

Early Years SEND Toolkit

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Following a Graduated Approach

STATUTORY REQUIREMENTS

Early Years Foundation Stage

EYFS is based on a set of guiding principles and seeks to provide:

'equality of opportunity and anti-discriminatory practices, ensuring that every child is included and supported' DfE (2023) Statutory Framework for EYFS, para 3

- It sets out an inclusive approach designed to be responsive to individual needs;
- Requires settings to have arrangements in place to identify and support children with SEN or disabilities;
- Requires all providers to make information available to parents about how the setting supports disabled children and children with SEN;
- Requires practitioners to review children's progress and share a summary with parents;
- Requires all settings to promote the good health of children attending the setting and to have and implement a policy, and procedures, for administering medicines;
- Expects all settings to appoint a Special Educational Needs Co-ordinator (SENCO);
- Focuses on delivering improved outcomes and closing the achievement gap between disadvantaged children and others.

This includes involving parents in identifying needs, deciding outcomes, planning provision and seeking expertise at whatever point it is needed.

The Equality Act 2010

Early years settings must promote equality of opportunity and must not discriminate against, harass or victimise disabled children. Settings must not discriminate:

- Directly;
- Indirectly;
- For a reason arising in consequence of a disability;
- By failing to make a reasonable adjustment. Settings must make reasonable adjustments to ensure that disabled children are not at a substantial disadvantage compared with their peers. This includes adjustments to any provision, criterion or practice, making physical alterations and providing auxiliary aids and services. This duty is anticipatory: settings must look ahead and anticipate what disabled children might need and what adjustments might need to be made to prevent any disadvantage.

A person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day to day activities.

A physical or mental impairment includes learning difficulties, mental health conditions, medical conditions and hidden impairments such as specific learning difficulties, autism and speech, language and communication impairments. In deciding whether a child is disabled, it is the effect of an impairment that has to be considered. If the impairment has a *substantial* and *long-term* effect on a child's ability to carry out normal day to day activities, it may amount to a disability. Substantial is defined as being *more than minor or trivial*, *long term* as a *year or more*. Children who have a range of health conditions, for example: epilepsy, diabetes or more severe forms of asthma and eczema, are likely to be covered by the definition of disability but may not have a special educational need.

Disabled Children and the Equality Act 2010: What Early Years providers need to know and do, including responsibilities to disabled children under the Children and Families Act 2014, see https://councilfordisabledchildren.org.uk/sites/default/files/uploads/files/equality-act-early-years_online.pdf

The progress check at age two:

An important opportunity to share any emerging concerns about a child's development. It is important to consider whether any delay may indicate SEN or a disability.

When a child is aged between two and three, practitioners must review their progress, and provide parents and/or carers with a short written summary of their child's development in the prime areas. This progress check must identify the child's strengths, and any areas where the child's progress is less than expected. If there are significant emerging concerns, or an identified special educational need or disability, practitioners should develop a targeted plan to support the child's future learning and development involving parents and/or carers and other professionals (for example, the provider's Special Educational Needs Co-ordinator (SENCO) or health professionals) as appropriate. *DfE (2023) Statutory Framework for Early Years Foundation Stage, para 2.4*

Special Educational Needs and Disability Code of Practice: 0-25 years (2015)

This is statutory guidance for organisations who work with and support children and young people with SEND.

The Code requires:

- Early identification and an early response to SEND
- Identification of SEND with parents
- A graduated approach to responding to SEND
- A cycle of assess, plan, do, review
- The involvement of specialists where a child continues to make less than expected progress.

Early years: guide to the 0 to 25 SEND code of practice (September 2014)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/350685/Early_Years_Guide_to_SEN_Code_of_Practice_-_02Sept14.pdf

QUALITY FIRST TEACHING

Universal Inclusive Practice:

High quality inclusive practice is responsive to individual children and differentiates and personalises provision to meet the needs of all children including disabled children and children with SEN. (page 6, **Council for Disabled Children SEN and disability in the early years: A toolkit**, see <https://councilfordisabledchildren.org.uk/sites/default/files/uploads/files/early-years-toolkit-merged.pdf>)

High quality teaching that is differentiated and personalised will meet the individual needs of the majority of children and young people. Some children and young people need educational provision that is additional to or different from this. (*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 1.24.*)

Practitioners must consider the individual needs, interests, and the stage of development of each child in their care, and must use this information to plan a challenging and enjoyable experience for each child in all areas of learning and development. (*DfE 2023 Statutory Framework for Early Years Foundation Stage, para 1.11.*)

High quality teaching is key to children's learning and development. It forms the basis of any *additional to or different from* provision for children with SEN. It is adapted to the different ways in which children learn (see *Characteristics of Effective Learning, DfE (2021) Statutory Framework for Early Years Foundation Stage, Para 1.9.*)

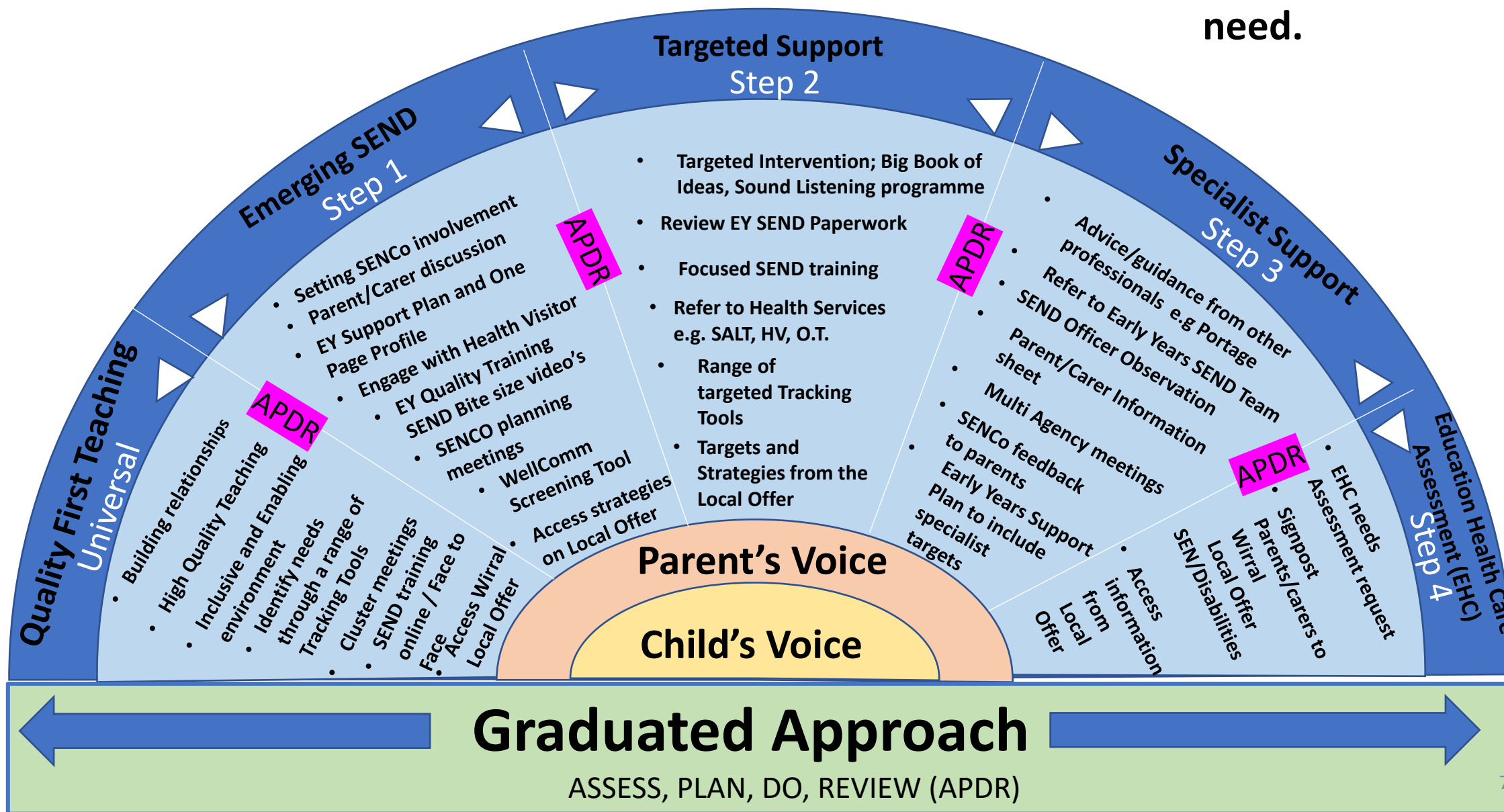
The Role of SENCo:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1059695/The_Role_of_the_Early_Years_SENCO.pdf

The Early Years SENCO role is for a Level 3 practitioner in PVI settings. It is also relevant to childminders. The role involves:

- ensuring all practitioners in the setting understand their responsibilities to children with SEN and the setting's approach to identifying and meeting SEN
- advising and supporting colleagues
- ensuring parents are closely involved throughout and that their insights inform action taken by the setting
- liaising with professionals or agencies beyond the setting
- continually develop own practice

Providers must have arrangements in place to support children with SEN or disabilities. Maintained schools, maintained nursery schools and all providers who are funded by the local authority to deliver early education places must have regard to the Special Educational Needs Code of Practice. Maintained schools and maintained nursery schools must identify a member of staff to act as Special Educational Needs Co-ordinator (SENCO) and other providers (in group provision) are expected to identify a SENCO. Childminders are encouraged to identify a person to act as a SENCO and childminders who are registered with a childminder agency or who are part of a network may wish to share the role between them. *DfE (2023) Statutory Framework for Early Years Foundation Stage, para 3.68*



How to decide if a child has SEN:

- Does the child have a learning difficulty, that is, a significantly greater difficulty in learning than their peers? A key consideration, but not the sole consideration in this, is whether the child is making expected progress; or
- Does the child have a disability that prevents or hinders them from making use of the facilities in the setting? and
- Does the learning difficulty or disability call for special educational provision, that is, provision that is additional to or different from the provision normally made available?

Hold discussions with parents and together set long and short term outcomes in order to support the child's learning and development and monitor their progress.

Emerging SEND: Step 1

First concerns and early identification.

Early years settings need to be responsive to any cause for concern and identify and respond to special educational needs.

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. *DfE (2023) Statutory Framework for Early Years Foundation Stage, para 1.12*

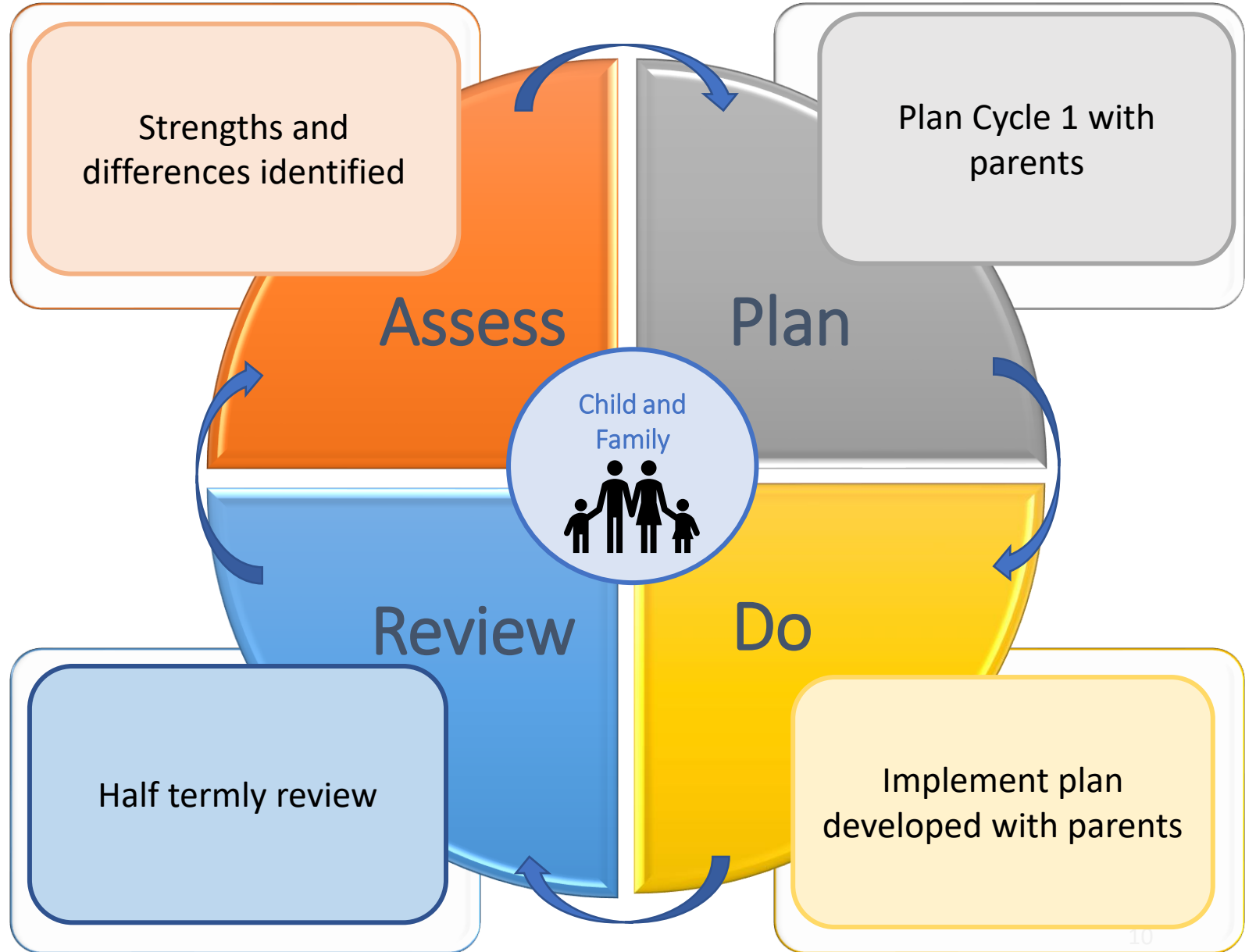
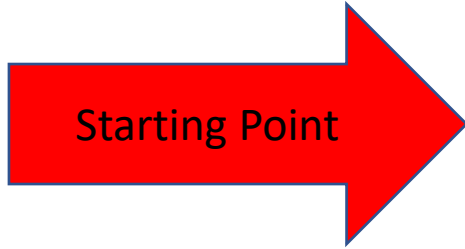
Note: difficulties related solely to learning English as an additional language are not SEN.

Providers must have arrangements 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. *DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 5.4*

A delay in learning and development in the early years may or may not indicate that a child has SEN, that is, that they have a learning difficulty or disability that calls for special educational provision. Equally, difficult or withdrawn behaviour does not necessarily mean that a child has SEN. However, where there are concerns, there should be an assessment to determine whether there are any causal factors such as an underlying learning or communication difficulty. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour, a multi-agency approach, supported by the use of approaches such as the Early Help Assessment, should be adopted. *DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 5.29*

The Graduated Approach

Step 1
Overview



Continue to monitor



Move to step 2



Step 1

Assess, Plan, Do, Review

Assess

Strengths and Differences are identified

Begin Cycle 1- The first step is to provide high quality inclusive provision including ensuring staff attend SEND training/e-training and SEND audit is completed.

Information about the child collected through a range of sources including:

- Information from parents
- Progress check at age two
- SENCo observation
- WellComm screening
- Voice of the child
- Tracking tools
- Observations
- Wirral Communication and Language Pathway

SenCo and keyperson work together to remove barriers through:

- SENCo providing key strategies and support (see SEND Local offer and EY quality training website)
- Discuss concerns anonymously at a SENCo planning meeting with EY SEND Officer

Plan

Plan with parents

- Discuss child's strengths and differences with parents
- Write a One Page Profile with parents
- Complete a 'How best to support my learning: Provision Map'-identifying the role of the adult 'additional to and different from' you give to the child
- SENCo and keyperson write an Early Years Support Plan and share a copy with the parents
- Share strategies with parents
- If WellComm screening indicates, refer to Speech and Language Therapy Service
- Liaise with 0-19 team (Health Visitor)
- Plan time for keyperson to implement daily support
- Access strategies from the Information for Providers page on SEND Local Offer

Do

Carry out work planned with parents

- Keyperson implements the planned strategies on a daily basis
- All staff to use planned strategies throughout the nursery day
- Share strategies and ideas with parents
- Use formative assessment to continually assess what's working/what's not working
- Record progress and small steps using Assess, Plan, Do, Review Record Sheet
- Liaise with parents throughout the half termly period

Review

Review half termly

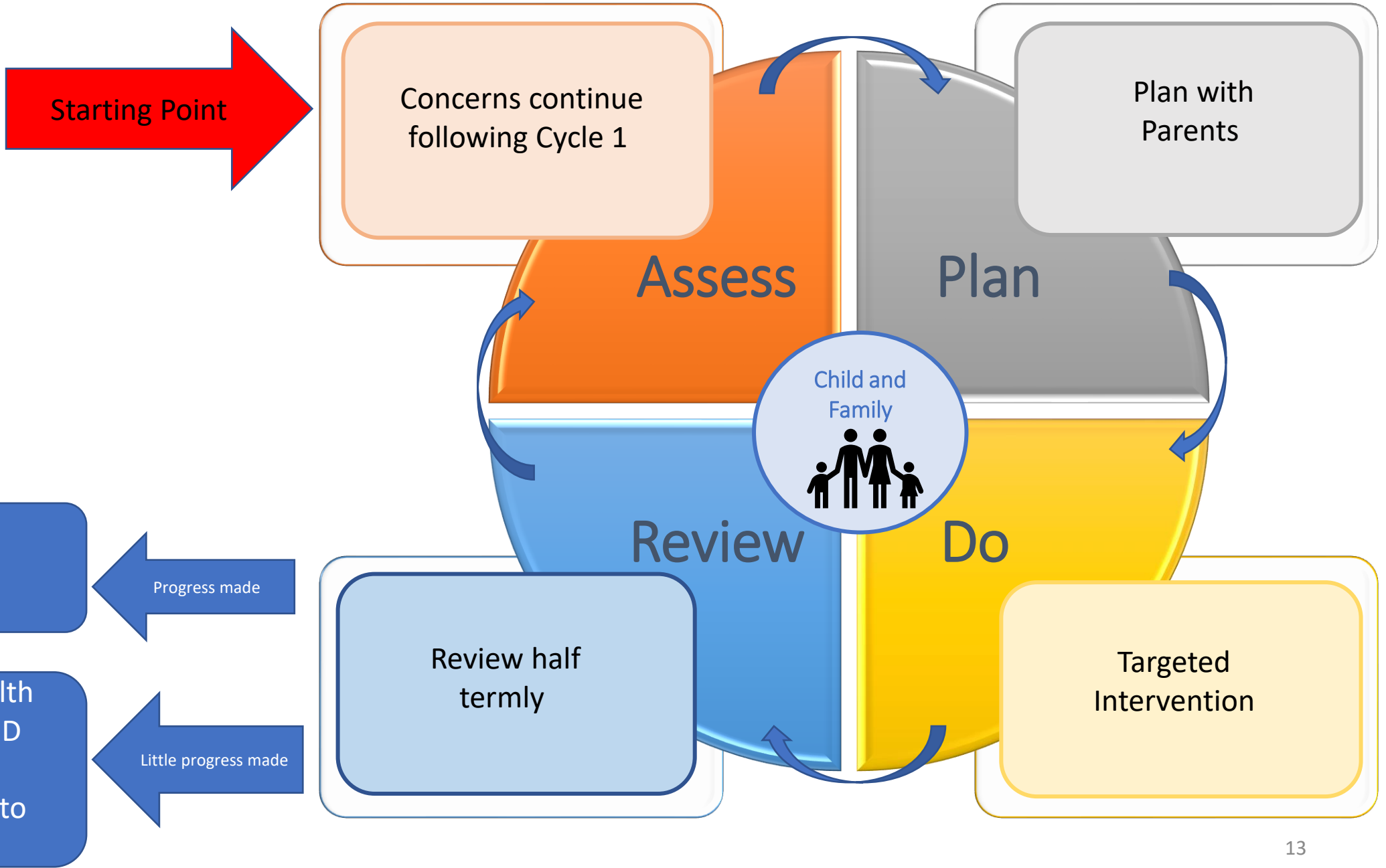
- Review after 6 weeks/half termly
- Meet with parents and discuss progress made and next steps
- Complete Early Years Support Plan Review section
- **Targeted Progress made:**
 - Continue to monitor and support as and when required
- **Little Progress made:**
 - Continue with second cycle of Assess, Plan, Do, Review (APDR)

Targeted Support: Step 2

Some children will benefit from a more targeted approach to their learning, which will involve the setting:

- Holding discussions with parents about your concerns, taking into account parent/carer views, jointly planning outcomes and next steps.
- Building a holistic profile of the child's development with parents and together completing the **One Page Profile**.
- Setting clear and achievable learning outcomes in partnership with parents. Document these in the **Early Years Support Plan**. Review **long and short term outcomes** half-termly along with parents.
- Engaging with Health Visiting team to request **Ages and Stages Questionnaire** be completed.
- Use **Wellcomm Screening** toolkit to determine any expressive/receptive language need. Refer to Speech and Language Therapy as appropriate.

Step 2 Overview



Step 2

Assess, Plan, Do, Review

Assess

Concerns continue following Cycle 1

- Update tracking information, using a range of documents to gain a holistic picture of the child's needs e.g. Early Support Developmental Journal, Birth to Five Matters 'Ranges'
 - Complete an up-to-date WellComm Screening (reviewed 3 monthly), add results to Test wise.
 - If RED at age, complete a referral to SALT
 - If Amber at expected age, continue to monitor through APDR Cycle
 - If a referral to SALT has been made and progress has been noted since last Screening, send updated information to SALT
- (See SALT Pathway for further information).

Plan

Plan with Parents

- Reflect on the last review of Early Years Support Plan 1
- Update One Page Profile and Provision Map
- Write next plan using SMART targets with parents and keyperson
- Use strategies from Local Offer strategy advice sheets and EY SEND Toolkit
- Use strategies from Speech and Language Therapy if a report has been written
- Use WellComm Big Book of Ideas to plan appropriate activities and share activity sheets with parents
- Identify the training needs of practitioners supporting the child and book onto relevant training sessions e.g., SALT workshops, AET Training sessions

Do

Targeted Intervention

- Carry out targeted interventions on a daily basis
- All staff to use targeted strategies throughout the nursery day
- Share strategies and ideas with parents
- Use formative assessment to continually assess what's working/what's not working
- Record progress and small steps using Assess, Plan, Do, Review Sheet
- Liaise with parents throughout the half termly period

Review

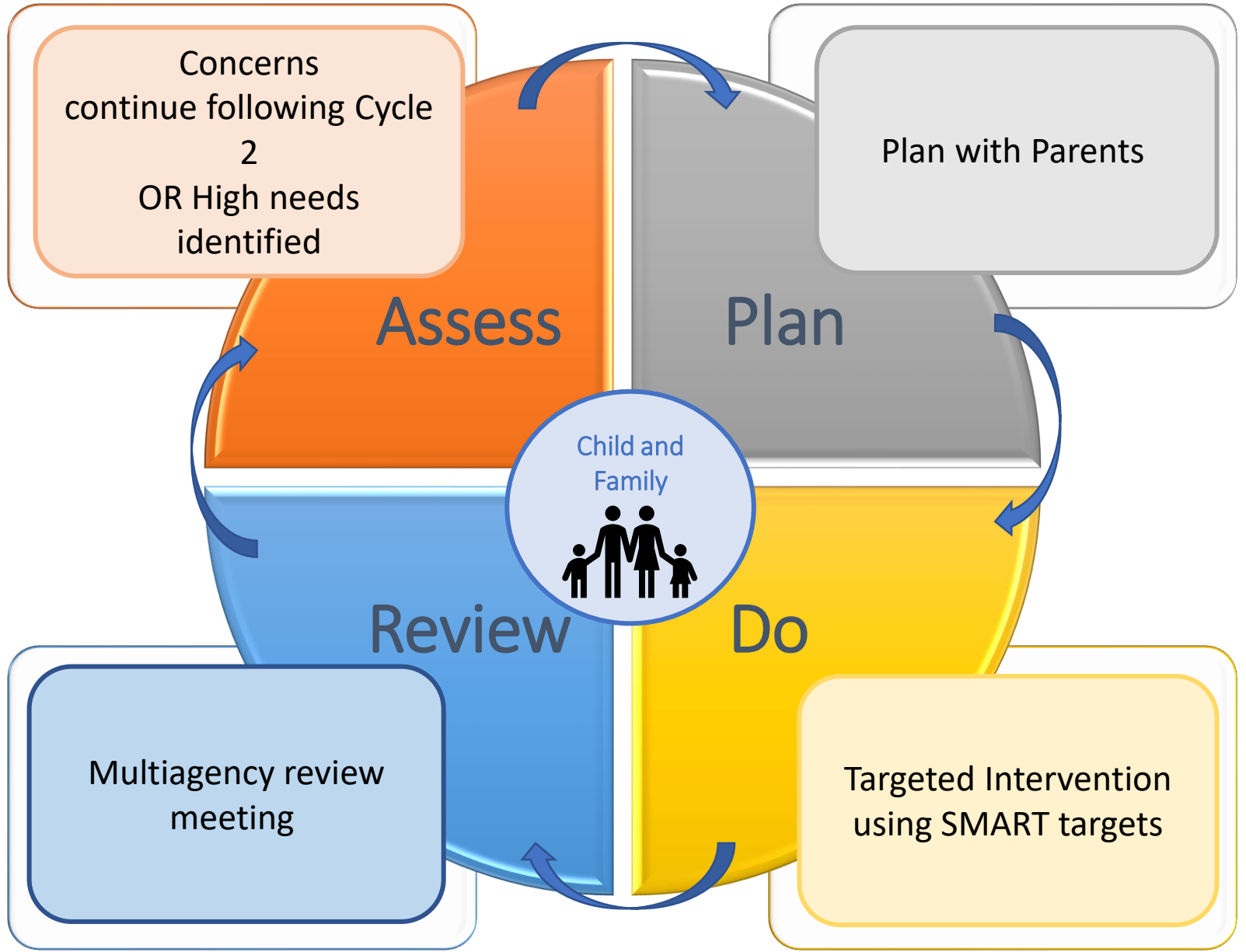
Review half termly

- Review after 6 weeks/half termly
- Targeted Progress made:
 - Continue to monitor and support as and when required
- Little Progress made:
 - Contact 0-19 Team to share concerns and request Progress check at age two/ASQ /ASQ-SE
 - Contact SALT to refer if necessary or update WellComm Screening Score
 - Signpost parents to further support providers e.g., Family Toolbox, Koala North West
 - **Complete Request for involvement to EY SEND Team**

Specialist Support: Step 3

- Gain parental permission to contact other professionals already involved with the child to inform individualised Early Years Support Plan.
- Liaise with other professionals as necessary.
- Review progress with parents at least termly and update the Early Years Support Plan with ongoing or new outcomes.
- Additional funding may be requested via **SENIF (Special Educational Needs Inclusion Funding)** to enable interventions to be implemented effectively.
- **Disability Access Fund** can be applied for if the child is in receipt of **Disability Living Allowance** to enable the purchase of resources to support the child's progress.
- Request for involvement of **Early Years SEND Officers** to observe the child and offer further strategies and advice may be necessary.

Step 3 Overview



Continue APDR cycle



EHCA discussed at review



Step 3 Assess, Plan, Do, Review

Assess

Concerns continue following Cycle 2/High needs identified

- Update tracking information, use a range of documents to gain a holistic picture of the child's needs e.g. Early Support Developmental Journal, Birth to Five Matters 'Ranges'
- Complete APDR summative review for 2nd cycle
- Complete request for involvement of EY SEND Team online (see https://my.wirral.gov.uk/service/Early_Years_SEND_request_for_involvement) attaching 2nd EYSP with review, One Page Profile, Tracking data and WellComm score
- If child already identified as having high/complex needs and other professionals are involved, complete One Page Profile, Provision Map and EY Support plan and refer to EY SEND Team (see link above) including reports from other professionals
- Parent/carer information sheet completed in preparation to share with EY SEND Officer
- Early Years SEND Officer observes child in setting and discusses next steps and strategies with Keyperson/and or Senco

Plan

Plan with Parents

- Reflect on last Review of Early Years Support Plan 2
- Update One Page Profile and Provision Map
- Write next plan using SMART targets with parents and keyperson. Include outcomes and targets suggested by Early Years SEND Officer in their record of involvement.
- Use strategies from SEND Local Offer and EY SEND Toolkit
- Use strategies from Speech and Language Therapy or other professionals and include in the Early Years Support Plan
- Use WellComm Big Book of Ideas
- Identify training needs of practitioners supporting the child and book onto relevant training sessions e.g., SALT workshops, AET Training sessions, Level 2 Understanding the needs of Babies and Young Children with SEND.

Do

Targeted Intervention using SMART targets

- Carry out targeted interventions on a daily basis
- All staff to use targeted strategies and interventions throughout the daily routine
- Review learning environment and adapt to meet child's differences to support their learning
- Support the child's needs across the curriculum
- Share strategies and ideas with parents to carry out at home
- Use formative assessment to continually assess what's working/what's not working
- Record progress and small steps using Early Years Support Plan Review
- Liaise with parents throughout the half termly period

Review

Multiagency review meeting

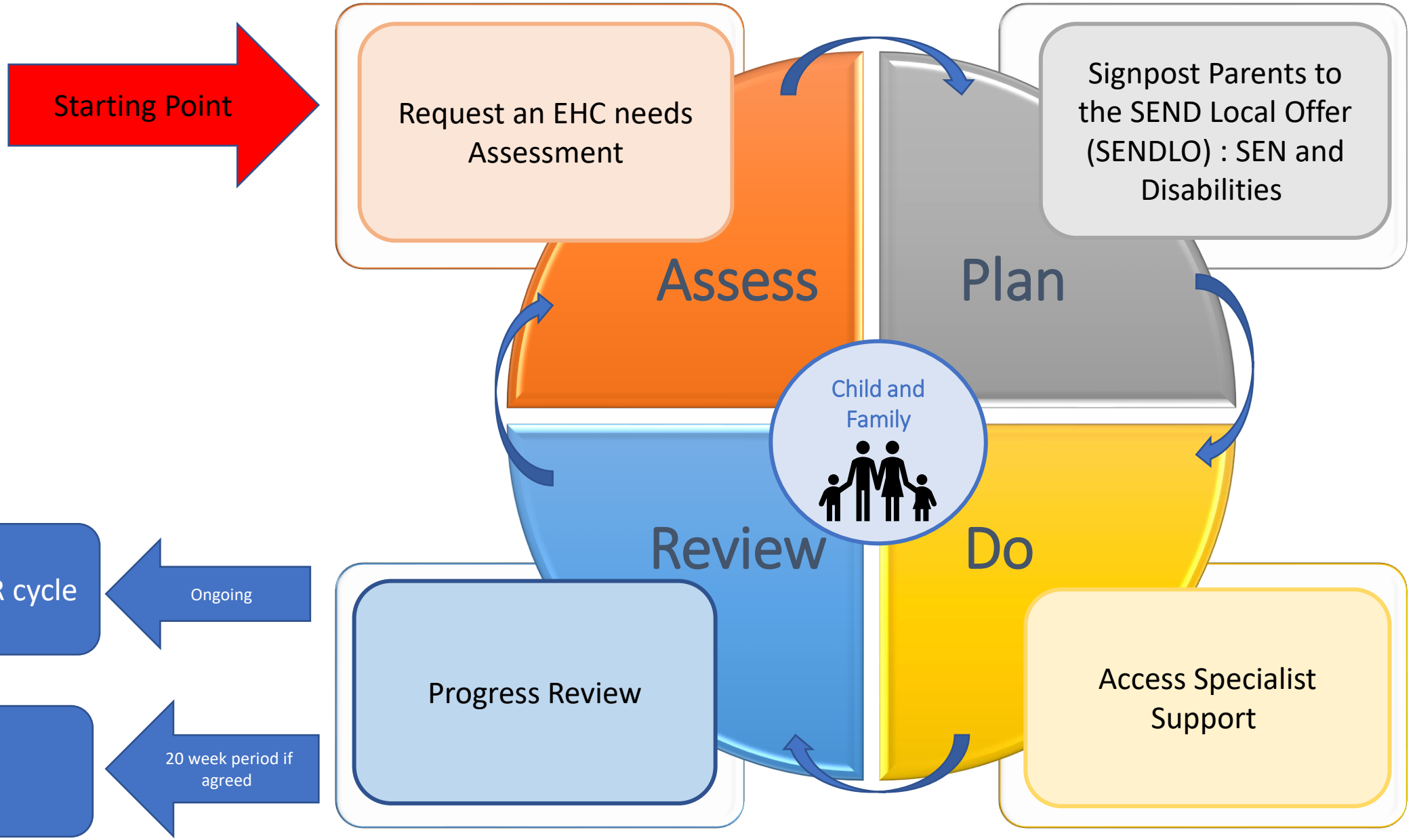
- Review after 6 weeks/half termly
- Targeted Progress made:
 - Continue to monitor and support learning and development, meet with parents half-termly to discuss progress and review Early Years Support Plan
- Little Progress made:
 - Contact professionals and parents to arrange a multi-agency review meeting to take place virtually or face to face
 - At the meeting review the child's progress towards outcomes on their Early Years Support Plan. Discuss what's working well and the child's needs. Consider the child's barriers to learning and improvements and changes the setting can make to support the child's learning. Establish child's tracking data, level of progress made and long term needs, to determine if an assessment of the child's Education, Health and Care needs be requested
- Actions from the meeting could include accessing specialist support, e.g., Autism and Social Communication Team if concerns around social communication or a diagnosis of Autism (see <https://localofferwirral.org/listing/wirral-asc-team/> for referral form), or advice from Educational Psychologist via consultation at a drop in (email epresponse@wirral.gov.uk with email subject "SENDCO Drop in" outlining your request
- If agreed made to move forward to assess EHC needs, Senco begins to collate all evidence and completes the request for assessment form (see <https://localofferwirral.org/help-for-your-child/sen-and-disabilities/> for paperwork).

Education, Health and Care Needs Assessment: Step 4

The child fails to make adequate progress despite appropriate interventions at step 2 and 3. A high level of support is required to ensure the child makes adequate progress. A request for an assessment of their Education, Health and Care needs is considered via a multi-agency review meeting with parents, setting and other professionals involved. If agreed to initiate a statutory assessment of their special educational needs the setting complete the paperwork to request an assessment which may lead to an **Education Health Care Plan (EHCP)**.

If under the age of 5, EHC plans will need to be reviewed every **3-6 months** with the child, parents and professionals involved in the formal review process.

Step 4 Overview



Step 4 Assess, Plan, Do, Review

Assess

Concerns continue following APDR

- Specialist intervention and paperwork collated to inform EHC needs Assessment request
- Submit an EHC needs assessment in agreement with parents, Senco has collated all evidence and completes the request for assessment form, (see <https://localofferwirral.org/help-for-your-child/sen-and-disabilities/> for paperwork)
- Update tracking information, use a range of documents to gain a holistic picture of the child's needs e.g. Early Support Developmental Journal, Birth to Five Matters 'Ranges'
- Complete APDR review
- Reflect on last review of Early Support Plan
- Identify further training needs of practitioners supporting the child and book onto relevant training sessions e.g. SALT workshops, AET Training sessions , Level 2 Understanding the needs of Babies and Young Children with SEND

Plan

Signpost Parents to the Wirral Local Offer : SEN and Disabilities

- Use strategies from Speech and Language Therapy and/or other professionals and include in Early Years Support Plan to share with parent/carer
- Signpost Parents to Wirral SEND Local Offer; <https://www.sendlowirral.co.uk/>
- Watch "What is an EHCP and who is it for?" Video clip <https://youtu.be/ughC-a5RhAc>
- Fact sheet regarding an EHCP; https://localofferwirral.org/wp-content/uploads/2016/06/Fact-Sheet_Education-Health-Care-Plans.pdf
- Share strategies and ideas with parents to carry out at home

Do

Access specialist support

- Carry out targeted interventions on a daily basis
- All staff to use targeted strategies and interventions throughout the daily routine
- Review learning environment and adapt to meet child's differences to support their learning
- Support the child's needs across the curriculum
- Liaise with parents throughout the half termly period
- Arrange a multi-agency meeting with parents and any other professionals if needed
- Contact Educational Psychologist Drop-In session if needed
- Ensure ASC Team specialist advice is embedded within SMART targets on the Early years Support Plan

Review

- Review after 6 weeks/half termly
- Continue with APDR Cycles until EHCP finalised
- Use EHCP Targets for Early Years Support Plans
- Review EHCP 6 monthly



Area of Need: Communication and Interaction

Area of need: Communication & Interaction



Introduction to area of need:

When the revised EYFS statutory framework was published Communication and Language was given a heightened focus.

Speech, Language and Communication needs (SLCN) can be defined as children having differences in how they communicate with others because they have difficulty saying what they want and being understood by others, difficulty understanding what is being said to them or differences in understanding or using social rules of communication (*SEND Code of Practice 2015*).

During the past decade we have seen increasing evidence relating to language development. The report by *Snowling et al (2011)* powerfully demonstrated the link between language and communication and later attainment; indicating that language skills are among the best predictors of educational success.

The revised Development Matters further highlights the relationship between language development and self-regulation, which has been given greater emphasis in the revised EYFS. It states, "Language development is central to self-regulation: children use language to guide their actions and plans". (*DfE 2020*)

Exemplar Case Study: William

Meet William, who has just started in the pre-school room. He is 3 years old. He communicates nonverbally, just saying the occasional word that is copied. He prefers to play alone but has good concentration on activities that interest him and can get very frustrated if an adult tries to re direct him.



William's One Page Profile
William's Early Years Support Plan
William's Provision Map



How might a child communicate a need within Communication & Interaction?

- Child will lead an adult by the hand to items.
- Child has little or no speech but uses gestures and actions to signal wants and needs.
- Child uses some repeated common 2-word phrases, e.g., "Oh dear", "All gone".
- Child may be withdrawn or may be highly frustrated, demonstrated through crying, anger or aggression.
- Child has poorly developed receptive language skills.
- Speech sound skills are delayed or do not follow a typical pattern of development.
- Speech may be understandable by adults who know the child well.
- Speech includes persistent errors with certain sounds, e.g., replacing k sound with t sound.
- Speech is harder to understand out of context.
- Child cannot initiate involvement or interact with peers during routine activities.

Strategies to support Communication & Interaction

Actions for practitioners

- Complete the Communication and Language Audit
- Make sure there are communication friendly spaces in the room
- Ensure staff have knowledge of Wirral Communication and Language Pathway
- Book staff onto WellComm Training
- Book staff onto the Sound Listening Programme Training
- Book staff onto Autism Educational Trust Training

Next Steps

- Complete an up-to-date WellComm Screening
- Refer to SALT following the WellComm outcome
- Liaise with child's Health Visitor for advice (with parental permission)
- Complete 2 Cycles of APDR – if further concerns following Cycle 2 review, refer to Early Years SEND Team

Strategies for supporting the child

- Carry out WellComm speech and language screening on the child. Carry out appropriate activities from the “Big Book of Ideas”. Refer to Speech and Language Therapy if appropriate.
- Ensure your setting has an inclusive environment: visual photographic timeline showing the daily routine, ‘now and next board’ to support transitions, choice boards (making a choice of nursery rhyme to sing/activity to carry out), photographic rules of the setting, Makaton board with sign of the week, and equipment and resources are accessible to children, at their level, labelled with photograph and words.
- Use visual cues to aid understanding. Objects of reference can be used to represent different parts of the daily routine, e.g. At snack time show the child a plate and say, “Snack time”. Be consistent in the use of the same objects to represent the routine.
- Play shared attention games with an adult, such as blowing bubbles, playing peekaboo, playing tickle games, playing ‘Ready, Steady, Go’ games.
- Use ‘Special Time’ to share opportunities for shared attention.
- Use ‘Giggle Time Games’ to encourage the child to initiate play, involve the adult and follow the adult.
- Keep language simple and understandable to the developmental level of the child. Use gesture and pointing to help with understanding when giving instructions. Give one instruction at a time.
- Keep language simple when you communicate with the child. If they use single words, add one more word and repeat back, e.g., if the child says “Car” you can respond by saying “Yes, red car”.
- Narrate and comment on the child's play using simple language, e.g. When playing with the farm you may say “Horse is jumping”.
- Accept children's attempts at words. Echo back correctly with praise.



Resources

- [Attention Autism](#)
- [Attention Autism. Dingley's Promise](#)
- [Autism Education Trust](#)
- [Early Support Information on Speech, Language and Communication Needs](#)
- [Ican - help for professionals and parents](#)
- [Look-say-sing-play](#)
- [Makaton](#)
- [Speech, Language and Communication Framework](#)
- [Wirral NHS Speech and Language Therapy Service](#)
- [Wirral EY WellComm Training](#)
- [Letters and sounds: principles and practice of high quality phonics - phase one teaching programme](#)

Videos

- [Wirral NHS Speech and Language Therapy Service videos for parents](#)
- [Makaton signing](#)
- [Attention Autism](#)
- [Intensive interaction](#)

Example of a One Page Profile for a child with Communication and Interaction needs

What people like and admire about me...

I have a great sense of humour and like to laugh with an adult.
 I am an excellent nonverbal communicator.
 I am very skilled and creative when making different train tracks for my trains.
 I am very affectionate towards my familiar adults and will often come for a cuddle.



My One Page Profile William

What's important to me...

Watch and learn my non-verbal communication so you know what I am asking for.
 Make sure I can carry my train when I need to and hold it during snack time.
 There is a quiet space that I like to go to when I need it. I like to have my comfort blanket and for an adult to stroke my hand to help me calm.
 I like to look at the fish when I walk down into nursery as part of my morning routine.
 I like to be able to have time to play with my trains by myself every day.
 My favourite nursery rhyme is 'Wheels on the Bus'. I like to listen and watch when an adult sings and completes the songs actions.

Name: William

DoB: 02.04.22

Date: 21.04.22

How best to support me...

Support my understanding by using objects of reference throughout the session and during transition times.
 Keep your words short and simple and using signing to support.
 Allow me to join in carpet time by standing on the other side of the room by the sand tray. I like to be able to watch and listen to the songs during carpet time from afar whilst an adult is alongside me singing and joining in the actions.
 Let me come to the dinner table once I have looked from afar first. I like to hold my train during snack time.
 Play alongside me and comment on my play and model language to me.
 Use a signal to tell me when transitions are about to occur such as shaking the tambourine.
 Help me access my quiet space when I need some time to calm.

Example of an Early Years Support Plan for a child with Communication and Interaction needs



EARLY YEARS SUPPORT PLAN				
Name: William Green		D.O.B: 2.4.2020	Plan no. 2	Date started:6.1.23
		Review Date:8.4.23		
Parental Aspirations: For William to be happy For William to have friends. For William to use verbal language.			Child Aspirations: For others to understand me. To know what is happening next in my day. To have my train with me when I need it.	
Area of Need: <i>Communication and interaction</i>				
ASSESS				
Baseline: <i>(What can I do already)</i> Wellcomm – green section 2 Range 2 (development matters) for prime areas Leuven Scale for wellbeing (4 high) and involvement (3 moderate)			Identified Needs: <i>(Things I need support with, identified from tracking tools.)</i> To support me to communicate using verbal <u>language</u> I prefer to play alone. To begin to provide dry messy play activities which I can access with support.	
PLAN		DO <i>(Strategies: What will we do?)</i>	REVIEW <i>(Complete at review meeting. What has been achieved, what's working/not working?)</i>	Next Steps <i>(Complete at review meeting to inform next plan)</i>
Long term outcomes: <i>(Over the next 12 months I will be able to. Please remember to use <u>strength based outcomes</u>)</i>	Short term outcomes: <i>(SMART Targets over the next 6-8 weeks I will be able to. Please remember to use <u>strength based outcomes</u>.)</i>			
1. To communicate my wants and needs using my preferred communication method.	1. To use my skills of being able to copy to begin to sign 'more' when the adult pauses in the game of bubbles and snack time 3 out of 5 times a week.	<ul style="list-style-type: none"> Use a quiet area of the room. Provide a daily key person time intervention focusing on the adult to model 'more' sign and say the word 'more'. The adult will model this several times but then pause for the child to sign 'more' and vocalise 'more'. Praise "good talking" and the adult to reward by immediately blowing bubbles. Provide two choices at snack time from which William can select from to encourage communication and language. 	William was motivated to sign and make a 'uh' sound during snack time when asking for more food and was generally using it for 5/5 sessions a week by the final week. <u>However</u> he was not motivated during the game of bubbles. Although William was when encouraged beginning to make sign <u>more when</u> he wanted the adult to push the car down the ramp.	Adult to encourage William to sign "more" when he is engaging in shared attention with an adult. <i>"William to sign and vocalise 'more' during joint attention activities with an adult 3 out of 5 sessions"</i> <i>Introduce another sign to William.</i>
2. Allow an adult to engage in my play following my interests.	2. To build upon my special interest of trains I will engage in parallel play with an adult playing	<ul style="list-style-type: none"> Key person to assess using the Venture into Play profile and develop next steps in play. 	William will look at the adult for a few seconds before continuing his play.	<i>After copying William's play introduce a new action and see if he registers or copies it.</i>

Example of an Early Years Support Plan for a child with Communication and Interaction needs



<p>3. To engage in a wide range of play activities</p>	<p>alongside me, commenting on my play, and imitating my play for 2 minutes in the train area 3 / 4 times a week.</p> <p>3. Begin to engage in messy play activities 3/5 times a week.</p>	<ul style="list-style-type: none"> Model William's play following his interests in trains. Sit next to/in the area with William using similar toys as he has and copy his play. Comment on your play and William's play. Mirror his play. Note how he responds to you and how he invites you into his play. <p>Adult to set up messy play activities using dry resources such as William's favourite cereal. Adult to support William to access the activity using his likes of numbers by hiding numbers in the cereal and model finding them. Adult to adapt using different resources.</p>	<p>William enjoyed finding the numbers in the cereal and would find the numbers independently and then arrange them in sequence.</p>	<p><i>'William to look at an <u>adults</u> action in play 3 out of 5 times a week.'</i></p> <p><i>Adults to set up a different dry messy play activity such as oats with numbers hidden in it.</i></p> <p><i>William to engage by finding the numbers in a dry messy play activity of oats 4/5 times a week.</i></p>
<p>Date plan discussed with parents: _____</p>				
<p>Signed _____ Key Person/Senco</p>				
<p>Signed _____ Parent /Carer</p>				
<p>Any further actions from review meeting with parent/carer:</p>				
<p>Date of Review Meeting: _____</p>				
<p>Signed _____ Key Person/Senco</p>				
<p>Signed _____ Parent /Carer</p>				

Example of a Provision Map for a child with Communication and Interaction needs



My Provision Map: How do you support my learning?

My name is William

My date of birth is 02.04.2019

My Key Person is Lucy

<p>Inclusive Practice Funding in place? Yes</p>	<p>Current Outcomes:</p> <ul style="list-style-type: none"> I will use a sign and single word to request 'more' in a game with an adult I will access dry messy play activities 	<p>Focused programmes of support, eg. <i>Speech and Language plan, Social Communication Intervention Plan, Physiotherapy activities etc.</i></p> <ul style="list-style-type: none"> Speech and Language Programme Venturing into Play
<p>Breakfast/snack/mealtimes: An adult will show me a plate/sign to indicate snack time and support me to move to the snack table. I like bananas, an adult will offer me a choice of banana or apple using the objects and single words. An adult will have a train available for me to hold during mealtimes.</p>	<p>Greeting time: A consistent adult will greet me and my Mum at the gate as we come into nursery. An adult will provide an object of reference (train) to help me to transition into the nursery building. Provide time for me to look at the fish in the fish tank on the way down to my classroom.</p>	<p>Story and rhyme times: (large group times) An adult will be alongside me during carpet time as I play in the sand tray where I can see and hear the group time. The adult will model the songs and actions with me and give lots of positive praise when I stop and turn to notice the adult's actions or stop to look at the carpet time activities. An adult will play alongside and copy my play, actions, and sounds whilst I explore the sand tray.</p>
<p>Child initiated play: An adult to play alongside me copying my sounds, actions, and gestures as I explore a range of areas. Adult to have their own set of resources to mirror and then model extended play.</p>	<p>Adult initiated play: An adult to use Intensive Interactions to develop shared attention with me, being at or below my eye level, watching and imitating the sounds, body language and movements I make. Begin to develop into early turn taking, reciprocal communication games.</p>	<p>Adult led activities: (small group times) An adult to set up messy play activities using dry resources such as my favourite cereal. Adult to support me to access the activity using my interest of numbers. Hide numbers in the cereal and model finding them. Adult to adapt using different resources.</p>
<p>Toileting: Adult to use an object of reference (nappy) to prompt toileting time as part of the routine. Adult to support me by singing my favourite song (Wheels on the bus) whilst changing my nappy.</p>	<p>Rest /sleep times: An adult will help me calm for rest time by sitting by me and stroking my hand. I like to have my comfort blanket for sleep time.</p>	<p>Transitions: An adult will use consistent signal/object of reference to indicate transitions. Adults in the room will signal a change in routine using a consistent signal e.g., Lights off / quiet classical/relax music / the tambourine</p>
<p>Outdoor play: An adult will support me to explore play equipment safely when outdoors. An adult will use my favourite activities to encourage me to play in different areas outside and will show me an object of reference, so I know it's time to go inside.</p>	<p>Home time: An adult will help me to transition to the door using my coat and lunchbox as a signal for home time. The adult will give verbal/written feedback to my parents at the end of each session.</p>	<p>Visits/visitors: An adult will prompt me when a new member of staff is in the room by showing me their photograph and naming them. If the children visit a new room or area in nursery an adult will pre-empt the transition by visiting the new area with me prior to the group visit.</p>



Area of Need: Social, Emotional and Mental Health

Area of need: Social, Emotional and Mental Health (SEMH)



Introduction to area of need:

It is important to understand that all behaviours are a form of communication.

Birth to Five Matters (2021) states *“Children are powerful learners from birth. They can develop strong habits of mind and behaviours that will continue to support them to discover, think, create, solve problems and self-regulate their learning. Children need consistent lived experiences of autonomy alongside support for their growing awareness and control of the processes of thinking and learning. Play, time, space and freedom to follow their intentions, sustained shared thinking, and experiencing the satisfaction of meeting their own challenges and goals all contribute to development as curious, creative, resourceful and resilient learners “*

Children’s Personal, Social and Emotional Development (PSED) is crucial for children to lead healthy and happy lives and is fundamental to their cognitive development. Underpinning their personal development are the important attachments that shape their social world. Strong, warm and supportive relationships with adults enable children to learn how to understand their own feelings and those of others. Children should be supported to manage emotions, develop a positive sense of self, set themselves simple goals, have confidence in their own abilities, to persist and wait for what they want and direct attention, as necessary (Gov.uk, 2022)

Through adult modelling and guidance, they will learn how to look after their bodies, including healthy eating, and manage personal needs independently. Through supported interaction with other children, they learn how to make good friendships, co-operate and resolve conflicts peacefully. These attributes will provide a secure platform from which children can achieve at school and in later life. (Gov.uk, 2022)

Exemplar Case Study: Yusef

Meet Yusef. He is 3 years old. He has good expressive language. He is lively and boisterous. He is currently looked after by his Grandma as he witnessed a severe case of domestic violence. As a result, he can display very emotional or angry behaviours.



Yusef's One Page Profile
Yusef's Early Years Support Plan
Yusef's Provision Map



How does the child communicate an area of need within PSED?

- Frequent outbursts of anger, crying, shouting, hurting others or themselves.
- May withdraw into themselves and be difficult to engage due to their inability to interact with others.
- Find it difficult to express their emotions appropriately.
- Find it difficult to self-calm when upset.
- Find it difficult to cooperate and refuse to carry out adult demands.
- Low self-esteem.
- Poor listening and attention skills.
- Difficulty making relationships with adults and children.
- Difficulty regulating emotions and recognising other’s emotions.
- Lacking confidence.
- Requiring constant attention.
- Appearing to be unhappy for the majority of time.
- Child may display anxiety.
- Difficulty learning, remembering and applying social skills.

Strategies to support SEMH

Actions for practitioners

- Complete SEND Inclusion Audit
- Use an ABCC log to record and analyse behaviours
- Write a One Page Profile to determine the child's strengths and interests and how best to support them.
- Write an Early Years Support Plan to identify the child's strengths, possible areas for development and outcomes to work towards.

Next Steps

- If 2 Cycles of APDR - Refer to Early Years SEND Team
- Refer to [Early Childhood Services](#) to support family with parenting or get support from Family Support Worker.
- Liaise with child's Social Worker and attend meetings as required.
- Liaise with child's Health Visitor for advice (with parental permission).
- Obtain advice from Wirral CAMHS (Child and Adolescent Mental Health Service) advice line, contact 0151 488 8453 Monday to Friday 9am to 4.30pm.

Strategies for supporting the child

- Daily small group activity to support development of Personal, Social and Emotional skills and adult supported activity to follow outcomes on Assess, Plan, Do, Review proforma.
- Ensure all staff are consistent in their approach to using behaviour strategies and have a shared understanding of what these are.
- Have clear, consistent routines with use of consistent language and visual cues.
- Designated practitioner greets the child and parent/carer on entry.
- Ignore certain behaviours, if possible, regularly observe the child to identify triggers of negative behaviours (use ABCC –Antecedent, Behaviour, Consequence, Communication-log to document and analyse the findings) and avoid 'trigger' situations. Observe the child regularly to analyse and identify what the behaviour is telling you. Remember that the child is communicating something to you through their behaviour.
- Have a quiet area available such as a darkened den with fairy lights for the child to retreat to when feeling emotional or anxious.
- Practitioners focus on and label the behaviour rather than the child. Practitioners actively look for children behaving appropriately and reward them with specific praise. Expected behaviours and rules are positively worded, eg. 'we look after our friends'. Expected behaviours are communicated frequently to children, parents and staff. Praise is awarded consistently and fairly at the same level by all staff for appropriate behaviour.
- Practitioners use 'I' statements, eg. "I feel sad because the toy is broken". Use the conflict resolution strategies to solve problems and resolve conflict: a) Approach calmly, use a calm voice and gentle touch. b) Acknowledge and use language to show feelings, say "You look really upset". c) Ask for input, "What can we do about it?" "How can you help?"
- Divert attention away from behaviour by turning their attention to something else of interest. Speak in a quieter voice and stay calm.
- Give clear choices, eg. "You can either tidy up now or when everyone else has the story."
- Give specific praise for positive things the child does such as "good sitting", "good waiting" using signs and gestures to represent the words.
- Name the child's emotions they display. Use emotion dolls/pebbles/visuals to identify how the child is feeling. Read stories about emotions eg. The Colour Monster
- Use a 'Calm box' containing bubbles, books, massage tools, sensory items to help support the child and pre-empt high emotions.
- Discuss facial and body features children display to identify different emotions. Use books to name emotions of characters. Talk about how the characters may feel.
- Implement relaxation or yoga activities into the routine.

Resources to support Social, Emotional and Mental Health (SEMH)



Resources

- [National Strategies Inclusive Development Programme, Supporting children with Behavioural, Emotional and Social Difficulties.](#)
- [National Strategies Social, and Emotional Aspects of Development \(SEAD\)](#)
- [Wiltshire Early Years "Supporting positive behaviour audit".](#)
- [Information on early intervention, Paving the Way Works](#)
- [Early Support Information on behaviour](#)
- [Do2Learn Social and Behavioural Skills](#)
- [Understanding your child's behaviour](#)
- [Calm box example](#)

Videos

- [Cosmic Kids Yoga](#)
- [BBC Teach PSHE](#)
- [Mindfulness for children - CBEEBIES](#)

Example of a One Page Profile for a child with Social, Emotional and Mental Health needs

What people like and admire about me...

I have an excellent sense of humour.
I am keen to learn new things and ask questions.
I am very affectionate.



My One Page Profile

What's important to me...

It is important to me that I feel secure by having the consistency of familiar people and knowing what my day will look like.

I enjoy an active learning style and need to be moving.

I need the adults around me to react consistently in response to all my behaviours. I like it when people tell me what I am doing well.

I like having things to hold and fiddle with when in group situations.

Name Yusef

DoB: 2/4/19

Date: 21/4/22

How best to support me...

- My keyworker to greet me when I arrive each morning.
- Keep to the routine that is on my visual timetable.
- Help me to recognise my feelings (relating it to 'The Colour Monster' book) and provide me with strategies for how I am feeling (Zones of Regulation)
- Model how to play appropriately with others.
- Reassure me that my Grandma will pick me up at home time.
- Provide me with special time each day with my key person.
- During carpet times allow me to have fiddle toys.
- During mealtimes allow me to have an activity at the table to support me to sit longer.

Example of an Early Years Support Plan for a child with Social, Emotional and Mental Health needs



EARLY YEARS SUPPORT PLAN				
Name: Yusef		D.O.B. 02.04.2019	Plan no. 1	Date started: 03.01.2023 Review Date: 17.02.2023
Parental Aspirations: (Following discussion with parent/carer, what does parent/carer want for their child?) For Yusef to regulate his emotions For Yusef to understand and process his recent experiences For Yusef to be kind to his friends			Child Aspirations: (Through observations, listening to child's voice, knowledge of child, and discussion with parent/carer, what do you think the child wants to achieve?) To be happy; For others to understand me; To have friends.	
Area of Need: (Communication & Interaction, Cognition and Learning, Social, Emotional and Mental Health, Physical/Sensory) Social, Emotional and Mental Health				
ASSESS				
Baseline: (What can I do already?) I have age-appropriate use and understanding of language assessed through Wellcomm screening. My Key Person assessed my learning and development at Range 4 in Birth to Five Matters for Communication and Language and Physical Development. I am in Range 2 for Personal, Social and Emotional Development.			Identified Needs: (Things I need support with, identified from tracking tools.) I find it difficult to recognise and name my emotions. I struggle to self-regulate my emotions. I have experienced an adverse childhood experience when my Mummy couldn't look after me anymore and I went to live with Grandma.	
PLAN		DO (Strategies: What will we do?)	REVIEW (Complete at review meeting. What has been achieved, what's working/not working?)	Next Steps (Complete at review meeting to inform next plan)
Long term outcomes: (Over the next 12 months I will be able to. Please remember to use <u>strength based outcomes</u>)	Short term outcomes: (SMART Targets over the next 6-8 weeks I will be able to. Please remember to use <u>strength based outcomes</u>)			
1. Develop my listening and attention skills during group time sessions.	1. Sit alongside my Key Person at <u>storytime</u> when listening to my favourite stories for 4 minutes on 4/5 occasions.	Adult to sit alongside Yusef during carpet time activities to refocus attention when it wanes. Give Yusef a fiddle toy to help maintain attention. Give Yusef a prop to hold eg. puppet to engage with story.	Without adult support Yusef will leave the group activity after 2 minutes. When adult sits next to <u>him</u> he will remain 4-5 minutes for the duration of a short story on 4/5 occasions. Fiddle toy is too distracting for <u>him</u> and he loses focus of the story. He engages better when given a prop to hold.	Adult to sit behind him at group times for support. Sit in a tyre or on a cushion to help with focus. Use story sacks with props to continue engagement. Next <u>target:</u> <u>Yusef will sit at storytimes for 5 minutes with reduced adult support on 4/5 occasions.</u>
2. Recognise my emotions and use strategies to manage them.	2. Name my emotions when I'm feeling 'sad' and 'happy' on 3/5 occasions.	Label the feelings Yusef displays. Share stories and talk about the feelings of characters in the book-describing facial features and name the feelings they display. Use 'The	Yusef can identify and name when he is feeling 'happy', 'sad', 'angry' and 'worried' on 5/5 occasions. The 'Calm down' box works <u>well</u> and he	Provide a range of opportunities to offer calming activities at every session. Put up the dark tent with fairy lights, cushions, basket of books, some sensory toys-he

Example of an Early Years Support Plan for a child with Social, Emotional and Mental Health needs (p2)



<p>3. Ask for a turn with a toy when playing in a shared play space with peers.</p>	<p>3. Ask for a turn on the bike when modelled by an adult and visuals used to support on 2/5 occasions.</p>	<p>Colour Monster' book to talk about feelings and emotions. Provide relaxation activities – Cosmic Yoga. Have a 'Calm down' box containing items of interest eg squish ball, bubbles, items for massage. Ensure Yusef is greeted by his Key Person and has special time with them each day to establish a secure attachment. Share stories about different family make-ups. Read 'My Big Book of Worries' story. Follow advice from social care and other professionals.</p> <p>Model play skills and language alongside Yusef when he is playing with other children. Model "My turn please" and "Can I have a go next?" Use books such as 'Hands are not for hitting' at storytimes. Provide physical exercise to meet Yusef's needs for active learning. Role model 'Conflict Resolution' strategies to support his problem solving. Praise him for times of good behaviour. Model language such as 'Good listening', 'Good sitting', 'Good waiting' and 'Good sharing'.</p>	<p>enjoys a back massage using the wooden massager and heavy pressure. He will come to his Key Person for a hug when he's worried or sad. He is laughing more during the session.</p> <p>Yusef is able to ask for a turn on the bike when modelled by an adult on 2/5 occasions. Red and green visual circles are used to model 'stop/wait' and 'go'. He has snatched resources from peers on 3 occasions-a reduction from 25 occasions in the previous half term. Doing star jumps and going on the trampette before a group activity helps reduce incidents. Yusef is still finding it challenging to wait his turn with his favourite dinosaurs and trains.</p>	<p>currently likes poppers, for him to go to when overwhelmed. Put emotion faces on display for him to identify how he is feeling on arrival at nursery and during the session. Next target: Yusef will bring the 'Calm down' box to an adult or retreat to the dark tent independently when feeling overwhelmed on 3/5 occasions.</p> <p>Continue to use 'stop' and 'go' visuals to encourage waiting his turn. Introduce a sand timer to focus attention on waiting for his turn. Continue to encourage asking for a turn when on the bikes outdoors. Focus on turn taking during continuous provision. Next target: Yusef will ask his peers for a turn with his favourite toys during continuous provision when supported by an adult on 2/5 occasions.</p>
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Date plan discussed with parents: 04.01.2023

Signed _____ Key Person/Senco

Signed _____ Parent /Carer

Any further actions from review meeting with parent/carer:
 Yusef's grandma and grandad will play games with him every day, including Pop up Pirate, Fishing game, ball games, and use the language, "Yusef's turn", "Grandma's turn", "Whose turn next?" Praise him for "Good listening", "Good waiting", "Good sitting" etc.
 Yusef's Uncle Ali will read him stories every night at bedtime and include some stories about emotions. Nursery will lend him The Colour Monster book and My book of worries to read also.
 Nursery will refer to Early Childhood Services for support for the family and ideas on activity groups Yusef could attend.

Date of Review Meeting: 16.02.2023

Signed _____ Key Person/Senco

Signed _____ Parent /Carer



Example of a Provision Map for a child with Social, Emotional and Mental Health needs



My Provision Map: How do you support my learning?

My name is Yusef

My date of birth is 02.04.2019

My Key Person is Jade

<p>Inclusive Practice Funding in place? No</p>	<p>Current Outcomes:</p> <ul style="list-style-type: none"> To develop my listening and attention skills during group times To recognise my emotions and use strategies to manage them To be able to ask for a turn with a toy when playing in a shared play space with peers. 	<p>Focused programmes of support, eg. Speech and Language plan, Social Communication Intervention Plan, Physiotherapy activities etc.</p> <ul style="list-style-type: none"> Special Time Cosmic Yoga
<p>Breakfast/snack/mealtimes: An adult will provide me with activities such as a jigsaw or colouring to support me to stay sitting whilst waiting for meals to be served. They will sit alongside me at mealtimes and engage me and my friends in conversation.</p>	<p>Greeting time: A consistent adult will greet me and my <u>Grandma</u> at the door when we come into pre-school. I need the consistency of routine so the adult will take me to hang up my coat then to the visual timetable to explain the day.</p>	<p>Story and rhyme times: (large group times) An adult will sit alongside me during carpet time and will give me with a choice of fiddle toys. The adults will provide me with a spot/tyre to sit on/in and support me to remember the carpet rules. The adult will use interactive stories and give me a picture of something in the book to spot or a prop or puppet to hold and interact with during the story.</p>
<p>Child initiated play: Adults will model play and appropriate language to use so I know how to play with my friends and what words I need to use to ask them to play with me.</p>	<p>Adult initiated play: Adults will plan lots of physical based play to provide an outlet for my boisterous energy. I will carry out a physical activity before being expected to sit down at an activity.</p>	<p>Adult led activities: (small group times) An adult will plan and deliver a range of activities to support the development of my Personal, Social and Emotional development, as mentioned in my support plan. Engage me in small group activities (2-3 children) so I don't get overwhelmed. Use activities linked to my interests to keep me engaged.</p>
<p>Toileting: No adult support is required. I will use the photographs by the sink area so I can follow the hand washing routine by myself.</p>	<p>Rest /sleep times: When I get <u>overexcited</u> an adult will support me to access calming activities from my calm down box. I may need time in the dark 'zen den' to watch the fairy lights and listen to the quiet music.</p>	<p>Transitions: An adult will support me to know what is happening next by referring to the visual timetable. They will give me a countdown when it's time to go from outside play back inside.</p>
<p>Outdoor play: An adult will support me to engage in a range of play activities and develop my play skills with my peers. They will model how to play with different resources and show me how to ask my friends to play with me. I will be praised when I don't snatch something from a friend.</p>	<p>Home time: An adult will warn me before home time and reassure me that my <u>Grandma</u> will pick me up. They may need to sit with me as home time approaches and distract me by reading a book or singing songs so that I don't get upset.</p>	<p>Visits/visitors: An adult will warn me when a new member of staff will be coming into the room.</p>



Area of Need: Physical/Sensory

Area of need: Physical/Sensory



Introduction to area of need:

Children may display difficulties or delay with motor coordination, coordination of both sides of the body, poor spatial awareness, vestibular difficulties, sensory difficulties, eating difficulties or may have a visual or hearing impairment (or both).

“This includes children with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) or a physical disability”. SEN Code of Practice (2015)

Physical development, woven within emotional, social, cognitive and language development underpins all other areas of a child’s learning and development. “Extensive physical experience in early childhood puts in place the neurological, sensory and motor foundations necessary for feeling good in your body and comfortable in the world. The connections between brain, body and mind impact active physical play, health and self-care and are integral to physical development. This complex, interconnected system requires repeated movement experiences that are self-initiated and wide ranging. Fine and gross motor control must develop together in an integrated way so the child can achieve what they set out to do. We must ensure children have movement-rich lives indoors and outdoors from birth.” *Birth to 5 Matters (2020)*

“Gross and fine motor experiences develop incrementally throughout early childhood, starting with sensory explorations and the development of a child’s strength, co-ordination and positional awareness through tummy time, crawling and play movement with both objects and adults. Creating games and opportunities for play, adults can support children to develop their core strength, stability, balance, spatial awareness, co-ordination and agility. Fine motor control helps with hand-eye co-ordination, later linked to early literacy”. *Cumbria County Council (2021)*

Exemplar Case Study: Neema

Meet Neema. She is 2 years old. She has cerebral palsy and a visual impairment (hemianopia) so she can see from one side. She is happy and confident. She is happy to play alongside others and enjoys exploring resources. She enjoys bottom shuffling around the room.



Neema’s Provision Map
Neema’s One Page Profile
Neema’s Early Years Support Plan

How does the child communicate an area of need within Physical/Sensory?

- Poor self-help skills.
- Hand-eye co-ordination skills difficulty, eg. finds pouring and holding tools and equipment difficult.
- Finds it difficult to balance blocks to build a tower.
- Finds it difficult to thread chunky objects.
- Immature drawing skills, uses a palmer grasp.
- Needs adult support with toileting/not aware of bodily functions.
- Can be uncoordinated and frequently bumps into things.
- Tires easily, particularly after physical activity.
- Needs adult support for climbing and ascending stairs and climbing equipment outdoors.
- Finds it difficult to kick/catch a large ball.
- Finds it difficult to draw simple shapes such as circle, zig zags.
- Significant mobility needs, requiring the use of specialist equipment such as walking frame and adult support.
- The child tends to sit in a ‘W’ position, bottom between legs, knees bent with legs rotated away from the body.
- Poor Postural Control.
- Adverse responses to sensory stimulation, appears hypersensitive (moves away from sensory stimulation) or hyposensitive (seeks out sensory stimulation).

Strategies to support Physical/Sensory needs

Actions for practitioners

- Ensure all staff are consistent in the way they organise the playroom, structure activities and maintain daily routines.
- Carry out an environmental audit, considering the physical environment, noise, smells, light, colour contrast, and space. Note how changes to the environment may affect the child.
- Carry out SEND inclusion audit. Address and implement any action points.
- When children are 2, health visitors carry out the Ages and Stages Questionnaire (ASQ-3). This includes a check on the child's gross and fine motor skills. If you are worried about a child's physical development, ask their parent to share their ASQ or ask for permission to contact their health visitor.
- Review the learning environment to ensure there are opportunities to develop physical skills, thinking about the indoor and outdoor learning environment. Consider the learning environment, indoors and outdoors, and ensure there is a clutter-free floor space for ease of movement (eg. wheelchair accessibility).
- Manage risk, don't avoid it. Undertake proportional risk assessments.
- Availability of a quiet room and play space.
- Discreet spaces to carry out peg feeding/suction or administering oxygen.
- Use ICT to assist in the access to the EYFS and learning, adaptable to the needs of physically disabled children.
- Create a culture of inclusion eg. Posters promoting acceptance and inclusion, challenging disablist attitudes.
- Make reasonable adjustments to allow disabled children to enjoy similar opportunities to that of children without disabilities. Reasonable adjustments relate to provisions, criteria and practices, and to providing auxiliary aids or adaptations to premises.

Next Steps

- Liaise with child's Health Visitor for advice (with parental permission).
- If 2 cycles of Assess, Plan, Do, Review in place - Refer to Early Years SEND Team.

Strategies for supporting the child

- Daily small group activity to support development of physical skills.
- Daily adult supported activity to follow outcomes on Assess, Plan, Do, Review proforma.
- Break physical activities into small steps (use Early Support Developmental Journal for ideas).
- Offer play activities adapted to meet the needs and preferences of each child.
- Use a 'back chaining' methodology to teach new skills.
- Consider the positioning of the child and what's best for them, e.g. If vision/hearing impairment, think about light contrasts and glare. If sensitive to touch, start by introducing activities with their feet. Try to avoid sensory overload.
- Allow the child more time to complete the activity.
- Support the child by guiding hand under hand; your hand performs the activity and the child's hand rests on top of yours. If the child decides they want the activity to end, they can take their hand away at any time. This offers choice, control and a sense of freedom.
- Offer play experiences to introduce new sensory stimuli allowing the child to explore and avoid instructing them on how to engage with materials.
- Adult support during activities including toileting, dressing, action games, outdoor play.
- Follow any advice from Occupational Therapy Service/Physiotherapy Service/Dietician/Vision Support/Hearing Support.



Resources

- [Physical Activity guide for disabled children](#)
- [Sensory Ideas by Richard Hirstwood](#)
- [SENSE: Support for Children](#)
- [Scope. Games All Children Can Play](#)
- [Infant and Toddler Skills for Action](#)
- [Contact A Family: Eating and Feeding](#)
- [Contact: Potty and Toilet Training](#)
- [Contact: Sleep advice](#)
- [Steps to eating hierarchy strategies](#)
- [ERIC: Potty training children with additional needs](#)

Videos

- [SENSE. Making play inclusive: A Toolkit for play settings](#)
- [Off to the Beach. A sensory story](#)
- [Small Steps. Activities to support gross motor skills including standing/sitting/programmes within daily routine/signing and sitting/kneeling/floor stretches/](#)
- [Exploring Sensory Baskets](#)
- [Let's Play Pouring](#)

Example of a One Page Profile for a child with Physical/Sensory needs

What people like and admire about me...

I am happy and confident and love being with others. I like saying 'hi' to people when they come and see me. I will put my arms out to greet you.

I am a great dancer and love to move to music. I always get everyone else moving when they see me jiggling to the music, my energy is infectious!



My One Page Profile

Neema

What's important to me...

I see out of the left side of my eyes, so adults and peers need to be alongside me on my left hand side when interacting with me.

I need to wear my glasses all the time to help me see. I can sometimes need help to keep my glasses on.

I like to move around the room by bum shuffling and I am learning to pull up on furniture to stand.

I like to be greeted by a familiar adult everyday. I can become upset if someone I don't know tries to pick me up or hold me.

I like some additional time to process when you show me objects of reference.

I love my sensory toys in nursery, especially the musical blocks and the Little Senses light blocks.

I like to move to music.

I love mealtimes will try a range of foods.

Name: Neema

DoB: 25.01.20

Date: 21.04.22

How best to support me...

Make sure that I am greeted by a familiar adult every day when I come into nursery.

Always communication with me when you are on my left-hand side so that I can see you. Help me put my glasses back on if I take them off during the session.

Check that there is a range of sturdy furniture items that I can pull myself up on. Check that there are no obstacles in the room or outside to obstruct my movements when I explore in nursery. Make sure I have my waterproof suit on so that I can explore the outdoor area.

When showing me items to prompt a transition, allow me some additional processing time to react before helping me move to the next area.

Play alongside me helping me to explore sensory resources in the room. I may need a light hand over hand prompt to help me understand how I can play with toys.

Sing 'twinkle, twinkle' during my nappy changing time and use my lullaby cd to help me settle for my nap.

Sit with me during mealtimes to make sure that my food is broken into manageable chunks. I can sometimes need help scooping with my spoon.

Example of an Early Years Support Plan for a child with Physical/Sensory needs



EARLY YEARS SUPPORT PLAN				
Name: Neema		D.O.B. 25.01.2020	Plan no. 1	Date started: 08.01.2023 Review Date: 17.02.2023
Parental Aspirations: <i>(Following discussion with parent/carer, what does parent/carer want for their child?)</i> To be safe in nursery when moving about To be happy To make friends To be able to play with lots of different toys in nursery			Child Aspirations: <i>(Through observations, listening to child's voice, knowledge of child, and discussion with parent/carer, what do you think the child wants to achieve?)</i> To be able to move independently to explore in nursery To develop friendships with my peers To be able to play with a range of toys	
Area of Need: <i>(Communication & Interaction, Cognition and Learning, Social, Emotional and Mental Health, Physical/Sensory)</i> Physical/Sensory				
ASSESS				
Baseline: <i>(What can I do already?)</i> I can use sounds and gestures to communicate with adults around me (Wellcomm Green Section 1) I can explore resources by picking up and grasping using a full hand grasp with my dominant hand. I can shake a rattle to make noises. I am beginning to scoop and place items in containers with my dominate hand. (Development Matters Range 2)			Identified Needs: <i>(Things I need support with, identified from tracking tools.)</i> I need support when moving around in nursery and to develop my gross and fine motor skills. I need support to process the world around me and to help me explore and learn.	
PLAN		DO <i>(Strategies: What will we do?)</i>	REVIEW <i>(Complete at review meeting. What has been achieved, what's working/not working?)</i>	Next Steps <i>(Complete at review meeting to inform next plan)</i>
Long term outcomes: <i>(Over the next 12 months I will be able to)</i>	Short term outcomes: <i>(SMART Targets over the next 6-8 weeks I will be able to)</i>			
1. To develop my gross motor skills	I will pull myself to stand using sturdy furniture as a support as I explore items on top of the furniture 3/5 times a session, 3 times a week during nursery.	Follow the programme of support from Physiotherapy. Ensure that there is safe equipment for Neema to use to pull to stand. Help Neema find the top on the furniture to hold onto. Support Neema using a light underarm hold until she is confident to stand. Place sensory items in reach on the left side of the furniture for Neema to explore.	Neema will now pull up to stand on the cupboard by the book corner and the small table by the craft area. She will use one hand to support herself and use her dominant hand to pick up and explore resources. Neema will occasionally lean onto the small table to free up a hand to pass items from one hand to another. She is able to do this more than 5 times during a morning session and is consistently achieving this for the 3 sessions that she attends over the week.	Neema will pull to stand at a number of different furniture items around the room. Neema will pull to stand at the water tray and snack table to explore play resources on these surfaces 3/5 times a session, 3 times a week during nursery.
2. To begin to develop my bilateral integration when exploring through play	I will pass an item from my dominant hand to helper hand, crossing my midline 3/5 times when exploring objects, when an adult	Provide a range of sensory toy items which can be held using a full hand grasp. Have treasure baskets for Neema to explore daily. Use a light hand over hand prompt to help Neema to transfer items from one hand to	Neema is able to use her dominant hand effectively to pick up and explore her favourite sensory objects by manipulating using her wrist and arm and exploring using her senses. She will now pass an item to her non-dominant hand,	Neema will hold an object in each hand and brings them together in the middle – for example, holds two blocks and bangs them together.

Example of an Early Years Support Plan for a child with Physical/Sensory needs



<p>3. To develop my communication by using signing to indicate my wants and needs</p>	<p>places an item in my left-hand during play, up to five times during the session.</p> <p>I will imitate signing 'more' to communicate a want or need during a shared attention games 1/3 times when an <u>adult models</u> signing 'more' in a daily game.</p>	<p>another. Place items in Neema's non-dominant hand.</p> <p>Use signing to support everyday communication. Sing action songs, slow the song down and emphasize the gestures. Pause in a game for Neema to sign 'more' once you have modelled the single word and sign for her. Have visuals up in the room for all staff to use signing. Introduce a 'sign of the week'. Share with parents.</p>	<p>crossing her midline, while she is leaning at a tabletop activity or when sitting on the floor 3/5 times. Neema is not yet achieving this skill when she is standing at furniture as she uses one hand to balance herself as she continues to develop her core strength.</p> <p>Neema has begun to place her two hands together to signal 'more' in a game. She will use this during 'ready, steady, go' games approximately twice when an adult models and pauses. Neema is beginning to imitate this at snack time to ask for 'more snack' when an adult models. She is also beginning to join in some actions during song time such as placing her hands on her head or lifting her arms up during action songs.</p>	<p><i>Neema will hold and a block in each hand and bang them together in the middle 3/5 times when an adult models during the play session.</i></p> <p>Neema will make a choice by signing to request.</p> <p><i>Neema will sign to request one out of two favoured nursery rhymes when an adult shows her the object of reference and sign e.g. 'spider' or 'twinkle star' 4/5 times on a daily basis.</i></p>
<p>4. To develop my fine motor skills to help me explore the world around me</p>	<p>I will develop my play skills, using my fine motor skills to work a cause-and-effect toy, when an adult uses a light hand over hand prompt. 2/5 times during a 3-minute play session on a daily basis.</p>	<p>Have a range of resources such as drums to bang, placing balls in a ball run, push button toys for Neema to explore daily. Model accessing the toys and use a light hand over hand prompt to initially show Neema how to cause an effect with the toy.</p>	<p>Neema will consistently place the ball in the ball run but is unable to push the ball down into the run. She has struggled to access some of the other cause and effect toys as she needs support to apply the correct amount of pressure to make the toy work.</p>	<p>Neema will explore resources with increasing independence</p> <p><i>Neema will manipulate resources such as play dough, gloop in order to make marks or change the shape of the resource 3/5 times on a daily basis.</i></p>

Date plan discussed with parents: 08.01.2023

Signed _____ Key Person/Senco

Signed _____ Parent /Carer

Any further actions from review meeting with parent/carers:

SENCO to contact Physiotherapy for copy of updated programme of support and ask for a copy to be shared with parents.

Date of Review Meeting: 17.02.2023

Signed _____ Key Person/Senco

Signed _____ Parent /Carer

Example of a Provision Map for a child with Physical/Sensory needs



My Provision Map: How do you support my learning?

My name is Neema

My date of birth is 25.01.2020

My Key Person is Michael

<p>Inclusive Practice Funding in place? Yes</p>	<p>Current Outcomes: I will pull myself to stand at a piece of steady furniture I will grasp objects with my dominate hand and pass to my non dominate hand.</p>	<p>Focused programmes of support, eg. <i>Speech and Language plan, Social Communication Intervention Plan, Physiotherapy activities etc.</i> Physiotherapy activities Speech and Language plan</p>
<p>Breakfast/snack/mealtimes: An adult will be alongside me at mealtimes ensuring that the food is presenting in manageable pieces. Adult to use light hand over hand prompts and backward chaining to support me in scooping with my spoon when eating soft foods. Adult to encourage me to sit in my chair provided by Occupational Therapy. Adult to ensure my glasses are clean after mealtimes.</p>	<p>Greeting time: Familiar adult to greet me and my parent at the door. I will be handed to familiar adult with my communication book from home. Adult to ensure that I have my bag and glasses.</p>	<p>Story and rhyme times: (large group times) An adult will ensure that Neema sits at the front of the group to the right side of the adult, sitting side on, so that she can see the adult's actions. Neema prefers to have a moon cushion to sit in during group activities. Adult to use objects of reference and sensory items relating to the day's story to give to Neema as another adult leads the story time.</p>
<p>Child initiated play: Adult to provide a range of developmentally appropriate resources for Neema to access everyday including treasure baskets and light and sound toys.</p>	<p>Adult initiated play: Adult to play alongside Neema modelling play such as emptying items from containers, scooping in the sand and water and banging drums. Adult to use light hand over hand prompts to help Neema develop her play skills.</p>	<p>Adult led activities: (small group times) Adult to encourage Neema to play alongside her peers in a shared play space and watch what they are doing. Adult to encourage Neema to offer items to her peers and take part in early turn taking games such as rolling a ball or push down car.</p>
<p>Toileting: Adult to use object of reference (nappy) to signal toileting time for Neema. Neema likes to listen to an adult singing 'twinkle twinkle' as she has her nappy changed.</p>	<p>Rest /sleep times: Adult to support Neema for her afternoon nap around 1pm. Adult to support Neema to settle down on her sleep mat by playing her lullaby cd in the room and dimming the lights in the sleep area. Neema likes to have her rabbit teddy for sleep time.</p>	<p>Transitions: Adult to give Neema a prewarning that a transition is about to occur using objects of reference. Adult to assist Neema in putting her waterproof suit on if transitioning outside. Adult to ensure the outdoor space is clear of any objects so that Neema can safely explore the outdoor area through bum shuffling and ensure that there is resources that she can pull her-self up on or crawl over or through on tunnel tents, low slope and slide.</p>
<p>Outdoor play: Adult to assist Neema in putting her waterproof suit on if transitioning outside. Adult to ensure the outdoor space is clear of any objects so that Neema can safely explore the outdoor area through bum shuffling.</p>	<p>Home time: Adult to greet Neema's parents at the door and share her communication book. Adult to hand over any items and give some verbal feedback to parents.</p>	<p>Visits/visitors: Adult to support Neema on visits to unfamiliar areas of the nursery by using favourite objects and sensory items to explore.</p>



Area of Need: Cognition and Learning

Area of need: Cognition and Learning



Introduction to area of need:

“Support for learning difficulties may be required when children learn at a slower pace than their peers even with appropriate differentiation.

Learning difficulties cover:

- Severe learning difficulties (SLD) where children will need support in all areas of the curriculum and associated difficulties with mobility and communication.
- 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 includes a range of conditions such as dyslexia, dyscalculia and dyspraxia”.

(SEND Code of Practice 2015).

“A child may be described as having Global Developmental Delay (GDD) if they have not reached two or more milestones in all areas of development” (motor skills, speech and language, cognitive skills, social and emotional skills). *Contact (2012)*

Exemplar Case Study: Saffy

Meet Saffy. She is 4 years old but is developing at approximately 24 months. She enjoys transporting objects in baskets and bags. She enjoys playing alongside other children and is putting 2 words together. She does not recognise her name or any letters or numbers.



Saffy's Provision Map
Saffy's One Page Profile
Saffy's Early Years Support Plan



How does the child communicate an area of need within Cognition and Learning?

- Some delay in meeting expected milestones.
- Delayed motor skills – fine and gross
- Motor problems e.g., Hypotonia (low muscle tone) in children with Down's Syndrome.
- Auditory and visual problems.
- Speech and language difficulties: Difficulty understanding instructions. Smaller vocabulary leading to less general knowledge. Difficulty learning the rules of grammar, leaving out connecting words/prepositions etc., greater problems in learning and managing social language.
- Poor short term auditory memory.
- Short concentration span.
- Avoidance strategies.
- Evidence of repetitive play, restricted interests, difficulties with imaginative play.
- Difficulty retaining concepts.
- Skills deteriorate and are lost.
- Limited play interests.
- Difficulty with listening and attention.
- Difficulties with feeding.
- Sensory/and or behaviour problems.

Strategies to support Cognition and Learning

Actions for practitioners

- Appropriate learning environment.
- Break activities into small steps (use Early Support Developmental Journal for ideas- look at Thinking section).
- Allow the child more time to complete the activity.
- Support the child by guiding hand under hand if needed.
- Adult support during activities including toileting, dressing, action games, outdoor play.
- Support the child's spoken communication with lots of visual cues; use gesture, objects, pictures and photos alongside speech.
- Use a signing system (such as Makaton and Signalong). Sign and gesture will help the child to understand what you are saying and help them to communicate.

Next Steps

- Use Early Support Developmental Journal to break down outcomes into small steps. If diagnosed with trisomy 21, use Early Support Developmental Journal for children with Down's Syndrome.
- Early Support Developmental Journal for children and young people with Multiple Needs,
- Refer to medical needs policy.
- Write an Early Years Support Plan with parents and review in 6 weeks. Share ideas for parents to try at home.
- Write an Individual Health Care Plan (IHCP) if the child has physical/medical needs and requires medication.

Strategies for supporting the child

- Children may need extra time to respond. Pause and wait when interacting with the child. It may take longer to process what they see and hear and take longer to respond by moving, gesturing, signing, vocalising or speaking. Slow down your own talking too.
- At snack time break up some food into very small pieces. Sit opposite the child at a small table. Make sure they can see your face. Hold a small piece of food near your face and say their name, encouraging them to look at you. When they do, give them the piece of food. Do this until they look at you each time, they want another piece. The next step is to encourage the child to look at you *and* make the sound or sign. Hold the food, but don't give it to them until they have looked at you and made a sound/sign, and immediately, give them a piece of food. The next stage, help the child consistently use sounds/signs to recognise as a word for the food. Each time they attempt to make a sound or sign to represent the name of the food, praise them and give the food and repeat the food word.
- Support visual impairment: Place the child near the adult in group work. Provide enlarged images and pictures. Use bright colourful games and learning materials
- Support Hearing Impairment: Place the child near the adult in group work. Speak directly to the child. Stress word beginnings and endings. Reinforce speech with facial expression, sign or gesture. Reinforce speech with visual backup - print, pictures, concrete materials.
- Fine and gross motor skills: Make sure seating allows the child to rest their feet on a solid surface e.g., the floor or a step. Encourage the child to extend their gross motor skills e.g., pedalling a tricycle, climbing steps, throwing and catching a ball. Offer lots of activities to develop fine motor control e.g., threading, Duplo, pegboards etc. Encourage large movements in a sand tray or on a whiteboard, to help the development of pre-writing skills.
- Develop auditory short-term memory and auditory processing skills: Limit amount of spoken instruction given at any one time. Allow time for the child to process and respond to verbal input. Simplify and repeat individually to the child any information/instructions given to the group as a whole. When teaching new vocabulary, use concrete objects or photographs of real objects, not drawings. Pair the object or photograph with the written word on a flash card using lower case, not capital letters.
- Develop attention and listening skills (see WellComm Big Book of Ideas and Letters and Sounds Phase 1)
- Develop thinking skills: Teach new skills using a variety of methods and materials and in a wide range of contexts. Provide extra time and opportunities for additional repetition and reinforcement. Present new skills and concepts in a variety of ways, using concrete, practical and visual materials wherever possible. Move forward but continually check back to ensure that previously learned skills have not been overwhelmed by the new input.
- Follow and accept boundaries: Make sure the rules are clear. Ensure that all staff are firm and consistent at all times. Distinguish the "can't do" from the "won't do". Investigate any inappropriate behaviour, asking yourself why the child is doing it. Ignore attention-seeking behaviour within reasonable limits and catch them being good and praise them. Reinforce the desired behaviour immediately with visual, oral or tangible rewards. Make sure the child is working and playing with peers who are acting as good role models.

Resources to support Cognition and Learning

Resources

- [SENSE. Childhood and School advice](#)
- [Developmental Gym for Infants and Toddlers. Tracking Infant Progress](#)
- [Contact a Family. Eating and Feeding](#)
- [Sensory Ideas by Richard Hirstwood](#)
- [Contact a Family. Developmental Delay: A guide for families](#)
- [Sensory Processing Difficulties resource, Sheffield children's NHS service](#)
- [Downs syndrome UK. Pre-language skills](#)
- [Downs syndrome UK. Developing strategies for Understanding](#)
- [Letters and sounds: principles and practice of high quality phonics - phase one teaching programme](#)
- [Contact: What is Global Developmental Delay?](#)

Videos

- [Speech and Language Therapy Service video resources for parents](#)
- [Cognition and Learning in the Early Years Webinar by nasen](#)
- [Scope video. Games for all Kids - online guide for parents of disabled children](#)

Example of a One Page Profile for a child with Cognition and Learning needs

What people like and admire about me...

I live in the moment.

I have a wonderful laugh and am very smiley.

I am resilient if there is something I want to achieve I will keep trying until I achieve it.



My One Page Profile

What's important to me...

It is important to me that I am allowed to play and have resources to play with that are suitable for my developmental level. I especially like transporting objects in bags and containers.

I still need to have a nap about 1.30pm. I need an adult to stroke my hair whilst I fall asleep.

If I am feeling overwhelmed, I like to carry my blanket.

I enjoy playing with Peppa Pig small world figures and like to carry them around as I play.

Name Saffy

DoB 2/1/18

Date 21/4/22

How best to support me...

- When talking to me get down to my level and gain my eye contact.
- Keep your language simple and support with Makaton signs when communicating with me.
- Give me time to process the information you have said.
- Use my play and interests to model new vocabulary to me by commentating on my play.
- Repeat back my phrases adding in an extra word.
- Use my object of reference objects that are hanging up in my room to let me know what is happening next.
- Imitated my play and begin to join in.
- Use a sing song voice when you say my name to get my attention.
- Use the Peppa Pig figures in different areas to the room to support me to engage in different activities.

Example of an Early Years Support Plan for a child with Cognition and Learning needs



EARLY YEARS SUPPORT PLAN				
Name: Saffy		D.O.B. 2.1.2019	Plan no. 4	Date started: 6.1.23
				Review Date: 8.4.23
Parental Aspirations: (Following discussion with parent/carer, what does parent/carer want for their child?) For Saffy to be happy. For Saffy to be able to communicate her needs and wants effectively. For Saffy to attend mainstream school and have the right support.			Child Aspirations: (Through observations, listening to child's voice, knowledge of child, and discussion with parent/carer, what do you think the child wants to achieve?) To communicate my needs effectively. To understand what is happening next in my day. To have the resources available for the play I enjoy.	
Area of Need: (Communication & Interaction, Cognition and Learning , Social, Emotional and Mental Health, Physical/Sensory)				
ASSESS				
Baseline: (What can I do already?) WellComm _ Green section 2 Range 2 (development Matters) for prime areas See Venturing into play document for next steps			Identified Needs: (Things I need support with, identified from tracking tools.) Saffy to communicate using 2 words consistently and progress to 3 words. Saffy to understand what is happening next in his daily routine. Saffy to begin to access dry messy play	
PLAN		DO (Strategies: What will we do?)	REVIEW (Complete at review meeting. What has been achieved, what's working/not working?)	Next Steps (Complete at review meeting to inform next plan)
Long term outcomes: (Over the next 12 months I will be able to)	Short term outcomes: (SMART Targets over the next 6-8 weeks I will be able to)			
1. To understand the daily routine using objects of reference	1. Saffy to move to the snack table when showed her Peppa Pig plate 3/5 times a <u>week</u>	Objects of Reference to be hung up in the room and to be used consistently to let Saffy know what is happening next. Show Saffy the object and verbalise the <u>word</u>	Saffy would move to the snack table when shown her plate if there was her favourite food on it <u>otherwise</u> she would not go to the snack table.	Ensure that Saffy's favourite foods are on the plate for snack time. Begin to show Saffy a ball to represent going outside. Saffy will head towards the door when shown a ball 2/5 times a week.
2. To develop my play skills so that I am beginning to play in	2. Saffy to access areas the roleplay area for at least 2 minutes when	<ul style="list-style-type: none"> Put bags in the roleplay to support her transportation schema. 	Saffy enjoyed reading the Peppa pig books. When an adult modelled she	Staff to put Peppa pig resources into dry messy play resources.

Example of an Early Years Support Plan for a child with Cognition and Learning needs



<p>other areas of the provision and not only in the small world area.</p> <p>3. To extend the time I can listen and attend during group <u>activities</u></p>	<p>objects that interest her are placed there 3 times a week.</p> <p>3.Saffy to join the carpet time activity supported by an adult and be given a Peppa Pig toy for at least 2 minutes on 3/5 times a week.</p>	<ul style="list-style-type: none"> • Pig masks to be placed in the roleplay area. • Peppa Pig books to be placed in the roleplay area. • Adults to place Peppa Pig related resources in different areas of the provision to encourage Saffy to explore. Adults to follow Saffy's lead and model play <u>skills</u> <p>Adult to provide Saffy with props during story and song time and support her during the carpet sessions.</p>	<p>would fill the bags. Saffy accessed the role play every time she attended.</p> <p>Saffy was reluctant to access activities that were carpet based such as story or song <u>time</u> but it was clear she was listening and would hover near by if her favourite songs were sung.</p>	<p>Saffy to access dry messy play for at least 2 minutes when Peppa pig objects are used to attract her. She will access it 3 times a week.</p> <p>Adult to do some Peppa Pi craft activities as a small group and see if Saffy would take part.</p> <p>Saffy to access a small group Peppa pig activity twice a week.</p>
<p>Date plan discussed with parents: _____</p>				
<p>Signed _____ Key Person/Senco</p>				
<p>Signed _____ Parent /Carer</p>				
<p>Any further actions from review meeting with parent/carer:</p>				
<p>Date of Review Meeting: _____</p>				
<p>Signed _____ Key Person/Senco</p>				
<p>Signed _____ Parent /Carer</p>				

Example of a Provision Map for a child with Cognition and Learning needs



My Provision Map: How do you support my learning?

My name is Saffy

My date of birth is 02.01.2018

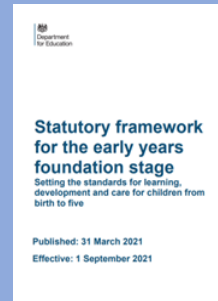
My Key Person is Matt

<p>Inclusive Practice Funding in place? No</p>	<p>Current Outcomes:</p> <ul style="list-style-type: none"> To understand the daily routine using objects of reference To develop my play skills so that I am beginning to play in other areas of the provision and not only in the small world area. 	<p>Focused programmes of support, eg. Speech and Language plan, Social Communication Intervention Plan, Physiotherapy activities etc.</p> <ul style="list-style-type: none"> WellComm Venturing into Play Physiotherapy
<p>Breakfast/snack/mealtimes: An adult will show me a plate to signal snack time and support me to move to the snack table. I like tangerines, an adult will give me a piece of tangerine and model for me to say "more tangerine" when I want more.</p>	<p>Greeting time: A consistent adult will greet me and my Dad at the door as we come into pre-school. I like to drop off my brother before I go into my room. Once in my room an adult will ensure the Peppa Pig figures are available to support me to settle in for the day.</p>	<p>Story and rhyme times: (large group times) An adult will be alongside me during carpet time. The adult will model the songs and actions with me and give me lots of positive praise. I enjoy being given props during the songs and this will normally keep my attention for a bit longer. Once I have lost attention, an adult will support me with an activity near the carpet area where I can still hear.</p>
<p>Child initiated play: Adult to ensure that there is a range of resources available to facilitate my transporting schema. Adult to play alongside me copying my play and modelling extended play.</p>	<p>Adult initiated play: Adults to place Peppa Pig figures in different areas of provision to encourage me to enter other areas of provision. Adults to model different play strategies. Adults to follow my lead on which areas of the provision I want to enter.</p>	<p>Adult led activities: (small group times) Adult to set up messy play activities using dry resources initially and provide spoons etc to support me not to get my hands messy. Provide chunky resources for me to use to fill and empty and develop my fine motor skills.</p>
<p>Toileting: Adult to use an object of reference (nappy) to prompt toileting time as part of the routine. Adult to support me by singing my favourite song (Wheels on the bus) whilst changing me.</p>	<p>Rest /sleep times: If I need quiet relaxation time, please guide me to the quiet area to sit on the cushions.</p>	<p>Transitions: An adult will use consistent objects of reference to signal transitions. Adult will hang an object in the room to be used consistently throughout the session.</p>
<p>Outdoor play: Adult to support me during outdoor play as I can be quite wobbly. Adult to support me to go on different play equipment to develop my gross motor skills.</p>	<p>Home time: An adult will help me to transition to the door using my bag as a signal for home time. The adult will verbally feedback to my Dad at the end of the session.</p>	<p>Visits/visitors: An adult will prompt me when a new member of staff is in the room by showing me their photograph and naming them.</p>

Tracking Information



<https://birthto5matters.org.uk/learning-development/ranges/>



<https://www.gov.uk/government/publications/early-years-foundation-stage-framework-2>



<https://birthto5matters.org.uk/characteristics-of-effective-learning/>



https://search3.openobjects.com/mediamanager/liverpool/fsd/files/social_communication_play_journal_-_april_2018.pdf



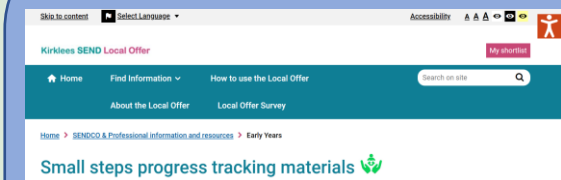
<https://www.gov.uk/government/publications/development-matters-2>



<https://www.gov.uk/government/publications/progress-check-at-age-2>



https://councilfordisabledchildren.org.uk/sites/default/files/uploads/files/NO9%2520-%2520early_years_developmental_journal2013_0.pdf



<https://www.kirkleeslocaloffer.org.uk/sendco-professional-information-and-resources-page/early-years/small-steps-progress-tracking-materials/>

Early Years Tracking: Linking Early Support Developmental Journal, EYFS Ages and Stages, Development Matters 2021, and Birth to 5 Matters Ranges

DEVELOPMENTAL JOURNAL STEP	TYPICAL DEVELOPMENT AGE RANGE	EYFS AGES AND STAGES	DEVELOPMENT MATTERS 2021	BIRTH TO FIVE MATTERS RANGES
1	0-3 months	0-11 months	0-3 years	Range 1
2	2-5 months	0-11 months		
3	4-7 months	0-11 months		
4	6-10 months	0-11 and 8-20 months		
5	9-13 months	8-20 months		
6	12-16 months	8-20 months		
7	15-19 months	8-20 and 16-26 months		
8	18-22 months	16-26 months		Range 3
9	21-25 months	16-26 and 22-36 months		
10	24-31 months	22-36 months		Range 4
11	30-36 months	22-36 and 30-50 months		
12	35-41 months	30-50 months	3 & 4 years	Range 5
13	40-51 months	30-50 and 40-60 months	Reception/F2	Range 6
14	50-60+ months	40-60 months		

Leuven Scales of Wellbeing and Involvement

The Leuven Scale, created by Ferre Laevers is a five-point scale that allows nursery practitioners to measure children's emotional well-being and involvement – two critical components of learning, progress and development in children. High levels of both well-being and involvement allow children to experience deep learning. A happy, involved child is one who can experience the world at its fullest.

“Well-being is the beautiful stage in which children can be when they feel OK. They feel at ease. They radiate. They are open to anything that comes in.” (Laevers 1994)

The scale of involvement is less about a child’s happiness, but how focused and they are in what they’re doing.

“Involvement is about concentration. Being totally focused on something, wanting to get that contact with the reality around you. And from within there is a motivation to do that, a fascination – you want to continue to have that sense of contact with the reality and in your actions to take it in.” (Laevers 1994)

The Leuven Scale for Wellbeing

Wellbeing focuses on the extent to which pupils feel at ease, act spontaneously, show vitality and self-confidence.
It is a crucial component of emotional intelligence and good mental health.

Level	Illustration	Description
1	Extremely Low	The child clearly shows signs of discomfort such as crying or screaming. They may look dejected, sad, frightened or angry. The child does not respond to the environment, avoids contact and is withdrawn. The child may behave aggressively, hurting him/herself or others.
2	Low	The posture, facial expression and actions indicate that the child does not feel at ease. However, the signals are less explicit than under level 1 or the sense of discomfort is not expressed the whole time.
3	Moderate	The child has a neutral posture. Facial expression and posture show little or no emotion. There are no signs indicating sadness or pleasure, comfort or discomfort.
4	High	The child shows obvious signs of satisfaction (as listed under level 5). However, these signals are not constantly present with the same intensity.
5	Extremely High	The child looks happy and cheerful, smiles, cries out with pleasure. They may be lively and full of energy. Actions can be spontaneous and expressive. The child may talk to him/herself, play with sounds, hum, sing. The child appears relaxed and does not show any signs of stress or tension. He/she is open and accessible to the environment. The child expresses self-confidence and self-assurance.

visit [twinkl.com](https://www.twinkl.com)

Characteristics of Effective Learning and Prime Areas of Learning and Development

Characteristics of Effective Learning

Playing and Exploring

ENGAGEMENT
Finding out and exploring
Playing with what they know
Being willing to 'have a go'

Active Learning

MOTIVATION
Being involved and concentrating
Keep trying
Enjoying achieving what they set out to do

Creative and Critical Thinking

THINKING
Having their own ideas
Making links
Working with ideas

Areas of Learning and Development	Birth to 5 Matters Aspects
Prime Areas	
Personal, Social and Emotional Development	Making Relationships Sense of Self Understanding Feelings
Physical Development	Moving and handling Health and Self-care
Communication and Language	Listening and Attention Understanding Speaking



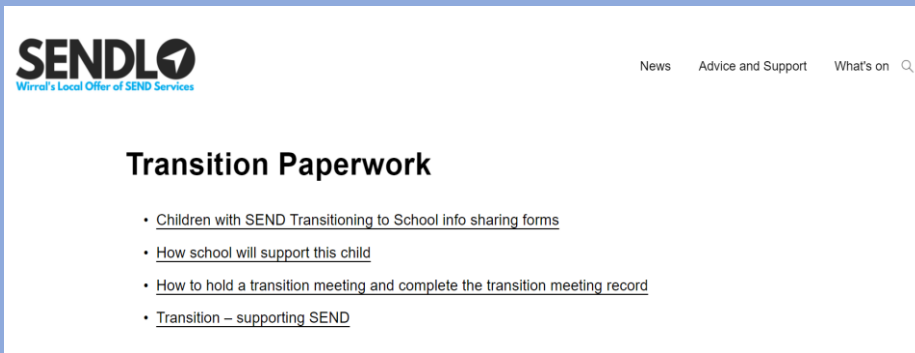
The Characteristics of Effective Learning describe behaviours children use in order to learn. To learn well, children must approach opportunities with curiosity, energy and enthusiasm. Effective learning must be meaningful to a child, so that they are able to use what they have learned and apply it in new situations. These abilities and attitudes of strong learners will support them to learn well and make good progress in all the Areas of Learning and Development.

As enduring characteristics, pertaining to lifelong learning, they need to be continuously observed and fostered but cannot be described in a developmental sequence. The strands of the characteristics of effective learning are related to key themes in early childhood development, and are grouped within the EYFS commitments.

Prime areas of development and learning lay vital foundations in the early years. The three Prime areas, **Personal, social and emotional development (PSED), Communication and language (CL), and Physical development (PD)**, describe universal core aspects of early child development. They are time-sensitive because of biological factors that enable rapid brain connections, particularly in the first three years of life but continuing throughout early childhood. Developmental steps missed at this early crucial stage are much harder to address later on, so it is crucial that children’s interactions and experiences in the first few years support development in these fundamental areas.

<https://birthto5matters.org.uk/overview-characteristics-of-effective-learning-and-areas-of-learning-and-development/>

Transition Support



SENDLO
Wirral's Local Offer of SEND Services

News Advice and Support What's on

Transition Paperwork

- [Children with SEND Transitioning to School info sharing forms](#)
- [How school will support this child](#)
- [How to hold a transition meeting and complete the transition meeting record](#)
- [Transition – supporting SEND](#)

<https://www.sendlowirral.co.uk/information-for-providers-useful-documents>



School transition planning
Ways to support the unique child as they prepare for school

Work with parents to support their child as they prepare for the move to 'big school'. Encourage them to attend the parent workshops, meetings, and other events organised by early years providers and school.

Share positive stories about transitions and changes with children. Encourage resilience and self-confidence.

Encourage open and ongoing feedback between parents and carers about the child. Different support will be needed at different times of the year. See our tips below.

Autumn term

Early Years Provider (EYP)	Schools / Teachers
<ul style="list-style-type: none">Arrange meetings with parents to discuss school transitions.Encourage parents to visit schools and offer support concerning school admissions.Review policies to ensure permissions are in place to share transition records.Address any outstanding issues identified in the 2-year-old progress check.	<ul style="list-style-type: none">Provide feedback to EYP on transition records received.Invite EYPs to harness formal, casual networks and other seasonal school productions and events.Consider visiting early years settings.

Spring term

<ul style="list-style-type: none">Remind parents to apply for school places before the mid-January deadline.Update parents on their child's progress during regular catch-up review meetings.Identify children with SEND and link up with any outside agencies involved with family.	<ul style="list-style-type: none">Update contact details of the early years providers in the local area to ease communication and partnership working.
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Summer term

<ul style="list-style-type: none">Contact schools with details of children who will be attending in September.Schedule time to update your setting's school transition document.Get a copy of the list of all records to be sent to new schools by end of term.Invite library team to introduce summer reading challenge to parents and children.	<ul style="list-style-type: none">Invite local early years providers to sports days, fundraising events and all other events and clubs.Provide photos and information on transition class to early years providers to share with children.Arrange home visits and home providers to bring children to for a visit.
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Long summer holiday

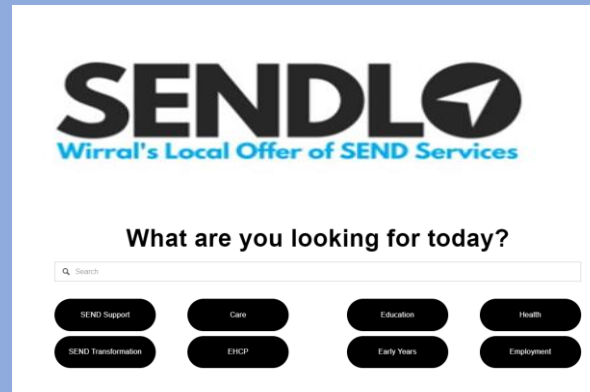
<ul style="list-style-type: none">Identify admissions that children can attend to maintain routines and independence.	<ul style="list-style-type: none">Provide information for parents to help prepare for the first few days back at school.
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pacey.org.uk

<https://www.pacey.org.uk/shop/books-downloads/downloads/school-transition-planner/>

Last referral to EY SEND Team for September school starters is Easter of that year.

Wirral's Local Offer of SEND Services: SENDLO



<https://www.sendlowirral.co.uk/>

Individual Health Care Plans (IHCP)




A Guide for Early Years Setting and Providers SEND Paperwork and Processes

- Individual Health Care Plan

<https://www.sendlowirral.co.uk/information-for-providers-useful-documents>

Special Educational Needs Inclusion Fund (SENIF)



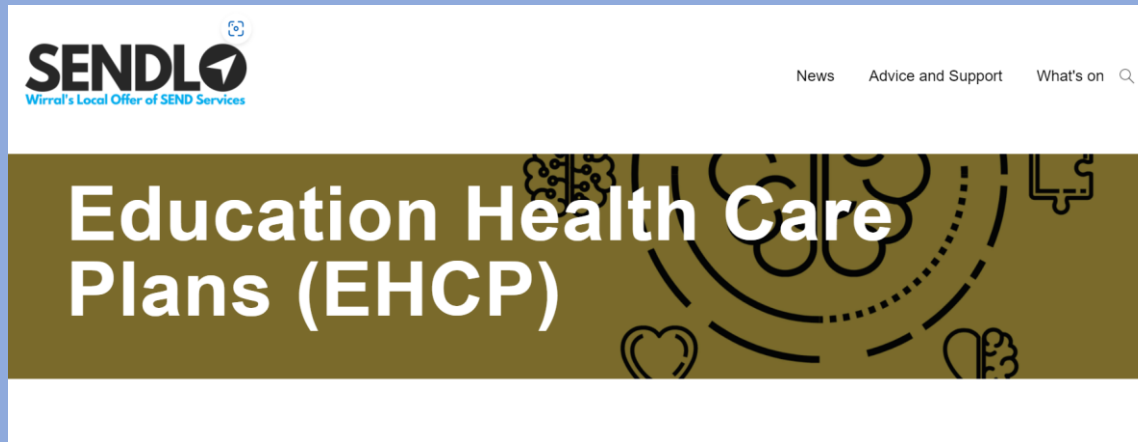
News Advice and Support What's on 

SENIF- Special Educational Needs Inclusion Fund

- [SENIF Application 2023 EY SEND team](#)
- [SENIF Guidance 2023 Final](#)
- [Exemplar SENIF Application 2023](#)

<https://www.sendlowirral.co.uk/information-for-providers-useful-documents>

Education, Health and Care Plans (EHCP)



An Education Health Care Plan (EHCP) is a legal document that outlines the special educational needs and healthcare provisions required for a child or young person with disabilities or additional needs. It is designed to ensure that their educational and health needs are met.

<https://www.sendlowirral.co.uk/ehcpwirral>

Information for parents/carers



<https://foundationyears.org.uk/wp-content/uploads/2021/09/What-to-expect-in-the-EYFS-complete-FINAL-16.09-compressed.pdf>



<https://www.sendlowirral.co.uk/>



<https://koalanw.co.uk/>



<https://thepositivitree.com/>



<https://wired.me.uk/services/carers-support-wirral>



<https://familytoolbox.co.uk/>



<https://contact.org.uk/help-for-families/workshops-and-events/workshops/early-years-workshops/>

Training Links



Nasen

The National Association for Special Educational Needs (Nasen) is a charitable organisation that uses research and evidence-based practice to offer information, training and resources.

<https://nasen.org.uk/>



Wirral Early Years Quality Platform

Access Wirral Early Years Quality Platform to see the range of training courses available from Wirral EY Quality and SEND Team.

<https://wirralequality.co.uk/>



Wirral Community Health and Care NHS Foundation Trust

Useful tools to support with speech sounds, target sounds, supporting communication and much more.

<https://www.wchc.nhs.uk/services/childrens-speech-language-therapy/self-care-resources-and-support/>



Best Practice Network

Best Practice Network provides access to training for a Level 3 Early Years SENCO qualification.

<https://www.bestpracticenet.co.uk/early-years-SENCO>

Contact Details

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Lizi Williams – Birkenhead

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Karen Burke – South Wirral

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Joanne France – Wallasey

07825 283726- joannefrance@wirral.gov.uk

EY SEND Admin inbox: eysend@wirral.gov.uk

HEALTH PROFESSIONALS

Speech and Language Therapy Service:

0151 514 2334

Paediatrician Secretaries:

0151 514 2888

Duty Health Visitor:

0151 514 0219

Occupational Therapy:

0151 514 2517

Physiotherapy:

0151 514 2525

ACRONYMS

ACE	Adverse Childhood Experience
AET	Autism Educational Trust
APDR	Assess, Plan, Do, Review
EHCA	Education, Health, and Care needs Assessment
EHCP	Education, Health, and Care Plan
EYSP	Early Years Support Plan
HV	Health Visitor
OT	Occupational Therapy
SALT	Speech and Language Therapy
SENCO	Special Educational Needs Co Ordinator
SEND	Special Educational Needs and Disability
SLCN	Speech, Language and Communication needs

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