Wiltshire Graduated Response to SEND Support: The child profile

The Early Years’ Graduated Response to SEND Support (GRSS) profile may be used as an electronic form to support practitioners and SENCOs to identify, assess and record the needs of children requiring special educational provision. It supports the planning and recording of appropriate provision and provides guidance for reviewing progress. There is no requirement to use this profile; it has been designed as an optional tool to help educational settings meet their duties as outlined in the SEND Code of Practice: 0-25 years (July 2014).

How to use this electronically:-

1. Use the ‘Save as’ command to save a copy of the document. Name the file so that it will uniquely identify the child.

2. Fill in the name and date of birth of the child here.

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This will automatically repeat at the foot of every page.

1. There are forms to guide thinking processes and record information on each page. Practitioners and SENCOs may fill them in as wished. The document has not been ‘protected’ so that users modify the forms, adding their own indicators, strategies, resources and web links. Warning: the document is divided by section breaks, deleting or amending these will affect the headers and footers and is generally a bad idea!
2. With the exception of the Quickchecker, it is suggested that dates in mm/yy style should be entered into tables. This is so that profile can be used to record information over time.
3. Some forms have a space for comments to record actions. It is suggested that other evidence or information could be linked to by users by inserting hyperlink to relevant documents (e.g. My Support Plan, reports, assessments) saved locally (see [here](http://office.microsoft.com/en-gb/word-help/create-format-or-delete-a-hyperlink-HA010165929.aspx) for further support on creating hyperlinks) or by paper documents being signposted e.g. “See My Support Plan dated ...”
4. There are three types of hyperlink in the document identified by underlined text:

**Navigation links** link to other parts of the profile to aid navigation in the document and will work off-line. For example “go to [How to use this document](#PP_3_4_HOW_1).”

**Website links** link to useful websites and need an internet connection. For example <http://www.nasen.org.uk/>

**Code of Practice links** reference the relevant section of SEND Code of Practice: 0-25 years (July 2014.) They are designed to illustrate how the profile links to CoP requirements. Hovering over them with the mouse will show the relevant extract. Clicking on them will link to the government website that hosts the CoP. For example “The [graduated approach](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) should be led and co-ordinated by the setting SENCo.”

How to use this as a paper document:-

Whilst this document has been designed for electronic use, it should also print reasonably well if users would prefer a paper version, although some areas at the page margins may be lost. However, as all areas of need are covered in the same document, it would save on paper if a master copy was printed and the relevant pages photocopied. As it has been designed electronically, large spaces for handwriting text into tables/forms are not a feature. If users so wish, spaces could be enlarged before printing by entering additional paragraph marks (pressing the ‘enter’ key repeatedly) in table cells.

Website links have been written in full so that they will still be accessible in print but the Navigation and CoP hyperlink features will be lost in paper copies.

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|  |  |
| --- | --- |
| There are concerns about... | Y/N? |
| Communication and interaction  |
| The child’s attention and/or listening skills |  |
| The child’s ability to understand language |  |
| The child’s expressive language skills |  |
| The child’s ability to make him/herself understood out of context |  |
| The child’s uneven learning profiles and learning styles i.e. they do not follow the usual developmental patterns |  |
| The child’s communication skills e.g. verbal and non-verbal, ability to recognise the feelings or perspectives of others and respond appropriately |  |
| The child’s social development e.g. capacity to ‘share interest’ and/or ‘share attention’ |  |
| The child’s rigidity of thought e.g. ability to manage changes in routine |  |
| The child’s sensory skills e.g. over sensitivity or under sensitivity to sensory stimuli |  |
|  |
| Cognition and learning  |
| The child’s lack of progress, even when differentiated teaching approaches are targeted at areas of need |  |
| The child’s Early Years Foundation Stage (EYFS) performance levels i.e. they are below the level within which most children are expected to work |  |
| The child’s development of underlying skills, which is beginning to interfere with their ability to make appropriate progress e.g. early skills in speech and language, literacy and numeracy  |  |
| The child’s difficulty in generalising from experience, and/or using problem solving skills |  |
| The child’s attitude and/or approach to learning which is restricting access to the EYFS curriculum e.g. the child is unwilling to engage in adult initiated learning |  |
| The child’s cognitive development e.g. capacity to sustain concentration or self-direct their learning |  |
|  |
| Social, emotional and mental health |
| The child’s learning behaviour, which is negatively affecting the child’s and/or peers’ access to the EYFS curriculum |  |
| The child’s social behaviour, which is negatively affecting the child’s and/ or peers’ access to the EYFS curriculum |  |
| The child’s emotional wellbeing or mental health, which is negatively affecting the child’s and/or peers’ access to the EYFS curriculum |  |
| The frequency and severity of the child’s inappropriate behaviour in relation to that of his/her peers and the setting’s level of acceptable behaviour or sanctions |  |
|  |  |
| **Sensory and physical** |
| The child’s sensory needs are affecting their learning and/or access to the curriculum |  |
| The child’s physical skills/needs are affecting their learning and/or access to the curriculum |  |
| The child’s medical needs are affecting their learning and/or access to the curriculum |  |

If you believe the child may have SEN, proceed to [Assess](#PP_3_4_ASS_U_1)

Assessment checklist

**Before** identifying a child as needing SEN support, the practitioner, working with the SENCO, should establish a clear analysis of the child’s needs.

Assessments **should** include:

|  |  |
| --- | --- |
|  | Date, links and comment |
| Discussion with the child’s [**parents/carers**](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25), to establish their views and experience of the child and their needs;Signpost parents/carers to [Wiltshire’s Local Offer](http://www.wiltshirelocaloffer.org.uk/) information and to [Wiltshire Independent Support and Advice](https://services.actionforchildren.org.uk/wiltshire-independent-support-and-advice-service/about-us/) (was Parent Partnership); |  |
|  |  |
| Discuss with or provide evidence of the [**child's**](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) voice, where appropriate, to establish their views on what they consider their strengths and weaknesses to be; |  |
|  |  |
| If applicable, discussion with any [**outside professionals**](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) from health or social services whom the child is already known to; |  |
|  |  |
| EYFS attainment levels alongside the [**practitioner's**](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) knowledge and/or understanding of the child’s development; |  |
|  |  |
| A wider picture has been considered e.g. English is not their first language; |  |
|  |  |
| **For children in FS2**, analysis of progress in comparison to the child’s peerswith reference to[**school data** and **national data and expectations**.](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25)  |  |

Assessments **might** include:

* Use of the Wiltshire GRSS indicatorsin this profile
* Use of EYFS standardised tests and assessments

To review the GRSS indicators, record the impact of needs and record standardised assessments, proceed to **Assess needs and impact** for needs within:

* [Communication and interaction](#PP_3_4_ASS_CI_1)
* [Cognition and learning](#PP_3_4_ASS_CL_1)
* [Social emotional and mental health](#PP_3_4_ASS_SEMH_1)
* [Sensory and physical](#PP_3_4_ASS_SP_SUB)

GRSS indicators

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The child requires support to:**(Please **enter date mm/yy** for Frequent, Occasional or Rare/Never to indicate how often support is required; you may also date Specialist when internal or external specialist advice has been sought). | Specialist | Frequent | Occasional | Rare/Never |
| Social interaction and play |
| become confident in new social situations |  |  |  |  |
| develop awareness of the impact of their actions on others e.g. tries to comfort another child |  |  |  |  |
| initiate conversation with others (adults and peers) |  |  |  |  |
| share with familiar adults and peers |  |  |  |  |
| begin to play cooperatively with other children |  |  |  |  |
| engage in and develop imaginative sequenced play  |  |  |  |  |
| develop social interaction skills e.g. turn taking and simple negotiation with others |  |  |  |  |
| develop the ability to manage their own frustration and challenging behaviour when not understood or when their needs are not immediately met |  |  |  |  |
| respond appropriately to questions/comments |  |  |  |  |
| Other: |  |  |  |  |
| Attention and listening |
| sit and listen in small/larger group activities for short periods of time e.g. story time/singing |  |  |  |  |
| shift attention to different tasks e.g. always needs 1-1 adult help to stop what they’re doing and listen |  |  |  |  |
| demonstrate shared attention with others i.e. sharing looking at book |  |  |  |  |
| Other: |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Continued...The child requires support to:(Please **enter date mm/yy** for Frequent, Occasional or Rare/Never to indicate how often support is required; you may also date Specialist when internal or external specialist advice has been sought). | Specialist | Frequent | Occasional | Rare/Never |
| Understanding language and communication |
| follow /remember group instructions; might only carry out part of the instruction and/or watch other children for clues as to what to do |  |  |  |  |
| understand instructions containing three key words e.g. ‘put **teddy** **under** the **big** bed’; child requires instructions to be broken down and/or supported by gesture |  |  |  |  |
| understand new vocabulary and concepts, that describe size, space, shape, texture, action, e.g. ‘heavy’, ‘behind’, ‘soft’, ‘break’, ‘now’ |  |  |  |  |
| respond to a range of different question words e.g. what, who, where (and ‘why’ questions related to their own experience by 4-4.5 years) |  |  |  |  |
| respond to non-verbal communication such as facial expressions, tone of voice and gesture, *e.g. child may look sad/disappointed if spoken to with a saddened voice* |  |  |  |  |
| Other: |  |  |  |  |
| Expressive (spoken) language and communication |
| hold a simple conversation e.g. starting, maintaining and ending two way exchanges |  |  |  |  |
| use language for different purposes e.g. to ask questions, describe, give information |  |  |  |  |
| develop utterances of more than three or four words, including some adjectives such as ‘cold’ |  |  |  |  |
| retell a past event in the correct order e.g. ‘went to the park and played on the slide’ |  |  |  |  |
| use simple linking words to connect ideas e.g. ‘and’, ‘because’ |  |  |  |  |
| consistently use word endings/tenses correctly e.g. play, play**ed,** play**ing** and/or ‘little’ filler words e.g. is, are, it |  |  |  |  |
| answer simple questions about familiar stories e.g. ‘what did Baby Bear say when he saw his empty porridge bowl?’ |  |  |  |  |
| answer ‘who’, ‘what’, and ‘where’ questions e.g.’ where do cows live?’ and by 4-4.5 years, answer ‘when’ and some ‘why’ questions e.g.; ‘when would you use an umbrella?’ |  |  |  |  |
| talk about what might happen next in familiar situations |  |  |  |  |
| use the correct words for things that are familiar to them or within their experience |  |  |  |  |
| Other: |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Continued....The child requires support to:(Please **enter date mm/yy** for Frequent, Occasional or Rare/Never to indicate how often support is required; you may also date Specialist when internal or external specialist advice has been sought). | Specialist | Frequent | Occasional | Rare/Never |
| Intelligibility |
| be understood by less familiar people |  |  |  |  |
| say sounds at the ends of words e.g. house → “hou”; bed → “beg” |  |  |  |  |
| say ‘k/c’, ’s’ and ‘f’ at the beginnings of words e.g. ‘car’ → ‘tar’; ‘sun’ → ’dun’ and ‘fork → ’bork’ |  |  |  |  |
| speak fluently without stammering **most** of the time |  |  |  |  |
| Other: |  |  |  |  |
| Flexibility of thought |
| develop the ability to follow another person’s agenda e.g. changing of a familiar routine |  |  |  |  |
| engage in a variety of activities provided |  |  |  |  |
| generalise skills taught in one activity to another e.g. turn taking skill learnt at snack time generalised to turn taking within a game |  |  |  |  |
| manage transition times and changes of activity |  |  |  |  |
| share attention and interests in everyday experiences e.g. an adult’s attention to a painting they have just done |  |  |  |  |
| manage frustration when situations seem unfair |  |  |  |  |
| Other: |  |  |  |  |
| Sensory processing |
| develop balanced sensitivity to sensory information- may show over/under-sensitivity e.g. overwhelmed by noisy/visually stimulating room or show lack of awareness of pain |  |  |  |  |
| avoid self-harm or harming others e.g. if they are in personal space |  |  |  |  |
| develop physical co-ordination e.g. appears clumsy, can’t string a simple movement sequence together, may dribble |  |  |  |  |
| Other:  |  |  |  |  |

Impact

Record the impact of the child’s needs on learning and/or social inclusion.

|  |  |
| --- | --- |
| The child’s difficulties.... | Date and evidence |
| Impede the development of social relationships e.g. significantly restrict ability to take part in some activities or unstructured social times and the child may become isolated |  |
| Place the child under emotional stress and/or significantly impact on others e.g. withdrawal/ high anxiety/frustration/disruptive behaviour in response to sensory input, inability to follow others’ agenda or change or communication demands |  |
| With speech, language or communication, cause substantial barriers to learning i.e. the child is performing at a level significantly below chronological age in several of the areas above e.g. there appear to be specific SLCN (speech, language, communication needs) |  |
| Cause a reluctance/inability to attend the setting or avoidance of /marked reluctance to participate in certain parts of the day/activities |  |

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| **Decide**Do assessments show that the child has a [special educational need](http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted) or [disability](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25)? If so, proceed to [Plan](#PP_3_4_PLAN_U_1) or [select another area of need](#PP_3_4_ASS_U_2_SEL) to assess. |

GRSS indicators

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The child requires support to:(Please **enter date mm/yy** for Frequent, Occasional or Rare/Never to indicate how often support is required; you may also date Specialist when internal or external specialist advice has been sought). | Specialist | Frequent | Occasional | Rare/Never |
| Attitude and approach to learning(please also refer to ‘Communication and Interaction’ section on Attention) |
| demonstrate listening by joining in rhyming and rhythmic activities and anticipating actions  |  |  |  |  |
| follow one step instructions given to group |  |  |  |  |
| maintain attention and concentration for at least 10 minutes during self chosen activities |  |  |  |  |
| attend to an adult led activity for short periods of 2-3 minutes |  |  |  |  |
| shift attention to different tasks e.g. always needs 1-1 adult help to stop what they’re doing and listen |  |  |  |  |
| choose and use activities/resources with help |  |  |  |  |
| persevere with tasks when initially unsuccessful |  |  |  |  |
| Other: |  |  |  |  |
| Early cognitive skills |
| pretend that objects stand for something else in play, e.g. ‘using a box as a car’ |  |  |  |  |
| talk about people and things that are not present e.g. telling simple stories and recalling events from past |  |  |  |  |
| generalise skills taught in one activity to another e.g. turn taking skill learnt at snack time generalised to turn taking within a game |  |  |  |  |
| move on from simple imitative play (cooking with pot), to sequences of sustained play, which show sign of simple imaginary play e.g. after cooking in the pot the child will put the pot on the table and pretend to eat |  |  |  |  |
| spontaneously change and develop play according to new ideas and stimuli rather than repetitive sequences of imitative (copied) play |  |  |  |  |
| draw a picture of a person, showing facial features, arms and legs |  |  |  |  |
| develop early meta-cognitive skills such as being able to explain/talk about their own knowledge and understanding |  |  |  |  |
| develop planning skills in problem solving, e .g. the child may look at a shape and turn it around before posting in a shape sorter, rather than using a ‘trial and error’ approach  |  |  |  |  |
| Other: |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Continued...The child requires support to:(Please **enter date mm/yy** for Frequent, Occasional or Rare/Never to indicate how often support is required; you may also date Specialist when internal or external specialist advice has been sought). | Specialist | Frequent | Occasional | Rare/Never |
| Early literacy and numeracy skills |  |  |  |  |
| give meaning to marks as they draw and paint, e.g. writing marks which represent their name |  |  |  |  |
| demonstrate an understanding of 1:1 correspondence in counting or manipulating objects |  |  |  |  |
| join in with repeated refrains and anticipate key events and phrases in familiar rhymes, key stories, fairy stories and tales |  |  |  |  |
| listen to familiar stories with increasing attention and recall main events and characters |  |  |  |  |
| play simple matching and sorting games, e.g. sorting by shape, colour , size, putting all teddy bears together, teddies and cars in separate piles etc |  |  |  |  |
| recite some number names in sequence |  |  |  |  |
| begin to make comparisons between quantities using some language of quantities, such as ‘more’ and ‘a lot’ |  |  |  |  |
| begin to represent numbers using fingers, marks on paper or pictures |  |  |  |  |
| Other: |  |  |  |  |
| Early literacy and numeracy skills (60 months plus) |
| sometimes match numeral and quantity correctly |  |  |  |  |
| compare two groups of objects, saying when they have the same number |  |  |  |  |
| recite numbers in order to 5 |  |  |  |  |
| count up to three or four objects by saying one number name for each item |  |  |  |  |
| recognise their own name  |  |  |  |  |
| hear and say some initial sounds in words |  |  |  |  |
| Other: |  |  |  |  |

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| --- | --- | --- | --- | --- |
| Continued...The child requires support to:(Please **enter date mm/yy** for Frequent, Occasional or Rare/Never to indicate how often support is required; you may also date Specialist when internal or external specialist advice has been sought). | Specialist | Frequent | Occasional | Rare/Never |
| Understanding the world |  |  |  |  |
| know some of the things that make them unique, and talk about some of the similarities and differences in relation to friends or family |  |  |  |  |
| develop curiosity about their surroundings, e.g. asking questions about why things happen and why things work e.g. about where they live and the natural world |  |  |  |  |
| talk about some of things they have observed such as plants, animals, natural and found objects, identifying features and similarities and differences |  |  |  |  |
| make toys work by pressing parts or lifting flaps to achieve effects such as sound, movements or new images |  |  |  |  |
| interact with age-appropriate computer software |  |  |  |  |
| Other: |  |  |  |  |

Impact

Record the impact of the child’s needs on learning and/or social inclusion.

|  |  |
| --- | --- |
| The child’s difficulties.... | Date and evidence |
| are causing a barrier to learning, the child is not making progress towards Early Learning Goals  |  |
| with learning skills e.g. engagement, motivation and thinking are impeding access to the curriculumComment on:Playing and exploring (engagement)-Finding out and exploring; playing with what they know; being willing to have a goActive learning (motivation)-Being involved and concentrating; keeping trying; enjoying achieving what they set out to doCreating and thinking critically (thinking)-Having their own ideas; making links; choosing ways to do things |  |

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| --- |
| **Decide**Do assessments show that the child has a [special educational need](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) or [disability](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25)? If so, proceed to [Plan](#PP_3_4_PLAN_U_1) or [select another area of need](#PP_3_4_ASS_U_2_SEL) to assess. |

GRSS indicators

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The child requires support to:**(Please **enter date mm/yy** for Frequent, Occasional or Rare/Never to indicate how often support is required; you may also date Specialist when internal or external specialist advice has been sought). | Specialist | Frequent | Occasional | Rare/Never |
| Social development |
| seek out others to share in experiences  |  |  |  |  |
| join in with others’ play  |  |  |  |  |
| tolerate being with others in a small group  |  |  |  |  |
| play cooperatively with a familiar adult, in basic turn taking games |  |  |  |  |
| develop a special relationship with anyone or show affection and concern for them  |  |  |  |  |
| show an awareness that some things are theirs, some things belong to others and some things are shared  |  |  |  |  |
| engage in adult directed activities |  |  |  |  |
| accept, tolerate or ask for guidance and help from an adult; for example, child is overly self reliant, and unusually independent |  |  |  |  |
| accept an adult is in charge; e.g. is overly controlling, will try to police situations for themselves; the child may find it difficult to do what an adult says |  |  |  |  |
| share adult attention, for example showing overly-clingy, over-demanding behaviour |  |  |  |  |
| allow other class members to feel safe in their presence  |  |  |  |  |
| begin to understand that others have different preferences/interests to themselves e.g. identifying a familiar peer’s favourite toy |  |  |  |  |
| recognise appropriate behaviours towards strangers |  |  |  |  |
| adhere to the familiar routine of the setting and tolerate transitions between activities |  |  |  |  |
| imitate the actions of others , during their play and in following the rules and routines of the setting |  |  |  |  |
| pretend an object is something else; e.g. a box is a car etc, and when playing with a cuddly toy or doll, pretend to rock it, feed it etc  |  |  |  |  |
| be calm and gentle to other children |  |  |  |  |
| be calm and gentle to adults  |  |  |  |  |
| Other: |  |  |  |  |

Continues overleaf...

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Continued....**The child requires support to:**(Please **enter date mm/yy** for Frequent, Occasional or Rare/Never to indicate how often support is required; you may also date Specialist when internal or external specialist advice has been sought). | Specialist | Frequent | Occasional | Rare/Never |
| Self regulation |
| express own preferences and interests  |  |  |  |  |
| welcome and value praise for their achievements  |  |  |  |  |
| separate from main carer with support from a familiar adult  |  |  |  |  |
| develop sense of self as an individual, and show independence in his/her play  |  |  |  |  |
| tolerate delay when needs are not immediately met, and understand wishes may not always be met |  |  |  |  |
| recognise potential negative consequences before acting  |  |  |  |  |
| accept responsibility for good/ poor choices |  |  |  |  |
| seek and accept comfort when upset |  |  |  |  |
| calm themselves after an incident and return to play within 15 minutes |  |  |  |  |
| avoid being overwhelmed by excited feelings and settle to a task after a period of excitement |  |  |  |  |
| accept comfort and support when experiencing negative feelings; *e.g. anger / anxiety* |  |  |  |  |
| work or play alongside others without interfering or spoiling their play |  |  |  |  |
| tolerate adult led activities |  |  |  |  |
| give attention to an adult when addressed by name  |  |  |  |  |
| Other: |  |  |  |  |
|  |
| Emotional development and mental health |
| express their feelings of happy, sad, cross  |  |  |  |  |
| understand that some actions can hurt or harm others |  |  |  |  |
| inhibit their own actions/behaviours, e.g. stop themselvesfrom doing something they shouldn’t do |  |  |  |  |
| demonstrate appropriate emotions; e.g. shame when breaking something, happiness when achieved something  |  |  |  |  |
| understand and cooperate with some boundariesand routines  |  |  |  |  |
| respond to the feelings and wishes of others and show awareness of other’s feelings, *e.g. tries to help or give comfort when others are distressed*  |  |  |  |  |
| respond to stories about animals or people with appropriate feeling  |  |  |  |  |
| distract or calm themselves after being upset e*.g. by engaging in**a new play activity* |  |  |  |  |
| Continued....**The child requires support to:**(Please **enter date mm/yy** for Frequent, Occasional or Rare/Never to indicate how often support is required; you may also date Specialist when internal or external specialist advice has been sought). | Specialist | Frequent | Occasional | Rare/Never |
| control angry feelings and inhibit physical aggression towards children and/or adults  |  |  |  |  |
| engage and show interest in play activities due to excessive anxiety, worry or sadness. Could include not speaking due to high anxiety. |  |  |  |  |
| avoid being overwhelmed by worried/anxious feelings |  |  |  |  |
| avoid self harming behaviour  |  |  |  |  |
| manage transitions |  |  |  |  |
| Other: |  |  |  |  |

Impact

Record the impact of the child’s needs on learning and/or social inclusion.

|  |  |
| --- | --- |
| The child’s difficulties.... | Date and evidence |
| regularly interfere with learning, e.g. *impact on the child’s ability to engage in social learning experiences and to develop resiliency in their learning* |  |
| significantly impact on the child’s ability to form appropriate relationships, and have a negative impact on the way that the child is viewed by others |  |

|  |
| --- |
| **Decide**Do assessments show that the child has a [special educational need](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) or [disability](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25)? If so, proceed to [Plan](#PP_3_4_PLAN_U_1) or [select another area of need](#PP_3_4_ASS_U_2_SEL) to assess. |

Due to the diverse range of needs in this area, this section has been further sub-divided into:

* [**Sensory needs**](#PP_3_4_ASS_SP_Sen)
* [**Physical needs**](#PP_3_4_ASS_SP_Phy)
* [**Medical needs**](#PP_3_4_ASS_SP_Med)

Sensory Needs

There are no GRSS indicators or impact table for sensory needs. If staff suspect a child has an undiagnosed hearing or visual impairment the first response should be to discuss this with parents/carers and advise them to seek medical advice from their GP or optician. Educational settings should not attempt to assess visual or hearing impairments themselves. Sensory processing needs are considered under “Communication and interaction”.

GRSS indicators

Physical needs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The child requires support to...**(Please **enter date mm/yy** for Frequent, Occasional or Rare/Never to indicate how often support is required; you may also date Specialist when internal or external specialist advice has been sought). | Specialist | Frequent | Occasional | Rare/Never |
| Fine motor skill development |
| pass a tool from one hand to the other |  |  |  |  |
| carry out daily living skills (e.g. dressing, using spoon and fork, wiping own nose, gripping clothing to adjust it) due to restricted fine motor skills  |  |  |  |  |
| complete fine motor tasks; they take significantly longer than peers |  |  |  |  |
| manage the impact of their fatigue on fine motor skills accuracy |  |  |  |  |
| to pick up small objects between thumbs and fingers |  |  |  |  |
| manipulate two objects at once, e.g. brush and dustpan |  |  |  |  |
| use tools to imitate simple drawing shapes (such as circle or lines) in sand, paint or crayons |  |  |  |  |
| hold a mark making tool with a stable grasp e.g. may still use a palmer grip |  |  |  |  |
| copy familiar letters (e.g. from their name) |  |  |  |  |
| pour accurately or hammer |  |  |  |  |
| handle and manipulate tools safely |  |  |  |  |
| turn pages in a book one at a time |  |  |  |  |
| establish a hand preference |  |  |  |  |
| Other: |  |  |  |  |
| Gross motor development |
| reach for toys without losing balance, though may be able to sit on the floor unsupported  |  |  |  |  |
| move between equipment independently (chair to standing, chair to floor) – have a Manual Handling Plan in place |  |  |  |  |
| jump forward, hop, skip, run, or standing on one leg; they may be very unbalanced or be unable to attempt these activities |  |  |  |  |
| throw and catch or kick a ball due to co-ordination difficulties |  |  |  |  |
| be mobile (either use a wheelchair or walk with a mobility aid or with one hand held by a adult) |  |  |  |  |
| maintain functional position in standard seat  |  |  |  |  |
| access physiotherapy exercises in setting at least 3 x a week |  |  |  |  |
| cope with physical skills that may fluctuate or deteriorate during the day |  |  |  |  |
| walk up steps or stairs placing one foot on each step |  |  |  |  |
| walk on tiptoes |  |  |  |  |
| Other: |  |  |  |  |
| Continued....**The child requires support to ...**(Please **enter date mm/yy** for Frequent, Occasional or Rare/Never to indicate how often support is required; you may also date Specialist when internal or external specialist advice has been sought). | Specialist | Frequent | Occasional | Rare/Never |
| **Health and self care** |  |  |  |  |
| feed (with fingers or with spoon) or lift drink to mouth |  |  |  |  |
| manage fine motor difficulties that have an impact on development of independence with daily living skills (e.g. pulling up zips, using spoon, putting on hat, gripping clothing to adjust it) |  |  |  |  |
| develop any awareness of need to use the toilet |  |  |  |  |
| begin to assist with dressing, i.e. raising arms to put on jumper, lifting leg to put on shoe |  |  |  |  |
| follow targeted input advised by Occupational Therapist  |  |  |  |  |
| wash and dry hands |  |  |  |  |
| be aware of safety when tackling new challenges, i.e. climbing |  |  |  |  |
| Other: |  |  |  |  |
| Sensory / perception |
| compare size or simple shapes |  |  |  |  |
| navigate the room; they unknowingly knock over other children and objects |  |  |  |  |
| distinguish between hot and cold, light or heavy pressure |  |  |  |  |
| know when to rest; they do not yet communicate when they are tired |  |  |  |  |
| learn new physical skills; need a lot of repetition/instruction |  |  |  |  |
| follow 3+ step instructions |  |  |  |  |
| adjust speed and direction to avoid obstacles when running |  |  |  |  |
| safely travel under, over or through balancing and climbing equipment |  |  |  |  |
| use anticlockwise movements for mark making, or retrace vertical lines |  |  |  |  |
| Other: |  |  |  |  |

Continues overleaf...

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Continued....**The child requires support to ...**(Please **enter date mm/yy** for Frequent, Occasional or Rare/Never to indicate how often support is required; you may also date Specialist when internal or external specialist advice has been sought). | Specialist | Frequent | Occasional | Rare/Never |
| Social and emotional development relating to physical needs |
| play with peers but will play if interaction is with adults (over dependence on adult as carer/facilitator) |  |  |  |  |
| take part in social opportunities because their mobility method restricts them, e.g. a wheelchair users whose peers play on a climbing frame, a child who walks with frame so cannot run around in the playground with their peers |  |  |  |  |
| use gesture, facial expressions and body language to support verbal communication |  |  |  |  |
| interpret or use gesture, facial expressions and body language which support verbal communication |  |  |  |  |
| attempt to do anything independently |  |  |  |  |
| expand their diet; will only tolerate a few foodstuffs |  |  |  |  |
| Other: |  |  |  |  |
| Other |  |  |  |  |
| develop toileting awareness; may suffer from constipation |  |  |  |  |
| Other: |  |  |  |  |

Impact: Physical needs

Record the impact of the child’s needs on learning and/or social inclusion.

|  |  |
| --- | --- |
| The child’s difficulties.... | Date and evidence |
| have a moderate impact on physical access to play opportunities despite using alternative or specialist equipment |  |
| have a moderate impact on development of health and self-care skills |  |
| have a significant impact on their ability to access play opportunities despite significant adaptation of the tasks and using alternative or specialist equipment |  |
| have a significant impact on the development of health and self-care skills |  |
| have a profound impact on access to physical learning opportunities and more than 20% of the learning outcomes are physically unachievable |  |
| have a profound impact of the development of health and self-care skills |  |
| are complex due to the combination of a physical impairment and additional SEN, e.g. C&I, HI, VI |  |

GRSS indicators

Medical needs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The child requires support or adaptation to...**(Please **enter date mm/yy** for Frequent, Occasional or Rare/Never to indicate how often support is required; you may also date Specialist when internal or external specialist advice has been sought). | Specialist | Frequent | Occasional | Rare/Never |
| Safety |
| avoid contact with any known triggers e.g. allergic reactions to known substances such as peanuts or lactose |  |  |  |  |
| ensure that play activities and the environment can be fully and safely accessed by adapting them to accommodate the child’s medical needs e.g. adapting a cooking opportunity to make it safe for a child with a wheat allergy |  |  |  |  |
| Other: |  |  |  |  |
| Medical procedures |
| ensure healthcare needs are covered by settings polices |  |  |  |  |
| ensure needs are met through an Individual Healthcare Plan |  |  |  |  |
| access non-oral feeding |  |  |  |  |
| Other: |  |  |  |  |
| Independence and participation |
| participate in aspects of setting life e.g. playtime, PE |  |  |  |  |
| combat fatigue linked to the condition or medication |  |  |  |  |
| carry out age-appropriate self-care .g. dressing, feeding, toileting |  |  |  |  |
| manage their own well-being in nursery/school |  |  |  |  |
| Other: |  |  |  |  |

Impact: Medical needs

Record the impact of the child’s needs on learning and/or social inclusion.

|  |  |
| --- | --- |
| The child’s condition.... | Date and evidence |
| has a moderate impact on access to play  |  |
| has a significant impact on their ability to access play |  |
| has a profound impact on access play |  |
| are complex due to the combination of medical needs and additional SEN, e.g. C&I, HI, VI |  |

|  |
| --- |
| **Decide**Do assessments show that the child has a [special educational need](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) or [disability](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25)? If so, proceed to [Plan](#PP_3_4_PLAN_U_1) or [select another area of need](#PP_3_4_ASS_U_2_SEL) to assess. |

| Essential SEND SupportThese actions are essential when planning provision | Date, links comments |
| --- | --- |
| Involve the [child](file:///C%3A%5CUsers%5Cbethan.hamby%5CDesktop%5CContacts%20%2B%20Allocations):* Identify what is important to the child
* How would they like to be supported
* Observed preferences could be documented where a child’s views cannot be accessed directly.
 |  |
| Involve [parents/carers](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25):* Parents/carers must be formally notified when SEN support is put into place.
* Do they recognise and share the concerns identified?
* What are their priorities and aims, what do they consider is important for the child?
* Share the setting’s plan to support progress.
* Consider how parents/carers can support progress at home.
 |  |
| Identify [outcomes](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25):* Outcomes should be long term (end of phase, transition to school/end of Foundation Stage). There should be targeted steps towards outcomes that the provision will address.
* Have positive outcomes for [personal and social development](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) been included?
* How will the success of interventions be [evaluated](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25)?
* Include outcomes that will support [successful transition](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) to the next phase of education and independence.
 |  |
| Plan [provision](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25)::::::* Review the setting’s arrangements for SEN Support. Has the child accessed appropriate [high quality](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) provision across the curriculum?
* What provision is already available within the setting that would meet this child’s needs?
* What new provision might need to be developed?
* What resources might need to be secured (staffing and equipment)?
* Are there any training needs for practitioners within the setting?
* Ensure all relevant practitioners are made aware of the SEN support being offered. Do all practitioners understand how to meet the needs of vulnerable children?
* What is the expected impact of the provision?
 |  |
| [Record](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25):* Use the setting’s preferred format for recording needs, outcomes and provision (IEP, learning journal, My Support Plan etc).
* Set a date for a review; good practice is at least three times a year.
* Ensure a copy is placed on file and made available to parents/carers.
 |  |

Remember

“The early years practitioner, usually the child’s key person remains responsible for working with the child on a daily basis.” (CoP; 5.42) The [SENCO](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) should offer support for planning and problem-solving.

For additional help with planning, including strategy banks and links to information on the web, explore Further SEND support for needs within:

* [Communication and interaction](#PP_3_4_PLAN_CIn_1)
* [Cognition and learning](#PP_3_4_PLAN_CL_1)
* [Social, emotional and mental health](#PP_3_4_PLAN_SEMH)
* [Sensory and physical](#PP_3_4_PLAN_SP_1)

Further SEND support: select strategies and interventions

Strategy bank

|  |
| --- |
| EY SWASS – Support in Wiltshire for Autism Setting StrategiesFor any child with needs within social communication and interaction, practitioners should view <https://www.wiltshirelocaloffer.org.uk/useful-documents> for a wealth of information and detailed support strategies. The EY SWASS is 4:3. |
|  |
| General |
| Ensure Quality First teaching and communicative friendly environments which may include signing/symbols as well as other visual support |
| Tasks differentiated to accommodate the speech, language and communication needs of the child |
| Provision of targeted support if necessary e.g. to check comprehension or for unstructured times |
| Provision of separate work space if appropriate, to help child to concentrate and complete activities |
|  |
| Social development, interaction and play |
| Provision of role play areas with a range of resources |
| Explicit teaching of play skills, using non-directive play strategies and modelling |
| Teach social skills establishing turn taking first with an adult and then introduce another child using people games such as rhymes then turn taking in structured play activities |
| Positive reinforcement of appropriate behaviour, with individualised motivators |
| Use of visual support to define areas structure play and enable choices, e.g. choice boards, boxes labelled with pictures, cues for number of children allowed in an area, language jigs, social stories. |
| Use routines to establish interaction and play. Plan and practice play routines, pause for the child to make a request (not necessarily using verbal communication) or comment  |
| Opportunities to experience all types of play, supporting with modelling/role play if needed |
| Understand and manage health and safety considerations, e.g. interest in sockets/fans with lack of awareness of danger |
|  |
| Attention and listening |
| Use of child’s name and if appropriate, physical prompts to gain attention e.g. touch arm |
| Use of visual support/noise such as a shaker and simple language to gain attention e.g. “Stop!” showing palm of hand and waiting for attention before speaking |
| Establish clear expectations of activities with visual cues e.g. first, next, last cards; sand timers etc |
| Specific activities to encourage attention and listening skills, e.g. stopping and listening to everyday sounds, Sound Lotto, Letters and Sounds Phase One activities |
| Use of specific positive praise for good listening behaviour e.g. “Good sitting still” rather than “Good boy”. Use visual supports to back up good listening e.g. widget symbols |
| Use of a reward system if necessary which is clear, visual and consistent |
| Child is seated in the best place to reduce distractions for group activities |
| Keep background noise to a minimum e.g. only use music/radio for specific purposes |
| Incorporate the child’s interests to focus attention and increase motivation |
|  |
| Understanding language and communication |
| Use of clear, concise language with information given in small ‘chunks’ |
| Differentiate level of questioning to suit individual children e.g. ‘what/where’ questions easier than ‘when/why’ |
| Allow processing time i.e. give the child up to 5-10 seconds before asking them again or re-wording |
| If the child is unable to respond to a question, offer a choice e.g. “Is it...or..?” |
| Use multi-sensory approaches to teach new vocabulary/concepts. Give the child opportunities to personally experience a new word/concept (e.g. sitting **under** the slide) before using objects/pictures. Give opportunities for repetition and reinforcement in a range of situations |
| Encourage the child to indicate when s/he has not understood and model how to do this if necessary e.g. supporting them to use a set ‘help’ phrase |
|  |
| Expressive (spoken) language and communication |
| Build confidence through specific praise and support where needed e.g. prompting with first word, visual support e.g. using objects/props |
| Reduce the number of questions you ask the child. Try to offer more comments on the child’s play or focus of interest e.g. you’re rolling the playdough; you’ve built a big tower |
| Expand child’s language at every opportunity e.g. child says “ball gone” adult says “yes, the ball’s gone in the box – oh no!” |
| Model use of language in social contexts e.g. “My turn... your turn”, “Yes please”, “No thanks”, “Good morning!” |
| Offer opportunities for listening to and joining in with traditional stories/nursery rhymes that involve repetition of words/phrases e.g. Goldilocks; Billy Goats Gruff. |
| If the child is unable to respond/think of a word , encourage them to tell you something about it e.g. what its used for/looks like etc. If they find this difficult, offer a choice e.g. “is it... or ...?” |
|  |
| Intelligibility |
| Acknowledge what the child has said, whilst modelling the correct pronunciation e.g. if child asks “Where’s the dup (cup)?” adult responds “The cup is here” |
| Build confidence through specific praise e.g. ‘that was a lovely ‘s’ sound’ |
| Try not to pretend to understand – can the child tell you/show you in another way? |
|  |
| Flexibility of thought |
| Preparation for changes to routine and activity |
| Provide structured environment with clear routines and expectations, visual support or timetable e.g. for entering the room, group activities/snack time |
| Extra support and identified strategies to manage transitions and unexpected events e.g. use of timer, surprise card, first, next board |
| Teach strategies to deal with stressful events and identify strategy if child needs to access a quiet area to reduce anxiety e.g. a quiet area, selection of calming resources or anxiety reducing activities |
| Reduce choice to two positive options |
| **Sensory processing** |
| Knowledge of the child’s sensory profile and possible triggers |
| Anticipation of impending sensory overload in order to intervene at an early stage |
| Discussion with parents/carers about how sensory overload is managed at home |
| Prepare child for new or unusual sensory experiences |
| Adapt the playroom to reduce visual or auditory distraction if necessary |
| Provide alternative acceptable items to meet the child’s sensory needs |
| Provide an appropriate calm space for the child to access |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Further SEND support: the webAccess further information and training using the worldwide web. The following sites offer information and training appropriate to this area of need: | Exp./rec. lang | Attention | Articulation | Autism/SCD | Other |
| **Wiltshire Children’s Community Service Speech and Language Therapy (Virgin Care)**<http://getwiltshiretalking.org>  | ✓ | ✓ | ✓ | ✓ | ✓ |
| **The Communication Trust**<http://www.thecommunicationtrust.org.uk/earlyyears> | ✓ | ✓ |  |  |  |
| **Visual Aids for Learning**<http://www.visualaidsforlearning.com>  | ✓ | ✓ |  | ✓ |  |
| **Makaton**<http://www.makaton.org>  | ✓ | ✓ |  | ✓ |  |
| **I-CAN**<http://www.ican.org.uk/sitecore/content/ICAN2/Global/Content/Audience%20Menu/Practitioners.aspx> | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Every Child a Talker (ECaT) Materials**<http://www.foundationyears.org.uk/2011/10/every-child-a-talker-guidance-for-early-language-lead-practitioners> | ✓ | ✓ | ✓ |  | ✓ |
| **National autistic society**<http://www.autism.org.uk/> |  | ✓ |  | ✓ |  |
| **Autism education trust**<http://www.autismeducationtrust.org.uk/> |  |  |  | ✓ |  |
| **Ambitious about autism**<http://www.ambitiousaboutautism.org.uk/page/index.cfm> |  |  |  | ✓ |  |
| **Carol Gray (Social stories)**<http://www.thegraycenter.org/> | ✓ | ✓ | ✓ | ✓ |  |
| **Inclusion development programme**<http://www.idponline.org.uk/> |  |  |  | ✓ |  |
| **The British stammering association**<http://www.stammeringineducation.net/> |  |  | ✓ |  |  |
| **Dyspraxia foundation**<http://www.dyspraxiafoundation.org.uk/groups/speech-language/> |  |  | ✓ |  |  |
| Further SEND support: the webAccess further information and training using the worldwide web. The following sites offer information and training appropriate to this area of need: | Exp./rec. lang | Attention | Articulation | Autism/SCD | Other |
| **Afasic**<http://www.afasic.org.uk/professionals/> | ✓ | ✓ | ✓ |  | ✓ |
| **Picture Exchange Communication System** [www.pecs.org.uk](http://www.pecs.org.uk) |  |  |  | ✓ | ✓ |
| **Support in Wiltshire for Autism School Strategies – Early Years**<https://www.wiltshirelocaloffer.org.uk/useful-documents>Hosts Wiltshire’s EY SWASS document that contains a wealth of information and strategies to support planning for children with Autism. |  | ✓ |  | ✓ |  |
| **DfE**<https://www.gov.uk/government/publications/what-works-interventions-for-children-and-young-people-with-speech-language-and-communication-needs>The Better Communication Research Programme reviews intervention for children and young people with speech, language and communication needs. |  |  |  |  | ✓ |
| **Talking Point**<http://www.talkingpoint.org.uk>  | ✓ | ✓ | ✓ |  |  |
| **The Autism Education Trust Transition Toolkit** <http://www.autismeducationtrust.org.uk/resources/transition%20toolkit.aspx> |  |  |  | ✓ | ✓ |
| Or search NASEN’s [**SEND Gateway**](http://www.sendgateway.org.uk/) by need |

If you plan to seek support from an external or internal specialist, proceed to [Specialist SEN Support](#PP_3_4_PLAN_U_2).

Otherwise proceed to [Review](#PP_3_4_REV_1) or [plan for another area of need](#PP_3_4_PLAN_U_3_SEL).

Further SEND support: select strategies and interventions

Strategy bank

|  |
| --- |
| Attitude and approach to learning (please also refer to the ‘Communication and Interaction’ strategy bank for Attention) |
| Develop attention (focussed attention, sustained attention and joint attention). Possible resources: ‘Attention and listening in the early years’ Sharon Garforth or ‘Attention games: 101 Fun, Easy games that help kids learn to focus’ Barbara Sher |
| Use visual cues; *e.g. sand timers, picture cue cards and ‘Now…Next’ visual aids,* to develop attention, listening and concentration skills. Clear and concise language should be used, visual timetables and modelling of appropriate behaviours |
| Include parents in the child’s learning; send home personalised visual timetables, rhymes/stories being learnt and invite parents to join sessions |
| Focus learning around a child’s interests and strengths. |
| When singing or saying rhymes, talk about the similarities in the rhyming words. Make up alternative endings and encourage children to supply the last word or the second line, e.g. Hickory dickory boot, the mouse ran down the… |
| Provide stories with repetitive phrases and structures to read aloud to children to support specific vocabulary or language structures and to develop attention and involvement |
| Access to visual timetables / language jigs to reinforce setting routines visually |
| Increase opportunities to boost self esteem and image as a learner; *for example, special roles and responsibilities, praise and reward* |
|  |
| Early cognitive skills  |
| Ensure hearing and vision has been recently assessed. |
| Explicit teaching of early play skills, such as modelling sequences of imitative or play: *e.g. pretending a box is a car, making a meal in the play kitchen etc* |
| Access to a variety of toys (e.g. role play, cause/effect) to develop early cognitive and play skills  |
| Develop understanding of the past through photo books of key events in the child’s life and encouraging close links with home to talk to the child about what they did at the weekend etc |
| Explicitly teach the drawing of a person and ask child to add features to a drawing of a face |
| Ask questions during their play and during problem solving tasks, to encourage meta cognitive skills |
| Model and involve children in finding solutions to problems; e.g. on a shape sorting task model how to look at the shape and manipulate the object before posting. |
| For children with delayed cause/effect thinking, use of a very simplified social story approach using visual symbols and pictures to teach about danger particularly with regard to the physical environment |
| Talk about the effect of children’s actions, as they investigate what things can do  |
| Encourage children to talk about their own home and community life, and to find out about other children’s experiences  |
| Use pre-teaching to familiarise the child with material that will be covered in whole class input, to help build success at these times. |
| Provide opportunities to match by function of object; e.g. matching a sock to a foot, toothpaste to toothbrush etc |
|  |
| Early numeracy and literacy skills  |
| Provide a range of mark making resources; e.g. sand, paint, corn flour, pens etc |
| Provide increased play opportunities to develop counting by moving objects from one place to another  |
| Provide a range of books around the child’s interests. Use paired reading to develop shared attention and enjoyment of stories together |
| Focus on meaningful print such as a child’s name, words on a cereal packet or a book title, in order to discuss similarities and differences between symbols |
| Provide story boards and props which support children to talk about a story’s characters and sequence of events. Encourage children to predict outcomes, think of alternative endings and compare feelings of characters with their own experience  |
| Use familiar stories that play with repetition/rhyme/alliteration to develop understanding of the sounds of words. Invent games and ‘silly sentences’ that play with onset and rhyme (*e.g. the cat wore a hat; the snake at a cake etc)*  |
| Develop matching through a variety of means; e.g. object-object, object-photo, object-picture, photo-picture, picture-picture etc, and demonstrate matching of non-identical objects |
| Sing counting songs and rhymes which help to develop children’s understanding of number, such as ‘two little dickie birds’  |
| Play games which relate to number order, addition and subtraction, such as hopscotch and skittles and target games  |
| Provide props for children to act out counting songs  |
| Count things that are not objects, such as hops, jumps or claps  |
| Model counting of objects in a random layout, showing the result is always the same as long as each object is only counted once  |
| Use pictures and objects to illustrate counting songs, rhymes and number stories  |
| Use descriptive words like ‘big’ and ‘little’ in everyday play situations  |
| Give opportunities for children to measure time (sand timer), weight (balances) and length (standard and non-standard units)  |
| Organise the environment to foster shape matching, e.g. pictures of different bricks on containers to show where they are kept  |
| Phase 1 phonic games for hearing initial sound |
|  |
| Understanding the world |
| Encourage children to talk about their own home and community life, and to find out about other children’s experiences  |
| Provide opportunities to observe things closely through a variety of means, including magnifiers and photographs  |
| Introduce vocabulary to enable children to talk about their observations and to ask questions  |
| Provide ICT toys to play with e.g. electronic keyboard, torches, karaoke machines, let children use machines like photocopier to copy their own pictures, speak in intercom, press button at zebra crossing etc  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Further SEND support: the webAccess further information and training using the worldwide web. The following sites offer information and training appropriate to this area of need: | Cognition  | Inclusive Learning | Learning behaviour | Other |
| **Foundation years:**Provides information on all aspects of early years development, and includes the non-statutory guidance: ‘Development Matters in the Early Years Foundation Stage’. It also includes an audit tool to support early learning and the development of communication, language and literacy as well as various support resources.[www.foundationyears.org.uk](http://www.foundationyears.org.uk) | ✓ | ✓ | ✓ | ✓ |
| **NASEN training:** http://www.nasen.org.uk/resources/ |  | ✓ | ✓ | ✓ |
| **Down’s Syndrome Association**<http://www.downs-syndrome.org.uk/information/for-professionals/education/secondary-education-support-pack.html> | ✓ | ✓ | ✓ | ✓ |
| Or search NASEN’s [**SEND Gateway**](http://www.sendgateway.org.uk/) by need |

**Useful Books / Photocopiable Resources**

Facilitating Children’s Learning in the EYFS.

Langston, A (2014).

Open University Press

Characteristics of Effective Learning: Helping Young Children Become Learners for Life.

Moylett, H (2014).

Open University Press.

From Birth to Five Years: Children’s Developmental Progress.

Sheridan, M, Sharma, A and Cockerill, H (2014).

Taylor and Francis

If you plan to seek support from an external or internal specialist, proceed to [Specialist SEN Support](#PP_3_4_PLAN_U_2).

Otherwise proceed to [Review](#PP_3_4_REV_1) or [plan for another area of need](#PP_3_4_PLAN_U_3_SEL).

Further SEND support: select strategies and interventions

Strategy bank

|  |
| --- |
| Social development |
| Work with parents and child to ascertain a child’s interests, and ensure a range of social play experiences related to these |
| Ensure their key person is there at the beginning of every session to meet and spend time with the child, and that the same key person is there throughout the day and at the end of the day to feed back to parents  |
| Provide increased support from a key person during paired and small group work to model and develop social play skills |
| Spend additional time joining in with child’s play, following their lead and mimicking their communication and positive play behaviours, as well as encouraging the child to mimic adult’s play behaviour, e.g. during pretend play |
| Provide opportunities for structured turn taking games with an adult and one other child, where appropriate |
| Teach strategies for joining in with others’ play and provide support and encouragement for using these |
| Provide visual / auditory supports alongside language; e.g. wear a special ‘listening hat’ / shake a tambourine when child is required to listen |
| Use TEACCH trays to structure adult led activities with a meaningful reward once complete |
| Use limited choice to allow child to maintain element of control |
| Increase one to one support with a key worker to develop trusting relationship with the child |
| Try to ascertain child’s views re interests and motivations to inform planning |
| Teach child about different groups of people through differentiated resources (e.g. family/friends/people who help us/strangers) |
| Provide activities to develop child’s understanding of the likes/interests of others |
| Use visual and/or auditory stimuli to communicate the pattern/routine of the day (e.g. visual timetable, now/next cards, music during snack time etc) |
| Other: |
|  |
| **Self awareness and regulation** |
| Work alongside parents to provide a familiar and consistent routine, and ensure the child has access to appropriate soothing/comforting activities when required  |
| Use a series of short, timed activities to develop self regulation; build these up gradually, and ensure expectations are realistic yet appropriately challenging |
| Develop an ‘All About Me’ book or One Page Profile with the child, to identify strengths/interests/likes/dislikes/how to help him/her etc |
| Celebrate success and implement an appropriate and meaningful system of praise and rewards  |
| Other: |

|  |
| --- |
| Emotional development and mental health |
| Increased and active involvement of parents / carers; work alongside parents to gain insight into what makes the child happy/sad/anxious, and what helps to soothe/settle them |
| Work alongside parents to identify meaningful and appropriate targets, interventions and rewards to be carried out at home and in the setting |
| Ensure rules are differentiated so that they are clear and understood by the child. Provide individual visual rules for specific behaviours (e.g. no biting/ feet on floor). Remind child of the need to keep everyone safe |
| Complete and evaluate a series of regular behaviour observations, using schedules such as *Antecedent, Behaviour, Consequence (ABC) diaries to look for behavioural patterns, taking into account environmental factors such as day of the week, time of day, task, peers, staff etc.*  |
| Provide alternative provision at trigger points; e.g. sensory activities with a key adult at the start of the day, special jobs during carpet time/transitions etc  |
| Ensure there is flexibility within the daily routines so that young children can pursue their interests and to reduce incidents of frustration and conflict |
| Provide a tent/quiet area/sensory activities for a child to access as required |
| Acknowledge when a child is feeling tired/sad/anxious and spend time reassuring them and give them the opportunity to access a quiet space/calming activity |
| Buddy system/peer support in unstructured time |
| Daily support to meet and greet and/or to teach the appropriate behaviours. Provide frequent modelling and positive re-enforcement of social behaviours |
| Use of specific strategies to teach social understanding e.g. language jigs, social stories, work schedules, emotional thermometers |
| Where appropriate, provide individualised anger management support, to teach alternative ways to manage negative feelings. Access to ELSA resources/support and Mindfulness techniques will be useful |
| Other: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Further SEND support: the webAccess further information and training using the worldwide web. The following sites offer information and training appropriate to this area of need: | Social | Emotional | Mental health | Managing behaviours | Other |
| **Kids Matter**<https://www.kidsmatter.edu.au/early-childhood/news/early-childhood-self-regulation-and-mental-health%E2%80%A6-what-can-you-do>An Australian website developed to provide support and guidance in developing Healthy Minds in very young children. Webinars and training information are available within different areas of social and mental health | ✓ | ✓ | ✓ |  |  |
| **Youth in mind**<http://www.sdqinfo.com/>Strengths and Difficulties Questionnaire, which can be used to assess social and emotional need in children from 2 years upwards. | ✓ | ✓ | ✓ |  |  |
| **Minded**[www.minded.org.uk](http://www.minded.org.uk)Delivered through an online, interactive, e-portal, the MindEd Core Content programme provides all adults with a duty of care for with children and young people with simple steps for mental health 'first aid' and advice about when to refer to more specialist help, to help speed up the detection and diagnosis of mental health issues |  |  | ✓ |  |  |
| **Inclusion development programme**<http://www.idponline.org.uk/> | ✓ | ✓ |  | ✓ |  |
| **Emotional Literacy Support Assistant (ELSA) Network**<http://www.elsanetwork.org/>National and local information about the ELSA programme, and how it supports children with temporary or longer term emotional needs. | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Nurture Group Network**<http://www.nurturegroups.org/>Information and guidance on the development of nurture groups to support children with social, emotional and mental health needs. | ✓ | ✓ | ✓ | ✓ | ✓ |
| Further SEND support: the webAccess further information and training using the worldwide web. The following sites offer information and training appropriate to this area of need: | Social | Emotional | Mental health | Managing behaviours | Other |
| **PSHE-Association**<https://www.pshe-association.org.uk>Providing advice for teaching of mental health and emotional well being with young children. | ✓ | ✓ | ✓ |  |  |
| Or search NASEN’s [**SEND Gateway**](http://www.sendgateway.org.uk/) by need |

Further SEND Support: Useful Books / Photocopiable Resources

Inside I’m Hurting: Practical Strategies for Supporting Children with Attachment Difficulties in Schools.

Bomber, L. (2007**).**

Worth Publishing

Observing Children with Attachment Difficulties in Preschool Settings.

Golding, K.S., Fain, J., Frost, A., Templeton, S. and Durrant, E. (2013)

Jessica Kingsley

Emotional Intelligence: Why it Can Matter More Than IQ

Goleman, D. (1996).

Bloomsbury Books.

Why Love Matters: How Affection Shapes a Baby's Brain.

 Gerhardt, S. (2004)

 Taylor and Francis.

Young Children’s Personal, Social and Emotional Intelligence: Fourth Edition

Dowling, M. (2014)**.**

SAGE Publications.

Mindfulness for Children

Relph, A.

See <http://www.amandarelph.com>

What every parent needs to know:Love, nurture and play with your child. Second Edition.

Sunderland, M. (2016)

Dorling Kindersley

From Birth to Five Years: Children’s Developmental Progress

Sheridan, M, Sharma, A and Cockerill, H (2014).

Taylor and Francis

The Whole-Brain Child

Siegal, D and Payne Bryson, T (2012).

Constable and Robinson.

If you plan to seek support from an external or internal specialist, proceed to [Specialist SEN Support](#PP_3_4_PLAN_U_2). Otherwise proceed to [Review](#PP_3_4_REV_1) or [plan for another area of need](#PP_3_4_PLAN_U_3_SEL).

Further SEND support: select strategies and interventions

Due to the diverse range of needs in this area, this section has been further sub-divided into:

* [**Sensory needs**](#PP_3_4_PLAN_SP_Sen)
* [**Physical needs**](#PP_3_4_PLAN_SP_Phy)
* [**Medical needs**](#PP_3_4_PLAN_SP_Med)

Sensory Needs

For children with a diagnosed sensory impairment, hospital-based health professionals will make a referral to the Sensory Impairment Service if appropriate. Personalised advice on appropriate strategies, adaptations and interventions will then be provided by an advisory teacher. The referral criteria used by the Sensory Impairment Service are available [here](http://www.wiltshirelocaloffer.org.uk/wp-content/uploads/2015/07/Referral-Criteria-for-Sensory-Impairment-updaed-July-2015.docx).

For children with a diagnosed mild sensory impairment who do not meet the criteria for referral to the Sensory Impairment Service settings may find the provision in Wiltshire’s example [Local Offer](http://www.wiltshirelocaloffer.org.uk/) useful.

Physical needs

Strategy bank

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| --- |
| Fine motor skills development |
| Use alternative or larger equipment, e.g. chunky crayons, cotton reels and wooden spoon handles for threading |
| Use a touch screen to access IT |
| Use alternative access devices to develop ‘cause and effect’ understanding - big button switches, head switches to turn toys on and off |
| Provide adult assistance with some of the task providing the child is enabled to attempt the specific learning objective, i.e. adult cuts out the shapes but the child does the sticking, or child directs the adult where to place the sticker |
| Allow more time for the activity |
|  |
| Gross motor development |
| Increase the accessibility of the environment; ensure the room is clutter free |
| Use alternative or larger equipment |
| Adapt / modify the task (depending on the learning objective) or activity |
| Seek advice on alternative equipment/ resources from OT (if already involved) or SSENS |
| Reduce the frequency of mobility around the room or play area |
| Consider the position of key equipment and the child in the room to reduce mobility but aid independence |
| Enable the child to sit on a seat rather than the floor |
| Enable the child to sit on a stool rather than the floor if this enables them to join in more |
| Provide a range of large play equipment that can be used in different ways, such as boxes, ladders, A-frames and barrels |
| Allow more time for movement or an activity for whole group or create more time for some children by providing extension activities for others |
| Use music to stimulate exploration with rhythmic movements |
| Provide different arrangements of toys and soft play materials to encourage crawling, tumbling, rolling and climbing |
| Plan opportunities for children to tackle a range of levels and surfaces including flat and hilly ground, grass, pebbles, asphalt, smooth floors and carpets |
|  |
| **Health and self-care** |
| Give children food & drink choices |
| Allow them to finger feed or use a spoon, even if it makes a mess |
| Provide alternative equipment such as spoons, mugs with lids, plates with sides |
| Set aside sufficient time to enable the child to help with dressing and undressing. Support actions with words and sounds. Hold the child’s hand as together you pull up the zip |

|  |
| --- |
| Sensory processing |
| Adapt tasks to reduce the number of senses the child is required to use |
| Consider positioning of child at desk, on the carpet |
| Provide opportunities for additional practice of new skills |
| Use visual prompt  |
| Ensure parents are also targeting the same skills at home |
|  |
| Social and emotional development |
| Provide rest breaks during the day regardless of age |
| Ensure children are able to be given privacy when having their needs met, unless the parents have requested otherwise |
| Use age appropriate language when talking to the child about their support needs |

Medical Needs

Strategy bank

|  |
| --- |
| Plans |
| Complete a risk assessment of the child’s healthcare needs in setting to identify actions needed |
| An Individual Healthcare Plan should be in place if the child needs additional assistance with a specific area of healthcare, which is not covered by an existing setting policy |
| Ensure both the home and school are targeting the same skills at the same time, and using the same language |
|  |
| Adaptations |
| Identify specific times for the child to have rest breaks during the sessions |
| For children with allergies ensure that the learning / play environment is allergen risk free |
| Identify specific times for healthcare needs to be met so that the child does not miss out key opportunities to be with their peers |
|  |
| Training |
| Sufficient staff should be trained to ensure there is always one trained member of staff available to carry out the care identified in the Individual Healthcare Plan |
| All setting staff need to be aware of the child’s healthcare needs, but also that the child need to be given the opportunities to learn / play with their peers without adult interventions |
| For children in early years settings contact the CYP training & development Service for advice on training available to meet a specific healthcare need |

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| Further SEND support: the webAccess further information and training using the worldwide web. The following sites offer information and training appropriate to this area of need: | HI | VI | Physical | Medical | Other |
| **RNIB**<http://www.rnib.org.uk/services-we-offer-advice-professionals/education-professionals> |  | ✓ |  |  |  |
| **NDCS**<http://www.ndcs.org.uk/family_support/education_for_deaf_children/education_during_school_years/index.html> | ✓ |  |  |  |  |
| **Changing faces**<https://www.changingfaces.org.uk/Education> |  |  | ✓ | ✓ |  |
| **Epilepsy action**<https://www.epilepsy.org.uk/info/education> |  |  |  | ✓ |  |
| **Scope**<http://www.scope.org.uk/support/professionals/teachers>Disability resources for education staff | ✓ | ✓ | ✓ | ✓ |  |
| **Wilson Stuart School**[www.wilsonstuart.co.ukk](http://www.wilsonstuart.co.ukk) Online ‘outreach’ advice/resources from specialist PI school |  |  | ✓ |  |  |
| **Centre for Studies on Inclusion**[www.csie.org.uk](http://www.csie.org.uk)  |  |  |  |  | ✓ |
| **Supporting Head Injured Pupils in Schools**[www.shipsproject.org.uk](http://www.shipsproject.org.uk)  |  |  | ✓ | ✓ |  |
| **Muscular Dystrophy**[www.muscular-dystrophy.org](http://www.muscular-dystrophy.org)  |  |  | ✓ | ✓ |  |
| **Contact a Family**[www.cafamily.org.uk](http://www.cafamily.org.uk) Basic information on most disabilities. | ✓ | ✓ | ✓ | ✓ |  |
| **World of Inclusion**<http://worldofinclusion.com>  |  |  |  |  | ✓ |

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| --- | --- | --- | --- | --- | --- |
| Further SEND support: the webAccess further information and training using the worldwide web. The following sites offer information and training appropriate to this area of need: | HI | VI | Physical | Medical | Other |
| **RNIB**<http://www.rnib.org.uk/services-we-offer-advice-professionals-education-professionals/education-resources>Links to useful resources and a document listing teacher-reviewed resources for blind and partially sighted learners.. |  | ✓ |  |  |  |
| **NDCS**<http://www.ndcs.org.uk/family_support/technology/index.html>Reviews technology, including apps, which may be helpful for children with a hearing impairment. | ✓ |  |  |  |  |
| **Swindon Council** <http://schoolsonline.swindon.gov.uk/res/Pages/dcr.aspx> Home of the SPARK pack – resource for use in with early years and primary school children, depending on need. Support to help identify children who may have difficulties with their developmental coordination. Strategies to support these children are also included. |  |  | ✓ |  | ✓ |
| Or search NASEN’s [**SEND Gateway**](http://www.sendgateway.org.uk/) by need |

Useful Books

Building Blocks for Learning, Occupational Therapy Approaches;

practical strategies for the inclusion of special needs in primary schools.

Jill Jenkinson, Tessa Hyde, Saffia Ahmed. 2008

Published by John Wiley & Sons Ltd

Occupational Therapy Approaches for Secondary Special Needs – practical classroom strategies.

Jill Jenkinson, Tessa Hyde, Saffia Ahmed. 2002

Published by Whurr Publishers

Individual Education Plans – Physical disability and Medical Conditions.

John Cornwall and Christopher Robertson, 1999

Published by David Fulton Publishers Ltd.

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|  |  |
| --- | --- |
| Specialist SEND SupportWhen **essential** and **further** SEND support is not sufficient to meet the child’s needs then [specialist support](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) should be accessed. | Contacts and date |
| Collaborative working between settings |
| Consultation with the SENCo or Practitioner with a specialist role or experience such as Key Worker at the District Specialist Centre.Training cascaded by a Practitioner with a specialist role or experience. |  |
| External training: |
| Practitioner training targeted at building the setting’s ability to meet the child’s needs |  |
| External support and advice:  |
| Consider whether support and advice from an outside agency may be useful |  |
| **0 – 25 SEND Service**[Specialist SEN Service](https://www.wiltshirelocaloffer.org.uk/special-educational-needs-andor-disabilities-support-services/) – (\*Cognition and Learning, \*Communication and Interaction, Physical and Medical); [Educational Psychology Service](https://www.wiltshirelocaloffer.org.uk/educational-psychology/); referrals to the Sensory Impairment Service are via a health professional see [here](https://www.wiltshirelocaloffer.org.uk/sensory-impairment-hearing-and-visual/).\*Schools only |  |
| **Health**Wiltshire Speech and Language Therapy Service (Virgin Care); Health Visitor; Occupational Therapy Service; Child and Adolescent Mental Health Service; Physiotherapy Service; Community Paediatricians etc |  |
| **Social Care** |  |
| **Other:**  |  |

Proceed to [Review](#PP_3_4_REV_1) or [plan for another area of need](#PP_3_4_PLAN_U_3_SEL).

Planning a review

It is **essential** that the progress of a child identified as having Special educational needs is regularly reviewed. Education practitioners should [meet with parents/carers](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) to hold a formal review at least three times a year.

Good review meetings **should**:

* Be aligned or combined with the usual cycle of discussions with parents/carers of all children (e.g. parents evenings).
* Be led by a member of staff that knows the child well.
* Include the SENCo.
* Allow sufficient time to gather parents/carers’ views and draw up a new plan.
* Include the views of the child.
* Be recorded and a copy made available to parents/carers.

Review preparation checklist

|  |
| --- |
| 2 weeks before the review: |
| Check parents/carers and key staff can still attend. Provide support as needed |  |
| Explain the purpose of the meeting to the child (if appropriate) and/or gather evidence of the child’s views  |  |
| Ensure the Practitioner has up to date information on the child’s progress and the impact of support strategies |  |
| Confirm an appropriate venue is available |  |
|  |  |
| The day before the review |
| Remind the parents that it is taking place |  |
| Gather relevant paperwork |  |
| Prepare the appropriate form (My Support Plan, individual support plan etc) to record the review |  |

When holding the meeting a number of questions should be considered in order to plan the next steps. Guidance is provided in the form of a decision tree overleaf.

**Has the child made expected progress towards the outcomes?**

Have the outcomes been achieved?

Yes

Does the child still have a Special Educational need?

Are the outcomes still appropriate?

Yes

No

No

Return to [Assess](#PP_3_4_ASS_U_1) and set new outcomes.

No

Yes

Continue with the planned SEN Support until the next review.

No

Return to needs met by universal inclusive provision. Record that the child is no longer receiving SEN support.

Are the needs well enough understood?

Yes

No

Seek advice on needs and/or provision from [internal or external specialists](#PP_3_4_PLAN_U_2).

Consider

Consider

Return to [Assess](#PP_3_4_ASS_U_1) to carry out further diagnostic assessment.

Return to [Plan](#PP_3_4_PLAN_U_1) and explore other types of provision

Does the child have needs which cannot be met from the resources within the setting?

Does the child meet the Local Authority’s criteria for requesting an EHC plan?

Yes

No

In consultation with parents/carers, and child if appropriate, request an EHC plan.

**Review**

 **Decision Tree**

Yes