

Early Years Graduated Approach – Physical / Medical

Universal Provision – Quality First Teaching

Description of need

- The child is not making the expected progress with minor difficulties becoming apparent in relation to some aspects of the prime areas of learning.
- The child may have occasional absence from school/setting to attend appointments e.g. Physiotherapy, Occupational Therapy.
- Progress within the Early Years curriculum may be unaffected or mildly affected.
- The child is able to participate in most/all activities.
- Some mild problems with fine motor skills and recording.
- Mild problems with self-help and independence.
- May have continence / toileting issues (delayed acquisition of skills).
- Possible low levels of self-esteem.
- Some problems with gross motor skills and coordination often seen during physical activities.
- Some implications for risk assessment e.g. visits, high level play equipment.
- The child may require some minor adaptations to the environment.
- May have medical condition that impacts on time in school/setting and may require a medical healthcare plan.
- The condition is usually effectively controlled by medications etc.
- The condition may cause fatigue and affect concentration levels.
- The child may require access to small items of equipment e.g. sloped writing board, foot block, Dycem mat, adapted scissors, alternative writing tools (just to name a few).

Assess and Plan

- The key person to liaise with the setting SENCO who can support in identifying strategies and differentiated activities to support the child.
- Record structured observations of the child around specific areas of focus over a period of time and in a variety of contexts.
- Base assessments around the belief that parent/carers know their children best and that their observations and views are key. Views of the parent, child (where appropriate) and involved practitioners are sought to ensure safe participation and to support targets at home.
- Work in partnership with parents/carers to establish Assess, Plan, Do, Review (APDR) cycles of intervention with the child. Each cycle should last around 6 weeks and at least 2 APDR cycles should be completed prior to referring to an external agency. This will ensure you can provide sufficient evidence of the strategies/interventions you have tried.
- If a child appears to have very significant needs, contact the [Trafford Area SENCO](#) for advice at the earliest opportunity without waiting for 2 APDR cycles.
- Continue to monitor and record the child's progress using Development Matters in the EYFS and Early Years Outcomes.
- Liaise with your [Link Health Visitor](#) to discuss your concerns and whether an [ASQ-3](#) assessment has or should be carried out. Request check for hearing, sight or possible medical condition.
- Refer to [Safeguarding Children in Education Information](#) and [Early Help and Multiagency Working](#) published by Trafford Strategic Safeguarding Partnership to consider any immediate care needs or safeguarding concerns that need to be addressed.

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- Consider [early years training opportunities](#) for staff members.
- Support children and their families to access any relevant universal and targeted services in the community. Information on local services can be found online in the [Trafford Directory](#) and further advice is available from [Trafford Family Information Service](#).
- Refer where necessary to the [SEN and Disability in the Early Years Toolkit \(Section 4\)](#). This document provides further information on the Early Years Graduated Approach.
- Agree one or two targets with all involved and phrase these as positive SMART outcomes for the child. SMART outcomes should be based on severity, frequency and how realistic it is for the child to be successful. All adults supporting the child within the setting and at home should be aware of planned outcomes and be involved in setting these ('co-production').
- Refer to [NASEN Early Years SEND resources](#) for more information on the co-production of SMART outcomes.
- Normal curriculum planning including group or individual targets.
- Care plan in place, if appropriate, written with Specialist Nurse or Health Visitor.
- The children are included with some supervision/monitoring and support for medication/dietary needs. Regular review by the school/setting will be necessary.
- Layout and organisation of the room may need to be considered taking into account the child's needs. For example position in the classroom to improve posture, moving furniture to allow room for wheelchair or mobility aid manoeuvrability and turning space and room for a wheelchair.
- Differentiation of some activities may be necessary e.g. may tire more easily so pace of activities may need some consideration.
- Resources are available to promote the child's independence.
- SENCO awareness if no progress apparent after targeted teaching approach.
- Part of continual nursery/ school and class assessment.
- Risk assessment carried out if necessary by nursery/school, with referral to risk assessment guidance.
- Risk assessments and care plans that are co-produced with parents and the child.

Do

Groupings for teaching

- Nursery class with occasional additional individual or small group support.
- Attention to positioning in classroom.
- Flexible use of resources and staffing available in the classroom; modelling responses, focusing listening and attention.

Human resources & staffing

- Main provision by nursery class teacher with some age appropriate programmes delivered one to one or in small groups.
- Input may be needed from health professionals via SENCO e.g. specialist nurse/health visitor.
- Medical advice and information from health care professionals with a role in relation to the child's health should be included in planning and implemented in the nursery class/school.
- Specialist training should be sought for dedicated staff and general nursery/ whole school training provided. These could include moving & handling, hoist training, intimate care and

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specific medical competencies.

- Any concerns should be raised with parents and involved agencies.

Curriculum and Teaching Methods

- Quality First Teaching
- Refer to [Trafford Children's Therapy](#) website for information on adapted equipment/ aids if necessary.
- Some differentiation to physical development curriculum if appropriate.
- Access to appropriate ICT provision i.e. accessibility options on Windows refer to [graduated approach for assistive technology](#).
- Staff awareness training of relevant medical conditions on a 'need to know' basis.

Resources and intervention strategies

- Differentiated writing materials and equipment.
- Top Tips and resources can be found on the [Trafford Children's Therapy](#) website.
- Follow the link on the Trafford Children's Therapy Website to the motor-skills checklist.
- Implement strategies from the fine motor packs for a minimum of twelve weeks before considering referral to Occupational Therapy.
- Non slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope.

Review

- Continue to monitor and record the child's progress using the Unique Child sections in Development Matters in the EYFS and Early Years Outcomes.
- Children involved in reviewing what's working and what's not working where appropriate.
- Risk assessments and care plans are reviewed with parent/carers and the child.
- Complete a motor skills progression record (available on the Trafford Children's Therapy website) to document and evidence the strategies tried.
- Meet with parent/carers to discuss plans and progress and address any learning and development needs, with interpreters where necessary.
- Parent/carers should be encouraged to provide information about anything happening at home which may help or hinder their child's development and share ideas with practitioners on how to support their child.
- For children whose home language is not English, discussion should take place with parent/carers in their home language so strengths and areas for development can be explored.
- Consider whether there is a need to move up to the next stage of the process, building on what has worked but introducing more intensive approaches based on a greater understanding of needs (SEN Support).

Expected Outcomes :

- Able to access the mainstream early years curriculum with support
- Increased confidence
- Increased independence
- Increase self esteem
- Improved curriculum access
- Increased/equal access to the curriculum

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- Improved social inclusion
- Able to record information in a variety of ways

SEN Support

Description of need

- The child has mild to moderate, persistent difficulties and is not making expected progress in identified areas for development despite a range of interventions, quality first teaching and differentiated provision over time.
- Difficulties are becoming increasingly apparent and there is evidence the child continues to work at levels below age related expectations in some or all aspects of the prime areas of learning.
- Repeated Assess, Plan, Do, Review (APDR) cycles have not resulted in a marked increase in progress and assessments over time indicate a more individualised or differentiated cycle is required.
- Professional judgement – practitioners and parent/carers agree the child has achieved limited progress and requires an enhanced level of intervention with an individually targeted approach.
- The child may have regular absence from nursery/ school which may impact on learning.
- May have medical condition that impacts on time in nursery/school and may require a medical healthcare plan.
- The child may need support to catch up work missed.
- Continuing mild to moderate problems with hand / eye coordination, fine / gross motor skills and recording, impacting on access to curriculum.
- Making slow or little academic progress despite provision of targeted teaching approaches.
- May have continuing difficulties with continence/ toileting.
- May have continuing problems with self-esteem and peer relationships.
- Continuing problems with self-help and independence.
- Continuing problems with gross motor skills and coordination often seen in PE.
- Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment.
- The child's physical needs require additional regular support from a dedicated staff member to facilitate access to the curriculum, manage their condition, or move safely around the class and nursery/school site both indoors and outdoors.
- The child's condition requires regular liaison with parents and health practitioners.
- The child's medical needs require additional regular support from a dedicated staff member trained to a level of competence to administer medication or carry out medical procedures.
- The child's physical needs are a significant barrier to accessing all subject areas.
- The child requires additional targeted support to access the curriculum and continue to make progress.
- There may be significant difficulties learning independently e.g. if left without targeted adult supervision due to fatigue/impact of physical disability on the child and their concentration to task.

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SEN Support

- Difficulties caused by the medical condition may impact on social and emotional development e.g. low self-esteem, confidence maintaining friendships due to extended absence.
- The child may require dedicated pieces of equipment to access the curriculum.
- Adaptations to the environment may be necessary to ensure the child's physical access to school e.g. accessible toilet and modifications.
- The child is dependent on adult support to deal with matters involving self-help, therapy as demonstrated by a therapist, to access aids or equipment necessary to access the curriculum effectively (Including IT equipment).
- The school/setting will need to consider safe access to educational visits and extra-curricular activities.

Assess and Plan

- Ongoing assessment is central for all Early Years children. More intense and regular assessment is needed for children with significant emerging concerns and reasonable adjustments must be made to the assessment process.
- Children who may need SEN Support in Early Years often have difficulties in using and understanding language making it difficult to assess precisely the level of delay in their overall development. Practitioners can contact [Trafford Area SENCO](#) for advice on supporting and monitoring children with SEND.
- The key person should liaise with the school/setting SENCO and parent/carers to share concerns and begin an Individual Support Plan which incorporates the views of parent/carers. Ensure any specialist advice is included in the plan.
- Refer to [NASEN Early Years SEND resources](#) for information on the co-production of SMART outcomes.
- Continue to monitor and review the Individual Support Plan, recording the child's progress and the impact of strategies and interventions used. This should be completed at least every 6 weeks as part of the APDR cycle. The following free online tool can help with assessment and planning -

[Early Years Developmental Journal](#) helps identify areas where extra help may be needed as age ranges are narrower than those within the Early Years Outcomes, for example the 0 to 11 months age band is broken down into 4 steps. It therefore provides a more precise picture of a child's strengths and areas for development and of where support should be targeted.

- Continue to liaise with your Link Health Visitor as appropriate.
- Consider [early years training opportunities](#) for staff members.

Do

School/Setting to provide

- As for universal provision but SENCO may be involved in more specific assessments and observations.
- Personalised approach to accessing the curriculum taking the impact of physical/ medical needs into account.
- SENCO may seek advice from health professionals in relation to curriculum adaptation.

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SEN Support

- A care plan may be necessary if the child needs regular therapy in nursery/school and this should be reviewed regularly and advice sought from involved practitioners and parents.
- The child's physical disability should be monitored by trained staff supported by health practitioners and parents.
- SENCO involvement if no progress apparent after targeted teaching approach.
- Child's needs have been discussed with specialists involved such as Paediatricians, Trafford Children's Therapy Service, Children's Community Nursing Team, Specialist Health Care Teams, SENAS and advice implemented.
- Alternative ways of recording to support mark making.
- Risk assessments and care plans that are co-produced with parents and the child.

Groupings for teaching

- As above but may be working on modified Early Years curriculum tasks.
- Small group or one to one adult input to practise skills.
- Buddy system.
- Attention to position in classroom.

Human resources & staffing

- Main provision from nursery class teacher or key worker with support from SENCO.
- Occasional input from additional adult to provide targeted support under the direction of teacher/key worker.
- Minimal support/ supervision may be needed to meet hygiene needs and / or outside play and at lunch time
- Advice may be sought from Health Professionals e.g. Physiotherapist, Occupational Therapist.
- Staff awareness training of relevant medical conditions on a 'need to know' basis.
- Nursery/ School should consider completing a SARF (Single Agency Referral Form) to SENAS with parent/carer consent.
- SENAS could offer advice following receipt of a SARF and support the nursery/ school to make reasonable adjustments and contribute to assessments.

Curriculum and Teaching Methods

- Quality First Teaching
- Completed [Portage checklist](#). Portage is a model of support for children and families which can be adapted and used effectively both in the home and in Early Years settings.
- Some differentiation to PE curriculum.
- Opportunities to practise dressing and undressing skills.
- Access to appropriate ICT provision.
- Reference to [Trafford Children's Therapy Service](#) resources to promote independence.

Resources/Provision and Intervention Strategies

- Differentiated mark making / pre-writing materials and equipment.
- Non slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope.
- Reference to Trafford Children's Therapy Service early years factsheets.

Review

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SEN Support

- Parent/carer and Multiagency (PAM) review meetings should be held every 6 weeks as part of the APDR approach. Ideally this will be chaired by the SENCO with a written record of the meeting circulated afterwards.
- PAM review meetings should take a [person-centred approach](#) in order to ensure that practitioners are:
 - Making sure that they're truly taking into account the experiences of the child, their family and those supporting them when reviewing how well things are going.
 - Creating an environment where people are made to feel comfortable in expressing themselves honestly.
 - Developing actions that are based on experiences and learning, leading to an environment where they are constantly improving their support.
- The views of any involved external agencies who are unable to attend should be sought prior to the meeting if possible – this can be done by the SENCO.
- Risk assessments and care plans are presented and updated at review meetings. Where specialist advice exists (e.g. Speech and Language Therapy, SENAS) recommendations should be highlighted to staff and implemented within the updated Individual Support Plan.
- There should be increased involvement of parent/carers in the assessment, monitoring and review process. During reviews, the views of parents/carers, and children wherever possible, should be sought, recorded and respected.
- Discuss with the child, parents and involved practitioners what is working and what is not working. From a shared understanding of information gathered through the review, agree some person-centred outcomes and provision that can meet such outcomes.
- Parent/carers should be asked if they require interpreters as appropriate. Interpreters should be from reputable agencies, and family members or multilingual staff should only be used to interpret as a last resort, or in emergency situations. This is because families may be concerned about confidentiality in using wider family members, or setting staff, for interpreting at private meetings. It also may be inappropriate to use siblings to discuss very sensitive issues, particularly if they are quite young. Interpreting is a highly skilled role, and requires training and qualifications to be carried out effectively: if poorly done, incorrect views and information can be gathered, and upsetting messages may mistakenly be put across to families.
- Consider whether there is a need to move up to the next stage of the process, building on what has worked but introducing approaches aimed at supporting children with more complex and persistent difficulties (High Level SEN Support).

Expected outcomes:

- Increase self-confidence and self-worth
- Increase in engagement levels and motivation
- Beginning to trust adults and have more positive experiences
- Able to record information in a variety of ways
- Able to access learning and school environment

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High Level SEN Support

Description of need

- The child will have complex and persistent difficulties and is not making expected progress despite significant levels of focused intervention, implementation of specialist advice and extensive differentiation of the EYFS curriculum. Difficulties are clearly apparent in relation to the 3 prime areas of learning.
- The child will be experiencing ongoing learning difficulties, significantly impeding their development across several areas of the EYFS curriculum.
- The child has a significant physical disability and requires intensive 1-1 support.
- The child has significant medical needs and requires intensive 1-1 support.
- The child's medical/physical disability requires regular monitoring throughout the day.
- Key staff need training in the management of complex physical needs to support the child and carry out programmes of support. These could include physiotherapy programmes, moving and handling tasks to facilitate changes in position, motor skills group etc. (just to name a few).
- Key staff need training in the management of complex medical needs to support the child and carry out medical procedures. These could include specialist feeds, catheterising, and rescue medication (just to name a few).
- Child has severe and persistent difficulties concentrating for the same amount of time as the rest of the class e.g. requires regular individual support to stay on task, access small group work or take a rest break due to physical needs.
- Child needs regular changes in position and help with transfers e.g. wheelchair to chair/bed.
- Child has severe and persistent difficulties learning independently, remembering and retaining information and organising his/her work.
- Child needs 1:1 physical support to access the curriculum due to physical needs.
- Adaptations to the environment to ensure the child's physical access to nursery/school e.g. accessible toilet adaptations and equipment that may include changing bed, hoist etc.
- Specialist bespoke equipment may be required to ensure safe participation as assessed by an involved health practitioner.
- May need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs.
- Increased dependence on mobility aids i.e. wheelchair or walking aid.
- Moderate or persistent gross and / or fine motor difficulties.
- Recording and / or mobility now impacting more on access to the curriculum.
- Child may require access to IT, specialist aids and adaptations may be necessary to facilitate access to the Early Years curriculum.
- Child has severe and persistent difficulties concentrating for the same amount of time as the rest of the nursery class e.g. requires regular individual support to stay on task, access small group work or take a rest break due to medical needs.
- Child has severe and persistent difficulties learning independently, remembering and retaining information.
- Child needs 1:1 physical support to access the curriculum due to medical needs.
- Specialist bespoke equipment may be required to ensure safe participation as assessed by an involved health practitioner.

Assess and Plan

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High Level SEN Support

- Assessment and planning should be as within the SEN Support section, plus the following:

Early Years Provision Maps

At this stage, where children need high levels of support, schools/settings should complete an [Early Years Provision Map](#). Provision mapping is a way of evaluating the impact on children's progress of provision that is additional to and different from the school/setting's curriculum. Evaluated provision maps can help settings manage this provision to ensure that it is and continues to be effective in helping children to make progress. The provision mapping and evaluation cycle should run in parallel with the school/setting's system for tracking and evaluating children's progress and it should feed into the Parent and Multiagency (PAM) review meetings. The provision map should be constructed in partnership with the parents/carers during the Assess, Plan, Do, Review (APDR) process and parents should be involved in agreeing the outcomes.

- [Portage SEND Best Practice Assessment Checklist](#) links into the EYFS curriculum and aids assessment and planning. The skills are broken down into small steps so that parents and practitioners can assess and celebrate every skill that the child has achieved. It can then act as a guide to the design of teaching activities to further promote development. A checklist may be allocated to children who access the highest levels of Early Years SEND Funding by the EY SEND Panel.
- Ensure that all staff have had relevant SEND training to support the child within the school/setting.
- Normal curriculum planning including group or individual targets.
- Care plan in place, if appropriate, written with Specialist Nurse Health Visitor.
- Alternative ways of recording to minimise mark making and pre-writing skills.
- Modified planning for outdoor play curriculum is likely to be needed.
- Involve parents regularly to support targets at home.
- Child is involved in monitoring and setting targets where appropriate.
- SENCO seeks advice from Consultant Medical & Mobility SENAS (Trafford SEN Advisory Service) and health care professionals in order to discuss next steps.
- Personal care and manual handling assessment in conjunction with Trafford's Moving & Handling Advisor and Health Professionals.
- May need specialist assessment and advice regarding mobility and curriculum access from SENAS and Health professionals.
- Advice from SENAS Consultant Medical/Mobility on risk assessments, swimming, educational visits day/ residential, Personal Evacuation and Egress Plan (P.E.E.P.)
- Risk assessments and care plans that are co-produced with parents and the child.

Do

- Continue with strategies/approaches listed within 'do' sections of Universal Provision-Quality First Teaching and SEN Support.

Groupings for teaching

- Small group or one to one adult input to practise skills.
- Individual skills based work may need to take place.
- Nurture group input may be necessary to help with low self-esteem.
- Buddy system.

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High Level SEN Support

- Attention to position in classroom.

Human resources & staffing

- Main provision from nursery teacher or key worker with support from SENCO and/or SENAS
- Flexible use of nursery classroom support to access early curriculum and develop skills in recording up to 15hrs / week
- May need further specialist input from Health professionals e.g. Physiotherapist, Occupational Therapist, Specialist Nurse.
- Staff providing care/support have access to appropriate training and specialist advice e.g. Manual Handling.
- Systems policies and procedures are in place to assess risk both in nursery/ school and outside school (including trips) to ensure child and staff are safe.
- Key staff to report any concerns regarding the child's physical needs in a timely way to ensure that the child is safe and receiving the right care. This is crucial to ensure effective communication.
- Monitoring of the use of specialist equipment.

Curriculum and Teaching Methods

May need the following:

- Quality First Teaching
- Completed Portage checklist. Portage is a model of support for children and families which can be adapted and used effectively both in the home and in Early Years settings.
- [Differentiated writing materials and equipment](#).
- A programme to develop fine motor skills.
- Further differentiation to PE curriculum in conjunction with Physical & Medical Team and/ or Physiotherapy.
- Dressing and undressing skills programme in conjunction with involved health practitioners e.g. Occupational Therapist.
- More dependence on appropriate ICT for recording.
- Advice from SENAS on access to Early Years curriculum and teaching methods.
- Advice on access to appropriate physical environment and adapted equipment.
- Support to develop a fine motor skills/pre- writing and mark making programme.
- Support to develop ICT skills.

Resources and Intervention Strategies

- ICT equipment to support access to computers.
- Furniture and equipment assessed jointly by Occupational Therapy and SENAS.
- Adapted site may be necessary to physically access the building.
- Hygiene / medical room may be necessary.
- May need specialist low tech seating and/ or furniture and equipment .e.g. Foxdenton chair.

Review

- [Person-centred](#) Parent/carer and Multiagency (PAM) review meetings should continue to be held every 6 weeks as part of the APDR approach. The child's provision map should be reviewed as part of this process.

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High Level SEN Support

- Child is involved with monitoring and setting targets where appropriate.
- Progress is carefully assessed, tracked, monitored and evaluated.
- Meetings to review progress with the child/young person where appropriate, parents and involved practitioners.
- Discuss with the child, parents and involved practitioners what is working and what is not working.
- From a shared understanding of information gathered through the review, agree some person-centred outcomes, solutions and provision that can meet these such outcomes.
- Through the review process invite professionals to contribute to a summary of their involvement and assessment.
- Decide on the next steps.
- Where Early Years practitioners and parent/carers are happy with the progress being made, consideration should be given to returning to the earlier stages of the graduated approach or to universal provision.
- Where there continues to be ongoing concern about a child's rate of progress and needs are being seen as potentially significant and long term then schools/settings can consider applying for an [Early Years SEND Grant](#). This resource is for the very small number of children with highly complex needs to support them to access their early education place. Applications are considered monthly by the Early Years SEND Panel and must be supported by a provision map which outlines the projected outcomes for the child and strategies required to meet them. This should be linked to the resources/funding needed to achieve this.
- As Early Years children are very young and still at the early stages of development, funding is allocated on a short term basis initially for either one or two terms. After this period, the school/setting must submit an evaluated provision map and decide whether to return to an earlier stage of the graduated approach or to apply for another Early Years SEND Grant.

Expected outcomes:

- Improved staff confidence in managing physical /medical needs and developing competences
- Increased confidence in the nursery/ school's ability to manage the child's needs and the child feels safe in nursery/ school
- Positive engagement and participation in learning
- High aspirations of self and can-do attitude to achieving goals (removing barriers)
- Clear emergency procedures and care plans shared with staff, parents and child
- Able to access the Early Years curriculum by using a variety of tools.

Requesting an Education, Health and Care (EHC) Needs Assessment

The following actions should be evident before considering a referral for [EHC Needs Assessment](#), usually following implementation of support through an Early Years SEND Grant.

- Targets for Individual Support Plans have been informed by external advice from specialists and reviewed every 6 weeks over a significant period of time.
- Advice has been regularly sought from agencies appropriate to child's needs and there is clear evidence of its implementation. This could include from the [SEN Advisory Service](#) (SENAS), [Sensory Impairment Support Service](#) (SISS), [Trafford Early Development Service](#) (TEDS).
- An [Early Help Assessment](#) will have been carried out if a child with significant needs has

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High Level SEN Support

several agencies involved, and the family needs help to coordinate support.

- SEN support has been adapted or modified depending on how effective it has been in achieving the agreed outcomes. If the school/setting having taken relevant and purposeful action to identify, assess and meet the SEN of the child but they have not made expected progress, the school/setting or parents should consider requesting an EHC Needs Assessment.