

Early Years Foundation Stage

Oxfordshire Guidance for Special Educational Needs (SEN) Support

All schools and settings should have a clear approach to early identification and response to children and young people's SEN as part of their universal offer. This guidance supports Oxfordshire schools and settings to implement the SEN Code of Practice but does not replace the statutory guidance.

September 2019

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Special educational needs (SEN)

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or*
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.*

For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers. For a child under two years of age, special educational provision means educational provision of any kind.

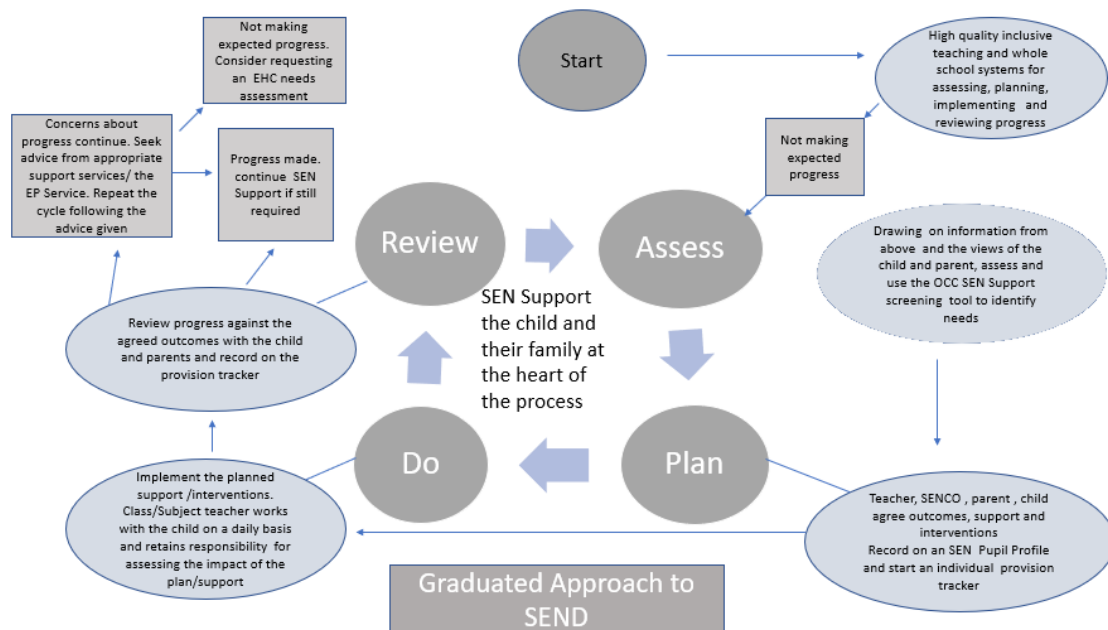
A child under compulsory school age has special educational needs if he or she is likely to fall within the definition above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20 Children and Families Act 2014).

(SEND Code of Practice 2015 pp15-16)

The *SEND Code of Practice (2015)* introduced a single category of **SEN Support** which involves a four-part cycle of 'Assess, Plan, Do, Review' also known as the graduated approach. Schools and settings need to use this graduated approach to implement increasingly specialist teaching and intervention. This should include an Early Help Assessment (EHA) where appropriate.

<https://www.oxfordshire.gov.uk/residents/children-education-and-families/childrens-services/integrated-childrens-services/early-help-assessment>

The Graduated Approach



In the SEN Code of Practice, SEN difficulties are divided into four areas:

- Communication and interaction (C&I)
- Cognition and learning (C&L)
- Social, emotional and mental health difficulties (SEMH)
- Sensory and/or physical needs (S&P)

This guidance provides practitioners with descriptors to help identify children and young people's barriers to learning. Other sections offer guidance on the assess-plan-do-review cycle and advice on supporting wider outcomes, staff training, and sign-posting parents to further support.

Oxfordshire has a number of resources to support school readiness.

<https://www.oxfordshire.gov.uk/residents/children-education-and-families/working-children-and-young-people/what-school-readiness>

For information on Early Education funding for children with SEND go to:

<https://www.oxfordshire.gov.uk/residents/children-education-and-families/information-parents/find-childcare/help-paying-childcare/funding-children-send>

How to use this guidance

For children who may need additional support, use [SEN Information Form](#) (page 6) -to bring together the discussion, evidence and observations from those involved with the child, including the family, to reflect on their needs and how these may be met.

Use the [Initial Screening Sheet](#) (page 7) to identify areas in which the child/young person may need additional support.

Additional support in understanding the child's needs may be explored (with parental consent) with:

- the child's Health Visitor
- therapy services via [Single Point of Request for Involvement \(SPORFI\)](#), if appropriate
- named or no name consultation with EYSENIT if appropriate

Use the more detailed [SEN Descriptor](#) (page 8) indicated by the Initial Screening Sheet to clarify the areas in which the child/young person is having difficulty.

If you decide that the child's needs require SEN Support, implement the graduated response – assess, plan, do, review.

Use the [Assess](#) section (page 32) for advice on further assessments that might be helpful. Close observation of the child/young person during learning is often the best way to understand their difficulties.

Use the [Plan](#) (page 35) and [Do](#) (page 39) sections to inform your planning and provision for the child/young person. The [Early Years SEN Support and Outcomes Plan](#) or similar will support this.

Ensure that the child/young person's progress and support are reviewed with parents 3 times a year. This is a requirement in the *SEN Code of Practice (2015)*. For guidance see the [Review](#) section (page 46).

Use the [Supporting Wider Outcomes](#) (page 51) section to support the child/young person in extra-curricular activities.

The [Further Information and Training for Practitioners](#) section (page) gives suggestions for online training materials that teachers and TAs may find helpful.

SEN Information Form to inform assessment

Gather and review the evidence using

- Evidence from observations of the child engaged in different activities
- Evidence from any tracking and assessments
- Information about the child in and out of school from parents or carers
- Records of the child's achievements
- Information about school attendance
- Discussion with child about their learning
- Information from any other agencies involved with the child or family, where appropriate, e.g. the child's health visitor, or an Early Help Assessment (EHA).

SEN Initial Information	
Name	
D.O.B.	
Year Group	
Date	
Observations	
Outline your concerns about the child	
How does the child respond in learning situations?	
How does the child respond to experiences outside of the classroom?	
Pupil and parent views	
Parent/Carer views	
Date of meeting held	
Child's views Date :	
Additional Support	
How has setting differentiated for this child?	
How have the individual needs of the child been addressed within the inclusive curriculum?	
How did the child respond?	

Initial Screening Sheet

Consider the particular areas in which the child has support needs

Additional support needs may be indicated if the child:	Tick/ date	Now look at the detailed descriptors for:
Is working at a Developmental Matters band below chronological age		C&L needs C&I needs
Tracking shows progress not being made within development band		C&L needs C&I needs S&P needs
Has a known difficulty or impairment that may impact on his/her learning		As appropriate to the identified difficulty/impairment
Is showing withdrawn or anxious behaviour and/or a lack of self confidence		C&L needs SEMH needs C&I needs Sensory needs
Is having difficulty in making relationships and interacting appropriately/meaningfully with others		C&L needs SEMH needs C&I needs Sensory needs
Has difficulty in sequencing events and tasks		C&L needs C&I needs
Appears not to listen/respond to questions or instructions		C&I needs Hearing needs SEMH needs
Has limited use of spoken language to communicate meaning		C&I needs Hearing needs
Finds it difficult to learn within a group that is age/stage appropriate		C&I needs Sensory needs SEMH needs
Finds it challenging to learn when activities are unstructured		C&I needs SEMH needs C&L needs Sensory needs
Has difficulty in following instructions or joining in activities that are dependent upon hearing		Hearing needs C&I needs
Has difficulty in seeing fine work, eg picking out detail in pictures		Visual needs
Has difficulty in managing his/her body to move confidently		Physical needs Learning needs
Has difficulty in using hands for fine motor movements		Physical needs C&L needs
Has a need to seek or avoid sensory stimuli that impacts on his/her own or others' learning		Physical needs C&I needs Sensory needs SEMH needs

SEN Descriptors

Use the descriptors indicated by the Initial Screening Sheet to identify areas in which the child requires additional support.

Communication and Interaction needs (C&I)

Children with communication and interaction needs, including autism, may have difficulty in:

- expressing themselves,
- understanding language,
- interacting with others and the world around them.

Some children with C&I differences will have had their needs identified at a very early age and may already be receiving support. For many children needs may not become apparent until they enter a group setting when the difficulties begin to impact on learning. Children need help to acquire language skills in order to develop their thinking as well as their ability to communicate.

Needs in other areas can lead to and compound communication and interaction needs, for example a hearing loss or difficulties with attachment, and can also be the result of unmet C&I needs, for example learning needs, social and emotional needs. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

Children and young people with speech, language and communication needs (SLCN) cover the whole ability range. They find it more difficult to communicate with others. They may have difficulties with:

- fluency,
- forming sounds, words or sentences (expressive language) that impacts upon their ability to produce spoken or written language,
- understanding spoken language that they hear or read (receptive language),
- understanding, using and/or remembering words that they want to use.

It may be a combination of these needs.

Learners on the autism spectrum cover the whole ability range. It is called a spectrum condition as it affects everyone differently. Although no two children with autism are the same, individuals may have differences in the following key areas:

- Interacting- differences in understanding social behaviour and the thoughts and feelings of others, which impacts on the development of relationships and friendships.

- Communication - differences in expressing, understanding and processing language. Good verbal language skills may mask a deeper level of misunderstanding.
- Processing Information - Differences in planning, organisation, predicting, managing transitions and generalising skills.
- Emotional Regulation – some children will need to be taught specific strategies to help them to manage strong feelings
- Children will often have a passionate interest in a chosen topic this can be a source of reassurance for them
- Sensory Processing - differences in perceiving sensory information. Hypo (low sensitivity), hyper (high sensitivity), touch, sight, hearing, smell, taste, vestibular inner ear (balance) and proprioceptive (body awareness) can cause distress or discomfort.

English as an Additional Language (EAL) is not in itself a special educational need but it can be the case that a child who speaks English as an additional language may also have special educational needs. The approach to supporting all children with EAL is set out in '[Identifying Children who are Learning English as an Additional Language and who may also have Learning Difficulties and/or Disabilities](#)'. Used alongside the descriptors on the next pages this will help you to decide whether a child's language competence should be giving rise for concern.

Foundation years Communication and Interaction	Name
	D.O.B
	Date

<i>By 1 year old the child needs support for at least one of the following:</i>	Tick where support needed
Communication and Interaction	
smiling, looking and moving in response to your interaction	
vocalising back when talked to, making own sounds, especially to a familiar adult and when a smiling face is used	
showing a response at the sound of approaching voices, footsteps and other sounds	
sharing joint attention with a familiar person	
<i>By 2 years the child needs support for at least one of the following:</i>	
Listening and Attention	
listening to simple songs or rhymes, and trying to join in with actions or sounds by copying, e.g. for approx. 3 minutes	
following a simple picture book	
paying attention to a short children's programme	
Understanding	
understanding and following simple instructions in context, e.g. 'come for snack'	
pointing to simple body parts when asked	
Speaking	
spontaneously naming common objects which interest them, e.g. car, bird	
copying expressions they hear a lot, e.g. 'all gone!' 'oh dear!'	
Interaction	
being aware of other people's feelings – for example to look concerned if hears crying or to look excited if hears a familiar voice	
taking turns in a simple 'conversation'	
pointing to draw attention to things of interest.	
<i>By 3 years the child needs support for at least one of the following:</i>	
Listening and Attention	
concentrating on an activity of their own choosing for a short period of time, e.g. approx. 4 minutes	
recognising and joining in with songs and actions, e.g. 'The wheels on the bus'	

Understanding	
understanding 2 keyword simple instructions, e.g. 'Give the <u>car</u> to James' 'Give the <u>ball</u> to Annie'	
Speaking	
joining 2/3 words together with meaning, e.g. 'Daddy car', 'Mummy gone	
being understood by familiar adults	
Interaction	
playing ball co-operatively with an adult (e.g. kick or roll back and forth)	
playing alongside other children	
showing interest in other children	
expressing emotions and displaying an appropriate reaction to an event, e.g. crying due to a minor injury and seeking help or comfort	
<i>By 4 years the child needs support for at least one of the following:</i>	
Listening and Attention	
stopping and listening to an adult who has called their name and then refocus on their original activity	
attending to an adult's choice of activity for a short period of time, e.g. approx. 5 minutes	
Understanding	
understanding position words, 'in' 'on' 'under' e.g. 'put Dolly under the chair'	
answering 'who' 'what' 'where' questions about a story	
talking about ownership, e.g. 'My teddy' 'Jack's car' using simple pronouns correctly, eg 'I' 'me' 'you'	
Speaking and Expressive Language	
including another child in their play sequence and talking to them as they do so, e.g. give a child a cup to drink from	
seeking out others to share experiences, e.g. by saying 'watch me'.	
being understood by unfamiliar adults when talking about what s/he is doing	
Interaction	
including another child in their play sequence and talking to them as they do so, e.g. give a child a cup to drink from	
identifying an object from a description, e.g. 'What do we use to cut things with?'	
<i>By 5 years the child needs support for at least one of the following:</i>	
Listening and Attention	
remaining focussed during a short story/singing session in a large group.	
Understanding	

identifying an object from a description, e.g. what do we use to cut things with.	
Speaking and Expressive Language	
Retelling a simple past event or familiar story in the correct order, e.g. Went down the slide and hurt finger	
Interaction	
participating in shared play.	
regularly using adults as sources of knowledge, comfort and shared activities	
expressing wishes and needs clearly and in an appropriate manner	

Cognition and Learning (C&L)

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

Learning Difficulties (LD)

Children and young people with learning difficulties will learn at a slower pace than their peers, even with appropriate differentiation. It is often associated with speech and language delay.

Some children with learning difficulties, particularly those with severe or profound and multiple difficulties, will have had their needs identified at an early age and may already have received support. For many children needs may not become apparent until the child enters a group setting for the first time.

Needs in other areas can lead to learning needs, for example an unmet hearing need may impact on the child/young person's ability to learn at the same rate as his/her peers. Conversely unmet learning needs may impact on social development and emotional wellbeing. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

Specific Learning Difficulties (SpLD)

'Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.' (6.31 SEND Code of Practice 2015 p98).

Dyslexia

The British Psychological Society Report (BPS, 1999) working definition of dyslexia describes this as follows:

'Dyslexia is evident when accurate or fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy learning at the word level and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis for a staged process of assessment through teaching.'

Dyscalculia

As defined by the American Psychiatric Association, Dyscalculia is "a specific learning disorder that is characterised by impairments in learning basic arithmetic facts, processing numerical magnitude and performing accurate and fluent calculation." (British Psychological Society Website 29.08.19).

However, there are a number of reasons why a child may have difficulty with maths. The range of contributing factors include some factors which affect learning more generally such as meta-cognition, language and working memory, and some factors which are specific to maths such as understanding number/quantity, understanding mathematical concepts and learning mathematical procedures and facts.

Dyspraxia

Developmental co-ordination disorder (DCD), also known as dyspraxia, is a condition affecting physical co-ordination that causes a child to perform less well than expected in daily activities for his or her age and appear to move clumsily. (NHS)

<https://www.nhs.uk/conditions/developmental-coordination-disorder-dyspraxia/>

When there are concerns about a child's coordination refer to the Physical Difficulties section as well as Cognition and Learning. However, children with DCD will have planning and organisational difficulties that impacts on their learning more widely than physical difficulties alone.

SpLD cannot be identified in young children but difficulties needing additional support around organisation, planning, sequencing, auditory or visual processing, and physical coordination can be early indicators of an SpLD rather than general Cognition and Learning difficulties. The important thing is to recognise the difficulties a child is having and to help them overcome their barriers to learning, rather than worrying about labels.

Foundation years - Cognition and Learning	Name
	D.O.B.
	Date

	<i>The child needs support for some of the following:</i>	Date observed
	<i>By 2 years the child needs support for at least one of the following:</i>	
Copying / Pretend	imitating some everyday routines e.g. using a mobile phone, washing the car	
Problem solving	retrieving out of reach toys or other objects	
Memory	remembering where familiar things are kept and how to find them	
Concepts	building 3 blocks, scribbling on paper	
Social	bringing a book or toy to share with an adult	
Curiosity	filling and emptying containers.	
	<i>By 3 years the child needs support for at least one of the following:</i>	
Copying / Pretend	developing simple pretend play, e.g. putting doll in bed or driving a car	
Problem solving	operating a mechanical toy, for example turning the knob on a wind-up toy, pushing a button to open a flap	
Memory	spontaneously singing some of the words and actions of a familiar rhyme	
Concepts	matching pictures of familiar objects in play	
	painting or drawing horizontal lines and circles in imitation	
Social	watching others play and joining in briefly	
	following a familiar daily routine	
Curiosity	participating in a range of creative activities eg exploring and experimenting with sensory materials, musical instruments, using paint etc.	
	<i>By 4 years the child needs support for at least one of the following:</i>	
Copying / pretend	joining in make-believe play with other children	
	extending a play sequence	
Problem solving	choosing a suitable tool to achieve a desired outcome, e.g. using a broom to sweep up the sand or a cloth to mop up spilt drink	
Memory	recalling 2 pictures/objects hidden in a memory game	
	joining in with familiar rhymes and stories	
	joining in with familiar repeated phrases or refrains	
	recall of familiar words	

Concepts	understanding size difference, e.g. selecting the bigger or smaller object or picture when asked, putting features on a drawn face	
Social	demonstrating concern towards others who are upset, for example offering a favourite toy, patting arm or back	
	joining in with construction play	
Curiosity	showing a curiosity about how things work, how things feel, how things sound etc.	
Auditory processing/ Phonological skills	distinguishing different sounds	
	hearing the first sounds of words	
	following a new, one-step instruction	
Visual discrimination	recognising their own name	
	drawing a simple human face	
	matching activities	
	continuing a simple 2 element sequencing pattern	
Organisation	remembering and following regular routines	
	organising own activities	
Physical coordination	putting on simple garments	
	managing basic personal care	
	drawing a large circle	
	turning the pages of a book	
	tracking left to right when looking at books	
	making basic snips using scissors	
	making movements across the mid-line of their body	
	deciding which hand to use for drawing and writing	
	organising themselves for activities	
	running	
	crawling	
	jumping with 2 feet	
pushing a trike with 2 feet		
Mathematical skills	joining in with class counting activities, songs and games	
	counting orally up to 5 by him/herself	
	beginning to understand big/little, long/short	
	beginning to count objects using number names	
Attention /concentration	attending in line with peers	
	<i>By 5 years the child needs support for at least one of the following:</i>	
Copying / pretend	imitating adult roles, e.g. dressing up for dramatic play	
	extending a play sequence	
Problem solving	choosing appropriate resources when making things	
Memory	retelling or demonstrating something that happened in a familiar story	
	learning the words for familiar songs and rhymes	
	remembering the repeated phrases in simple books	

	retelling simple stories	
	spotting deliberate mistakes in familiar rhymes	
	recalling familiar words	
	remembering letters representing the first set of sounds taught, e.g. s a t p i n	
Concepts	sorting objects into categories e.g. all the animals, all the cars	
	drawing a simple human face (head and facial features)	
Social	taking turns with other children in a child-initiated activity	
	joining in with construction play	
Curiosity	wanting to know how things work e.g. taking things apart, collecting things, asking questions.	
Auditory processing/ Phonological skills	remembering a simple sequence of sounds	
	identifying the first sound of words	
	completing the rhymes in simple books	
	following a new, 2-step instruction	
Visual discrimination	drawing a recognisable human figure	
	writing own name	
	making their own 2 element sequencing pattern	
Organisation	remembering and following regular routines	
	organising own activities	
Mathematical skills	recognising significant numbers (age, house number etc)	
	counting orally up to 10 by him/herself	
	understanding that last number in a set gives the amount	
	beginning to count objects with 1:1 correspondence	
	beginning to subitise numbers to 3	
Attention /concentration	attending as well as their peers	
	listening to stories	
	concentrating on activities	

Social, Emotional and Mental health needs (SEMH)

All young children are only just learning about how to make friends, play socially and interact with others and there will be times when they find developing these skills very difficult. However, children who appear to have emerging SEMH difficulties may find it significantly harder to

- make and maintain appropriate and healthy relationships,
- regulate their emotions.

Sometimes these difficulties will present in:

- withdrawn behaviour,
- challenging, over active or disruptive behaviour,
- being controlling

These behaviours will be persistent and may indicate mental health issues such as anxiety or depression. It must also be recognised that behaviour is a child's first way of communicating, whether intentionally or not, that their needs are not currently being met.

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. It is important to provide early intervention and support to prevent difficulties escalating. An Early Help Assessment (EHA) should be completed if there are concerns in this area.

<https://www.oxfordshire.gov.uk/residents/children-education-and-families/childrens-services/integrated-childrens-services/early-help-assessment>

Children can develop social, emotional needs or mental health difficulties for many reasons. Sometimes these are related to:

Other learning needs, either as part of a condition or disorder, such as:

- Attention deficit hyperactive disorder (ADHD) or attention deficit disorder (ADD) This is rarely able to be clearly identified in the early years although there may be indicators.
 - Attachment disorder
 - Autism spectrum condition (ASC)
 - A pervasive developmental disorder that impacts upon their mental health and social and emotional wellbeing
 - A medically unexplained condition, such as being reluctant to speak.
-
- A response to an unmet need, for example, a child who has difficulty with communicating thoughts and ideas may find inappropriate ways to express him/herself.

- Sensory difficulties, pupils with which will require reasonable adjustments to help them adapt to the learning environment.
- A response to factors outside of the learning environment, such as early life trauma.

A small number of children will have social, emotional and mental health needs identified at a very young age. For many children needs may go unrecognised until they reach a group setting and are exposed to the multiple demands of a bigger peer group in a highly interactive environment. In the first instance it may be the child's behaviour that raises concern. You may be seeing behaviours coming from anxiety, fear, frustration, lack of control or feeling of autonomy. Such feelings may manifest themselves in range of ways, high activity and lack of concentration, "over reaction" to events, "shutting down", self-harm or angry outbursts. Again, we should note that these can be normal behaviours during a settling in period so monitoring over time is important.

Risk factors are cumulative. Children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems. DfE guidance in *Mental Health and Behaviour in Schools* outlines risk and protective factors (p. 13).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf

When children display behaviour that is of continuing concern it is essential to try to address any underlying social or emotional need or a mental health problem, and not just the presenting behaviour. Close observation will help to show when and where the behaviours are triggered. Discussion with parents may help to explore what the child may be communicating through this behaviour. Equally, behaviour that differs from normal developmental patterns can be an indicator of underlying learning difficulties. For example, a child with a language delay or disorder may exhibit frustration when they are unable to communicate effectively or may find that hitting or biting is a quicker way of making their needs known.

Assessment, planning and provision for a child with social, emotional and mental health needs should be located within a nurturing approach that consistent use of positive strategies with training for all staff, and training where appropriate for positive handling. Difficulties that persist despite the support available at a universal level will require more bespoke arrangements that are closely monitored and reviewed. In Oxfordshire the **Early Help Assessment (EHA)** should be completed as part of the universal offer, in line with DfE statutory guidance. <https://www.oxfordshire.gov.uk/residents/children-education-and-families/childrens-services/integrated-childrens-services/early-help-assessment>

The Oxfordshire Safeguarding Board website has further guidance on safeguarding. <https://www.oscb.org.uk/>

Foundation years Communication and Interaction	Name
	D.O.B
	Date

The child needs support for some of the following:		Date observed
	<i>By 2 years old the child needs support for at least one of the following:</i>	
Making relationships	giving a positive response to a familiar adult, e.g. turning, looking and smiling when spoken to	
	engaging in social interaction, e.g. bringing toys to a familiar adult to show and share	
Self confidence & Self awareness	taking pleasure in exploring objects	
	making his/her own needs through vocalising, banging his/her plate to request more.	
Managing feelings & responses	using their key person for 'emotional refuelling', e.g. in a familiar setting happy to explore activities but looks for key person for reassurance.	
	<i>By 3 years old the child needs support for at least one of the following:</i>	
Making relationships	sharing/turn taking with an adult in a simple activity that they enjoy, e.g. rolling or kicking a ball back and forth	
	giving a positive response to a familiar adult	
Self confidence & self-awareness	separating from main carer with support of their key person (or alternatively show no sense of care in separating from main carer)	
	showing interest in the play of other children alongside them whilst sustaining their own, e.g. watching with interest what other children are doing in the water play whilst continuing their own exploration	
Managing feelings and responses	cooperating with age appropriate familiar expectations in relation to the routines of the setting, e.g. sitting for snack	

	sitting in a small group (3-4 children) with a familiar adult for more than 3 minutes doing an activity which interests and excites them, e.g. songs and rhymes.	
	By 4 years old the child needs support for at least one of the following:	
Making relationships	engaging in positive interactions with other children in a structured situation, e.g. talking to other children whilst playing and joining in a group activity	
Self confidence & self-awareness	responding positively to a variety of adults, e.g. feeling confident to approach any adult in the setting for help	
	spending time in groups with other children but engaged in own play, e.g. is able to complete their task, such as junk modelling whilst being alongside others	
Managing feelings and responses	understanding that some things are theirs, some are shared and some belong to other people	
	making predictable responses in a range of situations, e.g. helping to put toys away and get ready for group time	
	consistently responding positively to and coping with different events, social situations and changes of routines in the setting	
	expressing their own feelings and doing so in an appropriate way.	
	By 5 years old the child needs support for at least one of the following:	
Making relationships	engaging in and sustaining positive interactions with other children	
	initiating and sustaining conversations with adults and children	
SC & SA	receiving praise and taking a pride in him/her self	
Managing feelings and responses	staying on task to complete an age appropriate adult initiated activity	
	managing their emotions if their needs are not met quickly	
	demonstrating concern towards other children, e.g. to comfort a child in distress	
	understanding that his/her own actions affect others	
	responding appropriately to simple instructions	
	understanding the needs of others and usually being able to share and take turns without adult intervention	
	transitioning from one activity or space to another	

All behaviour is communication. The following may be useful in unpicking the underlying causes of some SEMH needs:	Date observed
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<p>Does the child have any delay or difficulty in their:</p> <ul style="list-style-type: none"> ▪ understanding of language? ▪ expressive language? ▪ thinking skills and problem solving? 	
<p>Have there been any significant changes at home, e.g. moving house, new baby?</p>	
<p>Does the child have any sensory processing difficulties that impact on their ability to engage in the learning opportunities?</p>	
<p>Does the child show a good level of involvement with most activities and learning opportunities?</p>	
<p>Are your expectations appropriate for the child's age and stage?</p>	
<p>Does the child have access to experiences / learning opportunities that are age and stage appropriate and stimulating for them?</p>	
<p>Does the child feel welcomed, safe and secure in your setting?</p>	
<p>Are there complex circumstances such as parenting, housing, financial difficulties, which impact on the child's wellbeing?</p>	

Sensory and Physical (S&P)

Physical needs (PD)

Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habitation support. Children and young people with an MSI have a combination of vision and hearing difficulties. Most children with MSI will be picked up in Early Years, which is why there are no descriptors for it here.

*Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.
(6.35 SEND Code of Practice 2015 p98)*

Physical needs (PD)

This section describes children who have greater needs than most of their peers for support with their physical needs which can impact on their learning.

Some children with physical difficulties will have had their needs identified at an early age and may already have received support e.g. Cerebral Palsy, Hypermobility, will need ongoing support and interventions. For others, needs may not become apparent until the child is older, and they impact on his/her learning. Children with Developmental Coordination Disorder/Dyspraxia will have difficulties with planning and organisation that impacts their learning in addition to their physical difficulties.

Many children with physical needs require on going minor adaptations to the learning environment that would be considered as reasonable adjustments under the Equality Act 2010. For some this is the only support that is needed, they do not need additional SEN support. With the right support and knowledge children with physical difficulty can achieve as much as other children (PDNet Standards 2018 <http://pdnet.org.uk/resources/standards/>)

Where some children have a diagnosed progressive physical condition, e.g. Duchenne muscular dystrophy, it is important to plan and prepare early for later needs.

Other children have a temporary condition such as injured limb or post-operative care and need appropriate support to access learning.

Unmet physical needs may impact on the child/ young person's ability to learn in the same way and at the same rate as their peers. The child/young person may also have linked social and emotional needs. Look across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

Foundation years Physical needs	Name
	D.O.B.
	Date

The child needs support for some of the following:	Date observed
<i>By 2 years old the child needs support for at least one of the following:</i>	
Gets into child's chair without assistance	
Squats to pick up a toy and rises to feet using hands as support	
Walks well holding a toy	
Trying to feed him/herself with a spoon	
Holding a lidded beaker in 2 hands and drinking	
Taking off easily removed clothes, e.g. socks or unzipped coat	
Scribbles with crayon – whole hand grip	
Building a tower of 2 blocks	
Using a finger thumb pincer grasp, e.g. picking up a raisin.	
<i>By 3 years the child needs support for at least one of the following:</i>	
Walking confidently and running	
Walking up and downstairs, holding on	
Throwing a ball and kicking a large ball	
Jumping from a low step	
Helping with dressing e.g. pulling down trousers	
Using spoon skilfully to eat	
Holding a pencil between thumb and two fingers and making a circular scribble or horizontal line	
<i>By 4 years old the child needs support for at least one of the following:</i>	
Riding a tricycle using pedals and steering around wide corners	
Running around obstacles and corners while pushing and pulling toys	
Walking upstairs alone using alternate feet	
Throwing and catching a large ball	
Eating with a fork and spoon	
Washing hands (help still to dry hands)	
Pulling pants down and up	
Holding pencil well and drawing/copying basic shapes e.g. circles, cross	
Trying to use scissors to make snips	
<i>By 5 years old the child needs support for at least one of the following:</i>	
Walking up and downstairs in adult fashion	
Hopping on one foot	
Using bat in a bat and ball game	

Eating skilfully with spoon and fork	
Putting on or taking off items of clothing that fit snugly e.g. tee shirt, socks, shoes (not laces)	
Washing and drying hands independently	
Building tower of 10 or more bricks and copying building bridges	
Drawing person with head legs and body and usually arms and fingers	

Hearing needs (HI)

Many children with hearing difficulties will have their needs identified early and will be supported by the SENSS Hearing Impairment (HI) team. Children may have a temporary hearing loss that fluctuates or a hearing loss that is permanent. Some children benefit from a hearing aid(s) or other amplification devices.

Some younger children may have needs that go unrecognised until they reach a group setting or are expected to undertake tasks that require them to use hearing skills in a different context. It is also possible for some children to acquire a hearing loss. This could be caused through illness or accident or might be because they have a progressive condition or a condition that has a late onset. The most common cause of temporary and fluctuating hearing loss in childhood is commonly known as 'Glue Ear'. Information about 'Glue Ear' is available on the Oxfordshire Local Offer.

<https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/service.page?id=coim31m0P8k>

Some children with a hearing loss will require on-going specialist teaching support from a teacher of the deaf to access the curriculum alongside their peers. Others may require a routine advisory visit to check the function and management of any equipment, to observe the child and feedback on their learning and to ensure that the setting is empowered to take responsibility for all aspects of the child's inclusion.

Sometimes a child can meet many of the descriptors for a hearing need but when clinically assessed their hearing is within normal limits. It could be that they have a fluctuating hearing loss. If this is the case repeated assessment will usually determine the type and level of hearing loss.

If there is no underlying physical hearing loss it may be that the child/young person has auditory processing difficulties. In this case, the descriptors and guidance for supporting children with communication and interaction (C&I) needs should be used. A medical confirmation of a hearing loss does not necessarily mean a child has Special Educational Needs. However early intervention with specialist advice from the SENSS (HI) Team ensures that the impact of the hearing loss on the child/young person's progress is minimised.

The SENSS (HI) Team will not usually become involved with a child unless a paediatric audiologist has first made an assessment. This is because there can be many reasons why a child may not appear to hear well, and a formal hearing assessment is needed to ensure that the guidance offered to a setting is appropriate.

If a child has not been seen by the community paediatric audiology team or a hospital audiology department, the first step is a GP referral to community paediatric audiology for further assessment. Parents should be asked to discuss this with their child's GP.

Foundation years Hearing Impairment	Name
	D.O.B.
	Date

	Date observed
<i>A child with a hearing loss may:</i>	
find difficulty in expressing him/herself clearly	
appear dreamy and distracted	
appear loud, raising his/her voice in conversation	
startle easily	
use gesture more than his/her peers	
not appear to understand common phrases and may have a limited vocabulary use	
be more physical when expressing their needs and wants	
find it difficult to sustain concentration especially when there is background noise	
engage in more solitary play	
lack theory of mind	
appear to hear better at sometimes than others due to a fluctuating hearing loss	
<i>The child needs support for some of the following:</i>	
listening in a range of situations	
following instructions; the child may be noticeably more able to do this in a quiet area	
joining in activities in a small group	
following and responding in an age appropriate conversation, especially where visual clues are not available	
making him/herself understood by others; his/her expressive language may be unclear	
sustaining attention during whole group activities, e.g. listening to a story; the child may be noticeably more attentive and able to maintain concentration in a quiet area	
developing and using age appropriate language; the child may use gesture to compensate	
accessing TV/DVD/music at normal sound levels	
enjoying songs and rhymes and join in by copying	
to start interaction with and play alongside other children of a similar age	
sustaining age appropriate positive interactions with other children	
developing pretend play activities	
managing anxiety and/or frustration.	

Visual needs (VI)

Visual difficulties range from mild through to severe. Many children have their vision corrected by spectacles. A child should be considered to have a visual difficulty if this is not due to basic refractive errors and cannot be corrected by glasses.

Many children with visual difficulties will have their needs identified early and will be supported by the SENSS Visual Impairment (VI) team. Some children may have needs that go unrecognised until they are expected to undertake tasks that require them to use visual skills in a different context. Some acquire a visual loss through illness or accident.

A visual condition can impact on other areas, for example a child's social and emotional development. Check across descriptors for all relevant areas of need to make sure that support is tailored appropriately.

Foundation years Visual needs	Name
	D.O.B.
	Date

<i>A child with a visual need may:</i>	Date observed
tilt his or her head to maximise vision	
bring eyes close to a toy, or a toy close to eyes	
blink frequently	
touch, rub or cover eyes	
appear sensitive to light or glare	
have eye pain, headache, dizziness or nausea, especially after periods of looking closely at something	
find it difficult to track the movement of something across the field of vision, eg a ball rolling from left to right	
find scanning difficult, eg searching for a toy in a room or details in a picture	
bump into things as they move around	
not respond to a non-verbal gesture.	
<i>By 2 years the child needs support for at least one of the following:</i>	
to spoon food or pick up a cup	
playing with a ball	
pointing to pictures.	
<i>By 3 years the child needs support for at least one of the following:</i>	
drawing features on a pre-drawn face	
catching a ball with both hands	
kicking a moving ball	
recognising detail in a picture.	
<i>By 4 years the child needs support for at least one of the following:</i>	
age appropriate activities that involve hand-eye co-ordination, e.g. placing small pegs in a board, threading beads	
cutting with scissors	
completing inset puzzles	
copying simple shapes, e.g. a cross	
finding small details in pictures, e.g. Where's Wally?	
joining in with outdoor play and physical activities.	
<i>By 5 years the child needs support for at least one of the following:</i>	
age appropriate activities that involve hand-eye co-ordination, e.g. threading a large needle	
copying a pattern, e.g. a sequence of bricks	
copying his/her own name	
recognising letters and numbers even when printed boldly	
drawing a recognisable human figure with details like hair/buttons	
using outdoor equipment, eg playing games with balls, hoops.	

Multi-sensory needs (MSI)

This section describes children who have multi-sensory needs. It contains guidance on what you may observe if a child has a multi-sensory need.

Deafblind children have a combination of hearing and visual needs. Other children with multi-sensory impairment may not have a combined clinical diagnosis of visual and hearing loss but present as having substantial developmental delay in responding to sensory stimuli.

Children with multi-sensory impairment usually have their needs identified at a very early stage. Occasionally multi-sensory needs may occur as a result of an accident, trauma or a progressive syndrome in an older child, for example Usher syndrome, Alstrom syndrome. Some children also have additional difficulties.

Support and advice from a range of professionals is essential to meet the complex nature and pattern of needs displayed by these children.

Foundation years Multi-sensory Needs	Name
	D.O.B.
	Date

A child with multi-sensory needs may:	Date observed
<i>A child who has deaf blindness/multi-sensory impairment may:</i>	
make idiosyncratic responses to auditory and/or visual stimuli	
avoid touch or make a startled response to touch (tactile defensiveness or reluctance)	
have problems with eye contact and interaction	
find it difficult to fix and track an object, e.g. a ball rolling across the floor	
be delayed in developing skills and in achieving developmental milestones, e.g. walking	
tilt his or her head and/or use his/her body in a different way to other children to maximise vision and hearing	
have difficulty in making sense of the world because of fragmentary information received through the senses	
appear withdrawn or isolated, eg may spend an unusual amount of time asleep	
display unusually passive behaviour	
display repetitive or challenging behaviour; this is likely to be a result of sensory overload	
use smell, taste, movement and touch to gain information or to support mobility	
be unable to find things or people when they have moved	
have difficulty caused by changes in light levels, glare and reflection	
have difficulty when attending unfamiliar places	
appear clumsy – bumping into doorways, tripping over objects on the floor.	

Assess

In identifying a child as needing SEN support, the early years practitioner, working with the setting SENCO and the child's parents, will have carried out an analysis of the child's needs. This initial assessment should be reviewed regularly to ensure that support is matched to need. Where there is little or no improvement in the child's progress, more specialist assessment may be called for from specialist teachers or from health, social services or other agencies beyond the setting. Where professionals are not already working with the setting, the SENCO should contact them, with the parents' agreement.

Additional assessments for all children with SEN and those with Cognition and Learning difficulties
Careful observation is the best way of unpicking difficulties.
Use progress against Development Matters to evaluate progress.
Where Development Matters may not give enough detailed information about the child's strengths and needs, use the Early Years Developmental Journal. https://councilfordisabledchildren.org.uk/help-resources/resources/early-years-developmental-journal
Use progress against small targeted learning goals to evaluate progress.
For children with marked difficulties in social communication, thought and sensory processing, build on the initial evidence gathered to assemble a detailed profile of the child's strengths, interests, challenges and sources of stress. Include parents and the child in this process. This profile will help to ensure that the optimum learning environment is achieved.

Additional assessments for children with Communication and Interaction difficulties
The Communication Trust booklets <i>Universally Speaking</i> show where children should be with their communication skills at any given age. https://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/universally-speaking.aspx
The ' BRISC Checklist ' and 'Speech Sounds Checklist' are useful documents used by Oxfordshire Speech and Language Therapists to identify children needing support.
Speech Sounds Checklist: https://www.oxfordhealth.nhs.uk/wp-content/uploads/docs/speech-sound-development-chart.pdf
For children with marked differences in social communication, flexible thinking and/or sensory processing, build on the initial evidence gathered to assemble a detailed profile of the child's strengths, interests, challenges and sources of stress. Include parents and the child in this process. This profile will help to ensure that the optimum learning environment is achieved.

Additional assessments for children with Social, Emotional and Mental Health difficulties
An Early Help Assessment (EHA) is part of the assessment process for children with SEMH difficulties and should be used where appropriate. https://www2.oxfordshire.gov.uk/cms/content/early-help-assessment-and-team-around-family
The Leuven Scale of Active Engagement in Learning is a helpful measure of well-being and engagement. https://www.scilt.org.uk/Portals/24/Library/resources/hmi/Leuven_Scale.pdf
Antecedent Behaviour Consequences or Iceberg tools on the Oxfordshire Early Years SEN Toolkit. https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/childreducationandfamilies/informationforchildcareproviders/goodpractice/sentoolkit/ABCchart.pdf
Boxall profile. https://boxallprofile.org/
For pupils with autism, Oxfordshire's SCERTs in Action - a framework that supports assessment and planning for children with autism. <i>For further information contact the Early Years SEN team.</i>
Autism Education Trust (AET) Progression Framework https://www.autismeducationtrust.org.uk/shop/pf-shop/

Additional assessments for children with Hearing Loss
If a child/ young person appears to have a hearing difficulty that has not been previously identified, the first step is a GP referral to community paediatric audiology for further assessment. Parents should be asked to discuss this with their child's GP. Diagnosis of a difficulty by the community paediatric audiology team will trigger the involvement of the SENSS Hearing Impairment team who will work alongside the school to support the child's access to learning.

Additional assessments for children with Visual difficulties
If a child appears to have a visual difficulty that has not been previously identified parents should be referred to an optician or the child's GP. The optician or GP will be able to make a referral to an eye hospital if necessary. Diagnosis of a difficulty by the eye hospital will trigger the involvement of the SENSS Visual Impairment team who will work alongside the school to support the child's access to learning.

Additional assessments for children with Multi-Sensory Impairment

If a child appears to have a multi-sensory difficulty that has not been previously identified contact the Advisory teacher for multi-sensory impairment (MSI) from SENSS. The Advisory teacher for MSI will undertake specialist assessment and provide specialist advice. S/he will also advise about involving any other professionals.

Plan

Where it is decided to provide SEN support, and having formally notified the parents, the practitioner and the SENCO should agree, in consultation with the parent, the outcomes they are seeking, the interventions and support to be put in place, the expected impact on progress, development or behaviour, and a clear date for review. Plans should take into account the views of the child. The support and intervention provided should be selected to meet the outcomes identified for the child, based on reliable evidence of effectiveness, and provided by practitioners with relevant skills and knowledge. Any related staff development needs should be identified and addressed.
(SEN Code of Practice 2015)

Transition

SEN support should include planning and preparing for transition, before a child moves into another setting or school. This can also include a review of the SEN support being provided or the EHC plan. To support the transition, information should be shared by the current setting with the receiving setting or school. The current setting should agree with parents the information to be shared as part of this planning process. (SEN Code of Practice 2015)

Oxfordshire has a comprehensive EY Transition pack for practitioners 'Smooth Transitions in the Early Years: A Good Practice Guide' which provides lots of helpful information and templates.

<https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/childreducationandfamilies/informationforchildcareproviders/Toolkit/goodpractice/EYTransitionPack.pdf>

Planning for all children with SEN and those with Cognition and Learning difficulties:
'Thinking ahead' about the planned learning each week and how the child with a learning need will be supported to access it.
Any adaptations needed to the physical environment to help with access to learning, e.g. labelling of resources.
Any specialist equipment or resources, including ICT that may be helpful.
How the child's key person will help him/her to access learning opportunities.
Individual or small group work to focus on specific skills.
Where the child will sit for particular activities.
Considering reasonable expectations in relation to the specific needs of the child, e.g. the time that may be taken to complete a task.
Risk assessments relating to any health and safety issues.

Additional planning considerations for children with Communication and Interaction difficulties:
Help to make the day as predictable as possible by using visual timetables, now and next boards.
Any adaptations needed to the physical environment to help with access to learning, e.g. picture labelling of resources.
Any specialist equipment or resources, including ICT that may be helpful.
How the child's key person will help him/her to access learning opportunities.
Individual or small group work to focus on specific communication and interaction skills.
Where the child will sit for particular activities.
Any support that is needed during outdoor play to help the child to be part of a small group and/or to follow his/her own interests.
Enhanced transition planning into school or the next setting.
Careful planning for moving from the FS curriculum to KS1.

Additional planning considerations for children with Social Emotional and Mental Health difficulties
Help to make the day as predictable as possible by using visual timetables, now and next boards.
Consider checking in with the child as they arrive to ensure that they are ready to participate.
Keeping a close working relationship with parents/carers so that everyone in the child's life understands and is supportive of the child.
'Thinking ahead' about the planned learning each week and how the child with a SEMH need will be supported to access it.
Responding to the individual needs of the child.
How the child's key person will help him/her to access learning opportunities.
Individual or small group work to support personal learning targets and build self-confidence.
Where the child will sit for particular activities.
Risk assessments relating to any health and safety issues.
Enhanced transition planning into school or the next setting.

Additional planning considerations for children with Physical Difficulties
'Thinking ahead' about the planned learning each week and how the child with the physical need will be supported to access it.
Where and how the child will sit for particular activities.
Any adaptations needed to the physical environment to allow the child safe passage and support access to learning.
The support needed for personal care; eating and drinking, dressing, going to the toilet.

Any specialist equipment or resources, e.g. supportive seating, ICT, that may be helpful.
Risk assessments relating to any health and safety issues.
Individual or small group work to focus on specific skills.
How the child's key person will help him/her to access learning.
The training required for staff to deliver specific programmes and/or use specific equipment and for manual handling if needed.
Considering reasonable expectations in relation to the specific needs of the child, e.g. the time that may be taken to complete a task, tiredness due to the discomfort of using a wheelchair.

Additional planning considerations for children with Hearing Loss
Joint planning with a teacher of the deaf from SENSS.
Planning for learning opportunities throughout the child's day.
How background noise will be managed.
Any adaptations to the learning environment that may be needed.
Any specialist equipment or resources, including Radio Aid Systems, Sound Field Systems, ICT, that may be needed for the foundation stage curriculum.
The training and support needed for use and maintenance of equipment.
Access to individual sessions or small groups to support personal learning targets.
The adult support that may be required for accessing learning opportunities.
The implementation of strategies to ensure access to the language of the peer group and supporting adults.
Where the child will sit for particular activities.
Ensuring there is a family focused multi-agency working.

Additional planning considerations for children with Visual Difficulties
How the child will be supported to move around the learning spaces.
Any adaptations needed to the physical environment.
Risk assessments relating to any health and safety issues.
Any support needed for personal care; eating and drinking, dressing.
Any specialist equipment or resources, including ICT, that may be needed to support learning.
Adult support for accessing learning opportunities.
Seating position for particular activities.
Planning ahead to differentiate the activities to include the child with a visual condition
Allowing additional time to complete tasks.

Additional planning considerations for children with Multi-Sensory Impairment
Joint planning with the Advisory teacher for MSI from SENSS.
Responding to the individual needs of the child.
Planning for learning opportunities throughout the child's day.
'Thinking ahead' about the planned learning each week and how the child with multi-sensory need will be supported to access it.
Any specialist adaptations to the learning environment that may be needed.
How background noise will be managed.
Any specialist equipment or resources, including ICT that may be needed.
The training and support needed for use and maintenance of equipment.
Risk assessments relating to any health and safety issues.
Trained adult support to help the child to access learning.
Access to individual sessions or small groups to support personal learning targets.
Where and how the child will sit for particular activities.
Any support needed for personal care; eating and drinking, dressing.

Do

The early years practitioner, usually the child's key person, remains responsible for working with the child on a daily basis. With support from the SENCO, they should oversee the implementation of the interventions or programmes agreed as part of SEN support. The SENCO should support the practitioner in assessing the child's response to the action taken, in problem solving and advising on the effective implementation of support.

(SEN Code of Practice 2015)

The following suggestions are prompts to help settings support individual children. It is by no means exhaustive.

Additional provision to consider for all children with SEN and those with Cognition and Learning difficulties
The physical environment
Sit the child where they can best see and hear the adult in whole and small group activities.
Boxes of toys and equipment should be labelled with words and pictures depicting the content.
Teaching and learning
Provide developmentally appropriate toys, experiences and activities.
Use a visual timetable to help the child to understand the structure of the session.
Use visual prompts to engage the child in making choices, e.g. photos, symbols.
Use props and visual aids when giving information, telling stories etc.
Keep expectations clear and consistent.
Break down skills and activities into smaller achievable steps.
Avoid overloading the child with too many tasks and instructions at once.
Provide support to manage time limited tasks, e.g. sand timer, egg timer.
Modify the language that adults use; reduce, slow down, give take up time, use non-literal language with care.
Use photos to help the child link past and present – useful for predicting, making choices, sequencing.
Play memory games.
Play sound games and include phonological activities, e.g. can you find me something beginning with 'g'. What sound does Mary's name start with? etc.
There are strong links between physical development and cognitive development. Young children need to be able to engage in lots of physical activity e.g. balancing, throwing, catching, climbing and learning opportunities should be planned to take place outside as well as inside.
Make sure learning opportunities and expectations are challenging enough to be interesting but not so far out of the child's reach that they may become frustrated/or experience failure.
Follow young children's interests, e.g. go to activities that are already engaging the child and look for ways of extending learning there rather than taking the child away.

Allow time for children to process language and to consider their responses.
Repeat learning opportunities.
Play alongside and model new ways of playing and learning.
Help the child to feel secure and happy through positive messages and praise.
Use the child's areas of special interest to provide motivational learning opportunities.
The EYSEN toolkit contains ideas for activities, strategies and resources: https://www.oxfordshire.gov.uk/cms/public-site/early-years-sen-toolkit
For children with more complex needs Early Support information resources, available from the NCB website, provide useful and detailed information for professionals and parents. https://www.ncb.org.uk/what-we-do/our-priorities/early-years/resources-publications/resources-support-children-send
The Early Years Developmental Journal is designed for children in early years who have greater levels of need. https://www.ncb.org.uk/sites/default/files/uploads/documents/Early_years_docs/merged-early-years-developmental-journal.pdf

Additional provision to consider for children with Communication and Interaction difficulties
Modify the environment to help with any sensory issues; eg acoustic boards and ear defenders, avoid glare and harsh lighting, provide a quiet area for the child to withdraw to such as a soft corner or play tent.
Use Autism Education Trust's Sensory Environment Checklist and Sensory Assessment Checklist to formulate an action plan http://www.aetraininghubs.org.uk/wp-content/uploads/2014/06/sensory-environment-checklist.pdf http://www.aetraininghubs.org.uk/wp-content/uploads/2012/05/37.2-Sensory-assessment-checklist.pdf
Consider the best seating for the child, e.g. sit the child where they can best see and hear the adult in whole class and group activities or where the sensory demands are lowest.
Use visual cues (such as a cushion) to remind them where they should sit and encourage independence with this.
Boxes of toys and equipment should be labelled with words and pictures depicting the content.
Use a visual timetable to help the child to understand the structure of the session. Photos and symbols can be used to support understanding.
Use 'now next' boards and visual prompts when there is to be a change of activity to lower anxiety levels around change.
Keep expectations clear and consistent.
Give clear visual prompts when there is to be a change of activity supported by a verbal countdown such as a 'two minute/one minute warning'.
Provide support to manage time limited tasks, eg visual timer.

Teach children to recognise and use visual prompts to engage them in making choices, eg photos, symbols.
Use the child's name to focus attention individually before giving whole or small group instructions.
Teach 'pointing' when the child is unable to verbalise a choice.
Offer activities that encourage learning how to play rather than through play, eg imitating/mirroring activities, 'join in' songs like Wheels on the Bus, descriptive commentary and taught structured activities outside.
Use individual, pair and small group activities to teach specific skills, e.g. <i>Treasure Trove</i> (OCC/NHS) https://www2.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/child_reeducationandfamilies/informationforchildcareproviders/Toolkit/treasuretrove.pdf Spirals http://www.spiralstraining.co.uk/ ICAN materials https://www.ican.org.uk/about-us/
Use photographs for a variety of activities e.g. learning the names of children in the class, sequencing, making choices.
Modify the language that adults use; reduce, slow down, give take up time, use non-literal language with care.
Involve good peer role models and buddies, e.g. for language modelling and to help the child use learned skills in the everyday environment.
Create structured opportunities to engage in communication skills, such as asking another child for some fruit at snack time.
Help the child to recognise his/her own needs and those of others.
Only make social demands that the child has the ability to cope with – work towards involvement with a bigger group over time.
Use the child's areas of special interest to provide motivational learning opportunities.
The Early Years SEN Inclusion Team (EYSENITIT) toolkit contains ideas for activities, strategies and resources: https://www.oxfordshire.gov.uk/cms/content/early-years-sen-toolkit .

Additional provision to consider for children with Social, Emotional and Mental Health difficulties
Use quiet areas to give the child calm down time.
Set up regular active outdoor time for children who benefit from greater space for exuberant and noisy play.
Make it easy for a child to use resources without fuss or frustration; accessible storage, pictorial labels, things in the same place.
Ensure a consistent key person offering a strong relationship sensitive to the child's needs.
Ensure the environment offers support with periods of transition and other key triggers times for the child.
Arrange for activities to be available and planned into the child's day to de-escalate heightened levels of arousal, anxiety.

Use visual timetables and resources such as sand timers and lead in time to prepare the child for changes of routine.
Keep expectations and boundaries clear and consistent.
Use small group activities to develop self-esteem and confidence.
Give clear visual and verbal prompts when there is to be a change of activity (e.g. 2 minute/1 minute warning).
Use specific strategies consistently, for example praise for being ('what a lovely smile') and praise for doing ('thank you for tidying up the puzzles; that was really helpful').
Build in opportunities for the child to develop emotional literacy so that he/she can verbally communicate and understand the feelings that they and others have.
Give open access to specific activities that help to calm the child, eg pulley work, digging.
Ensure all adults use positive, enabling language. Use a fresh start principle to encourage a warm welcome to each new session every day.
Use the child's areas of special interest to engage him/her in motivational learning.
Helpful resources include:
<i>The Parenting Puzzle</i> by Candida Hunt, The Family Links Nurturing Programme.
<i>The Incredible Years</i> , Caroline Webster Stratton, Incredible Years 2006.
<i>Promoting Positive Behaviour</i> , National Day Nurseries Association, Hope Education.
<i>Supporting Children with Behavioural, Emotional and Social difficulties: Inclusion Development Programme</i> (now in the National Archives).
<i>Why Love Matters</i> , Sue Gerhart, Brunner-Routledge, 2004.
<i>Good Grief</i> , Barbara Ward and Associates, Jessica Kingsley
<i>Behavioural and Emotional difficulties</i> , Hannah Mortimer, Scholastic, 2002.
<i>Box of Feelings</i> , Distributed by Speechmark Publishing Ltd, ISBN 978-1-901487-03-9.
The EYSEN toolkit contains ideas for activities, strategies and resources: https://www.oxfordshire.gov.uk/cms/public-site/early-years-sen-toolkit

Additional provision to consider for children with Physical Difficulties
The physical environment
Make adaptations to make movement easy and safe, eg decluttering, using different textures and colours to aid navigation.
Put the child's coat peg at the end of the line where it is easiest to find.
Provide equipment to support learning, eg a computer with a variable speed mouse, bigger puzzles, a range of balls and beanbags.
Sit the child where they can best see and hear the adult in whole and small group activities using specialist seating if needed.
Provide seating to help when changing clothes.
Have a private changing area near the toilet.
Accessing learning
Break down skills and activities into smaller achievable steps.

Provide sensory and kinaesthetic experiences indoors and out, for example shaving foam or fine sand to 'draw' in, big painting on vertical surfaces.
Provide developmentally appropriate toys, experiences and activities that enable the child to learn without feeling over challenged.
Aim to support the child while encouraging him/her to do everything that they can for themselves.
Manage the pace of learning to allow additional time for completion of tasks and for fatigue.
Use individual, pair and small group activities to teach specific skills: <ul style="list-style-type: none"> • understanding language, memory and reasoning, e.g. understanding and answering questions • early literacy and numeracy skills, e.g. looking at books, counting and recognising numbers • sequencing and organising, e.g. toilet routines or changing clothes or shoes for physical activities • problem solving and developing concepts, e.g. big and little, shapes • fine and gross motor skills, e.g. threading beads, riding a tricycle, throwing and catching • listening and attending, e.g. responding to adult requests, sharing stories within a small group.
Use visual prompts to support memory and independence: visual timetables, objects of reference, pictorial labels on storage.
The EYSEN toolkit contains ideas for activities, strategies and resources: https://www.oxfordshire.gov.uk/cms/public-site/early-years-sen-toolkit .

Additional provision to consider for children with Hearing Impairment
The physical environment
Use quiet areas where appropriate.
Walls, ceilings and floors may need acoustic modifications.
Access will be needed to appropriate audiological equipment e.g. Sound Field System, a Radio Aid System.
Support will be needed for management of all audiological equipment including a daily checking routine.
Ensure good lighting.
Sit the child where they can best see and hear the adult in whole and small group activities, as advised by the teacher of the deaf.
Use specialist materials and equipment including ICT to support personalised learning and reinforcement of previous learning.
Ensure that equipment is used effectively and consistently.
Use small group activities in a quiet environment to support the child's listening and learning.
Use individual and small group activities to prepare the child for the learning that will take place in a later whole group activity and to consolidate vocabulary and language development.

Use some 1:1 activities as advised by the teacher of the deaf.
Use role models and buddies who have good language and communication skills to provide support to develop interactions.
Provide opportunities for the child to hear and use language in meaningful situations.
Ensure that spoken language is reinforced with visual cues and clues, eg by using a visual timetable.
Manage the pace of learning to allow additional time for completion of tasks and time for clear explanation to ensure linguistic understanding.
Ensure that learning targets and strategies are implemented throughout the child's day.
Be prepared for fluctuations in hearing levels that will affect access to learning.
The EYSEN toolkit contains ideas for activities, strategies and resources: https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/early-years-sen-toolkit

Additional provision to consider for children with Visual Impairment
The physical environment
Create a vision friendly environment: leave space between tables, keep the floor clear, keep resources tidy and organised with clear labels, use different textures and colours to aid navigation, or clear symbols such as footprints to mark the way to key areas like the toilets
Use contrast to make things more visible, e.g. a dark background with white lettering on a notice board.
Ensure that the whiteboard is clean and that you use a contrasting pen and well-spaced, clear writing. The child may need their own copy of information on the board
Ensure good lighting and be aware of the impact of shadows, glare and reflected light.
Position the child where they can best see and hear the adult in whole class and group activities, as advised by the specialist support teacher.
Encourage the child to wear his/her spectacles if prescribed; if possible keep a spare pair handy.
Use low vision aids and specialist technology if prescribed.
Teaching and learning
Make sure that clear verbal instructions, descriptions and explanations accompany each learning activity.
Provide a range of sensory experiences to support learning, eg real objects to illustrate a story rather than pictures.
Use Big books and books with tactile elements.
Use objects of reference to support understanding e.g. a cup for drinks time.
When teaching a physical skill start by using big versions of the task, eg big beads and stiff thread, and work down to smaller ones as the task is mastered.
Manage the pace of learning to allow additional time for completion of tasks and to minimise visual fatigue.

Use individual and small group activities to prepare the child for the learning that will take place in a later whole group activity.

Additional provision to consider for children with Multi-Sensory Impairment

The physical environment

Use quiet areas where appropriate.

Walls, ceilings and floors may need acoustic modifications.

Ensure good lighting; avoid shadows, glare and reflected light.

Make adaptations to make movement around the room easy and safe, eg decluttering, using different textures and colours to aid navigation.

Support will be needed for management of all audiological equipment including a daily checking routine.

Sit the child where they can best see and hear the adult in whole class and group activities, as advised by the Advisory teacher.

Teaching and learning

Use a key worker to ensure that equipment is used effectively and learning targets and strategies remain in place during the whole of the child's day.

Use small group activities in a quiet environment to support the child's listening and learning.

Use some 1:1 activities to support specific targets as advised by the Advisory teacher.

Use individual and small group activities to prepare the child for the learning that will take place in a later whole group activity and to consolidate vocabulary and language development.

Give clear verbal descriptions and instructions through the child's preferred mode of communication, e.g. objects of reference, pictures, symbols, hand over hand signing.

Use auditory, visual and kinaesthetic approaches to help the child to access learning.

Use specialist materials and equipment, including ICT, to support personalised learning.

Manage the pace of learning to allow additional time for completion of tasks and for regular rest breaks.

Be prepared for fluctuations in hearing and vision levels that will affect access to learning.

Review

Involving parents and pupils in planning and reviewing progress

The effectiveness of the support and its impact on the child's progress should be reviewed in line with the agreed date. The impact and quality of the support should be evaluated by the practitioner and the SENCO working with the child's parents and taking into account the child's views. They should agree any changes to the outcomes and support for the child in light of the child's progress and development. Parents should have clear information about the impact of the support provided and be involved in planning next steps.

This cycle of action should be revisited in increasing detail and with increasing frequency, to identify the best way of securing good progress. At each stage parents should be engaged with the setting, contributing their insights to assessment and planning. Intended outcomes should be shared with parents and reviewed with them, along with action taken by the setting, at agreed times.

The graduated approach should be led and co-ordinated by the setting SENCO working with and supporting individual practitioners in the setting and informed by EYFS materials, the Early Years Outcomes guidance and Early Support resources (information is available at the National Children's Bureau website.) (SEN Code of Practice 2015 p87)

Record keeping

*Practitioners **must** maintain a record of children under their care as required under the EYFS framework. Such records about their children **must** be available to parents and they **must** include how the setting supports children with SEN and disabilities. (SEN Code of Practice 2015 p88)*

Keeping provision under review

Providers should review how well equipped they are to provide support across the four broad areas of SEN. Information on these areas is collected through the Early Years Census, and forms part of the statutory publication 'Children and Young People with SEN: an analysis' which is issued by DfE each year. (SEN Code of Practice 2015 p88)

External Agency Support

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

Referrals to Early Years SEN Team, Integrated Therapy Team (Physiotherapy, Occupational Therapy, Speech and Language Therapy) and Physical Difficulties Team should be via the Single Point of Request for Involvement (SPORFI) with parental consent.

For further advice with assessment and planning for ALL children with SEN:
Settings should consider contacting the child's Health Visitor (with parental consent) or their link health visiting team for an anonymous discussion: https://www.oxfordhealth.nhs.uk/0-5-years-public-health-service/
Settings should contact the Early Years SEN Team (EYSEN) for children in Nursery. This team is able to carry out no-names telephone consultations, and further referrals can be considered for children who have complex needs and have been referred to the community paediatrician. https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/service.page?id=ezijsMIND7rA
Referrals to Integrated Therapy Team (Physiotherapy, Occupational therapy, Speech and Language Therapy) and Physical Difficulties Team should be made via the Single Point of Request for Involvement (SPORFI) with parental consent. https://www.oxfordshire.gov.uk/residents/children-education-and-families/early-years-education/early-support
General Practitioner (GP) via family
GP referral to Community Paediatrician for assessment via family
For children where there may be external factors contributing to their Special Educational Needs it may be appropriate to consider an Early Help Assessment (EHA): https://www.oxfordshire.gov.uk/residents/children-education-and-families/childrens-services/integrated-childrens-services/early-help-assessment

For further advice with assessment and planning for children with Communication and Interaction contact:
See further advice with assessment and planning for all children with SEND (above)
Referrals to the Speech and Language Therapy service can be made via the Single Point of Request for Involvement (SPORFI) with parental consent. https://www.oxfordshire.gov.uk/residents/children-education-and-families/early-years-education/early-support
The Oxfordshire Children's Occupational Health website has useful sensory strategies https://www.oxfordhealth.nhs.uk/childrens-occupational-therapy/resources/
For children in Reception classes (and above) schools can make referrals to the Communication and Interaction team: https://www.oxfordshire.gov.uk/residents/children-education-and-families/education-and-learning/special-educational-needs-and-disability-local-offer/communication-and-interaction

Further advice with assessment and planning for children with Cognition and Learning Needs
See further advice with assessment and planning for all children with SEND (above)
For children with more complex needs in Reception classes (and above) schools can make referrals to the Down Syndrome and Complex Needs Team: https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/service.page?id=sByfuZlyl3Q

Further advice with assessment and planning for children with Social Emotional and Mental Health difficulties
See further advice with assessment and planning for all children with SEND (above)
If a child appears to have a Social, Emotional or Mental health difficulty that has not been previously identified in discussion and agreement with the parents/carers advice could be sought from:
The Early Years SEN Team if the child has been referred to a community paediatrician and is not yet in a reception class. A no name consultation is available if the child has not yet been referred to a paediatrician. https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/service.page?id=eZjsMIND7rA
Oxfordshire Health Visitors https://www.oxfordhealth.nhs.uk/0-5-years-public-health-service/
General Practitioner (GP)
GP referral to Community Paediatrician for assessment
For children where there may be external factors contributing to their SEMH needs it may be appropriate to consider an Early Help Assessment (EHA) https://www.oxfordshire.gov.uk/residents/children-education-and-families/childrens-services/integrated-childrens-services/early-help-assessment

<p>For Looked After children, adopted and under special guardianship order contact the Virtual School (VSLAC) https://www2.oxfordshire.gov.uk/cms/public-site/virtual-school-looked-after-children-and-care-leavers-0-25</p>
<p>The ATTACH team offer support to children who are living away from their birth parents, including those living in foster care, kinship care, or in adoptive families http://schools.oxfordshire.gov.uk/cms/content/attach-team</p>
<p>For children who have physical difficulties with poor emotional regulation: Oxfordshire Children's Occupational Therapist Website https://www.oxfordhealth.nhs.uk/service_description/oxfordshire-childrens-occupational-therapy/</p>
<p>The Oxfordshire Directory of Local Services (Diminishing Difference) document outlines available additional support within the county. https://sites.create-cdn.net/sitefiles/31/4/9/314937/OXSIT_Provision_Map_1819.pdf</p>

<p>For further advice with assessment and planning for children with Physical Difficulties contact:</p>
<p>See further advice with assessment and planning for all children with SEND (above)</p>
<p>The SENSS Physical Disability team. https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/service.page?id=Pt3NNmbgPUE</p>
<p>Referrals to the Integrated Therapies team (Physiotherapy, Occupational therapy, Speech and Language Therapy) can be made via the Single Point of Request for Involvement (SPORFI) with parental consent. https://www.oxfordshire.gov.uk/residents/children-education-and-families/early-years-education/early-support</p>

<p>For further advice with assessment and planning for children pupils with Hearing Impairment</p>
<p>See further advice with assessment and planning for all children with SEND (above)</p>
<p>The SENSS Hearing Impairment (HI) Team may observe, undertake specialist assessment and give advice to the setting; this can be used to inform the child/ young person's learning programme. Referral to this team is usually done through the hospital Paediatrics. http://schools.oxfordshire.gov.uk/cms/content/hearing-impairment-hi-team</p>
<p>Social and Community Services (Hearing Impairment Team) can give advice on independent living skills, and can assess the needs for additional equipment, e.g. vibrating alarm clocks. https://livewell.oxfordshire.gov.uk/Services/175/Hearing-Impairment-T</p>
<p>It may also be helpful to involve the Speech and Language Therapy Service (Integrated Therapies team) https://www.oxfordhealth.nhs.uk/service_description/oxfordshire-childrens-therapy/</p>

For further advice with assessment and planning for children with Visual Impairment

If a child appears to have a visual difficulty that has not been previously identified parents should be referred to an optician or the child's GP. The optician or GP will be able to make a referral to an eye hospital if necessary. Diagnosis of a difficulty by the eye hospital will trigger the involvement of the SENSS Visual Impairment team who will work alongside the school to support the child's access to learning.

For further advice with assessment and planning for children with Multi-Sensory Impairment

If a child appears to have a multi-sensory difficulty that has not been previously identified contact the Advisory teacher for multi-sensory impairment (MSI) from SENSS. The Advisory teacher for MSI will undertake specialist assessment and provide specialist advice. S/he will also advise about involving any other professionals.

Supporting Wider Outcomes

Supporting Wider Outcomes for <u>all</u> children with SEN and those with Cognition and Learning difficulties
All staff should be aware of the implications of the child's needs and how to respond appropriately.
Support may be needed for the child to access out of school/setting activities including trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
Information about out of school activities including child/young person care and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website. https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/home.page
Early Support information resources, available from the CDC website, provide useful and detailed information for staff and parents. https://councilfordisabledchildren.org.uk/our-work/whole-child/practice/early-support-integrated-and-person-centered-approach
Some funding may be available through the Inclusion Support Scheme or the Enabler Support Scheme. Further information and access criteria are available on the Local Offer. https://www.oxfordshire.gov.uk/residents/children-education-and-families/information-parents/breaks-disabled-children

Supporting Wider Outcomes for children with Communication and Interaction difficulties
All staff should be aware of the implications of the child's communication and interaction needs and how to respond appropriately.
Settings must consider what support or adjustments may be needed for the child to access out of school/setting activities including trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/home.page
Useful websites and resources include: ICAN https://www.ican.org.uk/about-us/ AFASIC https://www.afasic.org.uk/ The Communication Trust http://www.thecommunicationtrust.org.uk/early-years The National Autistic Society https://www.autism.org.uk/ Autism Education Trust https://www.autismeducationtrust.org.uk/ and Autism Education Trust Early Years Programme https://www.autismeducationtrust.org.uk/training-programme/early-years/
Leicestershire County Council website has links to Every Child a Talker resources https://resources.leicestershire.gov.uk/search/site/ecat

The Inclusion Development Programme (www.idponline.org.uk) has advice and resources for supporting children with speech language and communication and also autistic spectrum conditions.
Children and Family Centres offer a range of support to vulnerable children and families. https://www.oxfordshire.gov.uk/residents/children-education-and-families/information-parents/children-and-family-centres
Early Support information resources, available from the NCB website, provide useful and detailed information for staff and parents. https://www.ncb.org.uk/what-we-do/our-priorities/early-years The Early Support Developmental Journal may be appropriate for children with more complex needs. https://www.ncb.org.uk/sites/default/files/uploads/documents/Early_years_docs/merged-early-years-developmental-journal.pdf

Supporting Wider Outcomes for children with Social, Emotional and Mental Health difficulties
All staff should be aware of the implications of the child's social, emotional and mental health needs and how to respond appropriately.
An Early Help Assessment (EHA) is part of the assessment process for children with SEMH difficulties and should be used where appropriate. https://www2.oxfordshire.gov.uk/cms/content/early-help-assessment-and-team-around-family
Support may be needed for the child to access out of school/setting activities including trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website. https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/service.page?id=tE6THpwNxFs

Supporting Wider Outcomes for children with Physical Difficulties
All staff should be aware of the implications of the child's social, emotional and mental health needs and how to respond appropriately.
Support may be needed for the child to access out of school/setting activities including trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website.

Supporting Wider Outcomes for children with Hearing Impairment
All staff should be aware of the implications of the child's hearing needs and how to respond appropriately.
Support may be needed for the child to access out of school/setting activities including clubs, sports and trips. Information sharing, with consent of parents, where appropriate can help the child to participate successfully. The SENSS (HI) Team have guidance materials for trips and visits, including swimming. In addition, equipment can be loaned outside school through a Loan agreement. Information sharing, with consent of parents where appropriate can help the child to participate successfully.
There are a number of organisations that produce information and guidance including: The National Deaf Children's Society (NDCS) https://www.ndcs.org.uk/ The local branch, Oxfordshire Deaf Children's Society (ODCS), supports children and families more directly.
Early Support information resources, available from the Council for Disabled Children website, provide useful and detailed information for staff and parents. This includes the Monitoring Protocol for deaf babies and children, a developmental journal that tracks and supports the next steps of developmental milestones in communication, listening, talking, physical, social and play. https://councilfordisabledchildren.org.uk/help-resources/resources/early-support-information-deafness-and-hearing-loss
Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website. https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/home.page

Supporting Wider Outcomes for children with Visual Impairment
All staff should be aware of the implications of the child's visual condition and appropriate support strategies.
Support may be needed for the child to access out of school/setting activities including trips.
Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website. https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/home.page
<ul style="list-style-type: none"> • The RNIB has a comprehensive website with useful information for parents and teachers and a library of resources including some that can be loaned www.rnib.org • Early Support information resources, available from the Council for Disabled Children website, provide useful and detailed information for staff and parents, including an updated developmental journal. https://councilfordisabledchildren.org.uk/help-resources/resources/updated-developmental-journal-babies-and-young-children-visual-impairment

Supporting Wider Outcomes for children with Multi-Sensory Impairment

All staff should be aware of the implications of the child's multi-sensory needs and how to respond appropriately.

Support may be needed for the child to access out of school/setting activities including trips. Information sharing, with consent of parents where appropriate can help the child to participate successfully.

Information about out of school/setting activities including childcare and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website. Including information about the Sensory Group for children with MSI.

<https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/service.page?id=tE6THpwNxFs>

There are a number of organisations that produce information and guidance including the NDCS (National Deaf Children's Society) and SENSE, a national charity supporting deafblind people.

- **National Deaf Children's Society (NDCS)** <https://www.ndcs.org.uk/>
- **SENSE** <https://www.sense.org.uk/>
- **CHARGE** family support group www.chargesyndrome.org.uk

Early Support information resources, available from the Council for Disabled Children website, provide useful and detailed information for staff and parents.

<https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/merged-children-and-young-people-with-multiple-needs.pdf>

'*Making Sense Together: practical approaches to supporting children who have multi-sensory impairments*' by Rosalind Wyman is a useful resource.

Further Information and Training for Practitioners

All types of SEN
Check Oxfordshire's Steps into Training for a range of courses in the identification and support of children with different types of SEN: https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/support-early-years-providers/training-childcare-providers/step-training
The Oxfordshire EYSEN toolkit contains ideas for activities, strategies and resources for supporting all types of SEN needs: https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/early-years-sen-toolkit

Communication and Interaction
The Inclusion Development Programme (www.idponline.org.uk) has advice and resources for supporting children with speech language and communication and also autistic spectrum conditions.
National Autistic Society Offers a range of information and online training modules https://www.autism.org.uk/professionals/training-consultancy/online.aspx
Department of Health Autism training <ul style="list-style-type: none">• https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215651/dh_128203.pdf
<ul style="list-style-type: none">• Useful websites and resources include:• ICAN https://www.ican.org.uk/about-us/• AFASIC https://www.afasic.org.uk/• The Communication Trust http://www.thecommunicationtrust.org.uk/early-years• The National Autistic Society https://www.autism.org.uk/• Autism Education Trust https://www.autismeducationtrust.org.uk/• Autism Education Trust Early Years Programme https://www.autismeducationtrust.org.uk/training-programme/early-years/
Leicestershire County Council website has links to Every Child a Talker resources: https://resources.leicestershire.gov.uk/search/site/ecat

Social, Emotional and Mental Health
NASEN online training module: http://www.nasen.org.uk/newsviews/newsviews.free-online-elearning-module-for-semh.html
The Inclusion Development Programme has useful support and resources: www.idponline.org.uk

<p>Early Support information resources, available from the CDC website, provide useful and detailed information for professionals and parents. https://www.ncb.org.uk/news-opinion/news-highlights/best-practice-framework-help-schools-promote-social-and-emotional-well</p>
<p><i>Realistic Positivity: understanding the additional needs of children placed for adoption, and supporting families when needs are unexpected</i> –National Children’s Bureau (NCB) and Council for Disabled Children (CDC) July 2018. https://www.ncb.org.uk/resources-publications/resources/realistic-positivity</p>

Physical Difficulties
<p>Early Support information resources, available from the Council for Disabled Children (CDC) website, provide useful and detailed information for staff and parents. https://councilfordisabledchildren.org.uk/our-work/whole-child/practice/early-support-integrated-and-person-centered-approach</p>
<p>The Dyspraxia Foundation https://dyspraxiafoundation.org.uk/about-dyspraxia/dyspraxia-glance/</p>
<p>Oxfordshire Children’s Occupational Therapy Service https://www.oxfordhealth.nhs.uk/childrens-occupational-therapy/resources/</p>

Hearing Impairment
<p>The Oxfordshire EYSEN toolkit contains ideas for activities, strategies and resources for supporting children with HI: https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/early-years-sen-toolkit</p>
<p>Early Support information resources, available from the Council for Disabled Children (CDC) website, provide useful and detailed information for staff and parents. https://councilfordisabledchildren.org.uk/our-work/whole-child/practice/early-support-integrated-and-person-centered-approach</p>
<p>Sensory Impairment Team for families with children who have hearing impairment https://www.oxfordshire.gov.uk/residents/social-and-health-care/adult-social-care/living-home/equipment-aids-and-adaptations/sensory-impairment</p>

Visual Impairment
<p>The Oxfordshire EYSEN toolkit contains ideas for activities, strategies and resources for supporting children with VI: https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/sen-support-providers/early-years-sen-toolkit</p>
<p>RNIB has a comprehensive website with useful information for parents and teachers and a library of resources including some that can be loaned www.rnib.org</p>
<p>Early Support information resources, available from the Council for Disabled Children (CDC) website, provide useful and detailed information for staff and parents. https://councilfordisabledchildren.org.uk/our-work/whole-child/practice/early-support-integrated-and-person-centered-approach</p>

Sensory Impairment Team for families with children who are visually impaired
<https://www.oxfordshire.gov.uk/residents/social-and-health-care/adult-social-care/living-home/equipment-aids-and-adaptations/sensory-impairment>

Multi-Sensory Impairment

There are a number of organisations that produce information and guidance including:

- **National Deaf Children's Society (NDCS)** <https://www.ndcs.org.uk/>
- **SENSE**, a national charity supporting deafblind people
<https://www.sense.org.uk/>
- **CHARGE** family support group www.chargesyndrome.org.uk

'Making Sense Together: practical approaches to supporting children who have multi-sensory impairments' by Rosalind Wyman is a useful resource.

Sensory Impairment Team for families with children under 5 who have MSI and have a combination of vision and hearing loss.
<https://www.oxfordshire.gov.uk/residents/social-and-health-care/adult-social-care/living-home/equipment-aids-and-adaptations/sensory-impairment>

Early Support information resources, available from the Council for Disabled Children (CDC) website, provide useful and detailed information for staff and parents.
<https://councilfordisabledchildren.org.uk/our-work/whole-child/practice/early-support-integrated-and-person-centered-approach>

Information and Support for Families

Information and Support for Families
Information about out of school activities including child/young person care and short breaks is also available from the Family Information Service Directory (FISD) via the Oxfordshire County Council Local Offer website. https://fisd.oxfordshire.gov.uk/kb5/oxfordshire/directory/home.page
Advice, support and information for parents and carers are available from a range services and organisations. See Oxfordshire's Local Offer website (https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer).
Children and Family Centres offer a range of support to vulnerable children and families. https://www.oxfordshire.gov.uk/residents/children-education-and-families/information-parents/children-and-family-centres
Special Educational Needs and Disability Information Advice and Support Service (SENDIASS) Oxfordshire offers advice and support to parents, and can help parents, carers and professionals to work together to support the inclusion and achievement of children and young people with SEN. https://www.oxfordshire.gov.uk/residents/children-education-and-families/education-and-learning/special-educational-needs-and-disability-local-offer/information-advice-and-support-parents-and-children-about-sen/sendiaass-oxfordshire

Glossary

The Local Offer has contact details for many of the services and organisations mentioned in this document and in the glossary below. Access at:

<https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>

Acronym, word or phrase	Definition or information
ADD and ADHD	Attention Deficit (Hyperactivity) Disorder A diagnosis based upon difficulties with attention and impulsiveness.
ASD or ASC	Autistic Spectrum Disorder or Condition Learners with ASD find it difficult to: <ul style="list-style-type: none"> • understand and use non-verbal and verbal communication • understand social behaviour, which affects their ability to interact with children and adults • think and behave flexibly, which may be shown in restricted, obsessional or repetitive activities • moderate their responses to sensory inputs such as noise, visual distractions or tactile experiences.
Assessment	An ongoing process of finding out a learner's progress, achievements, strengths and needs.
APD	Auditory Processing Disorder A difficulty in the processing of auditory information that may be associated with difficulties in listening, speech understanding, language development and learning.
(P) CAMHS	(Primary) Child and Adolescent Mental Health Service.
CoP or SENDCoP	Code of Practice for SEN and Disability
C&I	Communication and Interaction This includes speech language and communication difficulties and Autism Spectrum Conditions.
C&L	Cognition and Learning This describes a wide range of difficulties with thinking and learning. It includes moderate, severe, and profound and multiple difficulties as well as specific difficulties with one of more particular aspects of learning (SpLD).
DCD	Developmental Coordination Disorder is a condition that affects movement and coordination. It can also have a big impact on learning. It is sometimes referred to as dyspraxia – see below.
Differentiation	The way in which teaching and learning opportunities are adapted to meet a range of needs.
Dyscalculia	Learners with dyscalculia have difficulty in acquiring mathematical skills. Learners may have difficulty understanding simple number concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures.
Dyslexia	Learners with dyslexia have a marked and persistent difficulty in learning to read, write and spell, despite progress in other areas.

	Learners may have poor reading comprehension, handwriting and punctuation. They may also have difficulties in concentration and organisation, and in remembering sequences of words. They may mispronounce common words or reverse letters and sounds in words.
Dyspraxia/DCD	Pupils with dyspraxia are affected by an impairment or immaturity of the organisation of movement, often appearing clumsy. Gross and fine motor skills are hard to learn and difficult to retain and generalise. Pupils may have poor balance and coordination and may be hesitant in many actions (running, skipping, hopping, holding a pencil, doing jigsaws, etc). Their articulation may also be immature and their language late to develop. They may lack awareness of body position and have poor social skills.
EAL	English as an Additional Language.
EHA	Early Help Assessment The EHA is a standardised framework for conducting an assessment of a child or family's additional needs across a range of areas and deciding how those needs should be met. It aims to help the early identification of additional needs and promote co-ordinated service provision to meet them.
EHCP	Education Health and Care Plan.
EP(S)	Educational Psychologist/y (Service) Educational Psychologists are trained in psychology, learning and child development. They give specialist support and advice to settings, schools, parents and learners.
EYFS	Early Years Foundation Stage The EYFS provides the statutory framework for learning in the foundation years.
EYSENIT team	Early Years Special Educational Needs team includes Early Years SEN Inclusion Teachers (EYSENITIT) who work with individual children and their families and support inclusive practice in foundation years settings, and Early Support Assistants who work with young children with SEN and their families.
FSS	Family Solutions Service
HI	Hearing Impairment Learners with HI range from those with a mild hearing loss to those who are profoundly deaf. They cover the whole ability range.
GRT	Gypsy Roma Traveller
IPS	Independent Parental Supporter IPS are trained volunteers who give practical support to parents of children with special educational needs.
Key working	A key worker acts as the main link person for a child.
LAC	Looked After Child
LCSS	Local Community Support Service
Local Offer	The Local Offer brings together in one place information advice and support for parents and young people about SEN and disability. It is also useful for professionals. Oxfordshire's Local Offer can be accessed at:

	https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer
MSI	<p>Multi-Sensory Impairment</p> <p>Learners with MSI have a combination of visual and hearing difficulties. They are sometimes referred to as deafblind but may have some residual sight and/or hearing. Many also have additional disabilities but their complex needs mean it may be difficult to ascertain their intellectual abilities. Learners with MSI have much greater difficulty accessing the curriculum and the environment than those with a single sensory impairment. They have difficulties in perception, communication and in the acquisition of information. Incidental learning is limited. The combination can result in high anxiety and multi-sensory deprivation.</p>
National Curriculum	The National Curriculum sets out the statutory entitlement to learning for all children of school age.
Occupational Therapist (OT)	Occupational Therapists are trained to advise on aids and adaptations that will help with daily living and curriculum access.
OXSIT	Oxfordshire School Inclusion Team.
Paediatrician	A doctor with specialist expertise in babies and children. Community paediatricians are often involved with the early identification of additional needs.
Paediatric Audiology	The health team that assess children's hearing.
Parent	A parent is any person with parental responsibility for a child or who cares for him/her as set out in Section 576 of the Education Act 1996.
PD	<p>Physical Difficulties</p> <p>There is a wide range of physical disabilities and learners cover the whole ability range. Some learners are able to access the curriculum and learn effectively without additional educational provision. They have a disability but do not have an SEN. For others, the impact on their education may be severe.</p> <p>In the same way, a medical diagnosis does not necessarily mean a pupil has an SEN. It depends on the impact the condition has on their educational needs.</p> <p>There are a number of medical conditions associated with physical disability that can impact mobility. These include cerebral palsy, heart disease, spina bifida and hydrocephalus, and muscular dystrophy. Learners with physical disabilities may also have sensory impairments, neurological problems or learning difficulties.</p> <p>Some learners are mobile but have significant fine motor difficulties that require support. Others may need augmentative or alternative communication aids.</p>
Phonics Screening Test	An assessment of phonic knowledge completed by children in Year 1.
Physiotherapist (PT)	Physiotherapists are trained to help with physical disabilities. They advise on and support special exercise programmes and provide specialist equipment.

Provision map	A provision map is a way of showing the range of support available to pupils with SEN within a school. It may be organised by age group or key stage and/or by area of need.
P&S	Physical and Sensory Difficulties
SDQ	Strengths and Difficulties Questionnaire is an evidence-based tool to help schools to judge whether a child has a mental health need. It is available free of charge from http://www.sdqinfo.com/ .
SEMH	Social Emotional and Mental Health
SEND	Special Educational Need and Disability
SENCo	Special Educational Needs Co-ordinator The member of staff of a setting or school who has responsibility for coordinating SEN provision within that setting school. In a small school the headteacher or deputy may take on this role. In larger schools there may be an SEN coordinating team.
SENDIASS	Special Educational Needs and Disability Information Advice and Support Service (formerly Parent Partnership) SENDIASS provides impartial advice and information to parents whose children have special educational needs. They offer support on all aspects of SEN to help parents play an informed and active role in their child's learning.
SENSS	Special Educational Needs Support Services SENSS includes specialist teams for C&I, HI, VI, PD, MSI, and Down's Syndrome and Complex Needs, and SENICTAAC (Special Educational Needs Information Communication Technology and Augmentative and Alternative Communication)
SEMH	Social Emotional and Mental Health
Simultaneous oral spelling	Simultaneous oral spelling is a useful way of learning spelling patterns and individual words. At its simplest it involves asking the learner to say the word, spell it aloud while looking at it, cover it up and spell it aloud a few times as needed, then write it down.
SLT	Speech and Language Therapist A SLT is trained to assess and treat speech, language, voice and fluency difficulties and disorders. SLTs give advice to settings and schools and work with children and parents.
SNAST	Special Needs Advisory Support Teacher
SpLD	Specific Learning Difficulty Dyscalculia, Dyslexia and Dyspraxia are all Specific Learning Difficulties
Specialist or Advisory Teacher	A teacher with specialist expertise who works across the county giving support and advice to settings and schools.
TA	Teaching Assistant
TAF	Team Around the Family
VI	Visual Impairment Learners have a visual impairment if their sight is not correctable by wearing glasses or contact lenses.

Graduated Response Diagram

