

Sefton Graduated Approach Toolkit



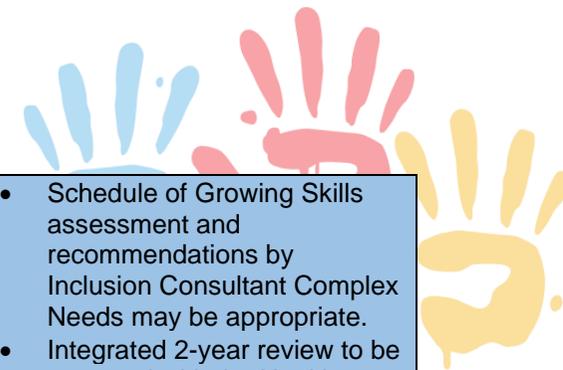
General Approaches

Children, particularly in their Early Years develop at different rates and can present with a learning profile that is individual. Most children will make progress in a setting which has high quality ordinarily available provision. Some children, however, require support that is ‘additional to’ or ‘different from’ what might be ordinarily provided due to Special Educational Need or Disability. Children may present with additional needs that can be age/ stage related and may change over time.

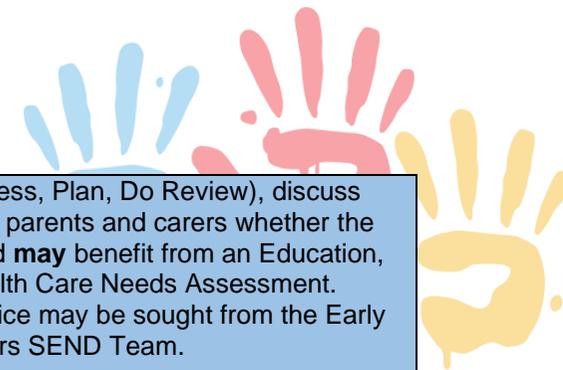
This document provides some guidance that will support the process of Assess, Plan, Do, Review as part of good practice. It is not however an exhaustive list, the expertise of educators, other professionals and relationships with children and families are key to the best possible outcomes for children.

This toolkit is to be used alongside the SEND Code of Practice 2015 and the Early Years Foundation Stage 2021.

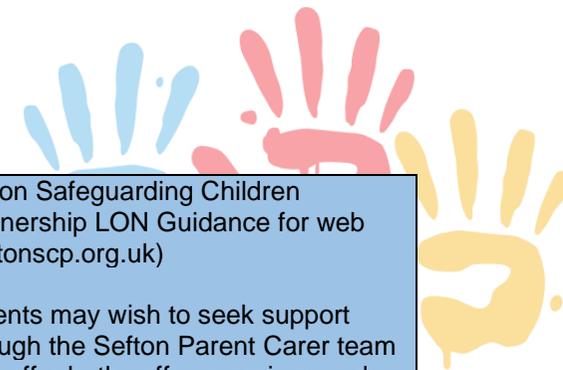
Graduated Approach	Ordinarily Available Provision High quality provision for all children	Targeted Support Support provided using the settings resources, usually for a small number of children who need additional support.	Specialist Support Children require referral and support from specialist services, usually on an individual basis.
Assess/ Plan/Do/Review	When assessing whether an individual child is at the expected level of development, practitioners should draw on their knowledge of the child and their own expert professional judgement. Settings may use non statutory curriculum guidance to support this such as: <ul style="list-style-type: none"> Development Matters - Non-statutory curriculum guidance for the early year's foundation stage (publishing.service.gov.uk) 	Examples of Assessments to evidence small steps of progress for example: <ul style="list-style-type: none"> Small steps Development journal. Early Support developmental journals (councilfordisabledchildren.org.uk) Early Years B squared. Portage checklists Records of visits from Early Years SEND team 	Examples of Assessment and evidence for children know to specialist services: <ul style="list-style-type: none"> Assessment/observation from specialist services e.g., Speech and Language Therapy service. Early Years support journals including specific documents for children who have Down Syndrome or complex needs.



	<ul style="list-style-type: none"> • Birth to 5 matters, <p>Practitioners meet with parents/carers before the child starts their placement to gather information about starting points.</p> <p>Statutory Two-Year review. Any concerns to be raised with the health visitor (with parental consent). An integrated review may be appropriate.</p> <p>Electronic Assessment may be used e.g., Tapestry</p> <p>The Early Years Foundation Stage Profile at the end of reception provides parents and carers, practitioners, and teachers with a well-rounded picture of a child's knowledge, understanding and abilities, their attainment against expected levels, and their readiness for Year 1. The Profile must reflect practitioners' own knowledge and professional judgement of a child to inform discussions with parents and carers, and any other adults whom the teacher, parent or carer judges can offer a useful contribution. (EYFS 2021)</p> <p>In planning and guiding what children learn, practitioners should reflect on the different rates in which children are developing and adjust their practice appropriately. (EYFS 2023)</p> <p>Practitioners must get to know children's level of achievement and interests, and shape teaching and learning experiences for each child reflecting that knowledge.</p> <p>In their interactions with children, practitioners respond to their own day-to-day observations</p>	<p>Where there are concerns regarding a child's development at age 2, the setting (with parental consent) should contact the Health visitor to arrange an Integrated 2 year review. Integrated 2-year review document to detail next steps alongside Child Health Services and parents/carers.</p> <p>Individual Support Plan identifying small step SMART (specific, measurable, achievable, realistic, time bound) targets to develop specific areas of need. To be reviewed frequently, informally and at least half-termly with parents.</p> <p>Reasonable adjustments to be made to curriculum planning and delivery along with the environment.</p>	<ul style="list-style-type: none"> • Schedule of Growing Skills assessment and recommendations by Inclusion Consultant Complex Needs may be appropriate. • Integrated 2-year review to be arranged with the Health Visiting Team. <p>The Early Years Foundation Stage Profile must be completed for all children, including those with Special Educational Needs and Disabilities (SEND). Reasonable adjustments to the assessment process for children with SEND must be made as appropriate. Providers should consider whether they may need to seek specialist assistance to help with this. (EYFS 2021)</p> <p>SEND Support Plan detailing all planned interventions, including those advised by specialists. Desired outcomes to be developed in consultation with parents and carers and taking the views of the child.</p> <p>Advice/ strategies from specialist services to be incorporated into the child's SEND Support Plan and into everyday experiences. To be reviewed at least half-termly with parents and next steps planned for.</p> <p>If there is evidence of a child's needs impacting their learning over a period despite targeted and specialist intervention (usually 2-3 cycles of</p>
--	--	---	--



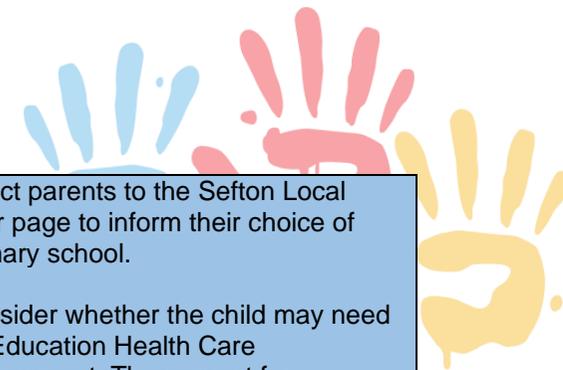
	<p>about children’s progress and observations that parents and carers share.</p> <p>All staff have high aspirations for children.</p>		<p>Assess, Plan, Do Review), discuss with parents and carers whether the child may benefit from an Education, Health Care Needs Assessment. Advice may be sought from the Early Years SEND Team.</p>
<p>Partnership with Parents and Carers.</p>	<p>Systems in place for ongoing communication and partnership with parents and carers. Parents and carers to be updated on their child’s development at least termly.</p> <p>All practitioners must have time to communicate with parents, and the skills and confidence to carry out this part of their role.</p> <p>PVI settings may nominate a parent champion who is encouraged to engage with regular forums to support this valuable role.</p> <p>To support their understanding of the Early Years Foundation Stage, refer parents to the document What to expect in the EYFS guidance for parents. https://foundationyears.org.uk/files/2021/09/What-to-expect-in-the-EYFS-complete-FINAL-16.09-compressed.pdf</p> <p>Settings give advice on how to support learning at home. Useful resources may include:</p> <ul style="list-style-type: none"> • Look, Say, Sing, Play - Brain-building tips NSPCC • https://hungrylittleminds.campaign.gov.uk/ • BBC Tiny Happy People 	<p>Throughout the Early Years, if a child’s progress in any prime area gives cause for concern, practitioners must discuss this with the child’s parents and/or carers and agree how to support the child.</p> <p>Practitioners to actively seek the views of parents and carers using a variety of ways in which parents can contribute their insights to the assessment and planning, interventions, and next steps.</p> <p>Parents/Carers to be direct to Sefton’s Local Offer page and advised about support available.</p> <p>Consider whether an Early Help referral may be appropriate, this may involve an Early Help Assessment, which can look at the child and family’s needs holistically and identify the support services that can support them.</p> <p>Signpost families to Family Well-Being centres to access targeted groups.</p> <p>Parents can access Advice Line through the Early Years SEND service.</p> <p>Parents may wish to seek support through the Sefton Parent Carer team who offer both coffee mornings and individual</p>	<p>Parental/ Carer consent to be sought for referrals to external services with explanation of the services role and the possible assessments that may be required.</p> <p>Parents to be informed of any appointments/observation taking place in the setting and to be invited if appropriate.</p> <p>Parents/Carers to be directed to Sefton’s Local Offer page and advised about the local support available.</p> <p>An Early Help referral may be appropriate, this may involve an Early Help Assessment which can look at the child and family’s needs holistically and identify the support services that can support them.</p> <p>A small number of children who’s needs and family circumstances are particularly complex may require a Child in Need (Children and Families assessment,) led by a social worker. See the following document as guidance.</p>



	<p>Parents are encouraged to join and access the library. https://www.sefton.gov.uk/schools-learning/libraries/how-to-join/ Sefton libraries also run Story and Rhyme sessions throughout the week.</p> <p>Check that families have received their book start baby pack available universally for babies, usually from the health visiting service but can be collected from libraries or delivered to settings. Some children will be eligible for book start packs aged 2-3 & 3-4 years gifted through the Family Well-Being centres.</p> <p>Sign-post families to Family Well-Being Centres and local play groups to access universal parenting support and play opportunities.</p> <p>Sefton's Family Information Service provides help and support for families.</p>	<p>support. Parent Carer Support (sefton-carers.org.uk)</p>	<p>Sefton Safeguarding Children Partnership LON Guidance for web (seftonscp.org.uk)</p> <p>Parents may wish to seek support through the Sefton Parent Carer team who offer both coffee mornings and individual support. Parent Carer Support (sefton-carers.org.uk)</p> <p>ADDvanced solutions offer community-based groups, programmes and opportunities that raise awareness; develop skills; share learning experiences. They support children, young people and families living with Neurodevelopmental conditions, learning difficulties, and associated mental health needs.</p> <p>Special Educational Needs and Disability Information Advice and Support Service (SENDIASS) provide free impartial advice for parents and carers about SEND processes and can provide advocacy services. Sefton's Information, Advice and Support Service (SENDIASS) The Sefton Directory</p> <p>Drop-in sessions for parents of children who have been referred to Developmental Paediatrics for assessment contact the service for more details.</p> <p>Book start packs for children with a visual impairment, those who are deaf</p>
--	---	---	---



			<p>are available – by emailing library.service@sefton.gov.uk</p> <p>Early Bird training can be accessed through the Early Years SEND Team for children with an Autism diagnosis.</p> <p>Signpost parents to support around Disability Living Allowance. Children aged 3 and 4 in receipt of this benefit are also eligible for Disability Access Funding Application (DAF) which allows Early Years Settings to purchase resources and/or equipment as required.</p>
Voice of the child	<p>Practitioners gather information from parents to complete an 'All about me/one page profile' type document.</p> <p>Children's voices/lived experiences are collated through observations and interactions.</p> <p>Observe children's Characteristics of Effective Learning to identify the way they prefer to learn.</p> <p>Practitioners use children's interests when planning experiences.</p> <p>The curriculum is personalised to ensure individual needs and interests are met.</p>	<p>Children's interests must be incorporated into their SEND Support Plan. The child's aspirations must be considered when identifying targets and outcomes.</p> <p>Use visual aids/signs and nonverbal communication to support children to express their views and preferences.</p>	<p>Practitioners to reflect the voice of the child in all referrals for additional support.</p> <p>Voice of the child can be recorded through observations and taken from the child's verbal and pre-verbal cues or using alternative and augmentative communication.</p> <p>The child's aspirations must be considered when identifying targets and outcomes.</p>
Transition	<p>Refer to the Sefton Transition guidance and timeline which outlines Transition as a 'process not an event' and identifies key points throughout the year.</p> <p>Transition passport to be completed for all children and shared with new staff.</p>	<p>Refer to the Sefton Transition guidance which identifies key points of additional or different support that some children may require.</p>	<p>Refer to Sefton Transition guidance which identifies key points of 'additional to or different from' to support that children with SEND will require.</p>



	<p>Settings to remind parents of the process and timescales to apply for a primary school place.</p> <p>Children to visit the new settings (or classes/rooms) and staff in preparation for transition over a period.</p> <p>New staff to be introduced to both children and their parents/carers.</p> <p>For children who attend more than one setting, both settings are responsible for working together.</p> <p>Develop visual aids such as a 'transition book' with photographs of new setting/room and staff.</p> <p>The Local Authority Annual Transition Event aims to provide an opportunity for settings and schools to meet face to face to discuss children's individual needs.</p> <p>Be mindful of children who may have not attended a setting or live in a different brough, liaise with parents and other professionals.</p>	<p>Transition Passport to be completed, additional reports, support plans to be attached to this with parental consent.</p> <p>For transition to another setting/room and/or school the setting should:</p> <ul style="list-style-type: none"> • Hold a transition meeting to plan appropriately for the child for the transition. • Share effective strategies with the new setting/room (key staff). <p>Evidence of 'Assess Plan Do Review' must be shared with the receiving school/setting/room to ensure that transition is not a cause of delay for children who require additional support.</p> <p>The Local Authority Annual Transition Event aims to provide an opportunity for settings and schools to meet face to face to discuss children's individual need, there will be additional support from the Early Years SEND Team who can support the transition process.</p> <p>Direct parents to the Sefton Local offer page to inform their choice of primary school.</p>	<p>Direct parents to the Sefton Local offer page to inform their choice of primary school.</p> <p>Consider whether the child may need an Education Health Care Assessment. The request for assessment must allow for statutory timescales (20 weeks).</p> <p>Parents and Carers of children who have an Education Health Care Plan will be supported by their SEND Case Officer to identify the school which is named in the EHCP.</p> <p>Transition Passport to be completed with additional specialist reports and involvement. Support plans and documentation to be attached with parental consent and shared with the receiving setting/school/room.</p> <p>Enhanced transition and planning meetings / Multi-Disciplinary Team meetings to be arranged for children with Complex Needs</p>
--	--	--	--

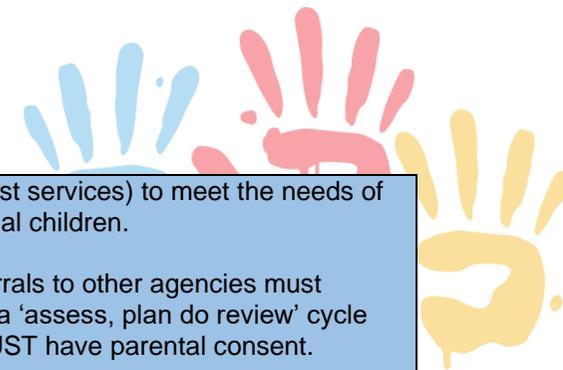


Communication and Interaction

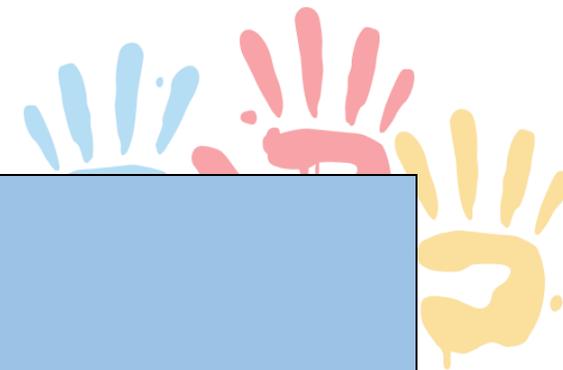
Children's start to develop their communication, long before they are able express themselves. Communication and Interaction incorporates children's ability to listen, understand, play, interact, and express themselves (verbally or non-verbally). Some children may experience delays in one or more of these areas. This may lead to challenges in expressing themselves and being able to effectively communicate with others.

Children often make errors with speech sounds which are typical for their stage of development, these are not always a cause for concern. Some children will display difficulties with social communication which may impact their ability to interact with others and pick up on social cues. Children who are new to the setting or who have English as an additional language may be reluctant to talk for a period of time until they develop confidence, this is not always an indication of an emerging or Special Educational Need, however these children may require some additional support for a short period of time.

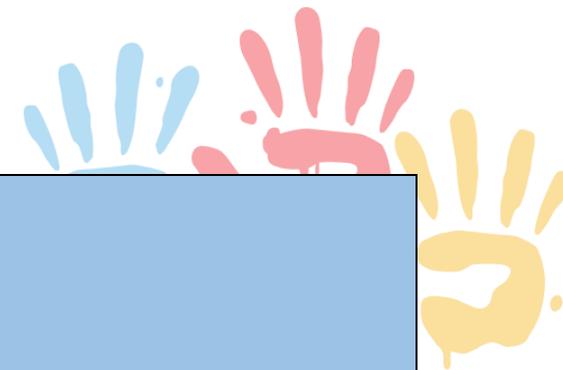
Graduated Approach	Ordinarily Available Provision High quality provision for all children	Targeted Support Support provided using the settings resources, usually for a small number of children who need additional support.	Specialist Support Children require referral and support from specialist services, usually on an individual basis.
Additional Child Development Guidance/Assessment	WellComm universal assessment tool can be used for all children to identify any gaps in their communication and interaction development. Identified evidence- based universal language programme as used consistently by individual school or setting.	WellComm assessment can be used to identify targeted activities to be used as part of an individual support plan. SENCo to keep records of all children who are receiving targeted support. The impact of all interventions to be evaluated as part of the 'Assess, Plan, Do Review' cycle. Identified evidence- based targeted language programme as used consistently by individual school or setting.	Referrals to other professionals must evidence the 'Assess, Plan, Do, Review' cycle and assessment data. Assessments and reports from professionals to inform the child's SEND Support Plan and to be used to plan interventions.
Training and Support from other services and professionals	Managers identify training needs for their team and access this as appropriate.	Engagement in Continuous Professional Development and courses run by the Early Years SEND Team (or other providers) to	Engagement in Continuous Professional Development and courses run by the Early Years SEND Team (or other



	<p>Support from the Early Years Quality Improvement Officers:</p> <ul style="list-style-type: none"> • Quality improvement tool • Consultation • Training. <p>Staff to access good quality, evidence-based training. Training available from Sefton Early Years Team to support communication and language may include:</p> <ul style="list-style-type: none"> • SSTEW • Baby room training • Parent Champion training • Trained language champion. • Forums/networks through the Early Years Quality Team. <p>SENCo to access support and ensure their knowledge is kept updated by accessing Sefton Early Years SEND Network and/or appropriate training.</p> <p>Schools to liaise with SENCo regarding Early years specific training.</p>	<p>meet the needs of individual and groups of children displaying emerging needs.</p> <p>ALL PRACTITIONERS are responsible for raising developmental concerns and implementing targeted support with support from the SENCo and other professionals as required.</p> <p>Targeted training from Early Years Speech and Language project team. For example, Elkan</p> <p>Practitioners to refer to the general advice from the Speech and Language Therapy Service to support children with Speech and language delays.</p> <p>Advice and support sought from the Early Years Speech and Language Advice Line. A referral to the service may be advised.</p> <p>A request for involvement to be made to the Early Years SEND Team. Plan do review cycle must be evidenced within the request. Requests will not be considered without a parental/carers signature.</p> <p>Practitioners can develop their knowledge of good practice supporting children with Social Communication difficulties and</p>	<p>specialist services) to meet the needs of individual children.</p> <p>All referrals to other agencies must outline a 'assess, plan do review' cycle and MUST have parental consent.</p> <p>All referrals for Speech and Language therapy should include the support and strategies already used with the child and family. If the Advice Line has been accessed detail of advice given and used should be included.</p> <p>Referrals to support a child's Communication and Interaction may include Speech and Language Therapy</p> <p>Signpost to Early Bird courses for children who present with social communication difficulties.</p> <p>Request for involvement to the Early Years SEND Team. Requests for involvement will not be considered without a signature from the child's parent/carers.</p> <p>All strategies to be implemented consistently into the child's routine and detailed in their SEND support plan.</p> <p>Sign Language (if recommended by specialist) for children who use BSL.</p> <p>Training for Audiology equipment from Hearing Needs service if required.</p>
--	--	--	--



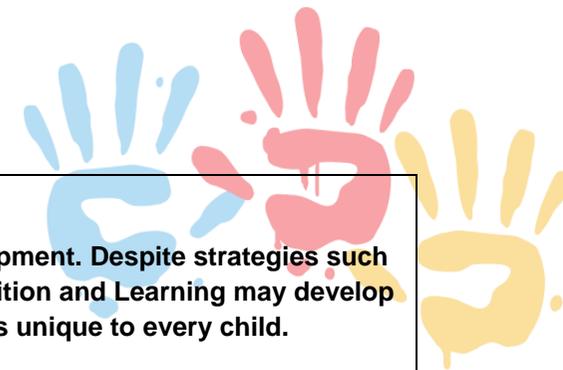
		<p>Autism using Autism Education Trusts Early Years Standards. Early Years Standards Framework Autism Education Trust.</p> <p>Team support from Hearing Needs Team for children with identified by Audiology by hearing loss.</p>	
Provision	<p>All staff have high aspirations for all children's language and communication.</p> <p>Adults use everyday routines to support play, vocabulary, understanding and use of language, interaction with others.</p> <p>High quality interactions are setting's universal offer of excellent provision for all children.</p> <p>An ambitious curriculum that sequences children's learning over time.</p> <p>Enabling Environments, staff audit the environments and make changes to meet the needs of individual children.</p> <p>All practitioners have a good knowledge of typical language development so that they can identify developmental concerns and emerging needs to employ the Graduated Approach with the support from the SENCo.</p> <p>All practitioners understand the development of attention and listening and plan routines and activities accordingly, for example 2-year-olds are not expected to sit for lengthy stories or circle times.</p>	<p>All targeted interventions to be used consistently by all staff.</p> <p>Planned individual or small group activities to support interactions with others as appropriate.</p> <p>Practitioners adapt and simplify their use of language to meet the child's level of ability.</p> <p>Instructions to be given individually to children supported by visual aids/ gesture and sign.</p> <p>Additional time given for children to process instructions.</p> <p>Personal visual timetable/ objects of reference or now and next board to support transitions.</p> <p>Consider the child's play spaces so that practitioners can support as required. For example, they may sit near to the practitioner during story time.</p> <p>Individual support to develop listening and attention using</p>	<p>Provision for each child is based on their individual speech, language and communication needs and may include:</p> <ul style="list-style-type: none"> Practitioners to implement Speech and Language Therapy programmes and strategies as directed by the therapist. Intervention as advised by professionals e.g., speech and language therapist to be delivered by the child's key person, support to be sought/ offered by the SENCo as required. Constant and consistent use of an alternative communication system such as objects of reference, PECS, Makaton or assistive technology requiring the support of a communicative partner. Focused interventions and adult led activities to take place with limited distractions. <p>The provisions listed as part of a targeted approach are to continue for children who require specialist support.</p>



	<p>The use of a visual timetable to support children with transitions and understanding of their routine.</p> <p>An environment which is organised with labelled resources for children to access.</p> <p>Practitioners model the correct speech sound without correcting the child.</p> <p>A communication friendly environment, the use of photographs and pictures, signs, gesture.</p> <p>Adults model, repeat, comment and extend language, use language appropriate to the child's age and stage of development.</p> <p>Children are given time to respond and are listened to.</p> <p>Practitioners talk about children's interests and follow their lead.</p> <p>Practitioners model and support children to take turns and share, using visual aids, photographs and timers when necessary.</p> <p>Key person approach embedded; practitioners are attuned to children's needs.</p> <p>The outdoor learning space is utilised and is available for long periods throughout the day.</p> <p>For children who have English as an Additional Language, consider ways to incorporate the child's home language into the setting.</p>	<p>activities within the child's interest. Practitioners gradually increase expectations.</p> <p>Children should spend most of their time in the setting with their peers, however the use of quiet spaces may be used to support listening activities.</p>	
--	---	---	--



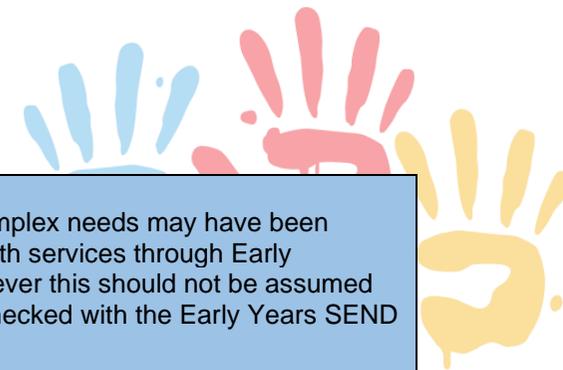
	<p>Information about typical speech and language development and ideas of how to support this at home is shared with families in a range of ways: displayed in the setting, sent home, online links shared, linked on social media and/or via online learning journals such as Tapestry.</p> <p>If the setting uses social media, this is used to share specific information about language learning, for example when sharing a photo of an activity include the vocabulary that has been supported. Links to share include: https://www.bbc.co.uk/tiny-happy-people https://speechandlanguage.org.uk/information-and-support/</p> <p>Books and resources that represent children's diverse communication needs to be used within the setting.</p>		
--	---	--	--



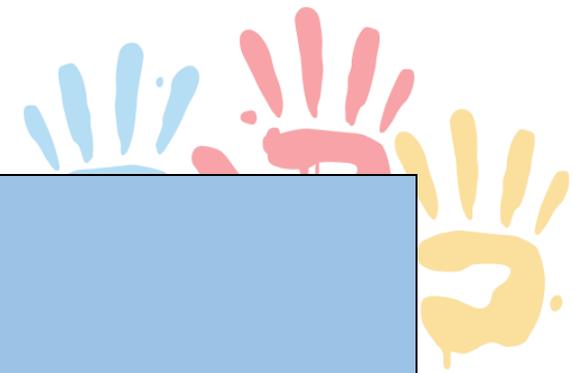
Cognition and Learning

Children who present with Cognition and Learning needs may show delay in learning across all areas of development. Despite strategies such as repetition, over teaching and breaking tasks down into small steps, children who display needs around Cognition and Learning may develop and acquire skills at a slower pace than their peers. The extent of the learning differences experienced is unique to every child.

Graduated Approach	Ordinarily Available Provision High quality provision for all children	Targeted Support Support provided using the settings resources, usually for a small number of children who need additional support.	Specialist Support Children require referral and support from specialist services, usually on an individual basis.
Additional Child Development Guidance/ Assessment	Settings should use their preferred assessment/tracking monitoring systems. Practitioners to make judgements about children's development based on what they know about the child	Support plan detailing all interventions evaluated half termly to measure impact. Examples of additional assessments to evidence small steps of progress for example: <ul style="list-style-type: none"> • Early Support materials • Portage checklists • Small steps developmental journal • Records of visits from Early Years SEND team 	Specialist assessment to feed into children's SEND Support plan. The impact of interventions to be evaluated half termly to measure impact. Setting to seek advice for children with Complex Needs regarding alternative methods of assessment and planning.
Training and Support from other services and professionals	Managers identify training needs for their team and access this as appropriate. Training available from Sefton Early Years Team to support cognition and learning may include: <ul style="list-style-type: none"> • Baby room training • Elkan training • Supporting progress through child-initiated learning. Support from the Early Years Quality Improvement Officers: <ul style="list-style-type: none"> • Quality improvement tool 	ALL PRACTITIONERS are responsible for raising developmental concerns and implementing targeted support with support from the SENCo and other professionals as required. Training to develop good practice from EY SEND Team example: <ul style="list-style-type: none"> • SEND Support Plan training. • Developing Inclusive Practice and Environment. Advice Line for general support, this can be accessed without giving the child's details. Requests for involvement will not be	Request for involvement to the Early Years SEND team. Requests for involvement will not be considered without a signature from the child's parent/carer. All strategies, advised by specialists to be implemented consistently into the child's routine and detailed in their SEND Support Plan. Children who's needs present as significant and long term may require an Education Health Care Assessment. Training to develop good practice from EY SEND Team example: <ul style="list-style-type: none"> • Fit to submit to support EHC assessment applications.



	<ul style="list-style-type: none"> • Consultation • Training. <p>SENCo can access support and ensure their knowledge is kept updated by accessing Sefton Early Years SEND Network.</p> <p>Schools to liaise with their SENCo to ensure training for Early Years.</p>	<p>considered without a signature from the child's parent/carer.</p> <p>Concerns to be shared with the child's health visitor with consent.</p> <p>Children's 2-year assessment to be integrated with health. Settings must share their concerns with the health visitor/ community nursery nurse to instigate this with parental consent.</p>	<p>Children with complex needs may have been identified by health services through Early notification, however this should not be assumed and should be checked with the Early Years SEND Team.</p> <p>Training in Assistive Technology and Alternatives can be provided by the Complex Needs Team as appropriate.</p>
<p>Provision</p>	<p>All staff have high aspirations for all children.</p> <p>Educational programmes that involve activities and experiences for children, as set out under each of the areas of learning. Incorporates children's individual interests.</p> <p>A stimulating and organised learning environment. Quiet/low distraction areas that children can access freely.</p> <p>Motivating resources which are accessible and developmentally appropriate.</p> <p>High quality teaching methods as universal.</p> <p>Practitioners check children's understanding and use scaffolding to extend learning.</p>	<p>Ongoing assessment of the child's learning preferences, schemas and interests to inform next steps.</p> <p>All targeted support/ interventions to be implemented consistently by all staff.</p> <p>Educational programmes are adapted and planned in line with child's individual learning style and interests and to target any specific areas of difficulty.</p> <p>Adapted activities are broken down into smaller tasks. See the Portage Principles as guidance: Portage Principles National Portage Association</p> <p>Repetition to be used to consolidate learning.</p> <p>Visual resources to support the child's understanding of expectations including symbols, objects of reference and the use of timers.</p>	<p>Interventions recommended by specialist services to inform the child's daily routine.</p> <p>Education programmes are highly adapted and individualised to incorporate specialist advice, the child's interests and information from parents and carers.</p> <p>Child may use alternative/augmentative communication to engage in learning activities. They may require specific IT equipment to record their knowledge.</p> <p>SEND support plans identify activities that are broken down to small achievable steps. Use backward chaining/grading techniques to teach skills over time and to be able to generalise these in different environments.</p> <p>Children are to be supported alongside their peers for most of the day, however they may access focussed interventions in a low distraction area.</p> <p>Highly motivating/ sensory activities to be implemented throughout the day.</p>



	<p>Children are given feedback and regular praise towards the child's strengths and achievements.</p> <p>Opportunities for children to engage in schematic play with staff who understand how to support and develop this.</p> <p>Multi-sensory play and learning opportunities.</p> <p>The Characteristics of Effective Learning are highly valued.</p> <p>Access to high quality and wide-ranging books matched to the interests and stage of development of the children. Include interactive books, fiction and nonfiction.</p> <p>Language is simplified using in line with the child's level of understanding.</p> <p>Books and resources celebrate difference and diversity in learning.</p>	<p>Language to be simplified to meet the child's current level of understanding and supported by visuals.</p> <p>Short individual or small group-based learning activities.</p> <p>A multi-sensory approach to learning. Practitioners consider the child's interests and use these as motivation.</p> <p>Rewards are motivating and meaningful to individual children.</p>	
--	---	---	--



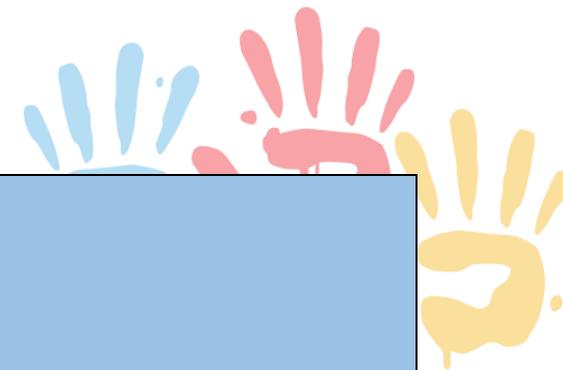
Social, Emotional and Mental Health

All children at times will demonstrate difficulties in regulating their emotions, this is often developmentally appropriate.

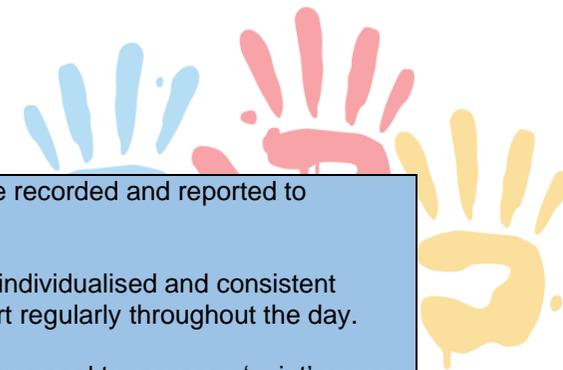
Children who are not meeting typical milestones with their Personal, Social and Emotional development may show difficulties in regulating their emotions and behaviours which has a significant impact with their interactions, engagement in learning and ability to stay safe.

Children may experience a wide range of social and emotional difficulties which manifest themselves in many ways, behaviour is a form of communication.

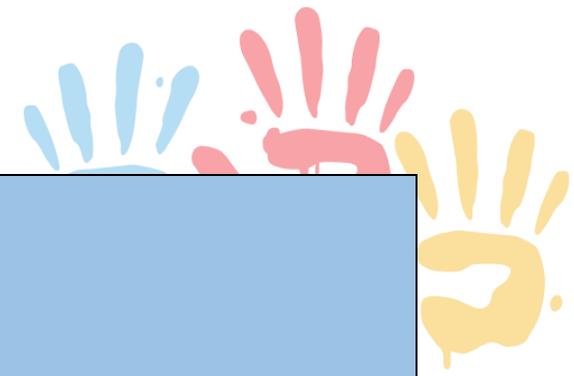
Graduated Approach	Ordinarily Available Provision High quality provision for all children	Targeted Support Support provided using the settings resources, usually for a small number of children who need additional support.	Specialist Support Children require referral and support from specialist services, usually on an individual basis.
Child Development Guidance and Assessment	Settings should use their preferred assessment/tracking monitoring systems. They may also consider using: <ul style="list-style-type: none"> • The Leuven scales of wellbeing to monitor and track children’s wellbeing and involvement levels. • Boxall Assessment Tool. 	<p>ABC charts and analysis to identify triggers for presenting behaviours and effective strategies.</p> <p>Use of the Window of Tolerance tool.</p> <p>Consideration of what may be happening for the child outside of the education setting. Are there other professionals involved e.g. Early Help? Social Care?</p>	<p>Risk Assessments to identify and mitigate potential risks associated with risky behaviour.</p> <p>Sensory audits.</p> <p>Assessments completed by external professionals.</p>
Training and Support from other services and professionals	<p>Managers identify training needs for their team and access this as appropriate.</p> <p>Training available from Sefton Early Years Team to support Social Emotional and Mental Health may include:</p> <ul style="list-style-type: none"> • Baby room training • Supporting progress through child-initiated learning. 	<p>ALL PRACTITIONERS are responsible for raising developmental concerns and implementing targeted support with support from the SENCo and other professionals as required.</p> <p>Advice and support sought from Early Years SEND team. Via the Early Years SEND advice line.</p> <p>A request for involvement to be made, Assess, Plan Do Review cycle must be</p>	<p>Request for involvement to the Early Years SEND team. Requests for involvement will not be considered without a signature from the child’s parent/carer.</p> <p>All strategies to be implemented consistently into the child’s routine and detailed in their support plan.</p> <p>Consideration of consultation with CAMHS following advice from SEND team. Advice to be implemented into child’s support plan.</p>



	<ul style="list-style-type: none"> • Health and well being • Trauma informed practice • Attachment award. <p>Support from the Early Years Quality Improvement Officers:</p> <ul style="list-style-type: none"> • Quality improvement tool • Consultation • Training. <p>Close links with Virtual School and Social Care for children who are looked after.</p> <p>Refer to Sefton Children and Young Peoples Emotional Well-Being toolkit for guidance around services available in Sefton.</p>	<p>evidenced within the request. Requests will not be considered without a parental/carer's signature.</p> <p>Consideration of consultation with CAMHS following advice from SEND team.</p>	
<p>Provision</p>	<p>All staff have high aspirations for all children.</p> <p>Practitioners consider the environment ensuring that it is stimulating for the children with motivating resources.</p> <p>Quiet areas for children to access when they need to.</p> <p>Practitioners develop children's emotional literacy by labelling their emotions and the emotions of others in play and interactions. The use of resources, persona dolls, puppets and mirrors may support this.</p>	<p>Use of ABC/ STAR charts to identify triggers that may present as behaviour that challenges, to be analysed and adaptations made accordingly.</p> <p>The child may need an individual approach to managing individual behaviours including personalised rewards and motivators.</p> <p>A risk assessment may be required for a period if a child displays unsafe behaviours. They may require additional supervision and support for periods of the day that is known to trigger emotional dysregulation.</p> <p>Use of social stories to support children's understanding of expectations and emotional regulation.</p>	<p>Support sought from specialists and advice consistently implemented in the child's support plan/ behaviour support plan and daily routine.</p> <p>Daily communication with parents/carers to ensure a consistent approach and understanding of the child. These MUST identify areas to celebrate alongside any areas for development.</p> <p>Evidence of parent partnership to be included in all SEND support plans.</p> <p>Clear consistent information about the strategies to be used to support the child must be shared with ALL practitioners working with or alongside them.</p> <p>Some children may require positive handling to ensure their safety or the safety of others. Positive handling must only be used as a last resort, all</p>



	<p>A clear behaviour support policy that considers children's developmental age and stage of development, to be implemented consistently by all practitioners.</p> <p>Staff recognise when children are becoming emotionally dysregulated and can employ distracted and diffusion techniques before behaviour escalates.</p> <p>Staff model appropriate behaviours in their interactions with children and other adults including the use of language, turn taking and social skills.</p> <p>Children are consistently praised for positive behaviour using specific labels to reinforce this.</p> <p>Practitioners give clear expectations to children reinforced by visual aids, gesture and symbols.</p> <p>Transitions are supported by visual timetables/now and next/ timers to aid understanding.</p> <p>Practitioners have a good understanding of attachment theory. They employ a strong key worker system so that they can develop relationships with their key children.</p>	<p>The use of visual resources to reinforce understanding of the expectations in the classroom.</p> <p>Visual aids to reinforce emotional literacy.</p> <p>Small group/ individual support to focus on the development of turn taking and early social skills. Practitioners to model and reinforce using visual aids.</p> <p>Consistent individualised warning and preparation for changes including the use of individual timetables/ now and next boards and timers.</p> <p>Planned activities to develop self-esteem and relationship building.</p> <p>Individual specific praise given for all incidents of positive behaviour regularly throughout the day.</p> <p>Child to be offered choice throughout the day to allow them to have some control over their environment.</p> <p>Daily communication with parents/carers to ensure a consistent approach and understanding of the child. These MUST identify areas to celebrate alongside any areas for development.</p> <p>Evidence of parent partnership to be included in all Support Plans.</p>	<p>incidents must be recorded and reported to parents/carers.</p> <p>Supervision and individualised and consistent behaviour support regularly throughout the day.</p> <p>Some children may need to access a 'quiet' space at regular intervals throughout the day.</p>
--	--	---	---



	<p>Close partnership with parents and carers to ensure consistent approaches.</p> <p>Practitioners model restorative techniques (saying sorry, taking care) but understand that this is not a skill that develops fully until children develop empathy. This can also be modelled in pretend play.</p> <p>Books and resources explore different feelings and diversity</p>		
--	--	--	--

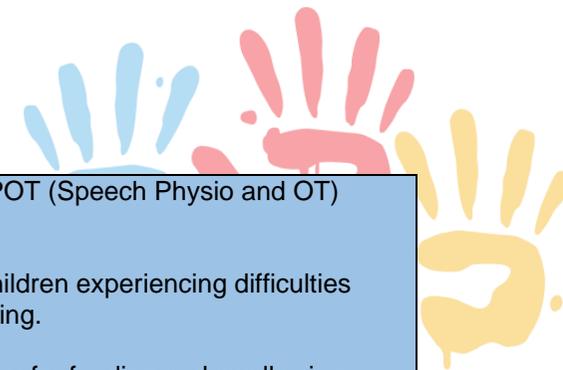


Physical and/or Sensory

For some children physical, complex and medical needs can be apparent from birth or very early childhood. These needs can be age related and may fluctuate over time and may link to other broad areas of need.

Needs in this area may include vision impairment (VI), hearing impairment (HI), multi-sensory impairment (MSI), physical disability. Some children may demonstrate sensory differences that have a significant impact on their engagement in the environment, interaction and ability to understand age-appropriate risk.

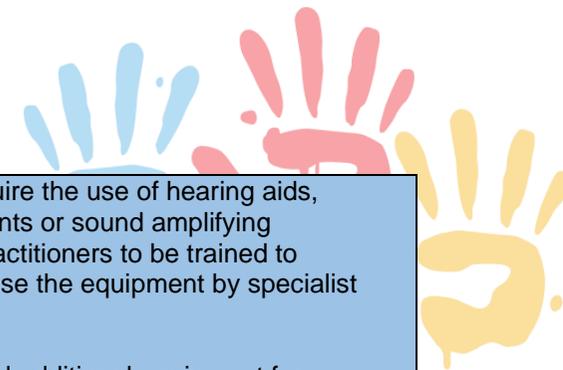
Graduated Approach	Ordinarily Available Provision High quality provision for all children	Targeted Support Support provided using the settings resources, usually for a small number of children who need additional support.	Specialist Support Children require referral and support from specialist services, usually on an individual basis.
Child Development Guidance and Assessment	<p>Settings should use their preferred assessment/tracking monitoring systems.</p> <p>Practitioners to make judgements about children's development based on what they know about the child</p>	<p>Early Years support materials for children who have a hearing impairment. merged-the-monitoring-protocol-for-deaf-babies-and-children.pdf (councilfordisabledchildren.org.uk)</p>	<p>Sensory Audit Tools.</p> <p>Reports from professionals detailing the child's needs.</p> <p>Schedule of Growing Skills for children with Complex Needs as advised by Complex Needs Team.</p>
Training and Support from other services and professionals	<p>Managers identify training needs for their team and access this as appropriate.</p> <p>Staff to access good quality, evidence-based training.</p> <p>Training available from Sefton Early Years Team to support physical and sensory development may include:</p> <ul style="list-style-type: none"> Baby room training. 	<p>Advice sought from hearing support services for children with prolonged or aided conductive hearing loss (glue ear.)</p> <p>ALL PRACTITIONERS are responsible for raising developmental concerns and implementing targeted support with support from the SENCo and other professionals as required.</p> <p>Advice and support sought from Early Years SEND Team. Via the Early Years SEND Advice Line.</p>	<p>All strategies to be implemented consistently into the child's routine and detailed in their support plan.</p> <p>Occupational Therapy support for children who have sensory processing difficulties or significant motor skills difficulties.</p> <p>Physiotherapy for children whose physical difficulties are impacting on their ability to engage in play and activities.</p> <p>Some children who have Complex Needs may meet the criteria for a joint Therapy approach</p>



	<ul style="list-style-type: none"> • Support via hubs <p>Support from the Early Years Quality Improvement Officers/Early Years SEND Team:</p> <ul style="list-style-type: none"> • Quality improvement tool • Consultation • Training. 	<p>A request for involvement may be appropriate. Assess, Plan, Do, Review cycle must be evidenced within the request. Requests will not be considered without a parental/carers signature.</p> <p>Sensory Workshops delivered by the Occupational Therapy service.</p>	<p>through the SPOT (Speech Physio and OT) team.</p> <p>Dietician-for children experiencing difficulties with diet or eating.</p> <p>Speech Therapy-for feeding and swallowing concerns.</p> <p>Liaise with Hearing Support services for children with permanent childhood hearing impairment. (Referrals to the service are from the new-born screening programme/Audiology service). Specialist teacher support.</p> <p>Sefton Visual Impairment service provide specialist teacher support from the Qualified Teacher for Visual Impairment. Some children may need assessment and support from a habitation specialist. Referrals can be made from Ophthalmology departments at Alder Hey/Southport hospital, parents and carers and other agencies.</p> <p>Health professional support and training for children who have medical conditions e.g.:</p> <ul style="list-style-type: none"> • Epilepsy awareness and emergency procedures. • Gastrostomy feeding • Tracheostomy care and emergency support. <p>Children with complex medical needs may be identified through Early Notification, however practitioners should always ensure that they are known to the Early Years SEND Team through a request for involvement. Requests for</p>
--	--	---	---



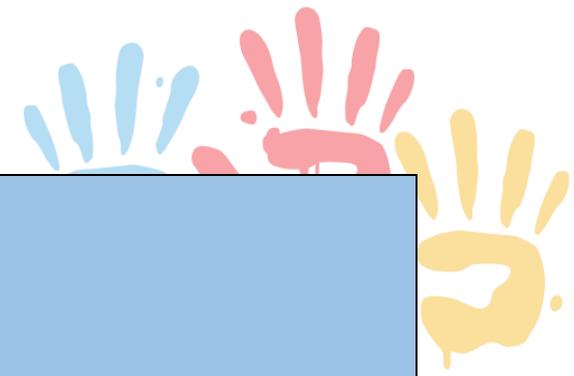
			<p>involvement will not be considered without a signature from the child's parent/carer.</p> <p>All strategies to be implemented consistently into the child's routine and detailed in their support plan.</p> <p>Moving and Handling training for physical transfers and personal care through the Complex Needs Team.</p> <p>Risk assessment around use of auditory equipment and batteries for children who use auditory equipment.</p> <p>Support through the Complex Needs team and health professionals to develop a Medical Care Plan.</p> <p>Access Assessment supported by the Complex Needs Team.</p>
Provision	<p>All staff have high aspirations for all children.</p> <p>Books and resources that represent children with Disabilities and celebrate difference.</p> <p>The environment is considered so that children can move around and explore both indoors and outdoors.</p> <p>Government guidance recommends at least 30 minutes 'physical activity' including tummy time for children under 1 year.</p> <p>For children 1-5 180 minutes.</p>	<p>For children who appear to have difficulties processing sensory information, practitioners record their response to stimulation throughout the day. The child may need an adapted routine to incorporate sensory activities.</p> <p>Some children may need hand over hand support or increased prompts to complete physical tasks.</p> <p>Children who show difficulties with mark making and using cutlery may need targeted support to develop core muscles, arm and shoulder stability and wrist rotation.</p>	<p>Specialist equipment may be recommended by health professionals. Practitioners to ensure they are appropriately trained and confident to use.</p> <p>Child may need specific care or Therapy Plans to be implemented and staff to access specific training.</p> <p>Child may require sensory activities to be implemented throughout the day. Practitioners should attend workshops delivered by the Occupational Therapy Service along with parents. The Occupational Therapy Service have an open referral system to access this support.</p>



	<p>Physical activity for early years: birth to 5 years (text of the infographic) - GOV.UK (www.gov.uk)</p> <p>Staff to follow up to date guidance on weaning and encourage independence with feeding. Weaning Start 4 Life (www.nhs.uk)</p> <p>Elements of physical challenge to be incorporated to allow children to develop their physical, vestibular and proprioceptive skills including climbing resources, uneven surfaces, digging, dance, tunnels, slopes. Bats, balls, throwing activities and exercise.</p> <p>Adults join in with movement play demonstrating different ways to use resources.</p> <p>Children are given time and encouragement to develop independence, collecting their own resources and carrying out self-care routines.</p> <p>An enabling environment that considers accessibility for all children including those who use mobility aids and who have a visual impairment. This includes changing facilities.</p> <p>Resources are organised and kept in the same place consistently.</p>	<p>Tasks to be broken down into small steps. Grading or backward chaining may be used. Staff to promote independence in line with the child's stage of development. See Portage Principles:</p> <p>Specific calming exercises specific to the child's needs and preferences</p> <p>Children may need physical support with transfers and whilst moving around the setting, hand holding/guiding.</p> <p>Close supervision to ensure safety for children who have a visual impairment.</p> <p>Reasonable adjustments for children who have difficulties hearing, consider acoustics, positioning,</p> <p>Individual or small group activities to focus on specific signs and pre teaching of new vocabulary for children who are learning to use sign language.</p> <p>See Guidance from the RNIB regarding adapting the learning environment for children who have a visual impairment: https://www.rnib.org.uk/living-with-sight-loss/education-and-learning/education-for-younger-children/early-years/</p> <p>Work closely with parents to develop consistent toilet training routines. Further advice can be found at: https://eric.org.uk/</p>	<p>Child may require the use of hearing aids, cochlear implants or sound amplifying equipment. Practitioners to be trained to maintain and use the equipment by specialist service.</p> <p>Child may need additional equipment for physical transfers and personal care. The complex needs team provide Moving and handling training.</p> <p>Therapy specialists may advise the use of standing frames. Practitioners to be trained in the use of such equipment.</p> <p>A MANUAL HANDLING PLAN / RISK ASSESSMENT to be completed by Complex Needs Inclusion Consultant, OT and Physiotherapist.</p> <p>Some children may require support with feeding including the use of gastrostomy tubes or feeding. Training from health professionals must be undertaken. Child may need a MEDICAL CARE PLAN supported by Complex Needs Inclusion Consultant.</p> <p>An individual alternative communication method for example sign language, if recommended by a Speech and Language therapist.</p> <p>Adapted story books to meet the sensory and physical needs of children.</p> <p>Child may require individual support to ensure they are able to safely move around the setting and to access activities through an ACCESS ASSESSMENT co-ordinated by Complex Needs Inclusion Consultant</p>
--	---	--	--



	<p>They are accessible and in reach for children who have physical disabilities and/or visual impairment.</p> <p>Fine motor skills and hand eye coordination to be developed through finger rhymes, motivating threading, and posting activities, jigsaws, mark making using a variety of materials and messy play. The use of tools; spoons, tongues, scissors, safe cutlery to also be used.</p> <p>Motivating resources that encourage children to grasp and manipulate textures and objects.</p> <p>Activities consider children's sensory needs and adapted as appropriate. Some children may need to access quieter spaces or use ear defenders. Some children may 'movement breaks' after each focused activity and may benefit from holding 'fidget' toys.</p> <p>Quite/rest time to be employed as required throughout the day. Children's own routine to be followed.</p> <p>Visually stimulating resources and displays with strong contrasts. Consider lighting and the impact on children's ability to focus.</p>		
--	--	--	--



	<p>A positive listening environment including:</p> <ul style="list-style-type: none">• Adult positioning to allow for lip reading and child to see gesture.• Descriptive commentary given individually to children who have difficulties with vision.• Carry out listening activities in a quiet area.• Use cushions and soft furnishings to improve acoustics.• See National Deaf Children's society guidance:• Deaf-friendly early education Documents and resources (ndcs.org.uk) <p>Reasonable adjustments made to planned activities considering children's physical or sensory needs.</p> <p>Use of visual resources, gesture, and sign to support children's understanding of verbal instructions.</p> <p>Work with parents and carers to use consistent language and routines around toilet training. See ERIC resources for guidance: https://eric.org.uk/</p>		
--	---	--	--