Wiltshire Graduated Response to SEND Support: The child profile

The 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 babies and toddlers 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 baby or toddler.

2. Fill in the name and date of birth of the baby or toddler 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 age bands.
2. It is suggested that dates in mm/yy style should be entered into banded tables. This is so that a 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 “There should be a [graduated approach](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) to meeting the needs of children with SEN.”

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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The Quickchecker

This is designed to be a quick reference guide to assist Early Years Practitioners to identify concerns, put strategies in place to support development and refer to appropriate Health Professionals. When filling it in, it is advisable to look at one or two of the sections for the ages below the child’s chronological age as well as their age appropriate section i.e. for an 11 month old look at 0-6 months, 6-9 months, and 9-12 months. This will ensure that no potential concerns are missed. To navigate to each section, click on an age range below:

* [0-6 months](#PP_0_24_ID_0_6)
* [6-9 months](#PP_0_24_ID_6_9)
* [9-12 months](#PP_0_24_ID_9_12)
* [12-18 months](#PP_0_24_ID_12_18)
* [18-24 months](#PP_0_24_ID_18_24)

0-6 months

|  |  |
| --- | --- |
| Communication and interaction | |
| There are concerns about... | Y/N? |
| The child’s lack of babbling or cooing to themselves and with others (especially when talked to by a familiar adult). |  |
| The child’s differentiation of pitch in their crying (monotone). |  |
| The child’s responses to adult engagement e.g. not watching the adults face as they speak, getting excited when they hear voices etc. |  |
| The child’s social development e.g. seeking comfort by physical contact, when being rocked or snuggling into the adult. |  |
| The child’s engagement with a familiar adult e.g. not smiling or making eye contact. |  |

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| Cognition and learning | |
| There are concerns about... | Y/N? |
| The child’s response to contrast between light and dark e.g. does not turn head towards light. |  |
| The child’s level of interest in new toys or objects e.g. does not sustain interest for more than a few seconds. |  |
| The child’s limited exploration of their hands or toys with mouth |  |
| The child’s inability to track objects or faces |  |

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| Social, emotional and mental health |  |
| There are concerns about... | Y/N? |
| The child’s ability to recognise familiar faces |  |
| The child’s lack of preference for social stimuli above toys |  |
| The child being overly fussy and difficult to comfort |  |
| The child is very passive and shows no social preferences |  |

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| Physical development (fine and gross motor, hearing and vision) |  |
| There are concerns about... | Y/N? |
| The child’s sucking reflex |  |
| The child’s ability to hold a toy placed in hand momentarily |  |
| The child bringing their hands to midline when laying on their back |  |
| The child’s ability to reach and grasp or hold a toy |  |
| The child’s hands frequently clenched |  |
| The child’s ability to roll on to either side |  |
| The child’s ability to hold their head and shoulders up when on tummy |  |
| The child making loose and floppy movements (low muscle tone or stiffness (**This would be a concern at any age)** |  |
| The difference between the child’s right and left sides of body in strength, movement or muscle tone **(This would be a concern at any age)** |  |
| The child’s level of response to sound or visual stimuli |  |
| The child’s lack of response to a sudden noise e.g. startle reflex |  |
| The child’s response to noise e.g. does not turn head or eyes, vocalise, move arms and legs or calm when listening to a familiar voice |  |
| The child’s ability to focus or respond to faces, bright colours, lights, close or slowly moving objects |  |
| The child’s ability to watch an adult move around the room |  |
| The child’s ability to show interest in looking at their hands or reach out to touch objects that are close by |  |

If you believe the child may have SEN, proceed to [Assess](#PP_3_4_ASS_U_1). Or [choose another age-range](#PP_3_4_ID).

6-9 months

|  |  |
| --- | --- |
| Communication and interaction | |
| There are concerns about... | Y/N? |
| The child not showing signs of pleasure or displeasure by squealing or crying |  |
| The child not making eye contact, smiling or laughing |  |
| The child not imitating sounds such as babble or cooing |  |
| The child not using babble of varying tones (no intonation) |  |
| The child not using two part babble such as baba, mama, gaga etc |  |
| The child not using gesture such as showing or waving |  |
| The child not communicating, through vocalisations, their ‘wants’, ‘needs’ or desire for the adult to do something again |  |
| The child not recognising familiar words such as ‘bye’, ‘all gone’ |  |

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| Cognition and learning | |
| There are concerns about... | Y/N? |
| The child not responding to music, songs or rhymes |  |
| The child not exploring books or toys with their hands or mouth |  |
| The child not showing interest in faces |  |
| The child not reaching out to toys held near to them |  |

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| --- | --- |
| Social, emotional and mental health |  |
| There are concerns about... | Y/N? |
| The child not imitating playful interactions with others |  |
| The child’s lack of interest in their own image in a mirror |  |
| The child not showing pleasure when greeted by familiar adults |  |
| The child being very passive e.g. does not play with hands or feet when left alone |  |

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| --- | --- |
| Physical development (fine and gross motor, hearing and vision) |  |
| There are concerns about... | Y/N? |
| The child’s ability to hold or release toys |  |
| The child not moving forward on their tummy to grasp a toy or make crawling movements |  |
| The child not rolling continuously (over and over) |  |

If you believe the child may have SEN, proceed to [Assess](#PP_3_4_ASS_U_1). Or [choose another age-range](#PP_3_4_ID).

9-12 months

|  |  |
| --- | --- |
| Communication and interaction | |
| There are concerns about... | Y/N? |
| The child not pointing and looking at the adult to get their attention |  |
| The child not looking at the adult when their name is called |  |
| The child not using babble or phrases that sound like imitated adult speech |  |
| The child not responding to familiar words like, ‘mummy’, ‘cup’, ‘teddy’ etc |  |

|  |  |
| --- | --- |
| Cognition and learning | |
| There are concerns about... | Y/N? |
| The child’s ability to show enjoyment with a familiar adult when playing a simple game such as ‘peek-a-boo’ |  |
| The child’s ability to look for objects or a person that has moved from their direct line of vision |  |
| The child does not interact with objects i.e. will passively hold them rather than bang on table, put them to their mouth |  |

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| Social, emotional and mental health |  |
| There are concerns about... | Y/N? |
| The child’s response to an unfamiliar person |  |
| The child not engaging in early reciprocal play or turn taking games such as ‘peek-a-boo’ |  |
| The child not seeking out a familiar adult when distressed |  |

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| --- | --- |
| Physical development (fine and gross motor, hearing and vision) |  |
| There are concerns about... | Y/N? |
| The child’s ability to chew solid food |  |
| The child making significantly more mess when eating compared to their peers |  |
| The child’s ability to pick up small items using their index finger and thumb (pincer grip) |  |
| The child’s ability to pass objects from one hand to the other |  |
| The child’s ability to release objects to place them purposefully |  |
| The child’s ability to sit without support |  |

If you believe the child may have SEN, proceed to [Assess](#PP_3_4_ASS_U_1). Or [choose another age-range](#PP_3_4_ID).

12-18 months

|  |  |
| --- | --- |
| Communication and interaction | |
| There are concerns about... | Y/N? |
| The child is not attempting to say any single words. |  |
| The child’s understanding of a simple request in context, such as an adult holding out a hand and saying ‘ball’ to request the item or everyday phrases such as ‘coat on’, ‘dinner time’ etc. |  |

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| --- | --- |
| Cognition and learning | |
| There are concerns about... | Y/N? |
| The child’s ability to remove objects from a shallow container |  |
| The child’s ability to drop objects into an open container |  |

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| --- | --- |
| Social, emotional and mental health |  |
| There are concerns about... | Y/N? |
| The child’s lack of interest in playing with others |  |
| The child does not offer or release a toy if an adult puts out their hand for it |  |
| The child does not kiss or cuddle a doll/teddy even when modelled for them |  |

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| --- | --- |
| Physical development (fine and gross motor, hearing and vision) |  |
| There are concerns about... | Y/N? |
| The child’s ability to bite food |  |
| The child not attempting to walk without support |  |
| The child’s ability to stand alone |  |

If you believe the child may have SEN, proceed to [Assess](#PP_3_4_ASS_U_1). Or [choose another age-range](#PP_3_4_ID).

18-24 months

|  |  |
| --- | --- |
| Communication and interaction | |
| There are concerns about... | Y/N? |
| The child not using a variety of familiar single words |  |
| The child not understanding very simple questions such as ‘where’s teddy?’ . |  |
| The child understanding fewer words than they can vocalise |  |
| The child not interacting with others. |  |
| The child not enjoying ‘tickle’ ‘lap play’ or joining in with songs e.g. Wheels on the Bus. |  |

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| Cognition and learning | |
| There are concerns about... | Y/N? |
| The child not pointing with their index finger to pictures in books |  |
| The child not demonstrating any imaginative play such as giving teddy a drink |  |
| The child being extremely restless and distractible |  |
| The child appearing to forget how to play with familiar toys |  |
| The child not using toys purposefully e.g. will bang cars together rather than roll them across the floor |  |
| The child does not begin to scribble when given a mark-making tool, even when shown by an adult |  |
| The child does not explore cause and effect toys |  |

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| --- | --- |
| Social, emotional and mental health |  |
| There are concerns about... | Y/N? |
| The child’s lack of interest in peers, e.g. does not watch others playing |  |
| The child does not seek help by vocalising, pulling at an adult or offering an object |  |
| The child does not engage in social imitation e.g. joining in wiping crumbs off a table, brushing hair etc |  |

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| --- | --- |
| Physical development (fine and gross motor, hearing and vision) |  |
| There are concerns about... | Y/N? |
| The child not attempting to build a tower of blocks |  |
| The child not attempting to push or pull toys or other objects when walking |  |
| The child showing little or no interest in self-care skills such as feeding or dressing |  |
| The child being very inactive or under responsive |  |

If you believe the child may have SEN, proceed to [Assess](#PP_3_4_ASS_U_1). Or [choose another age-range](#PP_3_4_ID).

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:

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|  | 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); |  |
|  |  |
| Use observation to provide evidence of the [**baby or toddler's**](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) voice, where appropriate; |  |
|  |  |
| 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 baby or toddler 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 baby or toddler’s development; |  |
|  |  |
| A wider picture has been considered e.g. English is not their first language; |  |

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| **Decide**  Do assessments show that the child or young person 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). |

| Essential SEND Support  These actions are essential when planning provision | Date, links comments |
| --- | --- |
| Consider the voice of the baby/toddler:   * What do they enjoy or dislike? * What are their strengths? * What kind of support do they respond well to? |  |
| 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? * Share the setting’s plan to support progress. * Consider how parents/carers can support progress at home. |  |
| Review current provision:   * Has the baby/toddler accessed appropriate [high quality provision and support to deepen their learning and development?](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) * Do all practitioners understand how to meet the needs of vulnerable babies/toddlers? |  |
| Identify [outcomes](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25):   * Outcomes should be long term. 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. |  |
| Plan [provision](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25):   * Review the setting’s arrangements for SEN Support. 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 staff? * Ensure [all relevant staff are made aware](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) of the SEN support being offered. * 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 or My Support Plan etc). * Set a date for a review (maximum of 12 weeks away). * 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

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| Where a baby/toddler appears to be behind expected levels, or where progress gives cause for concern, practitioners should consider all the information about the baby/toddler’s learning and development from within and beyond the setting.  If there are significant ongoing concerns then parents should be encouraged to access support and advice from their Health Visitor. Health Visitors can be accessed through the baby/toddler’s GP surgery, by phoning or dropping in at the baby/toddler’s Health Centre/Clinic or requesting a home visit. |
|  |
| 0-6 months |
| Position yourself face to face with baby as you play and talk |
| Talk to baby as everyday activities are carried out e.g. nappy change |
| Imitate baby’s vocalisations using different sound patterns and emphasis and leave gaps for baby to respond back |
| Reinforce vocalisations made by making eye contact, using facial expressions, gestures and physical contact |
| Sing songs, rhymes and play games such as Peek-a Boo |
|  |
| 6-12 months |
| Observe how baby likes to communicate and acknowledge all attempts by responding with words, vocalisations, gestures. |
| Play imitation games like Peek-a-Boo, (remembering to show your pleasure), as well as repetition games e.g. ready, steady, go. |
| Regularly provide a quiet environment for a period of play with an adult |
| Use actions, gestures and simple signs (Makaton) alongside talk when playing with baby |
| Encourage all attempts at making first words, imitating back so that baby learns that making sounds evokes a response and is fun |
|  |
| 12-18 months |
| Watch, listen and comment whilst playing alongside baby. If baby tries to say a word, say it back so they can hear the word again clearly |
| Keep toys in sight but out of reach, encouraging the baby to finger or eye point and naming the toy for them |
| Keep your sentences short e.g. ‘milk time now’ and support with Makaton e.g. signing for the word milk and offer lots of encouragement to baby to sign back |

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| 18 -24 months |
| Access the **Speech and Language Preschool Communication Tracker** to monitor toddler’s speech and language development available at:  <http://gwt.virgincare.co.uk/index.php/early-years/how-to-refer-a-child/>  This document also signposts advice and resources as well as clear criteria for when to refer a toddler/child to Speech and Language Therapy for assessment |
| Share books and tell short stories and use visual cues to help maintain toddler’s attention |
| Comment on what toddler is doing or what is happening rather than asking questions. |
| Offer choices e.g. during snack, offering 2 options naming the food choices, holding the food in front of the toddler and repeating the word when the toddler finger or eye points |
| Use everyday tasks to practise the language that toddler is beginning to understand e.g. dressing, washing hands etc |
| Model Makaton signing in songs and stories and encourage toddler to copy |
| Repeat and expand on what toddler says e.g. if toddler says ‘dog’ then adult can say ‘Nanny’s dog’, ‘black dog’ etc. |

Further SEND support: the web

Access further information and training using the worldwide web. The following sites offer information and training appropriate to this area of need:

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| **Support in Wiltshire for Autism School Strategies**  <https://www.wiltshirelocaloffer.org.uk/useful-documents/#Early_years_8211_Support_in_Wiltshire_for_Autism_8211_School_Strategies_SWASS>  Hosts Wiltshire’s Early Years SWASS document that contains a wealth of information and strategies to support planning for children with Autism. |
| **I-CAN**  <http://www.ican.org.uk/evidence>  Accessible research papers on a range of issues affecting children and young people with speech, language and communication needs in education.  Includes free and purchasable resources that include ‘Babbling Babies’ and ‘Toddler Talk’ which are activity packs to promote communication and development in babies 0-18 months and toddlers 18 months to 3 years. |
| **Talking point**  <http://www.talkingpoint.org.uk/>  Provides a data base of free resources to help support the development of babies and toddlers communication skills |
| **IDP**  <http://www.idponline.org.uk/>  Guidance to increase practitioner knowledge and skills in supporting children with speech, language and communication needs and children on the autism spectrum |
| **Wiltshire Speech and Language Therapy Service**  <http://gwt.virgincare.co.uk/>  Advice, strategy and activity recommendations and videos that support the development attention and listening skills, social interaction, understanding and talking for toddlers from 18 months of age. |
| **Makton**  <https://www.makaton.org/>  Information about training and resources to purchase or are free to download. |
| **Singing hands**  <https://www.youtube.com/user/SingingHandsUK>  Video clips of songs sung using Makaton signs |

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

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| --- |
| Where a baby/toddler appears to be behind expected levels, or where progress gives cause for concern, practitioners should consider all the information about the baby/toddler’s learning and development from within and beyond the setting.  If there are significant ongoing concerns then parents should be encouraged to access support and advice from their Health Visitor. Health Visitors can be accessed through the baby/toddler’s GP surgery, by phoning or dropping in at the baby/toddler’s Health Centre/Clinic or requesting a home visit. |
|  |
| 0-6 months |
| Offer a range of sensory experiences; lights, sounds, textures |
| Hold up a range of objects for the baby to see, slowly move them, encouraging the baby to track them |
| Provide high contrast, black and white patterns to look at |
| Use name/greeting and touch on cheek to gain attention |
| Encourage eye contact by exaggerating facial expressions |
|  |
| 6-12 months |
| Talk to the baby , commenting on the routines of the day e.g. first we lie you down, then we take the nappy off etc |
| Play peepo and hiding games |
| Play with a mirror, while talking with the baby |
| Provide toys/objects to explore made from a variety of materials and textures. Use real world objects eg potato masher as well as toys. |
| Play games to develop sense of ‘object permanence’; e.g. hide a favourite toy under a blanket and encourage baby to find it |
| Use demonstration and over-handing to model and encourage exploratory play, such as banging a brick on the table |
|  |
| 12-18 months |
| Play lots of anticipation games eg blowing bubbles, 1,2,3 go! |
| Model simple posting games and encourage the baby or toddler to post objects |
| Provide simple cause and effect toys |
| Look at photos of familiar people and talk about them |
| Provide a variety of board books with lots of textures |
| Provide a range of motivational toys/objects for baby or toddler to retrieve, e.g. picking out a chocolate button from a bowl |
| Use overhanding, forward/backward chaining and demonstration to model and encourage problem solving |

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| 18-24 months |
| Provide shape sorters and model how to use them |
| Support trial and error and exploration by refraining from helping with tasks until the point at which the toddler might give up from frustration |
| Sing lots of counting rhymes and songs |
| Read simple stories with repetitive language |
| Name colours in everyday objects, sort them together with the toddler |
| Do lots of activities involving opposites up/down, big/little, in/out, wet/dry etc |
| 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. |
| Increase the level of adult modelling during imitative play. Provide frequent and regular opportunities for the child to play one to one with a familiar adult, where the adult models and encourages imitation of single actions of imitative play (e.g. pouring tea). |
| Provide explicit teaching of the functions of everyday toys such as a car, teddy, building blocks, and use modelling techniques such as a physical prompt e.g. hand-over-hand and demonstration to encourage imitation. Use meaningful praise and reward to encourage repetition. |

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| --- | --- | --- | --- | --- |
| Further SEND support: the web  Access 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.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**

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

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

Taylor and Francis

**Promoting Children's Learning From Birth To Five: Developing the New Early Years Professional**

Anning (2006)

**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

|  |
| --- |
| Where a baby/toddler appears to be behind expected levels, or where progress gives cause for concern, practitioners should consider all the information about the baby/toddler’s learning and development from within and beyond the setting.  If there are significant ongoing concerns then parents should be encouraged to access support and advice from their Health Visitor. Health Visitors can be accessed through the baby/toddler’s GP surgery, by phoning or dropping in at the baby/toddler’s Health Centre/Clinic or requesting a home visit. |
|  |
| 0-6 months |
| Talk to parents about how their baby communicates his/her needs |
| Provide a variety of cosy places with open views for babies to see people and things beyond the room |
| Ensure other practitioners know a baby’s special characteristics and preferences when they are not with their Key Person |
| Consider reducing stimulation e.g. lights, sights, sounds and textures if baby struggles to calm with just physical contact and a soothing voice |
| Try different positions to find the one that calms the baby most e.g. some prefer to be held firmly |
|  |
| 6-12 months |
| Identify signals which communicate the baby’s needs e.g. that he/she needs help or wants to try themselves |
| Provide predictable and consistent experiences and reinforce routines that facilitate a feeling of belonging and safety e.g. baby’s transition from parent to Key Person involves all three playing with a favourite toy |
| Think about ways to maintain physical closeness and offer gentle touch to support a baby’s sense of control |
| Mirror what baby what baby is doing or how he/she is playing with something and use body language, tone of voice and facial expression to communicate |

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| 12-18 months |
| Consider ways in which you can facilitate babies being able to make choices and express preferences e.g. displaying toys within reach so that they can be seen |
| Support growing independence as babies do things for themselves e.g. encouraging babies to share control of food and drink |
| Provide a cosy floor space where babies can just sit, rest and observe |
| Play with resources and read board books that focus on a range of emotions |
| Think about ways to provide a territorial space for the baby e.g. own sleep mat or always being down for a sleep in the same cot |

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| 18-24 months |
| Help toddlers to learn how to wait by modelling the behaviour and language of turn taking |
| Reduce incidents of frustration by keeping routines flexible so that toddlers can pursue their interests and have time to complete self chosen tasks e.g. feeding themselves |
| Support toddlers to begin to understand what they are feeling themselves by introducing simple words for mental states and facial expressions e.g. happy, cross |
| Ensure provision of spaces for toddlers to be noisy and boisterous as well as quiet and still |
| Periods of free access to an appropriately challenging outdoor environment with supervised opportunities to take risks and keep safe |
| Set clear boundaries consistently, provide gentle reminders of expectations and guide away or offer distractions if the toddler is resistant |
| Provide duplicates of favourite play things |

Further SEND support: the web

Access further information and training using the worldwide web. The following sites offer information and training appropriate to this area of need:

|  |
| --- |
| **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 |

Useful Books / Photocopiable Resources

For children:

‘Feet are not for kicking’ and ‘Teeth are not for biting’

Elizabeth Verdick

AC Black

‘Hands are not for hitting’

Martine Agassi

Free Spirit Publishing

For parents and/or practitioners

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.

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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| Where a baby/toddler appears to be behind expected levels, or where progress gives cause for concern, practitioners should consider all the information about the baby/toddler’s learning and development from within and beyond the setting.  If there are significant ongoing concerns then parents should be encouraged to access support and advice from their Health Visitor. Health Visitors can be accessed through the baby/toddler’s GP surgery, by phoning or dropping in at the baby/toddler’s Health Centre/Clinic or requesting a home visit. |
|  |
| 0-6 months |
| Put toys near to encourage baby to reach, pull and push |
| Lay baby on their tummy for time everyday with opportunities to kick legs and wiggle and provision of different textured surfaces to lie on |
| Gentle swinging, spinning and rocking activities to help develop a sense of balance. Carry/hold baby in different positions e.g. resting on adult forearm |
| Place baby in different positions to help develop new skills e.g. rolling, creeping |
| Provide objects to play with that have a strong colour contrast e.g black and white |
| Hold a toy within reach so baby can swat at it with hands or feet |
| Show ways to use objects by shaking, banging, pushing, dropping |
|  |
| 6-12 months |
| Offer toys that encourage repetition e.g. blocks/rattles, cause and effect |
| Provision of push and pull toys and fine motor resources e.g. puzzles with knobs |
| Encourage parents to dress their baby in clothing that allows for free movement |
| Move toys so that they are further away, encouraging reaching and moving. Make a trail of toys to encourage baby to crawl and explore |
| Use cushions for ‘in case’ rather than to support |
| Hold objects just in front of baby and encourage to reach for them on the mid line |
| Blow bubbles for them to follow, catch, clap and reach for |
| Provision of treasure basket |

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| 12-18 months |
| Give just enough help to reach a goal e.g. if baby wants to stand, let her hold your fingers for balance |
| Allow time for emerging skills to be practised. Create some safe challenges, play ‘baby/toddler gym’ e.g. climbing over a stack of cushions or soft play shapes |
| Place toys on a slightly higher level e.g. a chair to encourage kneeling and pulling up to standing |
| Provide objects to hold, wave, shake, bang and throw |
| Make a game of reaching for slow moving objects e.g. balloons, bubbles |
|  |
| 18-24 months |
| Frequent opportunities to practise and refine learned skills (particularly for toddlers with visual or hearing impairment) |
| Provision of space for toddlers to move freely on a range of surfaces e.g. grass, play bark, tarmac |
| Support large action and finger rhymes that include a range of movements |
| Regular provision of objects to push and pull, move over, climb through, around and balance |
| Supported opportunities to throw and catch slow moving objects e.g. large soft balls |
| Provision of fine motor activities that provide a graduated challenge e.g. threading cotton reels with wooden dowels, moving to pipe cleaners and then thick threading materials e.g. plastic coated washing line. |

Medical Needs

Strategy bank

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| --- |
| Plans |
| Complete a risk assessment of the baby/toddler’s needs in the setting to identify actions needed |
| An Individual Healthcare Plan should be in place if the baby/toddler needs additional assistance with a specific area of healthcare, which is not covered by an existing policy |
|  |
| Training |
| Sufficient practitioners should be trained to ensure there is always one trained practitioner available to carry out the care identified in the Healthcare Plan |
| Ask the EYIO/SEND Lead Worker for advice on training available to meet a specific healthcare need |

Further SEND support: the web

Access further information and training using the worldwide web. The following sites offer information and training appropriate to this area of need:

|  |
| --- |
| **RNIB**  <http://www.rnib.org.uk/services-we-offer-advice-professionals/education-professionals> |
| **Epilepsy action**  <https://www.epilepsy.org.uk/info/education> |
| **Sense**  [https://www.sense.org.uk/](https://www.sense.org.uk/?gclid=CMf9hqKMy84CFQfjGwod6nANCA) |

Useful Books

Finger Play and Nursery Rhymes: Progression in play for babies and children.

Sally Featherstone

Baby and Beyond

Sensory World: Progression in play for babies and children

Sally Featherstone

Baby and Beyond

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).

|  |  |
| --- | --- |
| Specialist SEND Support  When **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 |
| In-house | |
| Consultation or assessments with member of staff with a specialist role or experience.  Training delivered by a member of staff with a specialist role or experience |  |
| External training: | |
| Staff training targeted at building staff capacity to meet the baby/toddler’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](http://www.wiltshire.gov.uk/schoolseducationandlearning/specialeducationalneeds/sensupportservices/senlearningsupportservice.htm) – (Physical and Medical); [Educational Psychology Service](http://www.wiltshire.gov.uk/schoolseducationandlearning/specialeducationalneeds/sensupportservices/seneducationalpsychologyservice.htm); referrals to the Sensory Impairment Service are via a health professional see [here](http://www.wiltshire.gov.uk/schoolseducationandlearning/specialeducationalneeds/sensupportservices/senvisualimpairmentservice.htm). |  |
| **Early Help**  Early Years Inclusion Officers |  |
| **Children’s Centres**  Family Support Workers |  |
| **Health**  The 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 children 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 baby/toddlers (e.g. parents evenings).
* Be led by a member of staff that knows the baby/toddler well.
* Allow sufficient time to gather parents/carers’ views and draw up a new plan.
* Include the voice of the baby/toddler.
* 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 |  |
| Gather the voice of the child through observations, photographs etc. |  |
| Repeat any assessments or carry out new ones |  |
| Ensure an appropriate space 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, IEP 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 below.

**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 or young person have needs which cannot be met within delegated provision?

Does the child or young person 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