Supporting Early Years Special Educational Needs Inclusion in Cornwall

The Graduated Response in the Early Years Foundation Stage 2017-18
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Background

“It is our Local Authority (LA) role on behalf of the wider education system, to foster an ethos in our education settings in which every individual matters equally and is encouraged to aim and achieve their very best.”

Education Strategy for Cornwall 2016-2020

The Integrated Early Years Strategy also seeks to ensure that:

“Early years provision is inclusive and that the needs of all children but particularly those who may be vulnerable or disadvantaged for example those with special educational needs or disability (SEN), are met.”

This document supports the above aspirations by providing guidance about supporting children with special educational needs and disabilities within the early years foundation stage in Cornwall. It will inform early years providers in pre-school settings and in reception classes where the Early Years Foundation Stage Statutory Framework is the legal framework for all provision.

This document has been produced using the graduated response information produced by Special Educational Needs Co-ordinators (SENCOs), other strategic leaders for special educational needs (SEN), and specialists in particular aspects of SEN. This version was finalised using further specialist early years input from the School Effectiveness Officer for SEN, the Headteacher of the Child Development Centres, the Senior Educational Psychologist for Early Years and Manager of the Early Years Inclusion Service, the Early Years Consultant leading on PSED and the Head of Early Years and Foundation Stage. Providing and keeping this guidance under review is the responsibility of the Local Authority working with partners such as the Early Years Review Group. Particular thanks are extended to all who contributed to the document’s development. It supports our shared understanding of roles, responsibilities and processes to realise our vision for children and young people in Cornish settings. It will also help ensure legal requirements regarding learning, development and welfare duties in the foundation stage are met and consequently will support foundation stage provision and schools to demonstrate best practice according to Ofsted inspection requirements.

To provide feedback about this document that will inform its future development please email send@cornwall.gov.uk.
What is a Special Educational Need?

The SEND Code of Practice: 0-25 years January 2015 states:

A child has SEN if they have a learning difficulty or disability that calls for special educational provision to be made for him or her. For example, a child of compulsory school age or a young person has a learning difficulty or disability if he or she:

(a) Has a significant greater difficulty in learning than the majority of others of the same age, or
(b) Has a disability that prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

SEND Code of Practice, p18

The broad areas of need described in the SEND Code of Practice are:

- Communication and Interaction
- Cognition and Learning
- Social, Emotional and Mental Health
- Sensory and/or physical.

In this document the above areas of need will be used in order that providers within the foundation stage start to become familiar with the terms of the Code of Practice and are aware of the areas of need that will be used as their children reach statutory school age.

Children may have needs in more than one area

Purpose of this document

Most children with SEN in foundation stage provision in Cornwall have their needs met at SEN support delivered as part of high quality early years practice. This document sets out advice about standards in the foundation stage for children across Cornwall.

Each school or setting has its own individual character and structures and much foundation stage provision in Cornwall allocates SEN support effectively in order to include all children and to help them achieve well. Children in the early years have an entitlement to access high quality, inclusive provision, whether or not they have SEN. The purpose of this document is to ensure providers of early years places for children in all settings are given advice and guidance about the minimum expected SEN provision and the support children are entitled to receive, particularly if children have increasingly complex need.
Establishing a minimum level of provision ensures:

- Clarity about statutory duties and good practice
- An understanding about provision for children within early years and as they move on from the foundation stage
- Support for an accurate understanding of individual children, the help they need and how to work with others to support them.

**How to use this document**

This document closely reflects the guidance in the “SEN and disability in the early years toolkit”\(^1\) and links this with local guidance related to the SEN Graduated Response Document\(^2\). References are made throughout to the EYFS Statutory Framework that settings and schools have a legal duty to implement in full. Use of the document will help staff understand relevant requirements within the legal requirements of the early years foundation stage.

The document will begin by identifying universal, targeted and additional individualised support stages for children with SEN.

**Universal practice**

At the heart of practice for all early years children, including those with SEN and/or disabilities are the four guiding principles for EYFS as follows:

The EYFS Statutory Framework provides the framework for all young children. There are four guiding principles:

- Every child is a unique child, who is constantly learning and can be resilient, capable, confident and self-assured;
- children learn to be strong and independent through positive relationships;
- children learn and develop well in enabling environments, in which their experiences respond to their individual needs and there is a strong partnership between practitioners and parents and / or carers;
- children develop and learn in different ways and at different rates. The framework covers the education and care of all children in early years provision, including children with special educational needs and disabilities.

DfE (2014) *Statutory Framework for Early Years Foundation Stage*, para 6

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\( ^2 \) [https://www.cornwall.gov.uk/graduatedresponse](https://www.cornwall.gov.uk/graduatedresponse)
It is essential that high quality teaching by all staff and adults, meets the needs of individuals. This is a statutory requirement:

The Code of Practice: High quality provision to meet the needs of children

High quality teaching that is differentiated and personalised will meet the individual needs of the majority of children and young people. Some children and young people need educational provision that is additional to or different from this....


In order to meet statutory requirements individualised teaching is non-negotiable and legally it must be in place for all young children as a universal requirement.

Practitioners must consider the individual needs, interests, and the stage of development of each child in their care, and must use this information to plan a challenging and enjoyable experience for each child in all areas of learning and development.

DfE (2014) Statutory Framework for Early Years Foundation Stage, para 1.6

Ofsted have also made it clear that teaching covers a variety of methods within the early years:

Teaching should not be taken to imply a ‘top down’ or formal way of working. It is a broad term which covers the many different ways in which adults help young children learn. It includes their interactions with children during planned and child-initiated play and activities: communicating and modelling language, showing, explaining, demonstrating, exploring ideas, encouraging, questioning, recalling, providing a narrative for what they are doing, facilitating and setting challenges. It take account of the equipment they provide and the attention to the physical environment as well as the structure and routines of the day that establish expectations. Integral to teaching is how practitioners assess what children know, understand and can do as well as take account of their interests and dispositions to learning (characteristics of effective learning), and use this information to plan children’s next steps in learning and monitor their progress.

Ofsted (2014) Evaluation schedule for inspections of registered early years provision

https://www.foundationyears.org.uk/files/2015/06/Section-3-Universal-inclusive-practice.pdf
This document sets out what this provision might look like referring to evidence based practice and interventions wherever possible. We have focused on the areas of need related to the Prime Areas of Learning within the EYFS. That is Communication and Language (communication and interaction), PSED (Social, emotional and mental health difficulties) and Physical development (physical and sensory needs). Professionals working with children and young people need to be aware that many children will have needs that do not ‘fit’ into one category, children may have needs in more than one area. A number of the following sections may need to be used when considering whether a pupil has SEN. When planning for children with SEND it will also be important to bear in mind their development in relation to the characteristics of effective learning; the ways in which the child engages with other people and their environment underpin learning and development across all areas and support the child to remain an effective and motivated learner. The characteristics of learning include:

- playing and exploring
- active learning
- creating and thinking critically.

We acknowledge that there is some repetition in this document. This is intentional to improve accessibility when practitioners use it as a working guide.

**What is the graduated response?**

The Children and Families Act 2014 and the supporting Code of Practice make it very clear that providers have to meet the needs of all children and young people with SEN including those who do not have an Education, Health and Care (EHC) Plan.

The approach to meeting the needs of children with SEND is the **graduated response**, SEND Code of Practice, p100.

It contains a number of actions:

- When a pupil is identified as having SEN the setting must take immediate action. Staff must put effective SEN provision in place and ensure that all barriers to learning are removed
- As soon as a child is identified as having SEN their family must be informed. The setting must then work in partnership with parents/carers, listening to their views and proactively involving them in decision making and planning
- SEN provision must be reviewed at least termly and all reviews must involve the child and their family.
• It may be decided that advice from a specialist professional is required in order to meet the needs of a child. Information regarding the external support available is published on the SEND Local Offer site and in the online SEN File. In addition the Early Years, Quality Improvement Support Programme\(^3\), Early Help Hub and Early Years Inclusion Grant\(^4\) process outline further support available within Cornwall.

• SEN support and provision should be informed by the ‘assess, plan, do, review’ cycle SEND Code of Practice, p100.

**What happens at each phase of the ‘Assess, Plan, Do, Review’ cycle?**

The SEND Code of Practice 0-25 promotes the use of the ‘assess, plan, do, review’ cycle. This is based upon usual good practice in observation, assessment and planning within EYFS. It is used to meet the needs of children and improve practice at many levels through a graduated response ensuring that:

• Individual children at SEN support and those with an EHC plan receive the best possible provision and achieve positive outcomes.

• SEN provision made by an educational setting evolves to meet the needs of all children with SEN

• If an EHC needs assessment is required or an EHC plan is in place, this approach continues to support children, their families and educational settings in working effectively in partnership.

The following whole extract from the “SEN and disability in the early years toolkit”\(^5\) clarifies expectations:

**SEN Support**

Providers must have arrangements in place to support children with SEN or disabilities. These arrangements should include a clear approach to identifying and responding to SEN.

Where a setting identifies a child as having SEN they must work in partnership with parents to establish the support the child needs.

It is particularly important in the early years that there is no delay in making any necessary special educational provision.

DfE and DH (2015) *SEN and disability code of practice: 0-25 years*, para 5.4, 5.36- 5.38

SEN Support builds on high quality teaching which has been differentiated and personalised for individual children, and should be firmly based in the setting’s approach to monitoring the progress and development of all children. The graduated approach should be informed by EYFS materials, the Early Years Outcomes guidance (DEVELOPMENT MATTERS) and the Early Support resources.

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\(^3\) [https://www.supportincornwall.org.uk/kb5/cornwall/directory/advice.page?id=PMK0_ZnXeW0](https://www.supportincornwall.org.uk/kb5/cornwall/directory/advice.page?id=PMK0_ZnXeW0)


SEN Support is designed to provide a graduated approach based on a cycle of action that can be revisited with increasing detail, increasing frequency and with the increased involvement of parents. Throughout the graduated approach, the practitioner, usually the child’s key person, remains responsible for working with the child on a daily basis and implements agreed interventions. The SENCO supports individual practitioners and leads and co-ordinates the graduated approach across the setting.

All settings should adopt a graduated approach with four stages of action: assess, plan, do and review.

This cycle of action:

- Is usually led by the key person, supported by the setting SENCO
- Parents are engaged throughout
- Action is informed by the child’s views throughout
- The cycle can be revisited in order to identify the best way of securing good progress

Throughout the cycle, children’s views can be represented by parents and practitioners, but in order to ensure the child’s views inform the process directly, these need to be captured before any discussion. Whether children communicate verbally or by other means, pictures and objects of reference can be used to promote communication with children about their views and their preferences, both at home and in the setting. These views can be brought to inform discussion and decisions at each stage.

Disability: at the same time as assessing special educational needs, the Code of Practice encourages settings to consider whether a child may count as disabled under the Equality Act and may require reasonable adjustments as well as special educational provision, SEN and disability code of Practice, para xxii.

**Assess, plan, do, review**
Assess

The early years practitioner works with the setting SENCO and the child’s parents and:

- Brings together all the information
- Analyses the child’s needs

This discussion will build on, and may be held at the same time as, the discussion with parents about their child’s SEN and the decision to make special educational provision for them.

Special educational needs are generally thought of in 4 broad areas of need and support:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Sensory and/or physical needs.

*SEN and disability code of practice*, para 5.32 and para 6.28 onwards

These broad areas of need are not definitive; the Code recognises that individual children often have needs that cut across all of these areas and that children’s needs may change over time. The SEN and disability code of practice is clear that the purpose of identification is to work out what action is needed, not to fit a child into a category.

Where there is a need for more specialist expertise to identify the nature of the child’s needs, or to determine the most effective approach, specialist teachers, educational psychologists or health, social services or other agencies may need to be involved.

Plan

Where the broad approach to SEN Support has been agreed, the practitioner and the SENCO should agree, in consultation with the parent:

- The outcomes they are seeking for the child
- The interventions and support to be put in place
- The expected impact on progress, development, behaviour
- Date for review
Plans should:

- Take into account the views of the child
- Select the interventions and support to meet the outcomes identified
- Base interventions and support on reliable evidence of effectiveness
- Be delivered by practitioners with relevant skills and knowledge
- Identify and address any related staff development needs

Do

The practitioner, usually the child’s key person:

- Remains responsible for working with child on daily basis
- Implements the agreed interventions or programmes

The SENCO supports the key person in:

- Assessing the child’s response to action taken
- Problem solving
- Advising on effective implementation

SEN and disability code of Practice, para 5.42

Review

On the agreed date, the practitioner and SENCO working with the child’s parents, and taking into account the child’s views, should:

- Review the effectiveness of the support
- Review the impact of the support on the child’s progress
- Evaluate the impact and quality of support

In the light of child’s progress, they agree:

- Any changes to the outcomes
- Any changes to the support and
- Next steps

SEN and disability code of Practice, para 5.43 Section 5

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6 Two starting places for evidence of effectiveness are:
The Education Endowment Foundation Early Years Toolkit: https://educationendowmentfoundation.org.uk/toolkit/early-years/
The Communications Trust, What works: http://www.thecommunicationtrust.org.uk/whatworks
SEN and disability code of Practice, para 5.40
SEN support: what next?

At each cycle the key person and SENCO consider, with the parents, and informed by the child’s views, whether the child is making expected progress, and whether:

- Special educational provision and SEN support continue to be required
- To revisit the cycle in more detail or with increased frequency
- More specialist assessment may be called for
- Staff require more specialist advice or the child requires more specialist support
- More specialist expertise is needed to inform reasonable adjustments and access arrangements for a disabled child
- The child requires an EHC needs assessment

Keeping records and sharing information Practitioners must maintain a record of children under their care as required under the EYFS framework. Such records about their children must be available to parents and they must include how the setting supports children with SEN and disabilities.

DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 5.50

There are a number of key requirements in relation to record-keeping and sharing information:

- EYFS requires practitioners to maintain records
- The progress check at 2 requires settings to review progress and provide parents with a short written summary of their child’s development
- Settings will need to be able to provide a range of evidence if they, or the parent, request an EHC needs assessment at any point.

The EYFS is clear about the importance of avoiding excessive paperwork - there is a risk that paperwork swamps or substitutes for the participative decision-making process that is key to improving outcomes for children with SEN. The Schools chapter of the Code of Practice recommends that a short note is made of the discussions with parents and is shared with them. The Early Years chapter recommends that this discussion with parents should cover:

- The outcomes they are seeking for the child
- The interventions and support to be put in place
- The expected impact on progress, development, behaviour
- Date for review

A short note that captures the key points of this discussion is a helpful way of thinking about what is necessary to promote children's successful learning and development; and can ensure that, at the review point in the assess, plan, do, review cycle, there is a record of what was planned and done at each stage.
A further guide to what is strictly necessary is what the local authority will require if the setting or the child’s parents request an EHC needs assessment. The local authority will consider whether, despite relevant and purposeful action by the early years setting to identify, assess and meet the special educational needs of the child, the child has not made expected progress. The local authority will consider a range of evidence, including evidence of:

- The child’s developmental milestones and rate of progress
- The nature, extent and context of the child’s SEN
- The action taken by the early years provider
- Any evidence that, where progress has been made, it has only been achieved by support that is more than that which is normally provided
- The child’s physical, emotional, social development and health needs

*SEN and disability code of practice: 0-25 years*, para 9.14

Settings will want a standard approach to record-keeping and a standard format to capture the essential evidence. The key test for any standard format is whether it enables the setting to:

- Focus on outcomes and impact
- Focus on the participative assess, plan, do, review process without excessive paperwork
- Capture the essential evidence
- Meet the setting’s needs for information
- Meet parents’ needs for information
- Capture parents’ views
- Capture children’s views.

There is an Assess, Plan, Do and Review example grid at the back of this document which is an example of how setting staff may record and evidence this process. This is also in the SEN File in Word format.

**Graduated Provision - what could it look like in practice?**

The table below identifies what should be effective inclusive EYFS practice and provision that will benefit all children. It then provides examples of graduated provision.
UNIVERSAL PROVISION

It is hoped that as a minimum providers offer at least “Good” provision (as judged by Ofsted). The criterion below provides a useful benchmark for the development of highly effective practice, policies and procedures. Universal practice should ensure that provision is effective, inclusive and that:

“….. the curriculum provides a broad range of interesting and demanding experiences that help children to make progress towards reaching the early learning goals. As a result, children are well prepared to move on, including, where appropriate, to school.

….. individual children or groups of children who have identified needs are targeted and appropriate interventions are secured so that children receive the support they need, including through effective partnerships with external agencies and other providers.

….. additional funding for disadvantaged children is used effectively to narrow gaps in outcomes. Partnerships with local providers are leading to improvements in provision and outcomes for children in the setting.

….. leaders and managers actively promote equality, diversity and British values through all policies and practice. They tackle instances of discrimination effectively.

and

….. practitioners make regular and precise assessments of children’s learning that they use effectively to plan suitably challenging activities. They observe carefully, question skilfully and listen perceptively to children during activities in order to re-shape activities and give children explanations that improve their learning.

….. practitioners teach the basics well and support children to learn the communication and language skills and develop the physical, personal, social and emotional skills they need for the next steps in their learning. Where appropriate, early literacy skills and mathematical development are promoted effectively to ensure that children are ready for school.

….. the key person system works effectively to engage parents, including those who may be more reluctant to contribute, in their children’s learning. Parents contribute to initial assessments of children’s starting points on entry and they are kept well informed about their children’s progress. Parents are encouraged to support and share information about their children’s learning and development at home.

….. children make at least typical progress and most children make progress that is better than typical from their starting points. This includes disabled children, those who have special educational needs, those for whom the setting receives additional funding and the most able.

….. where children’s starting points are below those of other children of their age, assessment shows they are improving consistently over a sustained period and the gap is closing. Any gaps between the attainment of groups, including those for whom the setting receives additional funding, are closing.
….. children are working comfortably within the range of development typical for their age, taking account of any whose starting points are higher or any disabled children and those with special educational needs. “

(Ofsted Early Years Inspection Handbook revised 2017)  

For the overwhelming majority of children the expectation is that their needs are met through this high quality universal provision. In addition it is assumed that early years settings in the private, voluntary and independent (PVI) sector note part 3 of the Equality Act 2010 and that schools note Part 6 of the Act. This will ensure that:

- Services are not refused
- Terms by which services are supplied are not of a lower standard e.g. for disabled children
- Services are not stopped
- Children are not subject to any form of disadvantage.

IN ADDITION TO UNIVERSAL PROVISION, SOME CHILDREN WILL ALSO REQUIRE ADDITIONAL TARGETED SUPPORT

In this case it would be expected that the provider, whether in a school, academy or PVI setting, including childminders would:

- have strategies in place to effectively observe and assess children’s needs so that they understand the child’s difficulties and the support that is needed to overcome barriers to learning
- Raise and discuss concerns with the child’s family and involve them in planning support approaches in partnership with the provider
- Have close home-school links, so staff are aware of changes in home circumstances that may impact progress
- Liaise and consult with external professionals and support services, where appropriate (see information on the SEND Local Offer and SEN File on the Cornwall Council website and via the Early Years Inclusion Service).
- Where appropriate, involve external services, such as health visitors, school nurses or SALT (using the Early Help Hub for example), so that they contribute via consultation or specialist assessment, ensuring a more specifically focussed plan has been developed
- Work with any Team around the Child to agree SMART outcomes and how progress will be measured
- Use appropriate assessment systems such as Development Matters, Every Child a Talker (ECAT) and the Early Support Developmental Journals to inform accurate next steps and small, precise targets that help child development. There should be consideration of the pupil’s development in comparison to their peers and their response to previous interventions as part of the Assess Plan Do Review Process

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8 https://www.cornwall.gov.uk/senfile
11 https://councilfordisabledchildren.org.uk/help-resources/resources/early-years-developmental-journal
- Develop plans and interventions that are informed by evidence based practice to achieve agreed outcomes. (The Education Endowment Fund\textsuperscript{12} and foundation years web sites hold resources and advice relevant for a range of interventions, including the National Strategy Early Years IDP materials and the Communication Trust.)
- Hold regular reviews (at least every half term)
- Have a provision map which has a range of time-limited, pre-formulated interventions that include SMART targets.

### IN ADDITION TO UNIVERSAL AND ADDITIONAL TARGETED PROVISION, A FEW CHILDREN WILL ADDITIONALLY REQUIRE SPECIALIST INDIVIDUALISED SUPPORT AND PROVISION:

Some children may have complex needs and universal and additional support has not managed to overcome the barriers to learning faced by a child. Therefore a child may need further specialist, individualised support and provision. For these children it is likely that there will be:

- Involvement from a range of external support services such as, health visitors, the Early Years Inclusion Service, Child Development Centres (CDC), Portage, Early Support, SALT, Educational Psychologist or others who assist in assessment planning and provision for children
- Very close home-school liaison, so staff are aware of changes in home circumstances or other external factors and staff and parents/carers work through partnership to improve outcomes for children
- A co-ordinated multi-agency plan will be needed for some children
- Clear cycles of Assess, Plan, Do and Review that demonstrate a pupil may require a statutory assessment of their SEN which may lead to an EHC plan (NB some children continue to receive support at SEN Support level appropriately throughout their school career). See Appendix for sample record sheets
- Consistent practice in place for handing over information regarding individualised child needs at time of transition between classes and providers or for changes with personnel e.g. supply cover and job shares.

\textsuperscript{12} https://educationendowmentfoundation.org.uk/resources/early-years-toolkit
Guide to areas of need, intervention and specific support recommendations related to the Prime Areas of Learning

Communication and Interaction

(ELG- Communication and Language)
SEND Code of Practice

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 particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others Code of Practice, p97. It is essential however that children are not labelled as “autistic” when there may be no confirmed medical diagnosis.

Child’s Needs:

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All children need to be able to understand and use language effectively to access the curriculum and communicate with others.

Children’s speech, language and communication development is essential which is why it is a prime area of learning in the EYFS.

Some children may begin in a setting with limited speech, language and communication skills as a result of lack of experience or an emotional or social trauma. These children may have difficulties in listening and attention, processing and understanding language and may have a limited vocabulary, poor syntactic development and immature speech sounds. It is critical however that a child’s age and stage of development are considered very carefully in order that accurate assessments form the basis of any judgement that a child is at risk of delay. In the case of early years children this must be through careful, evidence based assessment using Development Matters, or if appropriate other assessment information such as the Early Support Developmental Journal Information or Every Child A Talker materials. In particular it is critical that consideration is made of children’s needs when they first start in a setting and may present as shy or withdrawn.

Social and Communication needs.

Social Communication is on a continuum of need and many children will display behaviours and characteristics including:
• impaired social interaction
• impaired verbal and non-verbal interaction
• restricted and repetitive behaviour
• highly focussed interests
• sensory sensitivities.

For example many children need advance notice of change whenever possible, clear expectations and opportunities to take part in structured activities. Many children’s own interests can dominate e.g. every topic gets back to dinosaurs and they may enjoy playing on their own.

**These children may need short term support to develop their skills but it should not be assumed that they have special educational needs. Addressing these needs should be part of high quality teaching embedded in usual everyday practice- for example all young children need a nurturing environment with support during changes in routine.**

In addition training and CPD for all staff should ensure that provision is enabling every opportunity for children to develop their language and communication skills, for example staff may train in Learning Language and Loving it, Every Child a Talker or Makaton.

**TARGETED – SOME CHILDREN**

For some children communication and interaction difficulties may not be met by universal approaches over a sustained period of time.

Their difficulties may act as a barrier to their ability to access high quality continuous provision. There may also be an impact on their personal, social and emotional development.

Children with these difficulties may start to develop a gap in their ability to meet age related milestones in Communication and Language – for example a child aged 36 months may present as learning at a 16-26 month old developmental level.

As soon as a child is noted as being at risk of not meeting age appropriate developmental milestones the key person should work with parents and all practitioners to discuss progress and look at ways of working in partnership to improve outcomes. It will be vital that observation, assessment and planning is adapted by leaders and the key person to ensure that provision meets the child’s needs and that the child isn’t being forced to meet the needs of the setting. For example, the guidance in Development Matters\(^\text{13}\) for positive relationships and enabling environments can be used to inform practice, routines for the child and setting may be amended, further advice can be sought from the setting’s SENCO and if necessary appropriate referrals should be made to the Early Years Inclusion Service, health visitor or other professionals. It is likely that for most professionals this will be via the Early Help Hub\(^\text{14}\).

These children will require:
**A graduated approach, which draws on increasingly detailed interventions and support approaches to inform class, group and individual planning. Where appropriate they may also require specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring that the interventions match their individual needs.**

\(^{13}\) https://www.foundationyears.org.uk/files/2012/03/Development-Matters-FINAL-PRINT-AMENDED.pdf

\(^{14}\) http://www.cornwall.gov.uk/earlyhelphub
SPECIALIST – A FEW CHILDREN

A few children have difficulties that are longstanding and have not responded to evidence based interventions over time and progress has been less evident.

Difficulties are likely to have a considerable impact in one or more of the following areas:

- ability to access the age appropriate, high quality EYFS provision
- other prime areas of development such as PSED.

These children will require:

A personalised approach which draws on very detailed interventions and support and ongoing appropriate specialist professional involvement, advice and/or guidance.

If a child, despite graduated cycles of assess, plan, do and review, does not make progress consideration may need to be given to the appropriateness of requesting an Education Health and Care (EHC)\(^{15}\) needs assessment.

ASSESS and PLAN

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**All children require:**

High quality provision for children to develop their communication and language skills in the hope that by the end of the foundation stage they achieve the early learning goal as follows:

**Communication and language**

**Listening and attention:** children listen attentively in a range of situations. They listen to stories, accurately anticipating key events and respond to what they hear with relevant comments, questions or actions. They give their attention to what others say and respond appropriately, while engaged in another activity.

**Understanding:** children follow instructions involving several ideas or actions. They answer ‘how’ and ‘why’ questions about their experiences and in response to stories or events.

**Speaking:** children express themselves effectively, showing awareness of listeners’ needs. They use past, present and future forms accurately when talking about events.\(^ {16}\)

All providers must ensure that they use assessment processes that are informed by the EYFS, use a developmental approach and enable assessment to be against age related milestones. Formative assessment must be used to inform planning and planning must be frequently updated in order that it is responsive and meets the need of the child. This applies to any form of planning – short, medium and long term as well as informal, ongoing assessment during any activity or session.

\(^{15}\) https://www.supportincornwall.org.uk/kb5/cornwall/directory/site.page?id=Idp8-KsO-yY

\(^{16}\) Statutory framework for the early years foundation stage. March 2017
As Ofsted have identified, practice that supports effective teaching learning and assessment is likely to be where:

- Teachers, practitioners and other staff have consistently high expectations of what each child can achieve, including the most able and the most disadvantaged
- Teachers, practitioners and other staff have a secure understanding of the age group they are working with and have relevant subject knowledge that is detailed and communicated well to children
- Assessment information is gathered from looking at what children already know, understand and can do, and is informed by their parents and previous providers as appropriate
- Assessment information is used to plan appropriate teaching and learning strategies, including to identify children who are falling behind in their learning or who need additional support, enabling children to make good progress and achieve well
- Children understand how to develop as a result of regular interaction and encouragement from staff, and parents understand how their children should progress and how they can contribute to this
- Information for parents helps them to understand how children are doing in relation to their age and what they need to do to progress; engagement with parents supports their child’s learning
- Equality of opportunity and recognition of diversity are promoted through teaching and learning
- Teaching supports children to acquire the skills and capacity to develop and learn effectively, and to be ready for the next stages in their learning, especially school where applicable.17

**TARGETED – SOME CHILDREN**

In addition to universal EYFS assessment and planning approaches, some children will require:

- Systems to gather the child’s views about their difficulties and the support approaches to be put in place.
- The setting to raise and discuss concerns with the child’s parents/carers and involve them in planning support approaches.
- Liaison and consultation with external professionals and support services such as the Early Years Inclusion Service where appropriate.
- Close home-provider links, so setting staff are aware of changes in home circumstances that may impact on progress.
- Education, Health and social care professionals e.g. health visitors, Paediatrician, Speech Therapist, Vision and hearing support services, Early Support may also be involved in assessment and planning.
- Both qualitative and quantitative measures such as Development Matters or the Early Support Developmental Journal18 which should be used as a baseline from which progress can be judged.

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Practitioners and the SENCo who establish a clear analysis of the child’s needs.

Consideration given to their development in comparison to their peers and their response to previous interventions.

Clear plans are put in place so the provision is adjusted and evidence based interventions are identified. Support relates to expected long term outcomes and includes short term SMART targets that are regularly reviewed and adjusted based on ongoing observation, assessment and planning. This information is recorded and available to all relevant staff, parents/carers and external professionals.

Where appropriate targets are set in consultation with external professionals.

For some children a coordinated, holistic multi-agency involvement will be required. This may involve a range of professionals including: Advisory Teacher Service, Child and Family Services, Educational Psychology Service, Autistic Spectrum Team, Speech and Language Therapy Service, Social Care Teams, a range of health professionals and support groups.

Adults working with these children will have attended appropriate training.

Assessment suggests that difficulties in children’s communication and interaction mean that they require additional and different provision.

SPECIALIST – A FEW CHILDREN

A few children’s difficulties are severe and longstanding and may not respond to focussed and evidence based interventions over a period of time.

The severity of difficulties may have a considerable impact on children’s ability to make any progress towards the Early Learning Goal and the gap in their stage of development and their peers increases significantly. These children will require:

- A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review.
- Some children may also require a coordinated Multi Agency Plan. This may include education, health and social care services, a placement at a CDC and other community and voluntary sector groups.

DO – Intervention and Support

Communication and Interaction

UNIVERSAL – ALL CHILDREN

All children will require access to the following Intervention and Support approaches:

Close home-school links so setting staff work in partnership with parents and carers in supporting children’s development and are aware of any changes in home circumstances.

18 https://councilfordisabledchildren.org.uk/help-resources/resources/early-years-developmental-journal
that may impact on learning and information is shared appropriately.

Considering carefully children’s learning styles and characteristics of effective learning and ensuring that this is reflected in planning.

Flexible grouping strategies, including opportunities where the child can work with peers of a range of abilities.

An appropriately differentiated curriculum to take account of individual needs, including flexible approaches to routines. For example story sessions and snack times could be adjusted to meet the needs of children.

Personalised learning targets.

Enabling environment and planned continuous provision modifications to take account of learning needs, e.g. language rich environments.

Use of peer support systems and key worker support across the setting e.g. peer support and key person small group activities

Focused small group support on a needs led basis.

High quality adult support with appropriate up to date training and professional development opportunities, including regular supervision.

**TARGETED – SOME CHILDREN**

Some children may require the following additional intervention and support approaches.

There should be appropriate modification to the continuous provision and the development of the enabling environment. Timetables and routines should be adjusted to be supportive and staff deployed accordingly. For example instead of all children sitting for a snack time together it might be more appropriate for small groups to sit with their key worker.

Additional adult support may be required at an individual level or within a small group to provide a range of interventions and support approaches, eg learning turn taking. Where possible this should be part of usual practice- for example learning to play a table top, turn-taking game. Children should not be discriminated against and unnecessarily receive constant 1-1 , directed support, that prevents them developing the characteristics of effective learning, experiencing choice or limits their ability to play and learn with others.

Support approaches may include the use of additional ICT, strategies to reduce language demand, supporting instructions with the use of visuals, clear routines and specific opportunities to discuss and make explicit the links between different aspects of learning.

Interventions may include the provision of individual or group work targeting the development of specific language and speech skills such as vocabulary, reasoning, phonological awareness, speech sounds, social interaction, dysfluency, or signing for
Individuals and their peers. The Inclusion Development Materials for Supporting children with speech, language and communication needs ¹⁹, may be very helpful and of course any advice and guidance from, for example, SALT should be followed.

Individual arrangements made for seating and groupings to meet individual needs e.g. sensory sensitivities.

Preparation and planning to support changes in routine or response to potential triggers e.g. supply staff, visitors to the setting or special events when routines change such as Christmas.

Visual support strategies such as traffic lights, spot timers, use of symbols.

Social stories.

**Increasing differentiation of activities and materials e.g. use of visuals, clear prompts during activities.**

### SPECIALIST – A FEW CHILDREN

A few children may require a very highly modified learning environment to meet their individual needs.

A high level of adult support may be required to provide:

A highly structured and individualised learning programme across the setting. This may include the use of individual visual timetables, task management boards, key word signing, picture exchange communication systems (PECS) alongside the use of very simple language to support children’s understanding.

Children may also need to be supported through the use of alternative and augmentative communication to express themselves and access the curriculum. This may include systems such as key word signing; choosing boards or high tech communication aids including I pads, tablets or bespoke communication aids.

Interventions may include Intensive Interaction, Social Stories.

A high level of care and supervision.

A secure, structured learning environment including access to appropriate social communication opportunities.

Access to a learning environment where the social demand is less than in the typical EYFS class for part of the setting day.

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## Evaluation of Progress

### Communication and Interaction

<table>
<thead>
<tr>
<th>UNIVERSAL – ALL CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal, regular reviews of each child’s progress using Development Matters in consultation with children and parents/carers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TARGETED – SOME CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviews of progress should take place at least three times per year. More frequent reviews should be considered where children are making good progress towards targets or no progress.</td>
</tr>
</tbody>
</table>

Reviews are key to the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Achieving targets may also mean that arrangements and targets would be adjusted.

Parents/carers should **always** be invited in the review of the pupil’s progress and be able to work in partnership to support children.

Child views should **always** be sought in an age appropriate way as part of the review process.

Records of steps taken to meet the needs of individual child should be kept and available as needed.

Where appropriate reviews should involve input from external professionals involved with the pupil e.g. Early Years Inclusion Service, Health visitors, as well as Educational Psychologist, Speech and Language Therapist. However lack of availability of external professionals should not delay reviews.

In analysing the progress that has been made the child may:

- No longer need SEN provision and their needs will be met from universal approaches.
- Continue to need SEN provision as needs cannot be met from universal approaches.
- Need more personalised support.

<table>
<thead>
<tr>
<th>SPECIALIST – A FEW CHILDREN</th>
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<tbody>
<tr>
<td>Reviews of progress and impact of provision should take place at least three times per year. More frequent reviews should be considered where children are making good progress towards targets or no progress.</td>
</tr>
</tbody>
</table>

Reviews are key to the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Achieving targets may also mean that arrangements and targets should be...
adjusted.

Parents/carers should always be invited to a review of the child’s progress and be able to work in partnership to support children.

Child views must always be sought as part of the review process.

Records of steps taken to meet the needs of individual children should be kept and available as needed.

Reviews should involve the appropriate external professionals working with the child.

In analysing the progress that has been made the pupil may:

No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.

Continue to need intensive special educational provision as needs cannot be met from targeted approaches.

Need more intensive, personalised special educational provision.
Social, emotional and mental health difficulties

(Personal, Social and Emotional Development)

SEND Code of Practice

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 (providers) 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 children. The Department for Education publishes guidance on managing children’s mental health and behaviour difficulties in foundation stage provision – see the References section at the end of the guidance, SEND Code of Practice, p98.

What is usual and appropriate in Social Emotional and Mental Health?

It is particularly important when identifying social, emotional and mental health needs that setting staff identify unmet special educational needs such as with learning that may result in a Social, Emotional and Mental Health (SEMH) need. In order to do this providers must be aware of the child’s age related stage of development. Certain individuals or groups are more at risk of developing SEMH related needs or of being incorrectly labelled as having an SEMH need than others. Risks can relate to the child’s age (e.g. are they summer born, family or position within the family, or to their community or life events). Consequently assessment of SEMH should be considered alongside other information known about the child/family in order to assess SEMH needs holistically. Risk factors for developing SEMH needs could include being a child in care, experiencing adverse childhood events such as abuse, witnessing domestic abuse, having an absent parent or a parent with their own mental health needs.

It is recommended that when using this section, foundation stage providers should be mindful of the extent to which environmental and familial factors may influence the PSED of children and that a risk of delay is not wrongly attributed to a child who in fact may lack life experience or maturity. These children may need a greater understanding about their stage of development in relation to their age than others.
Child’s Needs:

<table>
<thead>
<tr>
<th>Social, Emotional and Mental Health</th>
<th>ELG- Personal, Social and Emotional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNIVERSAL – ALL CHILDREN</strong></td>
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<tr>
<td>Many children may periodically display behaviours as a result of social emotional and mental health difficulties such as:</td>
<td></td>
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<tr>
<td>• Difficulty remaining on task</td>
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<tr>
<td>• Seeking frequent adult attention or comfort</td>
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<tr>
<td>• Failure to make the progress anticipated across many areas of the curriculum</td>
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<tr>
<td>• Showing signs of frustration and early indications of disaffection</td>
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<tr>
<td>• Difficulty in making and maintaining positive relationships with peers</td>
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</tr>
<tr>
<td>• Presenting as withdrawn, distressed or anxious</td>
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</tr>
<tr>
<td>• Regular attendance issues</td>
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<tr>
<td>This may mean they need some short term support but it should not be assumed that they have special educational needs. <strong>It is critical however that a child’s age and stage of development are considered very carefully in order that accurate assessments form the basis of any judgement that a child is at risk of delay.</strong> In the case of early years children this must be through careful, evidence based assessment using Development Matters, or if appropriate other assessment information such as the Early Support Developmental Journal Information. In particular it is critical that consideration is made of children’s needs when they first start in a setting and may present as shy or withdrawn.</td>
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</table>

**TARGETED – SOME CHILDREN**

Some children’s social emotional and mental health difficulties cannot be met by universal whole setting or class approaches. These difficulties are sustained over a period of time. The intensity and frequency of the presenting behaviour may increase.

They may include:

• Increasing disturbances during activities
• Significant fluctuations in mood and increasing unpredictability during session times, particularly at what may be significant times to them such as during carpet times, transitions or during free play
• Appearing to be uncooperative or defiant
• Increasing inability to follow instructions and routines
• Presenting as significantly unhappy, anxious or distressed
• Having difficulty in building and maintaining relationships with peers and adults
• Not yet having learnt, or needing additional adult support for self-regulation.

The social, emotional and mental health needs may be disrupting the child’s progress with learning or the learning of others.

**A graduated approach, which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring that the interventions match needs.**
## SPECIALIST – A FEW CHILDREN

A few children will also require a specialised approach which draws on very robust interventions. Difficulties experienced by children are sustained consistently over a period of time despite intervention and may include:

- Being extremely withdrawn or self-harming or displaying anxious behaviours such as losing bladder or bowel control in younger children
- Presenting a serious threat to their own or other’s safety
- Presenting with particularly challenging, uncooperative, destructive and disruptive behaviours
- Significant physical and verbal aggression or sexually inappropriate behaviour towards peers and or adults
- Persistent non-compliance
- Emotionally-based setting refusal. Extreme dysregulation of emotional states
- Sensory processing difficulties.

These children will require:

A personalised approach which draws on very detailed interventions and support and ongoing appropriate specialist professional involvement, advice and/or guidance.

If a child, despite graduated cycles of assess, plan, do and review, does not make progress consideration may need to be given to the appropriateness of requesting an EHC needs assessment.

## ASSESS and PLAN

### Social, Emotional and Mental Health

#### UNIVERSAL – ALL CHILDREN

All children require:

High quality provision for children to develop their personal, social and emotional skills in the hope that by the end of the foundation stage they achieve the early learning goal as follows:

**Personal, social and emotional development**

**Self-confidence and self-awareness:** children are confident to try new activities, and say why they like some activities more than others. They are confident to speak in a familiar group, will talk about their ideas, and will choose the resources they need for their chosen activities. They say when they do or don't need help.

**Managing feelings and behaviour:** children talk about how they and others show feelings, talk about their own and other’s behaviour and its consequences, and know that some behaviour is unacceptable. They work as part of a group or class, and understand and follow rules. They adjust their behaviour to different situations, and take changes in routine in their stride.

**Making relationships:** children play co-operatively, taking turns with others. They take account of one another’s ideas about how to organize their activity. They show sensitivity to others’ needs and feelings, and form positive relationships with adults and
other children.

All providers must ensure that they use assessment processes that are informed by the EYFS, use a developmental approach and enable assessment to be against age related milestones. Formative assessment must be used to inform planning and planning must be frequently updated in order that it is responsive and meets the need of the child. This applies to any form of planning – short, medium and long term as well as informal, ongoing assessment during any activity or session.

As Ofsted have identified, practice that supports effective teaching learning and assessment is likely to be where:

- Teachers, practitioners and other staff have consistently high expectations of what each child can achieve, including the most able and the most disadvantaged
- Teachers, practitioners and other staff have a secure understanding of the age group they are working with and have relevant subject knowledge that is detailed and communicated well to children
- Assessment information is gathered from looking at what children already know, understand and can do, and is informed by their parents and previous providers as appropriate
- Assessment information is used to plan appropriate teaching and learning strategies, including to identify children who are falling behind in their learning or who need additional support, enabling children to make good progress and achieve well
- Children understand how to develop as a result of regular interaction and encouragement from staff, and parents understand how their children should progress and how they can contribute to this
- Information for parents helps them to understand how children are doing in relation to their age and what they need to do to progress; engagement with parents supports their child’s learning
- Equality of opportunity and recognition of diversity are promoted through teaching and learning
- Teaching supports children to acquire the skills and capacity to develop and learn effectively, and to be ready for the next stages in their learning, especially school where applicable.

For children in EYFS it is also essential that:

- An appropriate age related behaviour policy sets out the way the setting promotes positive social emotional and mental health factoring in reasonable adjustments and adaptations according to individual need
- Staff are trained to recognise the importance of staff and pupil wellbeing and support the development of children’s social emotional and mental health. In Cornwall this is likely to include the use of interventions based on Emotion Coaching, Five to Thrive and Emotional First Aid as universal resources to support children and practitioners within the EYFS (full details in the early years training directory)
- Health and safety policies and the completion of appropriate safety plans and risk assessments are in place. These should include any risk to the child, as well as any risks that child may be at from others and any risk that the child may present to others.

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**TARGETED – SOME CHILDREN**

In addition to universal assessment and planning approaches, some children will require:

Practitioners to work particularly closely with the child and the parents/carers to gather additional information about the child’s SEMH needs and the impact on their ability to access the EYFS.

Liaison and consultation with external professionals and support services such as the Early Years Inclusion Service where appropriate and with parental consent. Health professionals such as the setting health visitor or school nurse and paediatricians. A holistic assessment to inform the intervention process.

Staff trained to implement short term robust, evidence based interventions to secure improved progress which enables the child to benefit from EYFS practice to promote social and emotional development.

Rigorous qualitative and quantitative measures used as a baseline from which progress can be judged.

Precise understanding of the impact of the child’s difficulties on their ability to access the curriculum.

**SPECIALIST – A FEW CHILDREN**

A few children’s difficulties are severe and longstanding and may not respond to focused and evidence based interventions over a period of time.

The severity of difficulties may have a considerable impact on children’s ability to make any progress towards the Early Learning Goal and the gap in their stage of development and their peers increases significantly. These children will require:

- A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review
- Some children may also require a coordinated Multi Agency Plan. This may include education, health and social care services, other community and voluntary sector groups.

**DO – Intervention and Support**

<table>
<thead>
<tr>
<th>Social, Emotional and Mental Health</th>
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<tbody>
<tr>
<td><strong>UNIVERSAL – ALL CHILDREN</strong></td>
</tr>
<tr>
<td>All children will require access to the following intervention and support approaches:</td>
</tr>
<tr>
<td>- Positive relationships with staff and others within the setting community</td>
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<tr>
<td>- Personalised learning targets that are frequently revised following observations that are ongoing and formative</td>
</tr>
<tr>
<td>- Considering carefully children’s learning styles and characteristics of effective learning and ensuring that this is reflected in planning</td>
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</tbody>
</table>
- An enabling environment with adaptations to keep children safe e.g. high handles on doors or quiet space children can access when they are finding it difficult to regulate their emotions
- Consistent behaviour management by all staff, especially regular reinforcement of positive behaviours based on a sound knowledge of practice and Development Matters guidance
- Appropriate differentiation of the curriculum to ensure that children are motivated to learn, minimising social, emotional and behavioural difficulties
- Specific social and emotional learning programmes such as Five to Thrive, SEAD and Primary SEAL 21
- Flexible approaches to a range of different behaviours
- Alternative, supported, positive arrangements for transition times or activities such as outdoor learning, group times or carpet times.
- Structured routines and clear guidelines
- Access to a range of calming strategies including a key worker
- Appropriate use of visuals, traffic light systems and such like if appropriate
- Staff coaching and supervision to build confidence and provide support.

**TARGETED – SOME CHILDREN**

Some children may require the following additional intervention and support approaches:

- Appropriate modification to the continuous provision and the development of the enabling environment. Timetables and routines should be adjusted to be supportive and staff deployed accordingly. For example instead of all children sitting for a snack time together it might be more appropriate for small groups to sit with their key worker
- Additional adult support may be required at an individual level or within a small group to provide a range of interventions and support approaches e.g. learning turn taking. Where possible this should be part of normal practice- for example learning to play a table top, turn-taking game. Children should not be discriminated against and unnecessarily receive constant 1-1 , directed support, that prevents them developing the characteristics of effective learning, experiencing choice or limits their ability to play and learn with others
- Access to specific, planned small group work

Sensitive use of additional support from peers, older children or adults to:

- Build a positive and supportive relationship
- Promote participation and engagement
- Support learning behaviours by modelling and mediated learning
- Promote independence skills and develop social inclusion
- Use of advocacy to promote independence skills
- Directed, supported, positive arrangements for break times and lunchtimes and completion of risk assessments across learning environment.

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SPECIALIST – A FEW CHILDREN

A few children may require a very highly modified learning environment to meet their individual needs:

Access to services such as Educational Psychologists, or Specialist child and adolescent mental health services (CAMHS)

Access to a more intensely focused and a greater range of appropriate evidence based interventions, e.g. Reflect, Video Interaction Guidance.

A highly modified learning environment to meet the needs of the individual pupil.

A high level of adult support may be required to provide:

- A highly structured SEN support plan
- A high level of care and supervision. Individual programmes used to develop social and emotional skills throughout the setting day
- Staff trained and skilled in techniques such as emotion coaching, emotional first aid to be able to supporting children to self-regulate and with an understanding of the impact of trauma and attachment theory
- Identified key adult(s) and access to them
- An emphasis on social and emotional development
- Directed, supported, positive arrangements for less structured times during the day, including break and lunchtimes if in a school setting
- Small group interventions
- Individual interventions
- Interventions such as art/play/music therapeutic approaches.

REVIEW – Evaluating Progress

Social, Emotional and Mental Health

UNIVERSAL – ALL CHILDREN

Regular reviews of each pupil’s progress using Development Matters in consultation with the child and parents/carers.

TARGETED – SOME CHILDREN

Formal reviews of progress should take place at least three times per year. More frequent reviews should be considered where children are making good progress towards targets or no progress.

Reviews are key to the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Achieving targets may also mean that arrangements and targets would be adjusted.

Parents/carers should always be invited in the review of the child’s progress.

Child views should always be sought as part of the review process.
Records of steps taken to meet the needs of individual child should be kept and available as needed.

Where appropriate reviews should involve input from external professionals involved with the pupil e.g. Early Years Inclusion Service, Health visitors, school nurse, Educational Psychologist, Speech and Language Therapist

In analysing the progress that has been made the child may:

No longer need SEN provision and their needs will be met from universal approaches.

Continue to need SEN provision as needs cannot be met from universal approaches.

Need more personalised support.

**SPECIALIST – A FEW CHILDREN**

Reviews of progress and impact of provision should take place at least three times per year. More frequent reviews should be considered where children are making good progress towards targets or no progress.

Reviews should feed into the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced.

Parents/carers should **always** be involved in the review of the child’s progress.

Child views should **always** be sought as part of the review process.

Records of steps taken to meet the needs of individual children should be kept and available as needed.

Reviews should involve the appropriate external professionals working with the child such as CDC staff, paediatricians, Educational Psychologists.

In analysing the progress that has been made the child may:

No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.

Continue to need intensive special educational provision as needs cannot be met from targeted approaches.

Need more intensive, personalised special educational provision.
**Sensory and/or physical needs**

**ELG – Physical development**

For clarity and to support ease of use sensory and/or physical needs from the SEND Code of Practice will be separated in this document into:

- Hearing
- Vision
- Physical and medical needs

**SEND Code of Practice.**

6.34 Some children and young people require special educational provision because they have a disability that 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 rehabilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties. Information on how to provide services for deafblind children and young people is available through the Social Care for Deafblind Children and Adults guidance published by the Department of Health (see the References section at the end of the guidance). (COP, page 98)

**Child’s Need:**

<table>
<thead>
<tr>
<th>Sensory and/or physical needs: Hearing ELG- Physical Development</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNIVERSAL – ALL CHILDREN</strong></td>
</tr>
<tr>
<td><strong>Many children have some degree of hearing loss at some point in their early years.</strong></td>
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<tr>
<td>This may affect one or both ears, be temporary or permanent, or may be fluctuating in nature.</td>
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<tr>
<td>As a result they may:</td>
</tr>
<tr>
<td>- Have difficulty focusing and listening</td>
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<tr>
<td>- Misspeak information</td>
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<tr>
<td>- Misunderstand social situations</td>
</tr>
<tr>
<td>- Have poor phonological awareness</td>
</tr>
<tr>
<td>- Have difficulty processing or remembering new information, vocabulary and language</td>
</tr>
<tr>
<td>- May require hearing aid(s)</td>
</tr>
<tr>
<td>This may mean children need some short-term support, but it should not be assumed that they have special educational needs.</td>
</tr>
</tbody>
</table>
TARGETED – SOME CHILDREN

Some children’s hearing needs cannot be met by universal approaches over a sustained period of time:

Difficulties may show themselves as:

- Difficulties listening at a distance of more than 2 metres, they may or may not have hearing aids/ cochlear implants
- Frustrations and anxieties following regular communication breakdown – speech may be unclear to an unfamiliar listener; and mishearing will occur on a frequent basis
- Difficulties with language related topics and in understanding new/complex concepts
- Tendencies to withdraw from social situations and difficulties maintaining friendships or understanding some social expectations – social immaturity
- Tendencies to rely on peers or visual cues and additional strategies to cue into expected responses and to follow routines
- Frustrations and anxieties related to understanding or accepting the hearing loss and its implications.

If a child, despite graduated cycles of assess, plan, do and review, does not make progress consideration may need to be given to the appropriateness of requesting an EHC needs assessment.

SPECIALIST – A FEW CHILDREN

A few children’s hearing needs cannot be met by universal or targeted interventions and support approaches alone. In these cases their hearing difficulties are long term and may significantly impact on:

- Language and communication development – receptive and expressive communication is delayed in structure (grammar) and content (vocabulary)
- Acquisition and development of early literacy skills for example difficulties recognising rhyming words, minimal phonological awareness; poor grammatical structure
- Ability to communicate effectively and independently in the setting or classroom, or at social times
- Ability to follow instructions
- Educational progress, not achieving expected levels across the curriculum, particularly in language based areas of the EYFSs
- Ability to form friendships or understand social expectations.

These children may require a high level of adult support / intervention in order to follow routines and learning and rely on use of sign language or other form of visual communication.

Children may require a personalised approach which draws on very detailed interventions and support involving ongoing monitoring of appropriate specialist professionals.

If a child, despite graduated cycles of assess, plan, do and review, does not make progress consideration may need to be given to the appropriateness of requesting an EHC needs assessment.

Most children with significant hearing loss requiring an EHC needs assessment are identified through close liaison with medical services.
### Sensory and/or physical needs: Hearing

#### UNIVERSAL – ALL CHILDREN

**All children require:**

- Systems in place for staff to be able to seek the views of parents/carers about their child’s hearing needs
- Appropriate whole setting policies for supporting children and young people with hearing needs
- Use of the accessibility audit tool for reviewing whole setting suitability for children with a hearing loss, with accessibility planning built into setting policies
- Internal assessment and review of environments to ensure that they are ‘listening for learning’ friendly
- Whole setting awareness of the implications of hearing loss for a child, and for use of appropriate strategies which facilitate the inclusion of children with hearing loss
- Health and safety risk assessments being in place for educational activities on and off site, to include the needs of individual children within the group.

Consistently followed guidelines being in place for handing over information regarding individualised pupil needs at time of transition between classes and for changes to classroom personnel e.g. supply cover.

#### TARGETED – SOME CHILDREN

In addition to universal assessment and planning approaches some children will require:

- Curriculum assessments that are supplemented by diagnostic tests
- Assessments and observations by key worker / class teacher and SENCO to review curriculum access and attainment and children’s ability to participate or engage in social activities at an expected level
- A Teacher of the Deaf to undertake specific audiological or language assessments to determine needs for example: for additional audiological equipment e.g. radio aid or soundfield and for linguistic interventions and learning strategies
- Bespoke training delivered by the Hearing Support Team enabling staff to meet the individual needs of children
- Liaison and consultation with external agencies, eg Early Support / Team Around the Child meetings.

#### SPECIALIST – A FEW CHILDREN

In addition to universal and targeted assessment and planning approaches a few children will require:

- Additional specialist assessments in order to contribute to a specific and focussed SEN Support plan – these may be from a Teacher of the Deaf or Specialist Speech and Language Therapist; or other medical services, such as an Audiologist or ENT Consultant
- Rigorous quantitative and qualitative measures being used as a baseline from which progress can be judged for
• Language and communication skills (including literacy)
• Access to the curriculum
• Social and emotional skills.

**DO – Intervention and Support**

**Sensory and/or physical needs: Hearing**

**UNIVERSAL – ALL CHILDREN**

All children will require:

- Appropriate listening environment e.g. active strategies in place to minimise background noise; seating arranged in order to see and hear the teacher and access spoken information; good lighting; control of sound levels in a working environment
- Curriculum differentiation that takes account of individual needs
- Personalised learning goals
- Frequent and sensitive monitoring of children’s understanding
- Repetition of contributions from others when required.

Use of clear and precise instruction, with repetition and review of information and instructions built in naturally to delivery.

**TARGETED – SOME CHILDREN**

Some children may require the following additional intervention and support approaches:

- Involvement of a Teacher of the Deaf for one off or occasional advice, training and management of specialist equipment
- Specific targeted interventions for the development of listening, language and communication skills
- Appropriate differentiation of oral and written language activities and materials which take into consideration Hearing Impairment.
- Access to additional teaching in small groups or on an individual basis
- Use of a range of visual cues to support learning
- Additional time for processing information / response to questions on a needs led basis
- Cueing a child in who is talking or when there is a change of topic.
- Provision of additional visual resources to support group activities, e.g. story sacks, objects of reference
- Pre-teaching of concepts and vocabulary
- Support with checking and maintaining audiological equipment e.g. radio systems, soundfield systems
- Effective and consistent use of required audiological systems throughout the day with training delivered by a Teacher of the Deaf as required.

**SPECIALIST – A FEW CHILDREN**

In addition to the intervention and support approaches put in place at the universal and targeted level a few children may require:

- Regular input from a Teacher of the Deaf (frequency is determined through use of The National Sensory Impairment Partnership (NATSIP) guidance) – for direct
teaching; setting support; advice and training to setting staff; contribution to any multi-agency involvement; liaison with parents/carers; specialised assessments

- Highly structured and individualised programmes and interventions to support learning throughout the day and across the curriculum
- High levels of adult support for delivery of a specialist programme of support on an individual basis for developing:
  - listening
  - language
  - communication skills (this may be oral, or in sign language or an alternative augmentative communication method). Monitored and reviewed through SEN Education Support Services, for example a Teacher of the Deaf or Specialist Speech and Language Therapist
- Support and intervention to develop social skills awareness, including hearing and deaf awareness. This may include opportunities to meet other young people with a hearing loss.

British Sign Language (BSL)/ communication support from staff with BSL Level 2 or above (as appropriate to individual communication styles / needs).

### REVIEW – Evaluating Progress

<table>
<thead>
<tr>
<th>Sensory and/or physical needs: Hearing</th>
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<tbody>
<tr>
<td><strong>UNIVERSAL – ALL CHILDREN</strong></td>
</tr>
<tr>
<td>Regular reviews of pupil progress in consultation with children and parents/carers.</td>
</tr>
<tr>
<td><strong>TARGETED – SOME CHILDREN</strong></td>
</tr>
<tr>
<td>Reviews of progress should take place at least three times per year. More frequent reviews should be considered where children are making good progress towards targets or no progress.</td>
</tr>
</tbody>
</table>

Reviews are key to the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Achieving targets may also mean that arrangements and targets would be adjusted.

Parents/carers should **always** be invited in the review of the pupil’s progress and be able to work in partnership to support children.

Child views should **always** be sought in an age appropriate way as part of the review process.

Records of steps taken to meet the needs of individual child should be kept and available as needed.

Where appropriate reviews should involve input from external professionals involved with the child e.g. Early Years Inclusion Service, Health visitors, as well as Educational Psychologist, Speech and Language Therapist.

In analysing the progress that has been made the child may:
**SPECIALIST – A FEW CHILDREN**

Reviews of progress and impact of provision should take place at least three times per year. More frequent reviews should be considered where children are making good progress towards targets or no progress.

Reviews are key to the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Achieving targets may also mean that arrangements and targets should be adjusted.

Parents/carers should always be invited to a review of the child’s progress and be able to work in partnership to support children.

Child views must always be sought as part of the review process.

Records of steps taken to meet the needs of individual children should be kept and available as needed.

Reviews should involve the appropriate external professionals, such as CDC staff, paediatricians, working with the child.

In analysing the progress that has been made the pupil may:

- No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.
- Continue to need intensive special educational provision as needs cannot be met from targeted approaches.
- Need more intensive, personalised special educational provision.
**Sensory and/or physical needs: Vision**

**UNIVERSAL – ALL CHILDREN**

**Most children’s visual needs will be met by universal approaches.**

Some children may have visual impairments identified by medical practitioners. Visual impairments take many forms and have widely differing implications for educational provision. Many children wear glasses or contact lenses and there will be children who might have limited vision in one eye. They may need certain adaptations to support their access but this does not represent in itself a special educational need.

**SPECIALIST – A FEW CHILDREN**

**A few children’s visual needs cannot be met by universal or targeted interventions and support approaches alone. In these cases their vision difficulties are long term.**

These children will have a severe/profound sight loss. They may be registered severely sight impaired or sight impaired by an ophthalmologist.

They may have:

- Significantly reduced visual acuity between 6/36 Snellen/ Kay (Log MAR 0.8) and less than 6/120 Kay/Snellen (Log MAR 1.32+)
- Near vision, which means they can access print larger than N36 or have no visual access to print
- Disturbed fields of vision
- A deteriorating or progressive eye condition
- Other diagnosed eye conditions.

These children may require a personalised approach which draws on very detailed interventions and support involving ongoing monitoring of appropriate specialist professionals.

If a child, despite graduated cycles of assess, plan, do and review, does not make progress consideration may need to be given to the appropriateness of requesting an EHC needs assessment.

Most children with a vision loss requiring an EHC needs assessment are identified through close liaison with medical services.

**TARGETED – SOME CHILDREN**

**Some children’s visual needs cannot be met by universal approaches over a sustained period of time. Difficulties may be demonstrated by children’s:**

- Ability to access the curriculum
- Ability to develop self-help strategies
- Social and emotional learning and development.

They may have:

- Assessed moderate vision loss, which cannot be corrected, or be registered sight impaired by an ophthalmologist
- Acuities between 6/19 and 6/36 Snellen/Kays (Log MAR 0.5-0.78)
- Near vision which means they can access print between N18 and N36
• A diagnosed eye condition
• A diagnosis of ‘cerebral visual impairment’ by an ophthalmologist.

These children will require a graduated approach which involves:

Increasingly detailed interventions and support approaches and where appropriate specialist expertise.

Successive cycles of assessment, planning, intervention and review which ensures that interventions match needs.

If a child, despite graduated cycles of assess, plan, do and review, does not make progress consideration may need to be given to the appropriateness of requesting an EHC needs assessment.

ASSESS and PLAN

Sensory and/or physical needs: Vision

UNIVERSAL – ALL CHILDREN

All children require:

• Systems in place for staff to be able to seek information about a child’s visual needs/concerns in order to identify their learning needs
• Systems in place for staff to be able to seek the views of parents/carers about their child’s visual needs
• Appropriate whole setting policies for supporting children with visual needs
• Use of the accessibility audit tool for reviewing the environment’s suitability for children with a vision loss, with accessibility planning built into setting policies.
• Provider awareness of the implications of a vision loss for a child, and for use of appropriate strategies which facilitate the inclusion of children with a vision loss
• Health and safety risk assessments to be in place for educational activities on and off site, to include the needs of individual children within the group
• Consistently followed guidelines in place for handing over of information regarding individualised child’s needs at time of transition between classes and for changes to classroom personnel, e.g. supply teacher cover.

If concerns are raised about a visual impairment, medical advice should be sought e.g. GP, Health Visitor, optician.

TARGETED – SOME CHILDREN

In addition to universal assessment and planning approaches some children may require:

• Providers working in partnership with children and parents/carers through clear costed graduated plans and reviews
• Assessments and observations by staff and SENCO undertaken to review curriculum access, attainment and ability to participate or engage in social activities at an expected level
• A Teacher of the Visually Impaired to undertake specific assessments to determine needs for example: low vision aids or assistive technology; and learning strategies
A functional visual assessment, carried out by the Vision Support Team and used in association with medical advice to inform setting staff of child’s needs.

Regular assessments and monitoring of use of assistive and access technology using the bespoke Cornwall Vision Support Team ICT package by a member of the Vision Support Team.

- Learning materials presented in an accessible format with extra time planned for tasks
- Clear individualised SEN Support plans which include expected long term outcomes and short term SMART targets
- Liaison and consultation with external agencies through Team Around the Child meetings
- Access arrangements identified and applied for internal and external examinations
- Adaptations to the setting environment may be necessary to meet the needs of children. For example, steps which are edged with paint.

**SPECIALIST – A FEW CHILDREN**

In addition to universal and targeted assessment and planning approaches a few children may require:

- Additional specialist assessments from a teacher of the visually impaired in order to contribute to a specific and focussed SEN Support plan, for example to identify specialist equipment needs to enable access to the curriculum such as low vision aids, braille equipment or specialist software
- Regular assessments and monitoring of assistive technology progress
- Rigorous quantitative and qualitative measures used as a baseline from which progress can be judged for:
  - language and communication skills (including literacy)
  - access to the curriculum
  - social and emotional skills

For Braille users, the Vision Support Team undertakes an annual assessment using the Neale Analysis for Braille Readers and adapted Tooze Analysis.

**DO – Intervention and Support**

**Sensory and/or physical needs: Vision**

**UNIVERSAL – ALL CHILDREN**

All children will require access to the following Intervention and Support:

- Access to a suitable visual and learning environment
- Curriculum differentiation that takes account of individual needs
- Personalised learning goals
- Grouping strategies which promote independence and where necessary supported learning. Independent learning should always be encouraged.

Staff within foundation stage provision should follow medical (orthoptic/optometric) advice about the wearing of glasses and/or occlusion (patching). Glasses should be kept clean.
TARGETED – SOME CHILDREN

Some children may require the following additional intervention and support approaches:

- Access to the curriculum which has been adapted to meet their visual needs such as electronic, enlarged or otherwise modified resources
- Advice and strategies advised by Qualified Teacher of the Visually Impaired. Visit frequency determined by the National Sensory Impairment Partnership (NATSIP) criteria
- Assessment by an Habilitation Specialist from the Vision Support Team to advise on strategies to develop independent movement where possible. Advice on physical adaptations to the environment
- Bespoke training delivered by the Vision Support Team enabling staff to meet the individual needs of children
- Peer training should be carried out by a member of the Vision Support Team.

SPECIALIST – A FEW CHILDREN

A few children may require:

Access to the curriculum which has been adapted to meet their visual needs such as Braille, Tactile, Moon, electronic, enlarged, objects of reference.

Regular taught sessions with a Teacher of the Visually Impaired. Visit frequency determined by the National Sensory Impairment Partnership (NATSIP) criteria.

Regular habilitation sessions with a Habilitation Specialist in liaison with the Qualified Teacher of the Visually Impaired.

Advice on physical adaptations to the environment.

Regular taught sessions with a Teacher of Assistive Technology to develop the use of ICT and technology to produce and access work.

Access to a quiet area for Specialist teaching.

Extra time to carry out tasks with adult intervention to explain visual concepts which may have been missed due to sight loss.

Adult support may be necessary to ensure safe movement around a setting. A Teacher of the Visually Impaired will advise on this.

REVIEW – Evaluating Progress

Sensory and/or physical needs: Vision

UNIVERSAL – ALL CHILDREN

Regular reviews of children’ progress in consultation with child and parent/carers.
### TARGETED – SOME CHILDREN

**Reviews of progress should take place at least three times per year. More frequent reviews should be considered where children are making good progress towards targets or no progress.**

Reviews are key to the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Achieving targets may also mean that arrangements and targets would be adjusted.

Parents/carers should **always** be invited in the review of the child’s progress and be able to work in partnership to support children.

Child views should **always** be sought in an age appropriate way as part of the review process.

Records of steps taken to meet the needs of individual child should be kept and available as needed.

Where appropriate reviews should involve input from external professionals involved with the child e.g. Early Years Inclusion Service, Health visitors, as well as Educational Psychologist, Speech and Language Therapist.

In analysing the progress that has been made the child may:

- No longer need SEN provision and their needs will be met from universal approaches.
- Continue to need SEN provision as needs cannot be met from universal approaches.
- Need more personalised support.

### SPECIALIST – A FEW CHILDREN

**Reviews of progress and impact of provision should take place at least three times per year. More frequent reviews should be considered where children are making good progress towards targets or no progress.**

Reviews are key to the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Achieving targets may also mean that arrangements and targets should be adjusted.

Parents/carers should **always** be invited to a review of the child’s progress and be able to work in partnership to support children.

Child views must **always** be sought as part of the review process.

Records of steps taken to meet the needs of individual children should be kept and available as needed.

Reviews should involve the appropriate external professionals, such as CDC staff, paediatricians, working with the child.
In analysing the progress that has been made the child may:

No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.

Continue to need intensive special educational provision as needs cannot be met from targeted approaches.

Need more intensive, personalised special educational provision.
**MSI - Multi Sensory Impairment**

Children with an MSI have a combination of vision and hearing difficulties. The combination of needs can have a very significant impact upon a child’s ability to access the curriculum and the social context of any setting. Need and provision will be unique to each individual, and so relevant staff from the Sensory Support Service will liaise closely with foundation stage provision in identifying and supporting the needs of children with MSI.

**Physical and Medical Needs**

**SEND Code of practice.**

6.35 Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers. (SEND Code of Practice, page 98)

Practitioners should also refer to the following guidance from the Department for Education Supporting Pupils at School with Medical Conditions December 2015

**Child’s Needs:**

<table>
<thead>
<tr>
<th>Sensory and/or physical needs: Physical and Medical</th>
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</thead>
<tbody>
<tr>
<td><strong>UNIVERSAL – ALL CHILDREN</strong></td>
</tr>
<tr>
<td>Most children who have physical and/or medical needs will have their needs met by universal approaches.</td>
</tr>
<tr>
<td>There is a wide range of physical and medical need.</td>
</tr>
<tr>
<td>Some children with physical and/or medical needs may need short term support but this does not mean that they have special educational needs as over time they can access the curriculum and make appropriate progress.</td>
</tr>
<tr>
<td><strong>TARGETED – SOME CHILDREN</strong></td>
</tr>
<tr>
<td>Some children’s physical and/or medical needs cannot be met by universal approaches over a sustained period of time.</td>
</tr>
<tr>
<td>Difficulties may arise from:</td>
</tr>
<tr>
<td>• Physical, neurological or metabolic causes e.g. Cerebral Palsy</td>
</tr>
<tr>
<td>• Severe trauma, such as an accident or serious illness</td>
</tr>
<tr>
<td>• Degenerative conditions such as Muscular Dystrophy</td>
</tr>
<tr>
<td>• Motor Skills difficulties identified through a diagnosis of Developmental Co-ordination Disorder (DCD)/Dyspraxia</td>
</tr>
<tr>
<td>• Motor Skills difficulties without a specified cause/diagnosis.</td>
</tr>
</tbody>
</table>

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Their difficulties may show themselves in the following ways:

- Ability to access buildings, classrooms, equipment and activities
- Ability to access the curriculum
- Ability to develop self-help strategies
- Social and emotional development
- Little or no independence within tasks or daily living skills
- Difficulties in communicating through speech
- Physical and emotional fatigue

These children will require:

A graduated approach which uses increasingly detailed interventions and support approaches.

Use of assess, plan, do, review cycles to ensure interventions are effective and appropriate for their needs.

All plans should focus on making the child more independent.

Where full independence cannot be achieved the child will be encouraged and supported to be more assertive and to direct support.

**SPECIALIST – A FEW CHILDREN**

A few children’s needs cannot be met by universal or targeted interventions and support approaches alone. In these cases their physical and/or medical difficulties are long term.

Often these children will have been identified at an early age.

These children may require:

A graduated approach which uses increasingly detailed interventions and support approaches, often planned through the advice of external professionals.

Use of assess, plan, do, review cycles to ensure interventions are effective and appropriate for their needs.

Increased physical support for areas such as personal care, Occupational Therapy, physiotherapy programmes and specialised positioning equipment.

All plans should focus on making the child more independent.

Where full independence cannot be achieved the child will be encouraged and supported to be more assertive and to direct support.

If a child, despite graduate cycles of access, plan, do and review does not make progress consideration may need to be given to the appropriateness of requesting an EHC needs assessment. Most children with physical or medical needs are identified through liaisons with medical services.
### UNIVERSAL – ALL CHILDREN

All children require:

- Systems in place for staff to have information about physical and/or medical needs and concerns in order to identify their learning needs
- Systems in place for staff to be able to seek the views of parents/carers about their child’s physical and/or medical needs
- Appropriate policies for supporting children with physical and/or medical needs
- Use of the accessibility audit tool for reviewing the environment’s suitability for children with physical and/or medical needs, with accessibility planning built into setting policies such as adapting layout of classroom to ensure ease of access to all areas
- Provider awareness of the implications of physical and/or medical needs for a child, and for use of appropriate strategies which facilitate the inclusion of children with physical and/or medical needs
- Health care plan where appropriate
- Health and safety risk assessments in place for educational activities on and off site, to include the needs of individual children within the group
- Consistently followed guidelines in place for handing over of information regarding individualised child needs at time of transition between classes and for changes to classroom personnel, e.g. supply teacher cover.

### TARGETED – SOME CHILDREN

In addition to universal assessment and planning approaches some children may require:

- Providers to work in partnership with children and parents/carers through clear costed graduated plans and reviews
- Assessments and observations by staff and SENCO undertaken to review curriculum access and attainment and ability to participate or engage in social activities at an expected level
- Support to be empowered to be able to communicate their views about their needs and how they would like to be supported
- Advice from external professionals e.g. Physical and Medical Adviser, Physiotherapist, Occupational Therapists, specialist nurses
- Close links between setting and home to ensure all are aware of changes in physical/medical needs and that all relevant professional advice, such as from the GP, is shared.
- Clear individualised SEN Support plans which include expected long term outcomes and short term SMART targets
- Access arrangements identified and applied for internal and external examinations
- Physical Adaptations to the setting environment for example ramps, changing facilities
- A multi-agency approach to assess needs and create a support plan. This may include: Educational Psychologists, Physical and Medical Needs Advisers, key health professionals, social care, physiotherapist, occupational therapist
- Liaison and consultation with external agencies to support Team Around the Child meetings
- Health care plan if appropriate

**SPECIALIST – A FEW CHILDREN**

In addition to universal and targeted assessment and planning approaches a few children may require:

- Specialist involvement, assessments and monitoring from external professionals
- Relevant medical and physical reports from external professionals to be shared between home and setting and used regularly to assess, plan and review provision
- Regular meetings to share assessments and review plans with the multi-agency team
- Health care plan if appropriate
- Rigorous quantitative and qualitative measures being used as a baseline from which progress can be judged for:
  - access to the curriculum
  - social and emotional skills

**DO – Intervention and Support**

**Sensory and/or physical needs: Physical and Medical**

**UNIVERSAL – ALL CHILDREN**

All children will require access to the following Intervention and Support approaches:

- Curriculum differentiated appropriately to take account of individual needs
- Personalised learning goals
- Whole setting ethos, which facilitates the development of self-esteem, confidence and independence
- Grouping strategies which promote independent and where necessary supported learning. Independent learning should always be encouraged
- Access to ICT
- Access to pencil grips and adapted scissors and other small equipment
- Consideration of the position of staff and equipment
- Structured opportunities to promote and support social relationships.

**TARGETED – SOME CHILDREN**

Some children may require the following additional intervention and support approaches:

There should be appropriate modifications to the setting environment. These modifications may include:

- Access to a dedicated ICT device
- Staff support in some key areas of the curriculum and for key activities
- Programmes to promote early keyboard skills
- Alternative augmented recording methods e.g. use of information technology
- Appropriate planning for Physical Development, ensuring children’s fine and gross motor skills are planned for effectively using evidence based, appropriate EYFS interventions
• Fine motor skills programmes such as Write from the Start, Write Dance
• Emergency Evacuation Plans
• Cushions e.g. wobble cushions, wedge cushions
• Additional time for some activities
• Alternative ICT equipment such as one touch mouse, large keys keyboard.
• Pre-teaching ideas
• Plans to reduce physical exertion e.g. lower peg in cloakroom for clothes
• Regular mobility breaks – e.g. not being on carpet for too long, opportunities to stand/get out of chair
• Alternative inclusive PE activities
• Support to enable recommendations on risk assessments, e.g. Personal Emergency Evacuation plan, Individual Health Care plan, manual handling plan.

SPECIALIST – A FEW CHILDREN

In addition to universal assessment and planning approaches, some children will require:

• A highly modified learning environment
• Access to specialised software/hardware as assessed and recommended by specialists
• Building access arrangements/equipment e.g. ramps, lifts as assessed and recommended by specialists
• Identified spaces to safely store specialist equipment
• Appropriate staff trained in Moving and Handling
• A Moving and Handling plan to be in place
• Specialist programmes for exercise/physical development as outlined by Physio/Occupational Therapist, with appropriately trained staff to run them during the setting day
• Staff trained to fit and remove splints/boots
• Cutlery as recommended by OT team
• Access to, and support to use equipment to promote physical development and postural support e.g. walkers, walking frames, standing frames
• Changing beds, hoists and slings
• Support is provided to foundation stage provision to enable and appropriate response to recommendations on risk assessments e.g. Personal Emergency Evacuation plan, Individual Health Care plan, manual handling plan
• Clearly identified plans to ensure children who need to be out of class for medical/physical needs or personal care, are kept up and do not miss learning opportunities

REVIEW – Evaluating Progress

Sensory and/or physical needs: Physical and Medical

UNIVERSAL – ALL CHILDREN

Regular reviews of children’s progress in consultation with child and parents/carers.
### TARGETED – SOME CHILDREN

**Reviews of progress should take place at least three times per year. More frequent reviews should be considered where children are making good progress towards targets or no progress.**

Reviews are key to the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Achieving targets may also mean that arrangements and targets would be adjusted.

Parents/carers should **always** be invited in the review of the child’s progress and be able to work in partnership to support children.

Child views should **always** be sought in an age appropriate way as part of the review process.

Records of steps taken to meet the needs of individual child should be kept and available as needed.

Where appropriate reviews should involve input from external professionals involved with the child e.g. Early Years Inclusion Service, Health visitors, as well as Educational Psychologist, Speech and Language Therapist.

In analysing the progress that has been made the child may:

- No longer need SEN provision and their needs will be met from universal approaches.
- Continue to need SEN provision as needs cannot be met from universal approaches.
- Need more personalised support.

### SPECIALIST – A FEW CHILDREN

**Reviews of progress and impact of provision should take place at least three times per year. More frequent reviews should be considered where children are making good progress towards targets or no progress.**

Reviews are key to the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Achieving targets may also mean that arrangements and targets should be adjusted.

Parents/carers should **always** be invited to a review of the child’s progress and be able to work in partnership to support children.

Child views must **always** be sought as part of the review process.

Records of steps taken to meet the needs of individual children should be kept and available as needed.

Reviews should involve the appropriate external professionals, such as CDC staff, paediatricians, working with the child.
In analysing the progress that has been made the child may:

No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.

Continue to need intensive special educational provision as needs cannot be met from targeted approaches.

Need more intensive, personalised special educational provision.
Supporting Information

Access to the EYFS

Equality and Inclusion
SEND Code of Practice

6.8 Schools (Foundation stage provision) support children with a wide range of SEN. They should regularly review and evaluate the breadth and impact of the support they offer or can access. Foundation stage provision must co-operate with the local authority in reviewing the provision that is available locally (Chapter 3) and in developing the Local Offer (Chapter 4). Foundation stage provision should also collaborate with other local education providers to explore how different needs can be met most effectively. They must have due regard to general duties to promote disability equality.

6.9 All schools (foundation stage provision) have duties under the Equality Act 2010 towards individual disabled children and young people. They must make reasonable adjustments, including the provision of auxiliary aids and services for disabled children, to prevent them being put at a substantial disadvantage. These duties are anticipatory – they require thought to be given in advance to what disabled children and young people might require and what adjustments might need to be made to prevent that disadvantage. Foundation stage provision also have wider duties to prevent discrimination, to promote equality of opportunity and to foster good relations.

Cornwall Local Authority Accessibility Strategy outlines Cornwall Council’s vision for all children and young people with Special Educational Needs and Disabilities (SEND) to have access to inclusive learning across all of its educational settings thereby providing opportunities for realising aspirations, achieving potential and participating fully in education and wider society.

Schools and other educational settings are responsible for providing a broad and balanced curriculum and play a key role in planning to increase access to the curriculum for all children. A setting’s duty to make reasonable adjustments is an anticipatory one and therefore the setting needs to make plans in advance about what children/students with SEND might require and what adjustments might need to be made.

The Local Authority’s Accessibility Audit Tool for Educational settings, supports settings in identifying adaptations that are needed. SEN support Services can support foundation stage provision in using this effective tool to inform good practice. The Accessibility Audit Tool supports settings in ensuring that they can:

- Identify adaptations needed, including adaptations for children and young people with sensory needs
- Create solutions to accessibility issues if adaptations are not possible, such as moving groups to accessible areas
- Use consultation effectively, asking children and young people about physical accessibility, e.g. Access to toilets and changing facilities
• Think creatively about classroom interiors, e.g. Making calm, low-sensory stimulation areas available, thinking about the use of curtains to reduce noise levels, removing clutter etc

The link to Accessibility Strategy and the Audit tool are available in the SEN File: Auxiliary aids and services

In September 2012 the duty to provide auxiliary aids and services including specialist equipment which could include laptops and tablets was extended to include foundation stage provision. This places foundation stage provision under a duty to provide aids and services where it is reasonable and where it would prevent a disabled child being put at a substantial disadvantage when compared to his or her non-disabled peers. The exception to this duty is where the aid or service is specified in a statement of SEN or an Education, Health and Care plan in which case the responsibility to provide the aid or service lies with the Local Authority. Examples of auxiliary aids include coloured layovers, pen grips, adapted physical education equipment, adapted keyboards and computer software.

The relevant Local Authority support team will provide appropriate training and support in the use of auxiliary aids.

**Settings and the ‘Assess, Plan, Do, Review’ cycle**

Every school must publish an SEN Information Report Code of Practice p106-107. An example template can be downloaded from the SEN File.

The document must be dated and reviewed and updated annually. This is an ideal opportunity for each school to:

• Review the provision that has been made over the last year
• Assess the impact of the provision made
• Plan for the coming year recording what the setting will
• Do, putting in place an updated range of SEN provision.

Providers of early years education that are not schools should be publishing their local offer that sets out the provision available in the setting for children with SEND.

Local Authorities must set out "in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have Education, Health and Care (EHC) plans."

*SEN code of Practice p 48*

In Cornwall the local offer is published on the Care and Support in Cornwall website and can be found following this link: https://www.supportincornwall.org.uk/localoffer
Funding
Funding – Schools

SEN funding is governed by a national framework introduced in April 2013.

In foundation stage provision each child on roll receives an AWPU (age weighted pupil unit). This funding is at slightly different levels according to the age of children. Each school also receives funding for SEN according to proxy indicators of need in the school’s population as a whole such as social deprivation and prior attainment. Some children who have a higher level of need require additional funding linked to the needs, outcomes and provision in their EHC plans.

Foundation stage provision in maintained schools and academies in Cornwall are expected just as in schools nationally to make up to £10,000 of provision for children who are identified as having SEN Support level needs. This ensures consistency of resourcing across all providers.

Element 1: Core funding, allocated to all children and young people.

Element 2: Additional support for children with SEN, up to a maximum of £6,000, from funds delegated to foundation stage provision.

Element 3: Top up funding, devolved from the High Needs Block, for statements or EHC plans that identifies additional educational resources above £6,000.
Since April 2014 in Cornwall there has been an SEN high needs funding protection mechanism. This has put additional funding into schools with a higher proportion of children with statements of SEN or EHC plans to ensure that their needs can be met without it adversely affecting the provision for children at SEN support. This mechanism is monitored and will be adjusted, if necessary, in the future to ensure that funding is equitable and responsive.

Each school receives regular funding statements setting out the different aspects of SEN funding received. For more detailed information about SEN Funding please see the SEN File.

**Funding – Early Years Providers**

For early years, pre-school providers that are funded through the early years block the above funding mechanism does not apply. Further information about Disability Access Fund Payment is available from the nursery funding team and this funding should contribute to children who claim DLA. In addition, the Inclusion Grant Funding Scheme will be available. Full details can be found by following the link here. \(^{23}\)

\(^{23}\) https://www.supportincornwall.org.uk/kb5/cornwall/directory/advice.page?id=PMK0_ZnXEw0
Glossary

ASC
Autistic Spectrum Condition

Autism Champion
In setting autism expert providing direct support and advice to staff and parents/carers. Contact the Autism Team for more information

AT
Advisory Teacher

AWPU
Age Weighted Pupil Unit

EHC
Education Health and Care

Element 1
Core funding allocated to every child in a mainstream/Post 16 setting.

Element 2
The first £6,000 of additional resources required for a child with a Statement or EHCP. The provision of this resource is the responsibility of the setting/post 16 provider.

Element 3
Any amount of additional resource over and above the £6,000 Element 2 resourcing. This is funded from within the High needs Block at the Local Authority.

ENT
Ear, Nose and Throat

EP
Educational Psychologist

GP
General Practitioner

ICT
Information and Communication Technology

LA
Local Authority

MLD
Moderate Learning Difficulties

MSI
Multi Sensory Impairment

OT
Occupational Therapist

PASS
Pupil Attitude to Self and school

PECS
Picture Exchange Communication System

SALT
Speech and Language Therapist

SEBRAN
Software to support children’ recording

SEN
Special Educational Needs

SENCO
Special Educational Needs Co-ordinator

SEND
Special Educational Needs and Disability

SEMH
Social Emotional and Mental Health

SLD
Severe Learning Difficulties

SMART targets
Targets which are specific, measurable, agreed resourced and time limited.
## ASSESS, PLAN, DO, REVIEW

<table>
<thead>
<tr>
<th>Date</th>
<th>Assessed/identified needs (Assess)</th>
<th>Support in place (Plan and DO)</th>
<th>Date</th>
<th>Impact of intervention (Review)</th>
<th>Actions or changes to be made</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brief description of need eg medical need plus:</td>
<td>Described what additional and different interventions, both successful and unsuccessful have been planned and carried out. Describe what adjustments in the provision there have been. Describe what else has been done to support the child, including any staff development</td>
<td></td>
<td>What has been the impact of the Plan and Do stages?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>What stage of development is the child now? What was their starting point? Provide information using Development Matters, the Early Support Developmental journals and include any specialist assessments. What are the specific additional needs that have been and remain a barrier to inclusion and learning?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If you would like this information in another format please contact:

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Telephone: **0300 1234 100**
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[www.cornwall.gov.uk](http://www.cornwall.gov.uk)