# Guidance for Early Years Inclusion Coordinators



**Tower Hamlets Council
Early Years Inclusion Team**

TOWER HAMLETS

# Guidance for Early Years Inclusion Coordinators

This guidance aims to provide Inclusion Coordinators in early years settings with an overview of their roles and responsibilities, including current legislation and what this means when working with disabled children; and children with additional needs and their families. The information in this guidance will support Inclusion Coordinators in developing inclusive practice in their setting.

Use of the term parents refers to both parents and carers and use of the plural does not imply that the child will necessarily have two parents.

Photographs represent a wide range of children in Tower Hamlets, and photographs located close to case studies or sections about needs do not imply that the child/children in the photographs has those needs.

We would like to thank the early years settings and their families who kindly agreed to photographs of children and staff being used for Integrated Early Years Service publications. We would also like to express our gratitude to the children and families of Tower Hamlets who continue to inspire our work.

Amended March 2018

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# Legislation and guidance

There is a range of national and international legislation and guidance that contributes to inclusive education. This includes:

**Children and Families Act 2014**
**Special educational needs and disability code of practice: 0 to 25 years (2015)**
**Statutory framework for the early years foundation stage (2014)**
**Equality Act 2010**
**United Nations Convention on the Rights of the Child (1992)**
**Supporting Pupils at School with Medical Conditions (2014)**

## The Children and Families Act (2014)

The Act takes forward a range of Government commitments which are intended to improve services for key groups of vulnerable children (children in the adoption and care systems, those affected by decisions of the family courts and those with special educational needs and disabilities) and to support families in balancing home and work life, particularly when children are very young.

*Taken from the Children and Families Act 2014 Explanatory notes – background and summary (section 3)*

The Children and Families Act 2014 seeks to improve services for vulnerable children and support families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The Special educational needs and disability code of practice: 0 to 25 years (2015) and Supporting Pupils at School with Medical Conditions (2014), form part of this Act.

The Children and Families Act 2014 can be found in full at:
**http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted**

# Special educational needs and disability (SEND) code of practice: 0 to 25 years (2015)

The SEND code of practice describes the principles that should be observed by those working with children and young people who have SEN or disabilities. These include:

- taking into account the views of children, young people and their families
- enabling children, young people and their parents to participate in decision-making
- collaborating with partners in education, health and social care
- early identification of the needs of children and young people
- making high quality provision to meet the needs of children and young people
- focusing on inclusive practices and removing barriers to learning
- helping children and young people to prepare for adulthood

*Early years: guide to the 0 to 25 SEND code of practice 2014 (p5)*

For full details see: Special educational needs and disability code of practice: 0 to 25 years, 2015 (para 5.1-5.5)

The Special educational needs and disability code of practice: 0 to 25 years, 2015 can be found at:

**https://www.gov.uk/government/publications/send-code-of-practice-0-to-25**

# Statutory framework for the early years foundation stage (EYFS) 2014

The EYFS clearly sets out the principles of placing the **unique child** at the centre, building positive relationships with the child and their family and providing an enabling environment which together supports the child's **learning and development**.

It seeks to provide:

Quality and consistency in all early years settings, so that every child makes good progress and no child gets left behind

and

Equality of opportunity and anti-discriminatory practice, ensuring that every child is included and supported

The EYFS promotes early identification of any additional needs and requires practitioners to work in close partnership with the family, seek the views of the child, plan jointly with all those involved and access support where needed.

To support this, the Inclusion Coordinator has a range of roles and is responsible for developing inclusive practice in their setting, and ensuring that appropriate planning and provision is in place for disabled children and children with additional needs.

Statutory Framework for the EYFS 2014 can be found at:
**https://www.foundationyears.org.uk/files/2017/03/EYFS_STATUTORY_FRAMEWORK_2017.pdf**

## Equality Act 2010

The Equality Act 2010 brings together a range of legislation into a single act. It provides the legal framework to protect the rights of individuals and promote equality of opportunity for all. The Act states that disabled children must not be discriminated against, settings must provide equality of opportunity and make reasonable adjustments to ensure disabled children are fully included in the life of the setting.

The Equality Act 2010 can be found at:
**http://www.legislation.gov.uk/ukpga/2010/15/contents**

## United Nations Convention on the Rights of the Child (UNCRC) (1992)

The UN Convention on the Rights of the Child is an international human rights treaty that grants all children and young people (aged 17 and under) a comprehensive set of rights.

The Convention gives children and young people over 54 substantive rights, including the right to:

- be free from discrimination
- give their views and opinions
- have their views and have their opinions taken into account
- have decisions made in their best interests
- a free education
- be encouraged to reach the highest level of which they are capable
- have special care and support to live a full and independent life
- have the right to play and relax.

You can find out more on the UN Convention on the Rights of the Child in this factsheet:
**www.unicef.org/crc/files/Rights_overview.pdf**

# Supporting Pupils at School with Medical Conditions (2014)

The aim of this guidance is:

> …to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
>
> *Supporting Pupils at School with Medical Conditions (2014)*

Supporting Pupils at School with Medical Conditions (2014) can be found at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf

# Terminology

## The language of inclusion

In Tower Hamlets, the Integrated Early Years Service, use the term 'additional needs' instead of 'special educational needs' (used in the code of practice) in order to avoid language which labels children as different, or separates children from others.

Use of the title Inclusion Coordinator (rather than Special Educational Needs Coordinator/SENCO) is encouraged. This emphasises the responsibility of the Inclusion Coordinator to enable all children to be fully included.

## Describing children's development and needs versus using labels

Each child is an individual with their own unique developmental profile. It is therefore best to use descriptive language when talking about a child's needs, for example 'Ilyas needs support to share toys'. Always think of children as individuals rather than defined by a label. Only use labels when parents inform you that their child has a diagnosis of a condition or syndrome and then only when this is the most helpful way of communicating a child's needs.

Be mindful of the language you use. Labels can be misused in many ways, for example, to make generalisations or comments which stereotype.

# Roles and Responsibilities of the Inclusion Coordinator

The role of the SENCO [Inclusion Coordinator] involves:

- ensuring all practitioners in the setting understand their responsibilities to children with SEN and the setting's approach to identifying and meeting SEN
- advising and supporting colleagues
- ensuring parents are closely involved throughout and that their insights inform action taken by the setting, and
- liaising with professionals or agencies beyond the setting

*Special educational needs and disability code of practice:*
*0 to 25 years, 2015 (para 5.54)*

The role of the Inclusion Coordinator means that you will need to be aware of the barriers to inclusion and be able to think creatively about how to remove these barriers to ensure truly inclusive practice. Consider:

- government legislation and policy on equality and SEND and understand the duties that apply to early years practitioners
- training and keeping up-to-date with current legislation and best practice
- Tower Hamlets processes and procedures with regard to SEN
- person centred planning
- how you advise and support colleagues in developing inclusive practice for all children
- partnership working with parents and other professionals
- how you maintain high aspirations and outcomes for children
- how you maintain a good understanding of child development
- liaison with parents and other professionals in respect of children with additional needs
- how you ensure children who receive SEN Support or have an Education, Health and Care plan have regular reviews of the plans
- systems that ensure relevant background information about children is gathered and up to date
- enhancing your knowledge and experience of working with children with additional needs.

# Roles and Responsibilities of the Key Person

Each child must be assigned a key person. Providers must inform parents and/or carers of the name of the key person, and explain their role, when a child starts attending a setting. The key person must help ensure that every child's learning and care is tailored to meet their individual needs. The key person must seek to engage and support parents and/or carers in guiding their child's development at home. They should also help families engage with more specialist support if appropriate.

*Statutory framework for the early years foundation stage (2014)*

For children with additional needs, the importance of the key person cannot be overstated. The key person should always be invited or consulted when preparing for a meeting about their key child, as they will be the person from the setting who knows the child well. They are usually the person who speaks to the child's parent on a daily basis. They are best placed to share the information they gather on the child's views from the setting; their interests, likes, dislikes and what is important to them.

This role of the key person includes:

- building a positive and trusting relationship with the family
- developing early strong attachments, a sense of security for the child and building independence by helping the child to feel confident and self-assured
- home visiting, as the key person has a vital role to play in gathering important information from those who are most knowledgeable about the child. It also provides an opportunity for parents to gain information about the setting, share concerns and feel supported
- working with parents to plan transitions for the child
- building a knowledge of the child's unique profile of development including how the child communicates, interacts, their learning style, interests, the things that are important to them and levels of wellbeing and involvement
- planning, differentiating and adapting activities to meet the needs of individual children
- seeking advice from the Inclusion Coordinator, to discuss whether the differentiated approach is adequate or whether specific SEN support is needed
- planning provision in partnership with parents and the setting Inclusion Coordinator
- monitoring the effectiveness of provision for the child
- working in partnership with the parents and Inclusion Coordinator to regularly review provision for the child.

# Supporting Children with Additional Needs

## Early Intervention

The importance of early intervention is widely recognised. Early years settings are required to have a clear approach to identifying and responding to children's needs, ensuring partnership with parents and accessing support where needed.

All practitioners need to be alert to any emerging needs of children within their setting and respond promptly, working in partnership with parents to identify and plan for disabled children and children with additional needs. Children with more complex developmental and sensory needs may be identified from birth or in very early life. Information sharing and close partnership working with parents and any services involved will support effective early intervention for children.

### Information from parents

Parents have an in depth knowledge of their child and a unique understanding of their child's growth during the antenatal period and development from birth. The key person has a crucial role in gaining information from parents in order that children's needs can be identified early and interventions planned to support children.

All those who work with young children should be alert to emerging difficulties and respond early. In particular, parents know their children best and it is important that all practitioners listen and understand when parents express concerns about their child's development. They should also listen to and address any concerns raised by children themselves.

*Special educational needs and disability code of practice:*
*0 to 25 years, 2015 (para 5.5)*

Information parents share before children start at the setting is vital to support early identification of children's needs. This may include information about:

- their child's interests and strengths
- any concerns about their child's development
- health needs
- how their child communicates and interacts
- physical development and sensory needs
- what supports their child
- any services involved with their child and any specialist assessment and advice
- their child's development recorded in the Red Book and/or through the Two Year Old Integrated Review.

**My Transition Profile** is a useful format to record information and draw up an initial support plan for children with identified needs as part of the transition process (see Planning and Review Process).



## Voice of the child

Gaining information on children's views and feelings provides important information about children's individual needs and helps to shape interventions. Children express their wishes, views and feelings in a range of ways, and parents and practitioners help children to communicate these through their supportive relationships, day-to-day interactions and valuing what children say and do. Children can also be supported to express their preferences and difficulties through visual supports such as objects, taking photographs and sharing photographs and books. Observing children's choices, what they avoid and levels of involvement and wellbeing also provide valuable insight into children's views and feelings.

# Information gained by the key person and Inclusion Coordinator

Practitioners assess, monitor and review their key children's development throughout the early years through:

- their day to day contact with the children and their families
- planned and unplanned observations
- assessment tools such as Development Matters, Early Years Outcomes guidance, ETHCaT monitoring tool and Leuven Scales
- formal checks - Two Year Old Integrated Review and assessments in school.

Gaining information about children's progress in the Prime areas of communication and language, physical development and personal, social and emotional development are key to early identification. Information about children's attitude, disposition and engagement with learning (characteristics of effective learning) is also vital when assessing children's development.

If there are emerging concerns raised by parents or the key person it is essential that:

- parent and practitioner discuss these concerns
- the Inclusion Coordinator is involved.

Where these concerns persist or increase then it is essential that:

- a targeted plan to support the child is developed by the key person, parents and the Inclusion Coordinator
- any decision to involve outside agencies are agreed as part of the plan
- any agencies involved contribute to the identification and planning for needs.

**My Profile** and **My Plan** are useful formats to bring together information about the child's development and agree outcomes and interventions to support the child (see Planning and Review Process). Reviewing the effectiveness of interventions can itself be part of the identification and assessment process, informing next steps in the graduated approach of support (see SEN Support and the Graduated Approach).

# Areas of need

The SEND Code of Practice identifies areas of need in the following four broad areas.

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

There is a wide range of additional needs that are often inter-related. There are also specific needs that usually relate directly to particular area of development. Every child is unique and each identified need will be on a spectrum and may change over time.

# Communication and Interaction

Children and young people with speech, language and communication needs have difficulty in communicating with others. This may be because they have difficulty with using language to communicate, understanding language or difficulties in understanding or using social rules of communication. Children may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.

*Special educational needs and disability code of practice:*
*0 to 25 years, 2015 (para 6.28)*

Communication and interaction are fundamental to a child's early development. Being able to express thoughts, feelings and ideas, attend to and understand language, and build relationships and friendships are essential life skills. Children experiencing difficulties in developing communication and interaction skills will each have a unique profile of development. Early intervention to address communication and interaction needs has a significant impact on the outcomes for children in later life.

Some children with communication needs have associated hearing needs for example as a result of glue ear; therefore it is important to check with parents whether the child has had a hearing test.

The information parents provide combined with the key person's observations and day to day contact is central to identifying and planning for children's communication and interaction needs. In addition the ETHCaT monitoring tool and Development Matters are useful tools for identifying communication and interaction needs. Follow the graduated approach to identify and plan for children's needs and, together with parents, consider support services that may need to be involved such as the Speech and Language Therapy Service (see SEN Support and the Graduated Approach).

Children learning English as an additional language (EAL) should not be confused with those with communication needs. Most children learn English without additional planning beyond the interventions to support EAL learners. Use the ETHCaT monitoring tool to discuss the development of the child's first language with parents. If there are practitioners who share the child's first language, the information they gain to build knowledge of the child's language development will be invaluable. If there are concerns about the child's development of first language a referral to the Speech and Language Therapy Service should be considered.

NB For children who are not communicating in the setting but talking at home or in other contexts (see Social, Emotional and Mental Health Needs - Selective Communication).

Communication and interaction needs can involve difficulties in one or more of the following areas:

- delayed speech and language
- disordered speech and language
- speech sound difficulties
- social communication needs.

## Delayed speech and language

Children's speech and language is delayed when their communication follows the typical pattern of development but it takes longer to develop their language skills. It can affect the development of expressive language as well as understanding of language.

## Disordered speech and language

When a child's speech and language is disordered, it does not follow the typical pattern of development. Syntax (grammar) is often confused, and some children may use jargon (made-up words). Other children may have word-finding difficulties.

# Approaches to support delayed and/or disordered speech and language

- Observe how the child communicates, who they communicate with and where they communicate. Record any language they use and any non-verbal forms of communication such as eye contact, gesture, facial expressions. Consider their attention and listening skills and their ability to understand and follow requests and language used during interaction and as part of routines.

- Children need to hear a range of language in context. Talk about what is happening in the immediate situation so the child hears language that relates to actions as they happen, activities they are involved in and objects they are using. In addition name familiar people. These approaches help the child relate the words they hear with their actions and experiences. Follow the child's lead in play and use words and sentences linked to what they are doing so they hear a model of language related to their play.

- Repetition of words and sounds supports the development of language so children need to hear them frequently in different situations. Saying the same sound, word or phrase over and over again will be absolutely appropriate for some children. When they do use words and sounds, repeat what they have said and expand by modelling or adding another word.

- Encourage early efforts to make sounds and say words and show you value what they communicate through your response. Avoid pressurising the child to repeat words as this can affect their confidence to communicate.

- Use visual supports such as real objects, photographs, gesture and signs to support what is said. For example a series of objects or photographs to represent activities, places in the setting, routines and people will support what you say to the child and provides the child with an additional way to communicate their choices and preferences (see Social Communication Needs for more information on visual supports).

- Answering questions can be complex for a child with communication and language needs. Only ask questions that you really need to know the answer to ('Do you want a snack?') or open-ended questions which encourage the child to think and talk ('What do you want to play?').

- Attention and listening are important aspects of communication therefore showing the child that you are attending and listening to them provides an important model. To encourage a child to attend get down to their level, gain eye contact and say their name. This helps the child cue into what you are saying.

- Take turns of equal length and give adequate space for the child to respond which may be verbal or nonverbal. Wait for a child to respond and resist answering for the child when there seems to be a long pause – this can be 10 seconds or more. This helps the child to think about what they have heard, seen or done before responding. Pauses give the child space to talk and remove pressure from the child.

- Create plenty of opportunities for sharing books, singing songs and rhymes using props to provide a visual support. Create opportunities for communication introducing a toy or activity that excites their curiosity.

- Use physical care routines as opportunities for talking and explain what will happen before the care task happens ('Let's get you a dry top', 'Let's change your nappy').

- Provide structured opportunities for the child to make choices. This helps the child use their language in a functional way and models what they need to say to get something they want. Offer the child two choices (one that the child is likely to want and the other an item they are less likely to want), hold up each in turn and name each item. When the child has indicated by looking, gesturing or naming, label the child's choice again for example 'ball or spade'…. (leave a gap for the child to respond and when they have indicated)… 'ball'. To offer a choice between activities show the activity, use an object of reference linked to that area or a photograph of the activity.

For further information see *Tower Hamlets Early Years Communication Guidance and EHTCaT monitoring tool.*

# Speech sound difficulties

During the early years, children learn many different sounds and how to organise these sounds into words. Most young children will sometimes mispronounce words, and this is part of language development. Some sounds and blends are much more difficult to pronounce than others (see ETHCaT monitoring tool for further guidance).

It is particularly important to check the child has had a recent hearing test and note if the child is frequently congested as this may affect hearing.

If it becomes evident that a child is having persistent speech sound difficulties which leads to their speech being difficult to understand, even for people who know the child well, gather information on their speech sounds and together with parents consider referral to the Speech and Language Therapy Service.

For children with persistent stammering or dysfluency difficulties (ongoing for more than 6 weeks or frequently recurs), it is essential to make an early referral to the Speech and Language Therapy Service.

## Approaches to support speech sound difficulties

- Show the child that you are interested in what they say and remain calm and patient.
- Model correct pronunciation for the child and avoid correcting their efforts.
- Allow a child plenty of time to finish what they are saying. Avoid finishing their sentences for them, and discourage other children doing this.
- Pay attention to what the child is saying, maintain eye contact to communicate that you are listening to them and value what they say.
- Pause to give plenty of time for the child to say what they want to communicate to you.
- Avoid too many questions so that the child does not feel under pressure to speak.
- Speak calmly and at a rate that gives the child time to follow, if you are a rapid speaker slow down your speech, pause and reduce the amount you say and use short, simple phrases.
- Playing games which encourage movement of a child's mouth and tongue – blowing bubbles, mirror play, copying silly face games, licking foods.
- Build sound and voice awareness with:
  - musical instruments
  - a range of equipment that encourage children to bang, blow and shake items
  - vehicle, animal and environmental sounds linked to play
  - stop/start and 'Ready, steady, go' games
  - songs, rhymes and stories
  - games, songs and stories involving opposite sounds: fast/slow, long/short, loud/quiet, high/low.

For further information see *Letters and Sounds: Principles and practice of high quality phonics (2007)*

https://www.gov.uk/government/publications/letters-and-sounds-principles-and-practice-of-high-quality-phonics-phase-one-teaching-programme

# Social communication needs

Social communication needs are on a continuum and include children on the Autism Spectrum. Each child is unique and will have different levels of needs in some or all of the following:

- understanding the social and emotional behaviour of others
- understanding and using communication and language
- differences in how information is processed [flexible thinking and imagination]
- differences in how sensory information is processed.

Adapted from *Early years autism competency framework, Autism Education Trust, (2012)*

Diagnosing Autism is a complex process and involves a multidisciplinary assessment over time. Therefore it is important that staff do not use the label of Autism when discussing children's needs with parents and colleagues unless the child has been diagnosed to be on the Autism Spectrum. If you are concerned that a child displays significant social and communication needs, in discussion with the parents, determine if the Health Visitor has raised concerns and if any referrals have been made. These could include Speech and Language Therapy Service, Autism Spectrum Assessment Service (ASDAS) and the Child Development Team (CDT). If a referral has not been made, and you are considering referral to other services, your Area Inclusion Coordinator will be able to offer you advice.

# Approaches to support social communication needs

- Observe how and when the child communicates and who they interact with. Build your knowledge of the child's development in the prime areas, learning disposition (characteristics of effective learning) and what gains their interest and attention and promotes high levels of involvement and wellbeing.

- Intensive Interaction - This approach is used to teach the fundamentals of communication which are typically learnt during the first two years of life. The aim is to provide the child with an enjoyable experience of interacting with another person, develop the ability to attend to another, take turns in exchanges of interaction, use and understand non-verbal communication such as eye contact, facial expressions and gesture and use vocalisations and speech in a meaningful way.

  The approach involves developing interaction sequences between the practitioner and the child. These are repeated frequently and gradually increase in length as the child becomes responsive to the practitioner. The practitioner needs to be relaxed, non-directive and above all responsive to the child's actions. The child takes the lead and the practitioner responds to and joins in with what the child is doing and saying. This can be by commenting on their actions, joining in with their play and playfully imitating the child.

  Repetition and anticipation games can also be helpful in maintaining and extending the interaction. By responding to the child in this way it avoids pressure for the child and communicates that the practitioner values them and enjoys being with them. The sessions although quite intense are also fun and playful.

- Mirroring and entering the child's world – This also involves following the child's lead, joining in and imitating what the child does and says. It may be possible to do this opposite or right next to the child or, if this is uncomfortable for the child, at a short distance from them. Making the same actions and sounds can help increase the child's responsiveness to interaction and make a connection to the practitioner.

- Eye Contact – Children with social communication needs may not be interested in eye contact or it may make them feel anxious and uncomfortable. A child may still be paying attention even if they are not looking at an adult. Some children may give eye contact when they are relaxed or at a distance, but unable to do so when in a confusing or over stimulating situation. It is therefore important to have a detailed knowledge of the child's eye contact and response to eye contact when planning. If the child gives some eye contact and does not find this too difficult then consider the following:

  - blowing bubbles and waiting for eye contact between each breath. Blowing feathers, party blower, and noise toys can be used in a similar way

  - Peepo games with hands, scarves, sunglasses, binoculars made from cardboard tubes and wearing hats can also be useful in gaining eye contact

  - mirrors can also be a helpful way of sharing eye contact, as well as learning sounds and facial expressions through modelling and imitation

  - position and manipulate items that interest the child near your eye line to the child.

- Developing attention - Children with social communication needs often require support to develop attention and listening. Many of the strategies to increase eye contact above also support attention and listening. Having a specific activity which invites the child to jointly attend to a range of multi-sensory and highly visual toys can help the child to develop joint attention. Ideally these resources are only used during the activity session to retain their novelty.

- Child's interests/fascinations - Children may have particular interests that occupy much of their time. It is important to note exactly what the child finds interesting or fascinating – it may be linked to the senses or movement of an object or themselves (consider schemas). These can be used as a way into supporting learning, communication and interaction. For example, if a child is very interested in the DLR, you can plan activities around this, extending the child's learning, while at the same time encouraging broader interests, such as trains in general, then other forms of transport.

- Routines and environment - Have clear, consistent routines that are flexible in response to the child's needs. Gradually introduce routines to the child, supported with visual cues, to assist their understanding. Set up clearly defined areas to help the child to know what happens where, and try to keep the structure and routines of the day the same, as far as possible. Limit the choice of materials/equipment during activities; it can be confusing if the child has too many things to choose from.

- Visual Supports - Use visual support materials such as real objects (objects of reference), photographs, pictures and symbols to support communication and interaction. Ideas for visual supports:

  - labelling and naming using real objects, photographs and coloured symbols are useful for naming, supporting choices and understanding with stories and rhymes. These should be kept readily accessible to support both the practitioners and the child's communication. Carrying a transition symbol/object to new activity can also support a child's understanding and communication

  - clearly label areas and resources with the object, a photograph or symbol and the word

  - now and next visuals can help to support with what is happening. This can be an object, photograph or picture to show what is occurring now. This can be extended to now and next

  - prepare the child for change, such as the end of an activity or a visit from an unfamiliar person. You could use a gesture, picture, symbol or timer to alert the child that an activity is about to come to an end. A simple book with photographs can help prepare a child for a significant change, such as going to school

  - turn taking using sand timers can be useful for definitive time bound turn taking. Wearing items such as hats, badges, tabards can help to indicate whose turn

  - sequences such as washing hands or brushing teeth can be supported through visual supports. It is useful to display these where they will help the child to follow the sequence

- ➤ routines and timetables- if using real objects, keep them in a bag – you may just start with one item and then build up to two (now and next). A child may need to have a longer time timetable so they know what is happening during the whole session

- ➤ timing countdown/warning - time is a difficult concept for young children. Dot timers (such as three spots which get peeled off and when they are gone the event is finished) or countdown on fingers gives a visual (and flexible) way of showing time passing. A child may be more responsive to a sound or musical instrument to show a change or event in the routine

- ➤ making choices - hold up two items, naming each one in turn. Ask 'do you want the x or the y?' Support the child's attempts at making a choice. Say 'you want the x!' as you give it to child. If a child can choose between two things, introduce a choice of three

- ➤ naming emotions - using photographs or symbols to name emotions is useful and they can be referred to at various times throughout the session when children and adults express different emotions.

- ● Sensory processing - This refers to how we receive, process and integrate all the information from our senses to understand and respond to the world around us. Children who have sensory processing difficulties may have difficulties in understanding what is happening inside and outside their body.

  For some children senses can be intensified (hyper/over sensitivity) and/or significantly reduced or even absent (hypo/under sensitivity). Either will have a significant effect on how a child responds and may lead to the child engaging in repetitive, self-stimulatory behaviours such as tapping, spinning or flicking fingers which may be used to stimulate the senses. These are often comforting for the child and should not be concerning as long as the behaviour is not harmful to the child (such as head-banging) which will require an immediate response to divert the behaviour – for example by placing a cushion under the child's head and using a distracter based on their interests. It is important to build a detailed knowledge of the child's responses in the environment for example how they move around including balance and body awareness, response to sounds and sudden noises, light, touch and response to different textures and smells. Below are approaches to consider for different behaviours which may be observed:

  - ➤ avoiding touch from another - build fun 1-1 interactions that do not involve direct touch and enable the child to watch hand holding games and songs from a distance. See if the child will tolerate touching a sleeve, use objects to provide an experience of touch for example rolling a ball along the arm or a weight blanket, experiment with different touch pressure for example light or firmer, provide opportunities to explore a variety of different tactile resources

  - ➤ walking on tiptoes - foot massage and brushing different objects on the feet, provide different textured surfaces to walk on, foot painting, bare feet in the sand

  - ➤ running hands through sand continuously - experiment with different textures such as wet sand, foam, shredded paper, corn flour

- avoiding messy play - incorporate toys of interest in the messy play, toy vehicles in a paint tray, foot painting with dolls, providing implements and utensils to touch the medium

- mouthing everything and biting self and others - model different ways of exploring through touch, have specific objects for biting (some resources can be worn by the child on their wrist)

- only eating specific food - introduce gentle taste tests, where the child can be offered very small pieces of certain food between their favourites, messy play with various food items, place a small dab of food on the back of the child's hand

- focusing on florescent light and reflective surfaces – use a range of soft lighting with standing lights, use interactive switches, voice activated light boards and mirror play to encourage interaction, use matt lamination on visual card supports to help child focus on the image rather than the reflective surface

- focussing on spinning objects - incorporate toys spinning in a wider range of play activities, introduce other movements with toys such as rolling, balancing, dropping, and lifting

- humming and covering ears, being alarmed by certain noises - try and identify if there is a particular sound that leads to this response, shut doors and windows where possible, prepare child to go into a noisy place giving option of ear defenders, offer alternative sounds/music through headphones, check lighting is not buzzing, ensure one adult at a time speaks to the child, have a quiet area available where the child can retreat to if they choose

- climbing continually - divert child to appropriate climbing equipment, introduce games that involve climbing in specific areas, action songs

- constantly rocking - use a large ball to encourage child to lay over top and push back and forth, use balance/wobble boards, see-saws, swinging on swing and in a hammock or blanket

- constantly on the move - provide plenty of opportunities for physical activities, songs that involve lots of movement and stories that involve actions

- avoiding busy areas - encourage one other child into the child's chosen area and encourage low key play modelling interaction, provide a quite space where the child can choose to go to have some time to themselves and a 'safe' area to retreat to when needed.

Adapted from *Sensory Processing Resource Pack: Early Years Leicestershire County Council et al*

See Appendix for activities to support interaction and attention.

# Cognition and Learning

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

*Special educational needs and disability code of practice:*
*0 to 25 years, 2015 (para 6.30)*

Children who have needs in this area are usually referred to as having 'learning difficulties'. Learning difficulties should not be confused with delayed learning which is a result of reduced learning opportunities (for example due to hospitalisation). Learning difficulties are usually persistent, which may or may not be associated with a particular condition.

The Characteristics of Effective Learning (Development Matters) is a useful tool to assess whether a child is having difficulties in this area. This will include considering how the child plays and explores, motivation to engage, involvement and concentration, making links and developing ideas in play.

# Approaches to support cognition and learning needs

- Have an in-depth knowledge of the child's development in the Prime areas and their characteristics of learning. Consider what gains their interest and attention and promotes high levels of involvement and wellbeing. Use this information to plan next steps in learning, and try out a range of activities based on their interests. Use information gained from their response, wellbeing and involvement to change or extend activities and adapt as children's interests and thinking evolve and change.

- Ensure that there are plenty of opportunities to repeat activities so the child can embed learning and explore with them how they may apply what they have learnt to different situations.

- Ensure there is adequate uninterrupted time for the child to explore at a pace that recognises the time and space they need. Keep significant activities available and easily accessible.

- Hand-on-hand modelling can be a useful approach for children who need this physical guidance to experience what it feels like to explore and manipulate play equipment and materials.

- Use a range of stimulating, open-ended resources that encourage children to use all their senses. Develop a bank of clearly marked sensory resources that can be used at different times to develop the child's awareness and exploration of the senses.

- Create interesting experiences that encourage the child's curiosity and motivation to explore such as introducing unexpected objects, placing toys in unusual places, introducing treasure boxes of interesting objects for children to uncover and explore.

- Model exploring and problem solving and describe what you are doing ('I'm going to see if the block will stay on top of the tower we made......maybe it will fall down').

- When the child is exploring and experimenting, talk about what the child is doing, and make suggestions or pose questions to help develop sustained shared thinking ('That car went down the ramp so fast .......I wonder how we can make it go faster?').

- Encourage the child to make links between songs and stories and their own experiences and interests.

# Social, Emotional and Mental Health

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.

*Special educational needs and disability code of practice:*
*0 to 25 years, 2015 (para 6.32)*

Social, emotional and mental health is closely related and a child may have needs in any combination of these areas. It is helpful to think of the categories within the Prime area of Personal, Social and Emotional Development (Self-confidence and self-awareness, Making relationships and Managing feelings and behaviour) which directly relate to this area of need. Development Matters can support understanding of a child's development and early identification of additional needs in this area.

The setting's approach to supporting children with social, emotional and mental health needs should be explicit and part of your ethos. We need to remain supportive and positive in our work with parents and it is particularly important to consider how to share concerns when discussing this area of need. Outline the child's strengths and describe what has been observed. Avoid diagnostic labels such as 'Child x is depressed/ hyperactive'. It is also important to be empathetic to different parenting styles and cultural differences.

Parents and practitioners can find this area emotive to discuss. Where there are different expectations of behaviour between home and setting, practitioners need to be careful in how they approach this with parents. It is appropriate to make suggestions when discussing and planning, but avoid telling parents what to do. Person centred planning should enable an open discussion which considers the child's and parent's views and information gained by the practitioner. It will focus on the child's strengths and lead to a shared understanding of next steps and strategies to support the child (see Person centred planning and SEN Support and the Graduated Approach).

NB You must follow your Child Protection procedures when you have any safeguarding concerns for the child.

# Social interaction needs

Social interaction needs may include:

- difficulties establishing friendships
- lack of awareness of social rules and conventions
- difficulties sharing and turn-taking.

Most children acquire these skills without too much difficulty as they mature. However, for a small number of children, explicit teaching of social skills will be necessary.

Children learn a great deal about social interaction from the way in which adults interact with each other. Therefore it is important that practitioners treat each other with respect and consideration in order that children have a positive model of interaction.

# Emotional and Mental Health Needs

The indicators of emotional and mental health needs are wide ranging - some children may display obvious signs of distress whilst others may be withdrawn.

We need to be supportive and positive in our work with children and families and avoid making judgements. Forming positive relationships, building trust and working together with parents is fundamental to effective work in this area. This provides a firm foundation to discuss the child's strengths and needs and to explore approaches to support the child.

There are some life experiences which may be particularly disruptive and difficult for children such as moving house, a bereavement, separation or illness. Strong partnerships with parents facilitate effective information sharing in order to support the child.

Children's Centres offer support to families through the services they provide. For some children, a referral to the Child and Adolescent Mental Health Service (CAMHS) may be suitable and if you would like support with this please contact your Area Inclusion Coordinator.

The following may be signs of emotional and mental health needs:

- recurrent crying
- selective communication (such as not communicating in the setting whilst speaking at home or in other contexts)
- frequent wetting/bedwetting or soiling after the child is toilet-trained
- withdrawing from others and/or activities
- impulsive physical actions towards others
- self-harm
- continually seeking attention.

# Approaches to support social, emotional and mental health needs

- Remember we all feel a range of emotions and children are learning how to regulate the feelings that can overwhelm them. Discuss feelings as part of play and activity that are happening around them. Name feelings (for example happy, sad) and reassure children that it is fine to feel these emotions and is a natural part of everyday life. Link your feelings to actions 'I'm so happy I got a lovely card today', 'I was angry when I missed the bus today'. Offer safe ways in which the child can express these emotions, both physically and verbally, when they are feeling distressed, angry or frustrated. For example, by stamping their feet, going somewhere quiet, squeezing a cuddly toy, hitting a cushion. Puppets can be very useful for enacting scenarios and discussing feelings and social rules. Sharing books also provides opportunities to talk about feelings and needs.

- Provide a friendly, secure environment. It can also be supportive to have photographs of people who are special to them and some children like to have something special for security such as a toy.

- It is essential to build secure, caring relationships with children. Have a calm, nurturing approach and avoid shouting and loud noises.

- Give lots of hugs and cuddles, if the child likes to receive them. Do not try to cuddle the child who dislikes close physical contact.

- Make sure there is at least one quiet area where the child can retreat if the child wishes to do so.

- Children may be at the early stages of learning how to be with others and cooperate therefore we need to model friendly, caring behaviour and teach social skills. When modelling collaborative play use the language of cooperation so children hear words and phrases that support successful interaction 'Can I have a go?', 'Do you want some playdough?'

- Young children need support to understand what it is to share and take turns. Initiate turn taking with an adult and when the child is ready, gradually introduce play with one other child. Initially it may be helpful to use toys that lend themselves to turn taking such as a marble or car run.

- Encourage children to seek adult support if difficulties occur.

- Support children to develop friendships and confidence in their social interaction and give lots of expressive specific positive praise – 'good sharing', 'great helping', 'lovely playing'.

- Join children in their play and interests and follow their lead in play.

- Where possible, try not to respond to unwanted behaviours designed to gain adult's attention unless they are harmful to the child or others.

- If a child is physically hurting others, give clear instructions such as 'stop hitting' or 'biting hurts…ouch!' with a clear facial expression of pain. Make sure the child who is hurt gets nurturing attention.

- Consider why a child may be physically hurting others – could it be a sensory need and is it possible to provide this in a safe way? For example, if the child likes to bite is there an alternative item they can bite such as a 'chew' toy or crunchy food.
- Try to divert the child before they become upset or do something which may hurt themselves or others. Use distracters such as toys they like. Some children like being given responsibility and 'helping jobs' to do.

# Selective communication

Selective communication is linked to anxiety and characterised by not speaking outside the home and to people who are not close family members. Commonly the child will speak freely and confidently in the home context. The child is not refusing to speak but is unable to speak as a result of the anxiety they feel about speaking outside the home.

## Approaches to support selective communication needs

- Be patient and avoid any attempt to pressurise the child to talk.
- Be positive about all forms of communication.
- Encourage interactions that do not rely on speech. Praise at a level that is appropriate for the child.
- Have games with instruments to enable the child to make sounds and include instruments that you blow through.
- When reading a story use props and give the child an important prop.
- Support the child to form the actions for songs.
- Gradually encourage the child to step out of their comfort zone for example having a whispering game. Initially this could be in paired situations and gradually increasing to a small group.
- Planning with parents, for the child to bring something from home they would like to show their key person. Arrange for the child to take something from the setting home for example a teddy that they can look after for the evening/weekend which is part of a whole group activity. Parents could discuss with their child if they would like to take pictures of the teddy's evening/weekend to show in the setting. Ask parents to record the child singing or speaking at home, which can be shared in the setting. The aim is to establish transparent and regular links for the child between the home and setting.
- For children who have English as an additional language, if possible have a key person who shares the child's home language and provide unpressurised opportunities to speak in their home language.
- Arrange for the child and parent to spend some time on their own in the setting, so that the child can get used to using their voice in this environment.
- Show no surprise if the child speaks, but respond warmly as you would to any child.

# Sensory and/or Physical Needs

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

*Special educational needs and disability code of practice:*
*0 to 25 years, 2015 (para 6.34-6.35)*

Children with sensory or physical needs may or may not have needs in any other area. Sensory and physical needs may occur together or separately. There is a very wide range of physical needs. It is important to find out as much as possible about any condition the child may have in order to ensure that their needs are fully identified and met.

## Individual healthcare plans

Some children will have sensory or physical needs because of a medical condition. When this is the case there needs to be an Individual healthcare plan for the child. In addition some children may have medical conditions that require an Individual healthcare plan, while not having a sensory or physical need. The plan will provide clear information about how to support the child's medical needs and how to respond in an emergency or if the child is unwell due to their medical needs. Emergencies can occur for a range of needs and conditions for example children with sickle cell anaemia, illness caused by shunt for hydrocephalus becoming blocked, epileptic seizure, severe asthma attack and allergic reactions.

Draw up the plan in a meeting with parents and a health practitioner who knows the child or has expertise in the area of the child's medical need. If this is not possible ensure that you have written information about the child's medical needs and your Area Inclusion Coordinator can advise you in completing a plan. The plan must be in place before a child starts in a setting.

The Individual healthcare plan needs to include:

● the child's medical needs and symptoms

● information about any medication the child takes, even if it is not administered in the setting

● what to do if an emergency occurs or child is unwell due to their medical needs or condition, including telephone numbers and names of medical staff to be contacted (specialist nurses or doctors) and how and when to contact parents

● protocols for any specific care procedures

● name trained staff if specific training is needed, for example for suctioning, tube feeding.

## Sensory Impairment

The two most common sensory impairments are hearing impairment and vision impairment. Both span a very wide spectrum of severity. Always take account of the child's psychological/emotional needs, particularly where sight or hearing has been lost suddenly. Have a clear understanding of their sensory needs through your discussions with parents and any specialist advice available.

## Hearing impairment

Every child's hearing loss will be unique and it is important to know the degree and nature of a child's hearing loss which can range from mild to profound and may be permanent or fluctuating. Hearing loss may be unilateral (affecting only one ear) or bilateral (affecting both ears). Few children are completely deaf and most will be able to hear some sounds at certain pitches or volumes.

Hearing loss may be:

- sensori-neural which is a permanent loss and will be present for life. It generally results from damage to the inner ear
- conductive loss which is usually temporary in nature and can often be treated. The most common cause in early childhood is a build-up of fluid in the inner ear (glue ear) and can affect one in five children in the early years. For some children glue ear can reduce hearing considerably for extended periods which has a significant impact on their learning.

Children can have both a conductive and sensori-neural hearing loss.

For children with mild hearing loss, you may not need to access outside advice and support. For those children with a more severe loss, you should seek advice and support from the Service for children with hearing impairment.

# Approaches to support hearing needs

- If the child uses technology such as a hearing aid, make sure they wear it, that it is clean and the batteries are not flat. Know what to do or who to contact if the technology stops working.

- Ensure the child is within a distance to you that allows their hearing aid to work at its optimal level.

- Make sure the child can see your face when you speak to them and your face is not in shadow, for example, when standing with your back to a light source.

- Speak clearly and at your normal pace and volume. Speaking too slowly or exaggerating your mouth movements will make it harder for the child to understand you. Shouting and whispering also make mouth movements more difficult to follow. Remind other children to do the same.

- Gain the child's attention before you start speaking and get down to their eye level so they can focus on your speech and tune-in to what you are saying. Always check they have followed what you have said and that they have understood any instructions.

- Keep background noise to a minimum. Position bookshelves and cupboards against partition walls, avoid background music, and close windows and doors where appropriate.

- Reduce reverberation by using soft furnishings such as cushions and rugs, cover hard surfaces with fabric, pad bottom of storage boxes with felt or foam.

- Ensure that the child sits near the front during stories and any group sessions and has a good sight-line to your face and the book. You might want to share the book with the child beforehand so they become familiar with the sequence of the story.

- Support the child in developing auditory attention. Repetitive rhymes, singing and musical instruments can provide some children with valuable auditory experiences whilst taking care not to overwhelm them with sounds.

- Use language alongside every activity and ensure that the child is exposed to a language rich environment. Use the ETHCaT strategies to support language development.

- Supplement your speech with natural gesture and body language.

- If the child is using British Sign Language (BSL), learn key signs. If not, the child may benefit from Signalong/Makaton to support spoken language.

- Use visual supports such as objects, photos, pictures, and visual timetables to support what is said and familiarise children with routines (see Social Communication Needs - Visual supports for further ideas).

- The effort to listen and observe can be very tiring for a child therefore try and avoid fatigue by not using too many verbal instructions, get to know if the child finds any particular activity particularly tiring and provide a quiet, calm space which can be used for relaxing.

Adapted from the ncds document - *Supporting the achievement of hearing impaired children in early years settings (2015)*

# Vision Impairment

Visual difficulties take many forms with widely differing implications for a child's education. They range from relatively minor and remediable conditions to total blindness. Some children are born blind; others lose their sight, partially or completely, as a result of accident or illness.

Again, for children with a mild impairment, you may not need to access outside advice and support. For those children with very limited vision, you should seek advice and support from the Service for children with vision impairment.

## Approaches to support vision needs

- Discuss with parent and observe how the child with vision impairment makes the most of the sight they have. For example do they tilt their head, focus on bright colours and mirrors, stare at sunlight or artificial light, move more confidently in bright or dim light, look at objects and faces. This will help to build knowledge of the child's vision and inform approaches and resources to support the child.

- Make sure that a child with glasses brings them and wears them, where appropriate.

- Ensure that the physical environment is safe, for example make sure that there are no obstacles the child could trip over, there are clear routes to move through the areas. Consider placing high contrast tape round doors, along steps, on edges of furniture to help the child detect edges and different levels.

- Ensure there is sufficient but comfortable light in the environment.

- Create a calm, quieter area that the child can have as a safe base, that they can return to as they wish.

- Once the child is secure, enable them to learn their way to different areas in the setting and how to return to their safe base. Try to keep the physical environment as consistent as possible.

- Encourage the child to touch and explore different aspects of the environment explaining what they are exploring and talking about what is in each area.

- Build shared and joint attention by following the child's lead, observing what they are interested in and talking about what they are doing or touching.

- Provide a range of multi-sensory experiences that encourage the child to investigate different textures, sounds, smells, tastes and sights. Some children will find this overwhelming and will need to be introduced sensitively.

- Use the child's name at the beginning of a question or request.

- Help the child to make sense of what they hear in noisy situations 'Arna is banging the pots with a spoon to make that sound, do you want a go?'

- Avoid having background music playing.

- Have clear routines to help the child learn and predict what will happen during a session. Use specific objects, linked to the routine, to support understanding.

- Some children need help to make sense of visual information and to develop visual

understanding. The child may need encouragement to look at and explore objects visually. Knowing what toys particularly draw their interest will aid planning to increase visual attention. Having familiar objects for the child to explore will also support visual understanding. Treasure baskets and feely boards and mats with different textures can also encourage visual attention. Toys and objects that are simple in design, with clear contrasts between colours or features are easier to understand visually.

- Access to sensory rooms and spaces will support visual development.

- Provide plenty of opportunities for singing songs and rhymes and help the child to form actions by physically guiding them as needed.

- Use books with illustrations that have good contrasts between colours and features and interesting textures to explore. In a group story session make sure the child has a good sight-line to the pictures and use big books and story props that the child can hold.

- Enlarge images and print as necessary. Use paper that contrasts clearly with the print.

*Adapted from Early Support (2012) Information about visual impairment*

# Physical Needs

Children with physical needs should be able to fully participate in the life of the setting, therefore consider how you remove barriers to children's learning and involvement and plan for the support and adaptations needed to meet children's physical needs. Information sharing with parents and any services involved such as the Physiotherapy and Occupational Therapy services will support effective planning. There will be children who do not meet the threshold for specialist support but who will benefit from a range of planned interventions to support their physical development. It is important to consider whether the child's previous experiences have impacted on their development.

Physical needs include:

- large body movements such as crawling, balancing, walking, running, climbing and jumping
- fine motor development involving hand-eye coordination which enables the child to grasp and manipulate objects.

There are many building blocks involved in physical development which include:

- balance, postural control and coordination through the vestibular sense (this sensory system enables us to detect motion and to respond to it to provide balance)
- bilateral integration (using both sides of the body at the same time)
- body awareness (also known as proprioception and is the internal sense that tells you where your body is in space and how you move)
- core stability and trunk rotation (core stability describes the ability to control the position and movement of the central portion of the body)
- spatial and temporal awareness (perceiving the volume of objects in relation to each other and seeing things sequentially one after the other)
- crossing the midline (an imaginary line down the centre of the body) which enables us to reach across the body with the arms and legs crossing over the opposite side. The ability to cross the midline enables the dominant hand to get the practice it needs to develop fine motor skills
- upper arm mobility, control and strength which also supports development of fine motor control
- hand and finger coordination, control and manipulation
- locomotion and full use of the feet and toes. Sensory feedback from the soles of the feet and toes is used by the brain to modify our steps as we walk, run, jump and climb therefore opportunities for bare feet play is invaluable for early physical development.

*Every child a mover (2015) - White, J.*

## Approaches to support physical needs

- Ensure that the child is as independent as possible.

- Make sure that if the child needs assistance with basic care needs this is done sensitively.

- If the child has significant mobility difficulties ensure that you use advice available from services involved.

- Check that your equipment is suitable (for example table at the right height, pencil grips, adapted cutlery). Consider any physical adaptations that may be needed and equipment such as assistive technology (for example adapted keyboards or switches).

- Make sure medical advice is up to date if the child has a medical condition and take steps to learn more about any particular medical condition the child may have.

- Ensure there is sufficient floor space and provide the child with plenty of opportunities to walk, run and crawl on different surfaces – grass, carpet, vinyl, bumpy ground.

- Provide outdoor equipment that encourages children to balance, climb, jump, slide, lift, pull, push, hang, spin and swing. For example A-frames, monkey bars, ladders, logs, planks, pulleys, wheelbarrows, tyres, tunnels, tumbling mats, large balls, large blocks and thick rope.

- Provide resources that encourage den making such as large boxes, fabric, pillows, crates, string, rope and pegs.

- For children who are not walking provide plenty of 'tummy time' (time spent on their stomach) in order that they can practice rolling, reaching for and grasping objects, pulling and pushing, crawling and pulling to stand.

- Create a path with things to step on to (carpet mats for no height or blocks/logs) and paths with defined sections to step in to (hoops, ladder on ground, tiles). Plan opportunities for full use of the feet and toes through bare feet on different surfaces and in a range of mediums (wood, carpet, sand, grass, paint, mud, water).

- To encourage children to build balance, coordination and body strength provide a range of wheeled vehicles such as carts, wheelbarrows and pushchairs; containers such as watering cans, buckets and baskets; equipment such as spades, rakes, brooms, guttering, pulleys, ropes, crates and large blocks.

- Provide opportunities to build balance and coordination using rockers, see-saws, spinning cones, roundabouts, ride on toys and balance/wobble boards. These boards provide opportunities for slow controlled exercises which can be carried out sitting and then progressing to kneeling or standing on the board. Time how long a child can balance on the board and try to extend this. Rock from side to side, backwards and forwards and in circular movements (remember to keep the head up).Games can be introduced whilst on the board:
  - play clapping games together while the child balances
  - children can pass a beanbag from hand-to-hand while balancing on the board
  - they can also try reaching to clap soap bubbles or to catch floating scarves.

- Introduce an Obstacle course with items at different heights and promote a range of movements such as climbing, crawling (under and through), tummy wriggling, rolling and sliding.

- Set up a Negotiating course which encourages children to travel around items such as chairs, trees, cones whilst crawling, shuffling and walking forwards and backwards.

- Provide opportunities to use bikes – encourage the child to balance bike with alternate feet pushing on the ground, pedal bike with feet on pedals and adult pushing so child feels the sensation and movement required. As the child builds skill and confidence in riding a bike introduce obstacles to peddle round and traffic lights to encourage stopping and starting.

- Encourage walking along or next to lines (tape, ribbon, string or marks on the ground) which are straight (easiest) then progressing to wavy, circular and zigzag. This can be a 'Follow my leader' game, alternating who is the leader.

- Set up a hand to hand passing and catching game where child passes a beanbag or ball from one hand to the other, holds a piece of string/ribbon/spaghetti with one hand then taking it by the other end with the other hand then let go with first hand.

- Introduce a rolling to each other game with feet touching so the ball will be contained. Start with a slower moving larger ball with sounds/lights/texture inside to gain attention. As the child progresses advance to smaller, faster moving balls and/or moving further apart.

- Provide opportunities to catch light items using both hands such as balloons, scarves, bubbles (clap to burst), large soft balls and feathers.

- Encourage throwing (two hands and then one, also try kicking). Throw a large ball at skittles, and balls/beanbags into a large bucket/dustbin.

- Introduce Stop start games which can include suggestions for body movements and using music/instruments to denote stop and start.

- Play parachute games and chasing games such as Musical Statues, What's The Time Mr. Wolf, Sticky Popcorn.

- Have builders trays with a range of messy play opportunities and large surfaces to mark make with paint, water, shaving foam using brushes and hands. Encourage children to cover a large surface using both hands one on top of the other together to reach all parts of the surface. Then making large circles and loops with the hands in the same posture.

- Provide a range of resources to build hand coordination, control and dexterity such as playdough, clay, cornflour, shaving foam, chalk, finger and brush painting, tape, ribbons, string, rope and pulleys, water play equipment, pegs, threading, construction equipment and small world resources.

- Introduce Start stop games to develop fine motor skills with musical instruments (fast/slow, loud/quiet):
  - drumming using two hands and alternate hands, spoons and sticks on pots, pans and drums

- ➤ use a range of shakers – in one hand, in both hands (at the same time – both hands up, both hands down, both hands out to the side, both hands to the right, both hands to the left, one hand up and the other hand down), then alternate hands.

- Use a range of movement songs (sing at a speed to suit the child's movements) for gross and fine motor movements such as Head, Shoulders, Knees and Toes, Sleeping Bunnies (use various actions such as run, tip toe, crawling, wriggling and marching), Everybody do this just like me, Row your boat, Incy Wincy Spider.

- Provide opportunities for children to swing or be swung using swings and hammocks (Lycra sheets/material fixed or temporary with an adult holding each end).

- Provide experiences which support body awareness and relationships for example Round and round the garden (on hands and feet), rough and tumble play, hand/head/back/foot massage. Tummy/back circling – have the child lie on a slippery floor on tummy/back whilst someone pulls them gently and spins you around (this can be done whilst on a sheet/Lycra or parachute so the material is pulled instead).

- To support independence at mealtimes:
  - ➤ ensure table and chair are appropriate height
  - ➤ feet should be supported (on floor/step/stool) to give stability
  - ➤ provide a non-slip mat under the plate/bowl (non-slip mats can also be used under resources/toys)
  - ➤ try to use plates/bowls with raised edges so cutlery can be pushed against it to pick up food
  - ➤ use light chunky cutlery or foam tubing can be cut to size and put over cutlery handle.

NB For children with chewing and swallowing difficulties seek advice from the Speech and Language Therapist.

# Person Centred Planning

Person centred planning is an approach where children are treated with respect, honesty and care; as their views, feelings and wishes are listened to and used to inform the support they receive.

Person centred planning is underpinned by the four guiding principles in the Statutory Framework for the Early Years Foundation Stage. It also reflects the principles of the Special educational needs and disability code of practice: 0 to 25 years which states that we:

> …must have regard to:
>
> • The views, wishes and feelings of the child or young person, and the child's parents
> • The importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions
>
> *Special educational needs and disability code of practice:*
> *0 to 25 years, 2015 (para 1.1)*

Person centred planning supports everyone in getting to know the child better in order to plan effective support: the strategies are more meaningful as they are understood and agreed by everyone.

In early years, 'the voice of the child' is captured in a variety of ways and central to this process is the parents' knowledge about their child. Person centred planning gives confidence to parents that they are being listened to and their views and contributions are valued.

> 'Young children are dependent on the adults around them to share this important information. Practitioners and parents should be encouraged to share their observations of children's choices, and the preferences reflected in these, at every stage. Respecting the different ways in which children communicate, toys, pictures, photos of people and settings, creative role play using puppets and dolls in different scenarios, can all be used to promote communication and enable children to express their views.'
>
> *SEN and disability in the early years:*
> *A toolkit, Council for disabled children and 4 Children, 2015 (Section 10, page 1)*
>
> 'Practitioners can also understand children's views by careful observation of their behaviour, the choices they make, their disposition and engagement with learning.'
>
> *SEN and disability in the early years:*
> *A toolkit, Council for disabled children and 4 Children, 2015 (Section 7, page 2)*

Things to consider when taking account of my (the child's) views and feelings

- Ask my parents the best way to help me communicate my views.
- Ask my parents what they think my views and feelings may be.
- Use your knowledge of me to find ways of helping me communicate my views and feelings. Do I tell you through facial expression, gesture, showing you and/or speaking to you? (In Tower Hamlets, some settings use the 'special box' where I put things which are important to me.)
- Ask me what I like and dislike, if there is anything I find difficult, and how I think grown-ups (and other children) could help me in these areas. This conversation should be planned in order that it is part of a natural context and make sure that your language is appropriate to my stage of development.
- Use a variety of ways to capture and record my views and feelings such as children's cameras, pictures, photographs, smiley/sad faces and symbols.

Person centred planning meetings are supportive environments where everyone (including the child if appropriate) has the opportunity to share their views and plan for the child. If it is not appropriate for a child to attend the person centred meeting, it is essential to plan how the child's views and feelings will be represented, which may include:

- everyone sharing their perceptions of the child and what they think are the child's views and feelings
- discussion about the perceived views and feelings to make sure everyone understands
- observations which have been made at the setting and home
- All About Me book
- photographs
- video.

**Reflecting on your person centred planning practice**

- How do you ensure the child is 'at the centre' where their views and feelings are taken into account when planning for their needs?
- How are parents involved in sharing their views and making decisions?
- How do you prepare and plan for person centred meetings with children and parents?
- Do you have effective formats for capturing information about the child and planning for their needs? (Tower Hamlets has devised **My Profile, My Plan** and **My Transition Profile** formats – See Planning and Review Process and Appendix - Person Centred Planning for blank formats)
- Does everyone in the setting have an understanding of the person centred approach?
- Is the person centred approach embedded within your policy and procedures?

Further information on person centred planning can be found in the guidance *'Person centred planning with children and young people – The Tower Hamlets model'*.

The following are two examples of person centred meetings that have taken place in early years settings in Tower Hamlets.

## Case Study 1

A meeting was arranged with the parent, key person and Area Inclusion Coordinator to discuss how to support a three year old child's development in communication and language. The child was asked if they would like to attend the meeting and the key person supported them in choosing a few toys to bring along. During the meeting, everyone sat on the floor as it was more accessible for the child. The key person and Area Inclusion Coordinator told the child what was being said and recorded in language appropriate to the child's stage of development. The child responded by smiling and looking at their parent for reassurance. The child contributed confidently by telling everyone two things they really liked doing. At the end of the meeting, the child was praised for their contribution to the meeting. The parent commented that the format of the meeting had a positive effect on their child.

## Case Study 2

A few weeks after the child had started at the setting, the child's key person discussed the child's development with the parents and through this some concerns were raised. The key person highlighted these with the Inclusion Coordinator who liaised with the parents and requested support from the Area Inclusion Coordinator. A meeting was organised in a comfortable environment with refreshments on offer and in a room away from interruptions. This involved the parents, key person, Inclusion Coordinator and Area Inclusion Coordinator. The child was not present at the meeting as it was not appropriate for their stage of development. The parents were given the opportunity to speak first to share information about their child and discuss their concerns. The key person brought the child's folder and shared information about the child and progress made since starting at the setting. The ETHCaT monitoring tool was used as a focus for discussing the child's current developmental stage. Everyone gave views, opinions and information to complete a profile and plan for the child. Actions included making a referral for speech and language therapy. The parents were given a copy of the profile and plan and it was discussed with all practitioners at the setting to ensure everyone was aware of how to support the child.

# SEN Support and the Graduated Approach

When a child is identified with additional needs which require special educational provision, this is known as SEN support. This support should be delivered through a graduated approach which is a cycle of action: Assess – Plan – Do – Review. The graduated approach is similar to the observe, assess and plan cycle described in Development Matters. However, it differs in that it is a more detailed level of observation, assessment and planning and is specifically for children with additional needs.

'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 of the child's needs.'

*Special educational needs and disability code of practice:*
*0 to 25 years, 2015 (para 5.4 and 5.37)*

In Tower Hamlets, person centred planning which focuses on the views, feelings and wishes of children is embedded within the graduated approach (see Person Centred Planning). Parents must be fully involved and their insights and decisions will contribute to the plans for their child. Liaising and discussing children's learning and development with parents is a continual process and the frequency and duration of information sharing and discussions will depend on the child's needs (see Partnership Working with Parents).

## Initial concerns

Through ongoing assessment and discussions with parents, the key person should identify children who require extra support to help them develop in one or more area of learning. Initially, the key person should share these concerns with the Inclusion Coordinator. The key person will plan and implement some differentiated strategies such as adapting learning experiences by:

● breaking them down into smaller achievable steps

● giving more adult support

● providing more suitable resources for example shaving brushes for painting (children with a palmar grasp).

The key person should seek advice from the setting Inclusion Coordinator to discuss whether the differentiated approach is appropriate or whether the child requires SEN support. If the child quickly makes progress and the gap between current and expected level of development is not significant, then the key person will continue to plan and support the child through differentiation.

## SEN Support

Where a child:

- does not make adequate progress and/or
- there is a significant delay between current and expected stage of development and/or
- the child has a disability which impedes their access to the experiences offered at the setting

then the child will require SEN support through the graduated approach. The graduated approach should be led and coordinated by the Inclusion Coordinator but the key person remains responsible for working with the child on a daily basis and implementing the agreed strategies. Other adults who regularly interact with the child will also have responsibility for implementing the strategies. Throughout the cycle, the key person will continue to discuss the child's needs, the planned strategies and progress with parents and the setting Inclusion Coordinator. The key person or other practitioners may require further professional development, in order to support the child effectively. The Inclusion Coordinator supports the key person by helping to assess the child's progress and reflect on the effectiveness of interventions. In Tower Hamlets, the Early Years Area Inclusion Coordinator can support the setting Inclusion Coordinator with the graduated approach processes.

# Assess

The key person and Inclusion Coordinator will work with parents to gather information about the child's strengths and needs. Together they agree what outcomes should be set to support the child's development and learning. During the assessment it may be decided, with parental agreement, that more specialist assessment is needed for example from a health professional or the Area Inclusion Coordinator.

# Plan

A plan to support the child is drawn up with the parents, key person, Inclusion Coordinator and other relevant people involved with the child. The plan will outline the outcomes for the child, what will be done to support the child and a review date is set.

# Do

The key person, along with other relevant practitioners, implements the plan following the interventions agreed at the planning stage. The plan may include interventions that parents have agreed to carry out at home to support their child. The Inclusion Coordinator supports the key person by advising on effective implementation of interventions.

# Review

The effectiveness of the support and its impact on the child's progress is reviewed on an agreed date with the parents, key person, Inclusion Coordinator and other relevant people involved with the child. There should be clear information about the impact of the support and an evaluation of its effectiveness and quality. Any changes in the outcomes or interventions to support should be agreed and further next steps planned.

This cycle of action is ongoing for as long as the child needs this level of planning and monitoring to meet their needs. If a child has significant needs or is not making adequate progress with SEN support, then consideration should be made whether to refer for further advice and support from other services. This may also include a discussion whether to make a Notification to the Special Educational Needs Section which may lead to involvement from an Educational Psychologist (see Notification to the Local Authority).

Every child is unique and the graduated approach recognises there is a continuum of needs. For example, if one three-year-old in your group is making sounds to communicate and another three year old is using a few single words, then they both have additional needs but are at different points in the continuum of communication needs.

The graduated approach should be adapted according to the child's individual needs to ensure they make progress. The cycle can be revisited with increasing (or decreasing) detail and frequency. For example, a child may be observed as part of a regular observation schedule and the plan reviewed every 8-10 weeks but another child may require additional observations and detailed plans which are reviewed more frequently. For many children, the cycle will be continuous, but there may be some children who no longer require SEN support and their learning and development steps can be effectively planned through differentiation.

Some children may already have identified additional needs and/or have an Education Health and Care plan before they start at the setting. As part of effective transition, the parents, key person and Inclusion Coordinator (and any other relevant person already involved) should plan for the child's needs (see Transitions). In this instance, the child is already receiving SEN support and the transition planning is part of the graduated approach cycle.

Below are examples of SEN support and the graduated approach within Tower Hamlets.

## Case Study 1

Through observations made during the settling process, the key person identified initial concerns regarding a child's communication and language, particularly attention and listening, speaking and social communication. The key person discussed the child's strengths and needs with the Inclusion Coordinator and planned differentiated experiences and approaches to support the child. The child made a small amount of progress but the gap between current and expected level of development was widening. At this time the key person completed the Two Year Old Progress Check which further highlighted the delay. This was discussed with the child's parents who also had concerns. The parents had recently visited the Health Visitor who had made a referral for speech and language therapy. In the meantime, a decision was made to seek further advice from the Area Inclusion Coordinator to plan for the child's next steps. At the meeting, everyone shared their views, hopes and expectations. The Tower Hamlets My Profile and My Plan were completed and a date set for the review. It was agreed that the advice from the Speech and Language Therapist would be added to the plan when therapy started.

## Case Study 2

After transitioning into a new room within the setting, a child had difficulty in expressing their feelings, especially towards other children. The key person discussed the child's needs with the parents, setting Inclusion Coordinator and setting Manager. Strategies were agreed and implemented, however the child became more distressed and incidences where the child had physical outbursts which impacted on other children increased. Everyone agreed to make a referral to the Area Inclusion Coordinator. At the meeting, the parent, key person, Inclusion Coordinator, Manager and Area Inclusion Coordinator discussed the child's strengths and strategies which were successful as well as those which did not appear to work. It was agreed to complete My Profile and My Plan. The parents and practitioners implemented the strategies and regularly discussed successes and challenges. At the time of review, the parents were delighted with the child's progress. The child was within expected levels of development and had made considerable progress. It was agreed that SEN support was no longer required and the graduated approach ended after one cycle.

## Case Study 3

The application form for a funded two year old child highlighted concerns regarding communication and language, particularly speaking and social communication. The child had already attended speech and language therapy through a referral from the Health Visitor. Both specialists had concerns and the Health Visitor had suggested a referral for specialist assessment with the Child Development Team. The parents decided to wait until their child had started the setting to see what difference this made to their child's development. A transition meeting was organised with the parent, setting Inclusion Coordinator and Area Inclusion Coordinator where My Profile - Transition was completed. At this initial meeting, it was agreed that SEN support would be required and a date was set to review the child's progress. It was evident the child would require a more frequent and detailed graduated approach cycle. At the following meeting, how the child had settled into the setting and their current development was reviewed. Their profile was updated and a plan devised. Actions included requesting further information from the Speech and Language Therapist. Through discussion, it was agreed that a referral to the Child Development Team would be completed. The graduated approach cycle continued for the child.

### Reflecting on your practice

- How do you ensure you know about children where there are initial concerns?
- Are key persons confident in identifying children and supporting those with low level concerns through differentiation?
- Are all practitioners aware of SEN support and the graduated approach?
- Are you confident to lead and coordinate the graduated approach?

# The Planning and Review Process

Planning and review should start as soon as a decision is made to make additional provision for a child under SEN Support as described in the Special educational needs and disability code of practice: 0 to 25 years, 2015. This is carried out in partnership with parents and may include other services such as the Area Inclusion Coordinator, Health Visitor or NHS Therapist. This may be undertaken as part of a transition process if needs have been identified prior to a child starting at an early years setting or it may be that needs have become apparent over time, or occasionally due to a life-changing event.

The process should reflect the child's strengths and barriers to learning both at home and in the early years setting, the types of support and strategies being used as well as any referrals or advice from other services.



## My Profile and My Plan - Tower Hamlets formats

The Tower Hamlets formats promote person centred planning. They place the child and family at the centre of discussions, planning and then reviewing. There are two documents used in this process called **My Profile** and **My Plan**. As reflected in the titles, these are written from the perspective of the child, to give the child a voice and put them at the heart of everything.

## My Profile

This document is a profile of the child which is written with parents and is a very helpful way to shape the discussion about a child that then leads into more detailed planning.

# My Profile

**Name:**

**Date of Birth:**

**Date completed:**

## What people appreciate about me:

- 

## How I communicate and interact:

- 

## Me

## Things I like:

- 

## Things I need and how to support me:

- 

**Key person:**

Tower Hamlets Early Years Inclusion Team

**My Profile** has four areas which are used to focus in on the individual child.

1.  What people appreciate about me – this section is a starting point for the discussion and is a place for everyone present to say something positive about the child. It can be about any aspect of the child. Every adult present who has met the child is expected to say something.

> Things to think about -
>
> Using the child's voice it will say things like: 'My mum loves it when I / we …'; 'My key person enjoys watching me …'; 'Grown-ups like the way I am always …'
>
> For example: 'My Mum likes the way we share picture books together at bedtime'; 'My key person enjoys watching me dancing to music'; 'Grown-ups like the way I am always smiling and happy to come to playgroup'.

2.  Things I like – this will reflect the child's interests at home, in the setting and in the wider environment. This might also include particular fascinations for the child. This will be useful for planning effectively and when wanting to identify motivators or rewarding activities.

> Things to think about -
>
> ● Provide enough detail in the space that you have. For example: 'I like cars' could mean watching them on the road, riding in them, playing with toy cars, riding sit-on cars. Make the statement precise; 'I like playing with the large wooden cars and the small cars; I like riding in the car with dad'.
> ● Does the child have activities that they like to do with specific people? With other children? On their own? In certain places?

3.  How I communicate and interact – this will talk about the different ways that the child communicates in all ways, not just spoken language. It should record all languages the child hears and/or speaks – home language and other background languages. It should reflect:

> ➤ the different ways that a child is communicating and interacting
> ➤ different purposes for communicating and interacting
> ➤ the different people the child communicates and interacts with
> ➤ the different places the child communicates and interacts.

Things to think about -

- Is the child understanding or using spoken language? And in what contexts? – routines, the here and now, able to talk about past or future events, able to tell a story? What is the level of complexity i.e. single words, 2 words, phrases and sentences. Do they understand yes and no?

- What non-verbal language does the child use or respond to? Are they pointing? Do they take a toy offered to them by another child?

- How do they express emotions or react to the emotions of others?

- How do they show distress and how are they comforted?

- What relationships do they have at home and at the setting? How do they react to strangers or visitors, or going to other places?

- Do they respond to signing, objects, photos or symbols as cues or prompts?

- Remember to write it in a person centred way – 'I am using about 30 single words and some learnt phrases like 'tidy up time'; 'I find transitions difficult and need preparation'; 'I don't like to be in the middle of a group but I will sit on a mat at the edge when you are singing my favourite songs'.

4. Things I need and how to support me – this section records general strategies that will support the child's needs and be used by parents and practitioners. It may also include aids that are used to support sensory needs: hearing, vision, heightened or low tactile sensitivity. It may include specific support to meet physical needs such as moving, coordination, eating and drinking. Here it might also refer to an Individual healthcare plan that is in place to meet medical needs.

Things to think about -

- Are there specific ETHCaT strategies that should be used to support communication? Or particular visual supports?

- Is there a particular approach to support communication such as intensive interaction, objects of reference or Picture Exchange Communication System (PECS) that should be used?

- Is there an over sensitivity that causes distress such as loud noises, fluorescent lighting, particular materials or certain foods? What helps the child to be able to cope? For example, wearing ear defenders.

- Do they need any mobility aids such as a raised toilet seat, chair with arms, particular walker? Do they need a buggy for outings?

- Do they need to wear glasses or hearing aids? What is the most helpful place for them to sit at small group time to be able to see and hear well?

- Do they need particular help at mealtimes with size of food, types of food, using particular cutlery or a drinking beaker?

- Is there an Individual healthcare plan linked to a particular condition or medical need. For example, a child using oxygen. Share it with practitioners and make sure that everyone knows where it is kept.

- Remember to use person centred language – for example, 'I only like eating off my purple plate' and 'I don't like different foods to touch'; 'I get overwhelmed by too much noise and will let you know when this is happening by flapping my hands, please take me some where quieter and give me my ear defenders'; 'Comment on what I am doing using 2 or 3 words phrases and model language back to me so that I can hear it said accurately'.

# My Plan

Supporting successful preparation for adulthood

With high aspirations, and the right support, the vast majority of children and young people can go on to achieve successful long-term outcomes in adult life. Local authorities, education providers and their partners should work together to help children and young people to realise their ambitions in relation to:

- higher education and/or employment – including exploring different employment options, such as support for becoming self-employed and help from supported employment agencies
- independent living – enabling people to have choice and control over their lives and the support they receive, their accommodation and living arrangements, including supported living
- participating in society – including having friends and supportive relationships, and participating in, and contributing to, the local community
- being as healthy as possible in adult life

*Special educational needs and disability code of practice:*
*0 to 25 years, 2015 (Para 1.39)*

This document is used to record specific planning for the child over an agreed period of time but no more than 10 weeks. This detailed planning is informed by starting with the parent's aspirations for their child and agreed outcomes. These are recorded on the plan and ensure that everyone is focused upon the child's long term future; that is thinking about adulthood and life opportunities. This reflects the SEND Code of Practice 2015.

In the early years we know that everything that happens now will affect the long term outcomes for children. In planning we need to consider the long term vision as well as the child's current development to inform the next steps.

It is the document that will inform day-to-day planning for the child, if they are receiving an extra level of support. However, they will still be accessing the broad curriculum on offer across the setting which will also impact their learning and development.

The other side of the document has a place to review progress and the learning that has occurred and record what supported the child.

Name:      My Plan      Date:

**Aspirations:**

**Outcomes:**

**What I need to learn……**

- 

**How to help me……**

- 

**Actions:**

- 

Key person:

Tower Hamlets Early Years Inclusion Team

TOWER HAMLETS

**My Plan** has 5 interlinked areas which record aspirations, outcomes, what the child needs to learn, ways to support the learning and any actions for the adults.

1.  **Aspirations** – this is the aspiration that parents have for their child's long term future (if appropriate, the child might also share their ideas). These are focused around hopes for the child when they are an adult. The role of the Inclusion Coordinator is to support the parents to express these, but not to influence them or suggest that their aspirations are inappropriate. Some young children may be able to talk about what they want to do or be able to do when they are a 'grown-up'.

Things to think about -

- How will you explain the meaning of aspirations to parents who are not sure what is meant by the term in this context? The words hopes and wishes might be more accessible.
- What language and props can you use with young children to gather their ideas or dreams?
- Remember to use person centred language and reflect what is said as accurately as possible, 'My Mum wants me to go to college and have friends'; 'I want to use an oyster card on my own'; 'My Mum and Dad want to me to able to do what everyone else does'; 'My Mum wants me to make my own choices and express my emotions'; 'I want to go to the park with my brother'; 'My family want me to be happy and make my own choices'.

2.  **Outcomes** – these are medium term goals that have high, achievable expectations for the child that are agreed by parents, practitioners and other people at the meeting. Outcomes are usually set for the next significant point of transition. For many children this will be when they move on to nursery school/class, or reception class. Outcomes can be revisited and reviewed as you build your knowledge about the child's learning and development. There should be a clear thread connecting the outcomes with the aspirations. In the early years it is appropriate to have two or three outcomes. In agreeing outcomes it is helpful to think about the Prime Areas of the Early Years Foundation Stage (EYFS) and the barriers to learning and achieving for the individual child. Outcomes need to be written in clear language and everyone is accountable in supporting the child to achieve the outcomes.

- Do the outcomes reflect a balance of realistic yet high expectations?

- Will it be clear through observation if they have been achieved?

- Do they take account of the areas where the child needs extra support and consider the child's barriers to learning?

- Have you taken account of advice received from other services?

- Remember to write in person centred language for example, 'When I leave my playgroup I will be able to play alongside other children at my favourite activities'; 'When I go to school I will know how to ask for help and make my needs known'; 'When I go to reception class I will be able to join in with others and take turns with equipment'; 'When I leave nursery I will be able to walk around the setting for 10 minutes at a time using my Rollator'; 'When I start school I will be able to remain calm at times of transitions if I am given a warning and understand what is happening next'.

3/4. What I need to learn and how to help me – this section will list some specific things that are planned for the child to learn in the agreed period of time. It also reflects the specific strategies, equipment, language and communication that will be used so that there is an accurate record and consistency from everyone using the interventions. What I need to learn will be written in such a way that it will be possible to assess whether progress has been made or if it has been achieved. There are a variety of tools, in addition to Development Matters to support work in identifying outcomes and specific next steps (see Appendix – Support Tools).

Things to think about -

- Does the plan maintain the thread that links aspirations, outcomes and what I need to learn?

- Are they achievable within the time frame? And how will you know they have been achieved – are they observable?

- Are they written so that anyone can understand them and will know how to support the child? Any specific words, prompts or techniques to be used?

- Remember to write using person centred language, for example, 'I will know what is coming next when I am given an object of reference and an adult tells me what is happening next', 'I will take turns with an adult at my favourite activities', 'I will safely manage the step into the garden at nursery.'

5. **Actions** – this section is to list any actions that adults attending the meeting are going to do as a result of the discussions. It does not include what they are going to do with the child, but rather for the child.

Things to think about -

- Are any further observations needed to inform your planning?
- Any particular assessments going to be completed, such as the Early Help Assessment (EHA) (see Appendix – Support Tools)
- Any referrals going to be made to other services?
- Any specific equipment going to be made or gathered?
- Any additional training going to be accessed?
- Does it say who is going to do this and within what timescale?
- Set a time and date for the next meeting.

## My Plan Review

At the review there will be an opportunity to think about:

- the learning that has taken place in relation to the plan as well as any other significant developments
- what interventions were most effective
- anything that has not gone to plan and to reflect upon why.

**My Plan Review** has two areas to discuss.

1. I have learnt to – this describes the learning that has occurred as a result of the steps that were planned. The description will say what the child has learnt – be as specific as possible. It is helpful to think about what someone could now see the child do or say that they were not doing or saying before. It may be appropriate to comment on whether the planned learning was fully met, was exceeded or was partly met.

Things to think about -

- The context in which the child has made progress and uses their learning – who with, what time of day, particular areas? Is the child transferring their skills and learning to other contexts?
- Use person centred language, for example, 'I know that when I am given a nappy it is time to be changed and go to the changing area. I know that being shown a cracker means that it is time for snack and will go with an adult to the snack table. When I am shown a torch I know that it is time to go and play in the sensory room', 'I can take up to 10 turns with my key person banging the rain drum and up to 5 turns at the car run', 'I can step into the garden at nursery by stopping and holding on to the door frame.'

2. What helped me – describe here what supported the child's learning and led to success, as well as interventions which were not successful at this time.

Things to think about -

- Describe any strategies, items, communication tools, or language that was particularly supportive or less effective.
- There might also have been a particular time of day, space or other circumstance that was helpful or affected the child.
- Use person centred language, for example, 'Getting my attention by showing me the little cars helped me to know what was going to happen; also letting me then have the car run to myself for 5 minutes at the end of the activity'.

At the bottom of My Plan Review, you may wish to note the outcomes of any actions, any visits to the setting by other services and other information that is relevant.

Name:              **My Plan - Review**          Date:

**What helped me……**

- 

**I have learnt to……**

- 

Key person:

Tower Hamlets Early Years Inclusion Team

# Statutory Duties and Processes

## Notification to the Local Authority

Local authorities may gather information on children and young people with SEN or disabilities in a number of ways. Anyone can bring a child or young person who they believe has or probably has SEN or a disability to the attention of a Local Authority (Section 24 of the Children and Families Act 2014) and parents, early years providers, schools and colleges have an important role in doing so.

*Special educational needs and disability code of practice:*
*0 to 25 years 2015 (para. 1.15)*

The decision to 'bring to the attention of' or inform the Local Authority should be made as part of the Assess – Plan – Do – Review process of the Graduated Approach. During this process it will become clear if despite intervention, the child is not making expected or desired progress, or the progress is only being made with a very high level of support. It is very likely that other services will be involved or referrals will have been made to other agencies.

The SEN Section is the service within Tower Hamlets that coordinates EHC assessments, provision and maintenance of Education, Health and Care plans (EHC plans).

Things to consider when making the decision to notify the Local Authority:

- What evidence do you have about rate of progress and levels of support needed?
- How will this be shared with the family so they understand the process and why it is beneficial for their child? Are they in agreement?

Types of evidence:

- Two year old integrated review
- ETHCaT monitoring tool
- My Profile and My Plan
- My Transition Profile
- Full or summary reports from other services identifying needs and additional support or strategies
- Early Help Assessment (EHA)
- Individual healthcare plan.

# How to notify

Children must be notified to the Local Authority in which they live. Each Local Authority has it's own procedures therefore use their Local Offer to find out about their processes and identify who to contact.

You will be required to provide information, outlining the child's needs as you currently understand them. You also need to record the details of other agencies supporting the family. It is important that these are completed as fully as possible.

You will need to gather supporting information which must include at least one report from an outside agency involved or an EHA. In addition check that you have received latest copies of any reports from the family or services so that the evidence is as full as possible. You should also include the child's My Profile and My Plan; not just the latest My Plan so that the rate of progress over time can be reflected.

Consider:

- Does the family know that you are sharing these documents? And have they given their consent?
- Have you kept copies of everything for your own records, including the completed notification form?
- Are double sided documents copied on both sides?

# Statutory Assessment – Education, Health and Care plans

The majority of children and young people with SEN or disabilities will have their needs met within local mainstream early years settings, schools or colleges […]. Some children and young people may require an EHC needs assessment in order for the Local Authority to decide whether it is necessary for it to make provision in accordance with an EHC plan.

The purpose of an EHC plan is to make special educational provision to meet the special educational needs of the child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood.

*Special educational needs and disability code of practice:*
*0 to 25 years, 2015 (para 9.1)*

## What is statutory assessment - EHC assessment and plan?

An EHC assessment can be requested for a child who has been supported at SEN support but does not make the expected progress; the gap with their peers widens, or progress is only made when a level of support is in place that cannot be maintained over time without a very high level of extra resources. Usually a child with this level of need will have been Notified to the Local Authority.

The EHC assessment involves gathering information from the parents, and child where possible, and everyone else involved in supporting the child. If supporting evidence includes recent reports, then services will not be asked for additional reports: they will be asked for permission to use them and if they want to submit any supplementary information.

The Local Authority must decide within 6 weeks whether or not they are going to proceed with a full assessment. If an assessment is agreed and there is adequate evidence that an EHC plan is needed, a plan must be produced within 20 weeks from the initial request.

See Appendix for Statutory timescales for EHC needs assessment and EHC plan development.

Independent support and advice is also available to families from the Parents Advice Centre.

Up to date information on what support is available can be found under the Local Offer on the Tower Hamlets council website at **www.towerhamlets.gov.uk**.

# The contribution of the early years setting*

There will also be lots of information that you have gathered as part of assess – plan – do – review cycle, including the **My Plan** and **My Profile** formats, the child's Early Learning Development Record and special book. You will be expected to submit your contribution within the expected time scales.

There is detailed guidance on the Local Offer which outlines how you will contribute to the EHC Assessment and the support that parents might require. As part of the assessment you will be required to provide information on your knowledge of the child's development and needs.

# Reviewing EHC plans

The review process for EHC plans requires that an initial planning meeting is held within 8 weeks of the EHC plan being issued. Each EHC plan must be reviewed every 6 months for children under 5 years of age. The early years setting has the responsibility for making sure that this happens and inviting all the relevant people. However, these meetings, as with all meetings, should be planned for and held in a person centred way. Aspirations and outcomes will be part of what leads the discussions and planning. For detailed guidance see the booklet: Person centred planning with children and young people – The Tower Hamlets model. There are 4 separate leaflets to support person centred review meetings: for professionals, parents, older children and young people, younger children.

# Resolving disagreements

Practitioners have an important role in developing a relationship with parents which facilitates discussions about their child's development and needs. This provides a foundation for planning for children's needs and supports future discussions and decision making about provision for disabled children and children with SEN. Person centred planning is an approach that places children and parents at the centre of discussions and planning, and helps to prevent disagreements from arising.

Person centred planning provides a supportive framework for children with significant needs undergoing Education, Health and Care Needs assessment. When a final EHC plan is sent to the parents they are invited to contact the SEN Section if there is any part of the Plan they are not happy with and a meeting can be arranged to try and resolve any issues. If an agreement cannot be reached, parents' rights to independent mediation and lodging an appeal with the Tribunal are outlined. Parents are given contact details of the Parents Advice Centre.

## The Parents Advice Centre (PAC)

The PAC is a self-referring service which offers advice, information and support to parents and carers of disabled children and young people and those with SEN from birth to 25. They will listen to parents concerns, help deal with issues, consider next steps and prepare parents for meetings. They also explain the law and rights to parents. The PAC can identify others who can support parents including accessing an Independent Supporter.

## Independent Supporters

Independent Supporters provide a range of time-limited support for children, young people and parents who would benefit from help understanding the SEND reforms. They can support with making a contribution to the EHC plan and explaining the process. They can also help understand services available outlined in the Local Offer, and liaise with agencies and act as a named contact for parents and young people. They can also help parents and young people ensure that the EHC plan is specific about the provision required.

See the Tower Hamlets Local Offer for further information about these services and resolving disagreements.

# Partnership Working with Parents

Local authorities must ensure that children, their parents and young people are involved in discussions and decisions about their individual support and about local provision.

Early years providers, schools and colleges should also take steps to ensure that young people and parents are actively supported in contributing to needs assessments, developing and reviewing Education, Health and Care (EHC) plans.

*Special educational needs and disability code of practice:*
*0 to 25 years, 2015 (para 3.18)*

Parents are the first educators of their child and have a detailed understanding of their child, their development and their needs. They have a unique perspective of their child to share. Parents want to be involved with their child's development and learning and there should be an on-going dialogue between the parents and setting. This is what makes the key person approach so invaluable. Sharing information should be established from the moment that a child is registered and continue through to their transition into the next setting. Some ways of gathering this information is through the use of 'All About…' books, diaries and formal and informal systems. This way of working is relevant for all children and families. Person centred planning provides the extra level of intervention required for children with additional needs.

See the Tower Hamlets publications *Look at Me! Assessing Learning and Development in the Early Years Foundation Stage* (2010) and *'Moving On: Supporting Children's Transitions in the Early Years'* (2010) for guidance and examples of best practice.

Key persons will be having different types of meetings with parents for all children. For children with additional needs there will be some extra preparation needed for a person centred planning meeting. If other professionals are involved and visiting the child in the setting, ensure you keep the parents informed of the time and date and any information which was shared.

# Raising initial concerns with parents

- Parents may have worries and concerns that are not shared by the setting. It is important to acknowledge these and, if appropriate, gather more observations and support parents in seeking specialist support if they feel that it is needed.

- Make sure that they understand that you want to share information about their child's learning, development and progress and that you want to gain their views and knowledge about their child. This brings together a holistic picture of their child. Make it very clear that you want to work with the family to provide the very best support for their child.

- If parents do not share your concerns then make a note of the conversation. If they do not want any action taken at that time then monitor the situation and come back to it at a later time if you still have concerns.

**Helping parents to take part in the person centred planning meeting** (see Appendix Person Centred Planning - Preparing for a person centred meeting).

When talking to parents about their child's learning and development consider the areas below.

- Preparing the parents for the meeting beforehand, so that they know what to expect. If you are undertaking person centred planning please share the Tips for Parents sheets beforehand to give parents time to gather their thoughts (see Appendix - Person Centred Planning).

- A welcoming and comfortable, space, where parents will be able to talk in privacy.

- Adequate time for a full conversation with no interruptions.

- For some parents this may be a very emotional conversation, especially if this is the first time that someone has talked to them about their child's additional needs.

- Bringing along things that show the views of the child, such as their special book, observations, photographs or video.

- Use open questions such as, 'How does she communicate what she wants to you?'.

- Be clear about the purpose of any meeting and what the outcome is, and check to see that everyone thinks that these have been met.

# Listening skills and guidance for successful meetings

The basic skills described below can make a big difference to successful working with parents. It will show that you really value what they say.

## Listening for content

Listening to a parent describe the things that their child likes, the things that they need help with and the details about any other experiences they have had. This will help build up a picture of the child and their needs.

## Empathic listening

Empathy is not the same as sympathy. Empathy involves putting yourself into the world of another person, such as the parent of a child with additional needs, to understand and share the experiences of that world. Empathy means being sensitive to the speaker from moment to moment, whilst remaining non-judgemental.

## Active listening

Hearing what people tell you is not enough. People quickly sense whether you are genuinely listening. You need to show that you are listening by your body language and how you respond.

## Body language

Use body language which shows that you are listening for example:

- use eye contact
- face the other person at eye-level
- nod to show understanding, agreement or that you want them to continue
- lean towards the person
- be relaxed and keep physical barriers to a minimum such as folded arms, desk (unless you are all sitting around a table).

## Waiting

Give the parent time to collect their thoughts before they speak. Be comfortable with silences and try not to jump in too quickly if there is a pause. Think about what the parent is saying – what is their key message? Be sensitive to any unasked questions and provide a space for these to be explored.

# Repeating and paraphrasing

Repeating what has been said can show that you are listening. This can be helpful when there is a break in the parent's train of thought. Paraphrase what they have said as this shows that you have both heard and understood what they have said. For example, 'So at home Bobby really likes being with his older brother but hides away when new people come to the house.'

# Clarifying

Different questions will get different responses so think carefully about the types of questions that you use.

If you are unclear about what the parent is saying, ask a question for clarification. It may seem easy at the time to leave difficult issues to one side but this may lead to misunderstandings and difficulties later on. Different questions will get different responses.

- **Open questions** (usually beginning with How, Who, What, When or Where) will elicit more considered responses. Questions can be door-openers, for example 'How did it go?'
- **Probe questions** may draw out a specific reply, for example 'Tell me more about…' When using probe questions, be sensitive to the parents' needs and responses.
- **Closed questions** may require just a 'Yes' or 'No' but can be useful in checking a point. For example, 'So the GP has made a referral for a hearing test already?' Don't use leading questions, though. These imply you have already made up your mind and will discourage the parent from answering with their own views.

# Summarising and ending

A summary should be brief and concise. It shows that you have been listening to what has been said. Take care to summarise in such a way that the parent feels you understand what they have said in terms of both content and feeling. Beware of telling a parent you know how they feel – this is unlikely and risks seeming patronising. Remember you are talking about their child and not your previous experiences of other children. If there are any actions to be taken, be clear about who is going to do what and the timescale.

# Sensitivity to cultural practices

Be sensitive to the different ways in which families communicate and take account of different customs.

- **Personal space:** some people may feel uncomfortable when others stand too close to them when they are talking.
- **Smiling:** cultural practices in relation to smiling vary and it is important to realise that the meaning of the smile (or its absence) may have a different meaning than that which you attribute to it.
- **Eye contact:** some people regard it as disrespectful to look another person in the eye, particularly if the gaze is extended. Others regard eye contact as a sign that you are listening.
- **Touch:** touch that is considered appropriate in one culture may seem over-familiar, patronising or even dangerous to others.
- **Silence:** people from western cultures often enjoy quick fire conversations but to some people failure to pause between turns may make it seem as though you have not listened or reflected on what has been said.

*Communication Guidance – Tower Hamlets Early Years Service (2011)*

# Transitions

SEN support should include planning and preparing for transition, before a child moves into another setting or school. This can also include a review of the SEN support being provided or the EHC plan. To support the transition, information should be shared by the current setting with the receiving setting or school. The current setting should agree with parents the information to be shared as part of this planning process

*Special educational needs and disability code of practice:*
*0 to 25 years, 2015 (para 5.47)*

Planning is essential for successful transitions, both when a child first starts at the setting and when they are moving on. Children with additional needs are likely to require a more detailed level of planning and more time to allow for things to be put in place. It is therefore essential that this process is started early. The **My Transition Profile** format (see Appendix - Person Centred Planning) has been developed to record the information discussed and actions agreed at the planning meeting prior to the child's transition, and gives a structure to the meeting. It will give important information on the child, their interests, how they communicate, how to support them, and details of any other people involved in supporting the child.

*See Moving On: Supporting Children's Transitions in the Early Years (2010)*

# Home Visiting

Visiting the child and family at home is a wonderful opportunity to develop positive partnership with parents, and with careful planning, it can create the foundation for a relationship that is key to supporting the child.

- It is important to work closely with parents even before their child starts at a setting as this helps to create a strong foundation for successful transition.
- Home visiting enables parents, children and practitioners to start to build a relationship in an environment where the child is likely to feel most secure and confident.
- Home visits enable practitioners to gather important information from those who are most knowledgeable about the child.
- It provides an opportunity for parents to gain information about the setting, share concerns and feel supported.
- It enables practitioners and parents to plan together to support the child's transition.
- When offering a home visit, make it clear that parents are under no obligation and that their decision will be respected and an alternative meeting/venue arranged.
- Visit with a colleague. One of those visiting should be the key person. Paired visits enable one practitioner to focus on the parent and the other on the child.
- Bring books and toys to engage the child.
- For some children, more than one home visit may be needed to build a relationship. This may be part of the transition process or in response to the needs of the child and family.

# Accessing Services and Working with Others

## Local Offer

Every Local Authority must publish a Local Offer which provides information in one place. The Local Offer is for disabled children and young people and those with additional needs from birth to 25, their parents and carers, and people who work with children, young people and their families. It includes information about education, health and care provision. It also provides information about training, employment and independent living for young people. The Local Offer can be found on the Tower Hamlets council website.
**www.towerhamlets.gov.uk**

## Support workers

Support workers are sometimes employed by the setting to increase staff numbers and increase the adult to child ratio. This provides enhanced support, thus ensuring that the needs of any child with additional needs are able to be met.

It is expected that the key person retains responsibility for supporting the child and ensuring that planning and resources are in place: the support worker time may be used for general support whilst the key person continues to carry out any focussed work with the child. It may be decided that some of the support worker time may be used to make specific resources for the child.

It is important that the Inclusion Coordinator, along with the Manager, plan the details of the additional support and share this with parents.

Consider:

- The induction needs of the support worker in order that they develop their knowledge of the setting's procedures, polices and practice.
- Establish training needs of the support worker depending on their knowledge and experience.
- Ensure that time is taken to discuss plans for the child with the all other members of staff.
- Explore and agree links and communication arrangements with key person and parents.
- Agree planning, information sharing and record keeping arrangements needed for the child.

# Working with other services

Where a child continues to make less than expected progress, despite evidence-based support and interventions that are matched to the child's area of need, practitioners should consider involving appropriate specialists, for example, health visitors, speech and language therapists, Portage workers, educational psychologists or specialist teachers, who may be able to identify effective strategies, equipment, programmes or other interventions to enable the child to make progress towards the desired learning and development outcomes. The decision to involve specialists should be taken with the child's parents.

*Special educational needs and disability code of practice:*
*0 to 25 years, 2015 (para 5.48)*

Inclusion Coordinators must discuss with parents and obtain their permission before involving any services or agencies unless there is a safeguarding issue for the child, in which case the Child Protection procedures must be followed.

Details of support services available within Tower Hamlets and beyond can be found in the Local Offer.

Working in partnership with other services is key to supporting disabled children and children with additional needs. By building effective working relationships and ensuring good communication, you will be able to support the child in the best possible way. You can then share any advice given and incorporate it into the planning for the child and your setting's provision.

You will need to have an understanding of the common areas of need and keep an up-to-date knowledge of the Local Offer. The Local Offer informs you about where to go for support, and when, including where and how to make referrals. You can seek advice from your Area Inclusion Coordinator.

Some children may already have support from other services, especially if they have complex needs. Where other services are involved it is important to have full contact details. Give feedback to parents after any visit and make sure that they have a copy of any new advice or actions that have resulted from the visit. When other services give you reports about the child, check with the parents and the author of the report that they give permission for you to share this with other services that are supporting the child.

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# Useful Organisations and Websites

### Action on Hearing Loss (formerly RNID)
Action on Hearing Loss provide support for people with hearing loss. They aim to achieve a better quality of life for deaf and hard of hearing people. It does this by campaigning, lobbying, and raising awareness of deafness, by providing services and through social, medical and technical research.
www.actiononhearingloss.org.uk

### The Autism Education Trust
The Autism Education Trust provide support and training to enable effective provision for children and young people on the Autism Spectrum
www.autismeducationtrust.org.uk

### British Stammering Association (BSA)
The BSA offers support to all whose lives are affected by stammering. They provide impartial help, information and resources.
www.stammering.org

### Changing Faces
Changing Faces is a registered charity which provides information, support and advice to anyone with a facial difference and their family.
www.changingfaces.org.uk

### Communication Trust
The Communication Trust is a coalition of over 50 not-for-profit organisations who work together to support everyone who works with children and young people in England to support their speech, language and communication.
For information and resources.
www.thecommunicationtrust.org.uk

### Contact a Family
Contact a Family is a national charity for families with disabled children. They provide information, advice and support. They bring families together so they can support each other. Contact a Family is a main source of information about rare disorders and can assist affected adults as well as children. Their directory provides an extensive listing of conditions and disorders with related support organisations.
www.cafamily.org.uk

### Council for Disabled Children (CDC)

The CDC aims to make a difference to the lives of disabled children and children with special educational needs. We do this by influencing Government policy, working with local agencies to translate policy into practice and producing guidance on issues affecting the lives of disabled children. We deliver training to practitioners, professionals and services providers.

**www.councilfordisabledchildren.org.uk**

### Down's Syndrome Association (DSA)

The DSA provides information, counselling and support for people with Down's syndrome, their families and carers, as well as being a resource for interested professionals. They strive to improve knowledge of the condition and champion the rights of people with Down's syndrome.

**www.downs-syndrome.org.uk**

### Down Syndrome Education

Down Syndrome Education provides advice, resources and services to support people with Down syndrome. They work to improve early intervention and education for children with Down syndrome

**www.downsed.org**

### Early Support

Early Support materials can still be accessed via the Council for Disabled Children and provide a range of information to families and professionals

**www.councilfordisabledchildren.org.uk/earlysupport**

### Epilepsy Action

Epilepsy Action is a UK charity that exists to improve the lives of everyone affected by the condition. They provide advice and information, online and through their helpline.

**www.epilepsy.org.uk**

### Epilepsy Society

Is the UK's largest epilepsy charity. It provides: care; medical services; research; plus a wide range of information; education and training to people with epilepsy, their families, friends and professionals involved in their care.

**www.epilepsysociety.org.uk**

### ERIC

ERIC work to improve the quality of life of children, young people and their families in the UK who suffer from the consequences of wetting and soiling difficulties, to help them manage or overcome these problems. They provide information, support and resources to children, young people and their families and health professionals on bladder and bowel problems.

**www.eric.org.uk**

## ICAN

ICAN is a children's communication charity, providing information, support and training for those supporting children to have the speech, language and communication skills they need to fulfil their potential.

**www.ican.org.uk**

## Local Offer Tower Hamlets - for information on local and national services for disabled children and children with additional needs and their families.

**www.towerhamlets.gov.uk**

## MindEd

MindEd is an e-learning portal aimed at supporting all adults working with children and young people. It provides guidance on children and young people's mental health, wellbeing and development.

**www.minded.org.uk**

## NASEN

NASEN provides a SEN Gateway that enables access to a broad range of materials and support services across the range of SEN.

**www.sendgateway.org.uk**

## National Autistic Society (NAS)

The Society has a helpline for anyone in the UK whose lives are affected by autistic spectrum disorders. It answers enquiries on a wide range of topics and can direct you towards sources of help and support.

**www.autism.org.uk**

## National Autistic Society (NAS) Tower Hamlets

This is the local branch of the NAS based at:
The Montefiore Centre
Hanbury Street
London E1 5HZ
Tel: 020 7377 8407
Mobile: 07717 701 565
Email: thamssupport@nas.org.uk

## National Children's Bureau (NCB)

The NCB is a charity that aims improve the lives of children and young people, especially the most vulnerable. NCB delivers the majority of its disability and special educational needs work through the Council for Disabled Children.

**www.ncb.org.uk**

**National Deaf Children's Society (ndcs)**
The ncds supports families of deaf children. They provide information on all aspects of childhood deafness, including temporary conditions such as glue ear. They are dedicated to creating a world without barriers for deaf children and young people.
**www.ndcs.org.uk**

**National Deaf Children's Society (ndcs)** has an online resource to teach basic signing (BSL).
www.familysignlanguage.org.uk

**National Organisation for Foetal Alcohol Syndrome (NOFAS)**
NOFAS supports people affected by Foetal Alcohol Spectrum Disorders (FASD) and their families and communities. It provides information to inform and educate the public about the FASD, the leading known cause of physical and mental disabilities.
**www.nofas-uk.org**

**National Sensory Impairment Partnership (NatSIP)**
NatSIP is a partnership of organisations working together to improve outcomes for children and young people with vision impairment, hearing impairment and multi-sensory impairment.
**www.natsip.org.uk**

**Royal National Institute of the Blind (RNIB)**
The RNIB's work helps anyone with a sight problem – through Braille, talking books and computer training, and also with imaginative and practical solutions to everyday challenges. They fund research into preventing and treating eye disease.
**www.rnib.org.uk**

**Scope**
Scope is a charity that provides support, information and advice to disabled people and their families.
**www.scope.org.uk**

**Sense**
Sense are a national charity that supports and campaigns for children and adults who are deafblind or have multi-sensory impairments (MSI). The website has information about the help and services available to children with MSI, their families and professionals.
**www.sense.org.uk**

**Whizz Kidz**
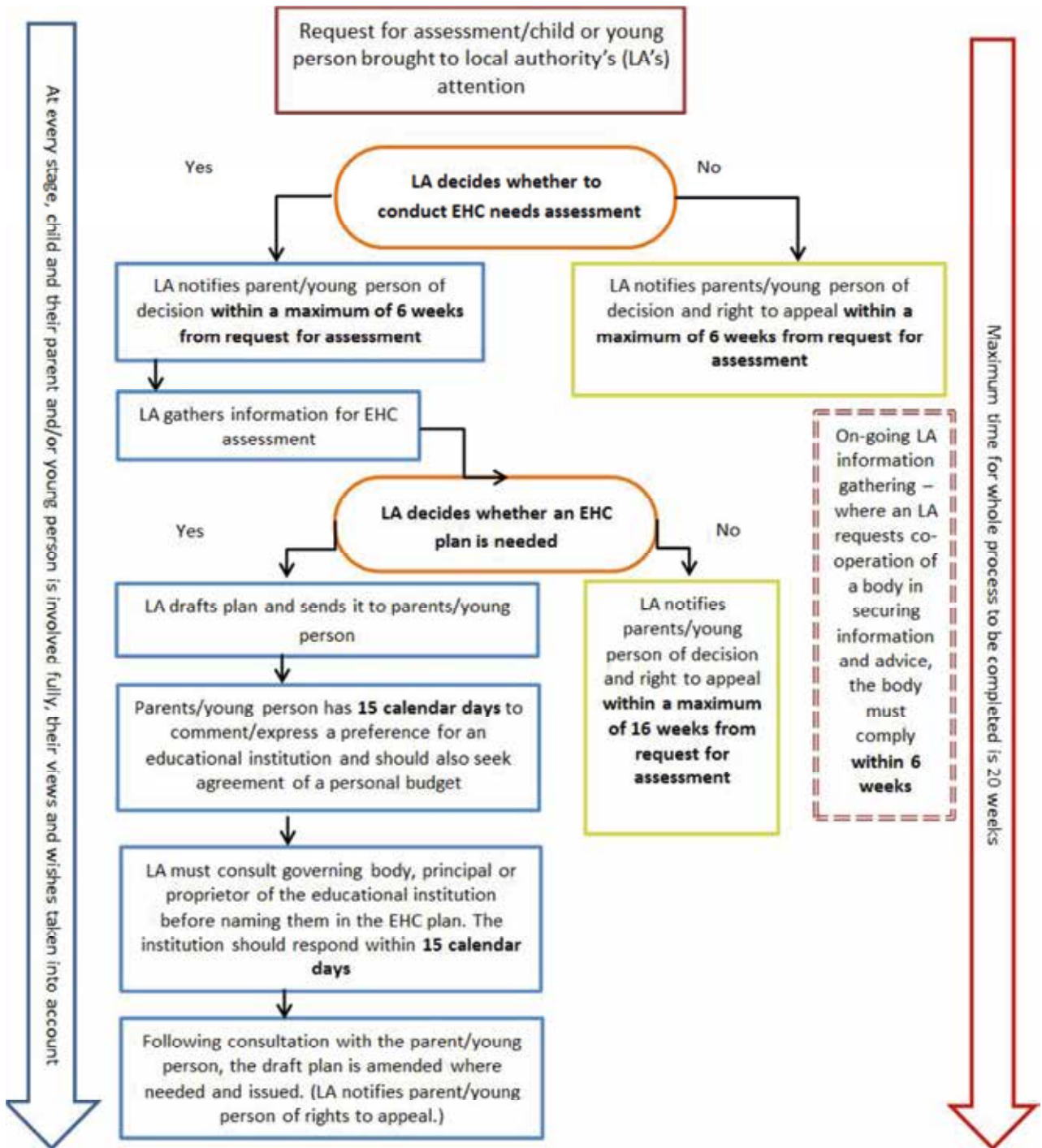Provide mobility aids and lightweight or powered wheelchairs for children with locomotion disabilities.
**www.whizz-kidz.org.uk**

# Appendix

## Statutory Process

**Statutory timescales for EHC needs assessment and EHC plan development**



*Special educational needs and disabilities code of practice: 0-25 years 2015 (p154)*

# Person Centred Planning

# My Profile

**Name:**

**Date of Birth:**

**Date completed:**

**What people appreciate about me:**

-

**How I communicate and interact:**

-

**Me**

**Things I like:**

-

**Things I need and how to support me:**

-

**Key person:**

**Name:** **My Plan** **Date:**

**Aspirations:**

**Outcomes:**

**What I need to learn.......**

•

**How to help me.......**

•

**Actions:**

•

Key person:

TOWER HAMLETS

**Name:** **My Plan - Review** **Date:**

**I have learnt to.......**

- 

**What helped me.......**

- 

TOWER HAMLETS

# My Transition Profile

**Name:**

**Date of Birth:**

**Date completed:**

### What people appreciate about me:

- 

### How I communicate and interact:

- 

### Me

### Things I like:

- 

### Things I need and how to support me:

- 

**Key person:**

Tower Hamlets Early Years Inclusion Team

TOWER HAMLETS

## People who support me and my family:

| Name | Title | Contact |
|------|-------|---------|
|      |       |         |
|      |       |         |
|      |       |         |
|      |       |         |
|      |       |         |

**My plan ..... visits; transition book; start date; INCO name**

Key person:

## Tips for Parents

### What are **My Profile** and **My Plan** forms?

These forms are used to ensure your child is placed at the centre of planning and support.

### My Profile

· This form is used to gather and share information about your child.
· When we meet we will be using this profile to help our discussion.
  The writing in the boxes tells you the sorts of things that we will be thinking about.
· Please take time to think about these things before the meeting.

### My Plan

· This form will record the areas agreed to focus on to support your child's learning and development.
· It will also outline the way in which support will be provided by everyone involved.
· Your child's progress will be reviewed regularly and dates for review meetings will be agreed with you.

When these forms have been completed with you, everyone supporting your child will be able to refer to these. They can be updated at any time, in discussion with you, to reflect any changes and developments.

Key Person

# My Profile    Name:

**What people appreciate about me:**

- Everyone at the meeting will be asked to say some things that that they appreciate or really like about your child.
- It can be anything about them that makes you smile – it might be about their character or personality, something that you do together, something about the way they play, their relationships – it can be anything that is special and important to you about your child.

**Things I like:**

- What does your child like doing at home and in their early years setting?
- What excites them and keeps them interested?
- Do they like messy play or other sensory play like noise makers, lights or being very physical?
- Do they like playing with something in a particular way?

**Me**
**A place for a photo**

How I communicate and interact :

- This will describe how your child tells you things, understands and gets on with people
- Do they look when you point or look at things with you?
- Do they point?
- Do they use gesture?
- How do they say hello?
- Do they have words and phrases?
- Are they putting words together?
- Do they understand 'yes' and 'no'?
- Can they follow instructions?
- Do they know routines, like mealtimes and bedtimes?
- How do you know what they want?
- Are they interested in other people?
- Do they watch adults and children to find out what to do?
- What do they do when they are upset

**Things I need and how to support me:**

- What are the sorts of things that adults can do or provide in the early years setting that help your child join in and learn?
- Is there anything medical that everyone needs to be aware of – like an allergy or the need to wear glasses?

Tower Hamlets Early Years Inclusion Team                                    Key Person

**Name:**                    **My Plan**                    **Date:**

**Aspirations: What do you hope for your child in the future and what do you think your child might hope for?**

**Outcomes: What do we all think they should be doing in a year or two as they work towards the aspirations?**

**What I need to learn…….**

- Here it will say small steps for your child to help them work towards the outcomes. These steps should be achievable over the next 6 to 10 weeks.

During this time your child will be experiencing and learning lots of other things that are planned for all the children in the setting.

**How to help me……**

- This will describe what everyone, at home and in the early years setting, will do to support **your child's** learning. This might be ways of supporting your child, specific activities, language for adults to use or resources.

**Actions:**

- Here there will be other things that we need to do. For example – make a referral to a service such as speech and language therapy; get a hearing test; make a resource like a photo book; make sure that their glasses come in and go home each session. It will say who is going to do them.

Key person:

**Name:**           **My Plan - Review**       **Date:**

**I have learnt to……**

- What has your child learnt from the specific things that were planned?
- Did your child achieve the planned steps?
- Did they make any other progress?
- Did they exceed the expectations?
- Were some things partly met?

**What helped me……**

- What were the things that really helped their learning?
- What went well?
- Did anything need changing?

Key person:

**TOWER HAMLETS EARLY YEARS SERVICE: INCLUSION TEAM**

# Person Centred Planning:
# Guidance on using My Profile and My Plan

The SEND Code of Practice 0-25 (2014) has 3 underpinning principles for identifying and supporting disabled children and children with additional needs and their families which settings must 'have regard to':

• the views, wishes and feelings of the child and their parents
• the importance of the child and their parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions
• the need to support the child and their parents, in order to facilitate the development of the child and to help them achieve the best possible educational and other outcomes and prepare them for adulthood.

**My Profile** forms have been developed nationally to support these principles into practice, and to put the child and family at the centre. The process is participatory – that is the child and family should be at the centre of the planning and therefore as involved as possible. This is not a process that is 'done to' the family.

**Using the My Profile and My Plan forms:**

• These forms are to be used with families when a child is disabled or has an identified additional need. They are your record of what you are putting in place to meet those identified needs, demonstrating the extra and additional planning and the information that you are sharing with everyone working with the child.
• These forms are completed with the family and help to shape the conversation about a child's needs and next steps to support the child.
• When completing these forms the meeting should be person centred – that is if possible the child should be present for at least a part of the meeting and know that they are being discussed. Please refer to *Person centred planning with children and young people: The Tower Hamlets model* and supporting leaflets.
• We recommend that these forms replace all previous individual education plans (IEP's). The Code of Practice 2014 talks about having a plan and planning but not about IEP's.

**My Profile:**

Purpose – to provide a description of the child so that everyone has a better understanding of them. It is to be available for all staff to read, including students and bank or cover staff so it should be available but not open for other parents and visitors to read. It would not need to be updated every time My Plan is reviewed unless there were changes in likes, communication or new strategies that supported.

The forms are filled in from the point of view of the child to give paramount importance to their views, wishes and feelings. This is based on a discussion about the whole child, at home and in the setting.

- *'What people appreciate about me'* - *in this section of the form everyone at the meeting shares at least 1 thing that they appreciate about the child at the beginning of the meeting. This sets a positive tone for the meeting which has been found to be a helpful starting point.*
- *'Things I like'* - *should reflect both choices at home and in the setting. It can be used to help practitioners think about motivators and planning for involvement.*
- *'How I communicate and interact'* – *this includes information about how the child communicates (both verbally and non-verbally), significant words, phrases or length of the child's communication both with peers and adults and the child's understanding of language. All languages used within the family should be recorded. How the child interacts with family members and other adults and children.*
- *'Things I need and how to support me'* – *this is a place to record what adults can do and how the environment can support the child's well-being, involvement and learning. It might include communication strategies from ETHCaT; use of support such as visual timetables; hearing aids being checked to make sure they are working or explicit procedures about transition times.*

**My Plan:**

This is the form for planning outcomes for the child and approaches to support the child to achieve these outcomes. There needs to be a clear thread running between the aspirations, long and short term outcomes.

- *Aspirations* - *these are the long term hopes that the parents have for their child and what they think their child might hope for*
- *Outcomes* - *these are the learning outcomes that everyone aims to support the child in achieving over the next year or two. They identify important areas of learning and development that are a priority for the child over this period*
- *'What I need to learn'* – *these are short term outcomes (linked to the long term outcomes above) and identify the small steps in learning and development for the child*
- *'How to help me'* – *brings together the approaches, strategies and interventions discussed to support the child achieve these short term outcomes*
- *Actions* – *these are actions that may arise from the meeting that adults are going to carry out. This is not about working directly with the child but may include making a referral to another service; completing an Early Help Assessment (EHA); making a specific resource; following up a referral*
- *Review* – *set a review time and date at the end of the meeting to talk about progress and set the next steps.*

**My Plan Review:**

- *'I have learnt to'* – *this records child's progress towards the outcomes identified as well as any other areas of progress which relate to the child's needs*
- *'What helped me'* - *this gathers useful information on interventions that were successful for the child and is particularly helpful to shape any future planning needed.*

**Examples:** There is a set of real examples of completed My Profile and My Plan from Tower Hamlets settings which you can refer to for additional guidance.

## Preparing for a Person Centred Meeting

These suggestions are from Tower Hamlets Inclusion Coordinators who completed an activity about preparing for meetings at a training session.

**Things to consider when preparing yourself:**

- Give yourself time to plan.
- Decide who should be invited to the meeting.
- Make sure everyone knows about the time and date and is able to attend.
- Tell colleagues about the time and date to ensure they do not double book other meetings/events on your behalf – this could be on the staff notice board.
- Make sure the key person is aware of what will be happening and when – this will give them time to ensure the child's records are in order.
- Gather as much information as possible about the needs of child and family.  Do you need to provide anything to support the child or family at the meeting such as a translator?
- Collate all evidence/information/reports and make copies if you think everyone will need to see them.
- Ensure the information is up to date and easy to follow so you can communicate effectively with everyone at the meeting.
- Read up on information and discuss any queries with colleagues. Highlight the issues that you want to discuss and make notes.
- Review the child's progress with the key person and colleagues to ensure you have a clear understanding about the child's development learning expectations.
- Create an agenda.
- Ensure you have arranged a translator if needed.
- If you are providing refreshments, make sure you are aware of dietary preferences and allergies of everyone attending so you can cater appropriately.

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**During the meeting:**

- Know who was invited and make a record of who attended.
- Show a friendly and welcoming attitude.
- Do not overwhelm parents with a succession of questions, but do use them to clarify important information.
- Be confident and try to appear relaxed – this should support the family to feel comfortable.

**Things to consider when preparing the family:**

- Arrange the meeting at a time suitable for the family and give them plenty of notice.
- Explain the purpose of the meeting and how long it will last.
- Explain the person centred approach and discuss whether the family think the child should attend.
- Inform the family about who has been invited and if there is anyone else they would like to invite – they may like to bring a family member or friend for support.
- Ask if they require assistance and assure them their needs will  be met such as arranging a translator or appropriate access.
- Give them an idea of what will be discussed.
- Share the '**Tips for Parents'** formats.

**Things to consider when preparing the environment:**

- Have a clear idea of the space needed and how it will be organised.  Is it family friendly?  Is there enough space?  Are there enough chairs/comfortable places to sit?  If the child is attending, is a low table or the floor a better space for some or all of the attendees to sit?  Can you make it relaxing?  Should it be cosy or professional?
- Ensure the room is risk assessed for child safety.

- Consider the lighting and temperature in the room – if it is not appropriate, can you do something before the meeting to make it better?
- Make sure the key person has provided toys and resources for the child, if they are attending.
- You may wish to present evidence/information as part of a display on a board or wall.
- If the meeting is in a staff room, ensure any confidential messages on whiteboards/notices are removed or covered.
- Place an engaged or busy sign on the meeting door such as 'Please do not disturb' or 'Please knock and wait for a response'.
- Try to limit interruptions. If you are in the office will the phone or doorbell disrupt the meeting? Request everyone puts their phone to silent.
- If providing refreshments, are they child friendly and do they meet everyone's dietary requirements?

# Setting Agendas for Person Centred Meetings

When working with families and holding meetings where there are a range of people coming setting an agenda is very useful.

- It makes it clear to everyone the purpose and what will be covered.
- It introduces the concept of a person centred meeting that will include positive statements and a person centred way of talking about the child.
- It enables the chair of the meeting to keep things on track.

The types of meeting that are going to benefit are:

- Reviews of Education Health and Care plans
- Team Around the Child meetings (TAC)
- Transition Meetings

And other meetings where there are a number of people who may come with different purposes and expectations if these are not made explicit by sending out an agenda beforehand.

This is the suggested person centred review meeting agenda for Tower Hamlets for an annual review:

1. **Welcome**, introductions and ground rules.

2. **Presentations**, prepared in advance by the child, their peers and adults, or prepared by Key person or INCO.

3. **What do we like and admire about the child?** Positive comments on the child's character, strengths and achievements.

4. **What is important to the child?** The child's views and preferences and their needs now and for the future.

5. **Previous targets and actions**: recap if necessary.

6. **What is going well?** Progress, success, effective strategies and provision.

7. **What is not going well?** Difficulties, problems, barriers to success, disagreements etc.

8. **What do we want the child to learn this year?** Specific, realistic outcomes that are meaningful to the child.

9. **Action plan,** relating to what is not going well and clear about who, what, when and who will check.

10. **Conclude** with a positive summary.

Ground Rules for person centred meetings

1. Follow the agenda in order.
2. Address your comments to the child or young person whenever possible, using language that is thoughtful and clear if they are in any part of the meeting. Otherwise refer to them by name and keep your language positive.
3. Every adult must say something they like and admire about the child.

# Children with additional needs

## Date:

| Child's name | D.O.B | M/F | Additional need/s | SEN Support Y/N and date | SEN Notifica-tion Y/N and date | EHC Plan Y/N and date | Services involved | Planning meeting updates and dates | Transition date and Setting/ School |
|---|---|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

## Record of Individual Child

| Name: | |
|---|---|
| DOB: | |
| Setting: | |
| Key Person: | |
| EL2: | |

| Service | Contact information |
|---|---|
| | |
| | |
| | |
| | |
| | |

| Date | Person Centred Planning | Involvement | Action |
|---|---|---|---|
| | | | |

**Record continued**

**Name of child _____     DoB_____**

| Date | Person Centred Planning | Involvement | Action |
|---|---|---|---|
|  |  |  |  |

# Support tools

# SEN Toolkit

## An overview

4Children and the Council for Disabled Children (CDC) have produced a toolkit for SEN and disability in the early years.

## Introduction

The toolkit has 10 sections each providing a briefing on a particular aspect of the SEN and disability reforms as they apply to early years providers. Each section is based on the statutory requirements and the guidance from the early years, the SEN and the disability frameworks, and draws on a range of relevant practice guidance and other materials to provide an accessible guide to SEN and disability in the early years. Towards the end of most of the sections of the toolkit is a useful tool, an activity or a reflective task to support practitioners in applying the particular topic to their own setting.

The Toolkit can be found at: http://www.foundationyears.org.uk/2015/06/sen-and-disability-in-the-early-years-toolkit/

# Early Support

The Early Support programme ran from 2002 to 2015 with the aim to improve the way that services work with parents and carers of disabled children and young people from birth to adulthood across health, education and social care. All of the resources and information are still available and hosted by The Council for Disabled Children. You can find it at: http://www.councilfordisabledchildren.org.uk/earlysupport

Particularly useful planning tools are the Early Support journals, including practice guidance which breaks down tasks into smaller steps than the Early Years Foundation Stage. There are journals for Early Years, Deaf babies and children, Babies and children with Down syndrome, Babies and children with visual impairments journal and Children and Young People with Multiple Needs as well as a School Years journal.



The Our family, my life document may be useful for families as it has sections about what my child needs now and what my child needs for the future.

# The Early Help Assessment (EHA)

Early Help Assessment (EHA) is a guided conversation with a child or young person and their parents. It provides a series of standard headings to ensure all areas of the child's development, and any other factors that may affect this, are taken into consideration when looking at the strengths and needs of a child or young person. It requires practitioners to engage with a child or young person and their parents to gather and analyse information using a standardised format.

As well as acting as the basis of an action plan for intervention that can help the family move forward, this process also helps to identify who would be the most suitable Lead Professional to take forward and coordinate the support required.

The EHA was previously referred to as the Common Assessment Framework (CAF) and there may be some references to the previous terminology in websites and other linked documents. The assessments are essentially the same.

For further information on using the Early Help Assessment in Tower Hamlets please go to:

http://www.childrenandfamiliestrust.co.uk/family-wellbeing-model/caf/

# 'What to expect, when? Guidance to your child's learning and development in the early years foundation stage' produced for parents by 4 Children and supported by Department for Education

This was published in 2015 to help parents understand the EYFS and the learning and development that take place in the prime and specific areas of learning at each stage. Each section has ideas for parents to support home learning.

# EYFS 2012: Communication and Language (adapted April 2013, with links to Personal, Social and Emotional Development)

| Stage | Listening and Attention | Understanding (Receptive Language) | Speaking (Expressive Language) | Social Communication (from PSED, MR & SC &SA) |
|---|---|---|---|---|
| 0-11 months | Turns toward a familiar sound then locates range of sounds with accuracy. Listens to, distinguishes and responds to intonations and sounds of voices. Quietens or alerts to the sound of speech. Fleeting Attention – not under child's control, new stimuli takes whole attention. | Stops and looks when hears own name. *(by 12 months  )* Starts to understand contextual clues e.g. familiar gestures. | Gradually develops speech sounds (babbling) to communicate with adults; says sounds like *'baba, nono, gogo'. (by 11 months  )* Communicates needs and feelings in a variety of ways including crying, gurgling, babbling and squealing. Makes own sounds in response when talked to by familiar adults. | Gazes at faces and copies facial movements, eg. sticking out tongue. Uses voice, gesture, eye contact and facial expression to make contact with people and keep their attention. *(by 12 months  )* Responds when talked to e.g. moves arms and legs or changes facial expression, |
| 8-20 months | Concentrates intently on an object or activity of own choosing for short periods. Pays attention to dominant stimulus – easily distracted by noises or other people talking. Moves whole bodies to sounds they enjoy, such as music or a regular beat. Has a strong exploratory impulse. | Responds to the different things said when in a familiar context with a special person (e.g. *'Where's Mummy?', 'Where's your nose?').* Understanding of single words in context is developing, e.g. *'cup', 'milk', 'daddy'* | Uses single words. *(by 16 months  )* Frequently imitates words and sounds. Enjoys babbling and increasingly experiments with using sounds and words to communicate for a range of purposes (e.g. *teddy, more, no, bye-bye)* Uses sounds in play, e.g. *'brrrm'* for toy car. | Seeks to gain attention in a variety of ways, drawing others into social interaction. Learns that their voice and actions have effects on others. Uses pointing with eye gaze to make requests, and to share an interest. *(by 18 months   )* |
| 16-26 months | Listens to and enjoys rhythmic patterns in rhymes and stories. Enjoys rhymes and demonstrates listening by trying to join in with actions or vocalisations. Rigid attention – may appear not to hear. | Selects familiar objects by name and will go and find objects when asked, or identify objects from a group. Understands simple sentences (e.g. throw the ball) | Beginning to put two words together (e.g. *'want ball', 'more juice') (by 24 months  )* Uses different types of everyday words (nouns, verbs and adjectives, e.g. *banana, go, sleep, hot)* Beginning to ask simple questions. Copies familiar expressions, e.g. *'Oh dear', 'All gone'.* | Gradually able to engage in 'pretend' play with toys (supports child to understand their own thinking may be different from others) Uses a familiar adult as a secure base from which to explore independently in new environments e.g. venture away to play with others but returns for a cuddle. |
| 22-36 months | Single channelled attention. Can shift to a different task if attention fully obtained - using child's name helps focus. *(by 36 months  )* Listens with interest to the noises adults make when they read stories. Recognises and responds to many familiar sounds e.g. turning to a knock on the door, looking at or going to the door. Shows interest in play with sounds, songs and rhymes. | Identifies action words by pointing to the right picture, e.g., *"Who's jumping?" (by 30 months  )* Understands 'who', 'what', 'where' in simple questions (e.g. *Who's that/can? What's that? Where is.?).* Developing understanding of simple concepts (e.g. *big/little)* Understands more complex sentences. | Learns new words very rapidly and is able to use them in communicating. Holds a conversation, jumping from topic to topic. Uses a variety of questions *(egwhat, where, who).* Uses simple sentences (eg *Mummy gonna work.)* Beginning to use word endings (e.g. *going, cats)* Uses language as a powerful means of widening contacts, sharing feelings, experiences and thoughts. Uses gestures, sometimes with limited talk e.g. reaches toward toy, saying *'I have it'.* | Seeks out others to share experiences. Shows affection and concern for people who are special to them Interested in others' play and will join in. Responds to the feelings of others. |
| 30-50 months | Listens to others in one to one or small groups, when conversation interests them. Listens to stories with increasing attention and recall. Joins in with repeated refrains and anticipates key events and phrases in rhymes and stories. Focusing attention – still listen or do, but can shift own attention. Is able to follow directions (if not intently focused on own choice of activity). | Understands use of objects (e.g. *"What do we use to cut things?")* Shows understanding of prepositions such as 'under', 'on top', 'behind' by carrying out an action or selecting correct picture. Beginning to understand 'why' and 'how' questions. Responds to simple instructions e.g. to get or pt away an object. | Beginning to use more complex sentences to link thoughts (e.g. using *and, because).* Can retell a simple past event in correct order (e.g. *went down slide, hurt finger).* Uses talk to connect ideas, explain what is happening and anticipate what might happen next, recall and relive past experiences. Questions why things happen and gives explanations. Asks e.g. *who, what, when, how.* Uses a range of tenses (e.g. *play, playing, will play, played)* | Initiates play, offering cues to peers to join them. Confident to talk to other children when playing and will communicate freely about their home and community. Is more outgoing towards unfamiliar people and more confident in new social situations. Keeps play going by responding to what others are saying or doing. Demonstrates friendly behaviour, initiating conversations and forming good relationships with peers and familiar adults. |
| 40-60+ months | Sustains attentive listening, responding to what they have heard with relevant comments, questions or actions. Maintains attention, concentrates and sits quietly during appropriate activity. Two-channelled attention – can listen and do for short span. Integrated attention – can listen and do in range of situations with range of people; varies according to the demands of the task. | Understands humour, e.g. nonsense rhymes, jokes. Able to follow a story without pictures or props. Listens and responds to ideas expressed by others in conversation or discussion. Follows instructions involving several ideas or actions. Answers 'how' and 'why' questions about their experiences and in response to stories or events. | Extends vocabulary, especially by grouping and naming, exploring the meaning and sounds of new words. Links statements and sticks to a main theme or intention. Uses language to imagine and recreate roles and experiences in play situations. Uses talk to organise, sequence and clarify thinking, ideas, feelings and events. Introduces a storyline or narrative into their play. | Confident to speak to others about their own wants, interests and opinions. Initiates conversation, attends to and takes account of what others say. Explains own knowledge and understanding, and asks appropriate questions of others. Forms positive relationships with adults and other children. |

# Notes on monitoring early communication and language

## Observation and best-fit judgements

- Judgements of a child's stage of development are made through a process of ongoing observational assessment.
- Observation involves noticing what children do and say in a range of contexts, and includes information from the family about what children do and say at home.
- For children learning English as an additional language, it is important to find out from families about how children use language in their mother tongue and how they communicate at home.
- The assessment is a 'best fit' match to a stage band. This involves considering what is known about the child, and matching it to the development described in the bands. This should be considered separately for each strand of communication and language.
- Within each band, a judgement will be made in two levels – either 'Emerging' when a child shows some development at that level, or 'Secure' when most of the statements reflect the child's current development.
- Development of speech sounds need not be assessed specifically, but it is useful to be aware of typical development which is described in the table to the right.

## Checkpoints

- Alongside the 'best fit' judgement, certain 'Checkpoint' statements are included. Marked with a flag    and a specific age, these are particular statements which should be noted.
- Where a child has not reached a Checkpoint by the age indicated, this is not necessarily a sign of difficulty. The Checkpoint statements serve as an alert for close monitoring including discussion with the family, and perhaps further assessment or support.

# Guidance on typical development of speech sounds

| Stage | Speech sounds |
|---|---|
| | *(Developing speech and being understood applies to all languages. Order of acquiring specific sounds – here in English – may vary with other languages)* |
| 0-11 months | Babbles using a range of sound combinations, with changes in pitch, rhythm and loudness. Babbles with intonation and rhythm of home language ('jargon'). |
| 8-20 months | Speech consists of a combination of 'jargon' and some real words and may be difficult to understand. |
| 16-26 months | Many immature speech patterns, so speech may not be clear. May leave out last sounds or substitute sounds (e.g. *'tap'* for *'cap'*). Uses most vowels, and *m,p,b,n,t,d,w,h* |
| 22-36 months | Speech becoming clearer, and usually understood by others by 36 months although some immature speech patterns still evident. May still substitute sounds or leave out last sound. Emerging sounds including *k,g,f,s,z,l,y*. |
| 30-50 months | Speech mostly can be understood by others even in connected speech. Emerging use of *ng, sh, ch, j, v, th, r* – may be inconsistent. Sound clusters emerging (e.g. *pl* in *play*, *sm* in *smile*) though some may be simplified (e.g. *'gween'* for *'green'*). |
| 40-60+ months | Overall fully intelligible to others. May be still developing *r* and *th*. May simplify complex clusters (e.g. *skr, str*). |

# Making good progress

- The goal of monitoring children's development is to plan and provide more accurate support for each child to make good progress.
- How well a setting helps children to make good progress can be determined by analysing the proportion of children who are at risk of delay, as expected, or ahead of expectations in each strand of language and communication. If children are making accelerated progress, the proportion of children at risk of delay should decrease over time.
- In considering whether a child is at risk of delay, as expected, or ahead in each strand of language and communication, it is necessary to consider the child's actual age in months in relation to the overlapping age bands. If a child is within two months of the end of the age band and development is not yet within the band or is judged to be 'Emerging', then a judgement of 'risk of delay' would be appropriate.

# COMMUNICATION GUIDELINES ETHCaT

I will try to **GIVE CHOICES** naming the two items and providing spaces for the child to indicate their preference in any way (e.g. pointing, nodding, naming).

I will try to **TAKE TURNS** of equal length so that no one is dominating the conversation. I will try to give the child time and space to respond or to have their turn in conversations.

I will try to **COMMENT** on what the child is doing/attending to rather than asking questions.

If I do ask questions, I will try to ask **OPEN QUESTIONS** which require more than one-word answers. I am aware that all questions are difficult for children with delayed language.

I will try to use '**HERE AND NOW' TALKING** about what is happening right here, right now. I will try to keep talk about yesterday or tomorrow to a minimum, and use visual cues to make it easier to understand.
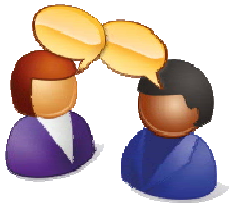
I will try to use **SIMPLE WORDS AND SENTENCES** when talking to the child. As a rule, I will try to use only one word more than the child is using.

To help the child understand, I will try to **SLOW DOWN, STRESS KEY WORDS, & BREAK INSTRUCTIONS INTO MANAGEABLE CHUNKS**.
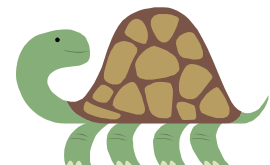
I will try to use **VISUAL SUPPORTS** to help the child to learn words and to understand

I will try to **MODEL** a correct word or sound to the child rather than asking them to say it themselves and I will try to **EXPAND** the child's utterance by repeating it with an added word.

I will try to **FOLLOW THE CHILD'S LEAD** by allowing the child to show me what they are interested in and what they want to do.

I will try to **GIVE SPECIFIC PRAISE** to show I noticed the child tried something new, or congratulate them for doing something well.
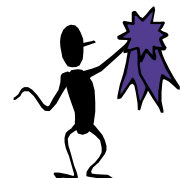
# Developing an Inclusion Policy in Early Years Settings

A good inclusion policy has equality of opportunity at its core.  If you develop an inclusion policy that is explicit in its commitment to equal opportunities, and outlines how it is working towards this goal, there is no need to have a separate equal opportunities policy. It should outline how it meets requirements of the Equality Act 2010.

Your inclusion policy must reflect and meet the requirements of the Special education needs and disability code of practice: 0 to 25 years (Code of Practice 2015).

**Reference to working in partnership with parents should be made throughout the policy.**

It is vital that the writing of an inclusion policy is seen as a developmental process that involves the whole staff team and other stakeholders (e.g. parents).

The Early Years Foundation Stage (2014) states that it seeks to provide:
- **partnership working** between practitioners and with parents and/or carers;
- **equality of opportunity** and anti-discriminatory practice, ensuring that every child is included and supported.

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**Special educational needs**

3.67. Providers must have arrangements in place to support children with SEN or disabilities. Maintained nursery schools and other providers who are funded by the local authority to deliver early education places must have regard to the Special Educational Needs (SEND) Code of Practice[32]. Maintained nursery schools must identify a member of staff to act as Special Educational Needs Co-ordinator[33] and other providers (in group provision) are expected to identify a SENCO.

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**Tower Hamlets language of inclusion:**

**Additional Needs:** In Tower Hamlets Early Years Service we use the term 'additional needs' instead of 'special educational needs' (used in the Code of Practice 2015) in order to avoid language which labels children as different or separate from other children.

**Inclusion Coordinator:** Use of the title Inclusion Coordinator (rather than Special Educational Needs Coordinator/SENCO) is encouraged. This emphasises the responsibility of the Inclusion Coordinator to enable all children to be fully included in your setting, and to maximise their achievements.

**Area Inclusion Coordinator:** To reflect Tower Hamlets Early Years Service's commitment to inclusion and meeting the needs of all children, officers within the Early Years Service who support settings in developing their inclusive practice are called Early Years Area Inclusion Coordinators.

# Guidelines on formulating and writing an Inclusion Policy

**1.** Decide on your definition of inclusion and incorporate this into your mission statement.

> *This should be personal to your setting, worded by your staff. A statement that has been arrived at by the whole staff team – the setting commitment to participation and belonging, to celebrating and promoting diversity and to challenging discrimination in all forms*
>
> *Possibly look at a range of definitions used by different organisations as a prompt for discussion which can then lead on to arriving at your settings agreed definition. Look at the principles of the SEND Code of Practice and consider how they inform your definition of inclusion.*

**2.** List the main pieces of legislation that the policy is linked to.

> - *Early Years Foundation Stage 2014*
> - *Equality Act 2010*
> - *Special education needs and disability code of practice: 0 to 25 years Code of Practice 2015*

**3.** Clarify the meaning of any terms that may need clarification (see the glossary at the end of this document).

> **This can include terms such as:**
> **Inclusion** – insert own definition, decided in consultation with all staff and other stakeholders
>
> **Additional needs –** *why this term has been chosen instead of 'Special Needs' and the group of children it represents under the code of practice.*
>
> **Inclusion coordinator** – *explain the role; the various strands to it in the setting i.e. is the same person responsible for co-ordinating meetings about children's needs; safeguarding; etc.*
>
> **Parents** – *that 'parents' refers to parents and carers. The use of the plural does not imply that a child will necessarily have more than one parent.*
>
> **Statutory Education, Health and Care Needs Assessment** – *give a brief description of this assessment (the Tower Hamlets 'at a glance' guide to the Education, Health and Care plan may be useful)*
>
> **Education, Health and Care Plan** – *explain this*

**4.** Detail the objectives of the inclusion policy (*i.e.* what the policy is seeking to achieve and how it relates to legislation).

> ***Objectives of the policy (3 or 4 aims)***
> *These might be about:-*
> • *Sharing ethos, beliefs with parents*
> • *Providing guidance to staff about promoting and supporting inclusion*
> • *The legislation that is covered in a combined policy*
> • *Specifically about the 'Code of Practice' and meeting duties found in it*

**5.** Detail how you celebrate diversity and difference, and promote understanding of this. Alongside this detail how discriminatory incidents are dealt with and recorded.

> *Explanation of what equal opportunities means; that it is about individual needs and abilities and that everyone is different.*
>
> *Opportunities for all – list all the characteristics that can be used to discriminate and how they will be positively viewed and promoted.*
>
> *The open nature of the setting, acknowledging any barriers to participation e.g. lots of stairs, and what is being done to overcome them. How the group and the wider community is celebrated in resources, celebrations, equipment and planned for.*
>
> *Attitude to duties under the Equality Act 2010 and Race Relations Act 2000 including promoting good relations, celebrating diversity, challenging stereo types and actively challenging discrimination of all types especially where something is perceived to be racist by a victim or a by-stander it will be investigated as such. The arrangements for the training of all staff in this area and how they will be supported.*
>
> *The participation and partnership working of all parents. Acknowledgment that the level of involvement can vary according to circumstance of each family; maybe some examples of ways of being involved. Parents' role as first educators who know their children well and the importance of understanding each family. The importance of the key person relationship.*
>
> *Statement about the equality of opportunity for staff; the commitment to a diverse workforce while employing the best person for the job.*

**6.** Provide the names of key staff that are to act as links with parents and outside agencies.

> *Name key staff and their roles – Inclusion Coordinator plus any other relevant roles*
>
> *Importance of key person role – describe this role*

7. Include details of your setting's admission policy, with explanations as appropriate (*e.g. certain groups of children may take priority because they have particular needs and therefore are at risk of having limited opportunities; your setting might not yet be accessible to wheelchairs*).

> *Refer to admissions and waiting list policies and how they work to support the most disadvantaged e.g. looked after, adopted, children with identified needs.*

8. How you promote partnership with children and parents.

> - *Person centred approach*
> - *Capturing the views and feelings of the child*
> - *Parental aspirations*

9. Referring to the Code of Practice 2014, describe how you identify and meet children's needs:

> - *SEN in the early years*
> - *Early identification*
> - *Progress check at age two*
> - *Identifying needs in the early years*
> - *SEN support in the early years (Graduated Approach)*
> - *Medical needs – Individual Health Care Plans*
> - *Notifying SEN section*
> - *Education, Health and Care Plan*
> - *Setting may do an an EHA (Early Help Assessment).*

10. Give a brief description of the arrangements in place to link effectively with others and exchange information as necessary: e.g. links with organisations in the voluntary sector, transition arrangements with other settings.

> *Statement about commitment to working with others and list common agencies such as:*
> - *Speech and Language Therapy*
> - *Early Years Area Inclusion Coordinators*
> - *Children's Centres*
> - *Schools*
> - *Local Offer*
> - *Early Years Network*
> - *Early Years Service*
>
> *The importance of planned transitions for all children and the importance of extra planning for children with additional needs – what these might be or refer to Transition Policy if there is one. Describe the types of transitions that exist in the setting.*

**11.** Include details of the procedures to be followed in the event of a query or complaint.

> *How parents can raise queries and complaints within the setting and the desire for communication to work so that concerns are addressed.*
>
> *The details of the Parents Advice Centre and Ofsted and their roles.*

**12.** Include information on how and when the policy is to be reviewed and evaluated.

> *Date policy written: (month and year)*
>
> *How regularly the policy is reviewed and when the next review is due.* ***The need to review and amend sooner if legislation changes.***
>
> *What will be considered in the review such as early identification of needs, effectiveness of identifying and dealing with discrimination.*
>
> *How views will be sought from staff, parents and children on the effectiveness of the policy.*

## What to do next:

Having written an inclusion policy, staff should not assume that all the work is over. The next challenge is to make sure that the policy is actually implemented in the setting, rather than being a document that is simply filed away and forgotten about. The inclusion policy should inform day-to-day practice in the setting, guiding practice and procedures.

- Consider developing a short summary of your inclusion policy (perhaps half a side of A4) for parents. This should be written in a parent-friendly style, avoiding jargon. The last sentence should inform parents of who to ask for a copy of the full policy, should they wish to see this.

- Use the policy to inform your settings local offer.

- Review your setting's admissions policy, checking that it is consistent with the inclusive approach outlined in your inclusion policy. If not, make changes. Other relevant policies should also be reviewed for compatibility.

- Make sure that all staff have read the policy, that they understand it and that they are committed to it. If the policy has been developed by the whole team, with all members of staff having had the opportunity to contribute to it and take ownership of it, this should be relatively straightforward. However, don't forget that new members of staff and students will need to be shown the policy and, if necessary, inducted in its use.

- As part of long term planning, staff should look at resources to ensure that inclusive practice continues to develop.

# Glossary of terms

**Special educational needs and disability code of practice: 0-25 (2015):**

**Annual review:** the review of an Education, Health and Care (EHC) plan which the local authority must make as a minimum every 12 months.

**Education, Health and Care plan (EHC plan):** An EHC plan details the education, health and social care support that is to be provided to a child or young person who has SEN or a disability. It is drawn up by the local authority after an EHC needs assessment of the child or young person has determined that an EHC plan is necessary, and after consultation with relevant partner agencies.

**Graduated approach:** A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing.

**Individual Health Care Plan:** Individual healthcare plans support babies and children with medical conditions. Individual healthcare plans can help to ensure that settings effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. Plans should be drawn up in partnership between the setting, parents, and a relevant healthcare professional, for example school, specialist or children's community nurse, who can best advise on the particular needs of the child. A healthcare plan should be regularly reviewed and always updated if the child's condition or medication changes.

**Local Offer:** Local authorities in England are required to set out in their Local Offer 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. Local authorities must consult locally on what provision the Local Offer should contain.

**Special Educational Needs (SEND):** A child or young person has SEND if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

**Special Educational Needs Coordinator/Inclusion Coordinator (SENCO/INCO):** A qualified teacher in a school or maintained nursery school who has responsibility for co-ordinating SEND provision. In a small school, the head teacher or deputy may take on this role. In larger schools there may be a team of SENCOs. Other early years settings in

group provision arrangements are expected to identify an individual to perform the role of INCO/SENCO and childminders are encouraged to do so, possibly sharing the role between them where they are registered with an agency.

**Tower Hamlets language of inclusion:**

**Additional Needs:** In Tower Hamlets Early Years Service we use the term 'additional needs' instead of 'special educational needs' (used in the SEN and disability Code of Practice 0-25) in order to avoid language which labels children as different or separate from other children.

**Inclusion Coordinator:** Use of the title Inclusion Coordinator (rather than Special Educational Needs Coordinator/SENCO) is encouraged. This emphasises the responsibility of the Inclusion Coordinator to enable all children to be fully included in your setting, and to maximise their achievements.

**Area Inclusion Coordinator:** To reflect Tower Hamlets Integrated Early Years Service's commitment to inclusion and meeting the needs of all children, officers within the Integrated Early Years Service who support settings in developing their inclusive practice are called Area Inclusion Coordinators.

# All About _____

You could put a photo of your child here or they could draw a picture of themselves.

# My Unique Child

# How you can use this book

Now that your child is going to begin childcare, playgroup or school you can use this book to tell staff anything you would like them to know.

Where ever your child is going it is important that staff know all about them so that they can make sure that they can provide the care and education that is best for them.

# Enjoy making this book together

There are headings on some of the pages but you can add your own pages if you want to. There are also some ideas of the kinds of information you may like to include but just include what you think it is important. You can put photos and drawings in too.

Very definitely let your child help you to decide what needs to be put in.

You will have the opportunity to talk to staff about anything that is confidential that you don't want to put in this book.

Parents will use this book in different ways. The most important thing is that staff can appreciate your child's uniqueness!

# Caring for my child

This page is about your child's feelings.
How will staff know how your child is feeling?
Do they have any worries or concerns?
What calms them? What motivates or excites them?
What helps them to feel secure and confident?
How do they feel about starting in a new place?

# Family and other special people

**This page is about family and friends.**
**What do you like your child to be called?**
**Are they already friends with another child in the group or class?**
**Are there other special people in their life – perhaps a close grandparent or a childminder?**
**Are there any family pets?**

# Individual needs

This page is about how best to help your child and what helps them to be independent.

Does your child have any individual ways of communicating – perhaps special words, sounds, gestures or signs?

Are there any staff will need to support your child with moving, eating or toileting?

Does your child have any medical needs staff need to know about?

Do they have any allergies?

# Interests, likes and dislikes

This page is about what your child likes/dislikes, recent experiences they have had and any particular interests they have.
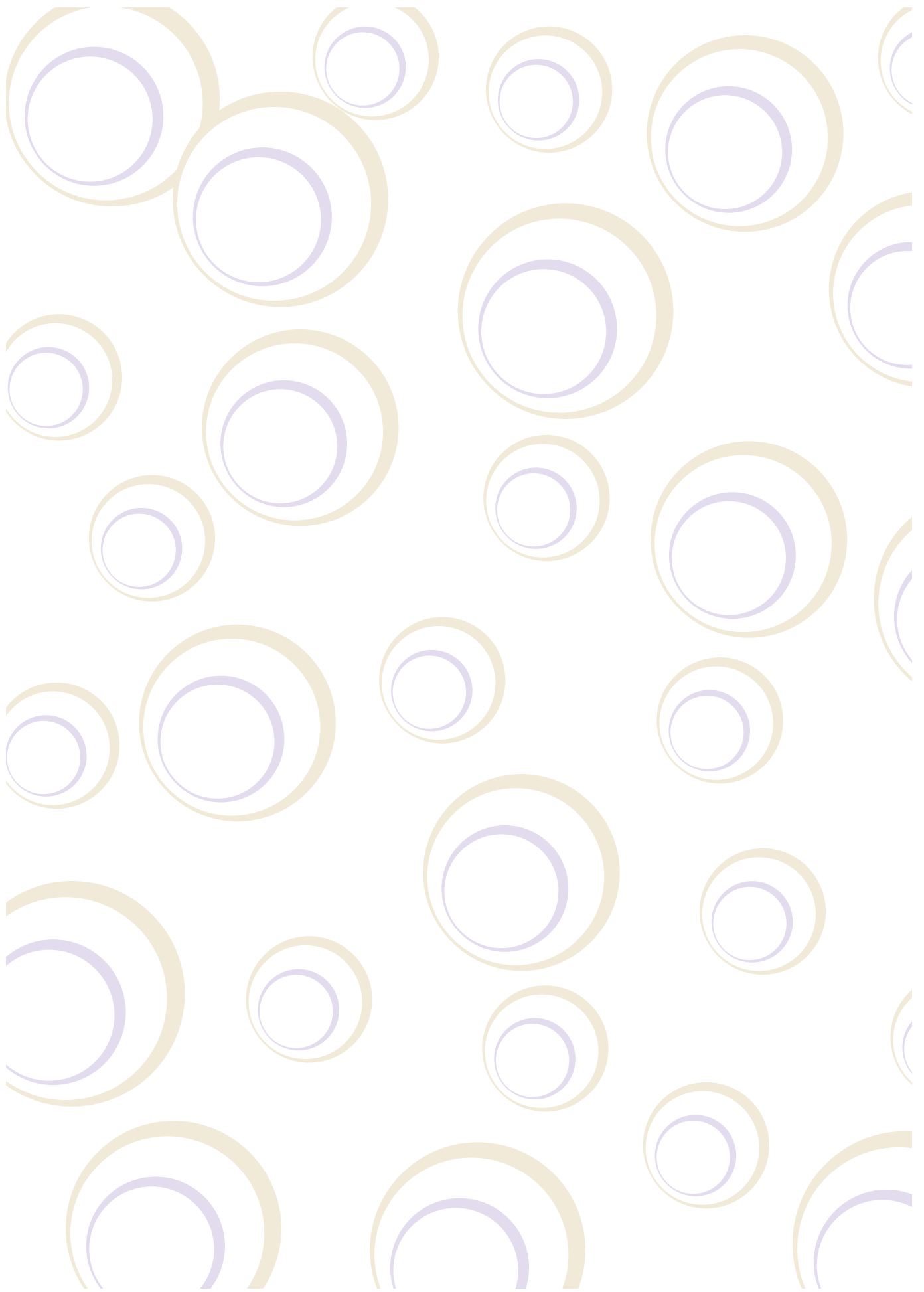
Have there been any special events in the family – a new baby or a celebration?

Have they been on a trip or a holiday?

Does your child have any favourite foods or strong dislikes?

Are there any particular activities they enjoy – swimming, cooking, making things?
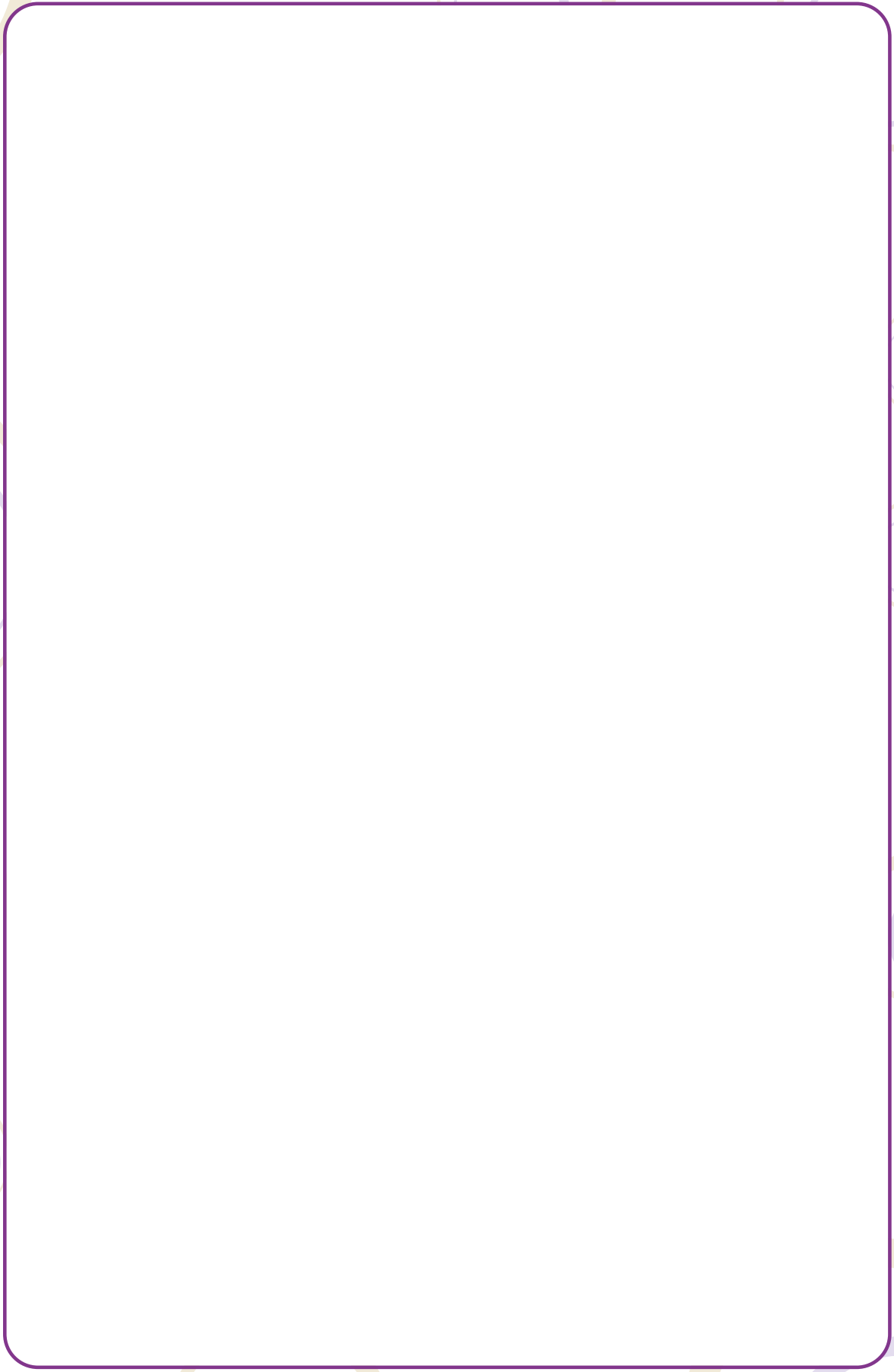
# Guidance on Continence and Intimate Care in Early Years Settings and Schools

The following guidance is based upon good practice, and draws upon information contained within the Equality Act (2010) and the DfE document *"Supporting pupils at school with medical conditions"* which came into force in September 2014. Early Years settings and schools will need to develop their own policy based upon this guidance and any other appropriate guidance available to them, taking into account the individual needs/circumstances in their own setting.

Enuresis (wetting) is very common and incontinence fairly common amongst pre-school children and at school entry. "Typical" child development involves the gradual acquisition of faecal and urinary continence. The rate at which children develop bladder and bowel control varies and is influenced by cognitive ability and various family and socio-cultural factors. Although being late coming out of nappies is by no means necessarily associated with cognitive difficulties, it is likely that children with global developmental delay will be particularly late in this respect.

Children may have a physical condition that hinders continence, and some children may develop secondary enuresis or encopresis (soiling) as behavioural response to emotional difficulties. Schools and early years settings should be able to care effectively for children with these conditions and they must not be excluded from normal educational activities solely because of a manageable condition.

## The Equality Act 2010

The Equality Act requires all education providers to re-examine all policies, consider the implications of the Act for practice and revise their current arrangements. Where blanket rules about continence have been a feature of a setting/school's admissions policy, changes will need to be made to comply with the Equality Act. Schools and settings will also need to develop an action plan which outlines how they are working towards providing an accessible toileting facility, if this has not previously been available.

Achieving continence is just one of hundreds of developmental milestones, but in some cases this one developmental area has assumed significance beyond all others. Parents are sometimes made to feel guilty that this aspect of learning has not been achieved, whereas other delayed learning tends not to have the same stigma attached to it.

Education providers have an obligation to meet the needs of children with delayed personal development (including incontinence) in the same way as they would meet the individual needs of children with delayed language, or any other kind of delayed development. Any admission policy that sets a blanket standard of continence, or any other aspect of development, for all children is discriminatory and therefore unlawful under the Act. All such

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issues have to be dealt with on an individual basis, and settings/schools are expected to make reasonable adjustments to meet the needs of each child.

**'Accidents'**
In any educational setting that admits young children, occasional 'accidents' are to be expected, where children who are otherwise toilet-trained wet or soil themselves. There are many possible reasons for this – the child may be absorbed in an activity, may be anxious about asking to use the toilet, may have an upset stomach or may simply fail to get to the toilet and undo their clothing in time. As settings and schools are now admitting younger children, these accidents may increase in frequency, especially in the first few months after admission.

Where children have accidents, they should be changed in the same way as a child who is incontinent. Clearly, children should not be reprimanded or otherwise made to feel upset or embarrassed that they have had an accident. Asking parents of a child to come and change their child is unacceptable (unless parents have requested such an arrangement) and, in some cases, is likely to be a direct contravention of the Equality Act. Leaving a child in soiled clothing or a soiled nappy for any length of time pending the return of the parent can be considered to be neglect.

All children should have a spare set of clothes, supplied by parents, which are kept in the setting. Settings may have their own supply of spare clothes, but many children do not like being dressed in unfamiliar clothes, and some parents may object to their child being dressed in clothes which are not their own.

Older children may wish to change their own clothes, but they should always be supervised/assisted by a member of staff to ensure that they are clean and dry before putting on the new clothes. Wet or soiled clothing should be securely wrapped and kept in an appropriate place until it can be given to parents at the end of the day.

**Staffing Issues**
Depending on the accessibility and convenience of a setting/school's facilities, it could take ten minutes or more to change an individual child. This is not dissimilar to the amount of time that might be allocated to work with a child on an individual learning outcomes, and of course, the time spent changing the child can be a positive, learning time.

However, if there are several children wearing nappies in a setting or school there could be clear resource implications. Within a school, the Early Years teacher or coordinator should speak to the Inclusion Coordinator/SENCO to ensure that additional resources from the school's delegated SEN budget are allocated to the Early Years Foundation Stage group to ensure that the children's individual needs are met. With the enhanced staffing levels in Children's Centres and the private, voluntary and independent sectors, allocating staff to change the children should not be such an issue, although there may be circumstances within an individual setting that warrant additional

support.  In such cases, settings should contact their designated Early Years Area Inclusion Coordinator to discuss their needs.

**Job Descriptions**
All childcare workers, with the exception of qualified teachers, should have nappy changing included in their job description, as personal care is one of the core duties of all those who work with young children.  All prospective new staff should be made aware that this is an expectation during interview.  While teachers cannot be required to change nappies, some may choose to do so at times if this is in the interests of the child and the efficient running of the class.

**Guidelines:**

- Nurseries and other settings that care for babies and toddlers will already have a dedicated changing area.  However, a suitable place for changing children should have a high priority in any setting's/school's Access Plan. If it is not possible to provide a purpose built changing area, then it is possible to purchase a changing mat and change the child on a suitable surface.  Ideally, the changing area should be carried out on a raised surface, as changing children on the floor may place strain upon staff's backs.

- The Key person should be encouraged to change their key children where possible. This supports continuity for the child and enables their preferences in relation to changing to be followed.

- Staff should meet with parents/carers to discuss the child's needs and their approach to nappy changing.  Obviously, staff should be aware of cultural and religious practices and the wishes of the parents/carers. Wherever possible, to avoid distress or confusion to the child, practice should be the same at home and in the setting.

- Staff should be mindful of the need to preserve the dignity of the child.

- It is important that parents are aware that all staff have been through the DBS vetting and recruitment process which  ensures that children are safeguarded.

- Each child should have his/her own named basket/container for nappies/spare clothes.

- When changing children staff should wash their hands with hot water and an appropriate soap/hand cleaner both before and after nappy changing. Gloves (and aprons where necessary) should be worn while nappy changing.  The changing table should be cleaned after each use and the nappy should be disposed of hygienically in an appropriate container.  Any spillages must be cleaned up immediately.

- Where needed staff should record times/frequencies of nappy changing and note any concerns (for example unusual bowel movement), which should be reported to parents/carers when the child is collected.

- An adequate supply of nappies must be kept on the premises at all times. Where parents/carers provide the nappies, staff should notify them well in advance when the stock is depleting.

- If barrier creams are used this should be discussed with the Key person, the cream labelled with child's name, logged on their records and kept in a safe place.

- Settings should consider strategies for supporting children in developing independence through toilet training in partnership with parents, when this is developmentally appropriate for the child.

- For advice and support in this area, staff in schools may contact Claudine Rausch Advisory Teacher SLS (020 7364 6444) who can offer advice on supporting children with physical impairments and complex medical needs. Staff in early years settings should contact their designated Early Years Area Inclusion Coordinator.

- Settings may wish to use this guidance to develop a continence/nappy changing policy. Such a policy should be approved by governors and/or management committee and made available to all parents.


**Further Information and guidance**

**Enuresis Resource & Information Centre** (ERIC), 34 Old School House, Britannia Road, Kingswood, Bristol, BS15 8BD. Telephone: 0117 960 3060 Website www.eric.org.uk

**Good Practice in Continence Services**, 2000. Available free from Department of Health, PO Box 777, London SE1 6XH or www.doh.gov.uk/continenceservices.htm

*Integrated Early Years Service*
*2016*

# Developing interactions and shared attention

## How can adults support the interaction play?

✓ Have a clear visual clue to signal the start of interaction time – this can be a resource, picture and you may wish to add a song.

✓ Look for any indication that the child is curious or alert – it could be a very subtle signal.  Give children the opportunity to engage but do not make them.

✓ Gradually edge your way in to the play so you know what a child can do spontaneously with you.

✓ Show your delight at the process of learning how to do it (what the child is doing).

✓ Show your respect for the objects being offered, show your wonder and curiosity.

✓ Adult responsiveness turns the interaction into a game.  It's about playing together.

✓ During interaction:
● mirror back with some exaggeration and then pause, this is the child's opportunity to respond or not
● following exaggeration, build in moments of hesitation to increase anticipation of what will happen next.

✓ Avoid becoming the dominant partner in play, it should be reciprocal.

✓ Keep the pace going particularly for children who give little feedback or response.  Lost pace is a lost learning opportunity.  However, keep energy levels right.  Don't rush the child but be aware of timing – it should be appropriate not hectic.

✓ Please remember it's not the play/game but the **quality of the interaction** that is important.

✓ **We are building memories.**  Trigger the memory of interaction by doing the same next time.  Interactions should be brief and frequent, simple but powerful.

## Activity 1- Intensive interaction

Notice what I am doing and copy my actions and any verbal sounds or communication. If I respond positively, continue to copy me. This experience may only last for a short time. At times I may not respond to you and that is okay. For example, if I am looking at keys, do exactly the same with your keys. It can help to slightly exaggerate my actions, sounds or expressions as you copy me as it can encourage me to notice you.

If I begin to respond to you imitating me (this could be looking at what you are doing, eye contact or any other signal that I am aware of what you are doing), you can extend this by gradually changing what we are doing. For example, if I am happy for you to join me splashing and we are sharing the experience, try sprinkling the water and wait to see if I copy you. This is the beginning of a shared communication and turn taking experience – at first you copy me but now I am copying you.

Other ways of extending could be: painting - try making different marks on your paper and see if I do the same or share my paper, jumping – turn around and jump, dancing – do a different body movement. You can be creative when thinking about how to extend/change what we are doing but it's easier if it's just a small change.

If I don't respond and copy you, that's ok – just try again another time. This should be a relaxed experience and may only last a few seconds but it should be enjoyable for me and you.

## Activity 2 – Playful interaction



Instigate interactive games which you know I like such as lifting me up, spinning me around or peek a boo. This may only last for a few seconds at first and that is okay. At times I may not respond and this is also okay – you can try again later. It is better to do lots of short interactive play sessions rather than trying to get me to focus for an extended period of time.

Watch my body language to see if I am enjoying the play.

Introduce 'ready steady go' or '1 2 3' as part of the play. You can gradually pause before 'go' or '3' to build anticipation as this can be more fun.

Look carefully to see if I indicate that I want more – this could be a look, bending my legs, a smile or something else. If you are building in anticipation I may do this before you do the action.

Stop whilst I am still enjoying the play with you. It is important that I have fun with you and good memories of interacting. I will then be more ready to interact with you next time.

It is more important to do this several times for a few seconds rather than trying to get me to focus for a long time.

## Activity 3 - Shared attention

Make a collection of resources that you think I will find interesting and bags/containers to put them inside. For example, if I like movement/pouring then think of over 20 different things that can be poured (pasta, lentils, dried peas, flour, sugar, herbs, glitter, sand). If I like sounds, think of things which make sounds or can make an interesting sound if shook or dropped (tiny instruments, bells, keys, party blowers).

Good selections usually include cause and effect resources and/or things which are sensory (resources which are not so good are 'static' items such as a plastic animals). The aim is for me to come to you because I am interested in what you are offering rather than you copying my play. The bags and containers with resources inside are not kept out all the time but you bring one (or a selection) of them out when you want to engage me in play.

It can help to make a sound to signal the start of the game - if you are using a hard/metal container, then perhaps shake it to rattle what's inside. It can help to have bags/containers that are just a little difficult to open but not impossible so I have a bit of challenge.

Start with bags/containers which are see through so I can almost see what is inside, then move to containers which are visually interesting but not see through. When I regularly engage in play with you, then move to containers which are visually interesting but not see through. Start with one container then move to sets of 3. To make it interesting you can vary the play with 3 containers (in order of increasing difficulty):

- 3 containers which look identical with the same things inside each one (pasta, pasta, pasta)
- 3 containers which look identical with different things inside (glitter, beads, keys)
- 3 containers which look different but have the same things inside
- 3 containers which are different and have different things inside.

Try to end the play session when I have had 'just enough' so I have good memories of the play. Please end by saying 'finished' (signing if possible) and putting the containers into a bag or covering over with paper (if pouring into a tray) and removing it to tidy up later.

The container play may only last a few seconds at first and that's okay. You can gradually extend the time. There may be some resources that I prefer more than others, once you know what I like you can add more of these kinds of resources. Think about how to present the containers, making it look visually appealing for me will engage my curiosity – you are offering an 'irresistible invitation'. **When I show interest, please show your interest too.**

If I am responding well to these play sessions, please introduce something else to do after they are finished such as tickling play or rough and tumble (see Activity 2). If I am still focussed, try to encourage me to do something else you have chosen that you know I will enjoy.

Tower Hamlets Early Years Service – Early Help Inclusion Team