

Support and Guidance for  
Children with SEN and/or Disabilities  
in Private, Voluntary and Independent  
Early Years Settings

May 2016– updated November 2020



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## POLICY & GUIDANCE

### POLICY AND GUIDANCE ON PUPIL INCLUSION IN PRIVATE, VOLUNTARY AND INDEPENDENT EARLY YEARS SETTINGS IN ROYAL GREENWICH

This document explains the special educational provision Royal Greenwich (RBG) expects to be made available to all children within Early Years Settings, through a graduated approach of support and intervention. It should assist settings in developing a consistent approach in their provision for children with SEN and Disabilities (SEND).

This document should be viewed as good practice guidance which settings are expected to work towards and has been produced to provide support and clarity on inclusive practice to all those involved in including and supporting pupils with special educational needs and disabilities in Private, Voluntary and Independent Early Years Settings in Royal Greenwich. The advice also relates to pupils with an Education, Health and Care Plan and should be read alongside their provision.

**Provision and support must** support the principles in the Special Educational Needs and Disability Code of Practice: 0 to 25 years (<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>) including:

- **The early identification of needs** so that professionals can intervene early with the most appropriate support for a child and their family
- **High expectations and aspirations for what children and young people with SEN and disabilities can achieve**, including a focus on working towards paid employment, living independently with choice and control over their lives, and support for participating in society

- **A focus on the outcomes that children and young people and their families want to achieve, so that all decisions and plans are informed by these aspirations**
- **Ensuring that the views and participation of children and their parent/carer and young people are central and supported throughout the system, and that person-centered planning is used to place children and young people at the heart of the system**



- **Giving choice and control to young people and parents over the support they/their children receive**
- **Ensuring that education, health and social care partners collaborate, so that a coordinated and tailored support can be provided to children, young people and their families**

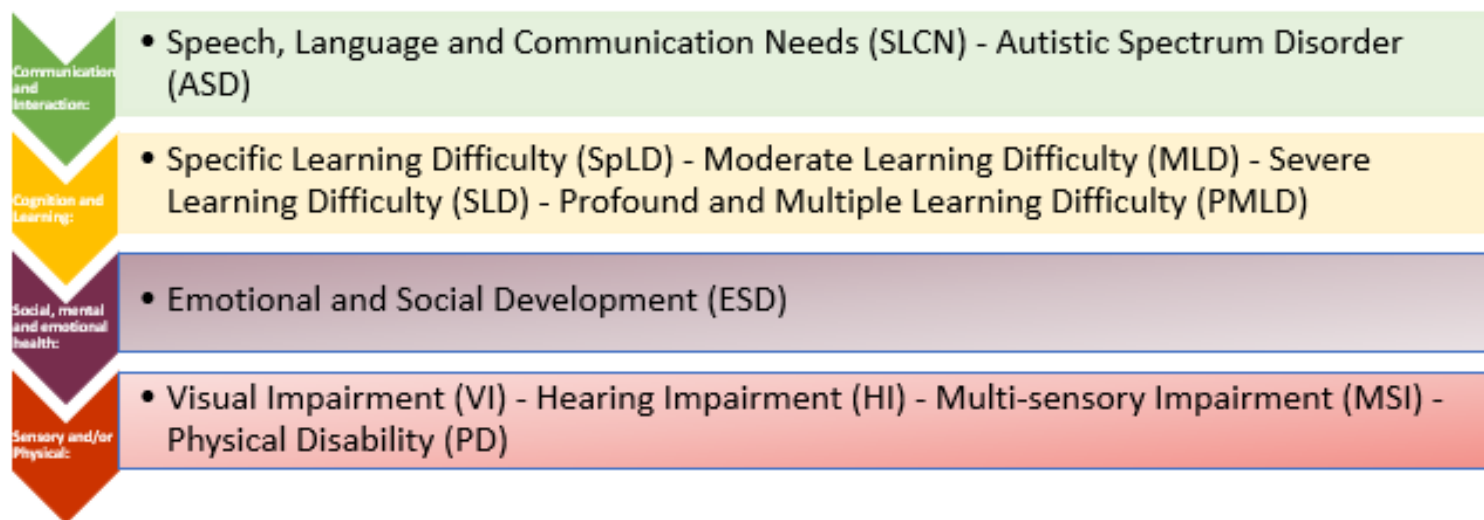
### **What is a special educational need?**

All children learn and develop at different rates and have areas of strength and interest, and areas of difficulty. A child may have a special educational need if, despite appropriate activities and differentiated planning and support, they continue to experience a greater difficulty than their peers in learning and developing skills.

A child has an identifiable SEND if their needs are such that the provider must put in support that is additional or different from what is normally available to all children in the setting, as defined in 'Development Matters in the Early Years Foundation Stage.

## Areas of Special Educational Need/ Disability.

Children may have needs in more than one of the following categories:



A child may have needs which span two or more categories, for example a child with an hearing loss may also experience difficulty interacting with their peers. Each child should be considered holistically, so that all their needs can be identified. Also consider the environment of your setting as this may be impacting on their learning.

Any needs identified should be prioritized so that targets and provision can be focused upon achieving measurable progress. All approaches and support detailed in the descriptors of SEN should be made in collaboration with those professionals who support the child (internal to the setting and external professionals if appropriate), and in full partnership with their parents/carers.

## Inclusion

Inclusion is about the quality of children's experiences; how they are helped to learn, achieve and participate fully in their early years setting. It requires positive attitudes towards children who have difficulties in a greater responsiveness to individual need and an expectation amongst all staff to play their part.

## Royal Greenwich expectations of inclusive practice

The principles behind educational inclusion stress the importance of all pupils being educated alongside their peers in their local communities. The emphasis is on settings/schools meeting individual needs, including those of children with additional needs, through personalised learning and a graduated approach.

Royal Greenwich's expectations of good practice are based upon a child's entitlement to be educated alongside their age equivalent peers. The responsibility for addressing individual needs lies with the setting through an appropriately differentiated and modified Early Years Foundation Stage (EYFS) curriculum. Personalised learning is at the heart of ensuring that the provision that is made meets the individual child's needs. In EYFS there will be a nurturing environment with continued opportunities for learning through play.

## Statutory Framework for the Early Years Foundation Stage (2014)

Four guiding principles should shape practice in Early Years settings, these are:

- Every child is a unique child who is constantly learning and can be resilient, capable, confident and self-assured
- Children learn to be strong and independent through positive relationships
- Children learn and develop well in enabling environments in which their experiences respond to their individual needs and there is a strong partnership between practitioners and parents, and/or carers
- Children develop and learn in different ways and at different rates



The EYFS framework includes two specific points for providing written assessments for parents and other professionals—when the child is aged two and when the child turns five. When the child is aged between two and three, early years practitioners **must** review progress and provide parents with a short-written summary of their child’s development focusing in particular on communication and language, physical development and personal, social and emotional development. This progress check must identify the child’s strengths and any areas where the child’s progress is slower than expected. If there are significant emerging concerns (or identified SEN or disability) practitioners should develop a targeted plan to support the child, involving other professionals such as, the setting’s SENCO or the Area SENCO, as appropriate. The summary must highlight areas where:

- good progress is being made
- some additional support might be needed
- there is a concern that a child may have a developmental delay (which may indicate SEN or disability)

### **Identifying needs in the Early Years**

In addition to the formal checks, early years practitioners working with children should monitor and review the progress and development of all children throughout the early years.

Where a child appears to be behind expected levels, or where a child’s progress gives cause for concern, practitioners should consider all the information about the child’s learning and development from within and beyond the setting, from formal checks, from practitioner observations and from any more detailed assessment of the child’s needs. From within the setting practitioners should particularly consider information on a child’s progress in communication and language, physical development and personal, social and emotional development. Where any specialist advice has been sought from beyond the setting, this should also inform decisions about whether or not a child has SEND. All the information should be brought together with the observations of parents and considered with them.

Where a child has a significantly greater difficulty in learning than their peers, or a disability that prevents or hinders a child from making use of the facilities in the setting and requires special educational provision, the setting should make that provision. In all cases, early identification and intervention can significantly reduce the need for more costly interventions at a later stage.

## High quality provision to meet the needs of children with SEND

All children and young people are entitled to an education that enables them to make progress so that they:

- Achieve their best
- Become confident individuals with fulfilling lives, and
- Make a successful transition into adulthood, whether into employment, further or higher education or training

High quality teaching that is differentiated and personalised will meet the individual needs of the majority of children. Some children need educational provision that is additional to or different from this. This is special educational provision under Section 21 of the Children and Families Act 2014. Settings must use their best endeavours to ensure that such provision is made for those who need it

Most children will access and make progress within an inclusive curriculum where a range of flexible and responsive strategies are available as part of the general differentiation in the provision.

**THIS DOCUMENT IDENTIFIES THREE GROUPS OF CHILDREN, AND THE PROVISION THEY SHOULD RECEIVE IN ROYAL GREENWICH.**

1. **Universal EYFS Entitlement/ Provision** - support available to all children.  
(SEE APPENDIX A for detail)
  - **Children who are not making expected progress**– targeted services for children and young people with SEND who require additional short term support over and above that provided routinely as part of universal services and as part of the settings general practice in meeting the needs of all children in their setting (SEE APPENDIX B for detail)





2. **SEN Support** – Specialist services for children and young people with SEND who require specialised, longer term support. There would be an expectation that children receiving individual or group activities (if appropriate) that are planned and focused on the specific area of delay of the individual child. (SEE APPENDIX C for detail)
  - **Request for an Assessment of Education, Health and Care Needs** – children with complex needs who would benefit from an assessment to discover what the child’s special educational and associated health and social care needs are, as well as what provisions need to be made to address those needs. (SEE APPENDIX D for detail)

It is imperative that Early Years practitioners keep accurate records on the children's development and the interventions put in place to support them, as this information will be used by the LA to determine whether they need an EHC assessment, agreeing an EHC Plan and drafting the plan itself.

3. **Education, Health and Care Plan (EHCP)** - is the result of an assessment of a child with special educational needs and sets out the education, health and care provision to be made available to meet those needs and planned outcomes to work for with the child and their family (SEE APPENDIX E for detail)

At all stages, parents and children should be involved in target setting and review and clearly understand the targets they are working to achieve. This is explained at a developmentally appropriate level. Success should be celebrated.

### Recording and sharing information

Practitioners must maintain a record of children under their care (*EYFS*). Records must:

- be available to parents
- include how the setting supports children with SEN and disabilities (*SEND Code of Practice*).

There should be a cycle of identification, assessment, planning, implementation, monitoring and review.



## Transition into New Settings/Schools

Every child's transition should be personalised and tailored to meet their individual needs.

Parents/carers should also be actively involved in their child's transition package, and any specialist service attached to the child will be able to provide advice and guidance on supporting the child's transition.

Support may include:

- The sharing of information between settings
- A Transition/ or Team Around the Child meeting
- Supported transition visits
- Exchange visits between schools
- Transition books to support individual students as needed
- Transition passports/profiles



Team Around the Child Transition Meeting Record for:

Date:

Child's name: **SHARON**  
Written by: **SHARON**  
Date: **01.01.2020**

**One Page Profile**

**Photo (optional)**



**What people like and admire about the child**

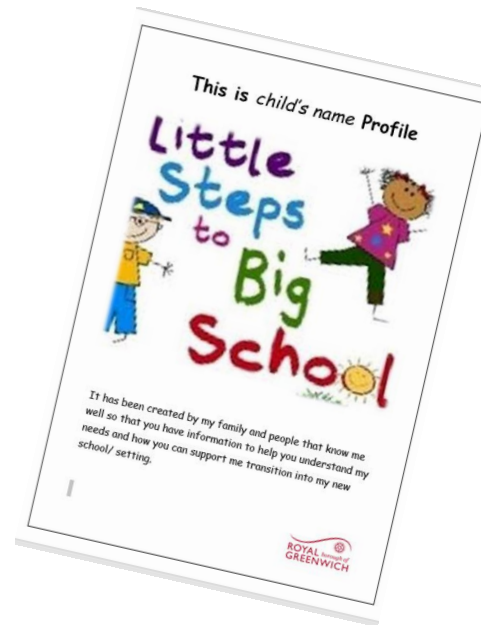
X..... is caring and helpful  
Also determined to succeed  
She likes to be independent where possible  
She has a sense of humour  
She likes to eat at the table, she takes time to engage with unfamiliar people. However, she is enjoying everything up  
She listens to her mum  
She has good attention and engagement  
Although she **SHARON** at the moment, you can understand what is wrong and if she is angry.

**What does the child need to feel well supported?**

Give ..... time and patience.  
Introduce yourself before you work with her.  
Provide lots of information to what is happening around her.  
Check for how things work.  
Make sure the floor is clear.  
She needs people to support her to be independent.  
She likes to be supported especially if she is anxious or scared. She shows this by crying and putting her fingers in my ear. Be aware her by talking her down to me.  
If it gets all too much ..... need a nap in the afternoon.  
Have a range of tactile and auditory toys for her to play with.

**What are the child's favourite things and what do they like to do?**

X.....'s family is everything to her.  
Being happy and feeling secure especially when there is lots of noise or noise she is unsure about.  
Familiarity is very important to her. She needs time to get to know new people and she needs to be looked after by people she knows well and who have got to know her well.  
Evening, especially her family, want to make sure no one gives up on her or puts limits on what she can do or be.  
Being able to experience things at her own pace.  
Singing and dancing.



APPENDIX A

**Universal EYFS Entitlement/Provision**

In assessing progress of children in the early years, practitioners can use the non-statutory Early Years Outcomes guidance as a tool to assess the extent to which a young child is developing at expected levels for their age. The guidance sets out what most children do at each stage of their learning and development.

Compatible with 'Development Matters in the Early Years Foundation Stage' i.e. that which is ordinarily available to all children. Most children will be able to participate in the usual entitlement available in settings and make progress within the Early Learning Goals.

All early year's settings have a duty under the Equality Act 2010 to be inclusive. Therefore, all children with an emerging or identified special educational need are entitled to access the EYFS through the provision offered by each setting. There is an expectation that settings will manage the majority of lower level needs themselves. Children making slower progress may include those for whom English is an additional language (EAL), but it should not be assumed that children have special educational needs just because their progress is slower than others. These children who are making slower progress will need carefully differentiated learning opportunities to support their development, together with regular and frequent monitoring of their progress.

All early years settings should already have the following in place: –

- A Special Educational Needs Coordinator (SENCo), with a recommended minimum NVQ Level 2 qualification, and working towards a level 3.
- This person should have additional training and knowledge in matters of SEN including:
  - Special Educational Needs (SEN) Policy
  - Well-developed systems for observational assessment. Settings need to evaluate the effectiveness of the learning environment and support strategies being used with the child and make changes to enable them to learn and develop more effectively.
  - This includes the provision of differentiated learning opportunities.
- Early years providers are able to signpost families for additional support through the Early Help strategy which aims to empower families to regain control of their circumstances.

### Possible description of child

<b>Cognition and Learning</b>	Refer to Early Years Foundation Stage documentation– see Development Matters section of EYFS.
<b>Social, Mental and Emotional Health</b>	Refer to Early Years Foundation Stage documentation– see Development Matters section of EYFS.
<b>Communication and Interaction</b>	Refer to Early Years Foundation Stage documentation– see Development Matters section of EYFS.
<b>Physical Development and Medical</b>	Refer to Early Years Foundation Stage documentation– see Development Matters section of EYFS.
<b>Sensory, Visual and Hearing</b>	Refer to Early Years Foundation Stage documentation– see Development Matters section of EYFS.

### Possible Interventions, Strategies and External Agencies

**Stories:** Short, well-illustrated and read with enthusiasm by adult/use of props/story sacks etc. Story group kept as small as staffing resources allow. Repetitive phrases for children to join in with.

**Instructions:** Repeated and accompanied by clear and concise gestures/visuals prompts, wait 10 seconds to allow child to process and repeat, if necessary, using exactly the same instruction (do not rephrase).

**Adults:** To join in with an activity the child has selected and play alongside/to support turn taking, possibly in group games. Be receptive and give time to children having difficulties speaking or who need time to understand and process. Give children time and opportunity to build relationships with key person and peers.

**Positive Language:** To use praise and positive reinforcement immediately when warranted. Say what you want the child to do rather than what you don't want e.g. 'Walk' or 'walk slowly' rather than 'don't run'.

**Behaviour Strategies:** Model positive behaviour and recognise positive behaviour in others to illustrate expectations. Group work: Within key person groups/for planned activities/according to themes identified within learning and development plans. Plan to support at their emotional age of development.

**Environment:** Acoustically friendly environments/ visually friendly environments, there should be consistency within the room in terms of organisation, structure, routines and this should also include a quiet space if possible.

**Resources:** Use pictures for labels and picture/visual timetables. Plan for adults to participate in imaginative play activities to support and extend play. Make arrangements for drug administration in line with health and safety policy. Provide accessible changing facilities and staff available to deal with accidents.

Focussed support for all children delivered in small groups (5–6 children) throughout the day. Ratio's required for registration maintained throughout the day. In settings where practitioners are given breaks, the head/manager should make appropriate arrangements to ensure that the staffing levels are maintained.

Further guidance: Together in Communication (TIC)

**External Agencies:** No external agencies will be involved with individual children at this stage

## APPENDIX B

### Children who are not making expected progress

The SEND Code of Practice (2014) is clear about how settings should differentiate between children who are underachieving and need to catch up, and children with a more specific special educational need which would justify the setting putting them on to 'Graduated Approach.'

For a setting to decide that a child may have a special educational need and needs to be supported at SEN Support, there must be a strong indication that they requires support which is "additional to" or "different from" the differentiated educational provision made generally for children of their age – the normal entitlement available to all children, as set out in the EYFS.

Children who are not making expected progress will generally be expected to catch up with the appropriate support and should not automatically move up to SEN Support.

Personal Learning Plans (PLP) are no longer routinely required for children who are not making expected progress, as long as there is good quality planning in place that cross references provision with the progress of the children.

No specialist agencies will typically be involved at this stage.

Settings will be expected to meet the needs of this group of children from within nursery resources with appropriately differentiated planning etc. (this includes providing support within the normal setting ratio of staff)

### Possible description of child

<b>Cognition and Learning</b>	<p>6-month delay – see Development Matters section of EYFS.</p> <p>Some slow progress with language acquisition, early learning, play and personal independence skills.</p>
<b>Social, Mental and Emotional Health</b>	<p>Difficult to settle on entry into session over a number of weeks – seeks frequent reassurance of adult contact, tearful, wanders around etc.</p> <p>Lack of concentration but generally appropriately behaved and able to sustain relationships with supportive adults.</p> <p>Sits for a shorter length of time than peers. E.g. busy box or other adult led activity used at 'group activity time'.</p> <p>Disrupts play of other children by snatching, wanting to take over, sabotaging play e.g. breaking up of toys etc.</p> <p>Unable to take turns/share.</p> <p>Lacks confidence – holds back, reluctant or refuses to participate. Diverts attention by behaviour.</p> <p>Tends to play alone, and reluctant to engage with adults. (Overly compliant/controlled.)</p> <p>Some reluctance to explore objects or try new activities.</p> <p>Bladder/ bowel accidents more than once a week and may occasionally soil.</p>
<b>Communication and Interaction</b>	<p>Speech sounds unclear without a supporting context.</p> <p>Some difficulty following or understanding instructions and everyday language without a object/visual reference.</p> <p>Immaturity in socialisation – looks towards adults rather than peers.</p> <p>Some difficulties with communication and interaction e.g. chooses when to talk, some social and communication difficulties or possible difficulties relating to attachment.</p> <p>Fluency difficulties.</p>

<b>Physical Development and Medical</b>	<p>6-month delay in fine and gross motor development.</p> <p>Some difficulties with sequencing, visual and/or auditory perception and coordination.</p> <p>Delay in achieving continence – accidents more than once weekly.</p> <p>Difficulties (more than others at this age) dressing self.</p> <p>Difficulties (more than others at this age) cutting up food/feeding self, drinking from a cup.</p> <p>Physical impairment may require some special equipment but needs little intensive support.</p> <p>Some difficulties with spatial awareness or social proximity.</p>
<b>Sensory, Visual and Hearing</b>	<p>Family history of visual loss.</p> <p>Minor visual loss (squints)</p> <p>Minor hearing loss with no aids prescribed.</p> <p>Developing awareness of possible indicators of sensory differences i.e. tactile sensitivity, sensitive to sound or visual stimuli.</p>

**Possible Interventions, Strategies and External Agencies**

Clear classroom routines should be supported by visual cues e.g. visual timetables to aid self-reliance and independence.

Additional support arrangements which may include: – Increased use of visual support timetables, or 'now and then' prompts, assessment and monitoring by key person, supported by the SENCo.

Use the 'next step' to plan learning experiences.

Flexible approaches to whole curriculum planning.

Small group activity or individual activity per session, planned and timed appropriately at the level of development of the child.

Minor adaptations and/or equipment e.g. non-slip surfaces for extra help in playground.

Staff will use a range of prompts and teaching methods may include the use of visual aids, signing and other visual strategies to support understanding.



Practitioner explanations should be at an appropriate level for the child, using repetition and pausing. They should be using appropriate techniques to check the child's understanding.

Training for staff on general SEN issues.

Children may require additional support to settle into the setting, with home/setting diaries.

Staff should consistently apply their behaviour management policies, in liaison with parents/carers.

**External Agencies:** Generalised advice with an Area SENCo at Planning and Monitoring level.

## APPENDIX C

### SEN Support

If a child continues to make little or no progress over a term and there is evidence the child is falling progressively behind the majority of children of the same age, despite reasonable adjustments and after receiving individualized support, then advice should be sought from external support agencies.

Additional intervention should be available in small groups or individually as appropriate with a practitioner. Examples of such intervention could include:

- Language groups, social skills groups etc.

It is particularly important in the Early Years that there is no delay in making any necessary special education provision. Where a setting identifies a child as having SEN, they should adopt a graduated approach with 4 stages of action: assess, plan, do, review. This cycle of action (*Code, 5.36 onwards*):

- is usually led by the key person, supported by the setting or area SENCO
- requires parents engaged throughout
- is informed by the child's views throughout
- can be revisited in order to identify the best way of securing good progress.

Discussion with parents should cover:

- The outcomes they are seeking for the child
- The interventions and support to be put in place
- The expected impact on progress, development, behavior
- Date for review (*Code, 5.40*)

Advice from the Speech and Language Therapist or Area SENCo may be sought in order to target these appropriately. All staff working with the child should be aware of the nature of these interventions and have clear strategies to generalise this learning into all setting environments.

If the child uses alternative means to communicate their own wants and needs or requires these to support their understanding, all staff within the setting should be made aware and trained in using these modes. This could include Makaton signs and symbols, PECS, communication book etc.

Agencies may include: Local Authority or external specialist services, Health Services including Speech and Language therapists (SALT), Paediatric Occupational Therapy Service (OT), Paediatric Physiotherapy Service (Physio), etc.

Alternatively, the child may have sensory or physical needs that require additional specialist equipment, or regular advice, or visits by a specialist agency, such as the Sensory Service.

### Possible description of child

<b>Cognition and Learning</b>	<p>Developmental delay on entry:          12-month delay – see Development Matters in EYFS' and/or assessments by relevant professionals.          Expressive and receptive language delayed by more than 12 months – see Development Matters in EYFS and/or assessments by relevant professionals.          Reinforcing and modelling by adult does not result in child engaging with learning activities e.g. completing an inset puzzle, putting teddy to bed, rolling a car along the floor etc.          Does not retain concepts over time e.g. size, colour, under/ over etc.          Ability to learn concepts, but difficulty with the understanding</p>
<b>Social, Mental and Emotional Health</b>	<p>Separation difficulties e.g. attachment, which persists throughout the session (crying, distressed, clingy) and persist for more than half a term and is severe compared to peers. Child who is unable to regulate emotions, needing adult intervention.          Social immaturity for their age affecting appropriate independence or interpersonal skills.          Significant reluctance to engage with routine and activities by withdrawal or exhibiting challenging</p>

	<p>behaviour.</p> <p>Inappropriate behaviours that require: – calming strategies – specific behaviour strategies</p> <p>Needs adult support to sustain concentration and build relationships with peers.</p> <p>Anxiety expressed through behaviour that creates a barrier to learning.</p> <p>Unusual behaviours e.g. rocking, mouthing, hiding, inappropriate preoccupation with bodily fluids.</p> <p>Attachment to key carers not securely established.</p> <p>Difficulty in coping with changes to routine or unfamiliar transitions.</p>
<p><b>Communication and Interaction</b></p>	<p>Little or no speech.</p> <p>Disordered expressive language e.g. word order including severe phonological difficulties/delay i.e. production of sound as identified by a speech and language therapist.</p> <p>Significant difficulty with understanding spoken language which may also have been identified by a speech and language therapist.</p> <p>Actively withdraws from engagement and does not seek out others – e.g. averts eyes, does not respond to name, solitary play, often seeks out own space.</p> <p>Significant difficulties in processing information, specifically verbal information</p>
<p><b>Physical Development and Medical</b></p>	<p>Not achieving continence – accidents almost daily. Needs frequent, individually timed reminders.</p> <p>Delay with physical coordination which may also have been identified by relevant professionals e.g. occupational therapist, physiotherapist, mobility officer etc.</p> <p>Physical impairment required some special equipment e.g. needs some adult support to follow up/supervise.</p> <p>Adults may need training in specialist areas.</p> <p>Movement (unstable or slow movements) requiring support and interventions.</p> <p>May need to sit in buggy to have to rest during session at pre-school</p> <p>Dressing/feeding difficulties.</p> <p>Child wears splint needing occasional intensive support</p>

## Sensory, Visual and Hearing

Associated speech and language difficulties.

Mild to moderate hearing impairment e.g. hearing aids fitted.

Hearing in one ear.

Mild to moderate visual loss.

Significant difficulty with sensory processing.

### Possible Interventions, Strategies and External Agencies

Additional support arrangements which may include:

Specific interventions to develop non-verbal communication/interaction including:

- Intensive interaction
- Sensory based programmes
- PECS at an appropriate level
- Objects of reference
- Symbols and photographs

Increased differentiation of activities/material to support specific targets:

- Differentiation of expectations e.g. reduced carpet times; limited attendance at whole room gatherings
- Adaptations of group size for activities e.g. one to one, paired, small group
- Specific modelling of social behaviours e.g. turn-taking; teaching joining in phrases.
- Explicit teaching of age appropriate independence skills/ support in self-care skills, such as toileting, feeding and dressing

Particular consideration should be made for transition for pupils who have difficulties managing change e.g.

- individual visual timetables matched to the child's level of understanding
- transition books
- plans for transitions such as changing rooms

- visual systems to signal unavoidable change
- support to manage moving around setting

Developing fine and gross motor skills where these are part of a general pattern of difficulties e.g. OT or Physio programs incorporated into children's daily setting routines

Structured tailored programs may be necessary to develop literacy and maths skills e.g. Numicon maths etc.

Staff training on specific SEN issues.

Smart targets in the form of PLP's should be in place, including specific targets for the child received from specialist agencies.



Risk Assessments and Healthcare plans may be in place, including an audit of the environment to ensure safe passage around the setting.

Specialist equipment may be required to support children with Physical Disabilities.

Behaviour plans in agreement and liaison with parents/carers, should be in place for children with challenging behaviour.

Thought should be given to group sizes, and more individualised work is expected at this level.

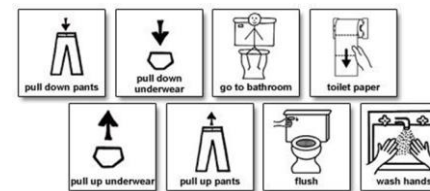
Work on emotions and support to gain positive relationships with peers.

At circle/story time the child may need adult support to maintain concentration, and this should be built up slowly over time.

All activities should be supported with visual prompts and size of the group at circle/story time should be carefully considered.

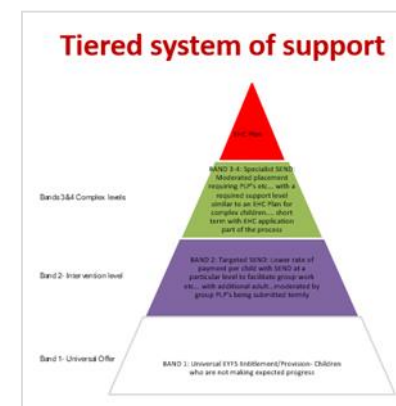
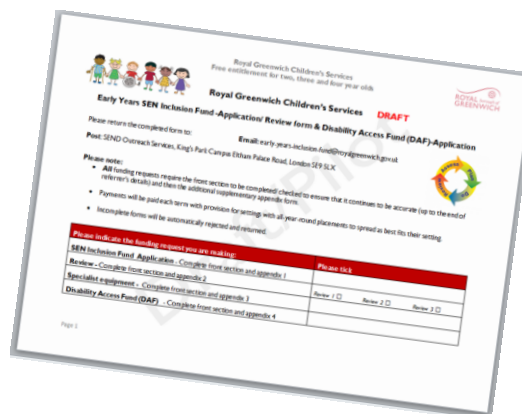
## Resources:

- Individual visual timetables
- Specific environmental adaptations for sensory needs
- Clear signs and symbols around the setting



Possible additional supervision to ensure health and safety of all children and adults is maintained.

The child may require SEN Inclusion Funding which is made available via the Early Years Inclusion Team



**External Agencies:** Team Around the Child (TAC) meetings would be appropriate to encourage a consistent and holistic approach. Support and advice from some of the following agencies below be involved to inform on-going, more intensive, specific child programmes:

Early Years Inclusion Team, Educational Psychology Service, Speech and Language Therapy, Paediatric Physiotherapy Service, STEPS Paediatric Occupational Therapy Service and Sensory Service

## APPENDIX D

### Request for an Assessment of Education, Health and Care Needs

The child's level of need will be progressively more delayed and significant.

Children at SEN Support will be complex and likely to be known to multiple agencies.

### Possible description of child

<b>Cognition and Learning</b>	As before
<b>Social, Mental and Emotional Health</b>	<p>Episodes where extreme aggression is a danger to self and others.</p> <p>Very aggressive to staff and/or peers.</p> <p>No response to calming strategies.</p> <p>Totally withdrawn and uncommunicative.</p> <p>Diagnosed severe attachment disorder.</p>
<b>Communication and Interaction</b>	<p>Speech and language disorders severely affecting: –vocabulary –phonology –social interaction/communication –understanding</p> <p>Working towards diagnosis of autism.</p> <p>Extremely severe communication difficulty.</p> <p>Regular episodes of challenging behaviour endangering self and others.</p> <p>No spoken language.</p>
<b>Physical Development and Medical</b>	<p>Unstable, unpredictable or restricted movements with potential secondary problems e.g. muscle spasms, soreness to joints.</p> <p>Entirely dependent for all self-care needs.</p> <p>Moving and handling needs.</p>



## Sensory, Visual and Hearing

Dual sensory loss/complex need.

Visual or hearing loss resulting in severe impact on:

- social communication skills
- difficulties in accessing cognitively appropriate learning and development activities
- difficulties in emotional development.

Adapting the learning environment to take account of problems with glare, visual clutter, contrast, poor acoustics and the need for tactile cues.

Significant difficulties relating to sensory perception, impacting on social and emotional wellbeing (e.g. won't eat in setting, significant sleep difficulties.).

### Possible Interventions, Strategies and External Agencies

#### Strategies:

Possible additional support available to increase ratios for intensive support and interventions.

Opportunities for intensive support/teaching, including from outside agencies (e.g. Sensory Service)

Intensive support is required for Personal, Social and Emotional development (e.g. self-esteem and positive relationships.)

Intensive support is required to manage basic hygiene and personal needs.

Significant attention to the provision and maintenance of a range of personal equipment.

Manual handling and hoist training for staff where applicable.

All staff should be aware of the child's issues to ensure consistent application of strategies across the session

Health Care Plan and Risk Assessment should be in place for children with complex medical needs.

#### Resources:

All previous resources and a Teacher from the Sensory Service.

#### External Agencies:

Opportunities to follow specialist programs and approaches advised by external professionals

## APPENDIX E

### Education, Health and Care Plan (EHCP)

The child has an Education Health Care Plan/Statutory Assessment in place or is the process of having an EHC plan written

### Interventions, Strategies and External Agencies

PLP's reviewed every 12 weeks.

Education Health Care Plan reviewed every 6 months.

Adult:

- Significant support is required for child throughout to support all aspects of development.
- Access to specialist staff from health or education.
- Alternative augmented communication.
- Interactive sessions.
- Manual Handling issues and training for staff specific to child.
- Strategies will be very individual to the child, due to their complexity.

**External Agencies:**

In addition to ones previously mentioned; frequent input from Health Services and possibly Social Care. The EHC Plan will also be reviewed 6-monthly by the SEN Department

## GLOSSARY OF TERMS

<b>Education Health Care Plan (EHC Plan)</b>	This is the replacement for a 'statement of special educational needs'
<b>Health Care Plan</b>	To help settings to identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. It is recommended that settings should complete an individual Health Care Plan for children who may require support and/or medication on a regular long-term basis.
<b>Intensive Interaction</b>	An approach developed by Dave Hewitt to develop intentional communication skills particularly used with children with ASD
<b>Makaton</b>	A speech supported signing system
<b>Paediatric Occupational Therapy Service (OT)</b>	Health care professionals who help a child achieve or maintain their maximum level of independence and develop practical life skills, so that the child can participate to his/her full potential in the school environment.
<b>Paediatric Physiotherapy Service (Physio)</b>	Health care professionals who specialise in maximising human movement, function and potential.
<b>PECS</b>	Picture Exchange Communication System–A communication system developed by Andy Bondy and Lori Frost, designed to facilitate functional communication skills used particularly with children with ASD
<b>PLP</b>	Personal Learning Plan
<b>Reasonable adjustments</b>	An obligation to make 'reasonable adjustments' to enable disabled children to undertake education and to 'anticipate' what the requirements of such students might be. This includes not only access to the setting environment but also to the arrangements for delivery and support of learning programmes.
<b>SALT</b>	Speech and Language Therapist
<b>SENDIASS</b>	Special Educational Needs and Disabilities Information Advice Support Service
<b>Sensory Programmes</b>	A programme of sensory activities to support children with SEN
<b>SMART target</b>	Specific, Measurable, Achievable, Realistic and Timed Target set for a child to achieve.
<b>Social Stories</b>	An approach developed by Carol Gray, to enable children to manage difficult social situations particularly used with children with ASD.

## CONTACT DETAILS

ASD Outreach	TEL 020 8921 3311
Child and Adolescent Mental Health Service (CAMHS)	TEL 020 3260 5200
Child Development Centre	TEL 020 8294 3118
Children with Disabilities Team	TEL 020 8921 2599
Community Paediatrician	TEL 020 8294 3158
Continence Service	TEL 020 8319 9970
Early Years Coordination Team	TEL 020 8 294 3121
Early Years Inclusion Team	TEL 020 8921 3311
Educational Psychology Service	TEL 020 8921 4819
Greenwich MENCAP	TEL 020 8305 2245
Infection Control Oxleas Infection Control Team	TEL 0132 625 700 via switchboard
Paediatric Clinical Skills Trainer (Goldie Leigh Hospital)	TEL 020 8469 1142
Paediatric Occupational Therapy Service (Goldie Leigh Hospital)	TEL 020 8310 4459
Paediatric Physiotherapy	TEL 020 8311 5419
SENDIASS	TEL 020 89212549
SEND Keyworker team	TEL 020 8921 6530
Sensory Service Team Leader	TEL 020 8921 3311
Special Educational Needs Monitoring & Assessment Service Team Leader	TEL 020 8921 4908
Speech and Language Therapy Service (Memorial Hospital)	TEL 020 8836 8617
STEPS Team Leader	TEL 020 8921 3311