

Early Years Graduated Approach

Communication and Interaction: Social Communication

Universal Provision – Quality First Teaching

Description of need

The child is not making the expected progress within specific areas of the EYFS Curriculum, with *minor* difficulties in some of the areas listed below i.e. difficulties which do not have a significant impact on their daily functioning. The child is able to participate in most or all setting activities with some reasonable adjustments to the curriculum and environment.

1. Difficulties/delays with social communication and social interaction, including -

Impaired language development, for example:

- Delayed language or regression of language skills
- Unusual language
- Unusual vocalisations (sounds)
- Echolalia (repeating phrases or words that the child has heard)

Communication skills, for example:

- Difficulty with initiating play or interaction with others
- Lack of awareness of listener's needs
- Difficulties with using and recognising non-verbal communication skills such as using gesture (pointing), body language or facial expression, poor use of eye contact.

Social interaction, for example:

- Lack of joint attention
- Unable to play cooperatively with others
- Showing little awareness of others' needs
- Difficulty in following routines

Forming and developing friendships, for example:

- Not making friends
- Difficulty in maintaining friendships
- Not understanding different social relationships
- Lack of compromising and negotiating skills

2. Difficulties with restricted and repetitive patterns of behaviours, activities or interests, including –

- Coping with changes to routines or familiar adults
- Transitioning between different environments
- Repetitive play
- Limited exploration of the nursery/setting environment

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- Fixed interests
- 3. Difficulties with thinking flexibly, social imagination and imaginative thinking, including –**
- Limited range of play or unusual interests e.g. opening and closing doors, playing with age appropriate toys in an unusual manner
 - Stereotyped or repetitive movements, for example hand flapping, twisting or turning in circles, complex whole body movements
 - Limited ability to play imaginatively when playing alone
 - Demonstrates rigid routines and rituals

4. Additional Features

- Difficulty or disorder in early development, e.g. toilet training
- Difficulty with fine motor and/or gross motor skill development
- Advanced skill or ability in a specific aspect or area of the curriculum e.g. numeracy
- High level of cognitive ability but delay in social skills
- May have a very restricted diet, or finds it hard to know when to stop eating
- May have difficulties with sleeping

5. Sensory Difficulties

For any concerns in relation to Sensory Difficulties, always refer to [Trafford's Occupational Therapy Advice Sensory Pre-referral Graded Approach](#) (April 2018).

This document, devised by Trafford's Specialist Occupational Therapist, describes the different areas of sensory difficulties and explains why children may present with certain behaviours. It can guide you to support a child to develop coping strategies to better manage their sensory needs.

The pack contains advice on

- **The senses**
- **How an individual might present who is over or under responsive**
- **Calming and alerting strategies**

The different areas of potential sensory difficulty are defined in the document as

- **Sight (Visual)**
- **Smell (Olfactory)**
- **Touch (Tactile)**
- **Taste (Gustatory)**
- **Hearing (Auditory)**

When referring to sensory processing there are an additional three senses, which are:

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- **Vestibular** - this sensory information assists the body in carrying out planned movements while maintaining balance.
- **Proprioception** – This sense relates to an individual's body awareness and ability to navigate movements around an environment.
- **Interoception** – This sense relates to sensory feedback from inside the body e.g. feedback from the stomach to inform the individual they are full/hungry

For full descriptors of the most common sensory preferences and differences children may be exhibiting, please refer to the 'Checklist' sections on pages 6 to 9 of the [Occupational Therapy Advice Sensory Pre-referral Graded Approach](#) document.

Assess and Plan

When a child has been identified as having needs in relation to Communication and Social Interaction, the nursery staff should work in partnership with parents/carers to implement an initial Assess, Plan, Do, Review (APDR) cycle of intervention with the child.

Each cycle should last around 6 weeks and at least 2 APDR cycles should usually be completed prior to referring to an external agency. This will ensure that there is sufficient evidence of the strategies/interventions which have been tried and of their impact.

As part of this process, the nursery staff should -

- Organise regular liaison between the child's key worker and the setting's 'Communication Champion' and SENCO to help identify appropriate strategies and differentiated activities
- Use the [Wellcomm](#) communication screening tool to assess the child's speech, language and communication skills.
- Record structured observations of the child around specific areas of focus over a period of time and in a variety of contexts and social situations.
- Base assessments around the belief that parent/carers know their children best, and that the family's observations and views are fundamental to the child's progress.
- Continue to monitor and record the child's progress using 'Development Matters in the EYFS' and 'Early Years Outcomes'. These documents set out the outcomes that all children should be working towards.
- Liaise with your [Link Health Visitor](#) and discuss whether [ASQ 3](#) and/or [ASQ:SE2](#) assessments have been, or should be carried out.
- Refer to [Safeguarding Children in Education Information](#) and [Early Help and Multiagency Working](#) published by Trafford Strategic Safeguarding Board (TSSB) to consider any immediate care needs or safeguarding concerns that need to be addressed.
- Consider appropriate [early years training opportunities](#) for staff members.

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- 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.

Please Note:

If a child who is new to you appears to have very significant needs, please contact the Trafford Area SENCO, the SEN Advisory Service (SENAS), or the Trafford Early Development Service (TEDS) for younger children, for advice at the earliest opportunity. You should not wait for the usual two 'Assess Plan Do Review' cycles of intervention to be completed, as the child may need immediate support from external specialist support services.

If you and the parent/carers feel at any stage that a child may have an Autism Spectrum Condition, and you would like to investigate the child's social communication needs in more depth and request an assessment for Autism, you may consider making a referral to the [Trafford Autism and Social Communication Pathway](#) (TASCP) via the nursery/setting SENCO. You should also arrange a referral to a Paediatrician at this stage if it has not already been carried out – this can be done by any relevant involved health professional e.g. the child's Health Visitor, GP or Speech and Language Therapist.

Do

Having assessed a child's needs and established a plan of intervention, the following actions should be taken –

- Parents should be given the opportunity to meet the key person and SENCO on a regular basis
- All staff should receive introductory training in early years Social Communication Difficulties [see [Trafford EY Training Courses](#)]
- The setting SENCO should regularly attend the termly [Trafford Early Years SENCO Forum](#), which is coordinated by Trafford's Area SENCO.
- Opportunities for individual key worker and group supervision should be available e.g. solution circles.
- Consider carrying out a Sensory Audit of the Early Years Environment, both indoors and outdoors [[AET Sensory Environment Checklist](#)].

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A “Total Communication” approach should be implemented with Early Years Practitioners always matching their language to the number of key words in a sentence which the child understands, together with -

- Visual prompts and signs both indoors and outdoors
- Clear signs, symbols, and photographs around the setting and in the outdoor area to support visual understanding, in addition to general room displays and signage
- Implementation of the ‘Now and Next’ visual approach
- A clear and consistent routine, and child friendly positive rules, that are widely displayed and visually represented e.g. a photo of a child sitting nicely at story time
- The use of music and rhyme to support the routine wherever possible e.g. a Tidy Up Time song, shaking some bells for carpet time
- Following and using the child’s special interests to encourage shared attention
- Saying the child’s name before speaking
- Giving specific and clear praise and/or instant rewards e.g. ‘good waiting!’
- Simplifying language and avoiding using ambiguous language e.g. ‘wash your hands in the toilet’
- Following the child’s lead in play – not just adult directed play
- Using ‘sabotage’ techniques to give the child a reason to interact e.g. putting a favourite toy on a high shelf to encourage them to seek help from an adult

The approaches and publications listed below also provide excellent strategies and resources:

1.The Wellcomm Big Book of Ideas

The following sections from the Big Book of Ideas are particularly helpful for supporting early social communication development –

Section 1.1, 1.4, 1.6, 1.7, 1b, 1c, Section 2.5, 2.7, 2.9, 2b, 2c, Section 3.1, 3.9, 3.10, Section 4.4, 4d, 4g, Section 5.3, 5d, Section 6.5, 6a, Section 7.1, 7a, 7c, 7e, Section 8.7, Section 9.3, 9.4, 9.5, 9.9, 9a, 9b,

The ‘Attention and Listening’ skills section [**pages 183 – 203**] also provides lots of practical activities to develop social skills and shared attention as follows -

Section 2a, 2b, 2c, Section 3b, 3c, Section 6a, 6d, 6e, General Strategies p 214 – 216

2.Trafford Signs and Symbols Guidance Document [2018]

This guidance promotes a consistent approach across Early Years settings/schools in Trafford. It explains the order in which you should introduce visuals, objects of reference, photos and symbols to support communication, and how they can be used within your setting e.g. visual timetables, displays on walls, remembering sequences and routine, story time, sharing news, labelling areas etc.

[Trafford Signs and Symbols Guidance - Alternative Augmentative Communication \(ACC\)](#)

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3. Signalong

Signalong is a sign supported communication system which uses key words and is intended for use with people with language, learning and communication difficulties. It is based on British Sign Language and is used in spoken word order. It uses speech, sign, body language, facial expression and voice tone to make a link between the word and the sign. Training can be provided by both Trafford SENAS and Speech and Language Therapy Service. An app is available – ‘Sign Studio’ – on iOS devices and it allows the user to take pictures of everyday items and link them to the signs. You can find out further information at <http://www.signalong.org.uk>.

3. Further Activities and Strategies

The following documents provide further information about developing social interaction through play in the Early Years:

[Developing play and social skills \(Autism West Midlands\)](#)

[Fun activities for children \(Autism West Midlands\)](#)

Elizabethjarman.com/Communication-Friendly-Environments

Universityofdoncaster/Creating-Communication-Friendly-Spaces/elizabethjarmin

www.thecommunicationtrust.org.uk/communication_friendly_environments_checklist

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

4. Importance of Visuals – Avoiding Prompt-Dependence

Children with social communication difficulties are very likely to become dependent on prompts and may become unable to complete even simple tasks without adult verbal intervention. Verbal prompts and instruction are in fact the most difficult to move away from and fade out – it is therefore extremely important to concentrate on using visual prompts in the home and school environment wherever possible.

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.
- Use Wellcomm to review child’s progress as per recommended review time
- 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.

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- 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).

SEN Support

Description of need

In addition to the description of need outlined in the previous ‘Universal Provision’ section, the following applies –

- 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.
- The child is displaying increasing levels of challenging and/or withdrawn behaviour which may indicate anxiety and/or distress within the nursery and home environment. These difficulties are having an impact on their day to day functioning at nursery and perhaps also at home.
- An unusual pattern of development such as regression of language and communication skills is becoming evident.
- 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 3 EYFS prime areas of learning – Language and Communication, Physical Development, and Personal Social and Emotional Development.
- Repeated 6 weekly 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.

Assess and Plan

In addition to the advice outlined in the previous ‘Assess and Plan’ Universal Provision Section, the following should be considered –

- On-going assessment – this 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 need SEN Support in the 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 general advice on supporting and monitoring children with SEND.

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SEN Support

- The key person should liaise with the school/setting SENCO/Communication Champion 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.
- 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 Assess Plan Do Review 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.

- Develop SMART [i.e. Specific, Measurable, Attainable, Realistic and Time-limited] targets through discussion with all involved, based on your knowledge of the child, and using relevant assessment tools e.g. Early Years Outcomes, EYFS, WellComm, Early Support Developmental Journal. Refer to [NASEN Early Years SEND resources](#) for more information on the co-production of SMART outcomes.
- Use the Wellcomm Assessment Tool to monitor progress of speech and language skills, and refer to the Speech and Language Therapy service if the relevant threshold is met.
- Use the [STAR](#) [Setting Triggers Action Result] behaviour analysis approach to record, track progress and implement appropriate strategies for behaviour (for further information contact the Area SENCO).
- Continue to liaise with your [Link Health Visitor](#) as appropriate.
- Consider additional Trafford [early years training opportunities](#) for staff members.
- Support children and their families to access relevant up to date information and advice and to access targeted services in the community by signposting to [Trafford SEND Local Offer](#).
- An [Early Help Assessment](#) may be considered if the family require support to achieve their goals.

Please Note:

- **If a child who is new to you appears to have very significant needs**, please contact the Trafford Area SENCO or the SEN Advisory Service [SENAS] for advice at the earliest opportunity without waiting for the usual two 'Assess Plan Do Review' cycles to be completed, as the child may need immediate support from external specialist support services.
- **If you and the parents/carers feel at any stage that a child may have an Autism Spectrum Condition**, and you would like to investigate the child's social communication needs in more depth and request an assessment for Autism, you may consider making a referral to the [Trafford Autism and Social Communication Pathway](#) via the nursery/setting SENCO. You should also arrange a referral to a Paediatrician at this stage if it has not already been carried out – this can be done by any relevant involved health professional e.g. the child's Health Visitor, GP or Speech and Language Therapist

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SEN Support

Do

In addition to the advice outlined in the previous 'Do' Universal Provision section, the following should be considered -

Human resources and staffing

- Links are made with appropriate agencies. The setting/nursery SENCO is responsible for organising and chairing the 6 weekly review meetings, and for coordinating multiagency input for the child. There is regular contact between all involved parties including parent/carers. Decisions should be informed by the insights of parent/carers.
- There is effective communication between home and the setting about Individual Support Plans and parent/carers are always consulted when there is a significant change to the plan. Targets are shared and discussed with all relevant staff members and parent/carers, and any involved external agencies. Any discussions or meetings with external agencies should always be recorded on the child's file and shared within the setting.
- Referral may be considered to [Trafford Early Development Service](#) (TEDS) or [SEN Advisory Service](#) (SENAS) if the setting feels they require more specialist advice and input. This should be done using a Single Agency Referral Form [SARF] with signed parent/carer permission, and attaching the child's EYFS Records, Individual Support Plans and other relevant documentation
- Individual Support Plans to be implemented including sensory programmes to develop increased tolerance of noise, smells, touch, and proximity etc. as appropriate [see [Trafford's Occupational Therapy Graded Approach](#) to Sensory Needs]. Ensure all staff are aware of the child's individual sensory sensitivities/needs, and are aware that physical pain may be experienced in a different way.
- Staff should not insist on eye contact – the child may not be comfortable with this but can be encouraged to face the other person instead.
- Plan whole setting training e.g. advanced social communication training to ensure that all staff understand the individual needs of children with social communication and interaction difficulties.
- Consider holding an Integrated Review with Health Visitor and family; include the use of the ASQ SE [Social & Emotional Assessment] as appropriate <https://agesandstages.com/products-pricing/asq3/>
- Re-evaluate the WellComm Language assessment and refer to Speech and Language Therapy if the relevant threshold is met.

Curriculum and Teaching Methods

- Ensure that a [sensory audit](#) of the environment is carried out at this stage. Staff should be sensitive to the child's need for quiet or calming time and be able to take the child away from the general routine if needed. This may be access to the outdoor area, sensory area or quiet space.
- Allow free access to a time out area or distraction free movement, offer regular short sensory breaks, and create a calm learning environment, zone, corner and/or sensory base to help ease anxiety.

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SEN Support

- Be aware of avoiding sensory overload for the child. Continue to consult Trafford's "[Occupational Therapy Advice - Sensory Pre-Referral Graded Approach](#)" - strategies section.
- Clear signs, symbols, and photographs should be in evidence around the setting **and in the outdoor area** to support visual understanding, in addition to general room displays and signage. Prepare for change with advanced warnings and visual timetables: plan for trips or transitions by making a photo booklet of where, when and what will happen. Visuals to be used for making choices, following routine, to act as reminders or discreet prompts. [Specific courses on how to use visuals are available on Trafford's EY Workforce Development Programme] [[Trafford Signs and Symbols Document](#)]
- Simple [social stories/comic strip conversations](#) to be used to support social understanding.
- Children with social communication difficulties may need to be taught what other children learn intuitively. Model and show them what you want them to do to support understanding
- Teach children how to communicate a range of functions such as 'asking for help' by increasing opportunities for communication e.g. 'Sabotage'
- Follow the child's lead, for example an '[Observe, Wait and Listen](#)' (OWL approach). Observe, follow and include their interest, copy actions, sounds and words to create two way interactions.
- Simplify language by giving one instruction at a time; give instructions in the order in which you want them to be done. Avoid open ended questions.
- If play becomes repetitive – play alongside, copy and try modelling a slightly different way of playing with the same toy.
- Daily home-setting communication methods are used, with photographs where possible.
- Consider use of the following free online resources, including the Early Years Autism Education Trust Competency framework to help assess and develop capacity within the setting

<https://www.autismeducationtrust.org.uk/resources/early-years-resources/>

www.autismparentingmagazine.com/creating-sensory-space-for-asd-kids/

www.autism.org.uk/about/environment.aspx

[Trafford's Occupational Therapy Advice Sensory Pre-referral Graded Approach](#) (April 2018)

[Sensory Processing for Early Years \(Leicestershire LA\)](#)

[Learning to play/Playing to Learn \(Autism Cymru\)](#)

Review

- Parent/carer and Multiagency (PAM) review meetings should be held every 6 weeks as part of the APDR approach. These meetings should be organised and chaired by the SENCO with a written record of the meeting circulated afterwards and put on the child's file.

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SEN Support

- 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.
- Review Individual Support Plans and targets at the 6 weekly review meetings to ensure appropriate achievable and measurable outcomes. Strategies and the environment should be adapted appropriately when targets are not being met e.g. increase the use of visual prompts, start an individual reward system.
- 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. Any discussions or meetings with external agencies should always be recorded on the child's file and shared within the setting.
- Assessments 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 new Individual Support Plans.
- 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.
- 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.
- Review the WellComm Assessment to monitor progress of speech and language skills.
- Continue STAR (behaviour analysis) approach to record, track progress and implement appropriate strategies for behaviour.
- 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).

High Level SEN Support

Description of need

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High Level SEN Support

The child may have –

- Persistent difficulties/delays in social communication and social interaction across multiple contexts [e.g. home and nursery] which have a significant impact on their life and cause substantial barriers to learning.
- Highly complex and persistent difficulties in accessing the curriculum, and minimum 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 EYFS 3 prime areas of learning – Communication and Language, Physical Development and Personal Social and Emotional Development.
- A lack of development of spoken language or a severe communication delay, and a lack of ability to initiate or sustain interactions with others.
- An unusual pattern of development such as regression of language and communication skills.
- A marked pre-occupation with one or more stereotyped interests, restricted patterns of interests that are unusually intense or focused, and/or a highly restricted, persistent pre-occupation with a particular object or part of an object.
- Very fixed, specific, seemingly ‘purposeless’ routines and behaviour e.g. walking around the edge of a room repeatedly, touching each lamppost on the way to nursery.
- Severely challenging behaviour of such intensity, frequency, or duration, that the physical safety of the person, or others, is likely to be placed in serious jeopardy; or behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities.
- An unusual absence of responses, or fleeting sensory awareness, to what is happening socially; the child may be distracted by their physical surroundings e.g. staring at lights for long periods, lying on the floor to feel a draft from the doorway.
- Extremely limited attention and responses to what is going on around them [e.g. a few seconds] and fleeting engagement on their terms only. The child may lead an adult somewhere, give an object of interest to an adult, or use an adult as a ‘tool’ to reach things the child cannot reach.
- Extreme reaction to invasion of own personal space and/or little awareness of other people’s personal space e.g. no distinction between carers and strangers, climbing over adults and children.
- Major reactions to sensory stimulation e.g. withdrawing from touch, refusing certain food textures, constantly mouthing non edible objects, little awareness of hunger, pain, cold or needing the toilet, need for regular rocking spinning or movement.
- Significant difficulties with independence skills such as dressing, toileting [including smearing] and eating [tipping and exploring food and drink with their hands].

Assess and Plan

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

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High Level SEN Support

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 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. If you are applying for a Trafford Early Education Support Grant you need to use the provision map template published on the [Early Years SEND Funding](#) page.

- [The Early Support Developmental Journal \[ESDJ\]](#) –'Early Support' is a government funded national agency which has produced a range of resources to support SEND Early Years practice, including the 'Early Support Developmental Journal' together with guidance around working with children with Social Communication Difficulties . The ESDJ helps families and practitioners working with children to celebrate and record children's achievements whilst identifying areas where extra help may be needed. This provides a more effective way to track children's progress and identify next steps in their learning. This is a free downloadable resource.
- **Training** - Ensure that all staff have relevant SEND training to support the child within the school/setting. Please refer to the Trafford Early Years Workforce Training Programme and to any other training available e.g. [ASD Information Wales](#) who provide training videos and packs about Social Communication Difficulties for both parent/carers and Early Years settings. Following an assessment a child's Speech and Language Therapist may also recommend specialised training such as [PECs](#) or [Intensive Interaction](#) for setting staff.
- [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. If you have a child who is in receipt of Trafford's SEND EY Funding Grant for the full 15 hours per week, your setting will be allocated a Portage Checklist by the SEND EY Panel to track the child's progress and monitor the effectiveness of interventions.

Do

- Continue with strategies/approaches listed within 'do' sections of Universal Provision-Quality First Teaching and SEN Support.
- If a child is presenting with significant difficulties in social interaction and communication as described above, and requires a very high level of SEND additional support, it is strongly recommended that in collaboration with parent/carers referrals are made to the following agencies:
 1. [Trafford Autism and Social Communication Pathway](#) (TASCP). The setting SENCO should be aware of Trafford's Autism and Social Communication Pathway and of how to

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High Level SEN Support

make referrals.

2. [Trafford Early Development Service](#) (TEDS) or [SEN Advisory Service](#) (SENAS), if this is not already in place, using a Single Agency Referral Form [SARF].

3. [Paediatrician](#) (if this has not already been carried out) – this can be done by any relevant involved health professional e.g. the child's Health Visitor, GP or Speech and Language Therapist.

- A 'Total Communication' approach should continue to be implemented – settings could discuss trying out a variety of different approaches with parents and involved professionals e.g. signing, symbols, electronic aids etc. to see which the child seems to favour.
- The [TEACCH](#) approach should be considered to help children develop independence and to complete activities with minimal adult prompting. It promotes the use of clearly marked, consistent areas within a room e.g. for group activity, individual/independent play, snack area, quiet area, to support children with additional needs in following the routine and encouraging them to access a variety of different areas. For some slightly older children, the TEACCH individual workstation approach may also be helpful in minimising distraction and promoting on task behaviour.
- [TACPAC](#) is a multisensory approach that can be used to promote communication and movement through touch and music. This approach is used by Trafford Early Development Service (TEDS) who can provide training and advice to the settings they are involved with.
- [Portage](#) – 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. It uses a small steps approach in teaching children new skills through play. In Trafford, both TEDS and SENAS are Portage trained and use this approach when offering advice to settings.
- [Snap™ + Core First®](#) is a symbol-based communication app designed to let users start communicating quickly and stay engaged as they grow and evolve on their communication journey. This app provides a fast and efficient communication platform for children, parents, and teachers alike. The iPad app is now available for approx £50. Practitioners should seek advice on its implementation from Speech and Language Therapists or from other involved agencies. This approach is similar to another communication system called PODD, however PODD is more expensive and needs a high level of training to be implemented.
- [PECS](#) (Picture Exchange Communication System) may be recommended by a child's Speech and Language Therapist - this approach uses photos, pictures and symbols to support functional communication skills and teaches children to initiate interaction. Early Years practitioners will require advice and training to implement PECS as it can be fairly labour intensive to implement especially in the beginning.
- [Intensive Interaction](#) – this approach may be recommended by a child's Speech and Language Therapist. Intensive Interaction is a practical approach that can help children who are in the very early stages of communication development. It can be used to support children to relate, interact and share experiences with others on their terms. A Speech and Language Therapist or relevant SEND professional would provide training on this approach if it is recommended by them.
- A referral should be made to Trafford's Sensory Occupational Therapist at this stage if this has not already happened. Settings should continue to develop spaces for sensory breaks/chill out zones or quiet areas.
- [Backward and Forward Chaining](#) is a particularly useful technique to use when teaching

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self-help skills, by breaking them down into small manageable steps, and it links in well with the Portage model described above.

- The [Attention Autism](#) approach - aims to develop natural and spontaneous communication through the use of visually based and highly motivating activities. Advice on this system can be gained from Trafford's Speech and Language Therapists or from SENAS or TEDS.

Review

- [Person-centred](#) Review meetings should continue to be organised and chaired by the setting SENCO every 6 weeks as part of the Assess Plan Do Review [APDR] approach. The child's provision map should be reviewed as part of this process.
- 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 on-going 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 who require additional funding 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, EY SEND 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.

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

In addition to implementation of the Early Years Graduated Approach as described above, the following actions should be evident before considering a referral for an [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. SEN support has been adapted or modified depending on how effective it has been in achieving the agreed outcomes.
- 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](#), [Trafford Early Development Service](#) (TEDS).
- An [Early Help Assessment](#) will have been carried out if a child with significant needs has several agencies involved, and the family needs help to coordinate support.
- If the school/setting having taken relevant and purposeful action to identify, assess and meet the Special Educational Needs of the child but the expected progress has not been

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made, the school/setting or parent/carers should consider requesting an EHC Needs Assessment.

OTHER GENERAL ISSUES

1. Girls and Social Communication Difficulties Including Autism

Girls on the autism spectrum may show more advanced communication skills than boys, but still have difficulties with social communication; they are more likely to engage in two way conversations, share interests, use imagination, adapt their behaviour to suit a situation, and observe and copy others.

Different types of friendship issues may occur. Girls may be better at joining in with other children initially, but struggle to keep up with play and conversations. They may be overlooked rather than rejected by their peers; they and their parents may think they have better friendships, but the relationships may be very fragile.

It is therefore important, if you are concerned that a girl may have social communication difficulties, to monitor their progress carefully, and discuss your concerns with all involved parties. Further information is available on the [NASEN](#) website.

2. Culture and Social Communication Difficulties Including Autism

Communication varies in different cultures, and expectations of young children's behaviour and language development will also vary accordingly.

The following extract from the DoE's former National Strategies Inclusion Development Programme publication [[Supporting children on the autism spectrum: Guidance for practitioners in the Early Years Foundation Stage](#)] gives a helpful summary of how this may influence families' views on Social Communication Difficulties and Autism.

These issues should be considered when working with families of young children.

“Is it true that autism is not recognised in some countries?”

It is sometimes said that in some countries, or certain cultures, autism is not recognised or understood. However, it is more accurate to say that there is a wide variety of acceptance and understanding among people in relation to autism within any country or culture, rather than making sweeping generalisations about an entire country or culture.

Broadly speaking, there are geographical and cultural differences in relation to acceptance of difference in general, and in some cultures there is still a great deal of stigma attached to any disability, particularly those which involve learning rather than being purely physical. For this reason, a child's autism might be kept a secret, or denied. It is true that not all languages yet have a word for autism, but this does not necessarily mean that the condition is not recognised.

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However, translation issues can sometimes present a problem when parents need information: it is known, for example, that some written material on autism in languages other than English that is used in the UK is poorly translated, and may frighten parents unnecessarily.

Practitioners should be aware of and sensitive to all parents' feelings, viewpoints and differing levels of understanding, regardless of their culture. Where parents are not fluent in English, their child's autism may not have been explained to them in an accessible or accurate way, meaning that they do not fully understand their child's needs.

When a child has a diagnosis of autism, practitioners should aim to work in partnership with other agencies, helping to ensure that parents understand the implications of the diagnosis for their child's development, and how they can work with practitioners in a mutually supportive way to ensure that their child makes the best possible progress. Practitioners should never assume that parents will have a particular view or level of understanding about autism simply because they are from a particular cultural background...

.....Children who speak English as an additional language are neither more nor less likely to have autism than children who speak only English. It is usual for children who are at the early stages of learning English as an additional language to go through a period where they say very little in their setting; this should not automatically be a cause for concern for practitioners, as most children go through a period of observing, listening, absorbing and beginning to make sense of their new language before having the confidence to begin speaking in English.

As always, it is helpful for practitioners to talk to the child's parents to find out about their development in their home language"