

## **Early Years Special Educational Needs and Disabilities (SEND)**



**Best Practice Guide 2021-22**



**Our vision is that all young children, get the best possible start in life, regardless of their ability or disability.**

**We will achieve this by ensuring:**

- **The health and education professionals who work with them will have the skills, confidence, and resources to identify and meet emerging needs and deliver evidence-based support within the community.**
- **There are clear pathways for children with identified needs, which enable targeted and specialist support to be put into place without delay.**
- **Strong networks in inclusive neighbourhood's support family resilience and mean that having a child with a special educational need or disability does not reduce choices for families regarding work, education and fun.**

### **Statutory Guidance**

*A child or young person has Special Educational Needs if they have a learning difficulty or disability which calls for special educational provision to be made for them, that is provision which is additional different to provision ordinarily available to the majority of children their age (SEN Code of Practice 2015)*

All settings must have an understanding of the Statutory Guidance for the Early Years Foundation Stage (2021), the Equality Act (2010), the Special Educational Needs and Disability Code of Practice (0-25) (2015) and the Children and Families Act (2014).

This legislation and statutory guidance make it clear that children with SEND have a right to expect their needs to be met and not to be disadvantaged.

Early years 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. Early years providers should regularly review and evaluate the quality and breadth of the support they offer or can access for children with SEN or disabilities.’ (Code of practice 2015)

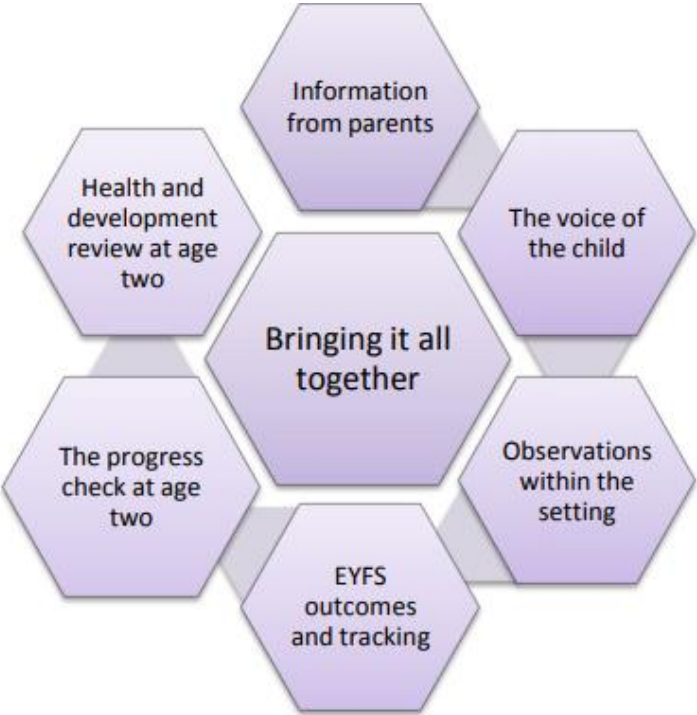
This guide sets out the provision which all Early Years Settings should have in place to support children with SEND in Haringey. It should be read in conjunction with the Haringey Early Years SENCo Guide (launch Dec 2021) or the Haringey local offer [About the Local Offer | Haringey Council](#)

### **Early Identification**

Early Identification and Intervention is key to children in the Early Years achieving their potential and is clearly enshrined in the Code of Practice

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. (Code of Practice 2015)

When parents or professionals start to be concerned that a child may not be progressing as expected, it is important to work together to consider a range of sources to ensure a thorough understanding of the child.

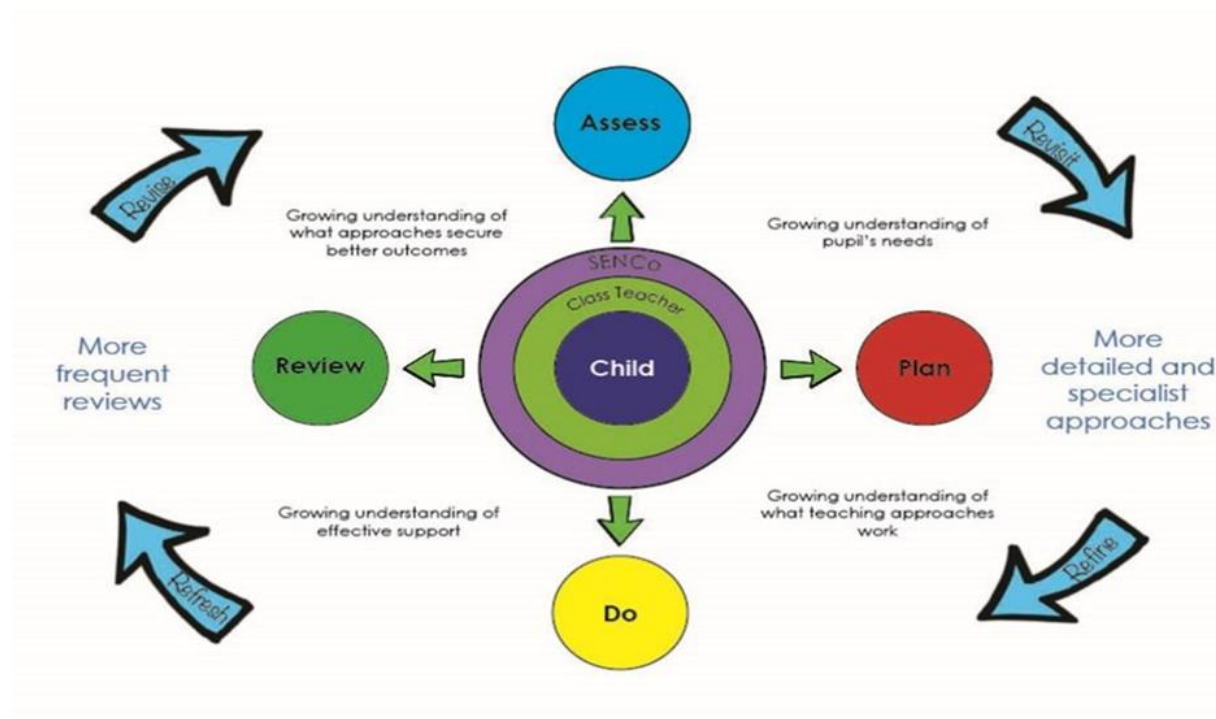


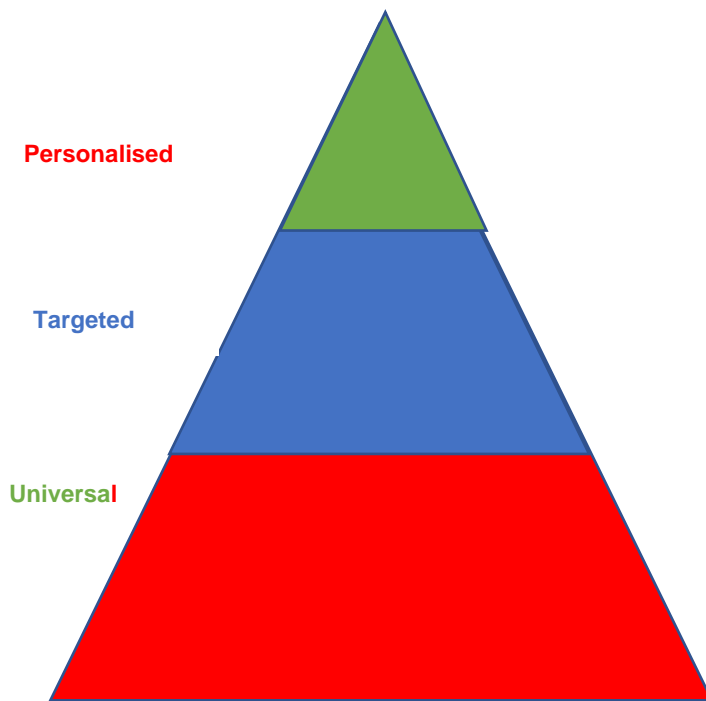
Council for Disabled Children

## The Graduated Approach

Alongside Early Identification, another key principle of the Code of Practice is the graduated approach. This is a four-part cyclical process which consists of: **ASSESS, PLAN, DO, REVIEW**.

Practitioners are continually assessing, planning, implementing (doing), and reviewing as part of their everyday (universal) teaching process. However, when a potential special educational need has been identified, the spiral of support will draw on more targeted approaches to meet children's specific needs. If this approach is not enabling a child to make sufficient progress, practitioners will need to refer to increasingly specialist advice to develop a personalised approach for the child





### **Universal Provision – all children**

This is good quality inclusive provision which is available to all children. Ensuring high quality inclusive practice reduces the need for targeted support later

### **Targeted Provision – Some Children**

Some children will require additional help which is planned and delivered by the setting. Practitioners will access training and be familiar with common strategies and interventions so that, in partnership with parents, they can deliver support to children in the nursery environment either individually or in small groups

This provision is part of the assess-plan-do-review cycle and will focus on specific targets for the child which will be recorded on the child's Early Support Plan

### **Personalised Provision – a few children**

Some children will go on to need more personalised support. These children will have unique long-term needs which can only be met by a bespoke programme of support. Parents and professionals will work together to identify individual small step targets, which will be recorded and frequently reviewed on the child's early support plan. The support will be informed by the advice of external professionals and may be delivered by the appropriately trained setting staff or in some cases the external specialists.

## Areas of Need

For provision to be effective it needs to be matched to the child's need. The Code of Practice defines four areas of need:

### Communication & Interaction

Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child with SLCN 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. Children with autism are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

### Social, Emotional & Mental Health

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways.

These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour.

These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder. Nurseries should have clear processes to support children, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other children.

### Cognition & Learning

Support for learning difficulties may be required when children learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment. Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

### Sensory & Physical

Some children require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided.

These difficulties can be age related and may fluctuate over time. Many children with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support.

Children with MSI have a combination of vision and hearing difficulties. Some children with a physical disability (PD) require additional on-going support and equipment to access all the opportunities available to their peers.



# Meeting Children's Needs

A setting with high quality universal provision is inclusive and enables most children to thrive without further adjustments. Practitioners are knowledgeable and experienced in child development and know how to motivate children through the Characteristics of Effective Learning. This enables children to make good progress and takes account of their strengths and difficulties. Senior staff and the SENCO support practitioners to learn how to adjust their responses to children's developmental stage and implement and provide access to the routines and social life of the setting. There are clear strategies in place to involve and engage parents in the continued development of their child's skills.

## Enabling Environment

- Learning areas are clearly defined with pictures and words throughout the environment, e.g., children know where to sit at story time/snack time (e.g., mats with names/photographs).
- Different types of environments are provided which are suited to the activity e.g., quieter spaces for puzzles and sharing books.
- Comfortable spaces and quiet areas for children to engage in smaller group activities or retreat to when overwhelmed (not just the book corner).
- Visuals reflecting the children's developmental levels support children's independence and organisation skills at the appropriate developmental level are displayed e.g. visuals showing how many children can play at an activity at one time, labels on equipment, routines e.g., wash your hands, line up, tidy up time etc.
- A visual timetable is in place that reflects the developmental stage of the children and promotes understanding using real items, clear symbols/photographs.
- Resources are limited to those required for the session (e.g., not too many choices/ toys out).

- Background noise levels are managed consistently so that everyone can hear one another with ease, e.g through the use of rugs and carpets.
- Transition times are managed effectively, so that noise levels are not excessive.
- Calm and uncluttered spaces reduce over stimulation e.g., use of natural colours, materials, and light.
- Storage is accessible for all children including non-mobile children e.g., low open shelving.
- Space and time given to monitor the effectiveness of targeted interventions.
- A range of visual, tactile, and auditory resources are used e.g, books with clear pictures, tactile experiences, large print, real object, and story sacks
- A range of books and toys that positively represent all pupils such as toys with hearing aids and books with children with Down Syndrome

## **Positive Relationships**

Key person/practitioners:

- Observe children carefully to identify progress made and any barriers to learning
- Ensure parents are equal partners when identifying children's strengths and needs
- Offer children choices throughout the day (e.g., "do you want milk or juice?") so they can learn to regulate their own bodies.
- Provide toys and activities designed to support social inclusion throughout the day (e.g., turn-taking games, games that two children need to play).
- Use resources effectively that link to children's interests, such as home-made games e.g., superhero lotto.
- Use a multi-sensory approach to learning
- Use routine and repetition to reinforce learning
- Use sensitive grouping/pairing for a range of activities with peers and other adults

- Promote self-esteem using positive reinforcement e.g., work on feelings, reassure boxes etc.
- Give children specific praise, e.g., 'good listening' (specific praise) vs 'good boy' (general praise).
- Introduce yourself by name and gain children's attention before instructions or information is given.
- Clearly repeat contributions from other children in group activities to reinforce meaning.
- Encourage parents to support their child's development by sharing rhymes, songs, and games.
- Respond to children's sensory needs e.g., finding alternative ways for the child to engage in messy play, such as wearing gloves, paint in 'zippy bags
- Encourage and promote the use of the correct vocabulary to describe children's needs such as blind or visually impaired.

## Communication & Interaction

The Characteristics of Effective Learning form the fundamental foundation on which children develop their communication and interaction skills that, in turn, support the child to express themselves, to understand language and to interact with others and the world around them.

Children are born ready, able, and eager to learn. They actively reach out to interact with other people in the world around them. However, development is not an automatic process; it depends on each unique child having opportunities to interact in positive relationships and enabling environments at their own developmental stage. Opportunities during play and routines will provide situations to develop and extend the necessary pre-linguistic skills for effective communication to develop.

Children will thrive in an environment that celebrates them as active learners. Communication and interaction skills development in the early years must remain focussed on how well a child is supported to develop their thinking as well as their ability to communicate and share their ideas.

### **Suggested Continuing Professional Development at Universal and Targeted level may include:**

- Dedicated time for whole setting training e.g., [Communication Trust](#) including a rolling programme for induction.
- Introduction to ASC in the Early Years
- Using the WellComm Kit to Develop Early Language Skills
- Early Years Talkboost
- Makaton Training

- Total Communication
- Running Attention Groups

## **Universal Provision: Communication & Interaction**

### **Enabling Environments:**

- Many opportunities for developing language outside, such as writing materials, books, signs, and labels.
- Vocabulary boards include nouns, verbs and adjectives and are in context of a topic.
- Specific vocabulary and related Makaton signs/symbols are available for parents.

### **Positive Relationships**

#### Key person/practitioners:

- Greet parents and children when they enter the setting using the child's home language to celebrate different languages.
- Positive role models to support communication and interaction e.g., speaking in short, clear sentences and getting down to children's level, short phrases, use of key words, using child's name
- Demonstrate and maximise opportunities for conversation e.g., sitting with children at the snack table.
- Have a good understanding of individual children's needs and interests and appropriate resources used to support them e.g., young children and babies are given extra visual prompts.
- Use a balance of comments, questions, and commands, e.g., 'you've built a tower' (comment), 'sit down' (command), 'what are you doing?' (Question).
- Model language during play by naming objects, describing their actions, and building and extending on vocabulary which is appropriate to the child at their level of understanding.

- Use signing/gesture alongside speech.
- Take every opportunity to develop children's communication and interaction including signing, pointing, hand leading hand.
- Use a range of visual support materials e.g., props for songs and stories.
- Provide effective strategies to involve parents in developing their child's communication and language e.g., sharing common songs and rhymes, links to useful websites, access to the 'what to expect when' document.
- Ensure that effective strategies are in place to support children and families with English as an Additional Language (EAL)
- Incorporate language/vocabulary targets into planning.

## **Targeted Provision – Communication & Interaction**

### **Enabling Environments**

- Alternative arrangements for when noise levels are raised and could cause distress (use of musical instruments, loud noises, lunch times).
- Additional calm spaces where children feel safe, according to children's changing needs.
- Visual Supports for independence e.g., visual timetable for washing hands, getting coat etc.
- Carefully considered adjustments to the setting environment e.g., child may need to be supported by a key person to access a group activity, such as story time

### **Positive Relationships**

Key persons/practitioners:

- Promote participation and independence e.g., using a choice board/now and next board.
- Are responsive to children's communication, including non-verbal communication.

- Introduce differentiated visual support using symbols, pictures or real objects.
- Plan opportunities for fun activities requiring co-operation to enable children to understand the purpose of communication.
- Ensure instructions given to the whole group are understood e.g., the child is individually spoken to, or shown visual supports for rules, signing, simplified language.
- Are aware of and use the child's different methods of Alternative and Augmentative Communication e.g. signing, symbols objects or switches.
- Use specific interventions to support children's language such as 'What's in the Bag?' game, Attention Building groups, the Wellcomm or Early Talk Boost programme.
- Provide opportunities to revisit and repeat language focussed activities

## **Personalised Provision – Communication & Interaction**

For those children requiring support beyond universal and targeted level, the planning for interventions is personalised and specifically formulated to take account of their unique individual need, usually informed by external professional advice from the appropriate agency. This will come in the form of recommendations and support from the Speech and Language Therapist and other agencies. The provision may include:

- Providing a personalised total communication approach
- Providing resources to meet the child's stage of development rather than chronological age.
- Allocating time to relevant staff for the writing, resourcing, delivering, and reviewing of personalised plans.

- Practitioners working alongside relevant health professionals, such as speech and language therapists, and with parents to implement alternative communication systems e.g., Picture Exchange Communication System (PECS).
- An Individualised timetable
- Using personalised interventions to support children's language e.g., Intensive Interaction.
- Using specialist equipment and adaptations.
- Using a range of observations e.g., room mapping over time and observing during structured and unstructured situations/activities to inform planning.



## Cognition & Learning

The Characteristics of Effective Learning form the fundamental foundation on which children develop their cognition and learning skills that in turn, support the child to flourish as an effective and motivated learner.

Cognition refers to the thinking skills and cognitive processes that a child has acquired through their prior experience. Learning needs are on a continuum and can vary across situations and activities. To develop cognition and learning skills, children must be encouraged to develop their ability to engage in playing and exploring, to actively learn and persevere and to make links that allow them to think and create in their own unique way. Cognition and learning skills development in the early years must remain focussed on how well a child is supported to develop their learning style, rather than how well they can recall information.

Children will thrive when practitioners are knowledgeable and experienced in supporting children and identifying their early learning styles. A range of strategies must be used to enable children to make good progress and take account of children's development in line with the Characteristics of Effective Learning.

**Suggested Continuing Professional Development at Universal and Targeted level may include:**

Using Visuals in the Early Years

Children Who Play Differently

Small Steps Learning

Planning for children with Down Syndrome

## Universal Provision: Cognition & Learning

### Enabling Environments:

- A multi-sensory approach that incorporates visual, auditory, tactile, sensory, and active elements.
- Resources that offer flexibility and directly linked to children interest.
- Equipment and resources that are open-ended and encourage problem-solving and curiosity.
- Resources which can be used, moved, and combined in ways which develop an understanding of cause and effect.
- Resources which ensure access for all children e.g., a range of activities are provided on the floor or at a low level as well as on tables.
- Appropriate ICT resources which meet children's access needs and developmental level.
- Maximise opportunities for independence and involve parents in this e.g., 'let us try and do two buttons today'
- Regular access to outdoor play and physical challenge

### Positive Relationships

#### Key persons/practitioners:

- Plan carefully to maximise the opportunities for learning.
- Ensure that routines allow children to make connections but are flexible in meeting children's individual needs.
- Provide maximum opportunities for children to demonstrate how they are learning when intrinsically motivated through creating new ideas and solving problems as they explore.
- Give additional uninterrupted time for exploration to ensure the consolidation of understanding.
- Actively promote the Characteristics of Effective Learning e.g. planning includes first-hand experiences and challenges which encourage children to take risks and try something new, persevere and develop concentration.

- Role model language and make links for children by building on their knowledge and understanding.
- Use positive language to promote and encourage learning e.g., children are encouraged to explain how they solved a problem.
- Understand that opportunities to explain errors lead to greater understanding than explaining why something is correct.
- Use language which is appropriate to engage the child at their level of understanding e.g., a very clear focus on key concepts, such as visual resources for number songs.

## **Targeted Provision: Cognition & Learning**

### **Enabling Environments**

- Additional enclosed spaces where children feel safe to play.
- Sensory materials to meet identified preferences to support motivation and engagement.
- Adapted and additional equipment is available e.g., 'move and sit' cushion, sensory cushions, cause, and effect toys, supportive slope.

### **Positive Relationships**

Key person/practitioners:

- Reinforce learning using multi-sensory experiences.
- Actively include all the ways that children communicate e.g., hand-over-hand, pointing.
- Actively promote engagement by playing alongside and copying the children's actions e.g., making sandcastles.
- Break down instructions into small steps, using short phrases or key words as appropriate.

- Are aware of and use the children's preferred method of alternative communication e.g., using real objects, such as a nappy at changing times.
- Support stories and songs through song/story sacks and sensory stories e.g., in a targeted group as a duplicate.
- Provide opportunities for 'eager anticipation' in small group play e.g., 'ready steady go' games.
- Are aware of times when noise levels are raised and could cause distress and make themselves available.
- Carefully consider additional adjustments e.g., children may need to be near their key person
- Allow children additional time to process and think.
- Offer pre and post teaching to children to check on understanding of new concepts.

## **Personalised Provision– Cognition & Learning**

For those children requiring support beyond universal and targeted level, the planning for interventions is personalised and specifically formulated to take account of their unique individual need, usually informed by external professional advice from the appropriate agency. This will come in the form of recommendations and support from the Educational Psychology Service and other agencies. It may include:

- Providing a personalised total communication approach.
- Providing resources to meet the child's stage of development rather than chronological age.
- Use of the Portage SEND Best Practice Assessment Checklist to support accurate target setting.
- Allocating time to relevant staff for the writing, resourcing, delivery, and reviewing of personalised plans.
- Using specialist equipment and adaptations.
- Adult support to promote engagement in adapted activities.

- Allow children with hearing or visual loss additional time to process and think.
- Offer pre and post teaching to deaf children to check on understanding of new concepts.
- Using a range of observations e.g., room mapping over time and observing during structured and unstructured situations/activities to inform planning.

## Social, Emotional and Mental Health (SEMH)

Children's personal, social, and emotional development (PSED) is crucial for them to lead healthy and happy lives and is fundamental to their cognitive development.

Underpinning their personal development, are the important attachments that shape their social world. Strong, warm and supportive relationships with adults are crucial in enabling children to manage emotions, develop a positive sense of self, form positive relationships with others, set themselves simple goals, have confidence in their own abilities, to persist and wait for what they want and direct attention as necessary.

For many reasons, some children will have had challenging starts to their lives. It is therefore the role of parents, the key person, and the setting to develop a supportive relationship model to contain the child's emotional needs and support them to develop the resilience to overcome challenges for the rest of their lives

### **Suggested Continuing Professional Development at Universal and Targeted level may include:**

- All practitioners are aware of their setting's behaviour procedure and there is a rolling programme for induction
- Dedicated time for whole setting to reflect on when children have become emotionally overwhelmed and adult responses to children's changing behaviour

Training may include

- Attachment and the Key Person Approach
- Supporting emotional well-being in the Early Years

### **At the Universal Level:**

Key persons/practitioners are knowledgeable and experienced in their use of appropriate EYFS recommendations. They use a range of skills which enable children to make good progress and takes account of their social emotional and behavioural strengths and difficulties and must also be aware of their own beliefs, values, and attitudes around certain behaviours of young children; this will enable them to support parents in a non-judgemental way.

Managers analyse behavioural triggers/incidents over time to identify any patterns such as time of day or particular resources in order to strategically plan improvements to universal practice. The behaviour management procedure/policy is regularly reviewed to reflect current practice and is clearly communicated to parents to explain how children are supported.

For children to be supported effectively the emotional and physical well-being of the whole staff team must also be taken into consideration. The team approach of each practitioner being aware of others and supporting colleagues during challenging experiences is essential. As part of this approach, the management team and Senco must support staff to understand children's behaviour as a form of communication.

It is important to understand that young children are unable to regulate their feelings and behaviours without caring and responsive adults to support them. Children may seek comfort and care from a range of adults in the setting. Therefore, it is essential that effective consistent strategies are in place which involve all adults including parents in developing their child's social emotional and mental health and there are regular opportunities to share progress on all aspects of social interaction.

## **Social, Emotional and Mental Health; Universal Provision**

### **Enabling Environments**

- Settling in and transition programmes that support children and families including transitional objects, home boxes etc

- Enough resources to support the developmental stage of the children e.g., more than one of the most popular toys
- An environment which promotes a sense of ownership of the space e.g., named photo on coat peg or tray

## Positive Relationships

Key persons/practitioners:

- Know of any developmental factors which might affect their behaviour.
- Model appropriate responses and behaviours including non-verbal body language
- Label and validate their own and children's emotions including ' I can see you're feeling excited today because you are jumping up and down'
- Provide opportunities for children to express and discuss their emotions in a developmentally appropriate way e.g., through stories, puppets, and role-play
- Support children to understand the consequences of their actions and the impacts on other people based on the child's level of understanding e.g., 'you *hurt your friend you have made him cry. How can you make him feel better*' or 'Sam is sad,'
- Provide a safe base and secure haven from which children can explore from and return to in order to check in and be soothed and receive nurturing experiences
- Anticipate and pre-empt triggers to behaviour e.g., putting away popular wheeled toys in good time to ease transition from the outdoor area
- Plan time for play opportunities and interaction with their key children
- Make careful observations and support to develop social skills e.g., help a child join in a game
- Provide activities to develop self-esteem e.g helper of the day
- Use five-minute warnings before transitions e.g., use of sand timers
- Give children attention for displaying positive behaviours e.g., catch them being good



- Use language which is appropriate to a child's understanding e.g., Use stop accompanied by a hand gesture instead of 'no' or 'don't' until the child understands negatives

## **Social, Emotional and Mental Health; Targeted Provision**

### **Enabling Environments**

- A responsive settling in programme involving parents carefully in the planning
- A variety of additional calm spaces inside and outside
- Sensory baskets/toys to support self-regulation
- Allow and value transitional objects
- Adapts to and responds to triggers which have been identified

### **Positive Relationships**

Key persons/practitioners:

- Encourage children to take part in activities at their own developmental level
- Give clear signals to indicate when activities are finishing and what is happening next, giving instructions and requests in the right order e.g first we are putting our coats on next we are going outside
- Use differentiation effectively e.g., plan alternative activities when children find it difficult to engage during group time
- Are aware of potential triggers e.g tiredness and put in place preventative strategies to reduce unwanted behaviours
- Introduce fiddle toy, wobble cushion, carpet tiles as required
- Support turn taking with simple activities and visuals e.g sand timer, photo list, outlines of two pairs of shoes in quiet spaces

- Are available to support their key children during group/story times
- Engage children in games of chance or 'surprise' to introduce the concept of unpredictability and support the development of self-regulation e.g. snack time as a picnic outside
- Use a range of observation e.g., ABC charts to identify triggers and make changes to provision as a result
- Produce One Page Profiles with parents identifying child's strengths needs and the strategies that work for them and share these with all staff
- Creates additional opportunities for two-way communication with parents
- Use child's name or physical prompts to give them a cue attention is expected
- Use choice boards or 'now and next' boards to support expectations, act as a motivation and support routine transitions
- Introduce wait/help card to de-escalate/slow down situations
- Use simple language dependent on the child's level of understanding and emotional state e.g., Short phrases/key words
- Carry a range of symbols to support children's understanding e.g., Identification of emotions, expectation

## **Social, Emotional and Mental Health; Personalised Provision**

For those children requiring support beyond universal and targeted level, the planning for interventions is personalised and specifically formulated to take account of their unique individual need, usually informed by external professional advice from the appropriate agency. This will come in the form of recommendations and support from the Educational Psychologist Service and other agencies. It may include:

- Putting an individual risk assessment in place which is regularly reviewed and shared with the whole team.
- Using a range of observations to focus a personalised curriculum on the child's specific interests.

- Following a sensory audit analysis, personalised sensory opportunities provided at planned times throughout the day.
- Provide additional staffing e.g., key person support to promote engagement in adapted activities.
- Provide access to a personalised safe space e.g., pop-up tent, table den.
- Using the Portage Checklist to support accurate target setting.
- Allocating time to relevant staff for the writing, resourcing, delivery and reviewing of personalised plans.

### **Tantrums**

Tantrums are a typical part of a young child's social and emotional development and show that a child is gaining independence and confidence. This stage is usually short term. If challenging behaviours continue beyond the expected time scales, they may be related to an unidentified special educational need and appropriate action should be taken.

## Sensory and/or Physical Needs

Some young children require special provision because they have a disability which prevents or hinders them from making use of the early years provision generally available. These difficulties can be age related and may fluctuate over time. These needs may be accompanied by additional needs in one or more of the other broad areas of need.

Children with a physical disability require additional ongoing support and equipment to access all the opportunities available to their peers.

Children who are deaf have a loss of hearing which has an impact on communication.

Children with a visual impairment have a loss of sight that cannot be corrected by using glasses.

Children with a sensory impairment will require specialist support and/or equipment to access play and learning, to develop communication and gain independence skills.

### **Suggested Continuing Professional Development at Universal and Targeted level may include:**

- [PDNet Online Training](#)
- Sensory Strategies to Support Participation
- Self Help Skills
- An Introduction to the Deaf Pupil in Your Class
- Introduction to Visual Impairment

## Physical Disability; Universal Provision

Practitioners have an awareness of the impact of physical impairment or complex medical needs on children's learning.

Medical needs are conditions where it is likely that a medical procedure, administration of medicine or adjustments to help the child stay healthy will be needed.

### Enabling Environments

- Handrails are at an appropriate height.
- Door handles are at a suitable height to maintain safety but ensure independence.
- The layout of the inside and outside area allows ease of access for those with physical difficulties including the awareness of slipping/tripping hazards (e.g., spilt drinks, uneven floors) and surface changes such as carpet to vinyl.
- Floor is kept free from unnecessary clutter to prevent slips and falls and to allow the use of mobility aids.
- Furniture and storage are accessible or capable of being adapted e.g., storage units can be easily moved and locked in place: water/sand tray leg height can be changed.
- All children can access washing and toilet facilities independently or with minimal supervision.
- A range of adapted general equipment is available e.g., sink step, loop or spring scissors, nonslip mats.
- Lightweight and easy grip toys and resources are available.

### Positive Relationships

#### Key persons/practitioners:

- Complete risk assessment inside and outside e.g., the banning of certain common foods due to allergies e.g., peanuts.
- Complete individual healthcare plans where required and ensure that everyone is aware of the plans noted above.

- Ensure that optimum conditions for access to play and learning activities through differentiation such as additional time for play and exploration of resources for fine and gross motor skills, planned ICT time.
- Provide positive role models of disability.
- Group children sensitively to accommodate physical needs, such as correct posture e.g., activities are conducted at floor level, or all seated on chairs as appropriate.
- Role model language during play and model physical actions that the children need help to do.
- Use effective strategies to involve parents in their child's development. e.g., sharing books and tactile toys to increase vocabulary, discussing the importance of the use of positional language.

## **Physical Disability; Targeted Provision**

### **Enabling Environments**

- Planned use of supportive seating, mobility aids and postural equipment.
- Additional adapted equipment e.g., desk slope, extra chunky writing materials, lightweight balls, “switch” accessible toys.
- Assistive Technology (AT) equipment such as tracer ball mouse or single button mouse, coloured keyboards, iPad in a “hugged” case: supportive computer software.
- Environmental adaptations to support access e.g., ramps, handrails and seating.
- Personal emergency evacuation plan in place as needed.

### **Positive Relationships**

Key persons/practitioners:

- Bring activities to children.

- Help children to explore and play so that they have the opportunities to develop the Characteristics of Effective Learning.
- Plan a range of group activities to promote gross and fine motor skills, as advised by health professionals incorporated into daily routines.
- Routinely incorporate specific adjustments for children with Physical Disability, into the planning e.g., large sheets of paper, more space for physical play, chunky graphic tools.
- Adjust routines to support independence with personal care e.g., more time for dressing, planned access to cloakrooms.
- Write health care plans and risk assessments with the support of specialist nurses e.g., epilepsy or diabetes ([Statutory Framework for the Early Years Foundation Stage \(2021\)](#))
- Ensure all staff are aware of the health care plans and risk assessments.

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## **Physical Disability; Personalised Provision**

For those children requiring support beyond universal and targeted level, the planning for interventions is personalised and specifically formulated to take account of their unique individual need, usually informed by external professional advice from the appropriate agency. This will come in the form of recommendations and support from the Physiotherapy or Occupational Therapy Services and other agencies. It may include:

- The use of moving and handling equipment for transfers or personal care e.g., hoist and sling, handling belts.
- Implementation of advice from Vale Manual Handling Team.
- Planning for the safe storage of moving and handling equipment and mobility aids.
- Providing level access e.g., use of temporary ramps or identify alternative routes around the setting.
- Specialist equipment to access play and learning e.g., switch operated toys.

- Use differentiation to ensure alternative or parallel activities are available to take account of the specific needs e.g., allergies, physical access.
- Planning transitions which are informed with input from parents, specialist teachers and health professionals.
- Use of a communication device, supported by all practitioners.
- Completion of a child's One Page Profile in partnership with parents.
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## **Sensory Needs; Universal Provision**

Senior staff and the Senco support practitioners to learn how to adjust their responses to children and implement flexible access arrangements to the routines and social life of the setting. The learning environment is organised to support the development of children's independence. Practitioners have a good understanding of how to support sensory needs and this enables children to make good progress.

### **Enabling Environments**

- Consideration is given to good lighting throughout the setting i.e., window blinds to reduce glare, marking steps.
- The use of hearing aids, glasses and patching is supported and positive attitudes to these are encouraged.
- Practitioners ensure that children with any sensory impairment are seated appropriately e.g., children are seated at the front of a small group facing the adult.
- Quiet areas are available for small group or individual learning or language activities.
- There is an awareness of slipping/tripping hazards (e.g., spilt food, rugs with curled edges).
- All learning materials and computer fonts e.g., Comic Sans or Arial and have good clarity and contrast and a good size.



- Opportunities are provided for children to view more closely shared story books and additional verbal explanations are given.
- Bright colours with good contrast are used to provide clarity for activities and child eye level displays.
- A range of computer access devices are used including switches, high visibility keyboards.

### **Positive Relationships**

Key persons/practitioners:

- Provide learning opportunities supported by differentiation i.e., additional time, pre-teaching or familiarisation with resources.
- Use positive role models of disability within the setting.
- Make “reasonable adjustments” to support children’s learning by using a range of learning materials and styles including visual, tactile, and auditory.
- Use small groups/pairs for a range of activities and include peers and other adults.
- Plan transitions within the setting and to school, including planned pre-visits.
- Use appropriate voice levels and clear speech.
- Use tactile approaches with real objects to support communication and daily routines.

## **Sensory Needs; Targeted Provision**

### **Enabling Environments**

- “Reasonable adjustments” are made to both the environment and learning activities in consultation with a Teacher from the Sensory Support Team i.e., using non-visual approaches, tactile/textured materials, story sacks etc.

- Levels of adult intervention employed to develop independent learning are monitored.
- Recommendations to environmental audits, conducted by a member of the Sensory Support Team are implemented.
- Personal Emergency Evacuation Plans are in place.

## **Positive Relationships**

Key persons/practitioners:

- Use small group or individual activities to support the development of everyday social skills and maximise independence e.g., eating, preparing food, washing, dressing, toileting and self-organisation.
- Provide small groups/pairing for activities including peers and other adults to promote, for example; listening skills, positive social interaction, self-awareness, and self-esteem.
- Use language, which is clear and consistent, providing additional information to support learning with visual or auditory activities.
- Liaise with parents to support the checking and use of any equipment.
- Complete risk assessments, with parents, for outside activities and on trips/visits show an awareness of the impact of sensory needs.
- Present visual resources, including Communicate in Print, with clear contrast/clarity and a good size.
- Consider the advice of a Qualified Teacher of the Deaf to ensure the child has access to signs or alternative means of communication as appropriate.
- Carefully plan transitions, within the setting or to school, to include parents, the child and specialist staff as appropriate.
- Routinely incorporate specific adjustments for children with Sensory Support needs into planning e.g., viewing books/objects/pictures from close range, range print books etc.

- Follow advice from a speech and language therapist on appropriate or alternative communication systems e.g., “Now/Next” boards and visual aids such as photo diaries, experience books and story sacks to promote communication and inclusion.
- Implement the advice of the QTOD on monitoring and evaluating the child’s language and communication development.
- Place additional emphasis on using facial expressions, intonation, and gesture to support meaning and check that the child has fully understood information and instructions given.
- Facilitate effective communication with peers.
- Plan listening and communication activities in a way that will avoid fatigue.
- Support children in recognising when amplification is not working and are encouraged to alert their key person.
- Ensure children with a visual impairment are aware of who has come to nursery for the day.

## **Sensory Needs; Personalised Provision**

For those children requiring support beyond universal and targeted level, the planning for interventions is personalised and specifically formulated to take account of their unique individual need, usually informed by external professional advice from the appropriate agency. This will come in the form of recommendations and support from the Sensory Support Team and other agencies. It may include:

- Additional time to prepare modified or adapted resources and set up specialist equipment to support access to learning.
- Following the advice from a Habilitation Specialist to develop mobility skills i.e., short cane, sighted guide.
- Using the child’s method of accessing information and communication systems as recommended by a member of the Sensory Support Team.

- Presenting materials in an individualised format including audio, large print, real objects.
- Ensuring that all practitioners use a personalised communication system, including objects of reference, signing, Intensive Interaction.
- Using specialist ICT equipment following assessment.
- Planning transitions which are informed with input from parents, specialist teachers and health professionals.
- Completion of a child's One Page Profile in partnership with parents.
- Planned personalised opportunities for the child to develop language and communication skills, as recommended by external professionals.
- Allow time at the end of a session to provide parent/carer with a brief summary of the session so that this can be revisited and reinforced at home.

Acknowledgements to Kent Special Educational Needs Service for the creation of this resource

# **Haringey Early Years SEND Training Offer 2021-22**