

## Chapter 5 - The Graduated Approach for Early Years

### 5.1 Introduction

Every child deserves the best possible start in life and the support that enables them to meet their potential. Children develop quickly in the early years and a child's experiences between birth and five have a major impact on their future life chances.

Early Years Foundation Stage (EYFS) is the statutory framework for all early years provision. There are four guiding principles identified in the EYFS that should shape practice in Early Years:

- 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 with teaching and support from adults**, who respond to their individual interests and needs and help them to build their learning over time. Children benefit from a strong partnership between practitioners and parents and/or carers.
- Importance of **learning and development**. Children develop and learn at different rates.

In planning and guiding what children learn, practitioners must reflect on the different rates at which children are developing and adjust their practice appropriately. (EYFS, 2024 p17)

Practitioners need to be alert to children's development and progress throughout the Early Years and consider, where children are not developing or progressing as might typically be expected, that children may have emerging SEND.

### 5.2 Early Identification & Intervention

Early identification is a key element of the principles of the SEND Code of Practice. Early identification is about identifying needs at the earliest opportunity that they become apparent.

"...an early response to a concern and early identification and intervention are key to helping children..."

Council for Disabled Children – SEN & Disability Toolkit

For some children their SEND will be identified before they ever start attending an Early Years setting. For others, practitioners may be the first professionals to identify concerns.

"Early years providers must have arrangements in place to support children with SEN or disabilities. These arrangements should include a clear approach to identifying and responding to SEN." (CoP, 2015 p9)

The process of supporting children, identifying their needs, putting things in place to address their needs, reviewing it, adapting it, and seeking additional specialist support and advice when children continue to experience difficulties/delays is what is known as the **Graduated Approach**.

The Early Years SENCO Handbook outlines the roles and responsibilities for providers in meeting the needs of children with special educational needs and disability <https://www.lancashire.gov.uk/media/919315/early-years-senco-handbook-2022.pdf>

As well as complying with the requirements of the EYFS (2024), all Early Years providers are required to comply with the Equality Act (2010) and have regard for the SEND Code of Practice (2015).



## 5.2. Specialist Teaching Service

The Specialist Teachers, Specialist Higher Level Teaching Assistants, Deaf Role Model and Sensory Technicians in the Specialist Teaching Service provide support to early years providers to meet the needs of children who have a range of special educational needs and disabilities.

The Early Years Team provides support to settings to understand and meet their responsibilities in relation to SEND through:

- Early Years New SENCo Induction Training
- Early Years SENCo Network Meetings.

Early Years providers are also supported in the process of early identification and intervention for young children with emerging, developing or identified SEND through the:

- Request for Involvement process.

Additionally, the service also offers:

- Portage
- Early Years Sensory Support

Early Years Team: [Early years - Lancashire County Council](#)

Teacher of the Deaf (ToD) Team: [Teachers of D/deaf children and young people - Lancashire County Council](#)

Teachers of the vision and multisensory impaired (QTVI/MSI) Team: [Teachers of vision and multi-sensory impaired children and young people - Lancashire County Council](#)

## 5.3. SEND Inclusion Funding

The [Inclusion Fund](#) provides support to early years settings to address the needs of individual children who have emerging and identified special educational needs and disabilities (SEND) and promote inclusion.

All early years providers in Lancashire who are eligible for early education funding (EEF) can apply for additional funding through the Inclusion Fund.

<https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/send/inclusion-fund/>

If a child accesses Disability Living Allowance (DLA), the setting may also be eligible to apply for the Disability Access Fund (DAF). This enables settings to provide resources, training etc. to meet the needs of the child in the setting. If the child moves to a different provider part way through the financial year, subsequent providers will not receive any funding if the DAF has already been paid.

<https://clickweb.lancashire.gov.uk/?siteid=2979&pageid=6658&e=e>

## 5.4. Specialist equipment

As advised by relevant health care professionals or specialist teachers for sensory impairment, the local authority also provides specialist equipment for young children eligible for their EEF (Early Education Funding) to enable them to access their early education funded places.



## 5.5. Contact details

### Lancashire Inclusion Area Teams

- North - Fylde, Wyre and Lancaster  
Tel: 01524 581 200  
Email: [Inclusion.North@lancashire.gov.uk](mailto:Inclusion.North@lancashire.gov.uk)
- South - Chorley, South Ribble, West Lancashire and Preston  
Tel: 01772 531 597  
Email: [Inclusion.South@lancashire.gov.uk](mailto:Inclusion.South@lancashire.gov.uk)
- East - Hyndburn, Ribble Valley, Rossendale, Burnley and Pendle  
Tel: 01254 220553  
Email: [Inclusion.East@lancashire.gov.uk](mailto:Inclusion.East@lancashire.gov.uk)



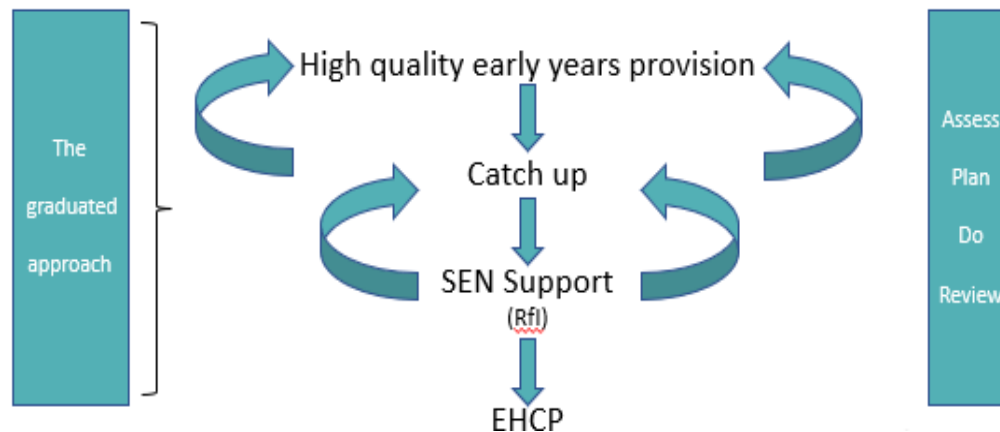
### 5.5. The Graduated Approach in EYFS

The process of Observation, Assessment and Planning (OAP) supports practitioners to identify children's interests, strengths and needs and plan appropriately. The OAP process is key in enabling practitioners to offer appropriate learning opportunities to children and to support practitioners in monitoring children's development and progress. Monitoring of children's learning, development and progress enables practitioners to be alert, at the earliest opportunities, to any difficulties or delays children may be experiencing and any possible emerging SEND. If a child has had no prior involvement with any other agencies or professionals, the early years setting may be the first to share any concerns.

'Throughout the early years, if a provider is worried about a child's progress in any prime area, practitioners must discuss this with the child's parents and/or carers and agree how to support the child. Practitioners must consider whether a child needs any additional support, including whether they may have a special educational need or disability which requires specialist support.' (EYFS, 2024 p16)

The observation, assessment and planning process enable practitioners to adapt their provision and practice to support children's learning and development, so that any difficulties or delays children are experiencing can be supported. Where children's needs are not supported through this process, and it is felt that their delay or difficulties may be due to SEND, then more targeted support is required.

Children with SEND are supported through the 'assess, plan, do, review' (APDR) process, as outline in the Code of Practice. This is part of the graduated approach.



Please click on the links below to take you to the correct section.

Code of Practice Broad areas of SEND	
<a href="#">Cognition and Learning</a>	<p>Learning difficulties cover a wide range of needs, including:</p> <ul style="list-style-type: none"> <li>• global developmental delay (GDD)</li> <li>• moderate learning difficulties (MLD)</li> <li>• severe learning difficulties (SLD)</li> <li>• profound and multiple learning difficulties (PMLD)</li> <li>• specific learning difficulties (SpLD) which affect one or more specific aspects of learning, such as; dyslexia, dyscalculia</li> </ul>
<a href="#">Communication and Interaction</a>	<p>This can include:</p> <ul style="list-style-type: none"> <li>• childhood apraxia of speech (verbal dyspraxia)</li> <li>• delayed speech, language and communication development</li> <li>• developmental language disorder (DLD)</li> <li>• neurodevelopmental conditions such as autism (ASD), foetal alcohol syndrome (FAS), motor disorders, attention deficit hyperactivity disorder (ADHD) etc.</li> <li>• speech sound disorder</li> </ul>
<a href="#">Social Emotional and Mental Health</a>	<p>Children may experience a wide range of social and emotional difficulties, such as:</p> <ul style="list-style-type: none"> <li>• difficulties with self-regulation, managing self and/or building relationships</li> <li>• attachment disorder</li> </ul>
<a href="#">Physical and Sensory – Visual Impairment</a>	<p>If a child has a diagnosed vision impairment that is not corrected by glasses, they may have reduced or low vision. Children can have a vision impairment that is ocular (eye), cerebral/cortical (brain) or mixed.</p> <p>Distance vision:</p> <ul style="list-style-type: none"> <li>• mild vision loss Within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 – 0.48)</li> <li>• moderate vision loss Less than 6/19 - 6/36 Snellen/Kay (LogMAR 0.5 – 0.78)</li> <li>• severe vision loss Less than 6/36 - 6/120 Snellen/Kay (LogMAR 0.8 – 1.3)</li> <li>• profound vision loss Less than 6/120 Snellen/Kay (LogMAR 1.32+)</li> </ul> <p>Near vision:</p> <ul style="list-style-type: none"> <li>• mild vision loss N14-18</li> <li>• moderate vision loss N18-24</li> <li>• severe vision loss N24-36</li> </ul>



	<ul style="list-style-type: none"> <li>• profound vision loss educationally blind/Braille user/can access small quantities of print larger than N36</li> </ul>
<p><a href="#">Physical and Sensory – Hearing Impairment</a></p>	<p>Children can have a range of types and levels of D/deafness ranging from:</p> <p>Type:</p> <ul style="list-style-type: none"> <li>• conductive</li> <li>• sensorineural</li> <li>• mixed</li> <li>• unilateral / bilateral</li> </ul> <p>Level:</p> <ul style="list-style-type: none"> <li>• mild hearing impairment threshold 21-40 dBHL</li> <li>• moderate hearing impairment threshold 41-70 dBHL</li> <li>• severe hearing impairment threshold 71-95 dBHL</li> <li>• profound hearing impairment threshold in excess of 95 dBHL</li> </ul>
<p><a href="#">Physical and Sensory – Multi-Sensory Impairment</a></p>	<p>The term multi-sensory impairment applies where a child or young person has combined vision and hearing impairments. The terms 'dual-sensory impairment' and/or deafblind (deafblindness) may also be used.</p>
<p><a href="#">Physical and Sensory – Physical Difficulty</a></p>	<p>Physical difficulties/disabilities cover a wide range of needs, including:</p> <ul style="list-style-type: none"> <li>• acquired brain injury</li> <li>• brittle bone disease</li> <li>• cerebral Palsy</li> <li>• developmental coordination disorder (DCD)</li> <li>• hypotonia (low tone)</li> <li>• muscular dystrophy</li> <li>• restricted growth (dwarfism) conditions such as Achondroplasia</li> <li>• spina bifida</li> </ul>



## Early Years - Universal Support

## Cognition and Learning

### Impact on Learning What are their difficulties?

Child may have a diagnosed condition and/or practitioners observe some evidence of delay in meeting expected milestones

- May move quickly from one activity to another and may need an adult to ensure learning through play occurs
- Play skills that seem to reflect a slightly younger age or stage of development
- Some evidence of repetitive play, restricted interests and limited imaginative play
- Speech, language communication and interaction skills that seem to reflect a younger age or stage of development
- Prompting or support may be needed to follow routines and/or engage with areas of provision, planned activities and/or group times

### Action What should we do next?

Practitioners should:

- Share and discuss observations with parents/carers.
- Reflect on observation and assessment to identify strengths and interest and adapt provision to offer more of these.
- Reflect on observation and assessment to plan enhancements and differentiated activities to support the child
- Think about auditing your environment to see how effective it is in supporting this area of learning and what actions you can take to improve this further
- Discuss observations/concerns with the staff team/room leaders and/or SENCO, as appropriate
- Monitor children's progress using usual assessment tools more frequently.
- Consider additional assessment tools where needed; to support accurate/detailed assessment, to help identify what may be appropriate next steps etc.
- Consider liaising with Family Health Visitor or Healthy Family Practitioner
- Consider if Early Help Assessment (EHA) may be appropriate

### Strategies What should we put in place?

Practitioners should:

- Use the child's interests to engage them in learning
- Consider the environment. Help the child to focus by keeping distractions to a minimum, e.g. support play in a quiet area within the setting
- Have a 'total communication approach' embedded in the setting – use touch cues, on-body signs, gestures, signs, pictures, symbols key words/phrases etc.
- Provide activities which encourage children to use all their senses
- Encourage the child to access all of the areas in the setting not just their preferred activities
- Play together, model different ways to play in different areas of provision
- Provide opportunities for 'over-learning' – keep areas of provision and resources consistent for longer and practice the same skills, activities etc. frequently



- Think about auditing your environment to see how effective it is in supporting this area of learning and what actions you can take to improve this further

- Provide commentary within activities
- Reduce the number of questions
- Emphasise key words in play
- Keep instructions short and simple and give one step at a time
- Use objects of reference or photographs or symbols to provide cues to support understanding
- Present new information in small chunks and keep language simple





Early Years - Targeted Support	Cognition and Learning	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Child may have a diagnosed condition and/or practitioners observe persistent difficulties with meeting milestones (even when universal support actions and strategies are in place)</p> <ul style="list-style-type: none"> <li>• Significant difficulties with attention and may move quickly from area to area and from activity to activity with limited engagement and learning taking place</li> <li>• Play skills that seem to reflect a younger age or stage of development (e.g. 9mths delay or more)</li> <li>• New learning needs to be broken down into small steps and repetition and over learning is required for progress to occur and outcomes to be met</li> <li>• Progress is evident but slower e.g. 3mths progress in development in 6mths of time</li> <li>• Difficulties in retaining concepts or skills over time</li> <li>• Limited play interests</li> <li>• Frequent repetitive play, restricted interests and significant difficulties with imaginative play</li> </ul>	<p>In addition to the relevant actions at the universal level, practitioners and SENCOs should:</p> <ul style="list-style-type: none"> <li>• Review resources available within the setting and consider what if any, additional resources are required</li> <li>• Ensure child's name is on the SEND Code of Practice record at SEN Support</li> <li>• Make use of the Early Years SENCO Toolkit resources to support following the graduated approach to SEND <a href="https://www.lancashire.gov.uk/media/919315/early-years-senco-handbook-2022.pdf">https://www.lancashire.gov.uk/media/919315/early-years-senco-handbook-2022.pdf</a></li> <li>• Ensure regular dialogue between Key person, SENCO and parents to share concerns, review progress and identify outcomes and targets to work towards</li> <li>• Ensure close partnership working with parents - agreeing and using consistent strategies and approaches between setting and home, as appropriate.</li> <li>• Follow 'Assess, Plan, Do and Review' model by monitoring and review the TLP. Identify appropriate long-medium term outcomes with</li> </ul>	<p>In addition to the relevant strategies from universal support, practitioners should:</p> <ul style="list-style-type: none"> <li>• Use 'ready, steady, go' to build anticipation and maintain engagement for longer</li> <li>• Use strategies such as 'one more then finished'</li> <li>• Choose preferred resources or activities for additional small group and one-to-one times</li> <li>• Plan more frequent, small-group or one-to-one activities – use the child's interest and strengths to support areas of focus or further development.</li> <li>• Plan specific small-group and one-to-one times to target areas of delay/areas in need of additional support</li> <li>• Make use of Early Years SENCO Tool Kit to identify appropriate strategies and resources, by referring to the Top Tips - <a href="https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf">https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf</a></li> <li>• Implement the advice of the Specialist Teacher, following an Rfl, if Rfl is appropriate</li> </ul>



Early Years - Targeted Support	Cognition and Learning	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<ul style="list-style-type: none"> <li>Prompting and support is often needed to encourage engagement with routines, areas of provision, planned activities and/or group times</li> </ul>	<p>parents/carers and set short term targets to work towards these. Ensure outcomes are targets are SMART and review them, focussing on the child’s progress and the impact of strategies and interventions used.</p> <ul style="list-style-type: none"> <li>Make use of Early Years SENCO Tool Kit resources to support practitioners to assess children's development and identify appropriate next steps, by using the ATTS - <a href="https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf">https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf</a></li> <li>Consider whether an Rfi ('Request for Involvement') may be appropriate - <a href="#">Early years SEND Request for Involvement - Lancashire County Council</a></li> <li>Consider whether a request for Inclusion Fund may be appropriate <a href="https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/send/inclusion-fund/">https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/send/inclusion-fund/</a></li> <li>Where children are eligible, apply for DAF (Disability Access Fund)</li> <li>Liaise with the Family Health Visitor or Healthy Family Practitioner regarding 2-2 ½ year old</li> </ul>	



Early Years - Targeted Support	Cognition and Learning	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
	<p>progress check and/or further developmental assessment e.g. ASQ-3, ELIM etc.</p> <ul style="list-style-type: none"> <li>• Consider signposting to relevant 'drop-in' sessions and/or referrals to other professionals</li> <li>• Identify and plan staff Continuing Professional Development (CPD) e.g. EY SENCO Networks, LPDS <a href="#">Courses - Lancashire Professional Development Service</a> STS Bespoke Packages - <a href="#">SEND Specialist Teaching Service courses, CPD and INSET - Lancashire County Council</a> Nasen - <a href="#">Home page   Nasen</a></li> </ul>	



## Early Years – Specialist Support

## Cognition and Learning

### Impact on Learning What are their difficulties?

Child may have a diagnosed condition and/or practitioners observe persistent and significant difficulties (even when targeted support actions and strategies are in place)

- Attention and concentration is fleeting for self-chosen activities as well as adult led activities
- Play skills that seem to reflect a much younger age or stage of development (e.g. half-life age+)
- New learning needs to be broken down into very small steps, progress is difficult to evidence/is very slow and support levels are high
- Significant difficulties in retaining concepts or skills over time
- Learning or skills may appear to plateau or regress
- Persistent repetitive play, restricted interests and severe difficulties in imaginative play
- Adult support is always needed to encourage engagement with routines, areas of provision, planned activities

### Action What should we do next?

In addition to the relevant actions at the targeted level, practitioners should:

- Continue the APDR process, ensuring any advice from any other professionals is reflected in outcomes and targets being set and is included in strategies and approaches being used
- Consider making a request for an education, health and care needs assessment (EHCNA)
- If a child has an EHCP, continue to identify medium term outcomes and short-term targets to support progress towards the longer-term outcomes identified in the plan
- If a child has an EHCP, ensure the annual review process is followed

### Strategies What should we put in place?

In addition to the relevant strategies from targeted support plus:

- Implement the advice from external professionals such as Specialist HLTA, Specialist Teacher, Speech and Language Therapist, Occupational Therapist, Physiotherapist, Educational Psychologist etc.



Early Years – Specialist Support	Cognition and Learning	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<ul style="list-style-type: none"> <li>Child requires a very high level of individual support to access an individually tailored curriculum</li> </ul>		



Early Years - Universal Support	Communication and Interaction	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Child may have a diagnosed condition and/or practitioners observe some evidence of delay in meeting expected milestones</p> <ul style="list-style-type: none"> <li>• May seem a little 'lost' in the environment, needing encouragement to choose where to play or to join in with others</li> <li>• May have difficulties with eye contact, facial expression or other non-verbal communication skills</li> <li>• May not understand all the instructions used in nursery or may need instructions repeating before responding.</li> <li>• May seem to struggle to make choices or answer questions that might be expected for their age</li> <li>• May not use as many words together as might be expected for their age</li> <li>• May have limited vocabulary or immaturities of language that might not be expected for their age</li> <li>• May use some learnt phrases when communicating with others – phrases may often be used appropriately</li> </ul>	<p>Practitioners should:</p> <ul style="list-style-type: none"> <li>• Use the Early Years Communication &amp; Language Road Map <a href="http://early-years-communication-and-language-road-map.pdf">early-years-communication-and-language-road-map.pdf</a> (<a href="http://lancashire.gov.uk">lancashire.gov.uk</a>)</li> <li>• Share and discuss observations with parents/carers.</li> <li>• Reflect on observation and assessment to identify strengths and interest and adapt provision to offer more of these.</li> <li>• Reflect on observation and assessment to plan enhancements and differentiated activities to support the child</li> <li>• Liaise with the Language Lead for additional advice, support, ideas etc.</li> <li>• Think about auditing your environment to see how effective it is in supporting this area of learning and what actions you can take to improve this further</li> <li>• Discuss observations/concerns with the staff team/room leaders and/or SENCO, as appropriate</li> <li>• Monitor children's progress using usual assessment tools more frequently.</li> </ul>	<p>Practitioners should:</p> <ul style="list-style-type: none"> <li>• Have a 'total communication approach' embedded in the setting – use touch cues, on-body signs, gestures, signs, pictures, symbols key words/phrases etc.</li> <li>• Use whole class/group now and next boards or visual timetables – with objects of reference/pictures/symbols</li> <li>• Use the child's interests to engage them in communication and interaction</li> <li>• Provide resources that are clearly labelled with pictures or objects of reference and display visual timetables</li> <li>• Consider the environment - provide communication friendly spaces</li> <li>• Consider the environment – provide a sensory-aware/sensory-friendly environment</li> <li>• Offer limited choices e.g. would you like x or x</li> <li>• Play together, model different ways to play in different areas of provision</li> <li>• Use slightly exaggerated non-verbal communication</li> </ul>



- Speech may be a little bit difficult to understand – adults need to 'tune in' but they can understand the child
- Social play skills that seem to reflect a slightly younger age or stage of development e.g. solitary play rather than parallel play, parallel play rather than cooperative play etc.
- May prefer to play alone more frequently than might be expected
- Some restricted play interests and/or child sticks to preferred activities e.g. vehicles, computer etc.
- May occasionally display different emotional reactions, sometimes unrelated to objects or events around them or reactions may appear a little excessive compared to the situation.
- Sensory sensitivities may be evident in some situations e.g. covering ear when it's noisy

- Consider additional assessment tools where needed; to support accurate/detailed assessment, to help identify what may be appropriate next steps etc. e.g. WellComm
- Consider liaising with Family Health Visitor or Healthy Family Practitioner
- Consider if Early Help Assessment (EHA) may be appropriate
- Access any available continuing professional development (CPD) / identify CPD needs
- Consider signing positing to S&LT Helplines and/or Walk-Ins

- Use the child's name to get their attention and cue them in
- Keep instructions simple, focusing on key words and use gestures to support what's being said
- Break multipart instructions down in to single steps – wait for one to be completed before giving the next
- Present new information in small chunks and keep language simple
- Count to 10 after giving instructions to allow time for processing information, answering and completing tasks
- Recast language and extend sentences - add one word e.g. child says, "Dog." Adult says, "Brown dog."
- Model new words in play – emphasis the key word to name and/or describe a toy, an action etc.
- In play and general conversation/interaction, embellish language - use a wide vocabulary and explain the meanings of words
- Model and emphasise correct speech sound production, do not correct the child though
- Reduce the number of questions and provide a running commentary during the child's play activities



- Ensure daily routines are opportunities for developing language and communication e.g. nappy changing, meal times etc.
- Create opportunities for the child to use language e.g. using sabotage – put their favourite objects where they can't reach them and encourage the child to ask for it using a sound, gesture, word etc.
- Use 'ready, steady... (pause) ... go' to encourage eye contact, use of words, turn taking etc.
- Use strategies and materials associated with screening tools to support children in setting and at home to make progress and develop e.g. WellComm Big Book of Ideas
- Plan story times that encourage the children to join, e.g. use short, well-illustrated stories and props, story sacks etc.







## Early Years -Targeted Support

## Communication and Interaction

Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Child may have a diagnosed condition and/or practitioners observe persistent difficulties with meeting milestones (even when universal support actions and strategies are in place)</p> <ul style="list-style-type: none"> <li>• Needs adult support to choose where to play or to join in with others</li> <li>• Limited eye contact, facial expression or other non-verbal communication skills</li> <li>• May not differentiate between familiar or unfamiliar people – may be indifferent or overly familiar</li> <li>• Differences in understanding of social boundaries in play or other activities, including social interaction</li> <li>• Struggles to follow instructions or to observe what others are doing and copy – can follow some routines but not all and may not be consistent</li> <li>• Turn taking is difficult and may cause excessive frustration or distress</li> <li>• Does not respond to questions such as what?, where?</li> <li>• Leads an adult to things they want rather than using language – may use an adult's</li> </ul>	<p>In addition to the relevant actions at the universal level, practitioners and SENCOs should:</p> <ul style="list-style-type: none"> <li>• Review resources available within the setting and consider what if any, additional resources are required</li> <li>• Ensure child's name is on the SEND Code of Practice record at SEN Support</li> <li>• Make use of the Early Years SENCO Toolkit resources to support following the graduated approach to SEND <a href="https://www.lancashire.gov.uk/media/919315/early-years-senco-handbook-2022.pdf">https://www.lancashire.gov.uk/media/919315/early-years-senco-handbook-2022.pdf</a></li> <li>• Ensure regular dialogue between Key person, SENCO and parents to share concerns, review progress and identify outcomes and targets to work towards</li> <li>• Ensure close partnership working with parents - agreeing and using consistent strategies and approaches between setting and home, as appropriate.</li> <li>• Follow 'Assess, Plan, Do and Review' model by monitoring and review the TLP. Identify appropriate long-medium term outcomes with parents/carers and set short term targets to</li> </ul>	<p>In addition to the relevant strategies from universal support, practitioners should:</p> <ul style="list-style-type: none"> <li>• Use a total communication approach throughout the day – using objects or reference, signing, photos/pictures, symbols and key words</li> <li>• Using objects of reference and/or pictures/symbols use individual now and next boards, visual timetables</li> <li>• Consider the environment - provide a good listening and communication environment by keeping distractions to a minimum, e.g. support play in a quiet area within the setting</li> <li>• Consider the environment – provide a sensory-aware/sensory-friendly environment – reduce visual clutter, manage noise effectively, provide calming spaces, have a range of calming and stimulating resources available</li> <li>• Use 'ready, steady, go' to build anticipation and encourage communication</li> </ul>



hand to obtain things, activate toys/resources etc.

- Does not have a wide collection of single words or combine word to make short phrases – in-line with what is expected for their age
- Produces lots of tuneful vocalisations – they may not sound like recognisable words, may be interspersed with recognisable words or may be phrases from familiar/preferred songs, TV etc.
- May use some learnt phrases when communicating with others – phrases may not obviously relate to the situation but there may be a less obvious connection
- Struggles to find the right words for what they want to say (word finding), may describe things rather than name them
- Speech is difficult to understand – familiar adults cannot understand much of what is said
- Plays to play alone most of the time, may actively move away when approached/joined by others
- Limited engagement in the range of play activities available within the setting – plays with a very small number of preferred things.

work towards these. Ensure outcomes are targets are SMART and review them, focussing on the child’s progress and the impact of strategies and interventions used.

- Make use of Early Years SENCO Tool Kit resources to support practitioners to assess children's development and identify appropriate next steps, by using the ATTS  
<https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf>
- Consider whether an RfI ('Request for Involvement') may be appropriate - [Early years SEND Request for Involvement - Lancashire County Council](#)
- Consider whether a request for Inclusion Fund may be appropriate - <https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/send/inclusion-fund/>
- Where children are eligible, apply for DAF (Disability Access Fund)
- Liaise with the Family Health Visitor or Healthy Family Practitioner regarding 2-2 ½ year old progress check and/or further developmental assessment e.g. ASQ-3, ELIM etc.
- Consider signposting to relevant 'drop-in' sessions and/or referrals to other professionals
- Identify and plan staff Continuing Professional Development (CPD) e.g. EY SENCO Networks,

- Use strategies such as 'one more then finished'
- Choose preferred resources or activities for additional small group and one-to-one times
- Plan more frequent, small-group or one-to-one activities – use the child's interest and strengths to support areas of focus or further development.
- Plan specific small-group and one-to-one times to target areas of delay/areas in need of additional support
- Make use of the Early Years SENCO Toolkit to identify appropriate approaches, strategies and resources, by referring to the Top Tips - <https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf>
- Implement the advice of the Specialist Teacher, following an RfI, if RfI is appropriate



- Play is repetitive and attempts by others to play alongside, join the play or model new play may not be welcome
- May frequently display different emotional reactions, sometimes unrelated to objects or events around them or reactions are excessive compared to the situation.
- Multiple or intense sensory sensitivities/preferences may be evident in particular situations

LPDS [Courses - Lancashire Professional Development Service](#) STS Bespoke Packages - [SEND Specialist Teaching Service courses, CPD and INSET - Lancashire County Council](#)  
Nasen - [Home page | Nasen](#)



## Early Years –Specialist Support

## Communication and Interaction

### Impact on Learning What are their difficulties?

Child may have a diagnosed condition and/or practitioners observe persistent and significant difficulties (even when targeted support actions and strategies are in place)

- Attention and concentration is fleeting for self-chosen activities as well as adult led activities or high levels of focus on self-chosen activities with significant difficulty in moving on from these
- Play skills that seem to reflect a much younger age or stage of development (e.g. half-life age+) – play may be largely exploratory and/or sensory-based
- May be unaware of the presence of others,
- Unable to tolerate any social interaction other than in meeting own basic needs
- Significantly limited understanding of language – may understand a small number of key words related to highly preferred routines or activities
- May have very limited amount or range of vocalisations and/or speech sounds – mainly vowel sounds

### Action What should we do next?

In addition to the relevant actions at the targeted level, practitioners should:

- Continue the APDR process, ensuring any advice from any other professionals is reflected in outcomes and targets being set and is included in strategies and approaches being used
- Consider making a request for an education, health and care needs assessment (EHCNA)
- If a child has an EHCP, continue to identify medium term outcomes and short-term targets to support progress towards the longer-term outcomes identified in the plan
- If a child has an EHCP, ensure the annual review process is followed

### Strategies What should we put in place?

In addition to the relevant strategies from targeted support plus:

- Implement the advice from external professionals such as Specialist HLTA, Specialist Teacher, Speech and Language Therapist, Occupational Therapist, Physiotherapist, Educational Psychologist etc.



- May have lots of language and use words together in phrases and/or sentences but is largely unintelligible even to familiar adults (including family)
- May be aware of difficulty in being understood by others and may be withdrawn or frustrated
- Persistent repetitive play, restricted interests and severe difficulties in imaginative play
- Adult support is needed to encourage engagement with routines, areas of provision, planned activities
- Child requires a very high level of individual support to access an individually tailored curriculum
- May be frequently overwhelmed by or motivated to seek out sensory stimuli to the extent that learning is affected
- Is persistently dysregulated, affecting participation and/or attendance



## Early Years – Universal Support

## Social, Emotional and Mental Health

### Impact on Learning What are their difficulties?

Child may have a diagnosed condition and/or practitioners observe some evidence of delay in meeting expected milestones

- May have greater difficulties separating from main care giver than might typically be expected for age
- May seek out or stay close to adults in setting, more than might be expected for age
- May need more adult reassurance than might be typically expected for age – checking in, seeking affirmation etc.
- May seem a little 'lost' in the environment, needing encouragement to choose where to play or to join in with others
- May have some difficulties following the routines, rules and boundaries of the setting
- May adhere to routines, rules and boundaries and find deviation from this challenging – may find other children's deviation challenging

### Action What should we do next?

Practitioners should:

- Use the Early Years Supporting and Understanding Children's Behaviour Support Road Map [behaviour-road-map297x841mm.pdf \(lancashire.gov.uk\)](https://www.lancashire.gov.uk/media/297x841mm/behaviour-road-map297x841mm.pdf)
- Share and discuss observations with parents/carers.
- Reflect on observation and assessment to identify strengths and interest and adapt provision to offer more of these.
- Reflect on observation and assessment to plan enhancements and differentiated activities to support the child
- Adapt practice to support the child.
- Liaise with the Language Lead for additional advice, support, ideas etc.
- Discuss observations/concerns with the staff team/room leaders and/or SENCO, as appropriate
- Monitor children's progress using usual assessment tools more frequently.

### Strategies What should we put in place?

Practitioners should:

- Have a trauma informed approach embedded across the setting
- Use nurture-based approaches across the setting
- Ensure emotional awareness is a foundation of the provision and practice within the setting – use emotion related language etc.
- Consider the environment – provide a sensory-aware/sensory-friendly environment
- Ensure there is a quiet, calm space available for children to access, e.g. large cushions, cosy area
- Have clear, consistent routines that are well cued and supported by visuals such as objects of reference, now and next boards and/or visual timetables
- Use whole class/group now and next boards or visual timetables – with objects of reference/pictures/symbols
- Have clear expectations, rules and boundaries that are shared with parents and children and are applied by all staff



- Social play skills that seem to reflect a slightly younger age or stage of development e.g. solitary play rather than parallel play, parallel play rather than cooperative play etc.
- May prefer to play alone more frequently than might be expected
- May be reluctant or apprehensive about new experiences
- May find new ideas or different ways of thinking challenging
- May appear worried, apprehensive or anxious
- May appear less confident, chatty or independent than in environments outside the setting e.g. at home
- Some restricted play interests and/or child sticks to preferred activities e.g. vehicles, computer etc.
- May have some difficulties recognising and regulating own emotions and recognising those of others which may be evidenced by some difficulties in taking turns, sharing and social interaction as expected for age
- May occasionally display different emotional reactions, sometimes unrelated to objects or events around them or reactions may appear a little excessive compared to the situation.

- Consider additional assessment tools where needed; to support accurate/detailed assessment, to help identify what may be appropriate next steps etc. e.g. WellComm
- Consider liaising with Family Health Visitor or Healthy Family Practitioner
- Consider if Early Help Assessment (EHA) may be appropriate
- Access any available continuing professional development (CPD) / identify CPD needs
- Think about auditing your environment to see how effective it is in supporting this area of learning and what actions you can take to improve this further

- Use visuals to support group/class rules
- Build good relationships with key staff and timetable time for this e.g. play with the child's favourite toys, have a set time each session.
- Model the behaviour expected from each other and the children within the setting
- Keep instructions simple, focusing on key words and use gestures to support what's being said
- Count to 10 after giving instructions to allow time for processing information, answering and completing tasks
- Use positive language e.g. 'when you have..., then you can...', tell the child what you want them to do, rather than what you don't want them to do
- Offer choices to support children to have some involvement and control e.g. 'would you like to do x or x first?', 'would you like to sit on the x or the x?'
- Only offer choices where these exist – don't say 'would you like to...? can you...?' when you mean 'it's time to..., we need to..., we're going to...!'
- Use the child's interests to engage them in communication and interaction
- Model simple play scenarios and language that can be used through play, including turn taking.





- Sensory sensitivities may be evident in some situations e.g. covering ear when it's noisy



## Early Years – Targeted Support

## Social, Emotional and Mental Health

Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Child may have a diagnosed condition and/or practitioners observe persistent difficulties with meeting milestones (even when universal support actions and strategies are in place)</p> <ul style="list-style-type: none"> <li>• PSE development that seems to reflect a younger age or stage of development (e.g. 9mths delay or more)</li> <li>• Despite a prolonged period of settling and relationships building with one or two key adults in the setting, significant difficulties separating from main care giver persist</li> <li>• Despite familiarity with the environment, resources and appropriate play skills, struggles to independently engage in activities and is reluctant to be cajoled</li> <li>• Struggles to form positive friendships with peers – frequent falling out, hurting friends etc</li> <li>• Struggles with following the routines, rules and boundaries of the setting, despite knowing what they are</li> <li>• Social play skills that seem to reflect a younger age or stage of development</li> </ul>	<p>In addition to the relevant actions at the universal level, practitioners and SENCOs should:</p> <ul style="list-style-type: none"> <li>• Review resources available within the setting and consider what if any, additional resources are required</li> <li>• Update any setting risk assessments as required</li> <li>• Undertake additional specific risk assessments if required – for an individual child or for specific activities</li> <li>• Ensure child's name is on the SEND Code of Practice record at SEN Support</li> <li>• Consider individual behaviour plans and develop these with parents/carers so there is consistency across different environments</li> <li>• Make use of the Early Years SENCO Toolkit resources to support following the graduated approach to SEND <a href="https://www.lancashire.gov.uk/media/919315/early-years-senco-handbook-2022.pdf">https://www.lancashire.gov.uk/media/919315/early-years-senco-handbook-2022.pdf</a></li> <li>• Ensure regular dialogue between Key person, SENCO and parents to share concerns, review progress and identify outcomes and targets to work towards</li> </ul>	<p>In addition to the relevant strategies from universal support, practitioners should:</p> <ul style="list-style-type: none"> <li>• If transitions are difficult, follow the same routine and have a specific person to meet and greet, use a transition object.</li> <li>• Plan more frequent, small-group or one-to-one activities – use the child's interest and strengths to support areas of focus or further development.</li> <li>• Plan specific small-group and one-to-one times to target areas of delay/areas in need of additional support</li> <li>• Small group work about feelings, what makes us happy? What can we do when we're sad?</li> <li>• Support the child to build friendships model good language to use</li> <li>• Implement individual behaviour plans consistently across the staff team</li> <li>• Make use of the Early Years SENCO Toolkit to identify appropriate approaches, strategies and resources, by referring to the Top Tips - <a href="https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf">https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf</a></li> </ul>



- Plays to play alone most of the time, may actively move away when approached/joined by others
- Maybe resistant to new experiences
- Maybe upset by or outright reject new ideas or different ways of thinking
- Despite being familiar with the environment, staff and children appears worried, apprehensive or anxious much of the time
- Frequently upset and difficult to console
- The child does not speak in setting like they do at home
- Needs frequent prompts to stay on or come back to task
- Some restricted play interests and/or child sticks to preferred activities e.g. vehicles, computer etc.
- Struggles to recognise and regulate own emotions and recognise those of others or notices inappropriate behaviour of others but cannot recognise this in themselves
- May frequently display different emotional reactions, sometimes unrelated to objects or events around them or reactions are excessive compared to the situation.
- Multiple or intense sensory sensitivities/preferences may be evident in particular situations

- Ensure close partnership working with parents - agreeing and using consistent strategies and approaches between setting and home, as appropriate.
- Follow 'Assess, Plan, Do and Review' model by monitoring and review the TLP. Identify appropriate long-medium term outcomes with parents/carers and set short term targets to work towards these. Ensure outcomes are targets are SMART and review them, focussing on the child's progress and the impact of strategies and interventions used.
- Make use of Early Years SENCO Tool Kit resources to support practitioners to assess children's development and identify appropriate next steps, by using the ATTS - <https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf>
- Consider whether an RfI ('Request for Involvement') may be appropriate - [Early years SEND Request for Involvement - Lancashire County Council](#)
- Consider whether a request for Inclusion Fund may be appropriate - <https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/send/inclusion-fund/>
- Where children are eligible, apply for DAF (Disability Access Fund)

- Implement the advice of the Specialist Teacher, following an RfI, if RfI is appropriate



- Liaise with the Family Health Visitor or Healthy Family Practitioner regarding 2-2 ½ year old progress check and/or further developmental assessment e.g. ASQ-3, ELIM etc.
- Consider signposting to relevant 'drop-in' sessions and/or referrals to other professionals
- Identify and plan staff Continuing Professional Development (CPD) e.g. EY SENCO Networks, LPDS [Courses - Lancashire Professional Development Service](#) STS Bespoke Packages - [SEND Specialist Teaching Service courses, CPD and INSET - Lancashire County Council](#) Nasen - [Home page | Nasen](#)



## Early Years – Specialist Support

## Social, Emotional and Mental Health

### Impact on Learning What are their difficulties?

Child may have a diagnosed condition and/or practitioners observe persistent and significant difficulties (even when targeted support actions and strategies are in place)

- PSE development that seems to reflect a much younger age or stage of development (e.g. half-life age or more) and this is not in keeping with development more generally
- Social play skills that seem to reflect a much younger age or stage of development (e.g. half-life age or more) and these are not in keeping with development more generally
- Withdrawn – not forming any relationships with adults or peers
- Struggles to wait and take turns even when support by an adult
- Struggles to maintain attention and concentration to complete a task, unless it is a highly motivating task, then focus may

### Action What should we do next?

In addition to the relevant actions at the targeted level, practitioners should:

- Continue the APDR process, ensuring any advice from any other professionals is reflected in outcomes and targets being set and is included in strategies and approaches being used
- Consider making a request for an education, health and care needs assessment (EHCNA)
- If a child has an EHCP, continue to identify medium term outcomes and short-term targets to support progress towards the longer-term outcomes identified in the plan
- If a child has an EHCP, ensure the annual review process is followed

### Strategies What should we put in place?

In addition to the relevant strategies from targeted support plus:

- Implement the advice from external professionals such as Portage Home Visitor/Specialist HLTA, Specialist Teacher, Speech and Language Therapist, Occupational Therapist, Physiotherapist, Educational Psychologist etc.



become narrow and cause difficulties with moving on

- Significant difficulties following the routines, rules and boundaries of the setting – despite knowing what they are
- Child requires a high level of individual support to engage appropriately with the environment and provision and engage positively with peers
- Unpredictable and extremes of behaviour which may affect the safety of the child or others
- May frequently display different emotional reactions, sometimes unrelated to objects or events around them or reactions are excessive compared to the situation.
- May be frequently overwhelmed by or motivated to seek out sensory stimuli to the extent that learning is affected – safety may also be affected
- Is persistently dysregulated, affecting participation and/or attendance



## Early Years – Universal Support

## Physical and Sensory – Physical Difficulty

### Impact on Learning What are their difficulties?

Child may have a diagnosed condition and/or practitioners observe some evidence of delay in meeting expected milestones

- Play skills that seem to reflect a slightly younger age or stage of development
- Gross motor skills that seem to reflect a slightly younger age or stage of development – typically, children who bottom shuffle can be later walkers
- Physical activity may seem more effortful than for other children of the same age
- May struggle to sit and/or sit still on the floor or on a chair, compared to children of the same age
- More frequent bumps, trips or falls than might be expect for their age
- May avoid physical activities
- May not be able to keep up with peers
- May experience more tiredness/fatigue than expected
- May complain of pain or discomfort
- Fine motor skills that seem to reflect a slightly younger age or stage of development

### Action What should we do next?

Practitioners should:

- Think about auditing your environment to see how effective it is in supporting this area of learning and what actions you can take to improve this further
- Share and discuss observations with parents/carers.
- Reflect on observation and assessment to identify strengths and interest and adapt provision to offer more of these.
- Reflect on observation and assessment to plan enhancements and differentiated activities to support the child
- Adapt practice to support the child.
- Adapt the environment to support the child
- Discuss observations/concerns with the staff team/room leaders and/or SENCO, as appropriate
- Monitor children's progress using usual assessment tools more frequently.
- Consider additional assessment tools where needed; to support accurate/detailed

### Strategies What should we put in place?

Practitioners should:

- Consider the environment inside and out – think about hazards and take steps to reduce these e.g. move rugs, reduce the amount of toys/resources on the floor, keep walk ways clear, clear away natural debris from outdoor pathways etc.
- Consider the environment – arrange furniture so that there is adequate space, or so things are close enough together than they can be used to provide support for balance, cruising etc.
- Provide activities which encourage children to use all their senses
- Use the child's interests to engage them in activities designed to support the development of gross or fine motor skills
- Encourage children to engage in areas of provision or activities that are not usually their preferred ones – think about using their preferred toys to entice them
- Encourage children to 'have a go'
- Model physical actions and talk about what you are doing and how you are doing it



- May often drop or spill things more than might typically be expected
- May avoid fine motor activities
- May complain of hand pain or discomfort
- May pass items from one hand to the other, rather than reaching across the mid-line
- May have a delay in establishing a clear hand preference/dominance
- Self-help and independence skills that seem to reflect a slightly younger age or stage of development
- May not want to help with dressing or feeding
- May be a 'messy eater'
- May have difficulty with planning or organisation
- Sensory sensitivities may be evident in some situations e.g. not liking certain textures on hand or feet
- Modified diets may be required e.g. thickened liquids, limited types of food etc.
- Medical/health care needs requiring support/intervention e.g. inhaler, EpiPen, NG or PEG-feeding, rescue medication etc.

assessment, to help identify what may be appropriate next steps etc.

- Consider liaising with Family Health Visitor or Healthy Family Practitioner
- Consider if Early Help Assessment (EHA) may be appropriate
- Medical/health care needs are addressed in line with requirements of EYFS – in consultation with parents/carers and relevant healthcare/medical professionals, individual health care plans identify children's needs and how these should be managed
- Practitioners access relevant and appropriate training to meet children's medical/health care needs
- Access any available continuing professional development (CPD) / identify CPD needs e.g. PDNet [pdnet Training – pdnet](#)

- Allow children to sit in different ways at carpet time – sitting on a chair instead of on the floor, long sitting instead of cross-legged sitting, lying down instead of sitting, etc.
- Break tasks down in to small steps and encourage children to do the 'next step' in a physical action
- Have a range of graded resources to support fine motor skills – e.g. chunky pens/pencils/crayons as well as non-chunky ones, squeeze scissors, two handed scissors, spring loaded scissors etc.
- Ensure daily routines are opportunities for developing physical skills e.g. snack time, changing time etc.





## Early Years – Targeted Support

## Physical and Sensory – Physical Difficulty

Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Child may have a diagnosed condition and/or practitioners observe persistent difficulties with meeting milestones (even when universal support actions and strategies are in place)</p> <ul style="list-style-type: none"> <li>• Play skills that seem to reflect a younger age or stage of development (e.g. 9 mths delay or more)</li> <li>• Gross motor skills that seem to reflect a younger age or stage of development (e.g. 9mths delay or more)</li> <li>• Fine motor skills that seem to reflect a younger age or stage of development (e.g. 9mths delay or more)</li> <li>• Self-help and independence skills that seem to reflect a younger age or stage of development (e.g. 9mths delay or more)</li> <li>• Fine motor skills that seem to reflect a younger age or stage of development (e.g. 9 mths delay or more)</li> <li>• Progress and development in other areas of the EYFS may be impacted by delays to physical development</li> </ul>	<p>In addition to the relevant actions at the universal level, practitioners and SENCOs should:</p> <ul style="list-style-type: none"> <li>• Support children with medical needs in line with the EYFS and consider <a href="https://www.gov.uk/guidance/supporting-pupils-with-medical-conditions-at-school">Supporting pupils with medical conditions at school - GOV.UK</a> (<a href="https://www.gov.uk">www.gov.uk</a>)</li> <li>• Review resources available within the setting and consider what if any, additional resources are required</li> <li>• In line with the Equality Act, 2010 consider appropriate reasonable adjustments e.g. adaptations to the environment specific to the child</li> <li>• Update any setting risk assessments as required</li> <li>• Undertake additional specific risk assessments if required – for an individual child or for specific activities</li> <li>• Identify any manual/moving and handling needs and take appropriate steps to address these in line with health &amp; safety legislation e.g. risk assessment, manual handling care plan and training, as required</li> </ul>	<p>In addition to the relevant strategies from universal support, practitioners should:</p> <ul style="list-style-type: none"> <li>• Ensure adapted resources are available and used</li> <li>• Choose preferred resources or activities for additional small group and one-to-one times</li> <li>• Plan more frequent, small-group or one-to-one activities – use the child's interest and strengths to support areas of focus or further development.</li> <li>• Plan specific small-group and one-to-one times to target areas of delay/areas in need of additional support</li> <li>• Make use of the Early Years SENCO Toolkit to identify appropriate approaches, strategies and resources, by referring to the Top Tips –</li> <li>• <a href="https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf">https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf</a></li> </ul>



- Excessive fatigue may affect engagement with provision and activities on offer within the setting
- Excessive fatigue may impact on personal, social and emotional development e.g. increased emotional responses e.g. more easily upset, more easily frustrated etc.
- Physical difficulties may impact of self esteem
- Increased levels of support or supervision required to access the environment or specific areas of provision/activities, particularly those involving 'risk'
- Multiple medical/health care needs with multiple interventions required one or more of which may include emergency procedures

- Ensure any personal emergency evacuation plans (PEEPS) are in place, if required [Fire safety in the workplace: Fire risk assessments - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/fire-safety-in-the-workplace)
- Ensure child's name is on the SEND Code of Practice record at SEN Support
- Make use of the Early Years SENCO Toolkit resources to support following the graduated approach to SEND <https://www.lancashire.gov.uk/media/919315/early-years-senco-handbook-2022.pdf>
- Ensure regular dialogue between Key person, SENCO and parents to share concerns, review progress and identify outcomes and targets to work towards
- Ensure close partnership working with parents - agreeing and using consistent strategies and approaches between setting and home, as appropriate.
- Follow 'Assess, Plan, Do and Review' model by monitoring and review the TLP. Identify appropriate long-medium term outcomes with parents/carers and set short term targets to work towards these. Ensure outcomes are targets are SMART and review them, focussing on the child's progress and the impact of strategies and interventions used.
- Make use of Early Years SENCO Toolkit resources to support practitioners to assess children's

- Implement the advice of the Specialist Teacher, following an RfI, if RfI is appropriate



development and identify appropriate next steps, by using ATTS -

<https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf>

- Consider whether an RfI ('Request for Involvement') may be appropriate - [Early years SEND Request for Involvement - Lancashire County Council](#)
- Consider whether a request for Inclusion Fund may be appropriate - <https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/send/inclusion-fund/>
- Where children are eligible, apply for DAF (Disability Access Fund)
- Provide adapted resources as appropriate e.g. adapted cutlery
- Liaise with the Family Health Visitor or Healthy Family Practitioner regarding 2-2 ½ year old progress check and/or further developmental assessment e.g. ASQ-3, etc.
- Consider referrals to other professionals
- Identify and plan staff Continuing Professional Development (CPD) e.g. EY SENCO Networks, LPDS [Courses - Lancashire Professional Development Service](#) STS Bespoke Packages - [SEND Specialist Teaching Service courses, CPD and INSET - Lancashire County Council](#) Nasen - [Home page | Nasen](#)



## Early Years – Specialist Support

## Physical and Sensory – Physical Difficulty

### Impact on Learning What are their difficulties?

Child may have a diagnosed condition and/or practitioners observe persistent and significant difficulties (even when targeted support actions and strategies are in place)

- Play skills that seem to reflect a much younger age or stage of development (e.g. half-life age or more)
- Gross motor skills that seem to reflect a younger age or stage of development (e.g. half-life age or more)
- Fine motor skills that seem to reflect a younger age or stage of development (e.g. half-life age or more)
- Self-help and independence skills that seem to reflect a younger age or stage of development (e.g. half-life age or more)
- Fine motor skills that seem to reflect a younger age or stage of development (e.g. half-life age or more)
- Progress and development in other areas of the EYFS are significantly impacted by delays in physical development
- Excessive fatigue affects engagement, attendance and progress

### Action What should we do next?

In addition to the relevant actions at the targeted level, practitioners and SENCOs should:

- Continue the APDR process, ensuring any advice from any other professionals is reflected in outcomes and targets being set and is included in strategies and approaches being used
- Consider making a request for an education, health and care needs assessment (EHCNA)
- If a child has an EHCP, continue to identify medium term outcomes and short-term targets to support progress towards the longer-term outcomes identified in the plan
- If a child has an EHCP, ensure the annual review process is followed

### Strategies What should we put in place?

In addition to the relevant strategies from targeted support plus:

- Implement the advice from external professionals such as Specialist HLTA, Specialist Teacher, Speech and Language Therapist, Occupational Therapist, Physiotherapist, Educational Psychologist etc.



- Frequent appointments (e.g. hospital) affects engagement, attendance and progress
- Significant levels of support or supervision required to access the environment (inside and out) and to facilitate access to areas of provision and the learning activities on offer within the setting
- Complex medical/health care needs with multiple interventions required one or more of which may include emergency procedures



## Early Years – Universal Support

## Physical and Sensory – Visual Impairment

### Impact on Learning What are their difficulties?

Child may have a diagnosed condition and/or practitioners observe some evidence of delay in meeting expected milestones

A recognised visual impairment is low vision, which is not fully corrected by glasses/lenses.

- May not seem to have the same range of early learning knowledge and skills as might be expected for their age
- Play skills that seem to reflect a slightly younger age or stage of development
- Communication and interaction skills that seem to reflect a slightly younger age or stage of development
- May not recognise non-verbal communication such as facial expression, especially at distance
- May not understand aspects of communication like personal space
- May not easily tell the difference between people or things that look similar until they are close/near and/or can hear them

### Action What should we do next?

If a child is known to the Teachers for Vision/Multisensory Impaired Team, follow the actions/next steps recommended by the QTVI

Practitioners should:

- Share and discuss observations with parents/carers.
- Reflect on observation and assessment to identify strengths and interest and adapt provision to offer more of these.
- Undertake focused observations with hearing/vision in mind – what does the child seem to hear, what do they seem to see under what conditions etc.
- Undertake focused assessment on learning – to identify any gaps in assumed/foundational knowledge appropriate to their age that might be expected for their age
- Reflect on observation and assessment to plan enhancements and differentiated activities to support the child
- Adapt practice to support the child.

### Strategies What should we put in place?

If a child is known to the Teachers for Vision/Multisensory Impaired Team, implement the strategies and approaches advised by the QTVI

If a child is known to the Teacher for Vision Impaired, but there are concerns regarding the other sense (i.e. hearing in vision impaired children) liaise with the Specialist Teacher regarding the possibility of a multisensory impairment and/or involvement from a Teacher for Multisensory Impairment for further assessment/intervention

Practitioners should:

- Consider the environment inside and out – think about hazards and take steps to reduce these e.g. move rugs, reduce the amount of toys/resources on the floor, keep walk ways clear, clear away natural debris from outdoor pathways etc.
- Consider the environment. Help the child to focus by keeping distractions to a minimum, e.g. support play in a quiet area within the setting



- May have misunderstandings in relation to vocabulary more than might typically be expected for their age, especially conceptual language
- Gross motor skills that seem to reflect a slightly younger age or stage of development – may have a history of delayed motor milestones
- More frequent bumps, trips or falls than might be expected for their age – difficulties with spatial awareness, seeing and negotiating obstacles etc.
- May avoid some physical activities or approach them tentatively e.g. negotiating steps or stairs – may sit down or test with their feet
- May be cautious around changes in ground surface, shadows or change in lighting levels – may misperceive these as changes in depth
- May be unaware of changes in depth and may fall off surfaces, not realising there is a step down etc.
- May adopt unusual head postures, squint or close one eye when looking at things

- Adapt the environment to support the child
- Discuss observations/concerns with the staff team/room leaders and/or SENCO, as appropriate
- Monitor children's progress using usual assessment tools more frequently.
- Consider additional assessment tools where needed; to support accurate/detailed assessment, to help identify what may be appropriate next steps etc. e.g. Early Support Journal for Vision Impairment etc.
- Consider liaising with Family Health Visitor or Healthy Family Practitioner
- Consider if Early Help Assessment (EHA) may be appropriate
- Access any available continuing professional development (CPD) / identify CPD needs e.g. VI Awareness Training
- Refer to Teachers for Vision/Multisensory Impaired Team for Early Years Sensory Support, if not already known to the service - [Teachers of vision and multi-sensory impaired children and young people - Lancashire County Council](#)
- Ensure systems are in place to monitor children's equipment and resources and practitioners know what to do if there are any faults
- Think about auditing your environment to see how effective it is in supporting this area

- Have a 'total communication approach' embedded in the setting – use touch cues, on-body signs, gestures, signs, pictures, symbols key words/phrases etc.
- Use objects of reference or photographs/pictures or symbols to provide cues to support understanding of routines and instructions
- Keep the environment tidy, clutter free and organised, so that things can be easily found in a consistent place
- Provide storage and resources that are clearly labelled with objects of reference, picture/symbols, words and braille and display visual timetables – ensure text is large accessible font e.g. minimum pt 14 Ariel
- Provide activities which encourage children to use all their senses
- Use hand on activities when possible - use real objects and offer real experiences
- Use the child's interests to engage them in activities designed to support the use of hearing and/or vision (as advised by Specialist Teacher)
- Encourage children to engage in areas of provision or activities that are not usually their preferred ones – think about using their preferred toys to entice them
- Use children's names and touch to get their attention



of learning and what actions you can take to improve this further

- Model physical actions and talk about what you are doing and how you are doing it – describe what can't be seen
- Ensure children have their own copies of any books being shared at story time
- When playing together, think about seating position – adults and child so be positioned so the child is best able hear/see the adult and the resources being shared
- Avoid standing in front of windows – you become a silhouette and your face becomes difficult to see
- Ensure any resources/equipment provided for the child are used e.g. glasses, low vision aids etc.
- Undertake daily checks of children's equipment





Early Years – Targeted Support		Physical and Sensory – Visual Impairment
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Child may have a diagnosed condition and/or practitioners observe persistent difficulties with meeting milestones (even when universal support actions and strategies are in place)</p> <ul style="list-style-type: none"> <li>• Does not have the same range of early learning knowledge and skills as might be expected for their age</li> <li>• May not keep up with the pace of learning usually expected</li> <li>• May have misunderstanding in learning (existing or new learning)</li> <li>• May have misunderstandings of language typically understood at their age, especially more conceptual language</li> <li>• Play skills seem to reflect a younger age or stage of development (e.g. 9mth or more delay)</li> <li>• Communication and interaction skills seem to reflect a younger age or stage of development (e.g. 9mths or more delay)</li> </ul>	<p>In addition to the relevant actions at the universal level, practitioners and SENCOs should:</p> <ul style="list-style-type: none"> <li>• Review resources available within the setting and consider what if any, additional resources are required</li> <li>• In line with the Equality Act, 2010 consider appropriate reasonable adjustments e.g. adaptations to the environment</li> <li>• Update any setting risk assessments as required</li> <li>• Undertake additional specific risk assessments if required – for an individual child or for specific activities</li> <li>• Ensure any personal emergency evacuation plans (PEEPS) are in place, if required <a href="https://www.gov.uk/government/guidance/fire-risk-assessments">Fire safety in the workplace: Fire risk assessments - GOV.UK (www.gov.uk)</a></li> <li>• Ensure child's name is on the SEND Code of Practice record at SEN Support</li> <li>• Make use of the Early Years SENCO Toolkit resources to support following the graduated approach to SEND</li> </ul>	<p>In addition to the relevant strategies from universal support, practitioners should:</p> <ul style="list-style-type: none"> <li>• Ensure specialist resources are available and used</li> <li>• Use strategies such as 'what can you see?', rather than 'can you see?', to check that children are able to access teaching and learning</li> <li>• Plan and deliver pre- and post- teaching</li> <li>• Plan more frequent, small-group or one-to-one activities – use the child's interest and strengths to support areas of focus or further development.</li> <li>• Plan specific small-group and one-to-one times to target areas of delay/areas in need of additional support</li> <li>• Make use of the Early Years SENCO Toolkit to identify appropriate approaches, strategies and resources, by referring to the Top Tips – <a href="https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf">https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf</a></li> </ul>



- Gross motor skills that seem to reflect a younger age or stage of development (e.g. 9mths or more delay)
- Multiple or intense sensory sensitivities/preferences may be evident in particular situations
- May experience significant fatigue due to the extra effort of listening/looking and processing information

<https://www.lancashire.gov.uk/media/919315/early-years-senco-handbook-2022.pdf>

- Ensure regular dialogue between Key person, SENCO and parents to share concerns, review progress and identify outcomes and targets to work towards
- Ensure close partnership working with parents - agreeing and using consistent strategies and approaches between setting and home, as appropriate.
- Follow 'Assess, Plan, Do and Review' model by monitoring and review the TLP. Identify appropriate long-medium term outcomes with parents/carers and set short term targets to work towards these. Ensure outcomes are targets are SMART and review them, focussing on the child's progress and the impact of strategies and interventions used.
- Make use of Early Years SENCO Toolkit resources to support practitioners to assess children's development and identify appropriate next steps, by using ATTS - <https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf>
- Consider whether a request for Inclusion Fund may be appropriate - <https://www.lancashire.gov.uk/practitioners>

- Implement the advice of the Specialist Teacher (QTVI)
- Promote a positive self-image and identity as a VI child
- Support the child to develop self-advocacy skills, at a level appropriate for their age



[/supporting-children-and-families/send/inclusion-fund/](#)

- Where children are eligible, apply for DAF (Disability Access Fund)
- Provide accessible resources e.g. balls with bells, large print books, tactile books, braille book etc. as advised [CustomEyes Books | Guide Dogs](#)
- Liaise with the Family Health Visitor or Healthy Family Practitioner regarding 2-2 ½ year old progress check and/or further developmental assessment e.g. ASQ-3, etc.
- Consider referrals to other professionals
- Identify and plan staff Continuing Professional Development (CPD) e.g. EY SENCO Networks, LPDS [Courses - Lancashire Professional Development Service](#) STS Bespoke Packages - [SEND Specialist Teaching Service courses, CPD and INSET - Lancashire County Council](#) Nasen - [Home page | Nasen](#) Natsip - [NatSIP - Home](#)
- In consultation with the QTVI, consider a request for Habilitation support, if appropriate



Early Years – Specialist Support	Physical and Sensory – Visual Impairment	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Child may have a diagnosed condition and/or practitioners observe persistent difficulties with meeting milestones (even when universal support actions and strategies are in place)</p> <ul style="list-style-type: none"> <li>• Significant delay or gaps in early learning knowledge and skills that would typically be expected for their age</li> <li>• Cannot keep up with rate of learning, so gap between child and peers is growing</li> <li>• Play skills seem to reflect a much younger age or stage of development (e.g. half life age or more)</li> <li>• Communication and interaction skills seem to reflect a much younger age or stage of development (e.g. half life age or more)</li> <li>• Gross motor skills seem to reflect a much younger age or stage of development (e.g. half life age or more)</li> <li>• Fine motor skills seem to reflect a much younger age or stage of development (e.g. half life age or more)</li> </ul>	<p>In addition to the relevant actions at the targeted level, practitioners should:</p> <ul style="list-style-type: none"> <li>• Continue the APDR process, ensuring any targets and/or advice from any other professionals is reflected in outcomes and targets being set and is included in strategies and approaches being used</li> <li>• Consider making a request for an education, health and care needs assessment (EHCNA)</li> <li>• If a child has an EHCP, continue to identify medium term outcomes and short-term targets to support progress towards the longer-term outcomes identified in the plan</li> <li>• If a child has an EHCP, ensure the annual review process is followed</li> </ul>	<p>In addition to the relevant strategies from targeted support plus:</p> <ul style="list-style-type: none"> <li>• Implement the advice from external professionals such as Portage Home Visitor/Specialist HLTA, Specialist Teacher - QTVI, Speech and Language Therapist, Occupational Therapist, Physiotherapist, Educational Psychologist etc.</li> </ul>



- May have complex needs alongside VI including:
  - significant physical difficulties e.g. significantly delayed physical skills for age, limited independent movement, limited head control etc.
  - significant communication difficulties e.g. limited understanding of speech and/or other forms of communication, limited range of vocalisations etc.
  - significant learning difficulties e.g. difficulties making sense of the word, developing awareness of self, limited understanding of cause and effect



## Early Years – Universal Support

## Physical and Sensory – Hearing Impairment

Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Child may have a diagnosed condition and/or practitioners observe some evidence of delay in meeting expected milestones</p> <p>Deafness is identified following a hearing test – this can be via Newborn Hearing Screening or at any other point in the Early Years.</p> <ul style="list-style-type: none"> <li>• May not seem to have the same range of early learning knowledge and skills as might be expected for their age</li> <li>• Play skills that seem to reflect a slightly younger age or stage of development</li> <li>• May have difficulties with forming or maintaining relationships with peer – may appear to want to be 'in charge', have misunderstandings etc.</li> <li>• May have difficulties with attention and concentration especially in the presence of background noise</li> <li>• Communication and interaction skills that seem to reflect a slightly younger age or stage of development</li> </ul>	<p>If a child is known to the Teachers of the Deaf Team for Early Years Sensory Support, follow the actions/next steps recommended by the QToD</p> <p>Practitioners should:</p> <ul style="list-style-type: none"> <li>• Share and discuss observations with parents/carers.</li> <li>• Reflect on observation and assessment to identify strengths and interest and adapt provision to offer more of these.</li> <li>• Undertake focused observations with hearing in mind – what does the child seem to hear, under what conditions etc.</li> <li>• Undertake focused assessment on learning – to identify any gaps in assumed/foundational knowledge appropriate to their age that might be expected for their age</li> <li>• Reflect on observation and assessment to plan enhancements and differentiated activities to support the child</li> <li>• Adapt practice to support the child.</li> </ul>	<p>If a child is known to the Teachers of the Deaf Team for Early Years Sensory Support, implement the strategies and approaches advised by the QToD</p> <p>If a child is known to the Teacher of the Deaf, but there are concerns regarding the other sense (i.e. vision in deaf children) liaise with the Specialist Teacher regarding the possibility of a multisensory impairment and/or involvement from a Teacher for Multisensory Impairment for further assessment/intervention</p> <p>Practitioners should:</p> <ul style="list-style-type: none"> <li>• Consider the environment. Help the child to focus by keeping distractions to a minimum, e.g. support play in a quiet area within the setting</li> <li>• Have a 'total communication approach' embedded in the setting – use touch cues, on-body signs, gestures, signs, pictures, symbols key words/phrases etc.</li> <li>• Model language – extend language, add slight emphasis to correct models for any</li> </ul>



- May give significant attention to a speaker's face
- May seem to mis-hear or not hear instructions or comments, may ask 'what?' or seem to copy what others do
- May say they have understood when they have not
- May speak more loudly or more quietly than is usual or expected
- May not easily tell the difference between people or things that sound similar if they can't be seen
- May have smaller vocabulary than might typically be expected
- May have difficulties understanding, acquiring, retaining and using new vocabulary
- May have some speech sound difficulties, even though they can be understood by others
- More frequent bumps, trips or falls than might be expected for their age – difficulties with balance
- May fatigue more easily than might be expected

- Adapt the environment to support the child
- Discuss observations/concerns with the staff team/room leaders and/or SENCO, as appropriate
- Monitor children's progress using usual assessment tools more frequently.
- Consider additional assessment tools where needed; to support accurate/detailed assessment, to help identify what may be appropriate next steps etc. e.g. Success from the Start etc.
- Consider liaising with Family Health Visitor or Healthy Family Practitioner
- Consider if Early Help Assessment (EHA) may be appropriate
- Access any available continuing professional development (CPD) / identify CPD needs e.g. Deaf Awareness Training
- Refer to Teachers of the Deaf Team for Early Years Sensory Support, if not already known to the service - [Teachers of D/deaf children and young people - Lancashire County Council](#)
- Ensure systems are in place to monitor children's equipment and resources and practitioners know what to do if there are any faults
- Think about auditing your environment to see how effective it is in supporting this

grammatical or speech sound errors (but do not correct the child)

- Use objects of reference or photographs/pictures or symbols to provide cues to support understanding of routines and instructions
- Keep the environment tidy, clutter free and organised, so that things can be easily found in a consistent place
- Use hands-on activities when possible - use real objects and offer real experiences
- Use the child's interests to engage them in activities designed to support the use of hearing and/or vision (as advised by Specialist Teacher)
- Encourage children to engage in areas of provision or activities that are not usually their preferred ones – think about using their preferred toys to entice them
- Use children's names and touch to get their attention. Ensure you have their full attention before talking and look at the child whilst talking to them
- Asking the child to repeat back instructions to ensure they have heard and understood what they need to do.
- Reiterate the comments made by others during play or group activities.
- Model physical actions and talk about what you are doing and how you are doing it – describe what can't be seen, show what can't be heard



area of learning and what actions you can take to improve this further

- Ensure children have their own copies of any books being shared at story time
- When playing together, think about seating position – adults and child so be positioned so the child is best able hear/see the adult and the resources being shared
- Avoid walking or turning away around whilst talking to a child or leading a group
- Remember positioning from group activities and carpet times - away from external noise sources, so the child can see the adult and the other children.
- Ensure any resources/equipment provided for the child are used e.g. hearing aids/cochlear implants, FM systems, glasses, low vision aids etc.
- Undertake daily checks of children's equipment





Early Years – Targeted Support	Physical and Sensory – Hearing Impairment	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Child may have a diagnosed condition and/or practitioners observe persistent difficulties with meeting milestones (even when universal support actions and strategies are in place)</p> <ul style="list-style-type: none"> <li>• Does not have the same range of early learning knowledge and skills as might be expected for their age</li> <li>• May not keep up with the pace of learning usually expected</li> <li>• May have misunderstanding in learning (existing or new learning)</li> <li>• May have misunderstandings of language typically understood at their age, especially more conceptual language</li> <li>• Play skills seem to reflect a younger age or stage of development (e.g. 9mth or more delay)</li> <li>• Communication and interaction skills seem to reflect a younger age or stage of development (e.g. 9mths or more delay)</li> <li>• Difficulty accessing speech in background noise</li> </ul>	<p>In addition to the relevant actions at the universal level, practitioners and SENCOs should:</p> <ul style="list-style-type: none"> <li>• Review resources available within the setting and consider what if any, additional resources are required</li> <li>• In line with the Equality Act, 2010 consider appropriate reasonable adjustments e.g. adaptations to the environment e.g. improving acoustics</li> <li>• Update any setting risk assessments as required</li> <li>• Undertake additional specific risk assessments if required – for an individual child or for specific activities</li> <li>• Ensure any personal emergency evacuation plans (PEEPS) are in place, if required <a href="https://www.gov.uk/guidance/fire-risk-assessments">Fire safety in the workplace: Fire risk assessments - GOV.UK (www.gov.uk)</a></li> <li>• Ensure child's name is on the SEND Code of Practice record at SEN Support</li> <li>• Make use of the Early Years SENCO Toolkit resources to support following the graduated approach to SEND</li> </ul>	<p>In addition to the relevant strategies from universal support, practitioners should:</p> <ul style="list-style-type: none"> <li>• Ensure specialist resources are available and used</li> <li>• Ensure appropriate communication approaches are implemented throughout the day e.g. signing.</li> <li>• Use strategies such as 'what can you hear' rather than 'can you hear?' to check that children are able to access teaching and learning</li> <li>• Plan and deliver pre- and post- teaching</li> <li>• Plan more frequent, small-group or one-to-one activities – use the child's interest and strengths to support areas of focus or further development.</li> <li>• Plan specific small-group and one-to-one times to target areas of delay/areas in need of additional support</li> <li>• Make use of the Early Years SENCO Toolkit to identify appropriate approaches, strategies and resources, by referring to the Top Tips –</li> </ul>



- May experience significant fatigue due to the extra effort of listening/looking and processing information

<https://www.lancashire.gov.uk/media/919315/early-years-senco-handbook-2022.pdf>

- Ensure regular dialogue between Key person, SENCO and parents to share concerns, review progress and identify outcomes and targets to work towards
- Ensure close partnership working with parents - agreeing and using consistent strategies and approaches between setting and home, as appropriate.
- Follow 'Assess, Plan, Do and Review' model by monitoring and review the TLP. Identify appropriate long-medium term outcomes with parents/carers and set short term targets to work towards these. Ensure outcomes are targets are SMART and review them, focussing on the child's progress and the impact of strategies and interventions used.
- Make use of Early Years SENCO Tool Kit resources to support practitioners to assess children's development and identify appropriate next steps, by using the ATTS <https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf>
- Consider whether a request for Inclusion Fund may be appropriate - <https://www.lancashire.gov.uk/practitioner>

- <https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf>
- Implement the advice of the Specialist Teacher (QToD)
- Promote a positive self-image and identity as a D/deaf child
- Support the child to develop self-advocacy skills, at a level appropriate for their age



[/supporting-children-and-families/send/inclusion-fund/](#)

- Where children are eligible, apply for DAF (Disability Access Fund)
- Liaise with the Family Health Visitor or Healthy Family Practitioner regarding 2-2 ½ year old progress check and/or further developmental assessment e.g. ASQ-3, ELIM etc.
- Consider signposting to relevant 'drop-in' sessions and/or referrals to other professionals
- Identify and plan staff Continuing Professional Development (CPD) e.g. EY SENCO Networks, LPDS [Courses - Lancashire Professional Development Service](#) STS Bespoke Packages - [SEND Specialist Teaching Service courses, CPD and INSET - Lancashire County Council](#) Nasen - [Home page | Nasen](#) Natsip - [NatSIP - Home](#) USAIS Cochlear Implants – The Basics [Home Page – Welcome – USAIS Cochlear Implants – The Basics \(soton.ac.uk\)](#), NDCS – Deaf Awareness, Supporting Deaf Children in EY Settings etc. [NDCS: All courses](#)
- In consultation with the QToD, consider a request for Deaf Role Model, if appropriate



## Early Years – Specialist Support

## Physical and Sensory – Hearing Impairment

Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Child may have a diagnosed condition and/or practitioners observe persistent difficulties with meeting milestones (even when universal support actions and strategies are in place)</p> <ul style="list-style-type: none"> <li>• Significant delay or gaps in early learning knowledge and skills that would typically be expected for their age</li> <li>• Cannot keep up with rate of learning, so gap between child and peers is growing</li> <li>• Play skills seem to reflect a much younger age or stage of development (e.g. half life age or more)</li> <li>• Communication and interaction skills seem to reflect a much younger age or stage of development (e.g. half life age or more)</li> </ul>	<p>In addition to the relevant actions at the targeted level, practitioners should:</p> <ul style="list-style-type: none"> <li>• Continue the APDR process, ensuring any targets and/or advice from any other professionals is reflected in outcomes and targets being set and is included in strategies and approaches being used</li> <li>• Consider making a request for an education, health and care needs assessment (EHCNA)</li> <li>• If a child has an EHCP, continue to identify medium term outcomes and short-term targets to support progress towards the longer-term outcomes identified in the plan</li> <li>• If a child has an EHCP, ensure the annual review process is followed</li> <li>• Consider if a referral for specialist social care assessment is required in line with Care and Support for Deafblind Children &amp; Adults</li> </ul>	<p>In addition to the relevant strategies from targeted support plus:</p> <ul style="list-style-type: none"> <li>• Implement the advice from external professionals such as Specialist HLTA, Specialist Teacher - QToD, Speech and Language Therapist, Occupational Therapist, Physiotherapist, Educational Psychologist etc.</li> </ul>



Early Years – Universal Support	Physical and Sensory – Multisensory Impairment	
Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Child may be identified as <b>D/deaf</b> following hearing test <b>and</b> be identified as <b>vision impaired</b> following investigations – this is <b>multisensory impairment (deafblindness)</b>.</p> <p>Practitioners may observe some evidence of additional delay in meeting expected milestones (including children who already know to be D/deaf <b>or</b> vision impaired):</p> <ul style="list-style-type: none"> <li>• May not seem to have the same range of early learning knowledge and skills as might be expected for their age</li> <li>• Play skills that seem to reflect a slightly younger age or stage of development</li> <li>• May have difficulties with forming or maintaining relationships with peer – may appear to want to be 'in charge', have misunderstandings etc.</li> <li>• Communication and interaction skills that seem to reflect a slightly younger age or stage of development</li> <li>• May not recognise non-verbal communication such as facial expression, especially at distance</li> </ul>	<p>If a child is known to the Teachers for Vision/Multisensory Impaired Team for Early Years Sensory Support, follow the actions/next steps recommended by the QTMSI</p> <p>Practitioners should:</p> <ul style="list-style-type: none"> <li>• Share and discuss observations with parents/carers.</li> <li>• Reflect on observation and assessment to identify strengths and interest and adapt provision to offer more of these.</li> <li>• Undertake focused observations with hearing/vision in mind – what does the child seem to hear, what do they seem to see under what conditions etc.</li> <li>• Undertake focused assessment on learning – to identify any gaps in assumed/foundational knowledge appropriate to their age that might be expected for their age</li> <li>• Reflect on observation and assessment to plan enhancements and differentiated activities to support the child</li> </ul>	<p>If a child is known to the Teachers for Vision/Multisensory Impaired Team for Early Years Sensory Support, implement the strategies and approaches advised by the QTMSI</p> <p>Practitioners should:</p> <ul style="list-style-type: none"> <li>• Consider the environment inside and out – think about hazards and take steps to reduce these e.g. move rugs, reduce the amount of toys/resources on the floor, keep walk ways clear, clear away natural debris from outdoor pathways etc.</li> <li>• Consider the environment. Help the child to focus by keeping distractions to a minimum, e.g. support play in a quiet area within the setting</li> <li>• Have a 'total communication approach' embedded in the setting – use touch cues, on-body signs, gestures, signs, pictures, symbols key words/phrases etc.</li> <li>• Use objects of reference or photographs/pictures or symbols to provide cues to support understanding of routines and instructions</li> </ul>



- May give significant attention to a speaker's face
- May seem to mis-hear or not hear instructions or comments, may ask 'what?' or seem to copy what others do
- May not easily tell the difference between people or things that look or sound similar
- May have smaller vocabulary than might typically be expected
- May have some speech sound difficulties, even though they can be understood by others
- Gross motor skills that seem to reflect a slightly younger age or stage of development
- More frequent bumps, trips or falls than might be expected for their age – difficulties with balance, spatial awareness, seeing and negotiating obstacles etc.
- May avoid some physical activities
- May adopt unusual head postures, squint or close one eye when looking at things
- Fine motor skills that seem to reflect a slightly younger age or stage of development

- Adapt practice to support the child.
- Adapt the environment to support the child
- Discuss observations/concerns with the staff team/room leaders and/or SENCO, as appropriate
- Monitor children's progress using usual assessment tools more frequently.
- Consider additional assessment tools where needed; to support accurate/detailed assessment, to help identify what may be appropriate next steps etc. e.g. Success from the Start, Early Support Journal for Vision Impairment etc.
- Consider liaising with Family Health Visitor or Healthy Family Practitioner
- Consider if Early Help Assessment (EHA) may be appropriate
- Access any available continuing professional development (CPD) / identify CPD needs e.g. MSI Awareness Training
- Refer to Teachers for Vision/Multisensory Impaired Team for Early Years Sensory Support, if not already known to the service - [Teachers of vision and multi-sensory impaired children and young people - Lancashire County Council](#)
- Ensure systems are in place to monitor children's equipment and resources and practitioners know what to do if there are any faults

- Keep the environment tidy, clutter free and organised, so that things can be easily found in a consistent place
- Provide storage and resources that are clearly labelled with pictures or objects of reference and display visual timetables
- Provide activities which encourage children to use all their senses
- Use hands-on activities when possible - use real objects and offer real experiences
- Use the child's interests to engage them in activities designed to support the use of hearing and/or vision (as advised by Specialist Teacher)
- Encourage children to engage in areas of provision or activities that are not usually their preferred ones – think about using their preferred toys to entice them
- Use children's names and touch to get their attention
- Model physical actions and talk about what you are doing and how you are doing it – describe what can't be seen, show what can't be heard
- Ensure children have their own copies of any books being shared at story time
- When playing together, think about seating position – adults and child so be positioned so the child is best able to hear/see the adult and the resources being shared
- Ensure any resources/equipment provided for the child are used e.g. hearing aids/cochlear



- May often overreach, drop or spill things than might typically be expected
- May hold's things close to their face and inspect them closely
- Self-help and independence skills that seem to reflect a slightly younger age or stage of development
- May be a 'messy eater'
- Sensory sensitivities may be evident in some situations e.g. not liking certain textures on hand or feet
- May fatigue more easily than might be expected

- Think about auditing your environment to see how effective it is in supporting this area of learning and what actions you can take to improve this further

implants, FM systems, glasses, low vision aids etc.

- Undertake daily checks of children's equipment



## Early Years – Targeted Support

## Physical and Sensory – Multisensory Impairment

Impact on Learning What are their difficulties?	Action What should we do next?	Strategies What should we put in place?
<p>Child may have a diagnosed condition and/or practitioners observe persistent difficulties with meeting milestones (even when universal support actions and strategies are in place)</p> <ul style="list-style-type: none"> <li>• Does not have the same range of early learning knowledge and skills as might be expected for their age</li> <li>• May not keep up with the pace of learning usually expected</li> <li>• May have misunderstanding in learning (existing or new learning)</li> <li>• May have misunderstandings of language typically understood at their age, especially more conceptual language</li> <li>• Play skills seem to reflect a younger age or stage of development (e.g. 9mth or more delay)</li> <li>• Communication and interaction skills seem to reflect a younger age or stage of development (e.g. 9mths or more delay)</li> </ul>	<p>In addition to the relevant actions at the universal level, practitioners and SENCOs should:</p> <ul style="list-style-type: none"> <li>• Review resources available within the setting and consider what if any, additional resources are required</li> <li>• In line with the Equality Act, 2010 consider appropriate reasonable adjustments e.g. adaptations to the environment</li> <li>• Update any setting risk assessments as required</li> <li>• Undertake additional specific risk assessments if required – for an individual child or for specific activities</li> <li>• Ensure any personal emergency evacuation plans (PEEPS) are in place, if required <a href="https://www.gov.uk/guidance/fire-risk-assessments">Fire safety in the workplace: Fire risk assessments - GOV.UK (www.gov.uk)</a></li> <li>• Ensure child's name is on the SEND Code of Practice record at SEN Support</li> <li>• Make use of the Early Years SENCO Toolkit resources to support following the graduated approach to SEND <a href="https://www.lancashire.gov.uk/media/919315/early-years-senco-handbook-2022.pdf">https://www.lancashire.gov.uk/media/919315/early-years-senco-handbook-2022.pdf</a></li> </ul>	<p>In addition to the relevant strategies from universal support, practitioners should:</p> <ul style="list-style-type: none"> <li>• Ensure specialist resources are available and used</li> <li>• Ensure appropriate communication approaches are implemented throughout the day e.g. visual frame signing, on body signing, coactive signing etc.</li> <li>• Use strategies such as 'what can you see?', 'what can you hear' rather than 'can you see?', 'can you hear?' to check that children are able to access teaching and learning</li> <li>• Plan and deliver pre- and post- teaching</li> <li>• Plan more frequent, small-group or one-to-one activities – use the child's interest and strengths to support areas of focus or further development.</li> <li>• Plan specific small-group and one-to-one times to target areas of delay/areas in need of additional support</li> <li>• Make use of the Early Years SENCO Toolkit to identify appropriate approaches, strategies and resources, by referring to the Top Tips –</li> </ul>





- Gross motor skills that seem to reflect a younger age or stage of development (e.g. 9mths or more delay)
- Multiple or intense sensory sensitivities/preferences may be evident in particular situations
- May experience significant fatigue due to the extra effort of listening/looking and processing information

- Ensure regular dialogue between Key person, SENCO and parents to share concerns, review progress and identify outcomes and targets to work towards
- Ensure close partnership working with parents - agreeing and using consistent strategies and approaches between setting and home, as appropriate.
- Follow 'Assess, Plan, Do and Review' model by monitoring and review the TLP. Identify appropriate long-medium term outcomes with parents/carers and set short term targets to work towards these. Ensure outcomes are targets are SMART and review them, focussing on the child's progress and the impact of strategies and interventions used.
- Make use of Early Years SENCO Tool Kit resources to support practitioners to assess children's development and identify appropriate next steps, by using the ATTS <https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf>
- Consider whether a request for Inclusion Fund may be appropriate - <https://www.lancashire.gov.uk/practitioners/supporting-children-and-families/send/inclusion-fund/>

- <https://www.lancashire.gov.uk/media/919314/early-years-assessment-tracking-target-setting-tool-2022.pdf>
- Implement the advice of the Specialist Teacher (QTMSI)
- Promote a positive self-image and identity as a deafblind child
- Support the child to develop self-advocacy skills, at a level appropriate for their age



- Where children are eligible, apply for DAF (Disability Access Fund)
- Provide accessible resources e.g. balls with bells, large print books, tactile books, braille book etc. as advised [CustomEyes Books | Guide Dogs](#)
- Liaise with the Family Health Visitor or Healthy Family Practitioner regarding 2-2 ½ year old progress check and/or further developmental assessment e.g. ASQ-3, ELIM etc.
- Consider signposting to relevant 'drop-in' sessions and/or referrals to other professionals
- Identify and plan staff Continuing Professional Development (CPD) e.g. EY SENCO Networks, LPDS [Courses - Lancashire Professional Development Service](#) STS Bespoke Packages - [SEND Specialist Teaching Service courses, CPD and INSET - Lancashire County Council](#) Nasen - [Home page | Nasen](#) Natsip - [NatSIP - Home Page – Welcome – USAIS Cochlear Implants – The Basics \(soton.ac.uk\)](#), NDCS – Deaf Awareness, Supporting Deaf Children in EY Settings etc. [NDCS: All courses](#)
- In consultation with the QTMSI, consider a request for Habilitation support, if appropriate



- In consultation with the QToD, consider a request for Deaf Role Model, if appropriate



## Early Years – Specialist Support

## Physical and Sensory – Multisensory Impairment

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<p>Child may have a diagnosed condition and/or practitioners observe persistent difficulties with meeting milestones (even when universal support actions and strategies are in place)</p> <ul style="list-style-type: none"> <li>• Significant delay or gaps in early learning knowledge and skills that would typically be expected for their age</li> <li>• Cannot keep up with rate of learning, so gap between child and peers is growing</li> <li>• Play skills seem to reflect a much younger age or stage of development (e.g. half life age or more)</li> <li>• Communication and interaction skills seem to reflect a much younger age or stage of development (e.g. half life age or more)</li> <li>• Gross motor skills seem to reflect a much younger age or stage of development (e.g. half life age or more)</li> <li>• Fine motor skills seem to reflect a much younger age or stage of</li> </ul>	<p>In addition to the relevant actions at the targeted level, practitioners should:</p> <ul style="list-style-type: none"> <li>• Continue the APDR process, ensuring any targets and/or advice from any other professionals is reflected in outcomes and targets being set and is included in strategies and approaches being used</li> <li>• Consider making a request for an education, health and care needs assessment (EHCNA)</li> <li>• If a child has an EHCP, continue to identify medium term outcomes and short-term targets to support progress towards the longer-term outcomes identified in the plan</li> <li>• If a child has an EHCP, ensure the annual review process is followed</li> <li>• Think about auditing your environment to see how effective it is in supporting this area of learning and what actions you can take to improve this further</li> <li>• Consider if a referral for specialist social care assessment is required in line with Care and Support for Deafblind Children &amp; Adults</li> </ul>	<p>In addition to the relevant strategies from targeted support plus:</p> <ul style="list-style-type: none"> <li>• Implement the advice from external professionals such as Specialist HLTA, Specialist Teacher - QTMSI, Speech and Language Therapist, Occupational Therapist, Physiotherapist, Educational Psychologist etc.</li> </ul>



development (e.g. half life age or more)

- Has complex needs alongside MSI including:
  - significant physical difficulties e.g. significantly delayed physical skills for age, limited independent movement, limited head control etc.
  - significant communication difficulties e.g. limited understanding of speech and/or other forms of communication, limited range of vocalisations etc.
  - significant learning difficulties e.g. difficulties making sense of the word, developing awareness of self, limited understanding of cause and effect

