allow extra thinking and talking time.
- Divide listening time into short chunks and allow processing time, particularly if there is new information or a 'question and answer' session.
- Use visual clues - objects, pictures, gestures, facial expression, Makaton signs, including now and next boards / visual timetables to support transitions. This will help to reinforce the child's understanding (especially when it's new or unfamiliar vocabulary).
- Provide lots of opportunities for the child to hear the repetition of vocabulary, especially new / unfamiliar vocabulary, in different contexts.
- Do not stand in front of a window or light source.
- Provide opportunities for the child to play alongside / with peers who are good role models for language and to promote positive and meaningful relationships with others.
- Deaf children need to concentrate harder on listening than hearing children, which can be tiring when they have to do it for long periods of time – try to reduce fatigue by giving regular breaks.
- Complete individual risk assessments.
- Use individual and small group interventions which may include:
 - Communication and language skills to reduce any gap, due to hearing loss, between children's current level and expected level.

- Listening and attention skills.
- Access to and social experiences.
- One-to-one support to help achieve learning targets, checking a deaf child's understanding of new vocabulary or concepts.
- Support session to promote Healthy minds of HI children.

Hearing impairment (deafness) | A-Z of specific conditions | Kirklees SEND local offer (kirkleeslocaloffer.org.uk)

www.ndcs.org.uk/our-services/services-for-professionals/training-courses/e-learning/

www.lowerhouseschool.co.uk/hearing-impaired-specialist-provision

(Kirklees Hearing Impaired Outreach Service)



Visually impaired (VI)

A reduction in vision that cannot be fully corrected by glasses or contact lenses, which causes difficulties with normal daily life.



Enhancements to support

When there are concerns a child does not appear to be meeting expectations or is making slower than typical progress within their development in this area, it is important to consider all the factors that could be contributing to their learning and development at every level: personal, environmental and familial aspects and remain curious about what their needs are communicating to us, as early years practitioners.

Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (C&I, C&L, SEMH) and refer to the other areas in this document for a holistic approach

What have we observed?

A child with visual impairment may have difficulties with:

- Developing at the same pace as their peers.
- Making links across the curriculum and learning from everyday experiences.
- New areas of learning in the curriculum - early number and literacy skills.
- Developing relationships and interactions with others.
- Managing resources and their own safety.
- Building up self-confidence and resilience.
- Increasing their independence skills.

- Follow the advice of health and bespoke advice from Kirklees Primary Specialist Provision for children with Visual Impairment regarding resource provision, staff deployment and support, supporting the graduated approach.
- Implement strategies for the child's educational progress that has been reached by joint working with the Outreach Service, Health, Parents, SENDCO and Key Person.
- Liaise with specialist teachers/teaching assistants to support setting staff to understand the impact of the child's visual impairment on communication, language, learning and social interaction skills.
- Support will be offered to settings by the Kirklees Specialist Outreach Service (Visual Impairment) by...
 - Observing the use of functional vision and carrying out visual assessments.
 - Advising on how best to promote visual access to the curriculum.
 - Advising/ supporting schools with statutory assessment and annual reviews.
 - Providing specialist braille (early tactile skills and pre braille skills) and technology teaching.
 - Providing low vision aid training.
 - Promoting the child's self-advocacy and knowledge of their visual impairment.
 - Supporting children's social inclusion and well being.
 - Raising peer awareness.
 - Supporting transition.
 - Providing habilitation training, for example, pre cane skills and early mobility.
 - Staff awareness raising and offering training.
 - Providing environmental advice around, adaptations to the physical environment.

This Involves:

- Visits to young children in the home.
- Inviting parents to nursery/ school visits and assessments.
- Offering telephone, email, post and text contact.
- Inviting parents to observe habilitation work.
- Signposting families to other relevant services.

What to look for:

Does the child:

- Fail to make and maintain eye contact.
- Have a tendency to peer closely at objects or pictures or hold toys at an unusual angle.
- Adopt abnormal head postures.
- Fail to respond to non-verbal instructions - facial expressions.
- Use limited facial expressions.
- Have difficulty finding dropped items.
- Bump into things or knock things over, more so than the typical child.
- Have poor hand control, compared to other children.
- If walking, may walk with a stoop or shuffle.
- Lack confidence in group activities.
- Have tendency to frown, squint or cover one eye.
- Miss the target when placing items or throwing balls, more so than the typical child.
- Complain of dizziness or headache, excessive blinking or rubbing of eyes.
- Show timidity in physical activity, such as, climbing or riding bikes.
- Sensitivity to light.
- Have oscillation or flickering of the eyes.
- Visit the Eye Hospital, Orthoptist or Optician.
- Diagnosed medical condition that impacts on their vision.

Many of the above will be present in children with no visual impairment but a child displaying several should be referred to the health visitor/doctor for eye tests.

The outreach team have technicians who can assess and offer advice on a range of specialist equipment and technology to support children in mainstream schools and settings.

- iPads with VI friendly apps.
- Modified desktops / laptops.
- Magnification software.

Strategies to think about

- Encourage children to wear their glasses, look through lenses and keep them clean.
- Check the physical environment for steps, lighting, obstacles etc.
- Setting environment to be well equipped and ensure there is opportunities for a quiet space where social use of language can be developed.
- Reduce visual clutter within the setting environment.
- Take into account light sources, be aware of the importance of contrast and avoid glare from shiny or polished surfaces.
- Ensure the day is carefully mapped out to include rest breaks.
- Provide shaded outdoor areas if needed.
- Being in the correct position when speaking with the child and make sure you have the child's attention before you start talking.
- Provide opportunities for the child to play alongside / with peers who are good role models for language.
- Use individual and small group interventions to build skills in areas of the enhanced curriculum, including, tactile skills, listening skills, pre-braille, social and emotional development.
- Ensure resources to obtain and modified in time for planned activities.
- Allow extra time to explore print, artefacts, equipment etc.
- A multi-sensory approach to the curriculum is needed, adapt, and modify planning to ensure access.
- Adults to pre-warn the child about what is about to happen, so they are prepared for interactions and key transitions.
- Make instructions clear and specific. Do not rely on non-verbal communication alone.
- Use and monitor trained adult support as appropriate.
- Support with the use of appropriate specialist equipment.
- Create opportunities to develop social skills.
- Complete individual Risk Assessments.

Remember that these are only very basic guidelines and more training and input from a specialist qualified teacher (QTVI) will be required if you are working with a child with a visual impairment.

www.daltonschool.co.uk/staff/outreach (Kirklees Visually Impaired Outreach Service)

Sensory integration differences

Definition of sensory integration differences:

Sensory needs can affect children in different ways:



- Under and over-responding to sensation: Children who under-respond to sensory information may not notice typical levels of sensation. Children who over-respond to sensory information may feel overwhelmed by everyday levels of sensation.
- Difficulty making use of sensory information: Some children have difficulty understanding what their senses are telling them, for example, they might find it difficult to tell if they are hungry or thirsty.
- Moderate coordination difficulties: Children may have difficulties with body awareness and balance. This can lead to difficulties with visual skills, using both sides of the body together and working out the order to complete activities, for example, they may try to put their underpants over their trousers.
- Complex coordination difficulties: Children may have difficulties with body awareness, balance and making sense of touch information. This can make it difficult for children to come up with new play and movement ideas and put them into action.
- Self-care: Washing, dressing, teeth cleaning, hair brushing, toileting.
- Education: Concentration, remaining seated, handwriting and using setting resources.
- Play and Leisure: Coping with busy or noisy environments.
- Self-regulation: This is our ability to match our energy levels to the situation and what we are doing.

Enhancements to support

When there are concerns a child does not appear to be meeting expectations or is making slower than typical progress within their development in this area, it is important to consider all the factors that could be contributing to their learning and development at every level: personal, environmental and familial aspects and remain curious about what their needs are communicating to us, as early years practitioners.

Note to practitioners:

Be aware of interrelating factors and the impact of other areas of need (C&I, C&L, SEMH) and refer to the other areas in this document for a holistic approach.

What have we observed?

A child with Sensory Needs / Differences may have difficulties with:

Touch (tactile)

What happens when a child experiences touch differently?

Over responding to touch

- Withdraws from cuddles.
- Easily ticklish.
- Does not tolerate loose clothes.
- Appears to overreact when hurt in playground.
- May walk on tiptoes on certain surfaces.
- Avoids messy play.
- Washing/wiping hands constantly
- Finds nappy changing distressing.

Under responding to touch

- Does not notice when they are messy/wet or have food around mouth.
- Does not show distress when hurt.
- Touch everything.
- Mouth toys more than peers.
- Wraps self in blankets in home corner - seeking deep touch pressure.
- Crawls under heavy mats and blankets etc

- Implement strategies for the child's educational progress that has been reached by joint working with the Outreach Services, Health, Parents, SENDCO and Key Person.
- Access the Sensory Occupational Therapy website resources for parents / carers, nurseries and school.
- Access training for parents / carers via the website.
<https://www.locala.org.uk/services/sensory-occupational-therapy-service/talking-sense-training>
- Access training for Early Years Providers (book via email to: lcp.therapyadmin@nhs.net).
- Early years providers to follow the Kirklees Sensory Toolkit to help identify sensory differences and develop a sensory passport of support for the child.
- If sensory strategies in place on sensory passport have not been effective, then refer to Sensory OT for consultation meeting.

Strategies to think about:

Over responding to tactile input

- Some children will feel able to engage with 'messy' tasks if offered tools, gloves or hand wipes.
- Consider placement in group situations (May be knocked or bumped?).
- Offer a carpet square or rug at carpet time.
- When lining up Child to be at the head or tail of the line.
- Have a designated peg near the edge of the cloakroom.
- Parents may wish to consider sensory 'compression' undergarments which can be helpful for some touch-sensitive children.
- Companies such as Jettproof and Sensory Smart Clothing sell specialist seam-free socks and undergarments.

Under responding to tactile input

- Ensure ALL staff are aware that child needs to be checked over after a fall or bump in school (NB: sensory children have been known to break bones and not react!)
- Offer tactile fidgets during focussed times (if this supports listening and learning)
- Work on touch discrimination skills. Ensure child does not use vision
- Prompts to wear coat when cold or to remove jumper when hot.

Suitable activities include:

- Which finger did I touch?
- What's in the bag? (Find one of 5 items in a drawstring bag)
- Find small objects hidden in playdough / plasticine

Taste and smell

What happens when a child experiences taste and smell differently?

Over responding

- Becomes anxious at smell of cooking.
- Gags on certain foods.
- Will comment on people's aroma.
- Particularly flavours certain types of food.

Under responding

- Sniffs people.
- Smells own faeces.
- Smells toys before playing.
- Chews / mouths everything.
- Particularly favours strong flavoured food.

Visual processing

What happens when a child experiences visual processing differently?

Over responding

- Focuses on tiny part of object not whole thing.
- Dislikes bright lights.
- Dislikes fluorescent lights.
- Is frightened by flashes of light.
- Puts hands over eyes or closes eyes in bright light.
- Shows distress at the sight of moving objects.
- Becomes distracted by nearby visual stimuli (pictures).

Under responding

- Gets excited at flashing lights on toys.
- Stares at fluorescent lightings.
- Stimulates self on reflective surface.
- Startled by unexpected light changes, such as, clouds blocking out sun.
- Is fascinated by shiny objects and bright colours.
- Moves fingers/objects in front of eyes.
- Looks intently at object.

Differences processing taste and smell

- Offer scented putty, pencils, rubbers etc. (many scented items available at Smiggle)
- Give the child a safe item with a smell they like to help mask poorly tolerate smells, this could be an item from home.
- Children with limited diets only have a few foods which feel 'safe' to them
- They need lots of opportunities to interact with new food without any pressure to taste it.
- Use the other senses to explore new foods, (starting with food similar to items they already eat).



Over responding to visual input

- Visual breaks (in a Dark Den, plain space or outside)
- Light-diffusing fabric over harsh lighting
- Tinted glasses for indoors (Happyeye glasses for visual stress)
- Sunglasses or a peaked cap for outdoors
- Privacy board for focused play activities

Under responding to visual input

- Keep flat surface, where child is accessing play, clear so there is less visual information to process
- Use contrasting colours to gain visual attention
- Look for toys and activities which provide lots of visual feedback (glitter wands, marble run)

Auditory (sound)

What happens when a child experiences auditory differently?

Over responding

- Runs from household noises.
- Covers ears at loud noises or unexpected alarms etc, may become very distressed.
- May hum to block out external noise.
- Easily distracted by background noise.

Under responding

- Holds toy to ear and has volume on high*.
- Doesn't appear to hear when called.
- Likes repetitive sounds (this can also show when oversensitive).
- Hums in noisy environments (this can also show when oversensitive).
- Not alarmed by sudden noises.

Movement - proprioception

Proprioception is our body awareness sense and feedback is through our joints and muscles. This sense tells our body where we are in space and ensures that we can be upright and not slipping off our chair, it also provides us with an internal map of our bodies.

What happens when a child experiences proprioception or body sense differently?

- Excessively climbing on things.
- Bumps into things easily.
- Unaware of children on the floor and will trip over them.
- Seems un-coordinated.
- May prefer controlled physical activities.
- Likes to fall or bump and seeks this out.
- Can't negotiate round obstacles.
- Difficulty with planning how to get in and out of play equipment.
- Difficulty with fine and gross motor skills.

Over responding to auditory input

- Pre-warn re: sudden loud sounds when this is possible (fire alarm testing).
- Reduce expectations for crowded, busy areas - full group, lunchtime.
- Use something to muffle sound (ear defenders; noise-filtering ear plugs; headphone or hat).
NB: ensure that ear defenders are only used when absolutely needed and the student has time in the day without them.
- Have quiet time built into the day to avoid a build-up of stress.
- Play calming music when accessing the provision to drown out background noise such as talking, adults and peers moving around etc.

Under responding to auditory input

- Gain child's attention before giving instructions.
- Offer opportunities for singing or music.
- Offer different tones, pitches, and frequency of sound.
- Use key words.
- Support communication with visuals if required.

Differences processing proprioception (joints and muscles)

Children with reduced proprioception need to complete regular exercises which fire up their muscles and joints. This could be:

- Yoga poses.
- Isometric and body-weight exercises (plank, bridging).
- Playdough (pound heavily and use an extruder).
- Squeeze water from sponges in water tray.
- Ride-on toys in EYFS.
- Climbing frames.
- Action songs.
- Carrying, pushing and pulling games.
- Grip / hand-strength exercise resources.
- Climbing elements of Trim-trail.
- 'Hang tough' from wall bars.

- Gardening tasks (digging, weeding etc.)
- Chores which involve carrying or resistance (sweeping up, helping to move chairs, tables etc.)
- Hardwearing chew products.
- Ensure table and chair are the correct height for the student. Hips, ankles and knees should be at approximately 90-degree angles and the table at elbow height.
- Provide sit and move cushions for when children are using chairs.
- Activities such as crawling (animal walks, obstacle course), tummy time or a scooter board can help develop these. Complete activities 'little and often'.

NB: chose activities suitable for child's age and fitness level.

Vestibular

The vestibular sense is possibly the most fundamental of all our senses it gives us physical and emotional security when moving in space as our bodies automatically adjust to stop us from falling.

Experiences vestibular input differently?

Over responding

- Fearful of playground equipment.
- Dislikes swings and slides.
- Gets car sick easily.
- Anxious if not in control of movement and when not on stable surface.

Under responding

- Seeks out swings.
- Seeks spinning movement.
- Likes roundabouts, slides.
- Hangs upside down on bars.
- No sense of danger when climbing.
- Constantly on the go.
- Trips over own feet.
- Difficulties sitting still.

Over responding to vestibular input

- Respect that child's fear around height is real and set realistic expectations for them
- Practise movement skills at floor level (practise balancing on a painted line on the playground not a balance beam)
- Children may need to practise a basic movement again and again in order to feel comfortable with it
- Children will find equipment which moves unpredictable most challenging. They may be able to access the Climbing equipment/ Trim Trail if no-one else is on it (so they can control the movement).

Under responding to vestibular input

- Ensure frequent movement opportunities and outdoor provision.
- Play ring games and parachute games for children who seek spinning movements
- Slides and swings provide calming movement opportunities. Generally, movement in a straight line is calming and rotational movement is alerting.
- Proprioceptive exercises will also be helpful if child gets hyper alert with movement.
- Activities such as crawling (animal walks, obstacle course), scooter board, trampoline and ride on equipment will all provide this sensory input.
- Children may need support to slow down and walk instead of run, so moving slowly games, Simon says or sleeping lions.

Locala sensory occupational therapy service website.

Leicestershire NHS and county council- Sensory processing resource pack early years

www.locala.org.uk/services/sensory-occupational-therapy-service

Building bridges through sensory integration: Therapy for children with autism and other pervasive developmental disorders paperback – 30 Nov. 2015

Additional links and resources

Home | Kirklees SEND Local Offer (kirkleeslocaloffer.org.uk)

Kirklees SEND Local Offer Information, support, services and activities for young people with special educational needs and disabilities in Kirklees

www.kirkleeslocaloffer.org.uk/information-and-advice/getting-support-in-school-college/outreach-from-specialist-support-services/

www.kirkleeslocaloffer.org.uk/senco-professional-information-and-resources-page/early-years/early-years-send-eySEND/

SEND code of practice: 0 to 25 years - GOV.UK (www.gov.uk)

Statutory guidance- SEND code of practice: 0 to 25 years

Equality Act 2010: guidance - GOV.UK (www.gov.uk)

Scope uk - the disability equality charity in England and Wales.

They provide practical information and emotional support when it's most needed, and campaign relentlessly to create a fairer society.

Contact - for families with disabled children | Contact

www.councilfordisabledchildren.org.uk

Developed by Kirklees Early Years SEND

Nicola Shaw and Jennifer Firth – Area SENDCO's EYSEND
Sharon Jagger – Strand Lead EYSEND

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