

# OLDHAM'S INCLUSION FRAMEWORK A GUIDE TO SUPPORTING CHILDREN AND YOUNG PEOPLE WITHIN MAINSTREAM SETTINGS

## EARLY YEARS SETTINGS

June 2022

# Foreword

Welcome to Oldham's Early Years Inclusion framework. This is a co-produced document which outlines the minimum guarantee of support at universal and SEND support across our Oldham early years settings. It has been developed alongside support from NASEN / Whole School SEND and complements a series of workshops delivered for SENCOs and senior leadership.

It is intended that this will provide an ambitious but achievable framework, which Oldham mainstream early years settings can aspire to; and which can facilitate constructive discussion within and between settings and partners, including the local authority, to self-reflect and focus development opportunities for staff.

Inclusion is a crucial focus nationally and, it sits at the heart of Oldham's vision to prioritise education and skills for all. In an area of higher levels of deprivation and poverty, there is a need to ensure equality of provision across our settings, to reduce marginalisation and to embrace our collective and community responsibility for the children and young people of Oldham, to improve educational achievement and wider outcomes.

This framework aligns clearly with the SEND code of practice and school's statutory duties, including establishing a deeper understanding that every leader is a leader of SEND and every teacher a teacher of SEND. It places universal good practice, including high quality teaching at the centre of how we support our children and young people.

We hope this will be an invaluable tool for school in planning and supporting pupils and that it will contribute to ongoing, sector-led approaches to developing inclusion in Oldham.

**Richard Lynch**  
**Director of Education, Skills & Early Years**

# Contributors

We would like to thank all the following settings and local authority services who have contributed to this document:

<b>Whole School SEND</b>	
<b>NASEN</b>	
<b>Oldham Council – Educational &amp; Child Psychology</b>	
<b>Oldham Council - QEST</b>	
<b>Oldham Council – Early Years</b>	
<b>Oldham Council – SEND Service</b>	
<b>Oldham Council – School Governors Service</b>	
<b>Oldham Council – Virtual School</b>	
<b>Community Paediatrics Service</b>	
<b>Speech and Language Therapy Service</b>	
<b>RightStart Team</b>	
<b>School Nursing Team</b>	
<b>Oldham Parent Carer Forum</b>	
<b>Oldham Council – Hearing Impairment</b>	
<b>Oldham Council – Vision Impairment</b>	
<b>Oldham Council – Physical Disability</b>	
<b>Oldham Council – SEMHs team</b>	
	<b>Swan Meadow Nursery</b>
	<b>The Nursery Oldham Ltd</b>
	<b>Corpus Christi</b>
	<b>Woodhouses VA Primary</b>
	<b>Beever Primary</b>
	<b>Hodge Clough Primary</b>
	<b>Daisy Chains Pre-School</b>
	<b>Littlemoor Primary School</b>
	<b>Shine a Light Nursery</b>
	<b>Willowpark primary</b>
	<b>Werneth Primary</b>
	<b>Beal Vale Primary</b>
	<b>Sy Hugh’s Primary</b>
	<b>Crompton Primary</b>
	<b>Sunny Smiles Nursery</b>
	<b>Panda Preschool Coppice</b>



# Oldham Inclusion Framework EYFS

## Early Years Settings

The **Oldham Inclusion Framework** is a key document co-produced by Early Years professionals and the LA SEND Partnership with support from Whole School SEND Leaders. This document is intended to describe the minimum guarantee of the universal and SEND support available pre-school for children and their families (Early Years delivered in Reception classes in schools and academies are covered by the Oldham Primary and Secondary Inclusion Framework).

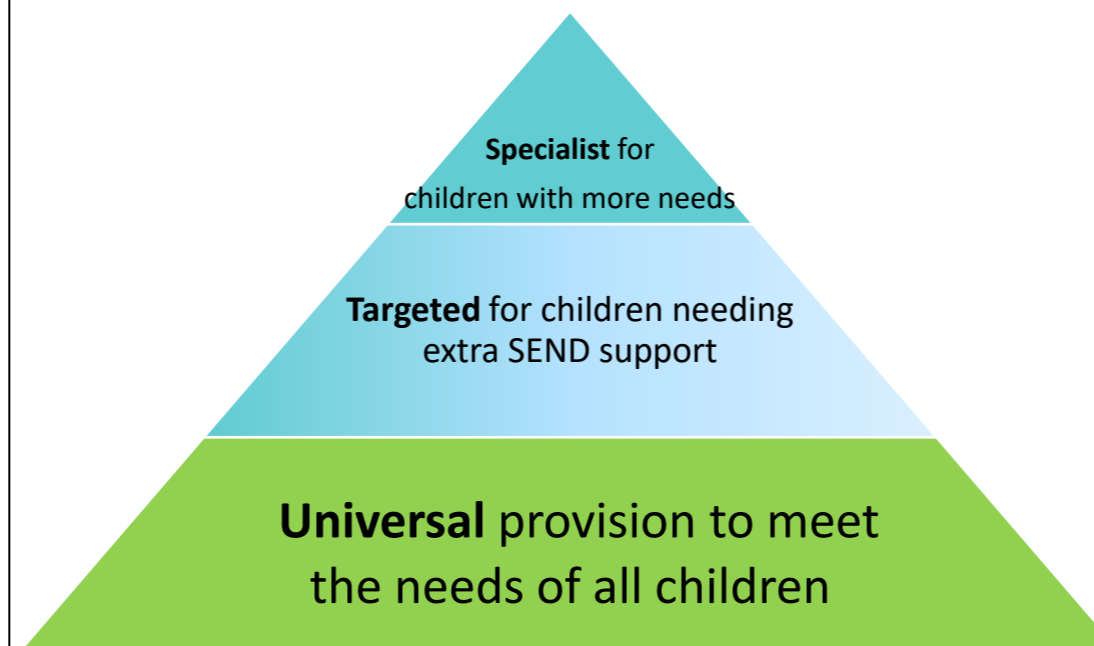
When using the **Oldham Inclusion Framework EYFS** it is important to understand that although this document organises the Universal and SEND support offers in response to the 4 Broad Areas of Need as described within the Code of Practice (CoP - DfE, 2015) settings will be adopting a holistic approach, recognising that each child is unique and SEND may be multiple and overlapping.

- Holistic, child-centred approach
- SEND may be multiple and overlapping
- Identify primary need
- Personalisation - meeting all needs

The SEND Code of Practice (DfE, 2015) states '5.1 All children are entitled to an education that enables them to:

- achieve the best possible educational and other outcomes, and
- become confident young children with a growing ability to communicate their own views and ready to make the transition into compulsory education

5.2 Providers of early years education, that is all early years providers in the maintained, private, voluntary and independent sectors that a local authority funds, are required to have regard to the Code of Practice).

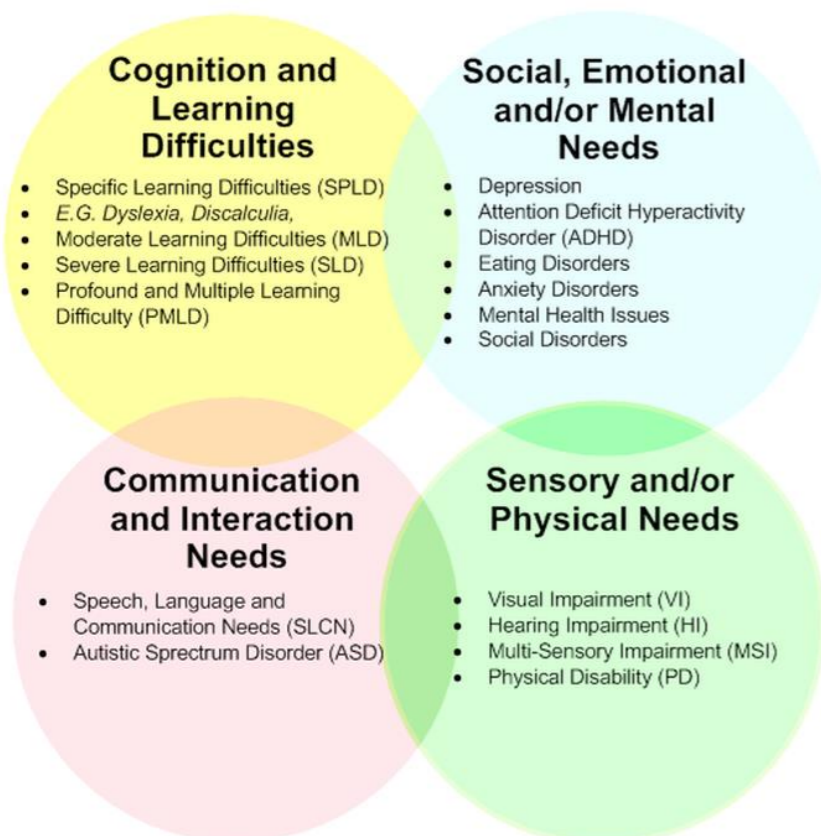


'The EYFS **Universal Offer** includes ensuring that every child has access to Inclusive Provision. This includes High Quality Teaching (HQT) and learning opportunities, typically delivered by experienced and well-trained support staff. High Quality Teaching / Learning Opportunities in the Early Years includes all the strategies, resources and adaptations made to the EYFS curriculum and the learning environment. All Learning Environments should be designed to remove barriers to learning. As the name suggests the universal offer is what the setting will provide for all children so any child who has their needs met by this provision would not be registered as having SEND. A comprehensive universal offer can meet needs before they become a barrier to learning and help a setting to systematically identify pupils who may have greater needs and will require SEND support.

**SEND Support** is the first stage of support available for children with SEND, this support should be 'additional to' or 'different from' the Inclusive, High-Quality provision made for all children in the setting. SEND Support may also be referred to as **targeted support**. **Children** in need of SEND support will be recorded on the setting's SEND register.

The Code of Practice (2015) states that '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 SEN. 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 (5.4).

#### 4 Broad Areas of Need:



All those who work with young children should be alert to emerging difficulties and respond early. In particular, parents know their children best, and it is important that all practitioners listen and understand when parents express concerns about their child's development. They should also listen to and address any concerns raised by children themselves (5.5).'

'All early years providers are required to have arrangements in place to identify and support children with SEN or disabilities and to promote equality of opportunity for children in their care. These requirements are set out in the EYFS framework. The EYFS framework also requires practitioners to review children's progress and share a summary with parents. In addition, the 'Early years outcomes' is an aid for practitioners, including child minders, nurseries and others such as inspectors, to help them to understand the outcomes they should be working towards (5.12).

#### SEND support in the early years

The Code of Practice (2015) states that 'It is particularly important in the early years that there is no delay in making any necessary special educational provision. Delay at this stage can give rise to learning difficulty and subsequently to loss of self-esteem, frustration in learning and to behaviour difficulties. Early action to address identified needs is critical to the future progress and improved outcomes that are essential in helping the child to prepare for adult life (5.36). Where a setting identifies a child as having SEN they must work in partnership with parents to establish the support the child needs (5.37). Where a setting makes special educational provision for a child with SEN they should inform the parents and a maintained nursery school must inform the parents. All settings should adopt a graduated approach with four stages of action: assess, plan, do and review (5.38).

**Funding** The Code of Practice (2015) states that 'Local authorities must ensure that all providers delivering funded early education places meet the needs of children with SEN and disabled children. In order to do this local authorities should make sure funding arrangements for early education reflect the need to provide suitable support for these children (5.59). Early years providers should consider how best to use their resources to support the progress of children with SEN (5.60).

**Funding in Oldham.** Within the Early Years, funding is made directly available to settings for [2/3/4 year old provision](#), this includes a small amount which is to support SEND but is mostly available to fund the placement in a setting. In Oldham the threshold for accessing 2-year-old provision includes children with identified SEND.

**Further funding:** The Special Educational Needs Inclusion Fund (SENIF) is to be used to support low level/ high incidence need. This funding is useful to help settings offer differentiated provision. The Disability Access Fund (DAF) is for children aged 3-4 years old who are eligible for Disability Living Allowance. The fund aims to support children with SEND to access early years provision. The Additional Educational Needs Fund is for children who are receiving a high level of support. This funding will be awarded based on an application which demonstrates a high level of support provided.

**Specialists**, including Area SENCOs, can be valuable in supporting settings in the design of their universal and SEND support offer.

The Code of Practice (2015) states that 'Where a child continues to make less than expected progress, despite evidence based support and interventions that are matched to the child's area of need, practitioners should consider involving appropriate specialists, for example, health visitors, speech and language therapists, Portage workers, educational psychologists or specialist teachers, who may be able to identify effective strategies, equipment, programmes or other interventions to enable the child to make progress towards the desired learning and development outcomes. The decision to involve specialists should be taken with the child's parents (5.48).

**Record Keeping and Review** The Code of Practice (2015) states that 'Practitioners must maintain a record of children under their care as required under the EYFS framework. Such records about their children must be available to parents and they must include how the setting supports children with SEN and disabilities (5.50). Providers should review how well equipped they are to

provide support across the four broad areas of SEN. Information on these areas is collected through the Early Years Census, and forms part of the statutory publication 'Children and Young People with SEN: an analysis' which is issued by DfE each year (5.51).

**Equality Act 2010** The Code of Practice (2015) states that 'All early years providers have duties under the Equality Act 2010. In particular, they must not discriminate against, harass or victimise disabled children, and they must make reasonable adjustments, including the provision of auxiliary aids and services for disabled children, to prevent them being put at substantial disadvantage. This duty is anticipatory – it requires thought to be given in advance to what disabled children and young people might require and what adjustments might need to be made to prevent that disadvantage. All publicly funded early years providers must promote equality of opportunity for disabled children. There is further detail on the disability discrimination duties under the Equality Act in Chapter 1, Introduction. The guidance in this chapter should be read in the light of the guidance in Chapter 1 which focuses on inclusive practice and removing barriers to learning (5.10).

Writing and publishing the **Local Offer** is a Local Authority's (LA) responsibility although to do this effectively LAs will need to understand what is happening in Early Years Settings. All health teams support the update and development of the information held on the [Local Offer](#) and [Graduated Response Toolkit](#) site. 'Local authorities must publish a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have Education, Health and Care (EHC) plans.(CoP 4.1)

The **Oldham Inclusion Framework** is a key document co-produced by Oldham settings and the LA SEND

The following framework provides:

- A set of strategies / approaches (getting started) which are appropriate at the universal level for all areas of
- A guide for identification of CYP within each of the four primary areas of need, who may need some
- A set of strategies / approaches (more help) which are appropriate for each of the four primary areas of

This framework sets out to be ambitious and is intended to support settings in planning for and meeting the needs

It is intended to complement the Graduated Response Toolkit.

Council services are available to support with developing both whole school provision and individual needs.

# THE FRAMEWORK – High Quality Provision

## Supporting at the universal level

### CULTURE

#### **Inclusive Culture**

Inclusive setting culture with a focus and value on effort. Inclusive messaging 'it's ok to be different' where adaptive teaching and personalisation are normalised.

Engaging and working in collaboration with parents to ensure we understand and share strengths and needs of child.

All staff expected to be fully inclusive in adapting the setting environment and curriculum by making reasonable adjustments.

Consider use of specialist Council services preventatively at the earliest stage possible to improve the Universal Offer, including Better Communication Team.

Use of the Oldham [Early Years Graduated Response Toolkit](#)

Clear rules and support for restorative practices, where the impact of behaviour on others is the focus of 'putting things right'.

Practitioners skilled in understanding/interpreting and acting to improve their interactions and environment when a child presents with behaviours which impact on learning and limit their opportunity to interact appropriately with others.

Social and emotional learning embedded and implemented throughout setting and given high status, e.g., use of yoga and mindfulness, staff reflecting and labelling feelings.

Listening skills actively and explicitly taught, e.g., identify what is needed to be a good listener, reinforce good listening, utilise activities to develop listening.

High quality PSHE curriculum and whole setting approaches to mental health, e.g., Mindfulness, Leuven scales, Solihull, appropriate staff training.

Behaviour Policy explicit, ensuring behavioural expectations are clear (exemplify what 'good behaviour' looks like, reference to differentiation for children with additional needs. Understanding of Trauma informed practices and Adverse Childhood Experiences (ACEs).

Ensure support is provided to meet emotional needs and build self-esteem and facilitate successful inclusion

Strong relationships between home and setting – taking a child-centred approach to ensure that setting is not impacting on home.

Promote home learning opportunities, e.g., Raising Early Achievement in Literacy (REAL) & [50 things to do before you are five](#).

**Staff CPLD and Induction programme** supports inclusive practice. Implementing Confident Communicators' (Oldham's SEND Strategy)

Develop a good relationship and understand the whole child.



All staff expected to have attended autism awareness training.

## SUPPORT

Appropriate support to fully access learning given to children with English as an additional language (**EAL is not a Special Educational Need** although some children with EAL may also have underlying SEND). Check age-appropriate language development in home language(s) and additional languages(s)

Social factors identified and TAF (Team Around the Family) referral undertaken if appropriate.

Curriculum support on personal and social development building confidence and maintaining self-esteem.

A wide range of curriculum and play opportunities which are adequately repeated / reinforced, including the use of overlearning and opportunities for adults to observe the child incorporating new skills into their spontaneous play/learning.

All staff are expected to demonstrate High Quality Teaching / Learning opportunities which demonstrate appropriate adaptive teaching / learning opportunities, e.g., adapting resources to simplify the task or make it more difficult as needed; ensure play-based equipment meets developmental needs, using a range of cuing in (auditory, visual, gesture) to engage children in activities, breaking tasks down and considering pace of delivery.

All adults to modify language and communication used, simplify and break down instructions to ensure language and communication used is clear and simple. Use of visual aids: visual timetable/ now and next boards used as required to support communication, scaffolding learning.

Assessment cycles for all that mirror – plan, do, assess and review.

Access to short term 'universal' interventions individual/small group identified and delivered as part of the Universal Offer; these may be most appropriately delivered on a little but often basis.

May need additional encouragement/ mentoring to remain motivated.

Strategies in place to support young children to understand transitions throughout the day.

Support to facilitate effective communication, interaction and curriculum access to ensure thoughts, feelings, wants and needs are communicated effectively.

Support to ensure understanding of instructions and tasks by the child using verbal/written/visual prompts and asking child to confirm the task requested.

Say 'name first' to ensure pupils knows when he/she needs to engage.

Use of regular movement breaks particularly prior to and following periods of focused activity.

Planned opportunities to engage with a range of motor activities and body awareness, e.g., target games, ball games, threading, play doh, action songs.

Adult support/supervision to access playground, PE and outside environments. Adult assistance as required at lunch to carry lunch tray and assistance with dressing/undressing for PE.

Lots of activities to promote listening skills.

## ENVIRONMENT

Ensure pupils are positioned well, able to make good eye contact. Consider room acoustics.

Awareness of sensory needs.

Access to a broad range of resources to support fine motor and hand eye coordination skills

Clear predictable routines, placement of resources to support independence.

Whole class visual timetable and visual prompts used together with verbal instructions.

Provision of appropriate equipment and resources (for example Adapted toys, iPads and software).

Regular auditing of the environment and resources to improve and develop provision, including consideration given to noise levels, provision of quiet spaces.

Low level assistive technology, use of photographs and symbols to label and to support communication.

A language and communication rich environment.

Every child should have the opportunity to access resources to promote gross motor skills either inside or outdoors.

Ensuring visual supports are provided to support understanding and communication needs

Learning Environments to be ASD friendly (e.g., low distraction areas/ good visual support).

Environment should be well lit, without glare.

Contrast should be evident in décor, furnishings and signage.

Printed materials should be of good size and contrast and in a clear font.

All reasonable adjustments must be made for children with sensory or physical impairments to enable access the curriculum and environment according to the Equality Act 2010 and reasonable adjustments advice from the Equality and Human Rights Commission (EHRC).

Environmental audit to inform Accessibility Plan. Following environmental audit, setting will need to follow specialist advice to ensure equality of access with peers.

Ensuring that equipment that is in place is the right size for children, e.g., chairs and tables used.

Following an **Acoustic Survey** (if appropriate) carried out by a specialist teacher for hearing-impairment or Educational Audiologist, the setting is required to follow specialist advice and make all reasonable adjustments to ensure appropriate acoustic conditions and optimal listening environments as required by the Equality Act 2010.

# THE FRAMEWORK – Targeted Support

## Supporting at SEND Support

If a child is accessing inclusive, high-quality provision but not making progress they may require targeted support which is 'additional to' and 'different from' universal provision. The support needed will depend on which of the four broad areas of need the child is having difficulty with and it is important to remember their needs may overlap one or more of the four broad areas.

Have a range of assessments (e.g., Speech and Language/ Cognition and Learning Assessment – [\(included in the Graduated Response Toolkit\)](#) been completed prior to movement to SEND support?

### Cognition and Learning Difficulties

<p><b>Identification and Assessment:</b></p> <p>What might I see?</p>	<p>Rate of progress below that of other children of the same age despite universal adjustments being in place through Assess, Plan, Do, Review process in place. Parents should be involved.</p> <p>Moderate difficulties in learning across all areas of the early years curriculum. Curriculum achievement is typically 18 months -2 years below age-related expectations and not explained by other factors.</p> <p>Difficulties exploring provision, engaging in open ended play, extending play and demonstrating flexibility in play.</p> <p>Delay in reasoning, problem solving, attention and concentration skills. Difficulties in making inferences, generalisation of what has been learned and transferring skills to new tasks.</p> <p>Difficulties with organisation and presentation skills. May require prompts to return to task.</p> <p>Child may show a difference between areas of their development.</p> <p>Child may divert attention from difficulties with completing a task by demonstrating low level disruptive behaviours; may be impact on attendance as well as engagement; may avoid or be reluctant to engage in risks or explore novel areas.</p>
<p><b>Cognition and Learning SEND support (provision that is 'additional to' or 'different from' the setting's Universal Offer)</b></p> <p>What can I do to help?</p>	<p>Use of multi-sensory strategies (using sight, touch, smell, hearing) required to support learning and opportunities for over learning through repetition.</p> <p>Appropriate Plan Do Review cycles are completed.</p>

Adapting curriculum planning, delivery and resources where needed, e.g., developmentally appropriate tabletop activities, provision of support using concrete and multi-sensory resources, developmentally match books, peer support.

Request and implement specialist advice, including from peer/cluster group support, to enable full access to the curriculum. Specific programmes to be introduced to develop skills and increase rate of progress on a regular basis (likely to be focussed on early cognition and communication skills).

Personalisation of strategies for child, e.g., planned daily opportunities for modelling and multi-sensory tasks, embedded opportunities for high level of repetition and reinforcement, use of personal interests in planning activities.

Individual adult mediation at the start of tasks and frequent check-ins to support completion, including adult support to play alongside to work on planned targets.

Individualised motivational strategies and mentoring, e.g., regular targeted praise and use of individual interests.

Provide opportunities for skills to be practised in a range of different contexts.

Planned adult support around reasoning and problem solving, e.g., sorting and matching activities.

# Social, Emotional and/or Mental Health Needs

<p><b>Identification and Assessment</b></p> <p>What might I see?</p>	<p>Have difficulty with concentration, engagement and participation in learning; this maybe as a result of fear of failure, low self-esteem or limited self- awareness.</p> <p>Social vulnerability due to lack of understanding and knowledge of social behaviour which may cause withdrawal.</p> <p>May need support to follow personal hygiene routines.</p> <p>Difficulties forming and maintaining friendships with other children and / or limited peer interaction.</p> <p>Low self-esteem demonstrates inappropriate responses in need of attention.</p> <p>Seeks affection, approval and reassurance repeatedly and appears to remain insecure.</p> <p>Refusing to accept requests comply with instructions and/or consequences and has difficulty understanding and accepting responsibility for actions</p> <p>Difficulty separating and around transitions</p> <p>Difficulty identifying feelings, soothing self, expressing feelings, recognising feelings in others</p> <p>Easily upset</p>
<p><b>SEMH SEND support (provision that is 'additional to' or 'different from' the setting's Universal Offer)</b></p> <p>What can I do to help?</p>	<p>Strategies in place to focus on difficulties during less structured/ supervised times of day which impact on learning opportunities and access to the curriculum. Key worker to support transitions.</p> <p>Appropriate Plan Do Review cycles are completed.</p> <p>Intervention programmes in place to develop:</p> <ul style="list-style-type: none"> <li>-Appropriate social skills</li> <li>-Empathy and awareness of the needs of others</li> <li>-Ability to maintain attention</li> <li>-Emotional regulation</li> <li>-Coping strategies for dealing with difficult situations</li> <li>-Independence in a learning environment</li> </ul> <p>Early advice sought/ reference to Oldham guidance on Emotionally based School Avoidance (EBSA) in order to reduce attendance difficulties.</p> <p>Structured opportunities, supported by an adult to play with peers, which support the child to move towards independent opportunities to interact and play with peers.</p>

Implement a robust functional behavioural analysis approach so that adults understand their role to support the child to develop appropriate strategies to communicate their 'unmet needs'

Provision and play based equipment which meets the needs of children who are working emotionally developmentally at an earlier stage than their chronological age.

Clear behavioural targets which focus on skills to be learned and the support need to learn those skills. targets should be explicit and specific and consistently supported by all staff.

TAF in place and regularly reviewed to support the child/young person and their family.

Referral to appropriate Mental Health service.

A planned approach to supporting regulation of strong feelings, including co-regulation and access to a safe space/ time out area to calm down as and when required. Support to develop a sense of danger and personal safety/Risk assessments completed as required.

*If difficulties are in the context of the family situation early help can provide family intervention.*

# Communication and Interaction Needs

## Speech, Language and Communication Needs

<p><b>Identification and Assessment:</b></p> <p>What might I see?</p>	<p>Difficulty with receptive and/or expressive language, speech, social interaction, literal interpretation, inference, social use of language, sensory triggers and thought processes, e.g., vocabulary not increasing, not following age-appropriate instructions (correctly).</p> <p>Experiencing unusual aspects of speech such as unusual intonation, pitch, volume, rate, echolalia (copying/repeating)</p> <p>Self-confidence and social integration limited by communication difficulties, may respond inappropriately in social and/or learning environment; not communicating needs.</p> <p>Example tools to support identification of need can be found in the <a href="#">Graduated Response Toolkit</a> site.</p>
<p><b>SLCN SEND support (provision that is 'additional to' or 'different from' the setting's Universal Offer)</b></p> <p>What can I do to help?</p>	<p>Setting to implement <b>Speech Language Communication Needs (SLCN)</b> strategies and specialist advice and access targeted SLCN training if required; supported by the Better Communication Team.</p> <p>Appropriate Plan Do Review cycles are completed.</p> <p>Clear planned timetable which identifies opportunities for language and communication development, such as snack time, open ended activities, daily routines and adult child interactions within a communication friendly provision.</p> <p>Setting to implement and evaluate individual or small group targeted interventions (Refer to the <a href="#">Graduated Response Toolkit</a> site), e.g., to teach vocabulary, develop sounds and rhyming. This might include targeted programmes/approaches for communication – e.g., Wellcomm and Elklan.</p> <p>Planned opportunities to model and extend language and communication, including planned use of adult language (such as commentary, wondering aloud, limiting questions), supported play and modelling. Support should be responsive and allow for pauses to encourage peer interaction.</p> <p>Ensure language and communication is matched to the child's development stage / Use an appropriate communication method / approach for the individual child.</p> <p>Implementation and evaluation of an individual communication programme and/ or strategies recommended by specialist teacher and / or Speech and Language Therapist (SALT) as required.</p>

## Social Communication and Interaction Needs including Autistic Spectrum Disorder (ASD)

<p><b>Identification and Assessment:</b></p> <p>What might I see?</p>	<p><b>Identified social communication difficulties with or without a diagnosis of Autism such as:</b></p> <ul style="list-style-type: none"> <li>• Difficulties communicating appropriately and functionally within adult and /or peer social situations, using verbal or non-verbal means.</li> <li>• This may impact on the child's ability to make requests, greet people, take turns and engage in play.</li> </ul>
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	<ul style="list-style-type: none"> <li>• This in turn may lead to anxiety, withdrawal, frustration, and distress and impact on the child's ability to engage in activities appropriately</li> </ul> <p>National Autistic Society <a href="#">advice on diagnosis</a></p> <p>The Autism Education Trust recognises main 3 differences in autistic children</p> <ul style="list-style-type: none"> <li>• Social understanding and communication</li> <li>• Flexibility, information processing and understanding</li> <li>• Sensory processing and integration</li> </ul> <p>May experience difficulties/ unusual responses to sensory experiences (Under/Over responsive to sensory stimuli).</p> <p>Vulnerability due to difficulties with social understanding and knowledge of social behaviour. This may cause withdrawal/isolation or socially inappropriate attempts at interaction.</p> <p>May experience problem solving difficulties and use behaviour as a way of communicating anxiety.</p> <p>Responds to targeted intervention but cannot independently transfer skills into 'real life' situations.</p> <p>Difficulties initiating and sustaining friendships with peers. Lack of shared attention which impacts on ability to work collaboratively with others.</p> <p>May need additional support to follow personal hygiene routines and with independence skills.</p> <p>Difficulties recognising and communicating own emotions and understanding the emotions of others. May have extreme reactions rather than a graded response.</p>
<p><b>SCIN SEND support (provision that is 'additional to' or 'different from' the setting's Universal Offer)</b></p> <p>What can I do to help?</p>	<p>Provision for those children with social communication needs and those with a diagnosis of Autism should reflect their need to develop relationships, play skills and communication skills.</p> <p>Implementation of strategies advised by professionals, e.g., an Educational Psychologist or Specialist Teacher for Autism to support pupils with Social Communication difficulties/ Autism Spectrum Disorder AND/OR support from a Specialist school, Resourced provision, Speech and Language Therapy. Some services are traded and may incur a charge.</p> <p>Appropriate Plan Do Review cycles are completed.</p> <p>Ongoing work to identify communication profile, appropriate communication strategies and consistent application of these, e.g., intensive interaction, now and next, sabotage techniques.</p> <p>Targeted programmes/approaches for communication – e.g., Wellcomm and Elklan.</p> <p>Support during continuous provision and some adult led activities / support to understand and follow instructions.</p> <p>Prepare and plan for transitions, e.g., meet and greet at the beginning/end of the school day.</p>



Enabled to access to an identified area when starting to feel anxious or upset in order to prevent anxiety escalating and provide space for calming.

Access to planned and supported opportunities for peer interaction.

Sensory strategies assessment and implementation. Ongoing work to identify sensory profile. Implementation of appropriate resources, activities, and daily interventions e.g., Sensory Circuits.

Regular movement breaks.

ASD and neurodevelopmental conditions can be assessed by community paediatrics through a multi-disciplinary team approach. Community paediatric service will need evidence to show that the graduated response has been implemented and interventions have been put in place before considering an assessment through the service.

Early Help can offer family intervention and support.

Recommended resources include:

- National Autistic Society (NAS)
- Autism Education Trust (AET)
- National Association for Special Educational Needs (NASEN)

# Sensory and/or Physical Needs

## Vision Impairment (VI)

<p><b>Identification and Assessment:</b></p> <p>What might you see?</p>	<p><b>Permanent vision condition impacting on learning and access</b> to the setting environment and curriculum. The child <b>will</b> have a diagnosed eye condition.</p> <p>They <b>may</b>:</p> <ul style="list-style-type: none"> <li>- have assessed mild to moderate vision loss that cannot be corrected</li> <li>- be registered as sight impaired</li> <li>- have acuities within the range 6/12 to 6/36</li> <li>- have a fluctuating vision condition such as nystagmus</li> <li>- have difficulties with near vision which means that they may require print enlarging up to N24</li> <li>- have a diagnosis of cerebral vision impairment by an Ophthalmologist</li> <li>- have significant visual field loss e.g., hemianopia</li> </ul> <p>Progress and outcomes should be broadly in line with typical norms.</p> <p>Vision needs are to be assessed and monitored by Sensory and Physical Support Service (SAPSS).</p> <p>Advice provided to, and training available for, all staff working with the child.</p> <p>May require short term or ongoing programmes delivered by, or in conjunction with, the SAPSS.</p> <p><b><u>Learning and Curriculum Access</u></b></p> <p>Outcomes should be broadly in line with typical norms.</p> <p>Ability to participate fully in all setting activities possible with reasonable adjustments as advised by Qualified Teacher of Children and Young People with Vision Impairment (QTVI).</p> <p>Vision needs hinder ready access to the curriculum; use of technology and compensatory skills largely mitigate this.</p> <p>Trained adult support may be required to ensure child accesses the curriculum, makes progress and develops independence. Reasonable adjustments to specified curriculum subjects required.</p>
<p><b>VI SEND support (provision that is '<u>additional to</u>' or '<u>different from</u>' the setting's Universal Offer)</b></p> <p>What can I do to help?</p>	<p><b>Permanent vision-impairment is classed as a disability under the Equality Act 2010</b></p> <p>Implementation of strategies as advised by Qualified Teacher of Children and Young People with Vision Impairment (QTVI) from the SAPSS.</p> <p>Regular planned rest breaks to reduce vision fatigue</p> <p>Reinforce spoken language with appropriate communication in line with communication needs.</p>

	<p>Regular review of communication needs to ensure they are in line with approaches and strategies used, alongside appropriate service support and family.</p> <p>Consider seating and distance.</p> <p>Bespoke risk assessment that identifies control measures to keep the child and peers safe whilst fostering independence and risk management skills.</p> <p>Access to small group targeted teaching / learning opportunities.</p> <p><b><u>Specialist Intervention and support:</u></b> May require advice only from a Qualified Teacher of Children and Young People with Vision Impairment (QTVI) or may require short term or ongoing programmes delivered by, or in conjunction with, the SAPSS.</p> <p><b><u>Print Modification</u></b> <b>Some modification of printed materials to ensure readability up to N24.</b></p> <p>Because of low incidence disability, setting staff may require training from a VI specialist to produce resources to meet VI need.</p> <p><b><u>Specialist Equipment</u></b> Curriculum access possible with some specialist equipment, such as low vision aids, adaptation and intervention and support to show appropriate progress.</p> <p><b><u>Habilitation - developing independence in and mobility</u></b> Independently mobile but may require short term programmes delivered by a habilitation specialist.</p> <p>May need some supervision and additional adjustments in unfamiliar environments depending on vision condition. May have some difficulties with spatial awareness</p> <p><b><u>Auxiliary Aids/Specialist Equipment</u></b> Under Equality Act Legislation Local Authorities and schools have a duty to supply auxiliary aids and services as reasonable adjustments where these are not provided through EHCPs.</p>
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## Hearing Impairment (HI)

<p><b>Identification and Assessment:</b></p> <p>What might I see?</p>	<p><b>Permanent bilateral mild or moderate hearing-loss resulting in mild functional difficulties, language delay and access requirements.</b></p> <p>Child will have a diagnosed mild or moderate hearing loss</p> <p>Progress and outcomes may be in line or slightly below expected compared to age related norms. <b>Hearing and language needs will be assessed by QTOD, and advice and training will be provided to all staff working with the child.</b></p> <p><b><u>Learning, inclusion and curriculum</u></b> Quality First practice for hearing impairment will ensure inclusive practice.</p>
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	<p>Ability to participate fully in all setting activities possible with reasonable adjustments as advised by Qualified Teacher of the Deaf (QTOD) and Speech and Language Therapist where appropriate.</p> <p>May need support to develop and maintain friendships</p> <p><b>Specialist Equipment:</b> Requires the use of a hearing aid/bone conduction aid where viable and may require an assistive listening device (radio) to support listening in the setting.</p>
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<p><b>HI SEND support (provision that is 'additional to' or 'different from' the setting's Universal Offer)</b></p> <p>What can I do to help?</p>	<p><b>Permanent hearing-loss is a disability under the Equality Act 2010</b></p> <p><b>Specialist Intervention and Support:</b></p> <p><b>May request advice only from specialist HI Service or may require short term or ongoing programme of support delivered in conjunction with QTOD</b></p> <p>Implementation of strategies advised by qualified Teacher for Hearing Impairment (QTOD) or educational audiologist or Speech and Language Therapist.</p> <p>Regular planned breaks to mitigate against listening fatigue.</p> <p>Reinforce spoken language with visual/kinaesthetic communication where appropriate</p> <p>Regular review of CYP's communication needs with family, TOD and SALT to ensure approaches and strategies remain relevant</p> <p>Consider seating and distance.</p> <p>Bespoke risk assessment that identify control measures to keep the child and peers safe whilst fostering independence and risk management skills.</p> <p>Access to small group targeted teaching / learning opportunities.</p> <p>Further advice available from the <a href="#">Graduated Response Toolkit</a> site.</p>
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## Physical Disability

<p><b>Identification and Assessment:</b></p> <p>What might I see?</p>	<p>Poor fine motor development (age-atypical) and/or gross motor skills, which requires support additional to and different from their peers including additional help to carry, move or use equipment required throughout the day.</p> <p><b>And/or</b> Child's Physical needs means they are likely to have difficulties with new/specific environments, which will require planning and adaptations.</p> <p>E.g., delayed fine motor skills and poor hand eye coordination, difficulty moving around the setting and demonstrating poor balance and coordination skills.</p> <p>In addition:</p>
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	Child may have physical needs making it difficult to undertake practical tasks independently. May have Physical/Medical condition which impacts on access to the academic and social curriculum.
<p><b>PD SEND support (provision that is 'additional to' or 'different from' the setting's Universal Offer)</b></p> <p>What can I do to help?</p>	<p><b>Ongoing universal offer reasonable adjustments in place in addition to:</b> Implementation of advice from Occupational Therapist/Physiotherapists.</p> <p>Activities to promote the development of fine and gross motor skills integrated throughout the day</p> <p>Contribute towards healthcare plans in conjunction with medical professionals.</p> <p>planned rest breaks when children are showing signs of fatigue</p> <p>Bespoke risk assessments that identify control measures to keep the child and peers safe whilst fostering independence and risk management skills.</p> <p>Access to small group targeted teaching / learning opportunities.</p> <p>Guidance and support to develop self-help and independence skills. Modification of resources and materials for mark making, e.g., variety of tools and surfaces for mark making, option to mark make in different body positions, equipment to support such as writing slopes, pencil grips, fiddle tools, adapted scissors.</p> <p>Access to suitable equipment to ensure access to curriculum and postural care following assessment by physiotherapist – standing frame, walking aids and OT – specialist seating. Alongside the Moving and Handling Advisor from the Sensory and Physical Support Service (SAPSS) who will support nursery to use the equipment and will provide ongoing training in the use of the equipment. The Moving and Handling will also provide support to refer to other agencies regarding the provision of equipment. Settings need to ensure that equipment is maintained to a good standard.</p> <p>Moving and handling training provided for staff to meet the needs of individual children who need support with transfers e.g., from chair to standing frame. Moving and Handling Advisor from SAPSS can also support the setting in providing a written moving and handling care plan</p> <p>Completion of exercise programmes, by early years staff, as advised and demonstrated by a physiotherapist</p> <p>Liaison with Moving and Handling Advisor from SAPSS regarding PEEPs. The Moving and Handling Advisor from the Sensory and Physical Support Service (SAPSS) who will support nursery to use the equipment and will provide ongoing training in the use of the equipment. The Moving and Handling will also provide support to refer to other agencies regarding the provision of equipment. Settings need to ensure that equipment is maintained to a good standard.</p>
<b>Multi-Sensory Impairment</b>	
<p><b>Identification and Assessment:</b></p> <p>What might I see?</p>	<p>Diagnosed permanent mild multi-sensory impairment is likely to require targeted specialist support.</p> <p><b>Children requiring significant support with a MSI may need</b> guidance and support to develop self-help and independence skills, alternative recording methods.</p>
<p><b>MSI SEND support (provision that is 'additional to' or 'different from' the setting's Universal Offer)</b></p>	<p><b>Permanent multi-sensory impairment is classed as a disability under the Equality Act 2010</b></p> <p><b>Advice should be sought from a</b> QTVI alongside a QTOD.</p>

What can I do to help?

Specific interventions to develop other senses.

Implementation of strategies as advised by Qualified Teacher of Children and Young People with Vision Impairment (QTVI) and Qualified Teacher of the Deaf (QTOD) working in conjunction.

**Specialist Intervention and support:**

May require short term or ongoing programmes delivered by, or in conjunction with, the SAPSS.

**May require modification of print resources**

**Specialist Equipment**

Curriculum access possible with some specialist equipment, such as low vision aids, assistive listening devices, adaptation and school-based intervention and support to show appropriate progress.

**Habilitation - developing independence in and mobility**

Independently mobile but may require short term programmes delivered by a habilitation specialist

May need some supervision and additional adjustments in unfamiliar environments depending on visual condition. May have some difficulties with spatial awareness

**Auxiliary Aids/Specialist Equipment**

Under Equality Act Legislation Local Authorities and schools have a duty to supply auxiliary aids and services as reasonable adjustments where these are not provided through EHCPs.

Sensory and Physical Support Service (SAPSS) for moving and Handling advice

