

Guidance for inclusive education and ordinarily available provision for SEND support in Birmingham

Introduction

Birmingham's ambition is to become a great place to grow up for all our children and young people. Our strategy for children and young people with special education needs and disabilities (SEND) has a strong mission: to work with all our children, young people, and young adults to support them to thrive in their early years, at school and in further education, to find employment, and lead happy, healthy, independent, and fulfilled lives.

Education professionals in Birmingham are committed to providing every child and young person with the best opportunities to learn, to achieve their full potential, and to thrive. Understanding strengths and needs, and well-planned inclusive support are crucial to secure the best outcomes for Birmingham's children and young people with SEND.

The purpose of this guidance is to support all our education settings to put in place inclusive practice that benefits every child and young person, and especially those with emerging and/or identified SEND. By setting out the expectations in this guidance, we aim to encourage consistency between all our schools and settings across Birmingham.

The guidance has been coproduced with different professionals, including Early Education practitioners and SENCOs and has involved consultation with different SEND professionals, partners, and Head Teachers.

Who is this guidance for?

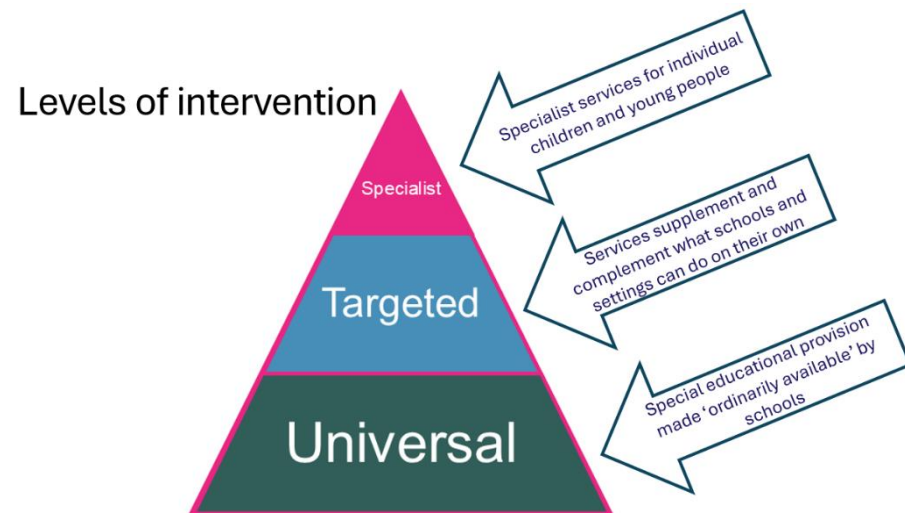
This guidance is for all Early Years practitioners, class teachers, SENCOs and senior leaders committed to creating inclusive educational settings. The guidance can be used as reference for identifying and effectively responding to the needs of children and young people with SEND. The guidance is written with professionals in mind, but we also hope that it will help parents, carers, children, and young people to better understand our approach to providing support for children and young people with emerging/identified SEND who do not have an Education, Health, and Care plan (EHCP).

Ordinarily available provision refers to the activities, experiences, and strategies to remove barriers to learning for children and young people with SEND in all mainstream educational settings. This guidance outlines a wide range of approaches that are ordinarily available within the existing resource within mainstream settings for all children and young people, including those with emerging/ identified SEND.

Provision that is ordinarily available may sit both within the universal and targeted levels of intervention depending on frequency and amount.

Ordinarily available provision will improve outcomes for all children, with or without an Education Health and Care Plan (EHCP). Children with an EHCP will also benefit from this type of provision in addition to the provision written in their plan. The guidance does not exhaustively describe every approach but indicates the type of arrangements that are typically available.

The guidance is not a checklist or auditing tool. While many settings will be able to apply most of the ideas contained within, we recognise that not all settings will be able to implement everything. This guidance provides a comprehensive but not exhaustive list of useful strategies and resources that can signpost settings and schools to ideas to meet the individual needs of children and young people.



Foundations for Thriving - for every child and young person in Birmingham.

This guidance is based in the firm foundations of:

- **Birmingham's ambition for all our babies, children, and young people:** to make Birmingham a great place to grow up.
- **Statutory requirements:** what every educational setting must do and must have in place in relation to children and young people with SEND.
- **Foundation for thriving:** the practice, learning and development framework for relationship-based practice in Birmingham.
- **Inclusive education settings:** so that every child and young person is included in the educational setting. The focus of this guidance is including every child and young person with SEND.

- **High Quality teaching:** crucial to inclusive educational settings are the high-quality interactions within the classroom to engage, motivate and challenge children and young people with SEND.
- **Graduated approach:** understanding and responding effectively to the strengths and needs of children and young people with SEND.
- **Ordinarily available provision:** the support available in all education settings that removes barriers to learning for children and young people with SEND.

Birmingham Children and Young People's Partnership: change for children and young people - [Children and Young People's Plan](#)

Birmingham's change for children and young people plan sets out the collective actions that partners will take together to achieve our bold ambition: to make Birmingham a great place to grow up for all our babies, children, and young people.

We want all our children and young people to be as healthy as possible, safe, confident, included, happy, respected and connected to meaningful opportunities so they can thrive as they prepare for adulthood. We will only achieve our ambition if we put our children and young people at the heart of everything we do. This means that coproduction with our children and young people with SEND and their families is at the heart of all our improvement work.

In Birmingham, we have also begun a journey with UNICEF UK to becoming a Child Friendly City. This means creating a city where all children and young people have a meaningful say in, and truly benefit from, the local decisions, services and spaces that shape their lives. The Child Friendly Cities & Communities UK programme is part of a global UNICEF initiative that reaches close to 30 million children in 40 countries.

As we work on the programme, we will collaborate with partners across Birmingham to protect and promote children's rights and put them into practice.

Statutory requirements: Children and Families Act 2014 and SEN and Disability Code of Practice 2015

National legislation sets out that all education settings and schools must "have regard" to the Children and Families Act 2014 and SEN and Disability Code of Practice 2015.

This means that all education settings and schools should carry out what is set out in this legislation and guidance, or explain why they have not done so, and what alternative action has been taken. The legislation is underpinned by the principle that where a parent of a child with SEND, or a young person with SEND, wants a place in a mainstream setting, this must not be denied on the basis that mainstream education is unsuitable, or that their needs or disabilities are too great or complex.

Early education settings and mainstream schools must ensure that children or young people with SEN engage in the activities of the school together with children or young people who do not have special educational needs (section 35 of the Children and Families Act 2014).

Birmingham has co-produced their SEND Strategy with a wide range of partners, including children, young people and families demonstrating their response to meeting statutory requirements for SEND [Birmingham SEND Strategy](#)

[All settings and schools must apply the key principles that underpin the SEND Code of Practice 0 to 25 years and have regard to the Equality Act 2010 guidance, throughout the Children and Young Peoples learning journey.]

Inclusive schools and settings

All children and young people need to feel safe, included, as healthy as possible, and happy as highlighted in the [Birmingham Inclusion Strategy](#). Educational settings play a crucial role in developing relationships, enhancing wellbeing, and creating a sense of belonging for all children and young people. In settings and schools where children achieve to their full potential and enjoy their learning, relationships are at the centre of everything they do. They are places where all staff contribute to creating a culture in which every member feels valued. These are settings and schools where outcomes can improve for every child, and where children and young people can form meaningful relationships that support them to thrive in the future.

An inclusive culture is evident in everyday relationships, interactions, approaches to teaching and learning, use of language, and in routines. Inclusive culture is reflected in an educational setting's policies and practice and results in every member of the setting feeling welcome. Creating an inclusive education setting is the responsibility of every member of the community that makes up the setting: leaders, staff, parents, children, young people, professionals from partner agencies, and the wider community.

SECTION ONE: Expectations for all Settings

This section describes the inclusive practice that all schools and settings are expected to provide for all children and young people. High quality teaching and learning opportunities are pre-requisite to any additional targeted support and should underpin all provision for children and young people. These are key elements of a graduated approach.

Best inclusive practice should begin in the early years. The Early Years Foundation Stage (EYFS) recognises that each child is **unique** with the ability to learn and to be resilient, capable, confident, and self-assured. It is important that each child is known as an individual and that it is understood that children **learn and develop at different rates and in different ways**. High quality early learning results from a child centred approach rooted in **positive relationships** and implemented in **enabling environments**. The EYFS requires early education practitioners to respond to individual interests and needs, to remove barriers and to help children to build their learning over time. The relationship with the key person is particularly important for children with emerging or identified SEND as this relationship provides the secure base from which children explore and gain independence and to which they return for support as needed. Settings are expected to identify, and provide for, children's emerging needs at the earliest opportunity.

These fundamental principles of the EYFS have integrity for all children and young people throughout their education and underpin much of the content of this document

High Quality teaching and learning experiences and following a graduated approach are the foundations for identification and understanding of the needs of children and young people as well as for the appropriate provision to meet these needs. Alongside these are further expectations for inclusive practice and adaptations that are integral to high quality teaching and will be key to removing barriers to learning for children and young people with SEND, as well as benefitting all children and young people in any classroom. The table below outlines these and offers strategies and resources to support schools and settings in implementing them; these are not exhaustive and may look different in different settings.

This section will be of particular use to SENCOs, SEND leads across MATs and Leadership across all schools and settings, to inform and support their provision and practice.

Co-produced and family centered

Expectations:

Children and Young People will Play an active part in strategies used to help them be safe, to achieve, to be included, to be confident and to be healthy (as possible).

Schools/settings and services will actively seek to remove any barriers which may impact engagement with parent/carers. This underpins the commitment to partner with families to understand the needs of child, and to plan and review support strategies.

Strategies & Resources:

- The four guiding principles of Early Years Foundation Stage (EYFS)
- Capturing Children and Young People voice, through observation, communication and interaction, their effective engagement with their key person and through practitioners' relationships with the parent carers as child's first educator, using person centred approaches
- Two-way communication is effective and using a range of methods to ensure they are maintaining ongoing communication between the setting and the parent carers
- Parent friendly, clear and accessible guidance reflecting the culture and needs of the children's local communities is available, reflecting an understanding of the culture and needs of the community that the family is living in.
- Be Empowered workshops

Positive Relationships across EYFS:

There is flexibility within ratios to focus adult support where needed. Additional adult support may be required, and the adult is available to join the child for some activities (group and individual), toileting and self-help.

Children have time to pursue their own (safe) play and to leave and return to this play, without interruption as well as being supported to move on within routines/daily transitions

Talk to parents/carers about any changes in the home or wider context, for example, new sibling, siblings, change in housing situation etc.

The consistency of a named key person working with the child is crucial (see Glossary for further information)

High-Quality Teaching and Learning

Expectations:

High quality teaching means the continuous process of understanding and responding to the needs of children and young people in all our education settings. Central to this are scaffolded, adjusted and personalised approaches to teaching and learning that meet the individual needs of children and young people including those with SEND. Our children and young people with SEND have the greatest need for high quality teaching and for provision that supports their learning and enjoyment in our schools and settings.

To be effective, high-quality teaching must be embedded in all subject areas, across all phases of education, by education professionals in all our schools and settings. This means that teaching and learning are modified and adapted to remove the barriers to learning so that children and young people with SEND can connect with the full curriculum.

All educational settings are expected to monitor and evaluate the quality of teaching and the progress made by children and young people including those with SEND, and the outcomes of monitoring and evaluation will inform the continuing professional development for teachers. Schools have a staff development plan which focuses on the development of high-quality teaching and learning .

Early Years providers must support staff to undertake appropriate training and professional development opportunities to ensure they offer quality learning and development experiences for children that continually improves. All practitioners within schools and settings understand the range of needs of the children they are working with. High quality teaching and learning is based on a robust assessment of need.

All children and young people will access a curriculum that enables them to make at least expected progress.

Strategies & Resources:

- Robust supervision process
- Peer to peer observations
- Environmental audits
- Understanding of the three I's – Intent, Implementation and Impact
- Peer support e.g. Birmingham EY Network?
- Learning walks
- Audit of pupil needs
- Pupil Profile
- Visual Timetables
- Now and Next boards
- Designated resources – see specific areas of SEND in Section two

Graduated approach

Expectations:

The graduated approach is also known as the 'Assess, Plan, Do, Review cycle', and is integral to high quality teaching and learning. This approach is used by education settings and professionals from partner agencies (in collaboration with children, young people and families) and describes a cycle of understanding needs, planning, doing, and reviewing progress. All children and young people learn differently and require an approach that supports their individual strengths and needs. By this approach, a child or young person with SEND can be assessed and appropriate actions can be planned as part of an ongoing cycle. Schools and settings are enabled to clearly identify strengths and barriers for CYP, that are then incorporated into the provision as part of the Graduated Approach. Consideration is given for individual CYP's unique journey.

General Strategies & Resources:

- Two-year progress review
- A wide range of assessment strategies and tools are used to ensure a thorough understanding of CYP.
- Case studies may be used to demonstrate holistic progress.
- Have easy access to information about the child and young person's learning and additional needs, for example: planning documents, individual child or young person's profile, learning plans, data systems.
- Include a child or young person's individual targets into their teaching and adapt their monitoring, assessment, marking policies to take account of individual child or young person's need.
- Give children and young people regular opportunities to contribute to the setting of targets and the evaluation of their own progress

Assessment:

- liaise with the family/ carer and gather information relating to the child.
- Discuss family engagement with any universal services e.g. health visitor or specialist services e.g. Speech and language therapist, physiotherapist
- Use routine observations and EYFS developmental assessment to identify delayed progress in relation to age related expectations. There should be involvement of the SENCO and more focused observations relating to the identified area of need.
- Carry out focused observation across a range of contexts including structured and unstructured times, indoors and outdoors.

- Keep a log and analyse patterns or trends to identify either internal or external triggers. Understand reasons for any patterns, taking into account CYP views and wishes and those of parents/carers.
- Monitor the impact of interventions, day to day, taking account of the child's engagement and progress
- Monitor progress half termly/ termly (as appropriate), in partnership with the child, parent/carers, staff and any involved agencies.
- May seek a wider assessment of need through appropriate referrals to other agencies, this may include setting/school specialist advisory teams, Educational Psychology Service and/or health professionals such as community paediatrician and Speech & Language Therapy, OT or school nurse/Health Visitor.

Planning:

- Plan for high quality teaching and learning in line with the EYFS and relevant supporting developmental journals.
- Plan additional time for more focused observation in any area of emerging concern or need.
- Use all information from observation and assessment to inform planning to meet individual needs through increased adaptation and differentiation.
- Take account of any assessment information from other involved professionals
- Planning details support in different contexts for the individual child in:
- Continuous provision
- Enhanced differentiation
- Targeted approaches
- Monitor the planning and delivery of adaptations and increased differentiation and amend plans based on the child's response.
- Plan individually for the child through a SEN Support Plan, Enhanced One Page Profile, IEP/ IBP, SMART targets etc..., this follows an assess, plan do review cycle, and takes account of advice from outside agencies, if applicable.
- Identify training needs and access this to enable them to plan to increase adaptation and differentiation within high quality teaching and learning.
- Groupings or classroom dynamics – Setting/school staff should consider how they group children. It can be helpful to pair children with positive role models or children that they respect and like. This may mean working with children with different learning needs. Children's personalities could also be considered when thinking about groupings, tasks, or group work.

Leadership and Management: creating an inclusive culture

Expectations:

Leadership and management will promote and ensure an inclusive ethos, through the development and implementation and ongoing review of policies and procedures. For schools, the Governing Body is aware of the whole school approach to SEND and is supportive of the SLT across the school.

Strategies & Resources:

- SEND Governors involved in Quality Assurance activities in order to provide challenge to the leadership team.
- Leadership SEND training, including for Governors.
- SEND Review
- SEND to be on agenda of all staff meetings.
- SEND reflected, co-produced and reflected in all policies.

Transition

Expectations:

All schools and settings will have an inclusive ethos and will welcome all children through child/young person-centred admissions and induction processes. This will include the commitment and willingness to be flexible, responsive to individual child, young person and family needs. Schools and settings will have ongoing robust processes that support the successful transition and phase transfer for CYP with SEND, including liaison and involvement with CYP and their families and with other settings and outside agencies. The transitioning and receiving schools/settings will prioritise and actively participate in ongoing dialogue and shared planning until the child/young person is fully settled in the receiving school/setting.

Strategies & Resources:

- City-wide transition days and Local Offer transition frameworks
- Birmingham EY Transition approach (BEYN website link)
- EY District Transition events

Creating an Enabling Learning Environment

Expectations:

All learning environments must support the highest level of independence and access possible for every child and young person. This will include identifying and removing barriers, fostering independence and consideration given as to how adults are used to facilitate children and young people's access to the whole curriculum.

A planned approach to a flexible whole school and setting environment based on assessment of the needs of the cohort.

A structured and supportive routine is provided for all children and young people.

Strategies & Resources:

- Environmental audit including Communication Friendly, Sensory Processing etc.
- Identified safe spaces for Children and Young People
- EYFS Welfare requirements
- Reasonable adjustments in line with Equality Act 2010
- follows an assess, plan do review cycle, and takes account of advice from outside agencies, if applicable.
- Identify training needs and access this to enable them to plan to increase adaptation and differentiation within high quality teaching and learning.
- Groupings or classroom dynamics – Setting/school staff should consider how they group children. It can be helpful to pair children with positive role models or children that they respect and like. This may mean working with children with different learning needs. Children's personalities could also be considered when thinking about groupings, tasks, or group work.

Coordinated partnership working

Expectations:

Schools and settings will consider the whole child and have provision in place to meet both the educational and pastoral needs of children and young people. Schools and settings will work in partnership with other agencies and professionals involved with the children or young person.

Effective inter-agency working and communication so that families only have to tell their story once.

Strategies & Resources:

- Early Help
- Safeguarding tools
- EYFS attendance info – link to OfSTED document.

Staff Training/Ongoing Professional Development

Expectations:

All staff and practitioners understand how to make a positive contribution to Children and Young People to enable them to feel safe, achieve, be included, confident and as healthy (as possible). All schools and settings prioritise ongoing CPD around SEND. All staff and practitioners are given the necessary skills and understanding to support their cohort of children and young people. Schools and settings have ensured that Early Career Teachers and practitioners are accessing training specific to SEND.

Strategies & Resources:

- Audit of staff needs in relation to knowledge and understanding around a range of SEND.
- Reference training available
- Staff are able to access support and guidance from the SENCo in school.
- Support from other SENCos within the consortia through the Local SENCo Consortia leads.
- The SEND Advisory and Educational Psychology Services offer training packages for schools based on identified needs.
- The EYIS Area SENCo team offer training for PVI group settings.

Additional Needs

Expectations:

Schools and settings will have knowledge and understanding of how to identify and make provision for other vulnerabilities and/or barriers that present as additional needs, other than SEND. This will include an understanding of the range of potential vulnerabilities and/or barriers of children and young people.

Strategies & Resources:

- Understanding the differences between additional needs and other needs such as social care needs.
- EAL Language proficiency levels to support planning.
- PSS EAL Quick read leaflets – a set of leaflets aimed to provide a quick overview on a topic or support strategy to support teaching EAL in the mainstream classroom [EAL Quick Reads – Access to Education \(birmingham.gov.uk\)](https://www.birmingham.gov.uk/info/20133/education/20133/eal_quick_reads)
- Bell Foundation EAL Programme – a range of CPD and free resources to support EAL learners in the mainstream school. [EAL Programme - The Bell Foundation \(bell-foundation.org.uk\)](https://www.bell-foundation.org.uk/)

PSS EAL Toolkit which includes an Induction Pack, Assessment Pack, Vocabulary Pack, Assessment Exemplification Materials, High-Quality Teaching and Learning Ideas for EAL learners and Individual Language Plan (ILP) Creators

Equality & Diversity

Expectations:

Schools and settings will have an inclusive ethos, through the development, implementation and ongoing review of policies and procedures.

Strategies & Resources:

- Accessibility planning <https://pdnet.org.uk/accessibility-toolkit/>
- Adherence to the 2010 Equalities Act – Part 6 Education <https://www.legislation.gov.uk/ukpga/2010/15/part/6>
- [Birmingham Children's Trust Homepage \(birminghamchildrenstrust.co.uk\)](http://birminghamchildrenstrust.co.uk)

Section Two: Support for the four broad areas of need

This next part of this document breaks down different aspects of each area of need and links them to ‘What we might see’ when you are in an Early Years setting, at home or out and about. It then offers suggestions of ‘What we can do’.

Remember not all of the suggestions will work for all children and they may need to be personalised further for some children. These are all things you can do in your setting in order to support children’s learning and development. You should also allow time to put things into place and make sure there is consistency with all practitioners using the same approaches and making sure you are working closely with parents to get the greatest impact.

Cognition and Learning

SEND Code of Practice (2015):

‘Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including MLD, SLD, where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to PMLD, where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.’ 6.30

The area of Cognition and Learning refers to acquiring skills and knowledge through our experiences, teaching and thoughts that all individuals develop in their individual way over a lifetime. It includes all aspects of learning such as the skills of; thinking, problem solving, remembering, recalling and using what is learned in different situations.

Play and self-initiated activities are the foundation for young children’s learning, development and well-being. All children benefit from opportunities to play and learn. Some children will need additional opportunities, support and adaptations made so that they can learn and develop, which are adapted and thought through carefully.

The ‘Characteristics of Effective Teaching and Learning’ are a statutory element of The Early Years Foundation Stage 2021 (EYFS) and it is a key responsibility of early years providers to ensure that these are used to support the learning and development of every child. They are an essential starting point for all staff to understand the different elements of ‘Cognition and Learning’.

The Unique Child (what we might see)	Provision / Strategies (what we can do)
<p>Attention</p> <p>We might see a child who:</p> <ul style="list-style-type: none"> • Finds it difficult to focus their attention and flit from one thing to another. • Shows little motivation and interest and may be passive in the setting. 	<p>What we can do:</p> <ul style="list-style-type: none"> • Keep activities short and gradually increase time • Use timers such as sand timers • Use high interest toys to gain attention e.g. for bucket time/attention Autism • Use a signal to begin and end an activity e.g. bell, tambourine, tidy up song, hand signal • Talk to parents about what interests them at home • Observe the child and identify any motivators and things which they get involve with • Make sure that there are a range of activities which are interesting and exciting • Provide time with one adult and gradually build this up • Introduce other children gradually • Use familiar activities for example two to four different things to choose from and encourage child to lead • Introduce choices gradually. • Ensure a range of multi-sensory learning opportunities. • Make use of Assistive technology to support learning and access to the curriculum e.g. recording devices - sound buttons/talk tins, tablets with access to motivational learning activities • Make sure links to prior experiences are explicit and share with the child, so they can make links with their learning

The Unique Child (what we might see)	Provision / Strategies (what we can do)
<p>Engagement</p> <p>We might see a child who:</p> <ul style="list-style-type: none"> • Is reluctant to explore the environment and does not respond to encouragement or praise • Sticks to familiar activities and avoids new activities and when faced with challenges struggles to problem solve – (Displays persistent patterns of repetitive play/schematic play) 	<p>What we can do:</p> <ul style="list-style-type: none"> • Use different ways of showing children you are noticing what they are doing and are interested in, for example, give child positive messages through gesture, thumbs up, winking, a gentle touch, smile, and nod to find out what they are comfortable with • Praise children for their efforts and attempts not just focusing on the end product • Plan ‘special time’ with an adult, chosen by the child if possible, using preferred activities • Use a visual timetable/Now & Next board to support moving them around the setting into different areas of the learning environment or to encourage the child to try something different • Offer the child an environment where they can have quiet time • Carefully gauge when to interact with the child and when to just sit back and wait for the child to initiate the contact. • Break down tasks into small steps – (use task analysis) • Use small, graduated steps for tasks and celebrate success • Build on confidence by using familiar activities where children experience success and gradually introduce more challenge • Celebrate each small step that is achieved • Use motivating activities in less used areas for example, using cars in the painting area or playdough in the construction area

Learning skills

We might see a child who:

- Has development in areas of the EYFS which is causing concern e.g. demonstrates some difficulties learning early concepts and retaining them over time.

What we can do:

Carry out specific observations of areas of concern and give some additional adult support, where needed (through enhanced ratios to enable specific intervention) in new situations to build understanding and deliver support.

- Use observations to plan, for the individual child, experiences and opportunities to support development
- Record early meetings with the parents, to gather information about the child
- Develop joint attention through child led play and incorporating child's interests. **For example**, peek a boo, round and round the garden
- Breakdown tasks and identify the **sequence of actions** and skills required to complete them. For example, putting on a coat
- Teach the skills in small manageable steps and then build to link the skills together
- Use visual sequences to prompt and guide children through a sequence. Reinforce visuals with rhymes or songs and modelling for example, hand washing, toileting routine
- Create opportunities for regular revisiting and reinforcement of learning to maximise potential for the child to embed and build on that learning to be able to transfer skills
- Model and extend play using commentary to engage and to reinforce language. Develop a 'little and often' approach to play and learning through modelling
- Arrange access to peer supported learning where child is grouped with peers who can provide modelling of play and learning
- Encourage and support the child to persevere through difficulties, to ask questions, problem-solve and take risks
- Identify and support next steps in learning using information from home to offer the child consistent challenge

	<ul style="list-style-type: none"> • Cue children in to engaging. Cues might be auditory, gesture, visual using objects of reference, and verbal or physical touch. Ensure use of name and touch to engage children before verbal information is delivered • Ensure opportunities for developmentally appropriate short tabletop play, facilitated by adults, using jigsaws, beads and patterns, blocks, matching sorting, lotto, etc. • Engages at pertinent moments to move learning forward, limiting misconceptions • Increase opportunities to be read to and share books • Provide opportunities for skill reinforcement/revision/transfer and generalisation • Plan opportunities for repetition and overlearning of key concepts and skills across the Early Years environment. • Explicitly teach vocabulary and concepts. • Use a Busy box with practical/pre-taught activities to give opportunities for overlearning and to develop independence skills • Use Visual cues – now & next, choosing board, visual timetables, real objects as appropriate. • Pre-teach concepts and vocabulary. • Implement Targeted interventions (delivered more frequently through targeted interactions and/or in a smaller group size) such as: <ul style="list-style-type: none"> ○ structured phonics ○ Pre-phonetic skills (phase 1 Letters & Sounds) ○ number skills
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The Unique Child (what we might see)	Provision / Strategies (what we can do)
<p>Personal care /Toileting</p> <p>We might see a child who:</p> <ul style="list-style-type: none"> Has a delay in their self-help skills, including toileting. 	<ul style="list-style-type: none"> Encourage and signpost parent and carers to universal support and guidance available to enable parents and carers to work towards their child achieving the maximum possible level of independence with toileting where possible. (See resources) Follow procedures as outlined in their intimate care policy. Establish the time needed for supported routines around personal care so that all children have the opportunity to develop independence with toileting. Be available for individual personal care support within supportive routines. Share strategies between home and school/setting for routines, taking into account varying family expectations and values around personal and independence needs and routines. Allow flexibility within ratios to focus adult support where needed- additional adult support may be required.

General Resources and Advice
<ul style="list-style-type: none"> SENCo should seek advice from professionals available such as the Area SENCO team, PSS and EPS team. Use of Assistive Technology Training from Area SENCO Team/PSS on range of approaches/interventions SEND Assessment Guidance https://help-for-early-years-providers.education.gov.uk/support-for-practitioners/send-assessment https://attentionautism.co.uk/ https://www.intensiveinteraction.org/ https://www.bbc.co.uk/tiny-happy-people/science-and-facts

Communication and Interaction: Autism (ASC)/ Social Communication and Speech, Language and Communication (SLCN) Differences

The Code of Practice (2015) paragraph 6.28 describes Communication and Interaction as follows:

‘Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.’

For children and young people with ASC, including Asperger’s Syndrome and Autism, there may be differences with social interaction. They may also experience difficulties with language, communication, processing and sensory differences which can impact on how they relate to others.

Communication and Language is one of three prime areas of development and learning in the EYFS. Communication and Language begins from birth and is linked closely to social, emotional and relational experiences. Differences in the development of communication and language are very common in the early years.

The Unique Child (what we might see)	Provision / Strategies (what we can do)
Attention Skills We might see a child who, <ul style="list-style-type: none">• is distracted by others or environmental sounds, needing an adult prompt to refocus• displays attention and listening behaviours that differ to that of a typical child e.g., may engage without using direct eye contact• displays sensory behaviours, like flapping, rocking, covering ears	<ul style="list-style-type: none">• Ensure the child’s name is used alongside a physical prompt, if required, before any instruction• Use motivating toys and toys of interest to engage the child’s attention• Ensure personal motivators are incorporated into all learning activities• Use music, songs, stories, props and objects to draw the child’s interest to an activity• Reduce the amount of language used, use keywords and phrases (repeat the same words)• Allow time for the child to process the language/ request before repeating

The Unique Child (what we might see)	Provision / Strategies (what we can do)
<ul style="list-style-type: none"> • is unable to share sustained joint attention • finds it difficult to focus their attention and flits from one thing to another • shows little motivation and interest and may be passive in the setting 	<ul style="list-style-type: none"> • Model play and activities
<p>Expressive Language We might see a child who,</p> <ul style="list-style-type: none"> • communicates their needs, preferences and emotions as a younger child would • takes longer to acquire new vocabulary and extend phrases • is using single words or short phrases rather than using full sentences as their peers would be • has an untypical extensive vocabulary (specifically around a special interest) not always used in context • displays short-term unwanted behaviours which is either a means of communication or indicates peers/ adult verbal requests have not been fully understood • repeats learnt phrases and use echolalia, when playing or communicating • talks about themselves in the third person 	<ul style="list-style-type: none"> • Use familiar words to describe things and actions • Model short and simple sentences • Model language (in a simplified form) to describe everyday actions and routines • Create opportunities for the child to use their language and communication skills functionally, for example, making choices, making requests, expressing feelings in familiar situations, responding to questions • Encourage the use of special interests to build on and extend to other areas of learning • Understand that emotional and behavioural responses can be a sign that the child is unable to fully communicate their wants and needs • Use ‘match plus one strategy’ (repeat what the child has said and add another word) for example, if the child says ball, adult repeats and adds “Red ball” • Use comments rather than questioning when interacting with the child
<p>Receptive Language We might see a child who,</p> <ul style="list-style-type: none"> • needs repeated use of their name with additional prompts to follow instructions 	<ul style="list-style-type: none"> • Talk slowly enough for the child to understand, and wait for a response • Use the child’s name and repeat, if necessary before giving instructions • Ensure the background noise and environment is not too distracting before communicating with the child

The Unique Child (what we might see)	Provision / Strategies (what we can do)
<ul style="list-style-type: none"> • plays with or focuses on something other than the speaker to support processing spoken language • is inconsistent to answer to their name • takes longer to follow most instructions without repeated use of additional visual prompts • is not understanding verbal communication without additional visuals and gesture • finds transitions (between sessions and within sessions) difficult, with/ without additional adults prompts/ cues 	<ul style="list-style-type: none"> • Use objects of reference, visuals – photographs/symbols to reinforce all verbal language and routines • Intervene and facilitate understanding when peers attempt to communicate with the child, and they are unsuccessful • Reduce the amount of language that is used • Introduce new words and vocabulary in the context of play and activities, ensure repeated exposure and opportunities to hear the new words • Support communication through, facial expression, a lively voice, a range of tones, eye contact, gestures and signing for example Makaton, Augmentative Communication Aids, the used of visual, now and next, symbols, pictures, photographs and/ or objects of reference. • Allow sufficient processing time, for the child to process any instruction, information or direction given by an adult. Allow 10 seconds for the child to understand they are being addressed, understand what is being said and respond accordingly. • Seek to read, interpret and give meaning to ‘emotional responses’ and behaviours, as communication • Allow adequate time and preparation for changes
<p>Reluctant speaker We might see a child who,</p> <ul style="list-style-type: none"> • speaks to specific members of their family/ friends/ staff in setting/ school, not everyone • speaks at specific times of the day • speaks in specific places or areas • will speak in some of the following context and not others, such as free play, one to one, small groups, large group 	<ul style="list-style-type: none"> • Reduce the pressure to talk • Give them time to settle, in the setting/ with new activities/ with new people • Speak to the family – what works at home • Play games and do activities which do not involve talking to make the child feel comfortable • Do not point out that the child is able to talk in one situation and not another/ with one person and not another • Ensure child has an alternative method of communication

The Unique Child (what we might see)	Provision / Strategies (what we can do)
<p>Social Interaction and Play We might see a child who,</p> <ul style="list-style-type: none"> • persists and seeks out peer/adult support through non-verbal communication e.g. pulling, guiding, pointing, to be understood • displays unwanted behaviours which typically stops when an adult targets attention for short periods e.g., positive praise, distraction, co-regulation • plays differently to their peers, may be repetitive, may be ritualistic or solitary in nature • plays to their preference and may not allow others to join in with their play 	<ul style="list-style-type: none"> • Mimic the child's actions and sounds to interact with them. For example, Intensive Interaction • Facilitate and provide opportunities for copying, leading and following games • Play interactive and anticipatory games • Model play sequences, play alongside the child with a similar toy • Provide simple opportunities for turn-taking, with an adult, then with another child, moving to a small group • Notice when a child needs to end the activity or take a break • Keep the activity short with a clear and prompted start and end • Allow the child to be the 'lead' and model their expertise to others (special interests)
<p>Sensory Differences We might see a child who,</p> <p>Visual - sight</p> <ul style="list-style-type: none"> • covers their eyes • withdraws from bright lights/ outdoors • avoids eye contact • stims or flaps • likes shiny/ colourful objects/ bright lights • uses peripheral vision • enjoys repetitive movements <p>Auditory – sound</p> <ul style="list-style-type: none"> • does not like loud noises • covers their ears • makes their own noises hums/ sings to themselves 	<ul style="list-style-type: none"> • Ensure the environment allows for children to explore using all their senses including those which stimulate. • Talk about the senses and encourage children to use them in continuous provision and adult led activities. • Alert children to what is going on in the environment what can you see • Support the understanding of vocabulary associated with the senses- e.g. loud, quiet, bright, soft, hard, fast, dizzy. • Provide regular movement breaks. • Have quiet corners and pop-up tents available to reduce over stimulation or support calming down time after periods of dysregulation. • Have a range of resources and toys that allow multi-sensory exploration. • Ensure non-toxic items are used, for example play dough and paint • Distract or redirect the child from distressing situations/ places using items of comfort

The Unique Child (what we might see)	Provision / Strategies (what we can do)
<ul style="list-style-type: none"> • is unaware of other noises/ where they are coming from <p>Tactile – touch</p> <ul style="list-style-type: none"> • avoids crowds or touch • has a low/high pain threshold • removes clothing • does not like getting wet/ dirty • loves messy/ water play • will excessively touch or strokes items or people • needs to fiddle <p>Gustatory – taste</p> <ul style="list-style-type: none"> • will only eat bland food or spicy foods • will eat a small range of foods • refuse to eat or overeat/ over fill their mouth • will eat/ mouth inappropriate items – PICA <p>Olfactory – smell</p> <ul style="list-style-type: none"> • will avoid certain areas/ rooms e.g. toilet, where food is served • will seek/ enjoy strong smelling items or places <p>Interoception – internal sense</p> <ul style="list-style-type: none"> • wears inappropriate clothing for the weather e.g. thick coat on a hot day • will not know when they need to go to the toilet, so may have wetting/ soiling accidents • will go to the toilet frequently as they do not like to have a full bladder • may become distressed or upset when they are hungry or thirsty 	<ul style="list-style-type: none"> • Use Sensory circuits to allow the child to regulate their senses and achieve ‘just right level of alertness’ to access play and learning activities. • Identify the child’s individual sensory differences and make adjustments which are detailed as part of the activity planning for example a Sensory Profile. • Create a Sensory Ladder to support regulation and keep the child within the window of tolerance as much as possible. • Use Sensory Stories with a variety of sensory exploration and stimuli to tell stories, introduce activities and play. • Access Sensory Differences training, to understand the different senses and how best to support, which strategies to use and activities to do • Create an individual plan to manage sensory differences with readily available equipment, examples include, sensory objects, ear defenders, a sensory cushion etc... • Carry out regular sensory environment audits, for example, C-SENSE • Recognise times of the day and areas of the setting that create sensory stimulation and prepare children for these transitions, for example going to the toilet, moving between rooms and the outdoor environment. • Have a toileting plan (see toileting section) which include the use of visuals and/ or objects of reference to support • Risk assess the environment and remove items which could prove a choke hazard and provide safe alternatives e.g. chewlery.

The Unique Child (what we might see)	Provision / Strategies (what we can do)
<p>Proprioception – sense of movement</p> <ul style="list-style-type: none"> • dislikes walking, running or climbing • moves slowly • dislikes rough and tumble play • is unable to sit or stand still, will rock flap or spins • walks on their toes • likes firm touch/ being squeezed and exerts too much pressure <p>Vestibular – sense of balance</p> <ul style="list-style-type: none"> • likes or dislikes heights • prefers to sit/ lay down • has poor balance, be clumsy or have difficulty changing direction • seeks or avoids balancing activities • avoids walking on certain textures 	
<p>Speech sounds: (difficulty in articulation of speech sounds)</p> <p>What we might see a child who,</p> <ul style="list-style-type: none"> • has unclear speech and is difficult to understand or follow (refer to sunflower poster on speech norms). • seeks out their peers or a familiar adult to support them being understood 	<ul style="list-style-type: none"> • Check the child’s hearing • Encourage the child to show you/take you if you haven’t understood. • Make sure they can see how you speak. Face them and speak clearly. • Reduce background noise so you can hear the child clearly. • Model clear spoken language with the support of gesture or signs as needed for example, Makaton • Model back to the child, in a natural way, the words they may mispronounce, without creating pressure on the child to repeat • Talk about sounds in the environment for example, go on a listening walk and point out the leaves rustling, dog barking, baby crying • Encourage the child to slow down if their speech is becoming too fast.

The Unique Child (what we might see)	Provision / Strategies (what we can do)
	<ul style="list-style-type: none"> • Allow time for child to process and respond (10 second rule) • Introduce and rehearse a variety of language through rhymes, songs etc. • Providing an additional method of communicating e.g., photos, symbols, Makaton signs, gestures • Small group or individual language sessions, including targets devised/recommended by the SALT • Emphasise the sounds in words for example. Pig, that has got the 'p' sound • Use rhymes, songs and stories with sounds in that children can copy, repeat, anticipate and experiment with for example 'Old MacDonald', 'Head, shoulders...' • Break words into their syllables by clapping and tapping and stamping for example, 'bu-tter-fly' • Home/ school sharing to tune in to interests and words sharing • If you cannot understand what the child is saying, ask them to show you. If you still cannot understand take the responsibility, for example "I am sorry my ears are not working today."
Stammering: We might see a child who, <ul style="list-style-type: none"> • repeats sounds, whole words or getting stuck completely (no words) 	<ul style="list-style-type: none"> • Give the child sufficient time • Let the child finish their sentence • Maintain natural eye contact • If the child becomes upset or frustrated acknowledge their emotions • Model a slow rate of speech
Personal care /Toileting We might see a child who, <ul style="list-style-type: none"> • has additional toileting needs and/or delay. The child is developing skills which will promote their independence. 	<ul style="list-style-type: none"> • Encourage and signpost parent and carers to universal support and guidance available to enable parents and carers to work towards their child achieving the maximum possible level of independence with toileting where possible. (See resources) • Follow procedures as outlined in their intimate care policy. • Establish the time needed for supported routines around personal care so that all children have the opportunity to develop independence with toileting. • Staff to be available for individual personal care support within supportive routines.

The Unique Child (what we might see)	Provision / Strategies (what we can do)
	<ul style="list-style-type: none"> • Shared strategies between home and school/setting are established for routines, taking into account varying family expectations and values around personal and independence needs and routines. • Use your knowledge of the child's sensory differences to support the child to remain calm • Using visual aids, for example objects of reference, photographs/symbols to reinforce all verbal language and routines • Allow flexibility within ratios to focus adult support where needed. Additional adult support may be required.

General Resources and Advice – Autism / Social Communication Differences

Universal/ targeted

- Supporting children with social communication differences using SCERTS (Social Communication Emotional Regulation Transactional Support) – Play Interact Communicate (PIC) Approach
- AET Early Years Training and CAT Early Years Additional Modules [Communication and Autism Team - Local Offer Birmingham](#)
- AET Autism Suite of Resources: [The Autism Resource Suite | Autism Education Trust](#), including the AET Progression Framework, AET Standards and AET Competencies
- AET Developing Toileting in the Early Years
- Engagement model [The engagement model - GOV.UK \(www.gov.uk\)](#)
- Communication Matters [Home - Communication Matters](#)
- Autism Matters [Autism Matters - Home](#)
- Autism West Midlands [Autism West Midlands | Supporting the Autistic Community](#)
- Birth to 5 Matters [Birth To 5 Matters – Guidance by the sector, for the sector](#)
- Development Matters [Development Matters - GOV.UK](#)
- DfE EY SEND assessment tool [Help for early years providers : Using the assessment tools](#)
- Birmingham Early Years Network <https://www.birminghamearlyyearsnetworks.org/>
- Occupational Therapy Advice Line 0121 683 2325 [Advice Line | Website](#)
- Speech and Language Advice Line bchnt.childrens.slt@nhs.net 0121 466 6231 [Speech and Language Therapy | Website](#)

General Universal Resources and Information:

- Widgit Symbols (Communicate in Print) [About Symbols | Widgit](#)
- Makaton [Home http://makaton.org](http://makaton.org)
- Blacksheep Press <https://www.blacksheeppress.co.uk>

Available to PVI and Nursery School Settings

- SENCO should seek advice from professionals such as:
Early Years Consultants, Early Years Inclusion Service
- Area SENCO Team

Available to Nursery and Reception Classes

- CAT Advice Inclusive High-Quality Teaching & autism
[Communication and Autism Team - Local Offer Birmingham](#)
- SENCO should seek advice from professionals such as: the
Communication and Autism Team and Educational Psychologist.
- Supporting children with social communication differences using
SCERTS (Social Communication Emotional Regulation Transactional
Support) – training available from the Education Psychology team

General Resources and Advice – Speech, Language and Communication (SLCN)**Universal/ targeted – highlighted blue have a cost attached**

- The Communication Trust ‘What Works for pupils with SLCN’ database [What Works database \(speechandlanguage.org.uk\)](http://speechandlanguage.org.uk)
- Communication Friendly Guidance: <https://speechandlanguage.org.uk/educators-and-professionals/resource-library-for-educators/creating-a-communication-supportive-environment-early-years/>
- Birmingham Early Years Network [Birmingham Early Years Networks](#)
- SALT Advice line bchnt.childrens.slt@nhs.net, 0121 466 6231 [Speech and Language Therapy | Website](#)
- [Developing Communication | Website](#)
- SALT videos to support children [SLT Videos | Website](#)

General Universal Resources and Information:

- [Speech and Language UK: Changing young lives](#)
- Widgit Symbols (Communicate in Print) [About Symbols | Widgit](#)
- Makaton [Home \(makaton.org\)](http://makaton.org)
- Core Boards – supported by Area SENCO Team and Link SALT

Key members of staff undertake professional development activities focussing on communication and pass these skills on to other staff members.

Adults use Wellcomm or advice from Language Champions and NHS SALT to inform best universal and some targeted approaches

Settings should consider ELKLAN, Communication Friendly Schools

Available to PVI and Nursery School Settings

- SENCO should seek advice from professionals such as: Early Years Consultants, Early Years Inclusion Service - Area SENCO Team

Available to Nursery and Reception Classes

- PSS Core Universal and Targeted Offer
- SENCO should seek advice from professionals such as: the Pupil School Support Team, Communication and Autism Team, Link SALT as part of the Balanced System Approach and Educational Psychologist.
- Communication Friendly Schools – speak to Link therapist and PSS for further information.

Social Emotional and Mental Health Difficulties

The Code of Practice (2015) paragraph 6.32 describes social, emotional and mental health difficulties as follows:

‘Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.’

Personal Social and Emotional development (PSED) is one of the three Prime Areas of development and learning in the EYFS and the prime areas provide a vital foundation for learning throughout the early years. This prime area is fundamental to all other elements of lifelong development and learning. Children’s personal, social and emotional development varies greatly across the early years and is influenced by external factors relating to the child’s environmental, emotional and relational experiences as well as innate dispositions and characteristics.

Presenting behaviours should be understood as communicating underlying SEMH Needs. A few children/young people will require increasingly individualised intervention programmes, in addition to Inclusive High-Quality Teaching and learning, to accelerate and maximise progress and close performance gaps. When children are struggling with aspects of their personal social and emotional development this often shows itself in changes in a child’s behaviour. This is the way the child communicates to those around them that they need connection and support to understand and resolve what is difficult for them.

The Unique Child (what we might see)	Provision / Strategies (what we can do)
Regulation We might see a child who: <ul style="list-style-type: none">Shows signs of anxiety, worry and being emotionally overwhelmed daily.Has some difficulties seeking comfort from familiar adults and/or with self-soothing with behaviour regulation and needs	What we can do: <ul style="list-style-type: none">Observe when, where and what happens and consider what might be causing the child to be anxious and overwhelmed or might be leading to their behaviour.View all behaviour as communication and try to work out what the behaviour is communicatingUse the Iceberg Analysis to look at the behaviours that concern you and what might be underneath and leading to these behaviours. Refocus the approach to meeting the child’s needs rather than a focus on changing just the visible behaviours.

<p>support to co-regulate. This can be on a daily basis with a dependency upon adult support to co-regulate</p> <ul style="list-style-type: none"> • Has some difficulties regulating their emotions which may relate to early childhood experiences/ trauma, low self-esteem, poor sense of self or bereavement and loss • Displays some need for attention through their behaviours, which may include wanting immediate contact from a familiar adult or avoiding contact from a familiar adult. • Sometimes communicates their emotions through demonstrating some verbal or physical responses towards adults and peers e.g. pushing, shouting • Has difficulty with changes of routine and/or transitions e.g. Separating from parent/ carer, settling, leaving, beginning and end of sessions/ changing activities • Can react with extreme responses to minor changes or challenges and/or avoids risk 	<ul style="list-style-type: none"> • Involve parents/carers and find out as much as you can to help you understand what you are seeing, particularly anything that may be unsettling for them. Make sure that any chosen strategy is consistently applied and shared with parents • Adapt the environment so that the child can find a safe space and resources for example, a calm space with calm box, reading area; sensory area; space for retreat and relaxation or 'letting off steam'; space where the child can positively expend their energy including additional access to physical play, larger spaces /outside spaces. Children and young people in the class should be supported on how to use this area and helped to recognise when they are calm enough to return to their learning. • Create an individualised 'Survival/ calm' - box/ bag of soothing/regulating items, such as bubbles, bells, books. • Use stories for example, 'Colour Monster' or 'The Huge Bag of Worries' to explore emotions • Use social stories –focused on situations a child may find difficult, to prepare for 'tricky' situations before they occur. • Introduce Mindfulness activities and breathing exercises/yoga at times when the child is in a relaxed state. • Use appropriate visuals to allow time to process information for example, now/next • Use positive language rather than negative e.g. walking feet. • Model what is expected and use positive labelled praise. • Implement Emotion coaching to help develop understanding, recognition and expression of key emotions and feelings as they are experienced. This will be supported with modelling of clear facial expressions of emotion, visual resources such as photos of emotions and signing to help develop the language of emotions. • Provide choices of coping strategies (photos or objects) to help with regulation. • Ensure routines are familiar and predictable and may be supported by photographs/ or objects of reference. They allow age-appropriate opportunities for independence, responsibilities, and opportunities to help. • Keep changes in groups and routine to a minimum, whilst frustration and conflict are reduced by flexibility to some routines allowing children to pursue their own interests. • Carefully plan and think through small and big transitions, which may affect the child.
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<p>taking and unfamiliar situations or activities</p>	<ul style="list-style-type: none"> • Be aware of times of day that are more stressful. Ensure possible stressors, such as changes in routine are as predictable, moderate, and controllable as possible. • Role model that ‘we can all take risks,’ make mistakes’, model making a mistake to show children that it is okay • Break down activities into smaller steps so that they are achievable. Provide sequencing boards where appropriate. • Show children what to expect before engaging children in specific activities • Provide lots of praise even for a minimal attempt. • Plan regular opportunities for staff to reflect on what behaviour may be communicating (e.g., ‘Circle of Adults). • Address the ‘sensory’ environment and plan sensory breaks/activities to support the child to be regulated so that they can learn. • Use Sensory Circuits. Activities that are: Alerting: (anything that moves your head position quickly) e.g. jumping games with an adult, trampette, rocking activities, space hopper, bouncing on lap, rolling on a ball; Organising: (anything that uses your muscles/ heavy work) e.g. pushing hands together, pushing against a wall, crawling through a tunnel, pushing and pulling activities, sweeping, digging, going up and down stairs; Calming: (deep pressure or massage)
<p>Awareness of self We might see a child who:</p> <ul style="list-style-type: none"> • Has some difficulties recognising and communicating some of their own emotions verbally, or by using signs or visuals 	<p>What we can do:</p> <ul style="list-style-type: none"> • Recognise that behaviour communicates feelings. Emotion coaching can help to develop understanding, recognition and expression of key emotions and feelings as they are experienced. This will be supported with modelling of clear facial expressions of emotion, visual resources such as photos of emotions and signing to help develop the language of emotions • Have specific opportunities through the day for children to share with adults how they are feeling • Role model emotional awareness and relationships between experiences and emotions • Provide opportunities and appropriate resources to support exploring ideas of self, relationships, and feelings • Introduce particular ‘toys/characters’ who can act as a place to leave worries such as Worry Bear/Worry Monster

	<ul style="list-style-type: none"> • Use songs/displays/puppets/persona dolls to represent different situations and involve children in discussions about emotions and feelings
Social Skills We might see a child who: <ul style="list-style-type: none"> • Has some difficulties interacting and forming relationships e.g. waiting, sharing, turn-taking, • Often engages in solitary play and/or can show distress when other children try to interact • Has tendencies to avoid or withdraw from others and/or activities • Be inconsistent co-operating, and needs encouragement to engage in adult requests, adult directed tasks, simple rules, routines, and consistent boundaries • Can find positive praise overwhelming 	What we can do: <ul style="list-style-type: none"> • Practice turn taking (my turn, your turn) with activities to generalise in different situations throughout the day including turn taking activities with a good role model. • Model specific social skills with a child role model • Give the child a job and responsibility to remember • Offer choices e.g. using choice boards or two objects • Provide visual/symbolic representation, such as coloured cards, timers so children can cope with waiting and anticipate the end of an activity. • Use social commenting, i.e. commenting on positive social skills when observed. • Mirror play alongside the child with parallel equipment • Create personalised ways of praising for small achievements • Observe who the child instinctively approaches/looks towards on a day-to-day basis for support, encouragement, reassurance (this may not be the key person) • Use a communication corner or similar where children can go to indicate they want interaction • Use photograph book with key people within it to refer to throughout the day

<p>Personal care /Toileting</p> <p>A child may,</p> <ul style="list-style-type: none"> • have additional toileting needs/ anxieties relating to toileting/ and/or delay. The child is developing skills which will promote their independence. 	<p>What we can do:</p> <ul style="list-style-type: none"> • Encourage and signpost parent and carers to universal support and guidance available to enable parents and carers to work towards their child achieving the maximum possible level of independence with toileting where possible. (See resources) • Follow procedures as outlined in their intimate care policy. • Establish the time needed for supported routines around personal care so that all children have the opportunity to develop independence with toileting. • Be available for individual personal care support within supportive routines. <ul style="list-style-type: none"> • Share strategies between home and school/setting to establish routines, taking into account varying family expectations and values around personal and independence needs and routines. • Allow flexibility within ratios to focus adult support where needed. Additional adult support may be required.
<p>General Resources and Advice</p>	
<ul style="list-style-type: none"> • Staff identify training needs and access this to enable them to plan to increase differentiation within quality first teaching and learning • Staff discuss the child with the Health Visiting team and may seek informal/general advice from outside agencies e.g. STICK Team (Forward Thinking Birmingham) • Staff seek a wider assessment of need through appropriate referrals to other agencies, this may include setting/school specialist advisory teams, Educational Psychology Service, and/or health professionals such as community paediatrician and STICK (Forward Thinking Birmingham) • The needs of the child in the family context are fully explored and possible referrals for parent/carer(s) are considered and made as necessary such as Early Help. • The following training is available from the Educational Psychology Service and further information can be found here: City-wide Initiatives - Local Offer Birmingham • Trauma Informed Attachment Aware Schools. Further information can also be found here: https://www.traumainformedschools.co.uk • SCERTS (Social Communication, Emotional Regulation, Transactional support) by Prizant et al. • Emotional Literacy Support Assistants (ELSA's) training (This is currently available for children in reception classes and nursery classes attached to an infant or primary school. This is also being developed for the wider EY sector) • Video Interactive Guidance (VIG) • Video Enhanced Reflective Practice (VERP) 	

Other training and resources e.g.:

- Beacon House Resources to support Teacher's understanding of topics like developmental trauma so that they can adapt their practice <https://beaconhouse.org.uk/resources/>
- Nurture groups - <https://www.nurtureuk.org/what-we-do/nurture-groups>
- Creating Calm Corners and Safe Spaces Dr Tina Rae: <https://www.youtube.com/watch?v=cW8IX6OD4jU>

Anna Freud Centre 'Early Years in Mind': <https://www.annafreud.org/early-years/early-years-in-mind/>

Physical and / or Sensory Needs

The Code of Practice (2015) paragraph 6.34 and 6.35 describes Sensory and/or physical needs as follows:

‘Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties.’ (6.34)

‘Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.’ (6.35)

This section has been split into Hearing, Vision and Physical needs and covers the broad area of need referred to as ‘Sensory and/or Physical needs’ in the Code of Practice. All children use sensory input to find out about and explore the world around them, this is a key part of early development. It is important to understand how individual children can be supported and how to reduce barriers to learning and development for children with sensory (hearing and vision) and physical needs.

Hearing

Hearing loss can range from mild to profound and can be temporary or permanent. Hearing loss is diagnosed by an Audiologist and/or Consultant Ear, Nose and Throat (ENT) Specialist. This may be at birth as part of the neonatal screening programme, or later in childhood. All babies are screened as part of the Newborn Hearing Screening Programme and those who show no response are referred for further diagnostic assessment in audiology. If hearing loss is confirmed a referral is made to the Hearing Support Team.

Hearing loss is not a learning difficulty. With appropriate support and access to language (spoken or signed), children with hearing loss and no additional learning needs can achieve and succeed in line with their typically hearing peers. Each child with a hearing impairment and their family are individual. Ensure you know the communication preferences of the child and family. They may choose speaking and listening, British Sign Language (BSL) or a Total Communication approach (combination). Ensure that everyone is familiar with any hearing technology

that is used and are aware of health and safety issues related to this. It is very important to understand the impact of the individual child's hearing loss on all aspects of language and learning.

All children with a diagnosis of permanent and long standing hearing loss should be known to the Hearing Support Team. Children who meet criteria for the allocation of a Teacher of the Deaf (ToD) are assessed, supported and monitored. This may include support for the family, training for school staff, visits to the child's home or educational setting, hearing technology checks, radio aid loan, speech perception testing, language assessment, evaluation of room acoustics.

The Unique Child (what we might see)	Provision / Strategies (what we can do)
<p>Hearing</p> <p>We might see a child who:</p> <ul style="list-style-type: none"> • Appears to be responding less consistently to sounds • Is yet to consistently respond to their name • Struggles to access learning due to high noise levels in the environment • Has a delayed understanding of language • Has delayed expressive language skills and/or unclear speech • Displays frustration and/or lack of engagement with peers due to delayed communication skills • Appears to tire easily • Arrives at setting/school without hearing equipment • Wears personal hearing equipment (hearing aids or cochlear implant processors) 	<p>What we can do:</p> <ul style="list-style-type: none"> • Ask parents to query with General Practitioner (GP) where a child does not have personal hearing equipment. Where hearing loss is diagnosed refer to Hearing Support Team https://www.localofferbirmingham.co.uk/hearing-support-team/about-the-service/ • Gain the child's attention before speaking to ensure they are aware that you are speaking to them. Do not cover your mouth when speaking to young children • Check hearing equipment is working daily e.g. are they charged/batteries, are the hearing aid moulds clean? Is the child responding as they have been observed to previously – such as turning to their name? Where a Teacher of the Deaf is allocated, training will be provided, if not ask parents to demonstrate. • Where possible, complete adult led activities in a quieter area with a smaller group. • Use music with purpose, avoid adding as background noise. Turn off equipment not in use that may add to background noise e.g. fan. You may use music through the days for creative activities or for transition (e.g. tidy up time or big write) but do not use during focussed tasks where you are talking to the child. Use a visual prompt to indicate noise levels https://bouncyballs.coderobo.org/ • Ensure you are standing near the child when speaking to them, speak to them at their level, particularly during outside activities. • Seat the child near key adult for child to have a clear, unobstructed view of the speaker and any visual material being used. Repeat contributions from peers

	<ul style="list-style-type: none"> • Use an Assistive Listening Device (sometimes referred to as a radio aid) where one has been issued • Use visual resources alongside verbal communication to support understanding e.g. objects, photographs, pictures, gestures, signed communication (Makaton or British Sign Language). Use visual timetable. Promote the child's independence in the use of their hearing technology e.g consider how they will report if hearing equipment is not working • Provide access to picture communication cards. Provide opportunities to develop language through daily routines and play. Model the language the child is attempting to use. • Implement strategies from Teacher of the Deaf and/or Speech and Language Therapist where applicable. Label the environment with symbols and signs. • Model turn taking activities and language of negotiation in small group. Explain the rules of games to include the child and enable them to make friends. • Share positive resources related to hearing loss (see resources below). • Be aware that hearing loss can cause listening and cognitive fatigue resulting in physical tiredness. Provide opportunities for 'listening breaks' e.g time in a quiet area. • Contact parents immediately if aids/cochlear implants are not brought to school as all prescribed hearing equipment should be worn to access learning effectively. • Liaise with the Teacher of the Deaf around different retention options – headbands, clips, different hairstyles – be creative • Extend use of equipment when child is distracted. Use positive praise and reward to promote extended use of hearing equipment. • Provide access to toys and books with hearing aids (links below) • Encourage and gradually build child's independence and ownership of their hearing technology. Involve the child during the equipment checks and maintenance including connecting to the charger with supervision, etc.
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Resources and Advice

Training

- **Glue ear (Otitis media with effusion - OME) is a very common condition:** 1 in 5 pre-school children have glue ear at any one time (NDCS). This link offers training, management plan, and other resources for those with a mild hearing loss (including glue ear) [Mild Hearing Loss - Local Offer Birmingham](#)
- Specific Training is also available for unilateral hearing loss (in one ear): https://www.localofferbirmingham.co.uk/unilateral_hearing_loss/
- Deaf Awareness in Education online training module (1 hour) – all staff working in a setting where deaf children attend: [Deaf Awareness in Education - Local Offer Birmingham](#)
- Additional bespoke training may be provided by the Hearing Support Team.

Management Plans

- Management plans for children with mild and unilateral losses can be found on the local offer website (links above).
- Teacher of the Deaf will provide personalised management plans for children allocated to them.
- Ensure the management plan is shared with **ALL** staff working with the child, and strategies applied.

Assistive Listening Devices (e.g. radio aids and remote microphones)

- Hearing Support Team can provide access to an Assistive Listening Device (ALD). Daily checks of all audiological equipment, supported by a named, trained member of staff is required – independent use and management of equipment promoted where appropriate.
- Plan for training around and use of Assistive Listening Device – ALD (radio aid) with staff, ToD and Parents carers
- Specialist insurance for any equipment will be recommended: [Insurance for Radio Aid Systems | Aspen Associates](#)

Other resources

- There are lots of books available with deaf characters: [Books with deaf characters | Reviews](#)
- #toylikeme make hearing aids for toys and teddies [Etsy Shop](#)
- All pre-school children with any degree of hearing loss are invited to join our Communicate and Play groups [National Deaf Children's Society | Supporting deaf children \(ndcs.org.uk\)](#)

Vision

Vision impairment means a reduced ability to see, that is not fully corrected by glasses and/or contact lenses. Vision impairment may include difficulties with acuity (clarity) of vision for near and distance vision, loss of visual field/s, difficulties with depth perception, colour vision deficiencies, ability to cope with light and glare, contrast sensitivity or visual processing within the brain. A vision impairment may be stable or progressive. A vision impairment might first be noticed by observation of the child's visual behaviours, or identified by a medical professional, such as GP, paediatrician, or ophthalmologist. A vision impairment is not a learning difficulty in itself, if the correct strategies are put in place, but can coincide with other diagnoses or be part of a syndrome where vision is one element. A vision impairment may result in the appearance of delayed physical and cognitive development. With appropriate support and modified access to the curriculum a child with just a vision impairment is expected to succeed in line with their fully sighted peers. A child with a vision impairment and other difficulties would be expected to make progress with appropriate support for all needs.

The Unique Child (what we might see)	Provision / Strategies (what we can do)
<p>Vision:</p> <p>There may be no obvious sign a child has a vision impairment as a child usually won't know they have a difference in vision, so vision screening for all children is essential.</p> <p>We might see a child who:</p> <ul style="list-style-type: none">• Presents with eyes that appear different (e.g. colour, alignment, wobbling, etc).• Seems to have poor co-ordination when moving around.• Peers in close to see books/objects/screens – asking a child “What can you see?” rather than “Can you see?” will better indicate if they are not seeing clearly.	<p>What we can do:</p> <ul style="list-style-type: none">• Follow advice and strategies following an environmental audit by the Vision Support Team, for indoor and outdoor areas, and transition between used areas.• Ensure that approaches to ensure the learning environment are well-lit, glare and clutter-free, and organised in an accessible way. This includes using high-contrast colours and clear labelling to help children navigate the space.• Share individual management plan with all staff, that advises on support to the specific vision needs of each child, ensuring they can access the curriculum effectively.• Use inclusive practices that involve multi-sensory approaches, such as combining visual and auditory learning methods, e.g. physical objects at show and tell, demonstrations, checking for learning, etc.• Use co-production to develop strategies for wider independent living skills. This may be in conjunction with the Habilitation Team, if required, who can provide mobility training support to home and setting to ensure consistency and support both at home and in the early years setting.

Further understanding of what you might do will be informed by:

- **Medical Diagnosis:** A child with a vision impairment, is a child known to an Ophthalmologist who has diagnosed a vision impairment which will affect how the child can interact in an Early Years setting.
- **Type of Vision Impairment:** This includes children who have reduced vision even when prescribed glasses or contact lenses or have a cortical or cerebral vision impairment.
- **Level of Vision Impairment:** There are varying degrees of vision impairment from mild to profound, along with many diagnoses that cause the vision impairment which will have a greater impact as the child gets older as the challenges of the curriculum get greater.
- **Stability of Vision Condition:** It should be noted that a child may have a vision impairment that is stable, but their needs increase as they get older even though the vision levels stay the same, this will be because of the increased visual demands of the curriculum, e.g. standard print size becomes smaller as a child progresses through education.

- Engage with training from Vision Support Team, face-to-face preferably, or online, to raise awareness and understanding of supporting vision impairment to enable staff to differentiate access for vision impaired children.
- Monitor the child's progress and adjust support strategies as needed to ensure they are meeting their developmental milestones - contact Vision Support Team between visits as necessary if support is required or a change in vision needs becomes apparent.

Resources and Advice

Inclusive Learning Environment:

- Guidance on creating a suitable learning environment, including an environmental audit, by making simple adjustments (such as seating position or highlighting steps) to accommodate vision loss and accessibility will be provided by the Vision Support Team.

Written advice:

- Guidance and advice in written format are available on the Local Offer for those mild visual conditions where an active Qualified Teacher of Vision Impairment is not allocated.
- A Qualified Teacher of Vision Impairment will provide personalised management plans for children on active caseload support, with advice on specific strategies to support vision access and inclusion for children with vision impairment in the Early Years Setting.
- Setting staff should ensure the management plan is shared with **ALL** staff working with the child, and strategies applied.
- Refer to Local Offer information from the Vision Support Team around eye conditions and strategies to support. See link here: [Eye Conditions - Local Offer Birmingham](#)

Training:

- Training to staff from a Qualified Teacher of Vision Impairment, face-to-face preferably, or online, to raise awareness and understanding of supporting vision impairment to enable staff to differentiate access for vision impaired children. Training is available to settings where children are accepted onto active caseload.
- Peer training can also be provided in reception class.

Transition Support:

- Support should be provided during key transition stages, such as moving from home to early years setting, and then, early years setting to primary school, to ensure continuity in the child's education and development and vision support strategies.
- A meeting should take place between settings prior to transition including the sharing and / or updating of the vision management plan, or strategies shared between settings if the vision Support Team are not yet involved.

Additional Support:

- Create a suitable learning environment using resources that support visual stimulation and use of auditory methods which can be differentiated for potential or confirmed vision impairment – e.g. child with known or suspected vision issues has their vision impairment accommodated by consideration of their seating position, where their peg is located, etc.

- Adapt teaching strategies and teaching and learning resources to ensure accessibility – advice should be sought from the Vision Support Team if necessary, via a referral- information available on the Local Offer.
- Needs and the interventions required can be established and monitored by using tools such as the Developmental Journal for Vision Impairment (0-3 years old).
- Co-produce interventions between settings and parents/carers using advice from the Vision Support Team.
- More advice can be found here: [Early years support for children with vision impairment | RNIB](#)
- Support for families of children with vision impairment can be found here: [Welcome to the Royal Society for Blind Children](#)

Multi Sensory Impairment (MSI)

Multi-sensory impairment is used to describe children who have impairments of both hearing and vision. The terms dual sensory impairment or deaf blindness may also be used. Our experience of the world, our ‘reality’, comes through our senses. Children with hearing and/or vision impairments have a different ‘reality’. They don’t experience the world in the same way as sighted hearing people; their whole knowledge and experience of the world is different.

Multi-sensory impairment is a distinct disability; it is not hearing loss plus vision loss. Combined losses of sight and hearing are significant for the individual even where they are not profoundly deaf and totally blind e.g. a child may have a permanent vision impairment but be experiencing glue ear so requires additional adaptations. Multi-sensory impairment is the way one sensory impairment interacts or compounds the second impairment, which causes the difficulties. The impairments affect an individual’s communication, access to information and mobility. The combination of impairments of vision and hearing can cause far more difficulty than might be expected from the impact of each separately.

Many children also face other challenges, such as medical conditions or physical disabilities. A very small number of children with MSI are totally blind and deaf, but most have some useful vision and/or hearing. It may not be clear at first how well a child can see or hear. MSI is a very rare impairment, particularly in children.

Schools and settings need to liaise with health visiting teams and with specialist teachers where one sensory need (hearing or vision) is confirmed. They also should be working collaboratively with SEND support services to follow recommendations informed by specialist assessments and develop appropriate targets.

The Unique Child (what we might see)	Provision / Strategies (what we can do)
<p>Multi-sensory impairment (MSI)</p> <p>We might see a child who:</p> <ul style="list-style-type: none"> • See the descriptors for children with hearing and vision needs 	<p>What we can do:</p> <ul style="list-style-type: none"> • Consider the strategies above for hearing and vision support • Ensure communication is accessible considering both hearing and vision needs • Support Information gathering by ensuring resources are accessible, considering vision and hearing needs, and by including a tactile element • Support Mobility and Orientation by defining different learning zones and areas. Implement guidance outlined in environmental audit. • Liaise with Qualified Teacher of the Deaf and/or Qualified Teacher of Vision Impairment for further advice Where a specialist MSI assessment may be required for needs that present as beyond those that can be met through ordinarily available provision.

Resources and Advice
<p>SENSE Conditions, impairments and disabilities - Sense</p> <p>Toolkit: Making play inclusive - Sense</p> <p>Usher Kids UK www.usherkids.org</p> <p>Education - Usher Kids UK</p> <p>Microsoft Word - Early Support Multi-sensory impairments FINAL.doc</p>

Physical and or Medical Needs

Physical development is one of the three Prime Areas of learning and development in the Early Years Foundation stage. Needs in this area can be a barrier for a child to participate in play and learning activities in the education setting and at home. A child with physical needs may have more difficulty with movement, balance, coordination and manipulating toys and equipment.

Some physical needs may be associated with a specific condition such as cerebral palsy, spina bifida or other conditions identified at birth. Some needs may only become apparent as young children gradually develop their motor skills such as, rolling, crawling, walking, hand/eye coordination and using different objects with their hands. Physical needs can also occur because of an accident or an illness. It is therefore important to be continually aware of changes to individual children's physical ability.

Settings can support physical needs as part of 'Universal Inclusive Practice.' Settings should particularly ensure that there is a strong focus and regular reviews of the indoor and outdoor environment to support children's physical access, engagement, exploration and enjoyment. Settings should be proactive in identifying any barriers to physical access and inclusion and remove these or adapt activities so that all children can participate fully.

It is a legal requirement under the Equality Act (2010) that all settings make 'reasonable adjustments' for disabled children and this is an 'anticipatory' duty. For more information see Disabled Children and the Equality Act 2010:

https://councilfordisabledchildren.org.uk/sites/default/files/uploads/files/equality-act-early-years_online.pdf

The Unique Child (what we might see)	Provision / Strategies (what we can do)
General PD /Medical Needs We might see a child who: <ul style="list-style-type: none">Is working below age expected levels for physical development, which has an impact on their access to education for specific activities during the day.	What can we do: <ul style="list-style-type: none">Be aware of the child's medical and health needs, seeking consent and information from the family and health professionals. Sight of the red book can also support gathering information around other services involved.Put in place appropriate risk assessments /planning needed. This may include daily classroom and outdoor learning area audits, maintenance around outdoor equipment, all about me and pupil profiles and a physical management plan.

<p>(See examples of what we might see for different areas of need within PD below)</p>	<ul style="list-style-type: none"> • Provide motivating early years activities that give children the opportunity to practise motor and independence skills, e.g., cooking, painting, construction and playing instruments. • Allow additional time and support to develop and practise their motor, personal care and independence skills. • Encourage children to do as much for themselves as possible within supportive routines e.g. pour their own drinks, serve their own snacks, put on their outdoor coats. • Use visual resources to support personal care and independence routines. Ensure they are readily available and are used as part of a stepped approach towards independence, such as using visual clues for the sequence of handwashing. • Make additional assistance and bespoke guidance available for those children who are developing their motor, personal care and independence skills e.g. an adult starts to do up a fastening and encourages and guides the child to complete the task. • Use a small steps approach when developing motor, personal care and independence skills. • Share Individual approaches and strategies between home and school to support independence with personal care, eating, and dressing. Review these regularly. • Provide individual prompts, supervision and assistance within supportive routines for personal care and independence skills. • Consult with appropriate professionals such as the Specialist Teaching Team for physical support, Occupational therapy, Physiotherapist, School nurse and Health visitor and incorporate their advice into the planning for developing skills and independence.
<p>Fine Motor We might see a child who:</p> <ul style="list-style-type: none"> • Has fine motor needs or fine motor delay and is developing skills but below age expected levels. • Is unable to pick up an object with a pincer grip. 	<p>What can we do:</p> <ul style="list-style-type: none"> • Incorporate the opportunity to use different fine motor skills in a range of play based activities, such as manipulating objects in exploratory play with a range of resources such as opportunities for messy play, activities to develop hand and finger strength. • Ensure that a bank of exercises and activities is available using a small steps approach to develop particular fine motor skills individually and in a small group.

<ul style="list-style-type: none"> • Is unable to fasten or pull apart large construction pieces. 	<ul style="list-style-type: none"> • Provide a range of tools for early years mark making tools large brushes, chalk, crayons, sticks, egg shaped crayons and sponges for children to trace patterns and shapes and experiment with mark making. • Provide a variety and adapted range of cutting equipment and activities for developing cutting skills such as good grip scissors, self-sprung scissors, left-handed scissors, and long handled scissors. • Use a range of different surfaces to make marks on-chalkboards, light boxes, sand, and pathways activities. • Encourage use of a range of construction toys- varied sizes, made of wood, rubber or plastic, which fix together in a variety of ways, e.g., by twisting, pushing, slotting or magnetism. • Encourage shared strategies and approaches to develop fine motor skills between home and school. • Implement planning which includes fine motor interventions within the curriculum – this might be individual or within a small fine motor group
<p>Gross Motor</p> <p>We might see a child who:</p> <ul style="list-style-type: none"> • Has motor/mobility difficulties or delay and or physical vulnerability and is developing skills but below age expected levels. • The child has difficulties with their balance within play activities and their play. • The child has difficulties bending down and picking an object up from the floor. • The child is apprehensive approaching new outdoor equipment. 	<p>What can we do:</p> <ul style="list-style-type: none"> • Ensure that there are opportunities to practise moving over different surfaces in the outside environment and/or Forest School. This should be done using and exploring a range of outdoor equipment and environment, such as going up and downhill, climbing, crawling, moving over a change of surfaces and stepping over and jumping off low level equipment. • Deliver a range of appropriate games and physical activities to promote gross motor development. Provide a variety of equipment within these activities such as trikes and scooters, balancing toys, beanbags, koosh balls, easy grip bats and easy catch balls. • A variety of adapted equipment for developing gross motor skills should be provided in the outdoor area such as 3 wheeled scooters, balance bikes, smaller trikes and bikes, lightweight and easy grip physical outdoor learning equipment and low-level outdoor play equipment to promote balance. • Ensure indoor/outdoor areas are accessible to all children, making reasonable adjustments to layout, organisation, and resources to meet individual needs safely.

<ul style="list-style-type: none"> • The child is apprehensive when managing a change in level such as on slopes and steps. 	<ul style="list-style-type: none"> • Ensure clear walkways, management of busy areas, supervision at transition times, support on the stairs and alternative routes are provided to support mobility around the setting. • Implement planning which includes gross motor interventions within the curriculum – this might be individual or a small group with a focus on promoting physical activity and skills, providing various levels of challenge. • Additionally supervise movement around the building and/or on transitions to the toilet and offer guidance around moving safely if required. • Attend training available from the Specialist Teaching Team for physical support- to understand and implement more specialist approaches into physical play and outdoor activities • Incorporate any physiotherapy exercises into physical play in the early years setting.
<p>Sitting</p> <p>We might see a child who:</p> <ul style="list-style-type: none"> • Is learning to manage a variety of sitting positions required in the early years' environment. • The child does not have a stable seating when using a usual chair in the early years setting. • The child fails to maintain an upright position when floor sitting for a short period of learning time e.g. during story time /singing time. 	<p>What can we do:</p> <ul style="list-style-type: none"> • Pay attention to prompting good positioning and seating. • Ensure the child is seated comfortably and in the optimal position to engage in activities within the early years setting • Promote seating position using a range of seating options, spot to sit on when sitting on the floor, a chair with arms, a footstep and a lower table. • Include different positions for learning such as, sitting, standing high kneeling and tummy lying. • Provide furniture at the appropriate height. • Provide adapted furniture such as chairs with arms and cushions.
<p>Personal care /Toileting</p> <p>We might see a child who:</p> <ul style="list-style-type: none"> • Is developing their physical skills around managing the routine associated with toileting which will promote their independence but are currently below age expected level. 	<p>What can we do:</p> <ul style="list-style-type: none"> • Provide accessible facilities and appropriate changing areas for meeting the toileting needs of all pupils who are not yet independent with toileting. • Follow procedures as outlined in the setting's intimate care policy. • Ensure feet are resting on a flat surface when using the toilet – a toilet step or lower toilet

<ul style="list-style-type: none"> • A child who is delayed in developing age expected levels with toileting independence within supportive routines. • Is not stable when sitting on an appropriate potty/toilet. • Is not beginning to develop the skill to wipe themselves. • Is unable to pull clothing down for toileting. 	<ul style="list-style-type: none"> • Provide child accessible facilities that enable independence for children in the early years setting e.g. toilet insert seat, handrails, lower sinks, lever taps and soap dispensers within reach. • Provide visual prompts to support usual routines around toileting and washing hands. • Establish the time needed for developing independence within supported routines. • Staff to be available for prompting individual children needing more support around their personal care. • Signpost parent and carers to universal support and guidance available to support their child achieving the maximum possible level of independence with toileting where possible. (See resources). • Establish shared strategies between home and school/setting for routines, considering varying family expectations and values around personal and independence needs and routines.
<p>Independence Skills - Eating We might see a child who:</p> <ul style="list-style-type: none"> • Is developing skills around eating and drinking which will promote their independence but are currently below age expected levels. • Is unable to hold a beaker or cup to drink from. • The child is unable to manage to pick up food items up to self-feed. • Is unable to hold a spoon for feeding. 	<p>What can we do:</p> <ul style="list-style-type: none"> • Provide opportunities to explore food through food play activities (edible foods) in the early years. • Provide activities to support the physical skills required for independence with eating through play; water play, play dough and the role play area, using tools such as spoons and scoops in sand and water play. • Staff to be available to help develop independence skills individually and in a small group. • Provide appropriate equipment to develop independence such as good grip cutlery, chunky cutlery, two handled beaker. • Encourage and value independence with eating by adopting shared strategies and approaches with families. • Provide more time during lunch and snack time to develop skills and independence. • Most activities above should be presented within a social and enjoyable lunchtime and snack time alongside friends.
<p>Independence Skills - Dressing We might see a child who:</p>	<p>What can we do:</p> <ul style="list-style-type: none"> • Provide activities which promote independence with dressing skills such as dressing dolls and in the role play area.

<ul style="list-style-type: none"> • Is developing their dressing skills and is working on increasing their independence but are currently below age expected levels. • The child is unable to assist the adult with the dressing routine e.g. not pushing their arms into the arm hole. • The child is unable to remove any of their clothes e.g. taking shoes off. 	<ul style="list-style-type: none"> • Provide activities which promote the physical skills needed for dressing such as the use of fastening boards and action songs. • Provide supported opportunities to practice and rehearse skills around dressing individually and in small groups. • Providing additional time within supportive routines to allow children to develop independence skills with dressing. • Make staff available to support and prompt skill development around managing dressing, during outdoor clothing, changing for physical play and in the role play area. • Encourage and value independence with dressing by sharing shared strategies and approaches with families. • Make reasonable adjustment to clothing and uniform to allow ease for dressing and easy fastenings to promote independence.
<p>Health and Medical Needs (Educational Implications)</p> <p>We might see a child who:</p> <p>Has health and medical needs. This will be for a minor diagnosed medical condition or an established diagnosed medical condition that is well controlled.</p>	<p>What can we do:</p> <ul style="list-style-type: none"> • Health Care Plans are in place and regularly reviewed in school/setting. • Teach simple rules for health and safety such as holding on to handrails when walking downstairs. • Ensure the curriculum establishes time to develop independence within routines so that all children have the opportunity to learn to look after themselves such as, hand washing. • Allow extra time to help children to manage their own health/medical needs with adult supervision e.g. use of inhaler, eczema cream. • Use flexible teaching approaches to manage absence due to health needs and medical appointments. • Understand and respond to how a particular child communicates when they are uncomfortable, in pain or tired/fatigued. • Range of resources and books to raise awareness and celebrate uniqueness for a range of physical and medical needs. • Age-appropriate information around healthy eating and access to water and healthy snacks as and when required. • Any health resources should be available and stored appropriately /securely such as, inhalers.

Resources and Advice

Training

PD net free training covers the Equality Act <https://pdnet.org.uk/pdnet-level-1-training/> includes awareness of responsibilities under the Equality Act 2010.

Training offers from the Physical Support Team for PD

[Physical Support Team - Local Offer Birmingham](#)

Resources and training from OT website [Paediatric Occupational Therapy | Website](#)

School nursing service [Birmingham School Health Support Service | Home education | Birmingham City Council](#)

Engage with training around medical needs e.g. asthma, allergies

Accessibility Plan

Support with Accessibility Planning can be found on the PD Net website – accessibility toolkit to support the planning, writing and reviewing of a school/setting accessibility <https://pdnet.org.uk/accessibility-toolkit>

Medical Needs

Statutory guidance and appropriate policies for supporting children with health and medical needs. [Supporting pupils with medical conditions at school - GOV.UK](#)

Personal Care

Intimate Care policy Guidance <https://eric.org.uk>

[Help for early years providers : Toilet training](#)

The following two documents provide advice for parents and schools/setting to share – see links below

[Potty training: how to start & best age to potty train - ERIC](#)

[Toilets-and-school-readiness.pdf](#)

Other Resources

[Welcome to Startwell Birmingham - Startwell 2020](#)

OT – Fun With Food - messy food play training [Fussy-Eating-Parent-Handout.pdf](#)

<https://www.bhamcommunity.nhs.uk/paediatric-physiotherapy-service/>

Glossary

Best Endeavours

The Code of Practice states that “Schools and colleges must use their best endeavours to ensure that such provision is made for those who need it. Special educational provision is underpinned by high quality teaching and is compromised by anything less” (section 1.24) ‘Best endeavours’ is a strong legal definition. It means doing everything possible to make something happen, even if it is expensive. Best Endeavours is not "We'll have a bit of a go", it's a very strong responsibility. An obligation to use best endeavours means that the appropriate education setting is expected to do everything that a reasonable person would be able to do in the circumstances. Financial cost cannot be used as a reason to not perform their obligation.

Child and Young Person

When we refer to ‘child and young person’, we are including 0-18 years.

Reasonable Adjustments

Reasonable adjustments are the changes that an education setting must anticipate and make, so that while a child is at the setting, they are not at a disadvantage compared to others. Any reasonable adjustments required will depend on a child's needs. When considering what reasonable adjustments to make, the following should be considered:

- **Provisions, criteria and practices.** This is about the way in which a school operates on a daily basis, including their decisions and actions. For example, the school uniform policy would need to be adjusted for pupils with an allergy to synthetic materials to allow them to wear non-synthetic clothing.
- **Auxiliary aids and services.** This includes equipment or support from a member of staff. It could include things such as coloured overlays, pen grips, adapted PE equipment, adapted keyboards and computer software.
- **Physical features.** All settings have a duty to improve the access to their physical environment over time, through the development, publication and review of their accessibility plan.

Safe Space

A safe space is a designated area where children or young people who are feeling overwhelmed by their emotions and needs can spend some time away from the difficult situation. A safe space can be created in any environment and will be different things in different settings. It does not need to be a separate room but will be a space that is designed to help the child or young person to calm down. Examples of safe spaces include a corner of a room with cushions or a table with a cloth over it. The child or young person may be able to help you to design the safe space that is best for them, but it may require observing where the child or young person goes when they need to feel safe.

What is meant by SEMH in the SEND Code of Practice?

‘The 2015 SEND Code of Practice changed the way young people who struggle to manage their behaviour and emotions are referred to. These pupils are now described as having “social, emotional and mental health” (SEMH) difficulties. This encourages us to look beyond pupil’s behaviours and instead identify the underlying causes to address what that behaviour is communicating.

High Quality Teaching

High-quality teaching, or quality-first teaching is a style of teaching that focuses on high quality and inclusive teaching for every child in a classroom. HQT relies on a variety of learning strategies to be effective, like differentiated teaching for individual pupils, responding to pupils that have or may have SEND and the effective use of SEND resources. In short, HQT is an approach that highlights the need for a personalised and well-differentiated learning experience and encourages greater inclusion of pupils with SEND needs.

Person-Centred Approach

A person-centred approach puts Children and Young People at the centre of planning for their support and any decisions that affect them. The adults that are involved in the process will work together and treat each other with respect and care. When children are meaningfully involved, this can change their attitude, behaviour and learning and make them active partners who work with adults to bring about change. In a person-centred approach, the whole person is considered, and their strengths, abilities and good qualities are recognised. The child or young person is encouraged to share their interests, preferences, hopes and ambitions. At the same time, they are honest and realistic about the difficulties and barriers they face. Professionals should take the initiative to listen actively and meaningfully, acknowledging that they are learning too. Through this way of working, the child or young person is listened to and involved and should feel valued and connected; trust is built, between parents, professionals, and Children and Young People.

Graduated Approach

The Graduated approach is a model of action and intervention in early education settings, schools and colleges to help Children and Young People who have special educational needs, whether they have an EHCP or not. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing. The Graduated Approach is supported by a model of intervention that consists of 4 stages: Assess, Plan, Do, Review

Schools and Settings

This refers to those provisions that deliver early education entitlement funded places; however the key principles of this document would be applicable to all provisions.

Senior Leaders

Senior Leaders includes Managers, Directors, and proprietors of Early Years settings and Headteachers and senior leadership teams in schools.

Positive Relationships

- There is flexibility within ratios to focus adult support where needed. Additional adult support may be required, and the adult is available to join the child for some activities (group and individual), toileting and self-help.
- Children have time to pursue their own (safe) play and to leave and return to this play, without interruption as well as being supported to move on within routines/daily transitions
- Talk to parents/carers about any changes in the home or wider context, for example, new sibling, siblings, change in housing situation etc
- There's a consistent **key person** who provides:
 - A secure base for the child to explore from and return to
 - A warm and consistent presence spending time with the child 1:1, and in small groups as well as in the whole group
 - Assurance that the child is "in mind" by letting them know that have been noticed or remembered when they are not directly interacting with them and by identifying when the child is behaving positively
 - Organisation of groups supports consistency of relationships with the key person, other supporting staff, and peers so that children feel secure
 - Targets attention by being close and available to provide encouragement and support and is alert to possible dangers whilst recognising the need for exploration and risk-taking
 - Offers additional support to the child in new situations to build understanding of expectations or confidence to explore/ engage
- Consistency of key adult relationships is maintained through the organisation of staffing
- The child's strengths and preferences are considered when adults support them to communicate with others
- Adults are tuned in to the child's level of language and communication, modelling good speaking and listening
- Adults trained in best practice approaches depending on the child's area of need