



Universally Available Provision for Early Years



Newcastle City Council Area SENCOs



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Introduction

‘A pupil has SEN where their learning difficulty or disability calls for special or educational provision, that is provision different from or additional to that normally available to pupils of the same age.’ Code of Practice 2014

This guidance sets out the provision that should be available in all early years settings in Newcastle upon Tyne, to support children who have SEND. All settings must have an understanding of the Children and Families Act 2014, SEND Code of Practice 0-25 years and the Equality Act 2010. This legislation and statutory guidance make it clear that children with SEND have a right to expect their needs to be met and not to be disadvantaged.

‘Our vision for children with special educational needs and disabilities is the same as for all children – that they achieve well in their early years, at nursery and college, make a good transition to adulthood and lead contented and fulfilled lives...Early years providers are vital to the success of these changes and to achieving our vision for a new system. Currently, too many children do not get the support they need early enough, and support does not focus sufficiently on helping them to achieve their goals. Early identification of needs and the timely provision of appropriate support, together with high aspirations, can help ensure that the vast majority of children who have SEN or disabilities can achieve well and make a successful transition into adulthood...Early years providers must have arrangements in place to support children with SEN or disabilities. These arrangements should include a clear approach to identifying and responding to SEN. The benefits of early identification are widely recognised – identifying need at the earliest point, and then making effective provision, improves long-term outcomes for children...Early years providers should regularly review and evaluate the quality and breadth of the support they offer or can access for children with SEN or disabilities.’ Code of practice 2014

Principles underlying the Code of Practice

The SEND Code of Practice describes the principles that should be observed by all professionals working with children and young people who have SEN or disabilities.

These include:

- taking into account the views of children, young people and their families
- enabling children, young people and their parents to participate in decision-making
- collaborating with partners in education, health and social care to provide support
- identifying the needs of children and young people
- making high quality provision to meet the needs of children and young people
- focusing on inclusive practices and removing barriers to learning
- helping children and young people to prepare for adulthood

More information on the principles that underpin the Children and Families Act and the guidance is given in Chapter 1, Principles, in the 0-25 SEND Code of Practice.

Ofsted

In the New Education Inspection Framework (EIF) 2019 Ofsted further highlight the need for early years providers to ensure they have appropriate support in place for children with SEND.

- At notification of inspection, the inspector will ask if there is any additional support and/or arrangements for children with special educational needs and/or disabilities (SEND).
- In group provision, the inspector will collect evidence of the quality of support for any children with SEND during the inspection.
- They will investigate the reason why children may not receive their full entitlement to early education, and the impact that has on them.
- You may be judged outstanding, if children with SEND achieve their best possible outcomes.
- The curriculum should be ambitious for all children and particularly those with high levels of SEND to meet their needs.

For more information please read the Education Inspection Framework – Early Years Inspection Handbook for Ofsted Registered Provision.

The Role of the SENCO

All early years settings are required to have a special educational needs coordinator (SENCO). A newly appointed SENCO, where they have not previously been the SENCO in a setting in the local authority must complete the new SENCO training. The SENCO has an important role to play, along with the nursery manager in determining the strategic development of SEND policy and provision in the setting. The SENCO has day-to-day responsibility for the operation of SEN policy and co-ordination of specific provision made to support individual children with SEN, including those who do and do not have EHC plans.

Early years providers should ensure that the SENCO has sufficient time and resources to carry out these functions. This should include providing the SENCO with sufficient administrative support and time away from teaching the children, to enable them to fulfil their responsibilities, in a similar way to other important strategic roles within a setting. SENCO's will be most effective in their role if they are part of the settings leadership team.

Key responsibilities of the SENCO

1. Overseeing the day-to-day operation of the setting's SEND policy
2. Co-ordinating provision for children with SEND
3. Advising on the graduated approach to providing SEND support
4. Advising on the deployment of the setting's funding for children with additional needs and other resources, to meet children's needs effectively
5. Being a key point of contact with external agencies, especially the LA and its support services
6. Working with the nursery manager to ensure that the setting meets its responsibilities with regard to reasonable adjustments and access arrangements (Equality Act, 2010)
7. Ensuring that the setting keeps the records of all children with SEND up to date
8. Liaising with other early years' providers, parents of children with SEND, nurseries, safeguarding lead practitioners where a looked after child has SEND, health and social care professionals, independent or voluntary bodies and potential next providers of education to ensure smooth transition.

Early Identification

Early identification and intervention are key to helping children to reach their potential.

Role of the Key Person

In identifying a child as needing SEN support, the early years practitioner, working with the setting SENCO and the child's parents, will have carried out an analysis of the child's needs. This initial assessment should be reviewed regularly to ensure that support is matched to need.

Where it is decided to provide SEN support, and having formally notified the parents, the practitioner and the SENCO should agree, in consultation with the parent, the outcomes they are seeking, the interventions and support to be put in place, the expected impact on progress, development or behaviour, and a clear date for review. Plans should take into account the views of the child. The support and intervention provided should be selected to meet the outcomes identified for the child, based on reliable evidence of effectiveness, and provided by practitioners with relevant skills and knowledge. The impact and quality of the support should be evaluated by the practitioner and the SENCO working with the child's parents and taking into account the child's views.

Supporting Parents

Parents know their children best, and it is important that all practitioners listen and understand when parents express concerns about their child's development.

Early Years Providers must provide information for parents on how they support children with SEN and disabilities and should regularly review and evaluate the quality and breadth of the support they offer or can access for children with SEN or disabilities. Records on children must be made available to parents, and they must include how the setting supports children with SEN and disabilities.

Parents should be involved in the planning, support, and where appropriate, in reinforcing the provision or contributing to progress at home.

Always seek help from other colleagues or professionals if you think you may need support to have a difficult conversation with parents. Document evidence of conversations you have with parents, highlighting support offered.

Conversations with Parents

The Statutory Framework for Early Years Foundation Stage explains ‘...throughout the early years, if a child’s progress in any prime area gives cause for concern, practitioners must discuss this with the child’s parents and/or carers and agree how to support the child. Practitioners must consider whether a child may have a special educational need or disability which requires specialist support. They should link with, and help families to access, relevant services from other agencies as appropriate.’

Where a child appears to be not yet at expected levels or where a child’s progress gives cause for concern, practitioners should consider all the information about the child’s learning and development (SEN and disability code of practice). All the information should be brought together and considered with the child’s parents/carers. This should include information about:

- the child’s learning and development, within and beyond the setting;
- practitioner observations, formal checks, any more detailed assessment, any specialist advice;
- progress in the prime areas: communication and language, physical development, social and emotional development.

Parents/carers must be involved at every stage of the assess, plan, do review cycle and be fully aware of the next steps, so they can support their child.

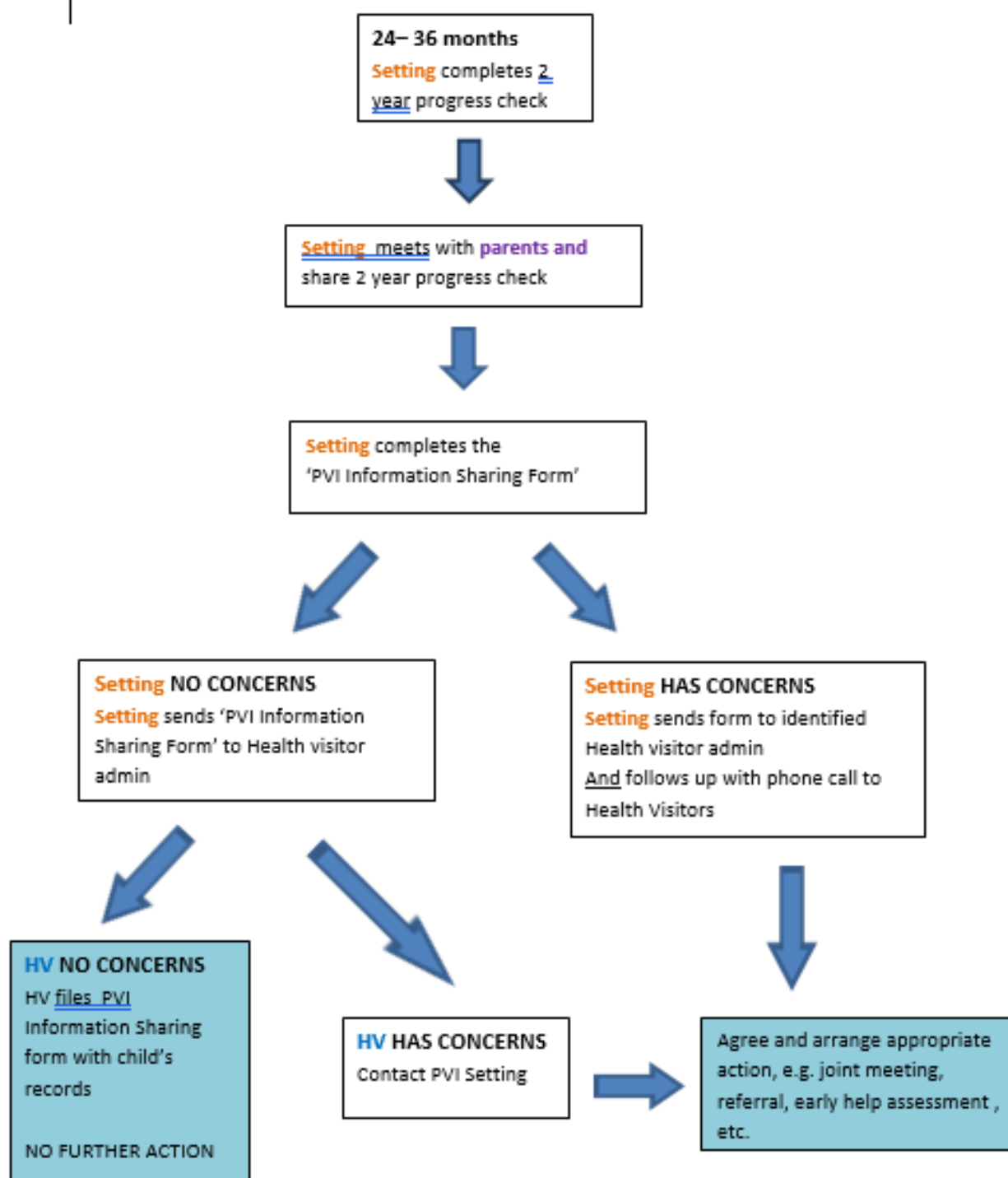
Progress check at age two

When a child is aged between two and three, early years practitioners must review progress and provide parents with a short written summary of their child's development, focusing in particular on communication and language, physical development and personal, social and emotional development. This progress check must identify the child's strengths and any areas where the child's progress is slower than expected. If there are significant emerging concerns (or identified SEN or disability) practitioners should develop a targeted plan to support the child, involving other professionals such as, for example, the setting's SENCO or the Area SENCO, as appropriate. This should also be shared with the child's Health Visitor through the Integrated Health Review Pathway. The summary must highlight areas where:

- good progress is being made
- some additional support might be needed
- there is a concern that a child may have a developmental delay (which may indicate SEN or disability)
- it must describe the activities and strategies the provider intends to adopt to address any issues or concerns.

2 Year Progress Check			
My Name		My age in months	
My Keyworker		Date	
My Sessions	am M T W T F pm M T W T F	My Start Date at Nursery	
Other settings I have attended		My home language	
Personal, social and emotional development			
Next steps in learning		Broad stage of development	
Communication and language			
Next steps in learning		Broad stage of development	
Physical development			
Next steps in learning		Broad stage of development	

Pathway for Integrated Review
PVI setting 2 year progress check



ASQ3 (Ages and Stages Questionnaire)

A universal routine review of a child's development is completed by parents and Health visitors at 24 months, at the earliest. This tool supports Health visitors to identify any possible early developmental delays to be shared with parents and early years settings through the Integrated Health Review Pathway.

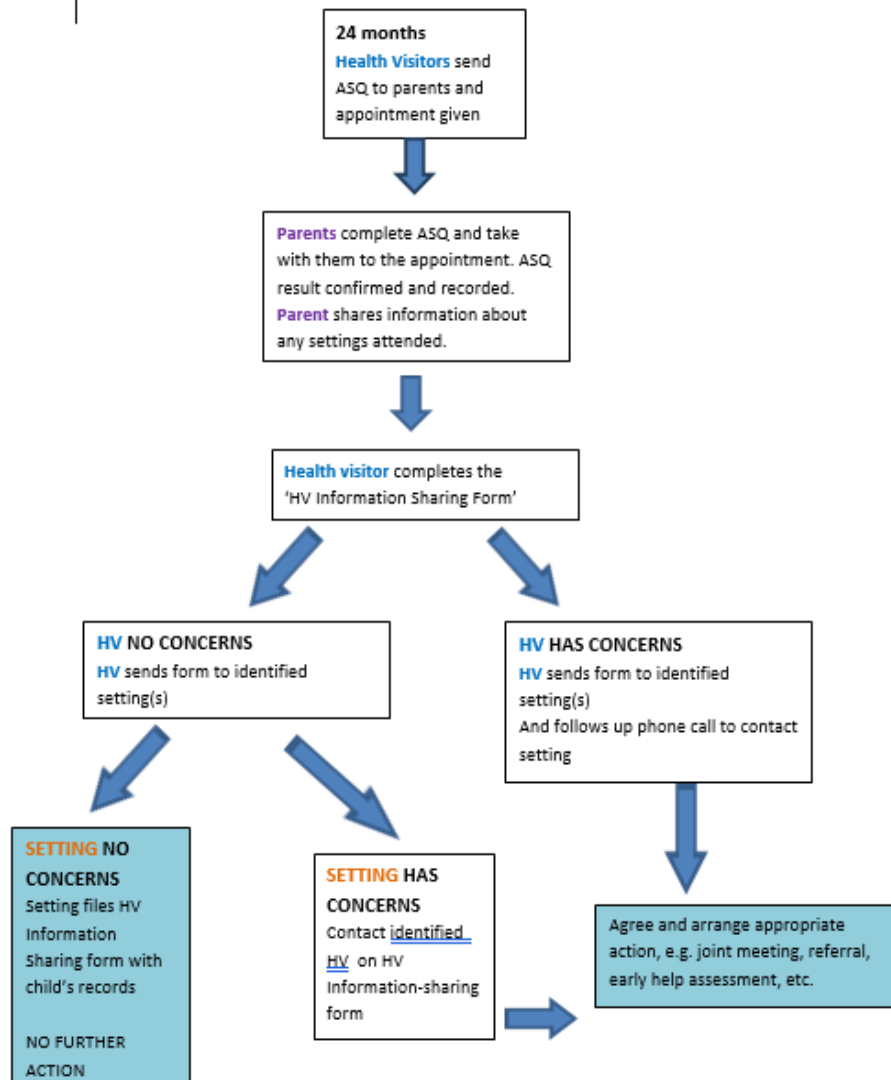


**Sure Start
Children's Centres**

The Newcastle upon Tyne Hospitals **NHS**
NHS Foundation Trust

Newcastle Hospitals Community Health

Pathway for Integrated Review Health Visitor ASQ 24month review



If you are concerned about a child's development at any age, please contact the child's Health visitor.

Early Years Screen

If you have any concerns about a child's development, then initially you can carry out the early years screen to identify any areas where a child may need further support.

Updated version 2013

Early Years Assessment Screen (1-3 Years Version)

Child's Name: D.O.B.: C.A.:

Playgroup / nursery / school: Date:

Completed by: Role:

Comment on ability to concentrate:

1-1

in small group

on self chosen tasks

on adult chosen tasks

Comment on attitude / approach to play and learning:

Any relevant history / health information: e.g. visual, auditory, prem. birth

Summary of Assessment						
Age equiv. (years)						
2 ½ - 3 years						
2 - 2 ½ years						
18 - 24 months						
15 - 18 months						
12 - 15 months						
	Language & Communication	Play & Social Development	Play & Cognitive Development	Gross Motor Skills	Fine Motor Skills	Self Help Skills

Updated version 2013

Early Years Assessment Screen (2-5 Years Version)

Child's Name: D.O.B.: C.A.:

Playgroup / nursery / school: Date:

Completed by: Role:

Comment on ability to concentrate:

1-1

in small group

on self chosen tasks

on adult chosen tasks

Comment on attitude / approach to play and learning:

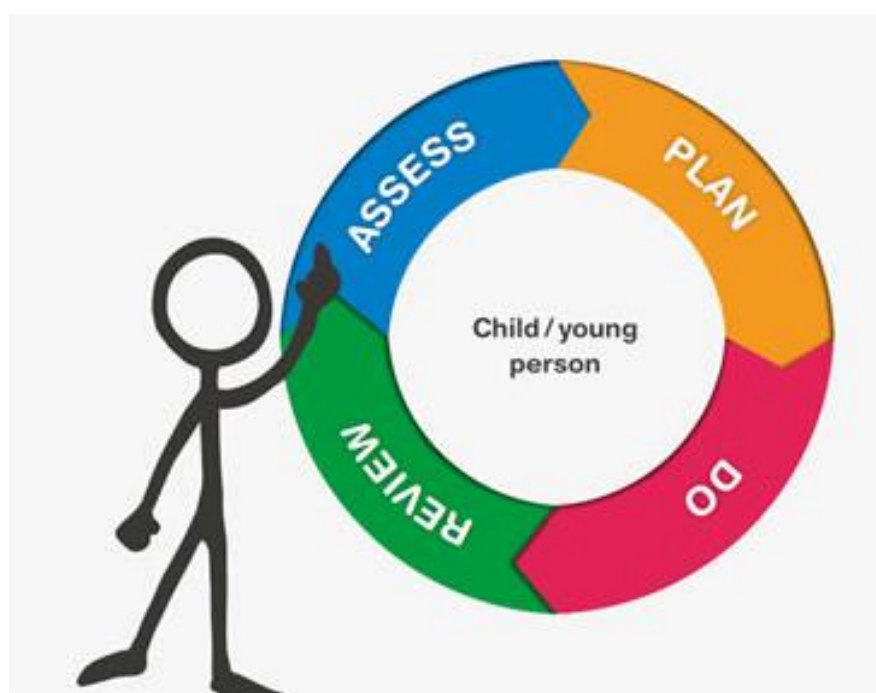
Any relevant history / health information: e.g. visual, auditory, prem. birth

Summary of Assessment						
Age equiv. (years)						
4 ½ - 5 years						
4 - 4 ½ years						
3 ½ - 4 years						
3 - 3 ½ years						
2 ½ - 3 years						
2 - 2 ½ years						
	Language & Communication	Play & Social Development	Play & Cognitive Development	Gross Motor Skills	Fine Motor Skills	Self Help Skills

The Graduated Approach

The graduated approach is a four-part cycle which supports children with SEND, and allows practitioners to assess, plan, do and review progress. This will highlight the best strategies that support individual children to achieve the best outcomes. The graduated approach starts at whole-setting level. Practitioners are continually assessing, planning, implementing and reviewing their approach to teaching all children. However, where a potential special educational need has been identified, this cyclical process becomes increasingly personalised:

- Individualised assessment leads to a growing understanding of the barriers to and gaps in the child's learning.
- Continual reflection on approaches to meeting the child's needs leads to a growing understanding of strategies that enable the children to make good progress and achieve good outcomes.



In this spiral of support, the graduated approach draws on more personalised approaches, more frequent review and more specialist expertise in successive cycles in order to tailor interventions to meet the particular needs of children.

The SEND Code of Practice makes it clear that settings are directly responsible and accountable for all children attending their provision. The responsibility and accountability for the progress and development of children with SEN lies with the key worker, not with the SENCO or manager.

If a child or young person has SEN, or an educational setting thinks that they might have SEN, they must follow this process:

1. **Assess:** they must talk to a child's parents, the child where appropriate, the key worker and other professionals involved with the child, to work out what support might be needed.
2. **Plan:** once a child's needs have been identified, practitioners must work together with them and their family to decide what outcomes they want the child to achieve and what support should be put in place to help them achieve those outcomes.
3. **Do:** the key worker and key practitioners working with the child, supported by the special educational needs coordinator (SENCO), should put this support into practice.
4. **Review:** the support received by the child should be reviewed by everyone involved, including parents, to see if it is working. If it is, it might continue. If it is not working, or if the outcomes have been achieved, some of the arrangements and targets will be updated to meet the needs of the child.

The graduated approach will only secure good outcomes for vulnerable children if:

- all those who teach and support children with SEN have the highest aspirations for them
- those who lead and manage provision demonstrate an ambitious vision and plan of action to enable this to happen.

An identification of SEN should not result in excuses for lack of expected progress or a lowering of expectations.

Four Broad Areas of Need

Communication & Interaction

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

Cognition & Learning

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

Social, Emotional & Mental Health

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour.

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

Sensory & Physical

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

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

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

Quality First Teaching

Quality first teaching is the foundation for children's learning and development and is the starting point for any additional or different provision for children with SEND.

Whole Setting Approach <ul style="list-style-type: none"> ✓ Relentless focus on whole setting inclusive ethos and high expectations for all ✓ Effective strategic leadership ✓ Appropriate curriculum/provision is in place to meet assessed need (reasonable adjustments) ✓ The physical environment is adapted to meet the needs of children ✓ All practitioners make a positive contribution to children's progress and achieving outcomes ✓ There is a plan for on-going continuing professional development (CPD) in relation to the needs of the children for all practitioners ✓ Effective measures are in place to deal with safeguarding issues 	Expected Outcomes of Setting Provision <ul style="list-style-type: none"> ✓ All children are included and can access the environment as independently as possible ✓ There is a strong team ethos that ensures proactive and collaborative working ✓ Parents demonstrate confidence with the setting's provision for child ✓ Practitioner's training demonstrates confidence and the workforce implements their knowledge in practice ✓ There is inclusiveness and equality of opportunity for all children ✓ Effective strategies for children's well-being leads to good relationships and inclusion across the setting
Teaching & Learning <p>Practitioners working in settings:</p> <ul style="list-style-type: none"> ✓ Are aware of the additional needs of their children, understand the nature and impact of these and how to respond to them ✓ Differentiate to provide suitable learning challenges ✓ Ensure that children have opportunities to work in different ways, e.g. independently, in a variety of small groups and in pairs 	Expected Outcomes of Setting Provision <ul style="list-style-type: none"> ✓ Children have their needs met ✓ Children make good progress ✓ Children are confident to take risks in their learning further leading to better progress ✓ Children are supportive of each other, and the result is better relationships ✓ Children are self-aware and can identify areas of strength and challenge for themselves ✓ Children are developing skills in working collaboratively and supporting others
Deployment of Resources Expected <ul style="list-style-type: none"> ✓ Resources are allocated appropriately to ensure additional needs are met ✓ Effective links exist with other relevant agencies, and practitioners know when to request extra support from other services 	Outcomes of Setting Provision <ul style="list-style-type: none"> ✓ Children make good progress as a result of appropriate resource allocation and use ✓ Children are supported in all aspects of their development leading to greater inclusion and participation

✓ Specific strategies, resources and provision are provided to overcome potential barriers to learning	✓ Children make good progress leading to better life outcomes
Assessment & Review ✓ An effective partnership with children and parents as part of assessment and review is evident ✓ Children are involved in the; assess, plan, do, review process, setting and reviewing targets and identifying their own learning strategies (minimum three times per year) ✓ Settings make good use of appropriate external agencies and this addresses wider needs of children enabling individual outcomes to be met	Expected Outcomes of Setting Provision ✓ Parents are confident in what the setting is providing and how this supports children's learning ✓ Children are helped to understand their own challenges and value their achievements

SEN Support

SEN Support is the process nurseries and early years settings use to identify and meet the needs of children with SEN. They should alter support where necessary. Education settings must make sure they meet the “reasonable” special educational needs of children. This means that all education settings – early years settings, nurseries and colleges – should be able to meet the needs of most children with a learning disability.

Education, Health and Care Plan

EHCPs are for children and young people who have a special educational need or disability that cannot be met by the support that is available at their nursery, school or college. Most children and young people with special educational needs will have help given to them without the need for an EHCP. This is called SEN support.

The purpose of SEN support is to help children achieve the outcomes or learning objectives that have been set for them. Some children and young people may not make the progress expected of them even with this help. When this happens, the Local Authority carry out an EHC needs assessment. A setting or parent can ask the local authority to make an EHC needs assessment. When this assessment is finished the local authority must decide whether to issue an EHCP.

Transitions

Effective transitions within the early years depend largely on a commitment from early year's providers to develop effective communication links between other local settings, childminders and schools. This will ensure greater continuity for children in their movement through the early year's phases from home to setting and from room to room. Transition from one setting to another (early years to primary) should be seen as a seamless journey.

Transition for a child with special educational needs (SEN) and or disability will require some additional planning to ensure that it is smooth and successful.

It is considered good practice for early year's providers to arrange a transition meeting to discuss the settling-in arrangements, once they have received information about the provision/setting the child will be moving on to.

Planning for transition into reception should take place the term before the child is due to start, to enable sufficient time for any plans or support to be put into place. Parents and any professionals involved with the child should be invited to the early years setting to primary transition meeting. The expectation is that the setting-based SENCO will coordinate the meeting in a professional and timely way.

Request for Involvement from other Services

Early intervention means identifying and providing effective early support to children and young people who are at risk of poor outcomes. Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life. There are a range of services available to help children and their families to get the support they need.

Area SENCOs

There are two Area SENCOs in Newcastle who specifically focus on children in the early years. Their role aims to:

- Promote equality and inclusion across early years in the city
- Provide advice and guidance on the development of inclusive early learning environments.
- Support links between settings, health and social care to facilitate appropriate early provision for children with SEND
- Regularly update SENCOS, with current information and training, through network meetings and other
- Support the development and delivery of training for all settings and SENCOS
- Support transition for SEND children from early years to school
- Support you to support parents
- Support your setting to make reasonable adjustments to meet the needs of all children
- Support you with writing targeted plans for individual children, following the assess, plan, do and review cycle.
- Attend SEND panels and training to upskill early years practitioners
- Support settings if any other issues are identified in families that could impact on children's individual learning and offer advice for Early Help Plans if needed.

Early Help

Early Help is a way of describing the extra support a family can receive if they need it. It may be that you want to prevent a problem or change things for a family before the problem becomes more serious. It is a whole family approach that provides extra support at the earliest opportunity before problems escalate, which then reduces the impact on the child, allowing them to fulfil their potential.

For more information please go to www.newcastle.gov.uk/services/care-and-support/childrens-social-care-and-early-help

Early Help Assessment and Plan Newcastle City Council

Early Help is about having a good quality conversation with a child, young person or family about different aspects of life such as home, work, school/college, social/community and health and wellbeing. The focus is on what's working well and what can be done if things need to improve. These quality conversations need to happen as early as possible. Use this form to record the detail of your conversation and to help you to start plan for the future. Once completed, please return to: earlyhelpplan@newcastle.gov.uk

Section 1 – Information gathering

Basic Details: Family Information

Family Name: _____

Family Address: _____

Post code: _____

Best contact number(s): _____

Basic Details: Family members *please add extra rows where needed. PR – Parental responsibility

Name	Relationship	Date of Birth/Expected Date of Delivery	Gender (F or M)	Ethnic Origin	Disability or Additional Needs	Early Help Number	NHS Number
	Parent / Carer	PR? <input type="checkbox"/>					
	Parent / Carer	PR? <input type="checkbox"/>					

Please ensure you log the Early Help Assessment and Plan at earlyhelpplan@newcastle.gov.uk 0191 2115805

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Single Point of Contact

The Newcastle Graduated Response to meeting special educational needs includes an additional tier of support available to mainstream nurseries and early years providers. This is called the SEN Single Point of Contact (SPoC). The intention of services available through SPoC is to provide free specialist advice and guidance to support mainstream inclusion.

If you would like to request involvement for a child from the Early Education Additional and Support Team (EEAST) then you can do so through the single point of contact.

https://search3.openobjects.com/mediamanager/newcastle/repository/files/spoc_involvement_form_jan_2020_.pdf

Newcastle City Council		Newcastle City Council		Newcastle City Council	
Single Point of Contact (Phase 2) Request for Involvement for Individual Pupil					
Name of pupil/student:	DoB:	Xr Ga:			
Address:					
School/setting:					
Name of person making request:					
Date of request:	Contact number/email:				
Area of CoP considered to be primary area of need: (highlight/indicate below) Communication and Interaction (0 - 18y) SEMH (0 - 18y) Cognition and Learning (0 - 18y) Physical/Sensory (0 - 4y)					
If there is a secondary area of need, please specify:					
Is this request for a Looked After Child? (Please specify which LA if not Newcastle) Y/N					
If there is an Early Help Plan, please provide name of Lead Professional:					
Does the pupil have English as an Additional Language? Yes/No					
Current attendance (this academic year):					
Attendance for previous academic year:					
For children and young people attending pre-school settings or post 16 settings outside a school please provide the following information: Key worker/SENCO Contact number Email: Attendance (please tick below)					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Parent/ Carer (Name and contact details):					
January 2020					
Brief description of concerns:					
Other involvement from Education/ Health/Social Care (e.g. EPS, SENTASS, EEAST, HI, VI, NHS Speech Therapy, NHS OT, CYPs). Please provide date of involvement, brief summary of outcomes or attach any relevant report:					
Summary of Progress and Attainment					
Details of intervention/support provided by school/setting Include frequency, length of time and staffing (if relevant)					
Outcomes achieved					
Please specify what outcomes you are hoping to achieve through the SPoC process.					
Any other information (relevant documents such as individualised target setting, provision maps can also be attached).					
January 2020					
Parent / Carer and/or Young Person's Consent form Please note, if over 16, the Young Person needs to either: • provide consent, • or where the young person has been deemed not to have capacity the parent/carers provides consent.					
Please provide parent/carers address/telephone number if different to child/ young person or if child or young person is pre-school age and does not attend a setting:					
For all Young People Over 16 Do they have mental capacity in relation to this Request for Involvement? Yes/No					
If no, who is acting as the young person's representative?					
If yes, does the young person want their parent/carers to support them in this process? Yes/No					
Do you require any specific arrangements when receiving information? (Please specify)					
I consent to school/setting or other professional making a request for involvement from Newcastle City Council Special Educational Needs Service in relation to (please insert name of child/young person).					
I consent to information being discussed as part of the Single Point of Contact Panel in the Local Authority decision-making process.					
Parent/Carer's signature..... Date..... or Young person's signature..... Date.....					
For information on how to find out about the data we hold and other rights you have under General Data Protection Regulation, visit our website: Newcastle City Council - https://www.newcastle.gov.uk/local-government/access-information-and-data/open-data/privacy-policy					
Post or email to: SEN SPoC admin, Library Block Westgate Community College, West Road NE4 8LU spocrequests@newcastle.gov.uk (If emailing, please ensure documents are sent securely, see SPoC guidance)					
January 2020					

Speech and Language

Speech therapy helps children to communicate to the best of their ability. The service works to minimise the negative impact of communication problems on children's families, their education and social lives. The Paediatric Speech and Language Therapy Service supports children up to the age of 18 who live in Newcastle. They help children with a range of difficulties including:


- understanding or using spoken language
- using speech sounds
- chewing and swallowing
- speaking fluently (stammering)
- using appropriate communication skills
- social communication
- voice disorders.

They provide advanced, child-centred, integrated support. They assess a child's needs and work closely with parents, the child and other healthcare specialists and education staff, to develop an individual care plan which links into a child's everyday activities. This enables children to continue their normal lives as much as possible.

Referrals can be made to Children's Speech and Language Therapy using forms available on the Newcastle upon Tyne Hospitals Website

http://www.newcastle-hospitals.org.uk/services/therapy-services_services_speech-and-language-therapy_childrens-speech-and-language-therapy.aspx

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust 

Paediatric Speech and Language Therapy Service

Referral form for children of nursery age and below with Speech, Language and Social Communication Difficulties

Please complete all boxes and return to the address on the final page for the referral to be processed. We may return referrals if key information has not been included.

If child is of school age, please use our school-age referral form.

Name: Date of Birth: Gender: M / F

NHS No:

Address:

Postcode: parent/carer telephone number:

Parents' / carers' names. Include address of all parents/carers to whom we will send reports:

<small>Title:</small> <small>Name:</small> <small>Address:</small>	<small>Title:</small> <small>Name:</small> <small>Address:</small>
--	--

Name of educational setting: (if applicable)

Days/sessions attending setting:

Is there an EHP (Early Help Plan)? Yes / No

Is Social Care currently involved with the family? Yes / No

Is this child a LAC (Looked After Child) Yes / No

If a Looked After Child, please give the name, address and telephone number of the person/people who has parental responsibility:

Newcastle's Local Offer

Under the SEN Code of Practice, local authorities have a statutory duty to develop and publish a **Local Offer** setting out the support they expect to be available for local children and young people with special educational needs (SEN) or disabilities.

Newcastle's Local Offer is all of the information, advice and support that children and young people with Special Educational Needs and/or Disabilities (SEND) and their families might need to use. It has been brought all together and published in one place, on [the Local Offer website](#).

It includes:

- advice and guidance on education, health and care plans and services
- information about organisations who offer advice and support to children, young people and families
- places to go, things to do, school holiday activities, short breaks, clubs and groups



SENDIASS

Newcastle Special Educational Needs and Disabilities Information, Advice and Support Service (SENDIASS) provide information, advice and support at any stage of a child or young person's education, and we provide an Independent Supporter for families in the process of getting an Education Health and Care Plan. This is an impartial confidential service.

It provides information, advice and support for:

- Parents and carers of children with special educational needs
- Children and young people up to the age of 25 years



There are two different strands of support available from Newcastle Special Educational Needs and Disabilities Information, Advice and Support Service;

- Information, Advice and Support for Education and
- Support through the Education Health and Care Needs Assessment

Information, Advice and Support for Education

The first strand is information, advice and support at any stage of a child or young person's education. The Special Educational Needs and Disabilities Information, Advice and Support service lead will have an initial conversation with anyone who calls the service and the support will come either from her or from a volunteer known as a Specialist Special Educational Needs and Disabilities Supporter. Typically, parents can have their concerns listened to, Special Educational Needs policies and procedures explained to them and be offered practical support to help them in their discussions with schools, the Local Education Authority and other statutory agencies.

Support through the Education Health and Care Needs Assessment

The second strand involves supporting parents and young people, going through the Education Health and Care Needs Assessment.

Telephone: 0191 284 0480

E-mail: sendiassadmin@newcastle.gov.uk

The Total Communication Approach

The total communication approach is about finding and using the right combination of communication methods for each person. This approach helps an individual to form connections, ensures successful interactions and supports information exchanges and conversations. A combination of methods are used, which reinforce each other and strengthen meaning for the individual.

It is essential that we have a method of communication; an opportunity to communicate and a subject to communicate about. In order to make communication accessible to everyone we need to use all the ways available to us to give and receive information. A Total Communication approach shifts the focus away from a reliance on spoken and written communication to a culture where gestures, body language, signs, symbols, photographs, objects of reference and electronic aids are used in a consistent manner to support speech or as an alternative to speech.

Total Communication is an approach, which includes all the ways we communicate:

- | | | |
|---------------------|------------|----------------------|
| • Eye Contact | • Smell | • Objects |
| • Facial expression | • Taste | • Written word |
| • Body Language | • Speech | • Art |
| • Vocalisation | • Symbols | • Music |
| • Hearing | • Photos | • Contextual clues |
| • Touch | • Drawings | • Signs and gestures |

To ensure a consistent approach for children, all settings should use Boardmaker Visuals which are available from the Area Sencos and EEAST Teachers. Makaton signs and symbols are available from EEAST Teachers and Community Family Hub Speech and Language Therapists.

Total Communication Approach

Total Communication is about building relationships and self-esteem, getting to know each other and togetherness. Communication is a basic human right!

1. The right to be able to ask for things.
2. The right to show how I feel.
3. The right to be offered choices.
4. The right to say no to things.
5. The right to communicate and be with other people.
6. The right to information about things I want to know about.
7. The right to support with communication.
8. The right to be listened to.
9. The right to use my communication tools whenever I like, for example pictures, machines and cards.
10. The right to be in a place that supports communication between people.
11. The right to be told about things that are happening around me.
12. The right to dignity. To be included when people talk about me.
13. The right to communicate my way. The way that is right for me – that respects who I am and what I believe.

Communication is a two-way relationship and it will only be successful if the communicator and their partner are using the same 'language'.

Top Ten Tips for Total Communication!

1. Make sure you have their ATTENTION before you start.
2. Speak SLOWLY and CLEARLY.
3. STRESS the KEY WORDS.
4. REPEAT yourself.
5. Give them TIME to understand.
6. Only give ONE piece of information at a time.
7. Demonstrate where possible.
8. Provide a CALM and QUIET environment.
9. Check their UNDERSTANDING (ask them to tell you what you've said in their own words).
10. Use OTHER ways of communicating like DRAWING, GESTURES, FACIAL EXPRESSIONS, WRITING, and PICTURES.

Visual Cues

Visual cues should be used as much as possible across the curriculum to support the spoken language. This is particularly important when concepts become more abstract e.g. language of science and maths. Verbal instructions are always sequential and place a demand on auditory memory. As such, they can be quickly forgotten. Visual memory is more permanent and allows the child to check information.

The strategies below will be of benefit to all children but particularly for those children with learning difficulties in mainstream nurseries. Strategies used in an early years setting can be easily transferred to other key stages e.g. use of photographs, silhouettes etc.

Consideration could be given to the strategies listed below in terms of:

Environment Organisation

Consider:

- Defined areas in the nursery, including well organised and labelled resources e.g. listening corner, writing areas etc.
- Photographs / pictures / drawings to accompany labels.
- Consider the use of visual timetables as both a whole room and individually.
- Use of non-verbal prompts across the curriculum and to encourage positive behaviour e.g. good sitting, looking, listening and thinking (examples enclosed).
- Don't forget use of gesture and facial expression in all situations. Some children will require these natural visual prompts to be emphasised more to support the language being used.

Personal Organisation

Many children will require visual information to support the verbal instructions given by an adult. Consider using:

- A personal visual timetable
- Pictures / symbols or objects of reference for activities or specific times of the day.
- Step by step visual instructions using symbols or pictures to remind the child of what s/he has to do. (For example, social stories).

Visual Timetable

A visual timetable uses photos, pictures, symbols or objects placed in a sequence to represent daily activities. They show the child what is happening and can represent part of the day or a whole day.

Everyone can benefit from having a visual reminder of what is happening. It is a permanent record of events and does not rely on the understanding and processing of language or memory. Children with limited understanding will find it difficult to process lots of information at once. A visual timetable will clearly show them what is happening next, one step at a time. The visual timetable can represent part of the day or a whole day.

A visual timetable gives the child more control and predictability over their daily life. It can give them opportunities to make choices and encourage communication. It can help children who do not understand the concept of time. A picture of key routines such as breakfast, lunch and home time can be permanent and used every day. The spaces/boxes in between can be filled daily to show activities, tasks etc.

The pictures can be used to explain things that are not happening. If an activity has been cancelled the corresponding picture can be removed or covered over. This is helpful when the child does not understand negatives i.e. if you say “you are not going for a walk” they will only understand “going for a walk”. If a picture is not there or covered over this shows visually something is not happening.

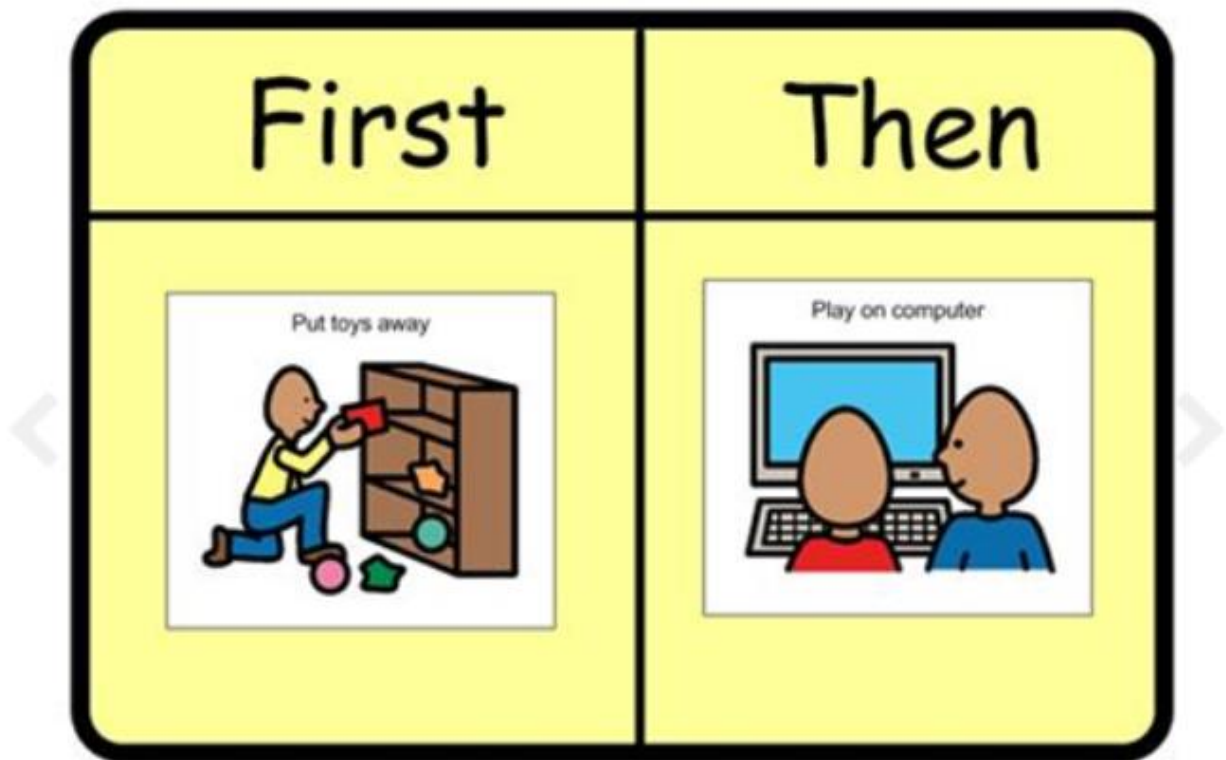


Tips on making a Visual Timetable

- Keep it clear and simple. The timetable needs to be presented in a way the child understands. Choose simple pictures from Boardmaker that they can recognise. Photographs of them doing the activity are very clear.
- Use appropriate timescales for the individual child. For example, some children may only be able to cope with a simple timetable, showing what they are doing until lunch others may have one that shows their whole day.
- The timetable should be in a convenient place and shared with all children.
- Consider the format. This will depend on the child. Consider the size of the pictures and how many spaces you'll need.
- It is best to start with a simple daily visual timetable with just a few spaces for activities. As the child becomes familiar with the concept you can increase the number of activities and days etc if appropriate.
- Ideally the timetable should be prepared at a set time each day at the beginning of a session. It should be made part of their daily routine with staff setting aside adequate time to help the child plan their day.
- When an activity has finished the pictures can be turned over or removed (and place in a safe container so they are not mislaid).
- When offering choices make sure that only activities available are offered.
- If you decide to laminate the pictures a matt finish is best, gloss interferes with the clarity of the picture.
- Use Velcro to attach the pictures. It is easy to use and reattach pictures.
- Take time to teach children how to use the visual timetable respectfully.

First and Then Boards

A miniature version of a visual timetable that helps an individual child to move on from one activity to another.



Makaton

Makaton is an approach to teaching communication, language and literacy using combined modes of communication. It is not a language in its own right. Speech, sign, facial expression and symbols are all key components of Makaton. It follows spoken word order and those supporting children would always speak and sign at the same time.

Key opportunities for using Makaton

- Singing songs and rhymes
- Telling and reading stories
- Snack time
- Greeting and goodbye times
- Transition times for examples when going outdoors.
- Supporting individual children to understand context
- Using your visual time table

Makaton signs and symbols should be shared with parents so they can be used consistently at home and in the setting.



Symbols

We are all familiar with symbols as they are used commonly in everyday life, in signs, instruction manuals, washing labels etc. Symbols are not pictures, which may show lots of information and the focus may be unclear. Instead, symbols focus on a single concept. Symbols can aid:

- Communication - making a choice board can help children communicate a simple choice.
- Independence and participation - symbols aid understanding which can increase involvement, choice and confidence.



Objects of Reference

Objects of Reference are objects that are used to communicate a meaning in the same way as words and pictures. They can be used to represent anything we want to communicate: people, places, activities, events etc. For example, a **spoon** can stand for dinner time.



You are likely to be using everyday objects with the children already. You may be saying to them “we are going outside” while handing them their shoes or coat, thereby giving them a visual clue as to what is going to happen, so they don’t need understand all the words you are saying. Objects of Reference are objects that are used in a structured and consistent way, and used **every time** the activity etc is going to happen. An object becomes an Object of Reference when the person begins to associate it with the activity it represents. The objects need to be carefully selected to suit each individual child and used in situations where the need to communicate exists.

- They need to be **meaningful** to the individual. A simple link or a strong association between object and activity/person is best. For example, a riding hat stands for horse riding; a string of pearls stands for mum. However, what might seem a clear link to you may not be for the child in your setting. Spend time observing them doing the activity. Each individual child’s set of Objects of Reference will be unique to them.
- They need to be **motivating** to use. For example, you may wish to have an object to represent toilet but for the child, the toileting procedure could be a difficult and stressful experience. They will have no motivation to learn the Object of Reference for toilet. Start with a few objects that represent activities/events that occur frequently. Repetitions of use will make it easier for the user to understand the connection between the object and its meaning.
- It is vital that there is a consistency of approach. Every member of staff and parents will need to introduce the object in the same way, using the same key words and signs. Individual written instructions are essential to ensure consistency.

How to use Total Communication Techniques to Support all Children at their Level during every day Activities



Welcome Time

Welcome time is the opportunity for children to gain a sense of belonging in the early years setting. It is the opportunity for the key worker to welcome the children for their day at nursery.



Preparation

Can children self-register?

Are they met at the door by a warm and welcoming adult? Is this the child's key worker?

Do you greet the child or parent first?

Do you encourage parents to come into the room and settle children before they leave?

Do you have a specific time to welcome children in key groups?

Language

Do you use stage appropriate communication and language for each individual child as you welcome them?

Do you use each child's name consistently?

Does the visual timetable support your language?

Do you include signs and gestures where appropriate?

Do you use greetings to support bilingual children?

Scaffolding the session

How do you role model welcoming children into the session for both children and parents?

If you do a welcome song, have you chosen a short familiar song where children can join in with repeated words and phrases?

Do you have a consistent approach to share with parents when settling children into the setting, e.g. Penny Tassoni's Five Step Approach?

Things to consider...

Children's roles (AND adults!)

Group size – the smaller the better

Location – where are all of the adults located in the room during welcome time?

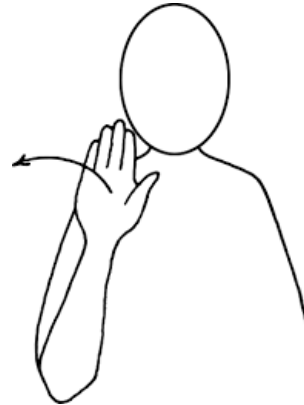
Welcome song – does this meet the needs of all children taking part? Do you need to teach days of the week and weather at this time or is there a more appropriate occasion for this?

Welcome Time

Symbols



Makaton



Objects of reference



Think stage not age appropriate

For some children you could say:

Hello Anja

For other children you might say:

Good Morning Mustafa. It is nice to see you today.

Snack Time

Snack time is an opportunity to have conversations, foster independence skills and encourage healthy eating.



Preparation

Are snack items ready in advance?

Is kitchen roll readily available?

How are utensils organised? Do children set the table?

Is there a clear routine and expectations?

Scaffolding the session

Adults should sit down with the children

Ensure the support in place is relevant to the stage of development of each child with clear differentiation (some children may need the same job every day!)

Appropriate resources to aid independence and understanding of each child e.g. objects of reference, jugs

Language

Enabling choice and accessibility for all - symbols, choice board, objects of reference

Allow sufficient processing time

Use language aimed at the stage of individual children - some children will need 1-word level and other 2/3 word level

Include signs and gestures where appropriate

Things to consider...

Transition - song, musical instrument, symbol, texture?

Children's roles (AND adults!)

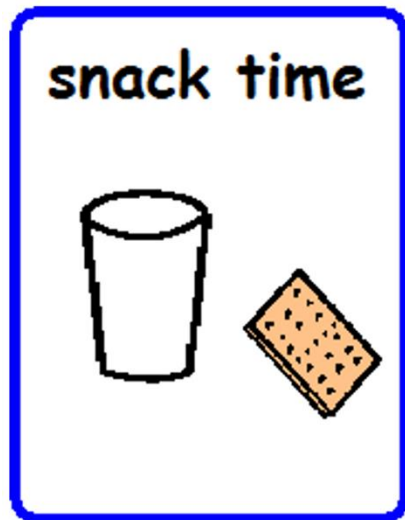
Location - area, bar, table

Resources - matching plates/cups etc

Table cloth, place mats - clear indicators that it is snack time

Snack Time

Symbols



Makaton



Objects of reference



Think stage not age appropriate

For some children you could say:

“cup sink”

For other children you might say:

“Maneet if you are finished can you take your cup and put it in the sink”

Story Time

Sharing a story is a lovely part of the daily routine which supports the development of social skills, language and early literacy.



Preparation

Is the book suitable for the stage of the children you are reading it too?

Who is going to choose the book?

Do you have a story sack, props or puppets?

Where in the room are you going to sit with the children and where will you position yourself in relation to the children?

Scaffolding the session

Adult sitting down with the children

Role model how to handle books

Ensure the support in place is relevant to the stage of development of each child with clear differentiation.

Have you chosen a familiar book where children can join in with repeated words and phrases?

If it is a new book then explore some new words.

Language

Enabling choice and accessibility for all

Allow sufficient processing time

Use language and books aimed at the stage of individual children - some children will need 1 word level and other 2/3 word level

Repeated reading where children become familiar with the books

Include signs and gestures where appropriate

Things to consider...

Children's roles (AND adults!)

Group size – the smaller the better

Location – floor, quiet area, outdoors

How many of the words will you read?

Remember to look at the pictures.

Resources – book, props, puppets, story sack

Story Time

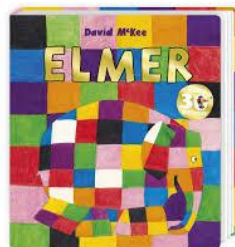
Symbols



Makaton



Objects of reference



Think stage not age appropriate

For some children you could share a:

Lift the flap book

For other children you might read:

Cinderella

Song Time

Singing songs is a natural part of early learning. It encourages language development, good listening skills and allows children to express themselves freely.



Preparation

Is the song suitable for the stage of the children you are singing with?

Who is going to choose the song and how will they choose it?

Do you have props or puppets?

Where in the room are you going to sit with the children and where will you position yourself in relation to the children?

Scaffolding the session

Adult joining in with the children

Sing at a steady pace with rhythm using signs and gesture

Ensure the support in place is relevant to the stage of development of each child with clear differentiation.

Have you chosen a familiar song where children can join in with repeated words and phrases?

Language

Enabling choice and accessibility for all

Allow sufficient processing time

Use language and songs aimed at the stage of individual children - some children will need 1 word level and other 2/3 word level

Repeat songs so that children become familiar with them.

Include signs and gestures where appropriate

Things to consider...

Children's roles (AND adults!)

Group size – the smaller the better

Location – floor, outdoors

How many songs will you sing?

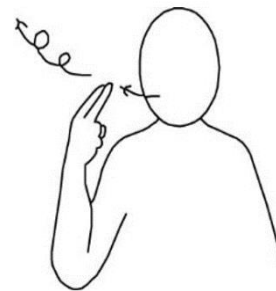
Resources – props, puppets

Song Time

Symbols



Makaton



Objects of reference



Think stage not age appropriate

For some children you could sing:

Twinkle Twinkle

For other children you might sing:

Bobby Shaftoe

Tidy up Time

Tidy up time is a meaningful way of teaching, learning and embedding a range of skills and concepts.



Preparation

Do you have the tidy up symbol as part of your visual timetable?

Are your resources clearly labelled with photographs and words?

Have you used shadowing for some resources on shelves, in the sand area for example?

Do you have a space for children to display their models/art work?

Do you give children a warning that tidy up time is going to happen?

Do you have a tidy up song, music or sound?

Language

Do you use each child's name consistently?

Do all practitioners use the correct name for the resources?

Does the visual timetable support your language?

Do you include signs and gestures where appropriate?

Scaffolding the session

How do children know it is tidy up time?

How long will tidy up time last?

Do practitioners know where they will be during this time?

Are all resources well organised and easy to put away?

Do all practitioners use this time to promote language in a meaningful way?

Things to consider...

Ensure all staff know the correct names for all resources

Children's roles

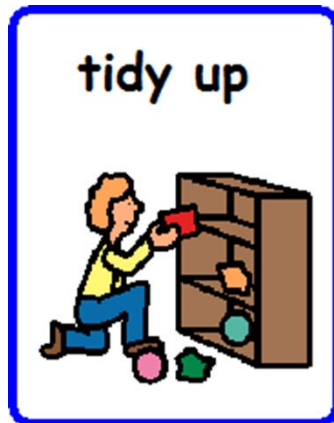
The role of the adult

Tidying up in small groups

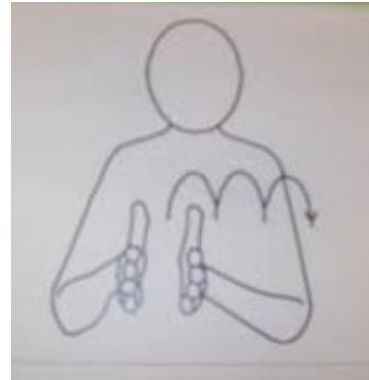
Taking the time to teach children how to tidy up effectively, using photographs/print and shadowing appropriately

Tidy up Time

Symbols



Makaton



Objects of reference



Think stage not age appropriate

For some children you could say:

Tidy up time

For other children you might say:

It's time to put all of the toys away

Goodbye Time

Goodbye time is an opportunity for key persons, children and parents to talk about the learning which has happened that day.



Preparation

Can children sign out at the end of the session?

How do you ensure there is an opportunity at the end of the session to give feedback with parents and share learning? Who gives this feedback?

What is your end of session routine and how do you ensure children are still actively learning whilst they are waiting to be collected?

Do you encourage parents to come into the room to collect their children?

Language

Do you use stage appropriate communication and language for each individual child as you say goodbye to them?

Do you use each child's name consistently?

Does the visual timetable support your language?

Do you include signs and gestures where appropriate?

Do you use appropriate language to support bilingual children?

Scaffolding the session

How do you role model saying goodbye to children at the end session for both children and parents?

If you do a goodbye song, have you chosen a short familiar song where children can join in with repeated words and phrases?

How do you share learning meaningfully?

Do you capture the positive elements of the session to share with parents?

Things to consider...

Children's roles (AND adults!)

Group size – the smaller the better

Location – what are your expectations of the children during this time? E.g. are they still able to play or have the opportunity to be fully engaged in an activity until they are collected.

Where are all of the adults located in the room during home time?

Goodbye Time

Symbols



Makaton



Objects of reference



Think stage not age appropriate

For some children you could say:

Goodbye Sara

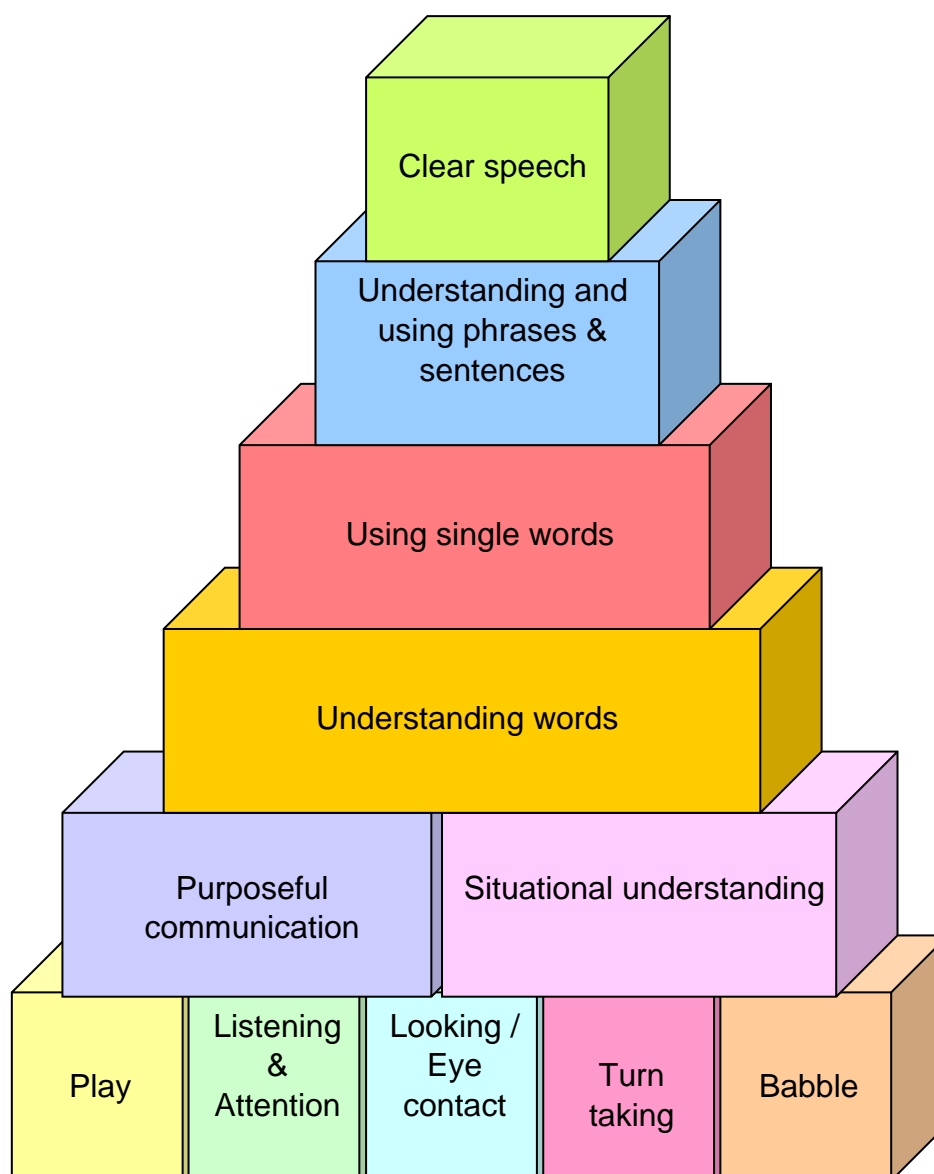
For other children you might say:

Goodbye Sharif, see you tomorrow.

Strategies to Support Children's Speech and Language Development



Building Blocks for Communication



Remember that children need the five foundation skills to be secure before they can successfully move onto the next skill. So, if a child has a speech or language difficulty then first observe their skills during play, listening and attention, eye contact, turn taking and babbling skills. If you have identified that a child has difficulties in one of these five areas, then you need to implement strategies to support the child to build on these skills before you work on specific speech or language skills. For more information visit: www.ican.org.uk/help or www.talkingpoint.org.uk Speech and language therapists are also available in each of the community family hubs to ask advice.

Supporting Children to Develop their Listening and Attention Skills

A large number of children who are referred to EEAST and the Speech & Language Therapy Service have difficulties with listening and attention.

Attention and listening is one of the core skills needed for communication and language and for some children a structured and consistent approach is needed to develop these skills. It is felt that the most appropriate way to develop attention and listening skills is within the context of the setting that the child attends and should form part of the provision offered.

Good listening skills help children learn that some noises are more important than others; this helps their language learning. You can help a child's listening skills by playing some simple games together.

- These games should be fun and easy to play. Choose games you think the child will enjoy. Some children may need to play the game more than once to get used to it.
- Try to reduce distractions for the child, e.g. choose a quieter area of the room and get down to their level.
- Get the child's attention before starting each new game or giving an instruction.
- As the child gets used to the games, slowly increase how long you play them for.
- Try to spend 5-10 minutes every day playing these games.

Supporting Children's Speech Sounds

As children learn to talk their speech may not always be clear as some speech sounds come later than others. Young children don't understand their speech is different or how to change their speech.

You can help by;

- Repeating words correctly, showing them how to say the word. E.g. Child: 'gog'
Adult: 'yes a big dog'
- Don't ask them to copy the word after you - this can make them angry or upset.
- Ask them to show you what they are talking about if you don't understand.

Guidance on typical development of speech sounds	
Stage	Speech Sounds <i>(Developing speech and being understood applies to all language. Order of acquiring specific sounds – here in English – may vary with other language)</i>
0-11 months	Babbles using a range of sound combinations, with changes in pitch, rhythm and loudness. Babbles with intonation and rhythm of home language ('jargon')
8-20 months	Speech consists of a combination of 'jargon' and some real words and may be difficult to understand
16-26 months	Many immature speech patterns, so speech may not be clear. May leave out last sounds or substitute sounds (e.g. 'tap' for 'cap'). Uses most vowels and <i>m, p, b, n, t, d, w, h</i> .
22-36 months	Speech becoming clearer and usually understood by others by 36 months although some immature speech patterns are still evident. May still substitute sounds or leave out last sound. Emerging sounds including <i>k, g, f, s, z, l, y</i> .
30-50 months	Speech mostly can be understood by others even in connected speech. Emerging use of <i>ng, sh, ch, j, v, th, r</i> – may be inconsistent. Sound clusters emerging (e.g. <i>pl in play, sm in smile</i>) though some may be simplified (e.g. 'gween' for 'green').
40-60+ months	Overall fully intelligible to others. May be still developing <i>r and th</i> . May simplify complex clusters (eg <i>skr, str</i>).

Early Communication and Language

Stage	Listening & Attention	Understanding (Receptive Language)	Speaking (Expressive Language)	Social Communication (Strands from PSED, Communication & Language)
0-11 months	Turns toward a familiar sound then locates range of sounds with accuracy. Listens to, distinguishes and responds to intonations and sounds of voices. Quieten or alerts to the sound of speech. Fleeting attention – not under child's control, new stimuli takes whole attention. Concentrates intently on an object or activity of own choosing for short periods. Pays attention to dominant stimulus – easily distracted by noises or other people talking. Moves whole bodies to sounds they enjoy, such as music or a regular beat. Has a strong exploratory impulse.	Stops and looks when hears own name. (by 12 months)	Gradually develops speech sounds (babbling) to communicate with adults; says sounds like 'baba', 'momo', 'gogo'. (by 11 months)	Gazes at faces and copies facial movements, eg sticking out tongue. Concentrates intently on faces and enjoys interaction. Uses voice, gesture, eye contact and facial expression to make contact with people and keep their attention. (by 12 months)
8-20 months	Concentrates intently on an object or activity of own choosing for short periods. Pays attention to dominant stimulus – easily distracted by noises or other people talking. Moves whole bodies to sounds they enjoy, such as music or a regular beat. Has a strong exploratory impulse.	Responds to the different things said when in a familiar context with a special person (eg 'Where's Mummy?', 'Where's your nose?') Understanding of single words in context is developing, eg 'cup', 'milk', 'daddy'.	Uses single words. (by 16 months) Frequently imitates words and sounds. Enjoys babbling and increasingly experiments with using sounds and words to communicate for a range of purposes (eg 'teady, more, no, bye-bye').	Likes being with a familiar adult and watching them. Developing the ability to follow an adult's body language, including pointing and gesture. Learns that their voice and actions have effects on others. Uses pointing with eye gaze to make requests and to share an interest. (by 18 months)
16-26 months	Listens and enjoys rhythmic patterns in rhymes and stories. Enjoys rhymes and demonstrates listening by trying to join in with action or vocalisations. Rigid attention – may appear not to hear.	Selects familiar objects by name and will go and find objects when asked, or identify objects from a group.	Beginning to put two words together (eg 'want ball', 'more juice'). (by 24 months) Uses different types of everyday words (nouns, verbs and adjectives, eg 'banana, go, sleep, not'). Beginning to ask simple questions.	Gradually able to engage in 'pretend' play with toys (supports child to imagine another's point of view). Looks to others for responses which confirm, contribute to, or challenge their understanding.
22-36 months	Singled channelled attention. Can shift to a different task if attention fully obtained – using child's name helps focus. (by 36 months) Listens with interest to the noises adults make when they read stories. Recognises and responds to many familiar sounds, e.g. turning to a knock on the door, looking at or going to the door.	Identifies action words by pointing to the right picture, e.g. 'Who's jumping?' (by 30 months) Understands 'who', 'what', 'where' in simple questions (e.g. 'Who's that can?', 'What's that?' 'Where is?') Developing understanding of simple concepts (e.g. 'big/little')	Learns new words very rapidly and is able to use them in communicating. Uses action, sometimes with limited talk, that is largely concerned with the 'here' and 'now' (e.g. reaches towards toy, saying 'I have it'). Uses a variety of questions (e.g., 'what, where, who'). Uses simple sentences (e.g. 'Mummy gonna work'). Beginning to use words endings (e.g. 'going, cats').	Uses language as a powerful means of widening contacts, sharing feelings, experiences and thoughts. Holds a conversation, jumping from topic to topic. Enjoys being with and talking to adults and other children. Interested in others' play and will join in. Responds to the feelings of others.
30-50 months	Listens to others in one to one or small groups, when conversation interests them. Listens to stories with increasing attention and recall. Joins in with repeated refrains and anticipates key events and phrases in rhymes and stories. Focusing attention – still listen or do, but can shift own attention. Is able to follow directions (if not intently focused on own choice of activity).	Understands use of objects (e.g. 'What do we use to cut things?'). Shows understanding of prepositions such as 'under', 'on top', 'behind' by carrying out an action or selecting correct picture. Beginning to understand 'why' and 'how' questions.	Beginning to use more complex sentences to link thoughts (e.g. using 'and, because'). Can retell a simple past event in correct order (e.g. 'went down slide, hurt finger'). Uses talk to connect ideas, explain what is happening and anticipate what might happen next, recall and relive past experiences. Questions why things happen and gives explanations. Asks e.g. 'who, what, when, how'. Uses a range of tenses (e.g. 'play, playing, will play, played').	Beginning to accept the needs of others, with support. Can initiate conversations. Shows confidence in linking up with others for support and guidance. Talks freely about their home and community. Forms friendships with other children.
40-60+ months	Maintains attention, concentrates and sits quietly when appropriate. Integrated – can listen and do in a range of situations with range of people; varies according to the demands of the task. Two-channelled attention – can listen and do for a short span. Sustains attentive listening, responding to what they have heard with relevant comments, questions or actions.	Understands humour, e.g. nonsense rhymes, jokes. Able to follow a story without pictures or props. Understands instructions containing sequencing words; first ... after ... last and more abstract concepts – long, short, tall, hard, soft, rough. Demonstrates understanding of "how?" and "why?" questions by giving explanations.	Extends vocabulary, especially by grouping and naming, exploring the meaning and sounds of new words. Links statements and sticks to a main theme or intention. Uses language to imagine and recreate roles and experiences in play situations. Introduces a storyline or narrative into their play. Uses talk to organise, sequence and clarify thinking, ideas, feelings and events.	Has confidence to speak to others about their own wants, interests and opinions. Initiates conversation, attends to and takes account of what others say. Explains own knowledge and understanding and asks appropriate questions of others. Expresses needs/feelings in appropriate ways. Shows awareness of the listener when speaking. Works as part of a group or class, taking turns.



Toys for Developing Language Skills

- ★ Having fun together makes it easier for children to talk and pay attention
- ★ The toys below are particularly good for supporting speech and language development

Imaginary/Pretend Play

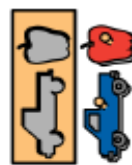
By joining in you can:

- comment on what they are doing
- listen and respond to what they say and do
- extend their language
- develop their creativity



Inset Puzzles

- ★ You can name the pieces
- ★ Give them a choice between two pieces
- ★ Ask them which piece they want next



Messy Play

- ★ Helps with sensory exploration
- ★ Can talk about how it feels;
 - cold, slimy, rough, soft, gritty
- ★ Can talk about actions;
 - pour, squeeze, pull rub
- ★ Can talk about colours



Stories & Puppets



- ★ Help children listen
 - ★ Repetitive stories mean children can join in
- Puppets also:
- ★ Help develop imagination
 - ★ Can be used to tell stories;
 - re-tell familiar stories
 - make up new stories
 - act out stories

Lotto Boards

- ★ You name the pictures
- ★ Make the animal sounds
- ★ Talk about the objects;
 - what they do
 - where you might find them



Learning more than one language is good! Many children speak more than one language.

-
- A vibrant word cloud featuring greetings in multiple languages. The words are enclosed in colorful speech bubbles and scattered on a white background with small confetti. The languages include English (HELLO, HI, HOI, ALLO, GUTEN TAG, DOBRY DEN, SALUT, LABAS, FA WAKA, BONJOUR, SZIA, TERE, PRIVET, HELLO), Spanish (HOLA), French (BONJOUR, SALUT), Italian (CIAO, SALAM), German (GUTEN TAG), Russian (ПРИВЕТ), Chinese (你好), and Japanese (こんにちは). The word 'HELLO' is the largest and most central.

Strategies to Support Universally Available Provision for Children with Sensory Processing Difficulties



Sensory Processing

Sensory processing refers to how we use the information provided by all of the senses within our body and from our environments. All of the information is received, processed and integrated to give us an understanding of who we are, where we are and what is happening around us. When our senses are integrated correctly, we are able to respond appropriately to the sensation. For example, we will take off the itchy woollen jumper or we may take a deep breath to smell the flowers.

Typically, we tend to think in terms of five senses:

- Sight (visual processing)
- hearing (auditory processing)
- smell (olfactory processing)
- taste (gustatory processing)
- touch (tactile processing)



These are the external senses that tune into the information around us. Increasingly, however, child development specialists tend to agree that there are at least three other internal senses that help us filter information through our bodies. These are very important not only for our basic functions of daily living (and as such we may hardly be aware of them) – they can also affect us very badly when they are not working properly.

- Our proprioceptive sense provides us with internal body maps so we can automatically judge our body position in relation to the world around us.
- Our vestibular sense is essentially our sense of balance, but like the other two internal senses is vitally important for our emotional health and well-being as well as our physical functioning.
- Our interoceptive sense tells us what is going on inside our bodies – are we hungry, breathing deeply, etc.

Children who have sensory processing difficulties may have difficulty in figuring out what is happening inside and outside of their bodies. The sensory information their body is registering may not be accurate.

Touch (Tactile Processing)

The Tactile system has two functions, one for protection and one for added detail, development of precision skills. Our skin has receptors within it that respond to pain, temperature and light touch. This alerts us to potential threats and allows us to react appropriately. The information is interpreted, and our brain then decides as to how we should act.

Our skin is our largest most sensitive organ; it has different receptors that give more detail about what the skin is feeling. This also responds to pressure applied to the skin. Through touch we gain information about where and how our bodies are positioned. We get information about objects and our environment and to develop refined fine motor skills. With smoothly operating protective and discriminative touch a child will be comfortable and willing to interact with objects and people and will be in a perfectly alert, yet calm state to learn.

What happens when a child experiences touch differently?

One of the most common sensory difficulties is being overly sensitive to touch. These children may show the following behaviours in nursery:

- Withdraws from cuddles.
- Easily ticklish.
- Does not tolerate loose clothes.
- Appears to overreact when hurt in playground.
- May walk on tiptoes on certain surfaces.
- Avoids messy play.
- Finds nappy changing distressing.



A child may also be under sensitive to touch. These children may show the following behaviours in nursery:

- Does not notice when they are messy or have food around mouth.
- Doesn't show distress when hurt.
- Needs to be wrapped up tight.
- Wraps self in blankets in home corner.

Strategies to support children's tactile processing:

Avoids holding hands with adult or other children.	<ul style="list-style-type: none"> • Use a no-pressure approach and allow child to watch from a distance when their peers are taking part in hand holding games. • See if the child will tolerate you holding on to their sleeve or arm. • Expose the child up to a variety of different tactile experiences e.g. wiggly toys, water play etc.
Withdraws from a cuddle.	<ul style="list-style-type: none"> • Build up fun interaction on a 1:1 with the child with no touching involved. • Experiment with a variety of different touch for example try a firmer hug rather than light touch or vice versa. • Use objects instead of 'skin to skin' contact e.g. roll a ball over their hand/body.
Finds a 'light touch' uncomfortable.	<ul style="list-style-type: none"> • Use deep pressure massage techniques. • Try dance massage. • Hot dog game. Adding different motions for onions and sauce etc.
Seems ticklish every time touched without clothes on	<ul style="list-style-type: none"> • Use all of the above suggestions ensuring the child is fully clothed until they have built up trust with you. Gradually remove a sock or jumper • Use firm touch • Foot massage using a foot massager
Craves rough and tumble play	<ul style="list-style-type: none"> • Build more gentle play sequences into usual rough and tumble play. Include a wind down period in this play and gradually increase this time.
Holds people tightly.	<ul style="list-style-type: none"> • Provide deep pressure at other times. • Use a tight blanket for a hug. • Use 'hands down' and divert child to pressure toys for example squeeze balls with eyes in or encourage to press down on a beach ball.
Strips off clothes.	<ul style="list-style-type: none"> • Try to detect what the issue is e.g. are the tags rubbing? If so remove them. • Stick to familiar, acceptable clothing gradually introduce new garments for short periods. • Allow clothes free periods at home. A run around naked after a bath/in bed?
Finds some clothes uncomfortable.	<ul style="list-style-type: none"> • As above but make a note of the clothes he/she won't wear. • Wearing a fitted vest or body stocking can sometimes help to comfort the child against irritating fabrics.

Won't tolerate loose clothes.	<ul style="list-style-type: none"> • Gradually begin to slightly loosen familiar clothing • Some children feel more secure when they have tighter fitting under garments on such as a Lycra body suit.
Gets hot very easily.	<ul style="list-style-type: none"> • Ensure child's work/sleep area is not near to warm pipes or a radiator. • Social story on taking off their jumper when hot. • Visuals systems to highlight the right time to wear a jumper/coat.
Distressed when cold.	<ul style="list-style-type: none"> • Ensure work/sleep environment isn't near a cold open window. • Again, as above for visual systems and social story
Craves heat.	<ul style="list-style-type: none"> • Provide child with periods of time when he/she can access safe forms of heat e.g. Wheatie microwave teddy, play with warm spaghetti, warm water play.
Has a fear of going out in the rain/wind.	<ul style="list-style-type: none"> • Give child a coping strategy to talk themselves through. "Coat on, hat on, car then heater on..." • Provide child with ears muffs and umbrella. • Headphones with favourite music sometimes helps.
Needs to be wrapped up tight to sleep.	<ul style="list-style-type: none"> • Heavy duvet. • Sheets tucked in. • Wear tighter pyjamas. • Use of a sleeping bag.
Finds nappy change distressing.	<ul style="list-style-type: none"> • Ensure mat is not cool and place a towel underneath the child when changing them. • Determine if the child requires a firm or light touch and use single quick movements. • Team activity with something positive, familiar song or toy.
Senses slight wet mark on clothes	<ul style="list-style-type: none"> • Play messy games such as water fights and splashing in the puddles where it is acceptable to get wet. • Show child a solution if they get wet, they can swap their top for an identical one, dry it off on the radiator then change it back.
Scratches away tears when upset.	<ul style="list-style-type: none"> • Encourage child to press face with a tissue instead of scratching. • Use doll play to model this technique, if child isn't able to tolerate it himself at the beginning.
Doesn't show distress when hurt	<ul style="list-style-type: none"> • Exposing the child to different variations of touch e.g. light and firm will help the child to learn to identify these different sensations.
Walks on tip-toes when bare foot.	<ul style="list-style-type: none"> • Foot massage. • Tac Pac using a variety of different objects on the feet e.g. brush, feather, ball, carpet square.

Walks on tip-toes on certain surfaces.	<ul style="list-style-type: none"> • As above. • Identify surfaces then incorporate similar textures into a foot massage/play session. • Feet painting. • Bare foot play in soft play/sand etc.
Runs sand through fingers continually.	<ul style="list-style-type: none"> • Experiment with different texture – foam, wet sand, water. • This may be a visual need so therefore encouraging the child to watch it fall in other ways may help. For example, through a sieve, in a mill etc.
Avoids messy play.	<ul style="list-style-type: none"> • Incorporate familiar toys into messy play. Use a car in the paint tray. • Do foot painting with Barbie's feet!
Plays with/fascination with silky material.	<ul style="list-style-type: none"> • Allow 'silk' time throughout their day. • Attach a silk square to their clothes. • Increase exploration of other materials/objects.
Rubs objects over face/body.	<ul style="list-style-type: none"> • Turn this motion into a game – imitate the child – gain their eye contact – and move game on gradually to “car down my leg and into the garage!” • Find similar sensations to use at other times. Rub a special piece of fabric/toy or massager.

Taste and Smell (Olfactory and Gustatory Processing)

Smell travels directly to the centre in our brain that controls our emotions, memory and learning. Smell is closely linked to our sense of taste, think about how bland food tastes when we have a cold for example.

Our brains are wired so that we are able to respond appropriately to tastes and smells. A bad smell for example doesn't go away our brains just stop noticing it; otherwise we would be totally distracted by it. If we smell burning, we know to act on this appropriately.

What happens when a child experiences taste and smell differently?

Again, there are two different kinds of difficulties that may occur, the first being an over sensitivity to smells and tastes and the second an under sensitivity to taste and smell. The later of the two is less common.

Overly sensitive, these children may show the following behaviours in nursery:

- Becomes anxious at smell of cooking
- Gags on certain foods
- Able to comment on people's aroma
- Particularly favours certain types of food
- Finds cleaning teeth uncomfortable

Under sensitive, these children may show the following behaviours in nursery:

- Sniffs people
- Smells own faeces
- Smells toys before playing
- Chews mouths everything
- Grinds teeth
- Particularly favours strong flavoured food



Strategies to support children's olfactory and gustatory processing:

Becomes anxious by the smell of food cooking.	<ul style="list-style-type: none"> • Prepare child visually when dinner is soon to be prepared. • Play a smell game, where your child can learn to smell individual pieces of food and label them, this may help your child to remember the different smells.
Gags on smell of someone else's food close by	<ul style="list-style-type: none"> • Encourage child to smell food related activities e.g. snack time, highlight the smell of the blackcurrant juice and another child's special biscuits. Make it a positive think "mmm this biscuit smells sweet!"
Sniffs people	<ul style="list-style-type: none"> • Encourage child to sniff adult's wrists often this helps to identify the person better due to fragrances worn. It is also more appropriate to sniff here
Comments inappropriately of people's aroma	<ul style="list-style-type: none"> • Alongside the above begin to highlight another significant attribute that person has or wears, so eventually identifying the adult by their jewellery or watch is more important than their fragrance
Puts objects up his/her nose	<ul style="list-style-type: none"> • Show child appropriate distance to hold things when smelling them. • Allow them to smell different fragrances on large pieces of fabric to ensure tiny pieces can't get lost up their noses.
Smells toys before playing	<ul style="list-style-type: none"> • Show them other ways of identifying the toys e.g. by texture. Although this is not a bad way of identifying a toy as long as it again isn't too small and could be inhaled! • Use scratch and sniff books during activity times. • Encourage writing skills by using fragrant pens/crayons.
Smells own faeces	<ul style="list-style-type: none"> • Replace desire to smell own faeces with other highly fragrance materials e.g. whilst changing nappy allow him/her to hold a ball of strong smelling play-dough or fragrance washable toy
Eats non-food items (glue etc)	<ul style="list-style-type: none"> • When child attempts to bite into a non-food item intervene and replace with a small food item. Have a small box with seal to encourage child they only must eat edible items. • If child simply wants to bite on a toy but not swallow, they should be directed to a special box of chewable toys (teethers, rings) each time they put a toy in their mouth that shouldn't be chewed.
Overfills his/her mouth	<ul style="list-style-type: none"> • This may be a sign of hypo-sensitivity in the mouth, where a child simply cannot sense his mouth has food in it until it's packed full. A Speech and Language Therapist (SALT) may be able to advise on this.

Dribbles excessively	<ul style="list-style-type: none"> Again, this could be a sign of hypo-sensitivity or oral dyspraxia so it is best to liaise with the child's SALT to eliminate a possible diagnosis.
Chews/mouths everything	<ul style="list-style-type: none"> The child could simply still be at the exploratory stage of their play development and like very young children explore object through their mouths. Begin to teach the child to explore the toy through touching with their hands rather than their mouths.
Grinds teeth	<ul style="list-style-type: none"> Ensure child hasn't got any dental problems, a referral to a special dentist may be required.
Bites people around him/her for no apparent reason	<ul style="list-style-type: none"> Encourage people to approach child slowly from the front, ensuring they do not touch the child as they may be experiencing too much overload from the adult e.g. touch, lack of space as well as demand. Allow child to wear a small rubber ring that they can divert to if they feel the need to bite.
Finds it hard to co-ordinate mouth when speaking	<ul style="list-style-type: none"> Again, this may be a sign of oral dyspraxia and investigations by the child's SALT may be required. This could also be a sign of immaturity of language skills and simply require support with speech and language targets.
Licks objects/people	<ul style="list-style-type: none"> Diverting the child to a different way of identifying people around them through touch or smell may reduce this.
Appears unaware of small pieces of food in her/his mouth	<ul style="list-style-type: none"> Again, this is an area which may be due to oral motor co-ordination dysfunction or hypo-sensitivity in the mouth and advice should be obtained from a SALT Use of a mirror to show child that they have a piece of food in their mouth could also be useful as often children need to see something to understand it is there.
Eats specific food only (dry, sloppy etc)	<ul style="list-style-type: none"> Gentle taste tests, where child can be offered very small pieces of certain foods in between their favourites. Experimental play with various food materials e.g. wet spaghetti play, dry crunched up crisps etc.
Regurgitates dry foods.	<ul style="list-style-type: none"> Providing the child with a drink to help them tolerate dry food or by accompanying their foods with a side portion of sauce appears to aid swallowing dry foods.
Finds cleaning teeth uncomfortable	<ul style="list-style-type: none"> A visit to the dentist or referral to specialist dentist may be helpful to rule out any dental problems causing discomfort. Playing fun imitation games such as "this is the way we clean our teeth on a Monday morning" Experimentation with a variety of different tooth- brushes, manual or electric. Also, theme brushes may prove more interesting for the child e.g. Thomas or Bob the Builder.

Sight (Visual Processing)

There are different aspects of our visual systems the first is our eye movements and the second visual processing.

The movements of our eyes are controlled by muscles, these allow us to follow a moving object with our eyes, fix on an object, scan a page of writing and focus our eyes on one object and then move to another and re-focus quickly.

Visual processing is the brain selecting and responding appropriately to visual input. This allows us to process what we see, when we can visually process we are able to concentrate on what we are looking at and not be distracted by other visual stimuli, e.g. pick out picture on the wall amongst several or find a pair of socks in the drawer.

What happens when a child experiences this differently?

If difficulties with eye movements exist, you may see the following difficulties in the early years settings:

- Focuses on tiny part of object not whole thing.
- Difficulties noticing objects in peripheral vision.
- Difficulty scanning pictures on page.
- Difficulty changes focus from room to paper.

If difficulties exist with visual processing you may see the following difficulties in the early years setting:

- Gets excited at flashing lights on toys.
- Stares at fluorescent lightings.
- Stimulates self on reflective surface.
- Startled by unexpected light changes e.g. clouds blocking out sun.



Strategies to support children's visual processing:

Extended eye gaze.	<ul style="list-style-type: none"> • A routine check-up at the optician may eliminate any visual difficulties. • Use of a magic photo frame could be useful to help the child focus on the movement of the picture and therefore break the gaze.
Focuses on a tiny part of an object rather than the bigger picture.	<ul style="list-style-type: none"> • Work/play with child in a distraction free area. • Avoid busy backgrounds in books and ensure marks are erased from whiteboards before writing/drawing on them.
Fascinated by tiny threads on the carpet or small patterns.	<ul style="list-style-type: none"> • Place a large play mat/cloth on the floor to discourage thread pulling this will help the child focus on the toy or task in hand. • Expose child to small sensory play activities such as playing with grains of rice or using rice to make collages etc.
Comments on things we may not see (e.g. pattern resembling something else).	<ul style="list-style-type: none"> • Tune into your child and encourage them to point to what they can see. This will help you to understand what they are focusing on.
Holds objects close to his/her eye.	<ul style="list-style-type: none"> • Ensure the child isn't suffering from short sight vision. • Some children find holding their toys closely to their eye helps them to filter out any irrelevant information and focus on what is important to them.
Holds objects in peripheral vision.	<ul style="list-style-type: none"> • Again, your child may find it clearer looking at this particular angle, so just gentle encouragement to help them focus on the bigger picture gradually without causing too much overload of information.
Gets excited by flashing lights on toys.	<ul style="list-style-type: none"> • Limiting flashing light toys to use as motivators for short periods. • Avoid strobe lighting, especially those that flicker.
Stares at fluorescent lighting.	<ul style="list-style-type: none"> • Sensory rooms are useful and often relaxing for children that stare at lights. Interaction using switches and voice activated light boards can be useful to encourage less solitary play.
'Stims' on reflective surfaces	<ul style="list-style-type: none"> • Ensure any laminated visuals are made using matt laminating pouches as some children can get stuck on the reflection of the card rather than focusing on the picture itself. • Fixing pictures to hard card or board can also refrain a child from flicking the symbols instead of looking at what they are informing them about.

	<ul style="list-style-type: none"> • Allow periods of sensory play using fibre-optic lights and mirror play ensuring time has a limit to it so child doesn't become too stimulated by them.
Comments on external pattern e.g. every bump or line in the road	<ul style="list-style-type: none"> • Sometimes this can cause anxiety especially where there is a mix on surfaces to cross, if a child struggles to walk over two joining surfaces, it may be appropriate to invest in a plain carpet runner to cross over these and give the child a clear run on where to walk. • Using footprints also helps the child to feel directed.
Is startled by clouds casting shadows over the room/ground	<ul style="list-style-type: none"> • Avoid sitting child by a window. • Fitting a blackout blind to bedroom window may help. • Fitting a blind to setting window may help the child to feel more in control of sunlight/clouds.
Stares out of the windows/attracted to natural day-light.	<ul style="list-style-type: none"> • Sun lamps and sensory room activities are useful motivating activities. • Use of a blind can help adult control when child becomes distracted.
Likes fast motion in films or physical games.	<ul style="list-style-type: none"> • Use this to your advantage! This is a brilliant way to engage with a child with autism is rough and tumble games. Gradually building in slower and less physical interaction e.g. round and round the garden etc.
Likes to see toys spinning.	<ul style="list-style-type: none"> • Incorporated spinning in play activities gradually expanding activities e.g. roll it down then ...spin until less emphasis is on the spinning and more emphasis in on the function the toy should serve.

Sound (Auditory Processing)

Auditory processing refers to how the brain recognises and makes sense of sounds. Sounds consist of loudness, pitch, how long it lasts for and where it is coming from. We automatically put all of this information together and respond appropriately to it. We can usually cut out unwanted noise so we can concentrate on the noise we need to do the task we want to. If there are concerns in this area a hearing test should always be undertaken to rule out any other medical difficulties.

What happens when a child experiences this differently?

There are potentially two types of auditory processing difficulties the first is an over sensitivity to sounds and the second is an under responsiveness to sounds. For Children who have auditory processing difficulties noise can be painful if over sensitive or they do not register it if under sensitive.

If difficulties exist with over sensitivities, you may see the following behaviours in early years settings:

- Runs from household noises
- Covers ears at loud noises or unexpected alarms etc, may become very distressed.
- May hum to block out external noise
- Easily distracted by background noise Hears things that most people don't

If difficulties exist with under sensitivities you may see the following behaviours in early years settings:

- Holds toy to ear and has volume on high
- Doesn't appear to hear when called
- Likes repetitive sounds
- Hums in noisy environments
- Not alarmed by sudden noises



Strategies to support children's auditory processing:

Runs from household noises (hairdryer, washing machine).	<ul style="list-style-type: none"> • Visually identifying the sound source can often ease the anxiety and eventually seeing if the child will tolerate touching it or turning it on. • Encouraging child to stay at a distance but in the same room, perhaps by using a pop-up tent as a hide out, so they can still see and feel protected at the same time.
Blocks ears when in the hairdressers.	<ul style="list-style-type: none"> • Allowing the child to wear earphones in the hairdressers with a familiar piece of music on can help to drown out the sound of the clippers or hairdryers. • Informing the hairdressers that using scissors may be more helpful to your child.
Blocks ears at unexplained times.	<ul style="list-style-type: none"> • Check that overhead strobe lighting isn't buzzing as some children with autism can hear very slight noises and become distracted or distressed by them. • Ensure one adult at a time is talking to them as your child may just be trying to drown out too many sounds coming in at one time and have difficulty processing them all.
Hums and covers ears.	<ul style="list-style-type: none"> • Again known as 'blocking' auditory overload can mean that too many sounds and thoughts are happening at too faster speed in order for the child to process. Use a distraction free area and turn off the T.V. and start again!
Holds toys to ear and has volume on high.	<ul style="list-style-type: none"> • Eliminate hearing impairment by asking for a referral to an audiologist. • Encourage child to turn up the volume but keep the toy at a safe distance not to damage the ear.
Doesn't appear to hear you when being spoken to.	<ul style="list-style-type: none"> • Once hearing impairment has be eradicated apply above strategy e.g. ensuring work/play in a distraction free area for short periods until child engages with your overtures. • Does your child recognise he is being spoken to? Does he respond to his name? Does he know what his name is? Basic work on identity such as using photographs and labelling his/her chair and picture books may help with this recognition. • Adult to approach child from the front and if not touch sensitive a gentle touch to the child's arm before speaking may help the child to focus his attention on you rather that the cars going past in the street!
Easily distracted by a distant sound (fire engine).	<ul style="list-style-type: none"> • Being in tune with your child and verbally identifying the noise to the child as they occur can help to reassure them. • If in walking distance an impromptu walk around to the culprit, so the child can see where the noise is coming from can also be helpful.

Easily startled by unidentifiable sounds (telephone).	<ul style="list-style-type: none"> • Again identifying where the noise is coming from and showing the child that it will stop helps the child understand that there is an end to the noise. • Playing simple role play games with the telephone etc and allowing the child to make the phone ring can also help to take the fear out of things. • Turning the ring tone down on the phone or moving the phone temporarily to another room and gradually bringing into the room the child plays over a period of weeks can also help to desensitise
Gets 'high' from repetitive sounds.	<ul style="list-style-type: none"> • Use an egg timer to show the child that an activity is soon going to finish to encourage the child to stop pressing sound toys over and over again. Limiting the sound before it over-stimulates the child.
Gets frustrated by busy/noisy environments.	<ul style="list-style-type: none"> • Gentle exposure to busy environments to retrieve child motivated objects e.g. visit to Tesco to buy a Thomas comic. • Use of earphones/hood/hat so child feels their ears are protected when child has to be exposed to longer periods of noisy activity. • Allow child to walk on the inside of the pavement when out in busy streets rather than near roadside close to fast noisy vehicles.
Places hand over people's mouths when they sing/talk.	<ul style="list-style-type: none"> • Too many people singing/talking at once can cause confusion. When child covers your mouth, stop talking and look around to see if someone else is also joining in. Remember to try to have one adult talking to the child at once. • Prepare the child if two people are going to sing at one time e.g. Mummy and Jo are singing today, 1, 2 people etc.
Never alarmed by sudden noises.	<ul style="list-style-type: none"> • Again ensure there isn't a hearing impairment by having a routine check by an audiologist.
Becomes anxious by loud, sudden noises (child screaming, balloon popping etc)	<ul style="list-style-type: none"> • Often children who aren't alarmed are tuning into something they find far more interesting! Try using exaggerated expression and higher tone to draw the child's attention to sudden sounds. • Identifying the loud noise through visual and verbal labelling can reassure e.g. "wow it's the balloon, look!" • Encourage the child to play with the object that makes the noise or watch you play with it. Create fun games like blowing up the balloon and letting it go, releasing a small squeaky bit of air out, or allowing the child to stay in control by stamping or using a cocktail stick to pop the balloons.

Movement (Proprioception and Vestibular Processing)

A child learns movement through development of the proprioceptive and vestibular system. Integration of these systems enables a child to develop a sense of body awareness, balance and motor control that allow them to freely move. Each system is described below.

Proprioception

Proprioception is 'How the body senses itself', this is our subconscious sense that tells us where our arms and legs are in space without us having to look at them. This information is being passed on from our muscle and joints to our spinal cord and to our brains even when we are still. This ensures that we can be upright and not slipping off our chair, it also provides us with an internal map of our bodies. It is also the sense that helps us to grade the force we place through objects and impacts on the resting tone of our muscles.

Vestibular

How the body handles movement is down to our vestibular systems. This is located in our inner ears. The vestibular sense is possibly the most fundamental of all our senses it gives us physical and emotional security when moving in space as our bodies automatically adjust to stop us from falling. This sense helps to keep us upright against gravity it is stimulated when we move or change our head position it enables us to keep orientated when we bend over to pick up a bag, ride in the car, walk around the nursery. More subtle vestibular activities include maintaining a seated posture and paying attention.

Our vestibular system reduces confusion about conflicting visual information, such as when a child hangs upside down the vestibular sense confirms for the child that they their worlds haven't just turned upside down. This sense also enables us to stabilise our visual field so when for example we throw a ball at target we can run whilst looking at the target. The information from the vestibular senses also passes through an area of the brain that impact on our attention and arousal levels (sleep/wake cycles). Consider how you handle a baby; to wake them up and get them excited you bounce them on your knee to get them to sleep you rock them back and forth.

What happens when a child experiences proprioception or body sense differently?

The common difficulties with the processing of proprioceptive information appear to be a lack of sufficient information. This can cause a child to go looking for the information often termed 'sensory seeking'. These children are usually always on the go, but can be sedate as they find it difficult to move and therefore are reluctant to play and prefer to sit and watch. If difficulties exist you may see the following behaviours in early years settings:

- excessively climbing on things
- bumps into things easily
- unaware of children on the floor and will trip over them
- seems un-coordinated
- may prefer low key activities
- likes to fall or bump and seeks this out
- Can't negotiate round obstacles
- Difficulty with planning how to get in and out of play equipment
- Difficulty with fine motor skills.



What happens when a child experiences movement differently?

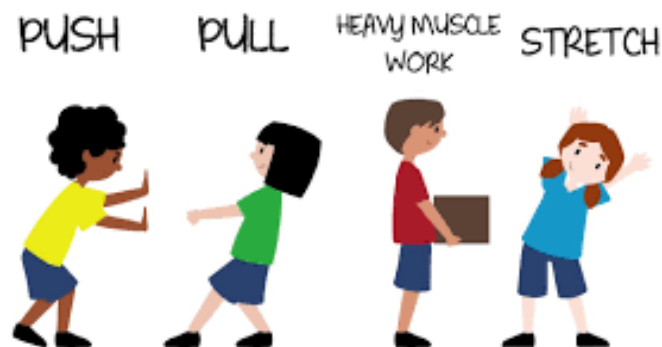
When vestibular information reaches the brain, the brain then decides what to do with it, initially our protective reactions are stimulated do we 'not do it', 'go for it' or do we 'precede with caution'. The situation will be assessed to establish if there is any threat or danger and will then act accordingly. However, a child with a poorly functioning vestibular system will often not act in accordance with what the activity would provoke. A child may have an overly sensitive vestibular system which leads them to having exaggerated emotional responses to movements against gravity way out of proportion to the actual potential threat. Some children conversely may experience an under responsiveness to movement and indeed seek out as much movement as they can.

If difficulties exist with over sensitivity you may see the following behaviours in early years settings:

- Fearful of playground equipment
- Dislikes swings and slides
- Gets car sick easily
- Anxious if not in control of movement

If difficulties exist with under sensitivity you may see the following behaviours in early years settings:

- Seeks out swings
- Likes roundabouts, slides
- Hangs upside down on bars
- No sense of danger when climbing
- Constantly on the go
- Trips over own feet



Strategies to support children's vestibular and proprioception processing:

Climbs in excess	<ul style="list-style-type: none"> • Divert child to more appropriate large play equipment when shows a desire to climb. • Move legs to pieces of music or during rhymes.
Seeks rocking motion	<ul style="list-style-type: none"> • Engage child in lap play e.g. row the boat, going to the seaside, roley poley song etc. • Use of a large child sized ball (gym ball) encourage child to lay body over it and push back and forth with feet on the floor to encourage rocking motion. Again, use of a song can help to keep them engaged.
Is travel sick in car/trolley/buggy	<ul style="list-style-type: none"> • Place a hard surface under child's feet in car/whilst sitting/use foot plates in a buggy to encourage the feeling of stability. • Allow child to sit in middle seat when in the back of the car so they are able to focus their vision forward. • Ensure child is sitting in their seat firmly and isn't feeling insecure due to a loose car seat/straps in buggy. • Avoid big unexpected movements.
Spins self around	<ul style="list-style-type: none"> • Play games where spinning is part of the fun! E.g. ring a roses, pin the tail on the donkey! • Read books with actions that involve swirling around e.g. 'we're going on as bear hunt'
Anxious when not in control of own movements (being picked up, swing)	<ul style="list-style-type: none"> • Practise fast angular movements during fun interaction that the child already tolerates e.g. pick up then tickles! • Teach child to use their feet to activate equipment and become in control e.g. sitting and pushing along a skateboard, swinging self on a swing. Using a space hopper.
Constantly on the move	<ul style="list-style-type: none"> • Provide child with regular bursts of gross motor play. Use of soft-play/run around in between sit down sessions/bounce on a trampoline.
Swings arms from high bars (curtain rails/fans etc)	<ul style="list-style-type: none"> • Pulling and pushing activities using appropriate materials e.g. Lycra bands. • Close supervision on climbing frame equipment. • As with other strategies if swings on inappropriate equipment remove and retrain child to divert to appropriate materials.
Moves around the outskirts of activities, avoids busy movements	<ul style="list-style-type: none"> • Gradually encourage one other child into his/her chosen area and facilitate quite low key non-threatening games. • Provide the child with a safe haven to go to if the setting is becoming too much to cope with (use of a pop-up

	tent?) but encourage short periods of time with a small group to begin to desensitise the child to the activities.
Prefers low-key activities.	<ul style="list-style-type: none"> • Allow child to play with low key activities alongside a busier group for short periods. • Allow child to be a spectator on more active play with no pressure to join in but an open invitation.
Can't negotiate around obstacles in her way	<ul style="list-style-type: none"> • Place the odd obstacle in the child's area to allow the child to acknowledge these items and learn to guide himself around them. • Play games where the child has to negotiate their way around an obstacle course, using stepping stones and different surfaces.
Likes to fall or jump	<ul style="list-style-type: none"> • Facilitate games using jumping and falling motions e.g. ten green bottles, 5 little speckled frogs. • Use a trampoline.
Shows no sense of danger when climbing	<ul style="list-style-type: none"> • Ensure safety by diverting climbing to appropriate play equipment and reinforcing 'No climbing here'.
Locks joints when naked or prefers to be in the foetal position	<ul style="list-style-type: none"> • Support body when changing nappy (hard cushion/bean bag to lay body in). • Help the child relax by singing action songs when changing for bed. Encourage the child to join in with movements.
Bangs/bounces on the floor	<ul style="list-style-type: none"> • Transfer this behaviour to play equipment e.g. bang the drum/bag the beach ball.
Trips over own feet	<ul style="list-style-type: none"> • Again try co-ordination activities such as obstacle courses and walking on straight lines in a playground. Reward at the end.
Stands too close to others	<ul style="list-style-type: none"> • Use masked off areas when playing turn-taking games to show distance required. So the child can visualise where it is appropriate to sit.
Finds it difficult to cross from one area to another.	<ul style="list-style-type: none"> • At home avoid flooring that changes from room to room. Continuous patterns are more helpful to children who find transitions difficult. • Otherwise mark these boundaries with obvious lines e.g. bright yellow tape to clearly define a difference in level or surface.
Has difficulties with fine motor skills i.e. doing up buttons	<ul style="list-style-type: none"> • Encourage fun fine motor activity: Peeling stickers from a card/noise putty/threading/finger painting

Interoception

Interoception is the sense of knowing what is going on inside our bodies. Things such as feeling:

- Hunger
- Thirst
- Tired
- Feeling pain
- Temperature (Feeling hot or cold etc)
- Using the bathroom
- Any other internal sensations



What happens when a child experiences this differently?

Children who are under sensitive to interoception input may not even be aware of the cues their body is giving them to the sensations inside their body. They simply aren't getting enough information to process what is going on.

If difficulties exist with over sensitivities, you may see the following behaviours in early years settings:

- Children who are hypersensitive to interoception input may be extremely distracted by sensations such as hunger or having to use the bathroom. In some cases, these sensations can even be painful.
- They may have trouble maintaining focus on a task because they are distracted by what is going on inside their body

If difficulties exist with under sensitivities you may see the following behaviours in early years settings:

- They may not feel when they need to go to the bathroom, resulting in accidents or difficulty with potty training.

- They may never feel full after a meal or they may never feel hungry.
- They may not respond to pain the same way as you and I might. A broken bone may not even phase them. Or the slightest scratch or cut may cause extreme pain and anxiety.

All of these can result in safety issues and difficulty functioning in a typical environment.

Interoception difficulties can also make self-regulation a challenge. When you are able to tell that you're thirsty, you know to get a drink. When you can feel that your bladder is full, you know to use the bathroom. When you feel a sense of frustration, you know to explain what's troubling you. For some children with interoception difficulties, they can't regulate certain responses. Some children may experience bedwetting. Or they may not know why they're feeling off and can have meltdowns. Children who struggle with these things may not be able to identify the real source of their discomfort.

Strategies to support children with their interoception:

- Mindfulness activities and meditation (encourages children to be more aware of what is going on inside their bodies)
- Yoga for kids
- Heavy work activities
- Alerting activities
- Creating a sensory diet to address sensitivities (make sure to work with a licensed Occupational therapist who is familiar with sensory processing)
- Repetitive and rhythmic vestibular input (such as swinging, rocking etc)
- Visual prompts, cues or communication devices that encourage children to identify body functions and feelings
- Verbally labelling emotions as we see them, and also responding appropriately to encourage functional responses.
- Help your child to communicate wants, needs, emotions, and feelings by first recognising them and then communicating them appropriately (social stories could be helpful for this).

Strategies to Support Universally Available Provision in the Four Broad Areas of Need



The following information is intended to give an overview of the categories of special educational needs identified in the SEND Code of Practice, along with the types of interventions that could be used to address these. Examples of interventions and resources are also provided as a starting point; although these need to be planned in relation to individual and/or cohort needs and may require adapting accordingly.

Examples of outcomes that may be sought are provided as an overview and, again, these should be adapted or expanded to meet individual needs. None of the lists are exhaustive or exclusive to the category of SEND in which they appear in the tables below. Rather, they could be used in various areas of development and skills building, given the right differentiation and targeting. Definitions of the SEND categories from the CoP have been included to provide an overview of the correct terminology for what is meant by different aspects of SEND.



Communication and Interaction

Child's needs

- Difficulty knowing how to talk and listen to others in a conversation
- Difficulty making and maintaining friendships
- Anxiety in busy, unpredictable environments
- Difficulty coping in new or unfamiliar situations
- Inability to cope with unstructured social situations, including transitions
- Inability to use knowledge and skills functionally in various situations
- Difficulty predicting others and understanding their motives
- Inability to read the facial expressions of others
- Rigid thinking, including strong routines and rituals
- Difficulty understanding the rules of social interaction
- Difficulties in understanding rules of politeness and manners e.g. may speak to the Nursery Manager like a friend
- Attention and conversation focused on own needs and interests
- Extreme reactions, rather than a measured response
- Unable to cope with close proximity to others
- Physical outbursts if stressed
- Echolalia (repeating another person's words), rather than meaningful language
- Lack of response inhibitions, e.g. can't wait, shouts out, runs off
- Literal understanding of language
- Physically challenging behaviour
- Unusual reactions to sensory stimuli
- Difficulties with independence skills, such as dressing, toileting, eating
- May decide not to speak in some situations

Intervention & targeted response

- Say what you mean (explain double meanings, avoid sarcasm etc.)
- Preparation for change of activity or environment
- Social Stories
- Visual cues (visual timetable, first and then boards, Makaton, symbols, objects of reference)
- Labelling areas and resources
- Differentiation according to need
- Activities to promote emotional literacy
- Clear and consistent rewards and sanctions – including motivators
- Clear and high expectations and boundaries
- Calm learning environment (minimal displays and neutral colours)
- Whole setting awareness and training
- Effective key person system promoting emotional wellbeing
- Access to distraction free environment/communication friendly spaces
- Regular, short sensory breaks
- Very small group times focusing on social skills, emotions, friendships etc
- Individual visual timetable or first and then board
- Individualised support plan and targets, including interventions supported by the key worker and where appropriate outside professionals
- Involve children in discussions about how they learn and approach tasks
- Positive response from child voice
- Involvement with parents to ensure consistency in approaches

Outcomes

- Reduced anxiety
- Improved capacity for independent learning
- Increase in social interactions
- Improved social relationships and friendships
- Independent access to the routine
- Enhanced ability to play with others
- Improved ability to participate in age/stage appropriate group activities
- Improved attention and listening

- Age/stage appropriate behaviour
- Child can manage transitions and daily routines calmly and independently
- Reduction in distressed behaviours, frustration with improved mental health and wellbeing
- Skills learned in small group interventions are applied to everyday situations
- Greater participation during free play with less adult intervention
- High aspirations of self and can-do attitude

Speech and Language

Child's needs

- Difficulty when *saying* words or sentences
- Difficulty *understanding* words or sentences
- Difficulty following/processing instructions
- Unclear speech
- Speech may be incomprehensible to an unknown adult or peer
- Specific difficulties in hearing or perceiving speech, particularly in distracting environments
- Fleeting attention span
- Difficulties with receptive and/or expressive vocabulary

Intervention & targeted response

- Ensure you have the child's attention before giving an instruction
- Clear and simple explanations
- Time given for processing
- Model correct use of vocabulary
- Visual cues (visual timetable, first and then boards, Makaton, symbols, objects of reference)
- Clear and consistent rewards and sanctions – including motivators
- Effective key person system promoting emotional wellbeing
- Whole nursery awareness and training
- Use of information carrying words when giving instructions
- Individualised Language Link or S< programme
- Use of Makaton signing by staff
- Very small group time in a quiet environment focused on speech and language interventions
- Attention and listening activities
- Differentiation according to need
- Whole nursery awareness and training
- Early Talk Boost resource
- Babbling Babies resource
- Toddler Talk resource
- Letters & Sounds (Phase 1)
- Talk buttons or talking postcards
- Phonological awareness activities linked to speech production e.g. rhymes and alliteration
- Involve children in discussions about how they learn and approach tasks
- Positive response from child voice
- Involvement with parents to ensure consistency in approaches

Outcomes

- Clear speech
- Increased confidence when speaking
- Improved listening and attention
- Increase in confidence and self esteem
- Quicker processing of language
- Ability to follow instructions
- Improved spoken phrases leading to simple sentences
- Increased vocabulary
- High aspirations of self and can-do attitude

<u>Cognition and Learning</u>
Child's needs
<ul style="list-style-type: none"> • Low levels of attainment • Short-term memory difficulties • Difficulty acquiring new skills • Difficulties with fine or gross motor skills • Signs of frustration and/or aggressive behaviours • Difficulties involving specific skills such as sequencing, ordering, word finding • Low self-confidence/esteem • Episodes of dis-engagement e.g. not wanting to join in with group activities, avoiding interactions with adults.
Intervention & targeted response
<ul style="list-style-type: none"> • Gain a child's attention before giving instructions • Give clear and simple instructions • Consistent use of positive language • Give time before response is needed • Visual cues (visual timetable, first and then boards, Makaton, symbols, objects of reference) • Clear and consistent rewards and sanctions – including motivators • Time given for processing • Consistent use of key language • Repetition and reinforcement of skills • Differentiation according to need • Effective key person system promoting emotional wellbeing • Whole nursery awareness and training • Opportunities to develop memory skills • Very small group time in a quiet environment focused on stage appropriate play • Involve children in discussions about how they learn and approach tasks • Involvement with parents to ensure consistency in approaches
Outcomes
<ul style="list-style-type: none"> • Increased retention of key instructions and information • Improved engagement and desire to learn/motivation • Ability to play independently • Increase in confidence and self esteem • Reduction in anxiety • Decrease in number of frustrated and/or aggressive behaviours • Improved listening and attention • Increased self-confidence and self-esteem • High aspirations of self and can-do attitude • Improved social inclusion • Positive response from child voice

Social, Emotional and Mental Health

Child's needs

- Experiencing difficulty in remaining on task, inattentive
- Inability to follow instructions and routines
- Presenting as significantly unhappy, anxious or stressed
- Presenting as quiet, withdrawn or tearful
- Seeking frequent adult support/attention
- Frequent low-level disruptions
- Not meeting developmental milestones
- Showing signs of frustration
- Being physically aggressive with their peers

Intervention & targeted response

- Mindfulness and/or yoga
- Clear and consistent rewards and sanctions – including motivators
- Involvement with parents to ensure consistency in approaches
- Play partners to support engagement and motivation
- Calm learning environment (minimal displays and neutral colours)
- Very small group time focused on personal, social and emotional development
- Visual cues (visual timetable, first and then boards, Makaton, symbols, objects of reference)
- Effective key person system promoting emotional wellbeing
- Accurate observations to identify causes of emotional upset e.g. ABC Chart
- Involvement with parents to ensure consistency in approaches
- Gain a child's attention before giving instructions
- Give clear and simple instructions
- Consistent use of positive language
- Give time before response is needed
- Time given for processing
- Differentiation according to need
- Whole nursery awareness and training
- Involve children in discussions about how they learn and approach tasks

Outcomes

- Whole nursery practice that is positive
- Improved staff confidence in identifying the cause of behaviour that challenges
- Child feels safe in nursery
- Effective key person system promoting emotional wellbeing
- Confident and resilient learners
- Emotionally aware children who can self-regulate
- Children with a positive perception of self
- Positive engagement and participation in learning
- Increased levels of independence within children
- Improved concentration and attention
- Positive social interaction and relationships with others resulting in improved friendships and relationships
- High aspirations of self and can-do attitude
- A happier child
- Improved emotional and mental health

<u>Sensory and Physical</u>
Child's needs
<ul style="list-style-type: none"> • Mild or moderate hearing loss • Expressive and receptive skills • Difficulty retaining information • Difficulty with new social situations • Listening/lip-reading fatigue • Inability to hear in poor acoustic environment • Mild or Moderate visual impairment/loss of visual field • Difficulty with fine motor control • Difficulty with gross motor skills and mobility • Difficulty with managing own physical needs independently e.g. toileting • Visual fatigue • Colour perception difficulties
Intervention & targeted response
<ul style="list-style-type: none"> • Multi-agency involvement e.g. Speech and Language Therapy, Physiotherapy, Occupational Therapy, Educational Psychologist, Teacher of the Deaf, Teacher of the Visually Impaired • Visual cues (visual timetable, first and then boards, Makaton, symbols, objects of reference) • Effective key person system promoting emotional wellbeing • Involvement with parents to ensure consistency in approaches • Gain a child's attention before giving instructions • Give clear and simple instructions • Consistent use of positive language • Give time before response is needed • Time given for processing • Differentiation according to need • Calm learning environment (minimal displays and neutral colours) • Whole nursery awareness and training • Involve children in discussions about how they learn and approach tasks • Reduce background noise to improve acoustic environment • Differentiated seating according to need • Uncluttered and well organised learning environment with good lighting
Outcomes
<ul style="list-style-type: none"> • Improved speech discrimination • Increase in understanding spoken language • Increased retention of key instructions and information • Improved access to the environment, resources and learning opportunities • Improved social inclusion • Ability to play independently • Improved self-esteem and social/emotional development • Increased confidence approaching new situations leading to better participation • Effective key person system promoting emotional wellbeing • Confident and resilient learners • Children with a positive perception of self • Increased levels of independence within children • Improved concentration and attention • Positive social interaction and relationships with others resulting in improved friendships and relationships • High aspirations of self and can-do attitude

Early Years Providers SEND Self Evaluation Form



Early Education Support Team

A Unique Child				
Criteria	Emerging	Developing	Secure	Examples/ notes
The SENDCO/ Manager gathers as much information as possible about the child before they start, including finding out about the child's interests, skills, dislikes, fears, means of communication, medical and safety needs and ways to comfort them.				
All staff use the child's interests to inform planning and use these as motivators and rewards.				
All staff can identify and assess the key strengths, interests and challenges of all children with SEND.				
All staff carry out detailed observations of each child across a variety of situations and use your findings to inform planning.				
All staff spend time observing how each child communicates; giving them reasons, opportunities and strategies to use their skills.				
All staff are able to identify a child's sensory needs and have strategies to help address these.				
All staff know that children may have difficulties in more than one area e.g. children with Downs Syndrome may have developmental and health needs.				
The SENDCO/ manager creates a profile of each child with SEND setting out key information based on close observation and information given by the child's parents/ carers.				
All staff take into account the child's perspective and the views of their parents/ carers when planning their next steps.				
All staff understand that some children find it difficult to interact with others and support for this is reflected in your planning.				
All staff understand that for some children their physical disabilities create a barrier to learning and				

you take steps to adapt activities accordingly.				
Positive Relationships				
Criteria	Emerging	Developing	Secure	Examples/ notes
All staff welcome parents and carers, value their knowledge and listen to their concerns. You provide regular opportunities to celebrate success and discuss their child's provision plan.				
The SENDCO/ Manager allocates time for staff to share ideas and concerns with each other to reflect on, discuss and evaluate practice and procedures within your setting.				
All staff understand that it is important to respond in a consistent way to each child. You ensure that new and supply staff are informed about the needs of each child with SEND and can access key information.				
The SENDCO/ Manager works in partnership with other professionals in education, health, social care and the voluntary and independent sectors.				
All staff understand their key responsibilities in relation to the SEND Code of Practice, based on the assess, plan, do, review approach (Code of Practice chapter 5 – see appendix).				
The SENDCO has attended relevant SENDCO training and accessed SENDCO network meetings to identify staff development needs and opportunities in relation to SEND.				
All staff promote the attitude that all children, including those with SEND have the same rights as other children to access the EYFS curriculum.				

Enabling Environments				
Criteria	Emerging	Developing	Secure	Examples/ notes
All staff observe and assess the potential challenges to children with additional sensory needs both indoors and outdoors and consider how to address these.				
All staff organise the setting with clearly defined spaces/ areas for personal equipment and with quiet places of safety for children if appropriate.				
All staff ensure that activities are well organised, structured and planned. They give visual cues to indicate routine activities. They give advance warning of any changes to familiar routines to promote understanding.				
All staff use a range of strategies to communicate with the child, if appropriate, to make your message clear including; objects, photos, speech, gesture, signs and symbols.				
All staff ensure that they are consistent in their use of simple language for everyday routines e.g. snack time, circle time, story time, outdoor play. They share communication strategies with parents and carers, to ensure consistency.				
All staff give children time to process and respond to interactions by speaking slowly and clearly.				
All staff support children with SEND to select activities both inside and outside, taking their interests and needs into account.				
Learning and Development				
Criteria	Emerging	Developing	Secure	Examples/ notes
The SENDCO has a good awareness of their own knowledge and understanding of SEND and how to seek out ways to enhance this.				

The SENDCO keeps accurate and updated records on the child's progress based on observations of the child, parents' views and information from other professionals.				
The SENDCO ensures that parents have a central role in the development of the SEN support plan to support their child's needs.				
All staff understand that a key aim is to promote the child's independence and their inclusion with peers, whenever possible.				
All staff understand that children with SEND sometimes play in different ways. They enable them to engage with others gradually and help other children to interact with them.				
All staff are creative in your approach to design play activities to promote each child's development and emotional well-being based on your knowledge of their strengths, interests and challenges.				
All staff adjust group activities such as sharing news or story time tailoring this to include, whenever possible, all children with SEND in your setting.				
All staff understand that children with SEND may have challenges with eating, drinking, sleeping, dressing and toileting skills. Together with parents, and professionals they agree on specific strategies which will support the child's development.				
All staff create a detailed profile of the child's skills, strengths and key areas of need to pass on to the next setting and prepare the child and parents (e.g. visits; photos; staff exchange; parent discussions).				

Links to Useful Websites

SEND Websites	
Autism Education Trust	https://www.thecommunicationtrust.org.uk/resources/resources-for-practitioners/progression-tools-primary/
AFASIC (speech impaired children)	http://www.afasic.org.uk/
Autism Education Trust	http://www.autismeducationtrust.org.uk/
BATOD (British Association Teachers of the Deaf)	https://www.batod.org.uk
British Dyslexia Association	http://www.bdadyslexia.org.uk/
BPS (British psychological society)	http://www.bps.org.uk/
British Stammering Association	http://www.stammering.org/
CDC (council for disabled children)	http://www.councilfordisabledchildren.org.uk/
Challenging Behaviour Foundation	http://www.challengingbehaviour.org.uk/
Childcare Act 2006	http://www.legislation.gov.uk/ukpga/2006/21/contents
Children and Families Act 2014	http://www.legislation.gov.uk/ukpga/2014/6/contents
Children and Families Act 2014 (Part 3) Special Educational Provision: functions of governing bodies and others	http://www.legislation.gov.uk/ukpga/2014/6/part/3/crossheading/special-educational-provision-functions-of-governing-bodies-and-others
The Communication Trust	www.communicationtrust.org
Dyslexia SpLD Trust	http://www.thedyslexia-spldtrust.org.uk/
Department for Education	https://www.gov.uk/government/organisation/s/department-for-educationdepartment-for-education
Department for Education Nurseries: Statutory Guidance	https://www.gov.uk/government/collections/statutory-guidance-nurseries

DfE Preparing for Adulthood Supportive Tool	https://www.preparingforadulthood.org.uk/downloads/education-health-and-care-planning/pfa-outcomes-tool.htm
Education Endowment Foundation: Making Best Use of Teaching Assistants	https://v1.educationendowmentfoundation.org.uk/uploads/pdf/TA_Guidance_Report_Interactive.pdf
Equality and Human Rights Commission: Technical Guidance for Nurseries in England	https://www.equalityhumanrights.com/en/publication-download/technical-guidance-nurseries-england
Gov.UK Legislation	http://www.legislation.gov.uk/
iCAN	http://www.ican.org.uk/
Inclusive.co.uk (Talking buttons)	http://www.inclusive.co.uk/hardware/communicators-and-controllers
Maximising the practice of teaching assistants	http://maximisingtas.co.uk/ta-standards.php
NAPLIC (language impairment)	http://www.naplic.org.uk/
NASEN	http://www.nasen.org.uk/
NAS (National Autistic Society)	http://www.autism.org.uk/
NATSIP (National Sensory Impairment Partnership)	https://www.natsip.org.uk/
NDCS (National Deaf Children's Society)	http://www.ndcs.org.uk/
Newcastle SEND Local Offer	https://www.newcastlesupportdirectory.org.uk/kb5/newcastle/fsd/localoffer.page?localofferchannel=0
Newcastle SENCO Guide (to find policy and documentation guidance)	https://www.newcastlesupportdirectory.org.uk/kb5/newcastle/fsd/service.page?id=J18hvKphlc8
PATOSS (specific learning difficulties)	https://www.patoss-dyslexia.org/
PDNet (Physical Disabilities Network)	http://www.pdnet.org.uk/

SEND Code of Practice	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf
SEND Gateway	http://www.sendgateway.org.uk/
SENDIASS (national)	http://www.iassnetwork.org.uk/
SEN support: research evidence on effective approaches and examples of current practice in good and outstanding nurseries and colleges	http://www.wholenurseriesend.com/
SMIRA (selective mutism)	http://www.smira.org.uk/
Speech Link	https://speechlink.co.uk/auth/login
Talking Point	http://www.talkingpoint.org.uk/
TCT (The Communication Trust)	https://www.thecommunicationtrust.org.uk/



Contact Details for Professionals in Newcastle

Name	Role	Email Address
Lianne Dixon	Area SENCO	lianne.dixon@newcastle.gov.uk
Kate Henderson	Area SENCO	kate.henderson@newcastle.gov.uk
Hazel Newstead	EEAST Team Leader	hazel.newstead@newcastle.gov.uk
Kate Sturrock	EEAST Specialist Teacher	kathryn.sturrock@newcastle.gov.uk
Helen Matthews	EEAST Specialist Teacher	helen.matthews2@newcastle.gov.uk
Lucy Hogarth	EEAST Specialist Teacher	lucy.hogarth@newcastle.gov.uk
Lauren Walton	EEAST Specialist Teacher	lauren.walton@newcastle.gov.uk
Angela Barlow	EEAST Specialist Teacher	angela.barlow@newcastle.gov.uk
Isabel Hill	Speech and Language Therapist	isabel.hill@nuth.nhs.uk
Mandy Urwin	Speech and Language Therapist	mandy.urwin@newcastle.gov.uk
Jenette Milner	Speech and Language Therapist	jenette.milner@newcastle.gov.uk
Jenny Osbourne	Specialist Health Visitor for Children with Additional Needs	jenny.osborne@nuth.nhs.uk



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- Special Educational Needs and Disabilities Information, Advice and Support Service (SENDIASS)
- Speech and Language Therapists from the Community Family Hubs
- Specialist Health Visitor for Children with Disabilities 0-19 Service

If you have any comments, questions or suggestions on additional information which would be useful in this document, please contact Lianne Dixon or Kate Henderson using the details above.



