

BCP SEND Graduated Response & Toolkit



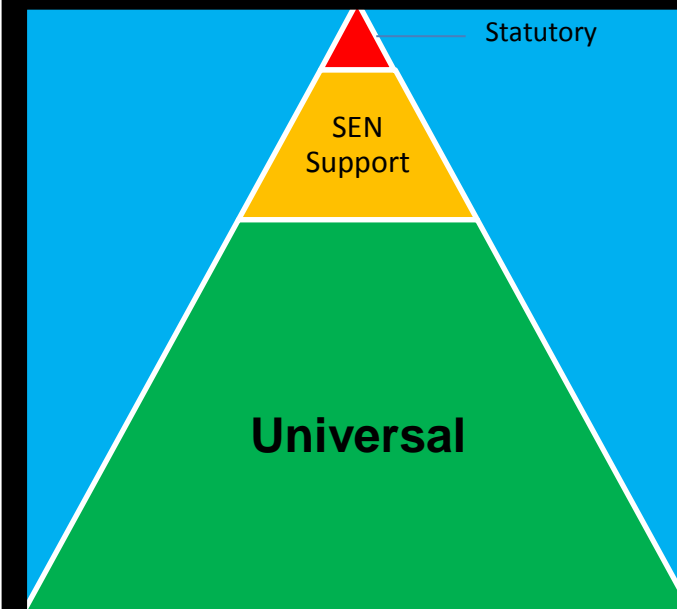
Cognition and Learning
page 5

Communication and Interaction
page 16

Social Emotional and Mental Health
page 30

Physical and Sensory
page 42

Early Years
Foundation Stage



The Structure of the Guidance (To be used alongside the SEND Guidance 0-25 Years document)

All children with SEND will have an identified Primary area of need and many will have additional needs across a range of other areas. Every child is different and it is important that it is the individual child and their range of needs which are looked at when deciding how best to support them. Not all disruptive or emotional behaviour is necessarily indicative of having special educational needs and may be more appropriately supported through high quality pastoral care. This guidance has been created to support professionals in identifying and putting support in place across all levels of need. Each of the **4 areas of need**: ‘**Cognition and Learning**’, ‘**Communication and Interaction**’, ‘**Social, Emotional and Mental Health**’ and ‘**Sensory and Physical**’ have been broken down into 3 phases of support. These are; ‘Quality First Teaching’, ‘SEN Support’ and ‘Statutory’ (EHCP) Levels.

Quality First Teaching: (Universal)

Quality First Teaching and the use of personalised, differentiated approaches form the universal offer for all children and young people in educational settings. This will include the robust use of the ‘assess, plan, do, review cycle’, rigorous early years practitioner/teacher oversight, and close liaison between the setting and family.

SEND Support: (Universal Plus)

Where quality first teaching approaches have not been sufficient to meet the child’s needs and they now require more focused, targeted support, they will be identified as having SEND: ‘*A pupil has SEN where their learning difficulty or disability calls for special educational provision, that is provision different from or additional to that normally available to pupils of the same age.*’ Quality first teaching, including evidenced, robust use of the assess, plan, do, review cycle, rigorous early years practitioner/teacher oversight, and close liaison between the setting and family will continue.

(Partnership Plus): More specialist advice is sought, and the advice implemented and reviewed. Quality first teaching, including evidenced, robust use of the assess, plan, do, review cycle, rigorous early years practitioner/teacher oversight, and close liaison between the setting and family will continue.

Statutory: (EHCP)

Only a small percentage of children with SEND will require the support of an Education Health and Care Plan. When a child’s needs are complex, severe and long term and an education provider cannot meet their needs from within their own resources, and they have exhausted all SEN support options, a statutory assessment of the child’s needs will be undertaken. Quality first teaching, including evidenced, robust use of the assess, plan, do, review cycle, rigorous early years practitioner/teacher oversight, and close liaison between the setting and family will continue.

Person Centred Working

At every stage within the graduated approach, all education settings must ensure that they work closely with and involve children and their parents/carers. Section 19, part 3 of the Children and Families Act and the SEND code of Practice 2014 clearly states that all professionals must have regard to the views wishes and feelings of children and their parents/carers /carers, and that they must be involved in the decisions around their care and education.

The Graduated Response

The SEN Code of Practice sets out how education settings should adopt a cyclical model of intensifying support for SEN with 4 stages of **ASSESS – PLAN – DO – REVIEW**.

This document sets out how an early years setting/ school can implement this approach across the 4 categories of SEN. The generic features of each stage are set out below.

Assess:

- The early years staff or class teacher working with the SENCO should carry out a clear analysis of the child's needs.
- Setting staff/teacher's assessment and experience of the child, their previous progress and attainment, as well as information from the setting's, school's, provider's core approach to pupil progress, attainment, and behaviour.
- Settings, schools and providers must consult with child/young person and their parents/carers.
- Outside professionals should liaise with the setting, school, or provider to help inform the assessments. Assessment should be reviewed regularly.
- The early years staff or class teacher should identify and address barriers to learning and preferred learning styles.



Plan:

- The child and their parents/carers understand and agree on the intervention, support and expected outcomes, with transparency on pre-school /school funded support.
 - Curriculum planning should take account of specialist advice.
 - Targeted provision must be recorded on the setting's, school's or provider's information system. These recording systems must be able to evidence base planning, target setting, monitoring, as well as the support that has been delivered for the child/ young person.
 - Clear outcomes should be set in discussion with the child and their parents/carers about what the support is intended to achieve.
- Planning for differentiated resources may be required.
Planned interventions should be 'evidence based'.

Review:

- Targeted provision and progress is monitored and reviewed by setting staff, class teachers and the SENCO to check the impact of the plan.
- Evidence progress and attainment from observations, assessed work, against outcomes. This should be reviewed on an agreed date.
- The early years setting/school, should meet with the child and their parents/carers at least three times each year (more often for very young children e.g. 6 times a year).
- Children and their parents/carers must be involved in planning for targeted support or when any changes are needed. The setting, or school, will need to liaise closely with other professionals involved.
- SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes.

Do:

- Targets may require individual and/or small group sessions by setting staff, class teacher or tutor, as well as implementation across the curriculum. The setting or school SENCO will oversee the child's targeted support, including how this is being delivered.
- The child should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting or school.
- Delivery of the targeted support may be required as part of a small group or on an individual basis.
- Access to specialist equipment and resources should be provided as necessary.
- Support arrangements should be clear and consistent.

Making Reasonable Adjustments: The Equality Act 2010

The Equality Act 2010 says education settings must not discriminate against a child because of their disability. This is unlawful under the Act. Where a child has a disability, the LA and/or the early years setting and/or school have a duty:

- (i) to not discriminate against the child on the grounds of the disability when compared to others who do not have that disability
- (ii) to make reasonable adjustments to enable access to and around buildings and rooms, and in use of equipment, to the provision of information and to the curriculum; this includes planned adjustments in anticipation of likely future needs.

In some situations, education providers must also take positive steps so that children with disabilities can access and participate in the education and other activities they provide. All education settings including Early Years providers, all schools, FE colleges, sixth form colleges, 16-19 academies and independent special schools approved under Section 41 of the Children and Families Act 2014 have duties under the Equality Act 2010. All settings must make reasonable adjustments for children including the provision of auxiliary aids and services for disabled children, in order to prevent them being put at a substantial disadvantage.

When must education settings make reasonable adjustments?

The duty to make adjustments applies to all of the education setting's activities and the decisions that are made by teachers and staff including:

- admissions
- exclusions
- access to school trips
- attendance at school
- help and support in school
- learning activities and materials
- the application of policies

Education settings must make adjustments if:

- A child or young person is disadvantaged by a practice or rule because of their disability or the failure to provide an aid
- It's reasonable to make the changes or provide the aid to remove the disadvantage

Whether something is 'reasonable' depends on things such as:

- The child/young person's disability and what support, if any, they receive through an EHCP
- How practicable the changes are and the resources of the education setting
- The cost of making the change or providing the aid
- If the change requested would overcome the disadvantage the child/young person experiences
- If there are other ways of overcoming the disadvantage
- Health and safety considerations and the interests of other pupils.

The duty to make reasonable adjustments in education is anticipatory

This means settings must consider in advance what they need to do to make sure all disabled children can access and participate in the education and other benefits, facilities and services they provide for those within their settings.

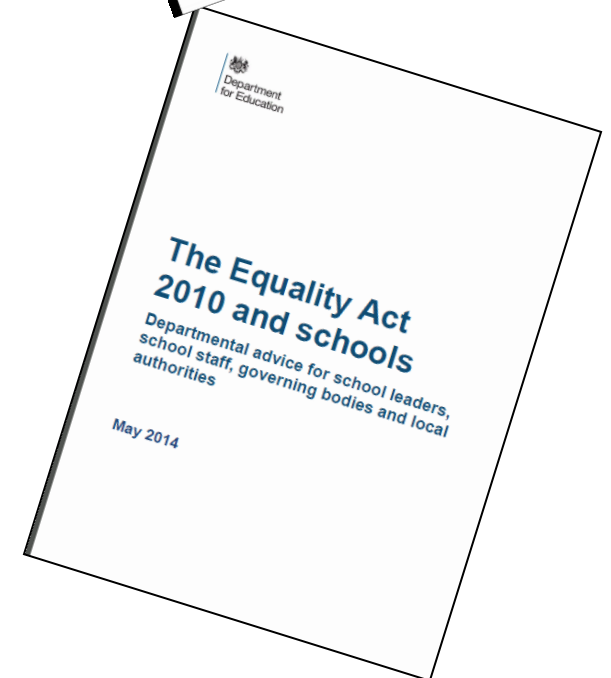
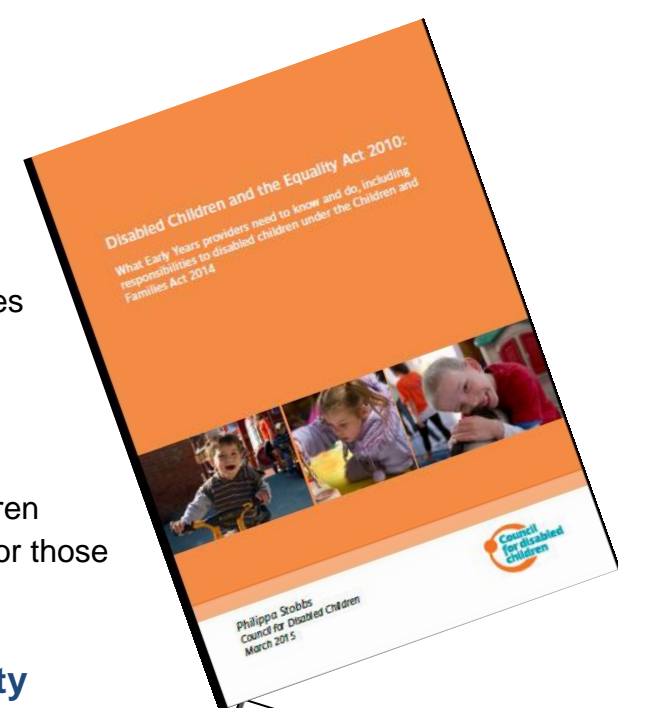
Schedule 10 of the Equality Act states that schools must implement accessibility plans which are aimed at:

- increasing the extent to which disabled children/young people can participate in the curriculum
- improving the physical environment of the school/setting for the purpose of increasing the extent to which disabled children/young people are able to take advantage of education and benefits, facilities or services provided or offered by the education provider
- improving the delivery of information to disabled children/young people which is readily accessible to those who are not disabled.

Department for Education: Guidance on the Equality Act 2010 and advice for schools can be found at: <https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools>

Council for Disabled Children: guidance for early years providers can be found at: <https://councilfordisabledchildren.org.uk/help-resources/resources/disabled-children-and-equality-act-2010-early-years>

It will be necessary to consider reasonable adjustments for each area of need outlined in the Code of Practice.



Early Years Foundation Stage

Cognition and Learning

SEND Code of Practice 2015 – Early Years

5.36 It is particularly important in the early years that there is no delay in making any necessary special educational provision. Delay at this stage can give rise to learning difficulty and subsequently to loss of self-esteem, frustration in learning and to behaviour difficulties. Early action to address identified needs is critical to the future progress and improved outcomes that are essential in helping the child to prepare for adult life.

SEND Code of Practice 2015 – Broad Areas of Need

6.30 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 moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

6.31 Specific Learning Difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

Areas of Need:

General and Complex Learning Difficulties

Very young children with general learning difficulties experience significant problems across the majority of the curriculum. Their general level of development and academic attainment is significantly below that of their peers. In many cases difficulties will include speech and/or language developmental delay and poor self-care skills. Many young children may also have poor social skills and/or may show signs of emotional and behavioural difficulties.

Severe or Profound Learning Difficulties (SLD & PMLD)

Very young children with very severe or profound and multiple learning difficulties are almost always identified before they reach statutory school age.

Specific Learning Difficulty

Children with difficulty in one or more specific aspects of learning, including those on the Dyslexia, Dyspraxia or Dyscalculia continuums.

Quality First Teaching (Universal Support)	Cognition and Learning		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<ul style="list-style-type: none"> • Concerns from staff or parents/carers raised • Possible slow progress and difficulties in staying on task - requires prompting • Unable to demonstrate the child can understand and apply the skills, concepts and processes in the Early Years foundation stage in one or more areas • Child might be 'at risk of delay' in some areas of the EYFS curriculum • At 2 year old progress check child's development might be 'at risk of delay' if interventions not put into place • Developmental concerns raised at Health Visitor's 2-year check • May require prompting from key person/setting's SENCO/ teacher/class support/another adult to stay on task <p>At this point it should not be assumed that the child has SEND as they may be experiencing a short term difficulty needing only brief intervention.</p> <p>In addition to this, thorough auditing at this stage can often reveal that provision needs adapting to meet the needs of all</p>	<ul style="list-style-type: none"> • Early years settings and EYFS classes in schools to have systems in place to gather the views of parents/carers and child • A broad and balanced curriculum set within inclusive environments that follow child's lead and takes advantage of those critical 'teachable moments' • Adults and child learn together in a playful working environment • Tracking and assessment processes in place to identify why child may not be making expected progress even with robust APDR cycle • Use of other developmental tracking tool needed e.g. Derbyshire small steps to enable progress to be seen • Effective communication between staff – all staff approaches are consistent for the child • Sustained Shared Thinking model as a resource to support child's needs • Appropriate policies in place for identifying and supporting children with SEND including those with cognition and learning needs e.g. appropriate adjustments and support for daily routines • Quality first teaching that utilises a variety of approaches with personalised learning targets and small group work/quiet spaces • Staff to continually check understanding and use scaffolding/modelling to demonstrate learning • Quality feedback on a regular basis. Include regular praise towards the child's strengths and achievements • Good practitioner/teacher understanding of attachment theory and the implications of interrupted or discorded attachment on a child's cognition and learning 	<ul style="list-style-type: none"> • Child • Parents/ Carers • key person(s) • pre-school SENCO • Health Visitors • Early years teachers/YR teachers • YR TAs • School SENCO 	<ul style="list-style-type: none"> • Child makes progress as support is appropriate and 'gaps' in learning are closed • Improved access to the EYFS curriculum or chosen learning programme/outcomes • Noticeable improvement in learning and engagement <p>If outcomes not reached, consider progress to SEN Support (Universal Plus) level in discussion with parents, colleagues, Area SENDO / EYAS, SENCO, School SENCO.</p>

<p>the children.</p>	<ul style="list-style-type: none"> • Organisation and positioning of the classroom – seating arrangements and peer support • Robust, ongoing close assessment of child's progress and detailed analysis of styles of learning/schemas and individual interests • Total communication tools utilised: visual aids and room/ classroom/ wider pre-school/school environment modified to support learning, including the use of visuals and signing • Appropriate pace and content of language to deliver learning for child – monitored by SENCO and KP or teacher and TA. KP/TA supported through high quality supervision around teaching and learning by setting Manager/SENCO/class teacher • Appropriate pace and content of info to explain routines, activities and specific teaching 		
<p>Helpful Links: BCP links are being updated</p>			

SEN Support: (Universal Plus)	Cognition and Learning		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>Quality First Teaching has been put in place but needs cannot be met by using these approaches. The child may continue to have the indicated difficulties above and also:</p> <ul style="list-style-type: none"> • Ongoing difficulties and makes limited progress • Greater difficulties than peers with retaining information/concepts/skills, problem solving, understanding, communication and thinking • The child is working outside of peer group • The child may have specific learning difficulties (e.g. difficulties with speaking, listening) • The child's progress in certain areas of the EYFS curriculum is 'delayed' • Specific interventions e.g. small group work, in particular skills like social communication or phonics, are in place. Progress might be slow or minimal 	<p>In general Health Visitors remain, at Universal Plus, the lead professional for that family. Remember to refer to them as they are an advocate for the family and will support the children and parents/carers with any ongoing integrated intervention or care plans. However it is important that the most appropriate practitioner is the lead professional and this may be the professional who sees the child the most.</p> <p>As for Universal level plus:</p> <ul style="list-style-type: none"> • Key person/ teacher, in consultation with the SENCO, will undertake a clear analysis of the child's needs to share with parents/carers and professionals via the graduated approach • Introduction of the 'assess plan, do, review' cycle of individualised assessment and intervention. This needs to be completed as soon as child is identified with SEN as detailed using techniques such as internal assessments/data tracking, provision mapping • Early years settings and schools must consult with child and their parents/carers and meet and review plans regularly at least 6 times per year • The pre-school/school should have a consistent approach to assessment and intervention programmes for very young children. These should be used across the pre-school/ school by staff with appropriate skills and training and across at least 1 term. Outcomes of intervention should be recorded and clearly evidenced • Targeted provision must be recorded on the pre-school/ school's data system. These information recording systems must be able to evidence base planning, target setting, monitoring, as well as the support that has been delivered for the child at SEN Support as part of the process of raising achievement. 	<ul style="list-style-type: none"> • Parents/carers • Child • Key Person • Setting SENCO • Class Teacher • School/Maintained Nursery SENCO • School support/Intervention staff • Health Visiting teams / School nursing team • GP • Possible non-educational professionals such as SALT, OT, • Children's Centre teams • Area SENDO / EYAS • Family Partnership Zone 	<p>As for Quality First Teaching (Universal) level plus:</p> <ul style="list-style-type: none"> • Child makes progress within support and interventions provided • Child is able to apply strategies and skills learnt through intervention and support back into the learning environment • Child will have an effective holistic plan of support that considers all needs <p>If progress is made and outcomes achieved, then where appropriate, the child can move back into Quality First Teaching (Universal) level or continue to be supported at SEND Support (Universal Plus) level.</p> <p>If outcomes are not reached and progress is not made, consider if support should be progressed to SEND Support (Partnership Plus) level in discussion with parents, Area SENDO/ EYAS, SENCO/School SENCO.</p>

- It is vital for the pre-school/ school to be clear about the outcomes required. Open conversations must be held with child and their parents/carers about what the support is intended to achieve
- Where further advice is needed, seek and implement advice from specialist services, Early Learning & Inclusion Team(Poole) / Early Years SEND Team (Bournemouth), Children's Centre Family Outreach, Health Visiting teams etc
- The child should be supported effectively in the room/classroom alongside peers for the vast majority of their time in the setting
- A differentiated curriculum developed to the individual needs of the child should be in place. Consider the individual child's learning styles and ensure they are embedded in the styles of teaching/provision
- Increase differentiation of activities for some children
- Personalised individual or small group based structured sessions with adult support e.g. turn-taking games; Spirals; Starting Out bags; Come Talk with Me, Ready Steady Go groups etc.,
- Tasks to be simplified and instructions, information and learning to be broken down into small steps with key word language – minimal words
- Skills and learning to be reinforced through repetition and consolidation
- Visuals used to support instructions/learning
- Vocabulary and new concepts will need to be pre-taught
- Multi-sensory teaching and learning environment
- Implement strategies and support to help with extending time on learning tasks such as timers, motivators, reward systems and prompts
- Specialist resources such as sloping boards, coloured overlays, specialist pens/pencils etc. Access to specialist ICT as necessary
- Assess using Early Help Assessment wheel for child – when relevant
- Consideration of whether Portage in the home is needed
- The SENCO should contact other professionals

	<p>working with child outside setting (with parental permission) as part of the assessment; as well as local or link health visiting team</p> <ul style="list-style-type: none"> • Liaison and consultation with external professionals and support services where appropriate such as Health Visitor, Paediatrician, Portage, Speech and Language Therapist, Occupational Therapist and Educational Psychologist. This maybe through an EHA (Early Help Assessment) • Where appropriate external services contribute via consultation or specialist assessment, leading to more specifically focussed plan • The 'Team around the Child' approach to be in place – to agree how progress towards outcomes can happen - set date for review • For some children a co-ordinated, holistic multi-agency plan will be required. This may involve Social Workers, Family Support Workers, and Health professionals including Health Visitors, Speech Therapists and Occupational Therapists, Physiotherapists, Paediatricians and staff from Children and Young People's Service (CYPS) and other support groups. This may lead to an Early Help Assessment (EHA), Child in Need or Child Protection plan being put into place • For some children, the multi-agency approach may lead to application being made for access to BCP Early Years additional SEND Funding • Begin to monitor parental engagement – consider undertaking a EHA assessment 		
<p>Helpful Links: BCP links are being updated</p>			

SEN Support: (Partnership Plus)	Cognition and Learning		Early Years Foundation Stage
SEND Indicators	Suggested Pupil Provision/Support	Involvement	Outcomes
<p>As per SEN Support (Universal Plus) levels but also might include:</p> <ul style="list-style-type: none"> • Making little or no progress despite targeted intervention being put in place • Professional advice has been followed over time and implemented through the graduated approach and appropriate support has been put in place by the education setting but relative progress is still not being made • Increased adult support is needed to remain focused and complete short activities with prompts • Needs lots of adult prompting to stay engaged with small group activity • Teaching needs to be repeated and delivered in other contexts, using visuals, objects of reference • Child has difficulty in transferring skills • Poor working memory for retaining information and so teaching needs regular repetition • Avoidance strategies and negative behaviours develop and have significant impact on the child's ability to engage and access learning opportunities in the environment • A child with SLCN who has very significant difficulties, with marked 	<p>In general Health Visitors remain, at Universal Plus/Partnership Plus, the lead professional for that family. Remember to refer to them as they are an advocate for the family and will support the children and parents/carers with any ongoing integrated intervention or care plans. However it is important that the most appropriate practitioner is the lead professional and this may be the professional who sees the child the most.</p> <p>As for Universal and Universal Plus levels plus:</p> <ul style="list-style-type: none"> • Further specialist intervention to be accessed via outside agencies e.g. EP service, Schools Outreach • Multi professional planning and co-ordinated support across education, health and social care colleagues to be undertaken • Consider a referral to Portage, Early Help or CHAD depending on family circumstances and levels of need e.g. Poole Early Help Assessment (EHA) wheel for child if referring to Portage • An adapted curriculum needs to be developed that is more individualised to the specific needs of the child. Learning within the curriculum needs to be of high interest and purposeful • Close home to school links, so that changes within each environment can be understood and impact on learning can be supported • Personalised work areas and designated learning areas where necessary. This could also include access to adapted environments where distractions are minimised but this should always remain inclusive • Practical resources and visual cues to support learning across all areas • Provide extra time to the child to participate and 	<ul style="list-style-type: none"> • Parents/ Carers • Child • Key Person • Setting SENCO • Class teachers • School SENCO • Support staff and Intervention workers • Portage Service • Educational Psychologist • Family Outreach • Health visiting team/ GP/School nurse/Paediatrician if appropriate • Children's therapy workers – OT, SALT, Physio, • Children's Centre teams 	<p>As for Quality first Teaching (Universal) and SEN Support (Universal Plus) levels plus:</p> <ul style="list-style-type: none"> • Positive response to specialist recommendations and advice provided by professionals • New resources, interventions and alternative strategies enable the child to make progress and successfully engage in learning • Reduction in negative behaviours and better engagement in learning • Education setting attendance increases and improved engagement in learning • Child is able to transfer intervention skills into different learning environments and activities – including during social times <p>If outcomes are reached then, where appropriate, support can be provided back through either SEND Support (Universal Plus) or Quality First Teaching (Universal) levels.</p> <p>If outcomes over a reasonable period (e.g. 3 cycles of APDR) are not reached, consideration should be made to either:</p> <ul style="list-style-type: none"> • Maintain current level of

<p>discrepancy between oral and literacy skills. May also have difficulties with mathematical development. Some children may grasp mechanical skills but lack comprehension</p>	<p>complete in learning activities/tasks and opportunities to revisit task/activities</p> <ul style="list-style-type: none"> • High levels of adult support for modelling and enabling the child to access learning/the curriculum. High levels of care and supervision are needed • Staff to be given individualised training to support the child with their approaches to learning. This training should be developed around the child's needs (ASD awareness, PECS etc) • Child must be integrated with peers to develop relationships and foster friendships • Continuation of robust assess-plan-do-review cycle • Measures to be made of the impact of the child's difficulties on their ability to access the learning environment and Early Years Foundation Stage curriculum. This may be achieved using a Schedule of Growing Skills • Clear plans for the use of support to achieve agreed outcomes in the child's SEN Support Plan or similar. For some children, a co-ordinated multi-agency plan i.e. 'an EHA' will be essential • Settings of children who are in receipt of the DLA (Disability Living Allowance), should apply for a Disability Access Fund payment (DAF) • Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan 	<ul style="list-style-type: none"> • Early Help or Social care teams- CHAD • Advisory SENDO / EYAS • Family Partnership Zone • BCP SEND Paediatric Nurses 	<p>support</p> <p>Or</p> <ul style="list-style-type: none"> • Request an Education, Health and Care Assessment and escalate support to Statutory level. This would be most appropriate where there is evidence of the needs being long term, where support has been in place over time (with evidence of minimum impact).
<p>Helpful Links: BCP links are being updated</p>			

Statutory	Cognition and Learning		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>Despite support and intervention through the graduated approach the child's progress is still very limited and indicates that long term specialist input and /or additional resources are required to continue access to the full curriculum.</p> <ul style="list-style-type: none"> • The child's needs are significant and long term. Specialist professional assessments shows evidence of a high level of educational need • The achievements and rates of progress of the child are significantly below expectations despite appropriate evidence-based, targeted interventions, or achievements and/or rates of progress show some improvement but are still well below expectation despite evidence of consistently high levels of intervention over time • The high level of need impacts on learning and participation and can be evidenced by professional assessment over time (unless the child has suddenly acquired severe or complex needs). Ideally 2 or 3 cycles of the graduated approach will have been completed • The level of need impacts on personal and social development as 	<p>As for Universal, Universal Plus and Partnership Plus levels plus:</p> <ul style="list-style-type: none"> • Co-production of EHC Plan will address needs and agree outcomes for targeted provision • All staff working with the child have read and understood EHC Plan • Parents/carers, and where possible, the child understand and agree on the intervention, support and expected outcomes, with transparency around setting/school and high needs funded support • Strategies and approaches to support differentiation are in place and based on specialists' advice • High quality training is provided for all staff involved in delivering and monitoring targeted provision • Time and place for targeted provision is established and adhered to • Skills learnt during targeted provision are able to be practiced back in class/ during the daily routines • All adults supporting the child should be involved in joint planning of targeted learning and development activities e.g. those who carry out the physio as well as those who deliver the SALT activities <p>Support may include:</p> <ul style="list-style-type: none"> • Focus on the skills being taught including varying level of different prompts which are faded and enhanced as appropriate, for example 'hand over hand', modelling, visual strategies • Use of specific IT programmes and specialist equipment to enhance recording and presentation of work • Structured teaching strategies should be embedded 	<ul style="list-style-type: none"> • Child • Parents/carers • Key Person • SENCO • Advisory SENDO / EYAS • Portage service • Educational Psychologist • GP • BCP SEND Paediatric Nurses • Paediatrician • Children's therapy workers – OT, SALT, Physio • SEND Statutory Services Team • Early Help or Social Care teams- CHAD 	<p>As for SEN Support levels plus:</p> <p>Progress is evaluated against outcomes specified in EHCP and shorter-term goals in intervention plans. These may include:</p> <ul style="list-style-type: none"> • Child able to make informed choices • Child has their needs met • Child achieves increasing independence in their learning and self-help skills • Child is preparing for adulthood and acquiring the skills for achieving their aspirations <p>If outcomes are reached, following discussion with the parents/carers, setting, child and statutory services team; and where appropriate, support can be provided back through the levels of SEND support at either Universal Plus or Partnership Plus without the need for a statutory plan.</p>

<p>well and can be evidenced over time (unless the child has suddenly acquired severe or complex needs)</p> <ul style="list-style-type: none"> • Advice from local authority services and other agencies has been accessed, implemented, and impact evaluated, over a period of time using a robust assess, plan, do, review process • The SEND early years additional High Needs funding has been used fully and appropriately, to make provision for a child to enable progress towards agreed outcomes • Global Delay/Complex Learning Difficulties (CLD) –children with this diagnosis or indicators have conditions that co-exist. They may present with a range of issues and combination of layered needs e.g. mental health, relationships, behavioural, physical, medical, sensory, communication and cognitive. Their attainments may be inconsistent, presenting an atypical or uneven profile • Severe Learning Difficulties (SLD) - pupils with severe learning difficulties have significant intellectual or cognitive impairments. They may also have associated difficulties in mobility and coordination, communication and perception and the acquisition of self-help skills • Children with very severe or profound and multiple learning difficulties are almost always identified before they reach statutory school age via either the Portage Service, the Pre-school SENCO or 	<p>into programmes of work</p> <ul style="list-style-type: none"> • Work presented in a manner appropriate to the child’s level of development • Visual supports are embedded to aid language understanding across all aspects of the environment (e.g. pictures, symbols, objects of reference, signing, gestures) to help access the curriculum • Appropriate adjustments to the environment to meet the individual needs and preferred learning styles • Total assistance with self-help skills. • Use of total communication approach • A multi-sensory approach to the curriculum • The EHCP must be formally reviewed every 12 months and focus on progress towards achieving the outcomes specified in the EHC Plan. However, for children 0 – 5 years the EHC Plan should be reviewed every 3 - 6 months to ensure that provision continues to be appropriate • For Looked After Children the annual review should, where possible and appropriate, coincide with one of the reviews of their Personal Education Plan/Care Plan • The reviews must be undertaken in partnership with the child and their parents/carers, and must take account of their views, wishes and feelings, including their right to request a Personal Budget within an EHCP 		
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Advisory SENDO (Bournemouth specific) EYAS (Poole specific)

Helpful Links:
BCP links are being updated

Early Years Foundation Stage

Communication and Interaction

SEND Code of Practice 2015 – Early Years

5.36 It is particularly important in the early years that there is no delay in making any necessary special educational provision. Delay at this stage can give rise to learning difficulty and subsequently to loss of self-esteem, frustration in learning and to behaviour difficulties. Early action to address identified needs is critical to the future progress and improved outcomes that are essential in helping the child to prepare for adult life.

SEND Code of Practice 2015 – Broad Areas of Need

6.28 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.

6.29 Children and young people with ASD, including Asperger's Syndrome and Autism, are likely to have difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

Areas of Need:

Speech and language difficulties arise at different ages and with different levels of severity. There may be related learning difficulties in general or in specific aspects of the curriculum and/or related emotional, behavioural and social difficulties. Where speech and language skills are at an inappropriate level for the young child's cultural background, chronological age and/or stage of development, these may hinder progress.

In Poole most young children with speech and language difficulties will be identified at an early age, prior to statutory schooling, through early years tracking programmes and/or health authority screening programmes. Although early intervention strategies can be put in place before formal schooling, there is often a need to continue support beyond the start of school, particularly where the needs are complex and severe.

Early Years settings and Schools should consider the specific nature of the child's difficulty in relation to development levels and the extent to which the difficulties are related to receptive and/or expressive language acquisition. Some children will have good expressive language which masks difficulties in understanding the purpose and meaning of language.

Having English as an additional or second language is not a special educational need. However, practitioners should carefully monitor the progress of children with EAL to identify if they may have additional needs.

Quality First Teaching (Universal Support)	Communication & Interaction		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>Many young children have difficulties expressing themselves and understanding others. This can present as difficulties with social understanding, pronunciation of words, attention difficulties and fluency of speech. At this stage, it may mean that children need short term support but it should not be assumed that they have special educational needs.</p> <p>If children are learning English as an additional language their skills in their home language must be ascertained first. These children may need specific strategies in place to support their learning, but it should not be assumed that they have a special educational need.</p> <p>Please also be aware that complete normal development of the speech sound system may not be in place until the age of 6.</p> <ul style="list-style-type: none"> • Staff, parents/carers and/or Health Visiting Team raise concerns over the child's language development at any point an especially at the 2 year old Progress Check/ASQ3 healthy child check • Child may have a phonological/speech difficulty which affects the ability to produce 	<ul style="list-style-type: none"> • All families can access the Speech and Language Service drop-in sessions at their local Children's Centre • All children need to have: opportunities to experience a rich language environment; to develop their confidence and skills in expressing themselves; and to speak and listen in a range of situations • All children need to be able to understand and use language effectively to access the curriculum and communicate with others. Children's linguistic competence supports their learning as well as their communication skills • Structure to the day is given through visual timetable, Now and Next boards, Signalong • Flexible use of staffing and resources to support access to learning and teaching. Positive self-esteem maintained through developing areas of strength. • Staff appropriately prepare children for routine changes e.g. change in activity, change in staff • Additional adult support is used to support group work in the setting • Use of a structured approach for tasks and activities with a clear beginning middle and end, for example, Start and Finish trays • A total communication environment – enabling access for all children – use of gesture and signs • Using photographs or pictures to show the routine of the setting • Equipment labelled with photographs or pictures • Opportunities for small group and 1:1 activities. • Adult is physically at child's level • Staff use consistent language for equipment and routines e.g. all staff use the term 'apron' rather than some using 'overall' 	<ul style="list-style-type: none"> • Child • Parent/Carers • Key Person • Class Teacher/TA • Health Visiting Team • Children's Centre Team 	<ul style="list-style-type: none"> • Child will make improved progress with their learning • Child will demonstrate better engagement and participation in their learning • Child will be better able to develop positive relationships with adults and peers <p>If outcomes not reached, consider progress to SEN Support (Universal Plus) level in discussion with parents, colleagues, SENCO, Area SENDO / EYAS or School SENCO.</p>

<p>intelligible speech.</p> <ul style="list-style-type: none"> • There may be abnormal speech development • As part of the Health Visiting Family Offer, all children have their communication assessed routinely at 10-12 months and 27 months using the Ages and Stages Questionnaire. A Speech, or Language Communication Need may be identified during one of these assessments and this may lead to a referral to an appropriate Health practitioner or Health intervention <p>Receptive Language and Memory Indicators</p> <p>Children may have difficulties with understanding implied meaning and may also have difficulty attaching meaning to words and developing concepts</p> <ul style="list-style-type: none"> • Inattentive during focused learning/activity times and has difficulties following verbal instructions in the setting • Difficulties in starting and completing tasks • Unwilling to volunteer verbal responses during learning activities • Difficulties with learning new vocabulary • Difficulties recalling information including the names of staff and peers <p>Expressive Language (talking) Indicators</p> <p>Children may have difficulties organising ideas, structuring</p>	<ul style="list-style-type: none"> • Opportunities to listen to stories or activities within a quieter environment or small group • Awareness of individual sensory sensitivities e.g. not <p>liking noise, awareness of smells.</p> <ul style="list-style-type: none"> • Settings can refer families of children aged 2-3 years 		
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<p>sentences, acquiring and accessing vocabulary and expressing meaning</p> <ul style="list-style-type: none"> • Child might confuse words with similar meanings (uses cat when talking about a dog) or similar sounds • Uses lots of non-specific language and makes sounds instead of words • Can find organising speech difficult and will often get pronouns and verb tenses incorrect in their spoken language • Difficulty sequencing and organising story telling/retelling of events, e.g. information might be given in the wrong order, may miss out who, where or what happened <p>Semantic and Pragmatic Language Indicators</p> <p>Child may have difficulty with the meaning of what is being said and the ability to use language in social situations</p> <ul style="list-style-type: none"> • Child may have difficulties with eye contact, taking turns and staying on topic when speaking • Difficulty with sharing objects and talk space with their peers • Child cannot always understand how others feel and may have difficulties with social skills. This may be affecting their relationships with unfamiliar adults and peers • Holding a conversation may be difficult for the child, including initiating conversations • Social and non-verbal cues are often missed and the child may frequently interpret language literally 	<p>to their local Children’s Centres ‘Two to Talk’ groups or Come Talk with Me</p> <ul style="list-style-type: none"> • Whole staff training and awareness of the implications of communication and interaction difficulties, supporting them to differentiate activities effectively to support speaking, listening skills and understanding the curriculum • Accurate and regular use of ECAT / ELKLAN resources as well as the WellComm Screening Toolkit • Settings should refer to Inclusion Development Programme: speech, language and communication • High quality first teaching including access to a broad and balanced curriculum within an inclusive educational setting • Teaching strategies that consider difficulties with language and communication needs as well as social understanding • Carefully planned differentiated support that considers individual child’s communication needs. • Adult’s model language and increase sentences by one word at a time <p>Receptive Language and Memory Support</p> <ul style="list-style-type: none"> • Visual timetables and visuals to support instructions • Chunking, organising or grouping pieces of information together • Slowing down pace of delivery and encouraging the child to repeat out loud the information back to themselves (verbal rehearsal) • Defining key words simply and recording visually • Using objects then pictures to demonstrate information given verbally <p>Expressive Language (talking) Support</p> <ul style="list-style-type: none"> • Staff to offer forced choices e.g. Is it a... or b? and model back correct language. • Use narrative and keep language simple • Give young child time to process language and then respond 		
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<ul style="list-style-type: none"> • Due to difficulties understanding meaning, the child may experience social anxiety and frustration when communicating 	<p>Semantic and Pragmatic Language Support</p> <ul style="list-style-type: none"> • Say the child's name to gain attention before giving an instruction • Attention and listening prompt cards • Adult modelling • Support during less structured times as needed • If a child with English as an additional language is not developing English at the expected rate, a mother tongue assessment must be completed initially to determine age appropriate development in home language 		
<p>Helpful Links: BCP links are being updated</p>			

SEN Support: (Universal Plus)	Communication & Interaction		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>Quality First Teaching has been put in place but needs cannot be met by using these approaches. The child may continue to have the indicated difficulties above and also:</p> <ul style="list-style-type: none"> • The child may plateau with their learning or the gap between them and their peers may continue to increase • Parents/carers or other people working with the child may raise further concerns • There may be further difficulties in the child accessing the curriculum and this may also impact on their social, emotional and mental health • An escalation in negative behaviours within the setting • The child may recently have been assessed or received a medical diagnosis for an Autistic Spectrum Disorder (ASD) <p>Receptive Language and Memory Indicators</p> <ul style="list-style-type: none"> • The child may have difficulties in processing orally presented information at reasonable speed. • Child displays a poor understanding and may struggle with implied meaning • Difficulties with implied meaning and colloquialism (words/sentences 	<p>In general Health Visitors remain, at Universal Plus, the lead professional for that family. Remember to refer to them as they are an advocate for the family and will support the children and parents/carers with any ongoing integrated intervention or care plans. However it is important that the most appropriate practitioner is the lead professional and this may be the professional who sees the child the most.</p> <p>As for Universal level plus:</p> <ul style="list-style-type: none"> • A graduated approach which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention/do and review ensuring interventions match needs • Very close monitoring by Key Person/Class Teacher and SENCO • These children will require an SEN Support Plan or similar • Health Visitors or GP would refer to other agencies if a need was identified, such as Speech and Language Therapy or Audiology, and potentially, with parental permission, and if required a referral to the community paediatrician • For some children, the multi-agency approach may lead to application being made for access to BCP Early Years additional SEND Funding • Consider an Early Help assessment depending on the family circumstances or liaise with health if further medical support is needed • Health Visitors can provide activity sheets to accompany the Ages and Stages Questionnaire 	<ul style="list-style-type: none"> • Child • Parents / Carers • Key Person • Teacher • TA • SENCO • SALT • Staff at Children's Centre activity • Health Visiting Teams • GP • Area SENDO / EYAS • Family Partnership Zone 	<ul style="list-style-type: none"> • Child will make improved progress with their learning • Skills learnt during targeted provision are practiced back in class and generalised throughout the day • Child demonstrates better engagement and participation in their learning • Child will be better able to develop positive relationships with adults and peers <p>If progress is made and outcomes achieved, then where appropriate, the child can move back into Quality First Teaching Support (Universal) level or continue to be supported at SEN Support (Universal Plus) level.</p> <p>If outcomes are not reached and progress is not made, consider if support should be progressed to SEN Support (Partnership Plus) level in discussion with parents, Area SENDO / EYAS, SENCO, School SENCO.</p>

<p>without literal meaning)</p> <p>Expressive Language (talking) Indicators</p> <ul style="list-style-type: none"> • The child’s language may be particularly hesitant or sound immature. Spoken words might not always be clear or easily understood • The child might find it difficult to express their meaning/themselves on the first attempt and may need more time to do this than their peers <p>Semantic and Pragmatic Language Indicators</p> <ul style="list-style-type: none"> • The child may display inappropriate interaction with others and may have difficulties with social relationships. This could be due to having difficulties understanding social cues and non-verbal cues. • There may be an escalation in negative and inappropriate behaviours • Adult support may be required for activities that need planning and/or organising, sequencing 	<p>assessment, which focus on specific areas of development</p> <ul style="list-style-type: none"> • Settings can provide Children’s Centre ‘Starting Out’ / Come Talk with Me resources to families • Some adult modelling/support to promote communication and language with peers based on advice and guidance from outside agencies. • Close home/setting liaison to ensure reinforcement of strategies and the generalisation of skills • Specific vocabulary may need to be taught using appropriate early years strategies – visual, signing. • A structured language intervention which may be devised in consultation with external professionals (e.g., Speech and Language Therapists) with support to generalise skills taught • Clear, simple and positive instructions with visual support if necessary e.g. visual timetable, now and next board, Signalong • Simplification and repetition of instructions, use of gesture and symbols required for effective teaching and learning • Small group work to address specific language, communication and listening targets as appropriate. • Adaptation of tasks to take account of child’s needs – an enabling environment / inclusion at all times • Additional Staff training on supporting children and young people with specific communication and interaction need • Additional adult support at transition, ad hoc changes to daily routine and unstructured times. • Consider support available from Health Visiting Teams. Community Nursery Nurse might be able to offer advice and guidance on routines such as bedtimes etc <p>Receptive Language and Memory Support</p> <ul style="list-style-type: none"> • Pre-teaching to introduce new and reinforce specific vocabulary and concepts • Alternative ways to record work/learning, to include photographic or video recording 		
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	<p>Expressive Language (talking) Support</p> <ul style="list-style-type: none"> • Visual resources to reinforce verbal learning/instructions e.g. social stories • Small groups <p>Semantic and Pragmatic Language Indicators</p> <ul style="list-style-type: none"> • Targeted support to understand emotions in others and develop self-regulation of own emotions 				
<p>Helpful Links: BCP links are being updated</p>					

SEN Support: (Partnership Plus)	Communication & Interaction		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>This level of support will be for relatively few children whose difficulties are severe and longstanding and have not responded to focussed and well-founded interventions over a period of time.</p> <ul style="list-style-type: none"> • The severity of their difficulties may have a considerable impact on their ability to access the curriculum • the child's difficulties may significantly affect their understanding and processing of spoken language causing a significant delay in their receptive and expressive language • Their ability to communicate may severely limit participation in activities and social communication and interaction with peers; and this is likely to be a long term and complex difficulty requiring alternative communication modes • Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties • There may also be social interaction difficulties where the child is not able to transfer strategies/skills between situations. • They might have difficulties with 	<p>In general Health Visitors remain, at Universal Plus/Partnership Plus, the lead professional for that family. Remember to refer to them as they are an advocate for the family and will support the children and parents/carers with any ongoing integrated intervention or care plans. However it is important that the most appropriate practitioner is the lead professional and this may be the professional who sees the child the most.</p> <p>As for Universal and Universal Plus levels, plus:</p> <ul style="list-style-type: none"> • A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention/do and review; ensuring interventions match needs • Very close home to school liaison so that both parties are aware of changes that can impact on communication and interaction • Clear plans for the use of support to achieve agreed outcomes in their SEND Setting Support Plan or similar • Access to LA provided additional SEND resources, including funding, and materials to deliver and implement professionals' recommendations and programmes e.g. Come Talk with Me • A high level of adult support, offering high level care, safety and supervision to meet the child's needs • Family might benefit from support at home e.g. Portage Service, Family Outreach from Children's Centre • Referral to Early Help where appropriate where needs 	<ul style="list-style-type: none"> • Child • Parents/carers • Education worker • Outreach Teacher • SALT • SENCO • Advisory SENDO / EYAS • Portage Service • Health visitor • GP / Paediatrician • BCP SEND Paediatric Nurses • SALT • Occupational Therapist/ • Educational Psychologist • Family Partnership Zone 	<p>As for Quality First Teaching (Universal) and SEN Support (Universal Plus) level plus:</p> <ul style="list-style-type: none"> • Positive response to specialist recommendations and advice provided by professionals • New resources, interventions and alternative strategies enable the child to make progress and successfully engage in learning • Reduction in negative behaviours and better engagement in learning • Education setting attendance increases and improved engagement in learning • Child is able to transfer intervention skills into different learning environments and activities – including during social times <p>If outcomes are reached then where appropriate, support can be provided back through SEN Support (Universal Plus) and Quality First Teaching (Universal) levels again.</p> <p>If outcomes over a reasonable period (e.g. 3 cycles of APDR) are not reached, consideration</p>

<p>sustaining engagement whilst undertaking learning activities</p> <ul style="list-style-type: none"> • They might display a limited repertoire of interests and play skills which might then affect the child's friendships • They might be having difficulties accessing whole setting activities/ teaching sessions and unstructured periods of time 	<p>are having a wider impact</p> <ul style="list-style-type: none"> • Functional language is modelled and taught such as 'hello', 'please', 'toilet'. Child may need a personalised communication system • Adult understands and responds to the child using alternative means of communication such as symbols to include PECS • All adults consistently use signs and symbols • Environmental adaptations to minimise impact of sensory distractions and differences. • Targeted teaching of specific social communication skills to include PECS or PEIC-D • Objects of reference (that are real objects) used to represent activities and times of the day • For some children, a co-ordinated multiagency plan i.e. EHA will be essential • Regular reviews with staff, parents/carers and any appropriate professionals e.g. SALT • Training for staff involved with the child and whole setting/school training where appropriate • More specialist assessment and advice from Advisory SENDO / EYAS, School accessed Outreach, EPs, SALT etc • Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan • Where there is evidence of a possible ASD the child may need assessment through ether the CDC for children under 5 years – consider referral to GP/HV • Consider Outreach and advisory support from Children's Centre Family Outreach Team • Access to training and/or trained and skilled staff who are able to respond to challenging behaviours associated with communication and Interaction difficulties 		<p>should be made to either:</p> <ul style="list-style-type: none"> • Maintain current level of support <p>Or</p> <ul style="list-style-type: none"> • Request an Education, Health and Care Assessment. This would be most appropriate where there is evidence of the needs being long term, where support has been in place over time with evidence of minimum impact.
<p>Helpful Links: BCP links are being updated</p>			

Statutory	Communication & Interaction		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>Despite support and intervention through the graduated approach the child's progress is still very limited and indicates that long term specialist input and /or additional resources are required to continue access to the full curriculum.</p> <ul style="list-style-type: none"> • The child has complex, long-term speech and language difficulties that cause substantial barriers to learning and social relationships • The child has severe or moderate language impairment which may include comprehension, expression, phonology • Social isolation, frustration and peer isolation is evident • May not understand social situations and therefore may respond inappropriately • Highly atypical behaviours such as being obsessive, challenging and withdrawn may be evident • The child has language and communication difficulties which may be the result of permanent sensory or physical impairment or associated with moderate, severe or profound and complex learning difficulties 	<p>As for Universal, Universal Plus and Partnership Plus levels plus:</p> <ul style="list-style-type: none"> • Co-production of EHC Plan will address needs and agree outcomes for targeted provision • All staff working with the child have read and understood EHC Plan • Parents/carers and child understand and agree on the intervention, support and expected outcomes, with transparency on schools and high needs funded support • Strategies and approaches to support differentiation are in place and based on specialists' advice • High quality training is provided for all staff involved in delivering and monitoring targeted provision e.g. EYAS training, Teaching School training • SENCO will oversee the child's targeted support, including how this is being delivered • Robust risk assessment is in place and regularly reviewed to include basic personal hygiene where needed • Additional differentiation and scaffolding of tasks will be necessary in order to deliver appropriate outcomes. • TAC meetings and early help assessments to be followed-up promptly • Intensive support for Personal, Social and Emotional Development will be in place • Speech therapist will provide/ oversee therapy on a regular basis and have close involvement with the delivery by other staff of speech therapy 	<ul style="list-style-type: none"> • Child • Parents/carers • Education worker • SALT • SENCO • Health visitor • Advisory SENDO / EYAS • Portage Service • GP /Paediatrician • SALT • Occupational Therapist • Educational Psychologist • SEND Statutory Services Team • BCP SEND Paediatric Nurses • BCP SEND Service Team 	<p>As for SEN Support levels plus:</p> <p>Progress is evaluated against outcomes specified in EHCP and shorter-term goals in intervention plans. These may include:</p> <ul style="list-style-type: none"> • Analysis and evidence must reflect the effectiveness of targeted support and expected outcomes • Child achieves or is progressing towards outcomes in EHCP • Child is making academic progress as a result of effective support arrangements <p>Other indicators may include:</p> <ul style="list-style-type: none"> • Measurable improvement in communication and interaction skills • Improved social participation and confidence • Better able to deal with a range of social situations <p>If outcomes are reached, following discussion with the parents/carers, setting, child and statutory services team, consider whether support can be provided through either SEN</p>

<ul style="list-style-type: none"> • The child is experiencing severe, persistent and complex difficulties associated with an Autistic Spectrum Disorder. These difficulties will include: • Severe difficulties with social interaction, this includes developing and maintaining relationships) • Severe difficulties with social communication (e.g. initiating/maintaining conversations, using/understanding non-verbal communication) or understanding emotions • Severe difficulties in the area of imaginative skills and may rely more heavily on re-enacting learned scenarios, which may result in highly ritualised and repetitive behaviours • Limited expressive language, or spoken language that is repetitive and does not follow the social rules • Severe sensory processing difficulties, (hypo/hyper sensitivity) • Severe anxiety experienced on a regular basis and across different situations, in response to unpredictable situations, deviations from routines, sensory processing, and/or difficulties with related to their Autism Spectrum Disorder • Severe difficulties engaging in tasks/activities other than those linked to the child's particular interests • The child's difficulties will be made complex by the presence of additional factors, such as difficulties associated with psychological wellbeing and emotional development, extreme rigidity in 	<p>recommendations and targets for the child individual action plan</p> <ul style="list-style-type: none"> • Pre-school, School or SALT will liaise with parents/carers and provide advice and resources so that they can continue to support language development at home • Use of Total Communication approach to enable access to all areas of the curriculum. Direct teaching will be needed • The child should be effectively supported in the classroom alongside peers for the vast majority of their time and skills learnt during targeted provision practised back in class e.g. inclusion with peers • Time and place for targeted provision is established and adhered to: increased staff:child ratios for times when intensive support and interventions are being delivered • Additional support needed to develop emotional vocabulary using visual and real-life situations. • A regular programme of 1:1 support may be required to implement the programme provided by the speech and language therapist or other specialist, although most therapies in the early years can be carried out with the children in games and activities • Environmental audit to identify aspects of the environment that might lead to increased anxiety, arousal or sensory sensitivity, with monitoring of behavioural responses • Focus on the skills being taught including varying level of different prompts which are faded and enhanced as appropriate, for example 'hand over hand', modelling, visual strategies • Use of specific IT programmes and specialist equipment to enhance communication and recording and presentation of work • Work presented in a manner to the child's level of language and communication development • Consistent, structured and predictable classroom routines with preparation in advance for changes and transitions, including to next year or phase • Attention to the child's areas of special interest or 		<p>Support levels (Universal Plus/Partnership Plus) without the need for a statutory plan.</p>
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<p>behaviour, extreme difficulties with sensory modulation, and additional physical/ medical conditions. These are likely to make it significantly more difficult for the child to manage their behaviour and safety than for most children with ASD</p>	<p>skills in order to enhance learning</p> <ul style="list-style-type: none">• For Looked After Children the annual review should, where possible and appropriate, coincide with one of the reviews of their Personal Education Plan/Care Plan			
<p>Helpful Links: BCP links are being updated</p>				

Early Years Foundation Stage

Social Emotional and Mental Health

SEND Code of Practice 2015 – Early Years

5.36 It is particularly important in the early years that there is no delay in making any necessary special educational provision. Delay at this stage can give rise to learning difficulty and subsequently to loss of self-esteem, frustration in learning and to behaviour difficulties. Early action to address identified needs is critical to the future progress and improved outcomes that are essential in helping the child to prepare for adult life.

SEND Code of Practice 2015 – Broad Areas of Need

6.32 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.

6.33 Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils. The Department for Education publishes guidance on managing pupils' mental health and behaviour difficulties in schools.

Areas of Need:

Many children experience some degree of emotional change during their development, some of which may contribute to particular behaviours. Some students may demonstrate behavioural difficulties related to additional or unmet learning, social, physical or medical needs. In some cases, e.g. bereavement, these difficulties may be short-term.

This group of difficulties may be characterised by inappropriate behaviour for the child's age and behaviour which may interfere with their own learning or the play and work of other children. There may be signs of emotional turbulence or withdrawal. Not all disruptive or emotional behaviour is necessarily indicative of having special educational needs and may be more appropriately supported through high quality pastoral care.

Environmental factors, including ethos, organisation, curriculum, classroom management and teaching and learning approaches within a setting/school can be key influencers on behaviour and require careful attention.

This guidance is relevant where the child presents persistent behavioural / emotional difficulties that have not been ameliorated by differentiated learning opportunities, by whole-setting/school behaviour management techniques or pastoral support.

Quality First Teaching (Universal Support)	Social Emotional and Mental Health		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>The child presents persistent behavioural / emotional difficulties that are beginning to impact on progress.</p> <p>Difficulties may include:</p> <ul style="list-style-type: none"> • Underdeveloped skills in listening and attending to the adult, teaching or learning process • Failure to make progress anticipated across areas of the curriculum accompanied by signs of mood swings • Behaviours might be: withdrawn, silent, overly confident, shy, anxious, very active, controlling, aggressive, victim • Difficulty with social relationships including peer/ group relationships which affect classroom dynamics and require adult intervention • Difficulty acquiring and applying basic social skills • Emotional immaturity; low self esteem • Lack of confidence in their ability to cope with new demands and change to their routines • Lack of personal management skills e.g. anger, anxiety, openly tearful • Emotional intelligence/ development underdeveloped in relation to chronological age • Requires frequent adult prompting • Needs support to make and sustain appropriate relationships 	<ul style="list-style-type: none"> • High quality first teaching including access to a broad and balanced curriculum within an inclusive educational setting • All settings/schools will have a behaviour policy with a consistent behaviour management approach adopted by all staff that is appropriate for very young children – bearing in mind that the difficulties these children are experiencing will relate to an earlier age phase than their chronological age • Pupils have clear understanding of rules and expectations • Close liaison with children and their families so staff are aware of significant relevant life or family events • Staff/peer modelling to promote social skills and interaction • Instructions/information should be clear and unambiguous with supporting visuals and prompts if necessary • Classrooms are calm and ordered learning environments • Whole staff training and awareness of the causes and implications of SEMH needs, particularly recent brain development research, executive function, importance of physical movement and the outdoors in early years development etc. • Staff are supported to understand, model and deliver effective positive responses that promote a sense of wellbeing to all children as well as colleagues • For 2 year olds where difficulties have been shared with parents/carers during 2 year Progress Check meeting, immediate liaison with Health Visiting Team link to be made 	<ul style="list-style-type: none"> • Child • Parents/carers • Early Years practitioner/ Teacher and support staff • Children’s Centre team • Health Visiting Team • School Nursing • GP 	<ul style="list-style-type: none"> • Child makes improved progress with their learning • Child demonstrates better engagement and participation in their learning • Child is better able to develop positive relationships with adults and peers • Good attendance and punctuality • Reduced behavioural incidents <p>If outcomes not reached, consider progress to SEN Support (Universal Plus) level in discussion with parents, colleagues, SENCO, Area SENDO / EYAS or School SENCO.</p>

<ul style="list-style-type: none"> • Displays frequent unpredictable responses to a range of situations e.g. anxiety, anger or unhappiness • Has difficulties expressing their point of view verbally and/or talking about their feelings without intervention. This includes refusal to speak • Engages in attention seeking behaviour and regularly seeks approval from adults and peers • Shows signs of being withdrawn and may need encouragement to take part in activities • Signs of emotional turbulence (for example tearfulness, withdrawal from social situations) • Frequently of short attention/concentration span • Subject to or perpetrator of bullying • Unable to manage unstructured settings such as lunchtimes • Absence and lateness including setting/school refusal <p>At this point it should not be assumed that the child has SEND as they may be experiencing a short term difficulty needing only brief intervention. Thorough auditing at this stage can often reveal that provision needs adapting to meet the needs of all children.</p>	<p>Learning Support</p> <ul style="list-style-type: none"> • Careful assessment to identify and address any unmet learning needs • All staff to have a general understanding of attachment theory and the benefits of secondary attachments • Teaching strategies that consider social and emotional needs as well as social understanding • Visual resources and prompts (objects of reference, picture cues, change of activity prompts etc.) • Targets include social and behavioural goals and independent learning • Adult instructions are clear, unambiguous and include choices <p>Environmental Support</p> <ul style="list-style-type: none"> • Organise furniture, grouping and seating to promote positive relationships, behaviour and individual needs • Support and activities for unstructured times • Focused use of peer and adult support • Robust APDR processes • Access to outdoor activity options particularly as a 'release' • Access to universal health services such as health visiting teams, Children's Centre activities, school nurse or GP services • Access to EAL/Minority community support via Children's Centres • Liaise with Health Visiting teams as some have been trained in Infant Mental Health 		
<p>Helpful Links: BCP links are being updated</p>			

SEN Support: (Universal Plus)	Social Emotional and Mental Health		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>Quality First Teaching has been put in place but needs cannot be met by using these approaches. The child may continue to have the indicated difficulties above and also:</p> <ul style="list-style-type: none"> • Social, emotional and/or mental health issues which substantially and regularly interfere with their own learning or that of the class group • The child continues to make little or no progress despite interventions designed to improve aspects of their social, emotional and/or mental health development • Displays regular episodes of anger and agitation • Lack of a range of social skills, e.g. taking turns, working co-operatively, accepting the ideas others • Poor view of self and low self-confidence, difficulty in working independently • Unsettled behaviour in class, limited concentration and organisation in relation to age expectations • May avoid or become upset when faced with new and unfamiliar tasks or people • May frequently challenge practitioners/teachers' requests but will back down • Frequent attention seeking behaviour, often inappropriate or mildly challenging • Seeks to gain and maintain frequent 	<p>In general Health Visitors remain, at Universal Plus, the lead professional for that family. Remember to refer to them as they are an advocate for the family and will support the children and parents/carers with any ongoing integrated intervention or care plans. However it is important that the most appropriate practitioner is the lead professional and this may be the professional who sees the child the most.</p> <p>As for Universal level plus:</p> <ul style="list-style-type: none"> • A graduated approach which draws on increasingly detailed interventions and support approaches in successive cycles of assessment, planning, intervention/do and review through robust SEN support from a behaviour/ PSED plan • Assessment to identify any unmet learning needs as well as specific skill deficits that are contributing to the child's difficulties. Interventions should be evidence based and linked to assessed needs with measurable outcomes • Close monitoring by key person/class teachers and the SENCO • Holistic assessment undertaken with the inclusion of parent/carers and the child, in accordance with the graduated approach cycle of assess, plan, do and review – undertaking an early help assessment for the child (EHA) might be needed depending on family circumstances • For some children, the multi-agency approach may lead to application being made for access to BCP Early Years additional SEND Funding • A high level of liaison with parents/carers to aid joint planning, monitoring and consistency of approach: Family Outreach Worker (FOW), 2 year old Integrated Review with Health Visitor 	<ul style="list-style-type: none"> • Child • Parents/carers • Key Person • Teacher/TA • Health Visiting Team • Area SENDO / EYAS • SENCO • Family Outreach Worker (FOW) – Poole Children's Centres • ELSA at school • School Nursing Team • Family Partnership Zone 	<p>As for Quality First Teaching (Universal) level plus:</p> <ul style="list-style-type: none"> • Child makes improved progress with their learning • Skills learnt during targeted provision are practiced back in class and generalised throughout the day • Individual targets in plan are met • Child demonstrates better engagement and participation in their learning • Child is better able to develop positive relationships with adults and peers • Incidents of challenging or disruptive behaviour will reduce in setting and at home • Child works with increasing focus and independence • Child and their parents/carers report feeling more positive about attending pre-school/school and about home life • Fewer incidents in unstructured times • Child can work and socialise appropriately with peers • Improved attendance or punctuality <p>If progress is made and outcomes achieved, then where appropriate, the child can move back into Quality First Teaching (Universal) level or continue to</p>

<ul style="list-style-type: none"> close physical contact with adults • Overreacts when disapproval is shown, attention is withdrawn or when thwarted • Appears to lack motivation and requires frequent encouragement to stay on task • Flits between activities and materials with little attention • No regular group of friends 	<ul style="list-style-type: none"> • More targeted Staff training on supporting children and young people with Social Emotional or Mental Health needs • Small group work which supports the differentiated curriculum and individual goals. This should include the teaching of specific social skills and vocabulary/language • Further modifications to the setting and environment to take account of individual needs • Attention paid to internal spaces, seating arrangements to facilitate appropriate social contact, access to materials etc • Additional focused adult support may be required at an individual level or within a small group • Consistent approaches in place to manage behaviour by all staff, this should be laid out in a clear behaviour plan and be appropriate for younger age phases than child's chronological age • Support to develop emotional security and sense of belonging – flexible adults and routines • Placement in a nurture group – might be available for EYs children in some BCP Schools (check with your school SENCO) • Access to ELSA intervention might be available for EYs children in BCP Schools (check with your school SENCO) • Early Help Assessment might be carried out where needed • Visuals to support appropriate behaviour choices, including those aimed at social understanding (such as social stories) • Additional adult or peer support at transition and unstructured times • Targeted use of Early Years Pupil Premium/ school pupil premium 		<p>be supported at SEN Support (Universal Plus) level.</p> <p>If outcomes are not reached and progress is not made, consider if support should be progressed to SEN Support (Partnership Plus) level in discussion with parents, colleagues, SENCO, Area SENDO / EYAS, School SENCO.</p>
<p>Helpful Links: BCP links are being updated</p>			

SEN Support: (Partnership Plus)	Social Emotional and Mental Health		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>As per Quality First Teaching (Universal) and SEN Support (Universal Plus) levels but also might include:</p> <ul style="list-style-type: none"> • Over time professional advice has been followed and implemented but appropriate progress is still not seen • Over a sustained period of time displays extremely withdrawn, disengaged, self-harming or anxious behaviours • Persistently displays challenging, uncooperative, destructive and disruptive behaviours • Responding to peers and adults with significant physical and verbal aggression • Displaying unusual, harmful or dangerous behaviour which poses a significant threat to self or others • Experiencing a significant level of rejection by peers leading to an increased in social isolation • A high level of dependency and may have significant difficulties relating to their peer group • Frequent and prolonged mood swings • Evidence of significant unhappiness, 	<p>In general Health Visitors remain, at Universal Plus/Partnership Plus, the lead professional for that family. Remember to refer to them as they are an advocate for the family and will support the children and parents/carers with any ongoing integrated intervention or care plans. However it is important that the most appropriate practitioner is the lead professional and this may be the professional who sees the child the most.</p> <p>As for Universal and Universal Plus levels plus:</p> <ul style="list-style-type: none"> • A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention/do and review; ensuring interventions match needs <p>A high level of adult support may also be required to provide:</p> <ul style="list-style-type: none"> • A highly structured Individual Behaviour/PSED Plan • A high level of care and supervision along with close liaison between professionals involved • Individual programmes used to develop 	<ul style="list-style-type: none"> • Child • Parents/carers • Teacher(s) • School support staff • SENCO • Outreach Teacher • Advisory SENDO / EYAS • EP • Health Visiting Team • BCP SEND Paediatric Nurses • GP /Paediatrician • CAMHS • Early Help team • Social Care • Portage Service • Family Outreach at Children's Centre(FOW) 	<p>As for Quality First Teaching (Universal) and SEN Support (Universal Plus) levels plus:</p> <ul style="list-style-type: none"> • Majority of outcomes in plan are achieved • Positive response to specialist recommendations and advice provided by professionals • New resources, interventions and alternative strategies enable the child to make progress and successfully engage in learning • Attendance increases and improved engagement in learning • Child is able to transfer intervention skills into different learning environments and activities – including during social times • Reduction in high level behavioural incidents • Reduction in potentially harmful behaviours to self or others • Child and parent report improvement <p>If outcomes are reached then, where appropriate, support can be provided back through SEN Support (Universal Plus) and Quality First Teaching (Universal) levels again.</p> <p>If outcomes over a reasonable period</p>

<p>anxiety, stress or dissatisfaction which is affecting learning and may lead to a period of absence from school</p> <ul style="list-style-type: none"> • Signs of selective mutism • Frequent verbal and/or physical aggression towards others • Difficulty following rules and highly challenging of authority • Refusal to attend school /significant absence periods • Breakdown in attendance • Exclusion or risk of exclusion 	<p>social and emotional skills throughout the day</p> <ul style="list-style-type: none"> • Staff trained and skilled in supporting children with exceptionally challenging behaviour • A secure, structured and safe learning environment • Further support from the Advisory SENDO / EYAS in carrying out a Schedule of Growing Skills Assessment. For some children this may identify the need to request additional SEND funding • More in-depth assessment of the child's underlying SEMH needs with advice or input from outside professionals • Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan • Assessment and advice from external support services and professionals where appropriate – to include Outreach or EP referral. Advice to be gathered and implemented as recommended • Consideration of a referral to Early Help services depending on family circumstances or to health services if further medical assessment is needed • A high level of care and supervision while encouraging independence and self-management • Access to Staff trained and skilled in supporting children with exceptionally challenging behaviour • Flexible arrangements to provide a secure, structured and safe learning environment and activities including making 'reasonable adjustments' to ensure flexibility can be achieved • Access to mentoring/buddy systems/peer support for key adults 	<ul style="list-style-type: none"> • School Nursing Team • Family Partnership Zone 	<p>(e.g. 3 APDR cycles) are not reached, consideration should be made to either:</p> <ul style="list-style-type: none"> • Maintain current level of support <p>Or</p> <ul style="list-style-type: none"> • Request an Education, Health and Care Assessment. This would be most appropriate where there is evidence of the needs being long term, where support has been in place over time with evidence of minimum impact.
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	<ul style="list-style-type: none"> • Additional training for key staff on specific SEMH issues 			
Helpful Links: BCP links are being updated				

Statutory	Social Emotional and Mental Health		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>Despite support and intervention through the graduated approach the child's progress is still very limited and indicates that long term specialist input and /or additional resources are required to continue access to the full curriculum.</p> <ul style="list-style-type: none"> • The child is likely to have an identified medical or mental health condition that impacts upon behaviour and prevents learning • There is evidence of extreme, complex emotional and behavioural difficulties of a long-term duration and frequency in a variety of educational facilities resulting in extreme difficulties for the child and severely affecting other children and/or adults • Ongoing assessment has indicated the pupil's difficulties are due to SEMH needs and are not primarily due to an unmet learning, communication or physical need 	<p>As per Universal, Universal Plus and Partnership Plus with:</p> <ul style="list-style-type: none"> • Co-production of EHC Pan to address needs and agree outcomes for targeted provision • All staff working with the child have read and understood EHC Plan • Parents/carers and child understand and agree on the intervention, support and expected outcomes, with transparency on school and high needs funded support • Strategies and approaches to support individual needs are in place and based on specialist's advice • High quality training is provided for all staff involved in delivering and monitoring targeted provision • Time and place for targeted provision is established and adhered to • Key Person/SENCO with family, plan targeted support and share ideas to use at home • Support staff are involved in joint planning of targeted support with SENCO/class teacher 	<ul style="list-style-type: none"> • Child • Parent/Carers • Teacher(s) • School support staff • Key Person • SENCO • Family outreach worker(FOW) • Outreach Teacher • Advisory SENDO / EYAS • EP • Health Visiting Team • BCP SEND Paediatric Nurses • GP /Paediatrician • Early Help • Social Care 	<p>As for SEN Support levels plus:</p> <p>Progress is evaluated against outcomes specified in EHCP and shorter-term goals in intervention plans. These may include:</p> <ul style="list-style-type: none"> • Improved engagement and progress in learning • Reduction in significant behaviour incidents • Improved attendance • Ability to work for longer periods without direct supervision • Compliance with adult instructions • Ability to sustain positive friendships • Child and family more positive about school <p>If outcomes are reached, following discussion with the parents/carers, setting, young person and statutory services team, consider whether support can be provided through SEN Support (Universal Plus/Partnership Plus) levels without the need for a statutory plan.</p>

<p>Difficulties may include:</p> <ul style="list-style-type: none"> • Significant long term difficulty in maintaining relationships with staff and peers • Extremely low self-esteem and emotional neediness through social withdrawal • Highly competitive in search for attention • Destroys own work or hard won social achievements • Demonstrates high levels of anxiety; clings and is tearful • Behaviour, emotional, social difficulty requiring planned positive/ restrictive intervention / uncontrolled ADHD/ Anxiety Disorders i.e. medication required / taken but not effectively controlling behaviour in school • Frequent and significantly challenging and disruptive behaviour which includes refusal to accept Practitioners/Teachers' appropriate sanctions • Behavioural outbursts generally on a daily basis • Significant difficulty in following basic classroom routines and is exceptionally restless and inattentive for much of the school day over a sustained period of time • Initiates aggressive confrontations with peers • Has few constructive relationships with peers and seems isolated • Unpredictable emotional outbursts • Shows a high level of disaffection or anxiety which impacts on attendance, sensory needs, eating 	<ul style="list-style-type: none"> • Structured teaching/ behavioural strategies should be embedded into all activities/learning opportunities and daily routines • Learning opportunities/work presented in a manner to the child's level of development. • Appropriate adjustments to the environment to meet the individual needs and preferred learning styles as well as developmental level • Contingency plans in case of changes to routine or staff absence e.g. 2nd key person • For Looked After Children the annual review should, where possible and appropriate, coincide with one of the reviews of their Personal Education Plan/Care Plan 	<ul style="list-style-type: none"> • Portage Service • BCP SEND Service Team 	
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<ul style="list-style-type: none">• The child requires a high level of supervision to ensure their own safety and that of peers and/or adults• Very provocative, aggressive and confrontational behaviour which can include verbal and physical aggression towards peers and staff...not meeting age appropriate levels in EYFS				
<p>Helpful Links: BCP links are being updated</p>				

Early Years Foundation Stage

Physical and Sensory

SEND Code of Practice 2015 – Early Years

5.36 It is particularly important in the early years that there is no delay in making any necessary special educational provision. Delay at this stage can give rise to learning difficulty and subsequently to loss of self-esteem, frustration in learning and to behaviour difficulties. Early action to address identified needs is critical to the future progress and improved outcomes that are essential in helping the child to prepare for adult life.

SEND Code of Practice 2015 – Broad Areas of Need

6.34 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. Information on how to provide services for deaf-blind children and young people is available through the Social Care for Deafblind Children and Adults guidance published by the Department of Health.

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

Areas of need

Sensory Impairment

Most children with sensory impairment will have been identified in early childhood and will already be accessing the relevant medical and audiology services by the time they start education. Other conditions may arise through accident or illness, such as conductive hearing loss or a degenerative sight condition.

Sensory impairment can impact significantly on a child's educational development, resulting in some cases in learning delay and language disorders. This requires careful assessment and intervention by early years providers/ schools as part of their SEND provision.

Children whose learning difficulties are associated with mild visual or hearing difficulties, such as monocular vision or mild conductive hearing loss, should be provided for within the setting, at the SEN Support level of intervention. Where correction is made for a minor visual (e.g. glasses) or hearing (e.g. grommets) condition, the child should not require SEN Support. Those with more significant needs may require the support of external agencies and input from specialist teachers to enable them to access the curriculum.

Sensory Processing

The child may have sensory processing difficulties including for example hyper/hypo sensitivity to touch, taste, sound, smell, visual stimuli, and/or proprioception and vestibular feedback.

Physical Difficulties:

Children and young people with motor disabilities and severe medical problems are most frequently identified at the pre-school stage. Exceptions to this would be child experiencing severe trauma, possibly as the result of an accident or illness, leading to long term disability.

Physical disabilities or impairment may arise from:

- physical, neurological or metabolic causes such as cerebral palsy, achondroplasia, or spina bifida
- severe trauma, perhaps as a result of an accident, amputation or serious illness
- degenerative conditions, like muscular dystrophy (Duchenne)
- moderate or severe gross motor and/or fine motor dysfunction in conjunction with other learning difficulties e.g. dyspraxia and autistic spectrum disorders
- moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes

Physical disabilities arising from this wide spectrum of need may show themselves by difficulties with accessing the physical environment of the setting/school, and its educational facilities and equipment. This could include whole setting/school and class activities, especially practical activities linked to gross/fine motor skills and there may be specific safety risks. Physical difficulties may also impact on achieving independent self-care skills.

Some children will have difficulties with communicating through speech and other forms of language. Emotional stress, physical fatigue, complex learning and social needs and multi-sensory difficulties can also be experienced.

Quality First Teaching (Universal Support)	Physical and Sensory		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>At this point it should not be assumed that the child has SEND as they may be experiencing a sort term difficulty needing only brief intervention. Thorough auditing at this stage can often reveal that provision needs adapting to meet the needs of all children.</p> <p>Sensory Impairment:</p> <ul style="list-style-type: none"> • Mild hearing or visual impairment • May use hearing aids or glasses • May be colour blind <p>Sensory Processing: The child may have sensory processing difficulties including for example hyper/hypo sensitivity to touch, taste, sound, smell, visual stimuli, and/or proprioception and vestibular feedback.</p> <p>Physical:</p> <ul style="list-style-type: none"> • May have some minor difficulties undertaking certain tasks • Child may be delayed in achieving independent mobility • May have stability problems but can 	<ul style="list-style-type: none"> • Curriculum differentiated appropriately to take account of individual needs, necessary changes to routines, staff deployment and interactions with children • Settings should regularly evaluate the effectiveness of the learning environment and strategies used to ensure children learn and develop more effectively, e.g. is the environment acoustically and visually friendly? • Staff set personalised learning targets for all children in a robust assess, plan, do, review cycle within an SEN support plan • Environment planned to promote accessibility to the Early Years curriculum and the entire premises for every child • Settings should use a total communication approach • Risk assessments in place as appropriate and necessary • Policies in place to describe accessibility, and support for those who need it e.g. how well is it structured and organised to include quiet spaces, as well as opportunities for outside pla • All children need to be active and to develop their co-ordination, control and movement. Children must also be helped to understand the importance of physical activity and to make healthy choices in relation to food • Staff should access appropriate training e.g. to 	<ul style="list-style-type: none"> • Child • Parents / carers • Key Person • Teacher • Support staff • SENCO • Health Visiting Team • GP • School Nurse 	<ul style="list-style-type: none"> • Improved access and participation • Child makes expected progress <p>If outcomes not reached, consider progress to SEN Support (Universal Plus) level in discussion with parents, colleagues, SENCO, Area SENDO / EYAS or School SENCO.</p>

<p>walk unaided</p> <ul style="list-style-type: none"> • May have low muscle tone • May have hypermobile joints • May be delayed in achieving early milestones <p>There are a wide range of physical and medical disabilities. Some children are able to access the curriculum and learn effectively without additional educational provision. Their difficulties may mean they need some short-term support, but it should not be assumed that they have special educational needs</p> <p>Health Contribution:</p> <ul style="list-style-type: none"> • As part of the Health Visiting Family Offer, all children have their gross motor and fine motor skills assessed routinely at 10-12 months and 27 months using the Ages and Stages Questionnaire. Needs may be identified during these assessments • All children are weighed routinely by health visitors at 6 weeks and 10-12 months of age. The universal immunisation programme is discussed with and offered to all families as part of the Healthy Child Programme. Concerns may be raised during these routine checks and programmes by parent/carers or health visitors • New-born 'heel prick' screening is offered to all children under 1 year, including those who have moved from abroad. Needs may be identified through the screening programme 	<p>understand the importance of visual cues, timetables, signing, pictures for labels and / or to learn how to sign</p> <ul style="list-style-type: none"> • Contact with linked Health Visitors who may have completed the 'new birth visit and assessment' and might carry out other ASQ3 assessments as appropriate <p>Sensory Impairment:</p> <ul style="list-style-type: none"> • Awareness of seating arrangements during carpet time, at the table and when in other parts of the setting/school e.g. assembly/lunchtimes. • Good room/classroom management: pre-empting trigger points • Lighting in room • Ensure child wears hearing aids or glasses if these are required <p>Sensory Processing:</p> <ul style="list-style-type: none"> • Ensure staff are aware of particular sensory processing difficulties and adjust environment, routines/timetables to meet child's needs • Ensure close links with parents/carers and Health Visiting team are ongoing <p>Physical:</p> <ul style="list-style-type: none"> • Awareness of being able to safely move around the environment • Flexible grouping, child-led play • Ensure pupil is included in group and has access to all being said in the group and encourage full pupil participation in group work • Well planned small group work when needed that is resourced to support child at their assessed stage of learning and emotional development • Staff awareness of child's needs and are able to differentiate the activity as well as their own interactions when needed • Health care plan if appropriate • Maximise opportunities for child to participate in 		
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	physical activities within and outside of the curriculum e.g. home learning links, Children's Centre activities			
Helpful Links: BCP links are being updated				

SEN Support: (Universal plus)	Physical and Sensory		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>Quality First Teaching has been put in place but needs cannot be met by using these approaches. The child may continue to have the indicated difficulties above and also:</p> <p>Sensory Impairment:</p> <ul style="list-style-type: none"> • Moderate hearing or visual impairment which has a sustained impact on their ability to access the EYFS and/or comply with class routine and expectations (may use hearing aids/grommets)curriculum • May use hearing aids or glasses <p>Sensory Processing:</p> <ul style="list-style-type: none"> • The child has difficulty managing their sensory needs to an extent that is having a sustained impact on their ability to access the EYFS and/or comply with routines and expectations • The child’s sensory sensitivities are raising their anxiety and arousal levels to a state where it is starting to impact on their emotional health and/or ability to access the EYFS curriculum and activities appropriately <p>Physical:</p> <ul style="list-style-type: none"> • Severe trauma, perhaps as a result of an accident, amputation or serious illness • Degenerative conditions such as 	<p>In general Health Visitors remain, at Universal Plus, the lead professional for that family. Remember to refer to them as they are an advocate for the family and will support the children and parents/carers with any ongoing integrated intervention or care plans. However it is important that the most appropriate practitioner is the lead professional and this may be the professional who sees the child the most.</p> <p>As for Universal level plus:</p> <p>Sensory</p> <ul style="list-style-type: none"> • Home/school liaison • Labels in setting clear and appropriate size • Labels and teaching materials in classroom clear and appropriate size • Advice and staff training from specialist professionals, e.g. Hearing and Vision Support Service (HVSS), audiologist, Paediatric Nurses • Adaption to the physical environment – lighting, acoustics, reduction of background noise and physical layout • Ensure contrast where necessary to identify hazards in environment indoors and out as well as on stairs • Some resources may need to be individualised e.g. name labels etc. and provide high contrast on whiteboards • Gain children’s/pupils’ attention before starting to speak and reiterate names of pupils and responses from others • Check pupil’s understanding frequently • Supportive work buddies • Some individual and/or small group teaching to reinforce learning • Early years settings should seek advice from their Advisory SENDO / EYAS to ensure appropriate 	<ul style="list-style-type: none"> • Child • Parents / carers • Physio/OT • SENCO/ Teacher • Key Person • Support staff • Area SENDO / EYAS • HVSS/VI teacher • Health Visiting Team • BCP SEND Paediatric Nurses • School nursing team • GP • SALT • Family Partnership Zone 	<p>As for Quality first Teaching (Universal) level plus:</p> <ul style="list-style-type: none"> • The gap between the child’s progress in their areas of difficulty and areas unaffected by their sensory, physical or medical needs is closing or being maintained • Greater participation in activities <p>If progress is made and outcomes achieved, then where appropriate, the child can move back into Quality First Teaching (Universal) level or continue at SEN Support (Universal Plus) level.</p> <p>If outcomes are not reached and progress is not made, consider if support should be progressed to SEN Support (Partnership Plus) level in discussion with parents, SENCO, Area SENDO / EYAS, School SENCO.</p>

<p>muscular dystrophy e.g. Duchenne</p> <ul style="list-style-type: none"> • Moderate or severe gross motor and/or fine motor dysfunction in conjunction with other learning difficulties e.g. dyspraxia and autistic spectrum disorder • Moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes • Physical difficulties may result in: difficulties in safely accessing the physical environment, facilities and equipment, difficulty in achieving independent self-care skills difficulties in communicating through speech and other forms of language. • Emotional stress and physical fatigue • Child may demonstrate less physical competency at fine or gross motor tasks within the curriculum compared to peers, despite intervention at “Universal” level 	<p>differentiation</p> <p>Physical</p> <ul style="list-style-type: none"> • May require some additional equipment e.g. sloping board, Fox-Denton chair, adaption to other resources as needed e.g. yellow tape • Small group intervention or fine/gross motor programmes • Advice and staff training from specialist professionals, e.g. OT, Physiotherapist, Paediatric Nurses • Adaptations/adjustments to environment e.g. space to allow safe mobility • If child is aged 3 or 4 and in receipt of DLA - use DAF to fund reasonable adjustments e.g. purchase specialist toilet seat <ul style="list-style-type: none"> • For some children, the multi-agency approach may lead to application being made for access to BCP Early Years additional SEND Funding 		
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Helpful Links:
BCP links are being updated

SEN Support: (Partnership Plus)	Physical and Sensory		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>As per Quality First Teaching (Universal) and SEN Support (Universal Plus) levels and may also include:</p> <p>Sensory Impairment: Despite support and intervention at previous phases, the child's sensory impairment continues to have a significant and ongoing impact upon their learning</p> <p>The child may already be known to Dorset HVSS</p> <p>Sensory Processing: The child has difficulty managing their sensory needs to an extent that is having a detrimental and ongoing impact on their ability to access the EYFS curriculum and/or comply with routines and expectations The child's sensory sensitivities are raising their anxiety and arousal levels to a state where it is having a detrimental and ongoing impact on their emotional health and/or ability to access the EYFS curriculum and activities appropriately</p> <p>Physical:</p> <ul style="list-style-type: none"> • Despite support and intervention at Universal and Universal Plus levels, child continues to demonstrate physical difficulties, which are having an impact upon their learning • The child has a known physical 	<p>In general Health Visitors remain, at Universal Plus, the lead professional for that family. Remember to refer to them as they are an advocate for the family and will support the children and parents/carers with any ongoing integrated intervention or care plans. However it is important that the most appropriate practitioner is the lead professional and this may be the professional who sees the child the most.</p> <p>As for Universal and Universal Plus levels plus:</p> <ul style="list-style-type: none"> • Home – setting/school liaison re child's abilities and needs. • Small group intervention for fine/gross motor programmes and other direct teaching that might be needed • Gain child's attention before starting to speak and reiterate names of pupils and responses from others • Check pupils understanding frequently • Staff understanding of the child's condition, with respect to both their abilities and difficulties. • Setting/school environment may require adaptation to ensure accessibility e.g. Toileting facilities, ramps and grab rails • Child may require access to and space for use of specialist seating, walking or standing aids or a wheelchair, as advised by OT or Physio • All staff working with child to have basic manual handling training and follow child's individual manual handling plan if this is required • Implementation of motor skill or therapeutic programmes as prescribed by a Children's Occupational Therapist or Children's Physiotherapist 	<ul style="list-style-type: none"> • Child • Parents/carers • Physio/OT • SENCO/Teacher • Key Person • Support staff • Advisory SENDO / EYAS • HVSS/MISS • Early Help/CHAD OT and social care support • GP and Paediatrician • Health visiting Team/Community Nursery Nurses • Portage Service • BCP SEND Paediatric Nurses • School Nursing Team • CDC Teams • SALT • Family Partnership Zone 	<p>As for Quality First Teaching (Universal) and SEN Support (Universal Plus) levels plus:</p> <ul style="list-style-type: none"> • Positive response to specialist recommendations and advice provided by professionals • New resources, interventions and alternative strategies enable the child/young person to make progress and successfully engage in learning • Reduction in negative behaviours and better engagement in learning • Education setting attendance increases and improved engagement in learning • Child is able to transfer intervention skills into different learning environments and activities – including during social times <p>If outcomes are reached then, where appropriate, support can be provided back through SEN Support (Universal Plus) or Quality First Teaching (Universal) levels.</p> <p>If outcomes over a reasonable period (e.g. 3 APDR cycles) are not reached, consideration should be made to either:</p> <ul style="list-style-type: none"> • Maintain current levels of support

<p>disability or medical condition which impacts upon their ability to participate in pre-school/school life and learning without support.</p> <ul style="list-style-type: none"> • The child may already be under the care of Children’s Therapy Services, Poole Hospital NHS Foundation Trust • Severe trauma, perhaps as a result of an accident, amputation or serious illness • Degenerative conditions like muscular dystrophy e.g. Duchenne • Moderate or severe gross motor and/or fine motor dysfunction in conjunction with other learning difficulties e.g. dyspraxia and autistic spectrum disorder • Moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes • Physical difficulties may result in: difficulties in safely accessing the physical environment, facilities and equipment, difficulty in achieving independent self-care skills • Difficulties in communicating through speech and other forms of language • Emotional stress and physical fatigue 	<ul style="list-style-type: none"> • School day may require adaptation if the child experiences physical fatigue, which will impact upon their ability to learn • Child may need short rest breaks and tasks may take longer to complete • Preparation of individual learning resources • Some setting resources may need to be individualised e.g. name labels etc. and provide high contrast on whiteboards • May need to differentiate physical curriculum and may need to incorporate OT/PT exercises into everyday routines and/or general class/PE lessons • Additional time and equipment may be required for toileting and personal care • Assistance or supervision may be required for outside play / break and lunchtimes for mobility/safety and planning of inclusive activities during these times • Assistance may be required for eating and drinking at snack, break or lunchtimes • The child may have splints or orthoses that need putting on or taking off • If child is 3 or 4 years of age and in receipt, of DLA, then setting should access DAF and use to fund any reasonable adjustments e.g. adult to help with splints • Planning outdoor trips/school trips with reasonable adjustments to ensure inclusion • Aware of social inclusion, supportive play buddies, buddy system/circle of friend set up • Develop strategies for self-esteem, confidence building and promoting independence • Peer awareness and understanding 		<p>Or</p> <ul style="list-style-type: none"> • Request an Education, Health and Care Assessment. This would be most appropriate where there is evidence of the needs being long term, where support has been in place over time with evidence of minimum impact.
<p>Helpful Links: BCP links are being updated</p>			

Statutory	Physical and Sensory		Early Years Foundation Stage
SEND Indicators	Suggested Provision/Support	Involvement	Outcomes
<p>Despite support and intervention through the graduated approach the child's progress is still very limited and indicates that long term specialist input and /or additional resources are required to continue access to the full curriculum.</p> <p>Sensory Impairment:</p> <ul style="list-style-type: none"> • Bilateral Sensory hearing loss is severe and/or profound • Information perceived through hearing aids is more fragmented with significant features of speech barely audible or missing altogether • Expressive, receptive and functional use of language is significantly limited and speech intelligibility is variable • A severe and/or profound visual impairment and registered visually impaired • The child's visual difficulty impairs mobility, emotional and social development • The child is likely to require weekly input from a specialist teacher from the relevant support services in order to support access to the full EYFS curriculum <p>Sensory Processing: The child has difficulty managing their sensory needs to an extent that is having a significant, severe and</p>	<p>As for Universal, Universal Plus and Partnership Plus levels plus:</p> <ul style="list-style-type: none"> • Co-production of EHC Plan to address needs and agree outcomes for targeted provision • All staff working with the child have read and understood EHC Plan • Parents/carers and child understand and agree on the intervention, support and expected outcomes, with transparency on pre-school / school and high needs funded support • Strategies and approaches to support individual needs are in place and based on specialist advice • High quality training is provided for all staff involved in delivering and monitoring targeted provision and using specialist technology and equipment • Time and place for targeted provision is established and adhered to with targeted provision and its impact recorded on the pre-school/school's tracking system • Key Person/Support Staff are involved in joint planning of targeted support with parents/carers/family and SENCO / teacher • The child must be involved in school/class in an inclusive way alongside peers to develop relationships and independence • If child is aged 3 or 4 and is in receipt of DLA then access DAF to fund reasonable adjustments • For Looked After Children, the annual review should, where possible and appropriate, coincide with one of the reviews of their Personal Education Plan/Care Plan 	<ul style="list-style-type: none"> • Child • Parents/carers • Physio/OT • SENCO / Teacher • Support staff • Advisory SENDO / EYAS • Portage Service • HVSS/VISS • Early Help/CHAD OT and social care support • Health Visiting Teams/Community Nursery Nurses • BCP SEND Paediatric Nurses • Poole Hospital Paediatric Nursing Team • GP and Paediatrician • School Nursing Team • SALT • BCP SEND Services Team 	<p>As for SEN support levels plus:</p> <p>Progress is evaluated against outcomes specified in EHCP and shorter-term goals in intervention plans. These may include:</p> <ul style="list-style-type: none"> • Child is making reasonable progress towards EHCP outcomes and shorter term targets • Child is increasingly able to use specialist equipment and aids • Communication and social skills are developing • Progress towards independence targets • Parents/carers and child are confident about the next steps, e.g. transition to next phase <p>If outcomes are reached, following discussion with the parents/carers, setting, child and statutory services team, consider whether support can be provided through SEND Support (Universal Plus/Partnership Plus) levels without the need for a statutory plan.</p>

<p>ongoing impact on their ability to access the curriculum and/or comply with routines and expectations of the setting for example significantly impacting on:</p> <ul style="list-style-type: none"> ○ their attendance ○ their ability to learn alongside their peers ○ their own and others' safety <p>• The child's sensory sensitivities are raising their anxiety and arousal levels to a state where it is having a significant, severe and ongoing impact on their emotional health and/or ability to access the EYFS curriculum and activities appropriately</p> <p>Physical</p> <ul style="list-style-type: none"> • The child is likely to have a conditions that are complex, severe and long-term, requiring specialist and /or additional support to access the curriculum • The child will have significant additional learning, communication and/or behavioural difficulties • The child may need support with equipment, in the management of self-help and the development of independence • Rate of learning is limited and is likely to be affected by absences, fatigue, medication, medical conditions e.g. epilepsy • The child is likely to require at least weekly input from a specialist teacher from the relevant support services in order to support access to the full EYFS curriculum 	<p>Physical</p> <ul style="list-style-type: none"> • Access to specific ICT and other specialist equipment • Support with mobility and personal needs as required • Resources / work adapted and presented in a manner to meet child's needs • Appropriate adjustments to the environment to meet needs and maximise access • Allowing time for child to complete tasks that may take them longer • Focus on developing independence and preparation for transitions and next stage <p>Sensory</p> <ul style="list-style-type: none"> • Access to specific ICT and other specialist equipment • Support with mobility and personal needs as required • Support with developing independent self-help skills • Adaptation of teaching materials to enable the child to participate in learning with peers • Adaptations to the environment to maximise access and safety • Focus on developing independence and preparation for transitions and next stage 			
<p>Helpful Links: BCP links are being updated</p>				

Acronyms Glossary

ADD	Attention Deficit Disorder
ADHD	Attention Deficit and Hyperactivity Disorder
APDR	Assess, Plan, Do, Review cycle
AS	Asperger Syndrome
ASC	Autistic Spectrum Condition
ASD	Autistic Spectrum Disorder
ASQ3	Ages and Stages Questionnaire 3
BCP	Bournemouth Christchurch & Poole
CAMHS	Child and Adolescent Mental Health Service
CDC	Child Development Centre
CDDT	Complex Developmental Disorders Team
CHAD	Child Health and Disability Team
CLD	Complex Learning Difficulties
EAL	English as an Additional Language
ECAT	Every Child A Talker programme
EHA	Early Help Assessment
EHC	Education, Health and Care
EHCNA	Education, Health and Care Needs Assessment
EHCP	Education, Health and Care Plan
EIP	Early Intervention Project
ELSA	Emotional Literacy Support Assistant
EP	Educational Psychologist
EPS	Educational Psychology Service
EYAS	Early Years Area SENCO
EYFS	Early Years Foundation Stage
FIS	Family Information Services
FOW	Family Outreach Worker
GP	General Practitioner

HI	Hearing Impairment
HLTA	Higher Level Teaching Assistant
HVSS	Hearing and Vision Support Services
ICT	Information Communication Technology
LA	Local Authority
LSCB	Local Safeguarding Board
MSI	Multi-Sensory Impairment
NDCS	National Deaf Children's Society
NHS	National Health Service
OT	Occupational Therapist
PD	Physical Disability
Physio	Physiotherapist
SALT	Speech and Language Therapy/Therapist
SAW	School Attendance Worker
SEMH	Social Emotional and Mental Health
SEND	Special Educational Needs and/or Disabilities
SENDIASS	Special Educational Needs and/or Disabilities Information, Advice and Support Services
SLE	Specialist Leader of Education
SpLD	Specific Learning Difficulties
SENCO	Special Educational Needs Coordinator
SENDSCO	Special Educational Needs and Disabilities Coordinator
SEND	Special Educational Needs and / or Disabilities
SENDO	Special Educational Needs Officer
SIS	Sensory Inclusion Service
SLCN	Speech Language and Communication Needs
SLD	Severe Learning Difficulty
TAC/F	Team Around the Child/Family
TA	Teaching Assistant
VI	Visual Impairment
YR	Year Reception