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/play |  |
|  |
| 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 care 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 |
| explore new situations with support from a familiar adult  |  |  |  |  |
| develop an awareness of different emotions e.g. goes to an adult for reassurance when another child is crying |  |  |  |  |
| gain information or resources from a familiar adult e.g. asks for a favourite toy by pointing, using single words or sounds, clearly looking back, looking at the adult to check that the request has been acknowledged |  |  |  |  |
| engage in play with a familiar adult |  |  |  |  |
| initiate the attention of a familiar adult to reach a desired goal  |  |  |  |  |
| show interest in the play/activities of others e.g. playing alongside others, watching and copying their play |  |  |  |  |
| engage in single actions of imaginative play and copying everyday actions in play e.g. giving teddy a drink |  |  |  |  |
| develop social interaction skills e.g. seeks out others to share experiences |  |  |  |  |
| seek out a familiar adult for help e.g. gives a toy to an adult when they need help |  |  |  |  |
| respond to a familiar adult showing appropriate emotions such as affection |  |  |  |  |
| include an adult or another child in their play sequence |  |  |  |  |
| engage in small group activities |  |  |  |  |
| Other: |  |  |  |  |
| Attention and listening |
| concentrate for short periods of time on an activity of his/her own choosing, without an adult to help |  |  |  |  |
| shift attention to a different task if attention obtained, *e.g. if an adult calls his/her name* |  |  |  |  |
| 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 simple instructions e.g. from 2 years ‘show me the horse’s nose’; moving to instructions with simple concepts by 3.5 years e.g. ‘find the big car’; ‘colour the ball red’ etc |  |  |  |  |
| understand new vocabulary and concepts that describe actions (from 2 years) e.g. ‘who is climbing?’; (from 3 years) size e.g. ‘find a big pig’; space e.g. ‘put the ball under there’; emotion ‘who is sad?’; quantity e.g. ‘can you find two pencils?’ etc |  |  |  |  |
| choose objects linked to a function e.g. ‘what do we use to cut things?’  |  |  |  |  |
| respond to simple question words in relation to themselves e.g. what, who, where e.g. ‘what is your name?’, and by 3 years old: ‘who lives in your house?’, ‘where do you go to sleep?’ etc |  |  |  |  |
| respond to clear non-verbal communication (facial expressions, tone of voice and gesture) used by familiar people; *e.g. smiles at exaggerated praise*  |  |  |  |  |
| Other: |  |  |  |  |
| Expressive (spoken) language and communication |
| join in with a simple conversation about something important to them |  |  |  |  |
| join words together to make simple sentences; by 3.5 years, a child should be joining 3 or more words together |  |  |  |  |
| learn new words within their experience, including action and describing words |  |  |  |  |
| name things within their experience and that are familiar to them |  |  |  |  |
| (by 3-3.5 years) use simple word endings e.g. cats and most little words e.g. is, in, the etc |  |  |  |  |
| use a range of early question words e.g. what, who, where |  |  |  |  |
| 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 |
| Intelligibility |
| be understood, even to people who know them well |  |  |  |  |
| speak fluently without stammering most of the time |  |  |  |  |
| use sounds at the ends of most words |  |  |  |  |
| use early developing sounds at the beginning of words e.g. might miss off or change early sounds such as m,n,p,b,t,d or w as in ‘more’, ‘nose’, pig’, ‘ball’, ‘teddy’, ‘door’, ‘window’ |  |  |  |  |
| Other: |  |  |  |  |
| Flexibility of thought |
| to follow another person’s agenda e.g. help or take part in a familiar routine |  |  |  |  |
| understand that toys can be played with in different ways e.g. a ball can be thrown, kicked or rolled |  |  |  |  |
| begin to transfer habits or skills to different situations e.g. will eat yoghurt at pre-school and home |  |  |  |  |
| 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 |  |

|  |
| --- |
| **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) |
| concentrate for short periods of time on an activity of his/her own choosing, without an adult to help |  |  |  |  |
| shift attention to a different task if attention obtained, e.g. if an adult calls his/her name |  |  |  |  |
| demonstrate listening by joining in rhyming and rhythmic activities e.g. doing the actions in familiar rhymes and songs |  |  |  |  |
| demonstrate shared attention with others i.e. sharing looking at book |  |  |  |  |
| choose and use activities/resources with help  |  |  |  |  |
| Persist with an activity when they are not immediately successful |  |  |  |  |
| Other: |  |  |  |  |
| Early cognitive skills |
| experiment with early mark making (e.g. scribbling in circles and straight lines), and attach meaning to the marks they make |  |  |  |  |
| engage with familiar books, or rhymes |  |  |  |  |
| use numbers to indicate quantity (even though this may be inaccurate) |  |  |  |  |
| make a reasoned choice by comparing items in meaningful contexts (e.g. choosing the big cake / fullest beaker / favourite biscuit etc)  |  |  |  |  |
| remember ways of solving simple, familiar tasks, which have been modelled to them appropriately, and build on previous knowledge (i.e. child approaches familiar task as if it is new or unfamiliar)  |  |  |  |  |
| benefit from modelling from a familiar adult; the child find it difficult to learn from **watching** a simple task being solved and may need continued hand over hand support |  |  |  |  |
| search actively and appropriately for a toy that has been hidden or dropped |  |  |  |  |
| start to organise and categorise objects in a basic way, e.g. collecting all the teddy bears together or teddies and cars in separate piles |  |  |  |  |
| match familiar items, initially through object-object, then picture-object and picture-picture |  |  |  |  |
| demonstrate an understanding of the function of familiar objects; e.g. rolling a car along, cuddling a teddy bear  |  |  |  |  |
| demonstrate a single action of familiar imitative play; e.g. pouring tea from a pot, feeding teddy with a spoon |  |  |  |  |
| attempt, sometimes successfully, to fit shapes into spaces on an inset board or shape sorter |  |  |  |  |
| use blocks to create their own simple structures and arrangements |  |  |  |  |
| recognise and give special attention to photographs or pictures of familiar people or objects |  |  |  |  |
| purposefully observe and explore objects in more detail, e.g. banging two objects, placing objects in containers, pulling, turning, poking  |  |  |  |  |
| understand cause and effect |  |  |  |  |
| 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  |  |
| are impeding access to the curriculum, particularly in relation to learning skills e.g. engagement, motivation and thinking Comment 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 |  |

|  |
| --- |
| **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 |
| build relationships with special people |  |  |  |  |
| interact with others and start to join in with their play  |  |  |  |  |
| explore new situations with support from a familiar adult  |  |  |  |  |
| show interest in the play/activities of others e.g. playing alongside others, watching and copying their play |  |  |  |  |
| respond differently to children and adults, e.g. may be more interested in watching children than adults or may pay more attention when children talk to them  |  |  |  |  |
| to share attention or experiences with a familiar adult, for example, to use pointing with eye gaze  |  |  |  |  |
| show affection and concern for significant others, including toys; doesn’t initiate or respond to cuddling |  |  |  |  |
| respond to name or a familiar voice |  |  |  |  |
| show an appropriate wariness of unfamiliar people  |  |  |  |  |
| understand that own voice and actions have an effect on others  |  |  |  |  |
| tolerate parallel play with peers  |  |  |  |  |
| initiate the attention of a familiar adult to reach a desired goal  |  |  |  |  |
| engage in periods of pretend play with toys; e.g. if playing with a cuddly toy or doll, requires support to rock, cuddle or feed it  |  |  |  |  |
| follow a familiar routine |  |  |  |  |
| explore new objects/books with an adult  |  |  |  |  |
| co-operate in simple turn taking games with a familiar adult; e.g. rolling a ball back and forth  |  |  |  |  |
| imitate behaviour of others; e.g. joining in with clapping games, saying “hello” into a toy phone during play, pretending to sweep etc  |  |  |  |  |
| share adult attention; e.g. child may be overly clingy and overly demanding |  |  |  |  |
| 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 |
| recognise their own image in a mirror, and use a mirror to remove a mark on their face, for example  |  |  |  |  |
| use basic self strategies for self regulation/self soothing (e.g. seeking an adult for a cuddle, putting down a toy which they are becoming frustrated with and picking up a familiar toy, sucking thumb / using comforter when distressed)  |  |  |  |  |
| understand when told ‘yes’ or ‘no’  |  |  |  |  |
| be calmed by a familiar adult, e.g. for ‘emotional refuelling’ when feeling tired, stressed or frustrated  |  |  |  |  |
| respond to a few appropriate boundaries  |  |  |  |  |
| calm quickly with appropriate intervention / distraction (e.g. sensory activities, reading a book with a familiar adult)  |  |  |  |  |
| sit quietly for short periods on an appropriate task |  |  |  |  |
| wait their turn for a toy; e.g. requires support not to snatch a toy from another child |  |  |  |  |
| act in a safe and gentle manner towards self and others |  |  |  |  |
| express likes and dislikes through language or behaviour |  |  |  |  |
| show independence in their play |  |  |  |  |
| Other: |  |  |  |  |
| Emotional development and mental health |
| express pleasure/happiness when they achieve something  |  |  |  |  |
| express unhappy feelings when appropriate; e.g. protest when a peer takes a toy  |  |  |  |  |
| self soothe  |  |  |  |  |
| use a familiar adult to share feelings such as excitement or pleasure  |  |  |  |  |
| imitate facial expression, including social smiling  |  |  |  |  |
| engage in play activities due to excessive anxiety or worry; this could include not speaking due to high anxiety |  |  |  |  |
| show awareness of the feelings of others; e.g. looks concerned if hears crying or excited if hears a happy, familiar voice |  |  |  |  |
| avoid self harming behaviour |  |  |  |  |
| 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 toys from one hand to the other |  |  |  |  |
| pick up small objects between thumbs and fingers |  |  |  |  |
| manipulate two objects at once |  |  |  |  |
| use tools to make random marks in damp sand, or with paste, paint, crayons |  |  |  |  |
| imitate simple drawing shapes such as circles or lines |  |  |  |  |
| pour, hammer |  |  |  |  |
| turn pages in a book, sometimes several at once |  |  |  |  |
| establish hand preference |  |  |  |  |
| Other: |  |  |  |  |
| Gross motor development |
| roll from front to back, or from back to front |  |  |  |  |
| lie on stomach and hold their head up |  |  |  |  |
| sit on the floor without physical support |  |  |  |  |
| reach for toys without losing balance |  |  |  |  |
| move between equipment (chair to standing, chair to floor)  |  |  |  |  |
| pull to standing |  |  |  |  |
| be mobile (either crawling or walking with one or both hands held by a adult) |  |  |  |  |
| maintain functional playing position in standard seat provided |  |  |  |  |
| negotiate steps and stairs (crawling or walking with one hand held by an adult) |  |  |  |  |
| cope with physical skills that fluctuate or deteriorate during the day |  |  |  |  |
| attend 1-1 physiotherapy in setting at least 3 x a week |  |  |  |  |
| Other: |  |  |  |  |
| **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 for potty or 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  |  |  |  |  |
| 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 |
| Sensory / perception |
| compare size or simple shapes |  |  |  |  |
| navigate the room; they unknowingly knock over other children and objects |  |  |  |  |
| copy simple hand clapping sequence |  |  |  |  |
| distinguish between hot and cold, light or heavy pressure |  |  |  |  |
| Other: |  |  |  |  |
| 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 gesture, facial expressions and body language which support verbal communication |  |  |  |  |
| attempt to do anything independently |  |  |  |  |
| 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 |  |  |  |  |
| 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 important skills, with modelling and use of key phrases, e.g. “now, next” |
| Adult to scaffold social interaction within familiar routines |
| Positive reinforcement of appropriate behaviour, with individualised motivators |
| Use of visual support to define areas, routine and enable choices, e.g. limit choices to two items, label resources with pictures, objects of reference, now and next card, individual visual time table with 3 or 4 symbols/pictures |
| Opportunities to use language or make a request within familiar routines and social situations e.g. people games, non-directive play |
| 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 and next cards; sand timers etc |
| Specific activities to encourage attention and listening skills, e.g. stopping and listening to everyday sounds etc |
| 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 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, now- next card |
| 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 |

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| **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 down time |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 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/> |  |  | ✓ |  |  |
| **Afasic**<http://www.afasic.org.uk/professionals/> | ✓ | ✓ | ✓ |  | ✓ |
| 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 |
| **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) |
| Check that the child has recent hearing and vision tests  |
| To develop resilience, provide additional support during problem solving tasks and model alternative ways of solving problems. Encourage ‘having a go’ and making mistakes for learning. |
| During story sessions, provide the child with an individual book, alongside individual adult support. Provide tactile resources linked to the story (e.g. from a ‘story bag’) to engage more of the child’s senses and facilitate their attention and memory. Use puppets and other props to encourage listening |
| Encourage repetition, rhythm and rhyme by using tone and intonation as you tell, recite or sing stories, poems and rhymes in books to gain children’s attention and interest |
| Provide adult support and modelling for specific tasks to develop attention. Consider seating arrangements during tasks, as well as environmental stimuli.  |
| Ensure background noise is kept to a minimum  |
| Provide visual prompts (e.g. language jigs) to show the stages of a task, and provide praise at each of these points. Use the TEACCH approach to define what has to be done, and to help provide the optimum environment for attention to a task |
| To help shift a child’s attention from one task to another, make the differentiation between tasks more obvious by using multi-sensory signals; e.g. banging a drum and wearing a ‘silly’ hat as a signal for ‘tidy up time’.  |
| Provide support during times when attention/concentration is reduced. Ensure tasks are suitably differentiated and accessible. |
| Provide meaningful opportunities for sharing attention; e.g. using photbooks / books of interest. Provide adult support to sustain interest and facilitate pointing to share attention |
| Use a range of visual resources to support words, for example picture cards and objects |
| Have photographs/pictures of the different activities on offer to encourage choice and develop attention for chosen activities |
| Use talk to describe what children are doing, to develop interest and attention during play |
|  |
| Early cognitive skills  |
| Provide a variety of familiar household objects, toys and clothing items to encourage children’s imaginary play  |
| Provide a range of mark making activities, e.g. sand/paint/cornflour and consider sensory preferences. Practice mark making in areas where the child is calm and motivated (e.g. outdoors, in book corner etc), and model to child using a range of techniques. |
| Play with child hiding a toy under a cloth and encourage them to look for it. When they find the toy, quickly hide it again, showing the child that you have moved it and encouraging them to find it (as the child remembers what was there and mentally tracks the move, he or she exercises working memory). Include games such as hide and seek and peek-a-boo for younger children |
| Break down number tasks, initially focussing on 1 and 2 (2 hands/eyes/legs etc). Provide meaningful and motivational contexts for identifying and counting with numbers |
| Provide frequent opportunities for reasoned choice and develop the use of language to make choices. Increase opportunities for making choices between big/small, more/less in meaningful, supported contexts |
| Use a variety of approaches to modelling, including hand over hand, forward/backward chaining, demonstration etc. Provide one to one support at set times to model key skills such as sorting/matching and monitor progress. Provide meaningful praise and reward. |
| Provide increased opportunities for sorting familiar/motivating objects |
| Increase opportunities for matching through object-object, initially using identical objects then progressing to non-identical objects (e.g. different types of car). Progress to matching identical/non-identical pictures and objects. |
| Increase opportunities for regular and frequent adult modelling of the function of objects and encourage copying. Monitor progress – does the child do this spontaneously following modelling? |
| Develop a home-setting book of photographs of family, friends, staff, pets, favourite toys etc, and provide regular and frequent opportunities to share this with a familiar adult, in an environment preferred by the child (e.g. in book corner, outside etc) |
| Provide a range of interesting objects with different functions; model how to use these and encourage imitation. Monitor the child’s understanding and adjust as appropriate. |
| Provide a sensory box of light/sound toys to develop child’s understanding of cause/effect. |
| Talk to children about choices they have made, and help them understand that this may mean that they cannot do something else (cause/effect thinking) |
| Read familiar stories , pausing at intervals to encourage them to predict the next word  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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> | ✓ | ✓ | ✓ | ✓ |
| [**www.pecs.org.uk**](http://www.pecs.org.uk) ​Pyramid Educational Consultants who run all PECS training in the UK; here you will find up to date PECS news and details of courses. ​ |  | ✓ | ✓ | ✓ |
| [**www.teacch.com**](http://www.teacch.com)Provides information on the typical cognitive profiles and preferences of children on the Autism Spectrum and provides a structured approach to teaching, based on these preferences and needs. | ✓ | ✓ | ✓ | ✓ |
| [**www.do2learn.com**](http://www.do2learn.com/)​A great source of free picture cards and games. Go to the ‘site map’ > picture card explanation > print 1 inch cards > choose the appropriate option for picture ​ |  |  |  | ✓ |
| [**www.nas.org.uk**](http://www.nas.org.uk/)​The National Autistic Society​ – this website provides a range of information about the needs of children with ASC as well as good recommendations for books etc |  | ✓ | ✓ |  |
| [**https://twitter.com/MakatonCharity**](https://twitter.com/MakatonCharity)Provides information about Makaton, videos, as well as ‘sign of the week’  |  | ✓ |  |  |
| 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

Attention and Listening in the Early Years

Garforth, S (2009)

Attention Games: 101 Fun, Easy Games That Help Kids Learn To Focus

Sher, B (2006)

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 |
| 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. through pretend play |
| 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 at the end of the day to feed back verbally to parents |
| Increase one to one time with key worker to build rapport, working around child’s interests |
| Ensure child has recent hearing and sight test |
| Provide additional home visits by key worker |
| Teach strategies for joining in play and model/ encourage using these |
| Provide photographs of new events or situations (e.g. using the toilet); break down events into smaller chunks and provide support at each stage. Gradually reduce support at particular stages as confidence develops |
| Use visuals as well as auditory stimuli to communicate the pattern and routine of the day; e.g. music during snack, drum beat whilst tidying up etc. Provide an individual visual timetable using photographs to aid understanding |
| Provide opportunities for structured turn taking games, around an area of interest, with an adult and one other child, where appropriate |
| Provide a range of cause/effect toys and activities to develop understanding. Engage in regular cause/effect cycles during the day, e.g. shaking a tambourine to symbolise stopping  |
| Practise and encourage imitation through increased singing/clapping games or through areas of interest |
| Work to help child to identify feelings in a 1:1 or small group activities. Start focussing on identifying positive and negative feelings taking a multi-sensory approach (what do they feel like, how you look etc.) |
| Work alongside parents to provide a familiar and consistent routine, and ensure the child has access to appropriate soothing/comforting toys and activities when required, to help them feel calm and relaxed |
| Provide clear, consistent boundaries with reasonable expectations |
| Provide increased support from the same key adult, to build a trusting relationship with the child. Ensure the child is able to access ‘emotional re-fuelling’ from the key adult when feeling tired, stressed or frustrated |
| Use a series of short, timed activities to develop self regulation. Build these up gradually, and ensure expectations are realistic yet appropriately challenging |
| Provide explicit, meaningful praise and reward for a child’s efforts against specific targets related to self regulation (e.g. waiting their turn for a toy) |

|  |
| --- |
| Emotional development and mental health |
| 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 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 |
| Acknowledge when a child is feeling tired/sad/anxious and spend time reassuring them |
| Work alongside parents to gain insight into what makes the child happy/sad/anxious, and what helps to soothe/settle them |
| Provide frequent modelling and positive re-enforcement of social behaviours |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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/> | ✓ | ✓ |  | ✓ |  |
| 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.

Time to Talk: A Programme to Develop Oral and Social Interaction Skills for Reception and Key Stage One

Shroeder, A (2001)

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

|  |
| --- |
| 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.

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).

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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