

Graduated Approach for

children with SEND in the Early Years

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# Introduction

Welcome to NE Lincs Profile of Need and Graduated Response. The aim of this document is to provide clear and consistent guidance for NE Lincolnshire’s expectations of the different thresholds for Special Educational Needs and Disabilities as applied in an education setting. This is so that we can help the education and training sector, parents, carers, and allied professionals understand what we expect in terms of professional decision making, at the earliest stage possible, to ensure that children’s needs are identified, and the most appropriate support put in place. This will enable all children to progress and realise their individual potential.

This document provides a clear, graduated framework for all settings and stakeholders to provide well-coordinated early intervention and support.

The principles in this document are underpinned by the SEND Code of Practice. Most children with SEND will achieve their outcomes through arrangements which can be implemented without the need for an EHC Plan. This can be achieved through differentiation, making reasonable adjustments, taking a person-centred approach and by liaising with a range of multi-agency partners.

It is designed for children aged 0 – 5, covering children from birth to Reception Year (Year R) at school. This aligns with the Early Years Foundation Stage curriculum. It can be used by anyone who delivers the EYFS, whether that is a childminder, large nursery chain, independent nursery or nursery attached to a school. Some of the referrals and funding streams listed within the ‘Assessment and Planning’ and ‘Intervention and Support’ sections are not available for children in their Reception Year at School so please read with some caution. It is the Interventions that are listed within these sections that may be appropriate for some children in their Reception Year if they are not making expected progress.

# What is a Graduated Response?

The SEND Code of Practice expects barriers to learning to be removed and measures put in place to enable effective educational provision to be available and accessible to all. Where a child is identified as having a special educational need and/or disability, a cycle of support must be in place. This cycle includes four stages of Assess Plan Do and Review. By following this cycle, you will be able to continuously adapt support to meet the child’s needs and secure good outcomes. This defines a graduated approach.

The SEND Code of Practice advises that you should have a clear approach to identifying and responding to SEND. The benefits of early identification are widely recognised – identifying need at the earliest point, and then making effective provision, improves long-term outcomes for children.

By using a graduated approach, you will develop a greater understanding of a child’s individual needs and be able to provide a person-centred response.

Early action to address identified needs is critical to the future progress and improved outcomes that are essential in helping the child to prepare for adult life. (SEND Code of Practice 2015)

# How to use the Graduated Response

The Early Years Graduated Response has two parts.

# Part One: The Profile of Need (Assess)

**This is divided into four areas of need:**

• Communication and Interaction

• Cognition and Learning

• Social, Emotional and Mental Health

• Physical and Sensory Needs (including Hearing Impairment, Visual Impairment and/or Multi-Sensory Impairment)

You can use the Profile of Need at any time when a picture of a child’s achievements is needed. This can be achieved by highlighting the sections which most accurately reflect the child’s development at the time. By completing this task, you will create a visual summary of where the child sits on the Profile of Need. This will enable you to identify if the child is mainly sitting in Universal, Setting Support, Specialist Support or Statutory Assessment.

• Universal- Support and access to services that enable **all** children and their families to be healthy, stay safe, enjoy life, and achieve their full potential. This includes everything you do in an early years setting for **all** children.

• Setting Support- most children will have their needs met through an early year’s provision which adapts to meet individual need. This may include an application to the Early Years Inclusion Funding (EYIF) or differentiating the curriculum or your approach to meet their needs.

• Specialist Support- Where a child continues to make less than expected progress, despite evidence- based support and interventions highlighted in Setting Support, you should consider making referrals and seeking specialist support from multi-agency professionals. This may include an application to the Early Years Inclusion Funding (EYIF) or requesting a multi-disciplinary specialist assessment, through the Access Pathway.

• Statutory Assessment-Where, despite relevant and purposeful action being taken to identify, assess and meet the SEND of the child, the child has not made expected progress with the involvement of multi-agency professionals, the setting or parents should consider requesting a statutory assessment.

The statements in the Profile of Need are broad indicators and should not be used as a comprehensive assessment tool. The assessment tools can be found in the assessment and planning section and intervention and support sections.

# Part Two

**This is divided into three sections:**

• Assessment and Planning-**Plan**

• Intervention and Support-**Do**

• Evaluating Progress and Review-**Review**

# Assessment and Planning-**Plan**

The Assessment and Planning section provides advice and guidance regarding what you need to be thinking about for the child depending on the outcome of their Profile of Need.

# Intervention and Support –**Do**

The Intervention and Support section helps you identify what you need to do in response to completing the Profile of Need and after considering the assessment and planning section. You will find options and suggestions regarding the type and range of support and intervention which you could put in place for the child.

# Evaluating Progress and Review-**Review**

The Evaluating Progress and Review section enables you to assess progress and decide next steps. Remember that a child can travel across the Graduated Response either way.

**What Does High Quality, Universal Inclusive Provision Look Like?**

A high-quality environment incorporates several elements alongside the physical spaces and resources, it also includes:

* staff with knowledge of child development who can sensitively tune into children’s needs,
* key people who develop secure attachments,
* open-ended play resources,
* opportunities for children to ‘have a go’ and face challenges,
* autonomy for children to lead their play and follow their interests,
* staff who are reflective with a commitment to ongoing improvement,
* cooperative partnerships with children’s families.

Create a stimulating and playful environment both indoors and outside where children feel safe and comfortable to try out ideas, investigate, solve problems, take risks, have fun, and develop interests in the world around them in a safe, well-resourced and stimulating environment.

Crucially they should be supported by knowledgeable practitioners who understand how to encourage playful learning and development.

You should have high expectations for all children to develop to their full potential, providing interactions that encourage and extend children’s ideas, thinking, communication and language development.

Observation, assessment, and planning must be purposeful and age or stage appropriate, reflecting the journey each child has made and supporting each child’s future development and learning. Ensure a clear understanding of your role in supporting children and families to make healthy and safe choices in life.

# **Working with Parent & Carers**

Practice should be inclusive, with the children’s individual needs at the heart of everything the setting does, with practitioners and children sharing and celebrating similarities and differences within their setting, local communities, and wider society in which they live.

Parents and families are as unique as the individual children in your setting. Parents come into an early years setting with a wide range of experiences, skills, views and attitudes, confidence and knowledge. So, it’s vital that you have a range of strategies that enables parents to become part of your nursery life and to share the knowledge they have about their child.

Through working with parents and other relevant professionals, you can establish cohesive and complementary ways to support children’s progress at home and in the setting.

‘Research tells us that regardless of the quality of settings, the most important predictor of children’s future outcomes is the quality of the home learning environment, so involving parents in their children’s learning is the most significant factor in enabling children to do well despite disadvantage. The benefits are greatest when practitioners and families work in respectful partnership to develop ways to support children both at home and in the setting. Working together ensures a good understanding of a child’s needs, leading to appropriate provision within the setting and the possibility of supporting learning in the home.’

[Birth to 5 Matters Document](https://birthto5matters.org.uk/wp-content/uploads/2021/04/Birthto5Matters-download.pdf)

Communication and Interaction.

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| **UNIVERSAL** | Procedures and policies  | * An SEN policy that demonstrates commitment to supporting the needs of all children.
* A commitment to developing a communication friendly setting (CFS) **e.g., Makaton, Visuals.**
* SEN policies demonstrate a clear structure of oversight and support from the management of the setting to the SENDCo and the staff to facilitate the inclusion of children with SEND.
* Adults act and communicate in a way that facilitates inclusion e.g., at the level that is appropriate for the child.
* All staff have access to reports and advice from external professionals e.g., SLT.
* Robust transition planning is in place.
* Clear systems for sharing information between setting and parents – meetings, written info and face to face communication is agreed and consistently implemented.
* An understanding of what meaningful inclusion is for children with SLCN and when and how they can be included.
 |
|  | Curriculum  | * Curriculum planning is done by the child’s key person/s with support/oversight from the SENDCo.
* Evidence of curriculum differentiation for children with SLCN with respect to guidance from external professionals.
* My Plan/weekly plans/support plans / pupil passports are in place and reviewed at least termly.
* Regular and formal liaison between the SENDCo and support staff to clarify objectives and progress.
* Systems for demonstrating developmental age-related expectations (e.g., birth to five/development matters) are used to indicate delay in areas of concern.
* A fundamental understanding of behaviour as a communication.
 |
|  | Environment and resources  | * A flexible approach which includes differentiation as required e.g., different start / finish times, use of a different place to eat lunch, a different approach to structuring the day as required / recommended by external professionals or promoted through relevant training e.g., AET (Autism Education Trust).
* An enabling environment to include access to peers who provide good models of interaction, when the child is at a level to learn from this.
* A total communication environment that includes objects of reference, photographs, pictures, symbols to support understanding and facilitate communication both as timetables/ schedules and to facilitate requesting / initiating behaviours.
* Availability of a quiet area for a chill –out space.
* Availability of a distraction free area for intensive interaction.
* Staff have a responsibility to access and produce resources e.g., transactional objects, photos, visuals to ensure inclusion happens.
* Staff are given the time and resources to make and develop the appropriate resources.
* Resources are always accessible and available in the setting.
* All staff are aware of the strategies being used with the child with SLCN so there is consistency.
 |
|  | Expertise and professional development | * Staff access relevant training – e.g., Making sense of Autism, SEND network meetings, ongoing free training offered by the EY team.
* A lead practitioner for WELLCOMM
* Awareness of sensory needs and impact on learning is understood by all staff.
* Suitably trained break and lunchtimes supervisors in schools
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| **Targeted** | Curriculum, teaching and learning interventions | * Differentiated curriculum providing opportunities for initiating communication and for interacting.
* Individual targets are set and reviewed at least termly by qualified staff, in conjunction with external professionals where appropriate.
* All setting staff understand and work towards targets for child.
* A range of evidence-based interventions are delivered individually or in groups to specifically target the needs of the child in developing social and communication skills.
* Refer to NELINCS developmental journal.

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|  | Environment and resources  | * A low arousal workspace / chill out area / intensive interaction space is provided and accessible daily.
* A differentiated behavioural plan (if appropriate) is written and shared with all setting staff.
* Strategies are used to support inclusion where appropriate.
* Alternative communication systems are used by all staff in the setting to support the child e.g., Makaton, Visual timetables, PECs (following staff training)
 |
|  | Expertise and professional development | * Trained and experienced staff deliver the recommended interventions with the child, with peer interventions and in supporting generalisation of learning across the day.
* Staff are pro-active re home – setting liaison
 |
| **Specialist**  | Curriculum, teaching and learning interventions | * Child will have a My Plan written in conjunction with parents, this will be disseminated to all staff working with the child and regularly updated.
* This will include a profile of their communication, personal, social, and emotional health needs, and the strategies to be used to support them.
* Detailed individualised planning, especially for transition for times when most needed unusual times e.g., sports day
* A known consistent adult is available to the child.
* The level of support from staff is identified in an individual plan and may vary at different times during the day.
* Specialist evidence-based therapies are used to support teaching of the curriculum.
* Intensive interaction approach is embedded in the day
 |
|  | Environment and resources | * Personalised resources
* A supportive social and emotional environment
* A high level of care and pastoral support
 |
|  | Expertise and professional development | * Trained and experienced staff deliver the recommended interventions with the child, with peer interventions and in supporting generalisation of learning across the day.
* Staff are pro-active re home – setting liaison.
* Setting staff implement bespoke training / coaching around individual needs.
* Ongoing external support is accessed e.g., SLT.
* Using a Multi-agency communication approach to support the individual’s needs
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| Communication and Interaction |
| Organisation Name | Service Type | Who is it for? | Contact details  |
| Lincs Inspire Children’s Groups | Shake, Rattle & Read Group Little Readers Group | Babies / Children | Please refer to website for dates/ times Website: [Children's Groups (lincsinspire.com)](https://www.lincsinspire.com/libraries-archives/children-young-people/childrens-groups/) |
| Language through listening  | Under 3 service for children who have been identified by a health visitor at their 2-year check as having a delay in their speech. If you have concerns regarding a child under 3 with delayed speech, contact the nominated health visitor for more information.  | Children under 3 who have been identified by a health visitor at their 2-year check as having a delay in their speech.  | Telephone: 01472 323660Email: **HealthVisitingAdvice@nelincs.gov.uk** |
| NHS Speech and language therapy.  | NHS SALT support children and young people from birth to 17 years old with speech, language, and communication difficulties. | **Family Hub Home Visiting Service**This team is part of the North East Lincolnshire Children’s Therapy Service and provides a specialist service to children aged **2 -3 years**.We work with children who have been referred following their speech and language measure, completed as part of the 2-year health check with the Health Visiting Team.**Core service** This team is part of the North East Lincolnshire Children’s Therapy Service and provides a specialist service to children 3-17 years. If you have concerns about a child’s speech, language and communication difficulty you can use their tool to check developmental norms and you can make a referral to the service via their website.  | [Services for children in North East Lincolnshire - Northern Lincolnshire and Goole NHS Foundation Trust (nlg.nhs.uk)](https://www.nlg.nhs.uk/services/speech-language-children/nelincs/) |
| Communication trust website  | Speech and language UK design innovative tools and training for thousands of nursery staff and teachers. All to help children facing different challenges with talking and understanding words.  | Children and families  | Website: [Speech and Language UK: Changing young lives](https://speechandlanguage.org.uk/)[www.speechandlanguage.org.uk](http://www.speechandlanguage.org.uk)  |
| BBC tiny happy people | Tiny Happy People is a website to help you develop your child’s language skills. It has simple activities and play ideas to use and gives you information about babies and toddlers early development.  | Children and families  | [Children's language development and parenting advice - BBC Tiny Happy People](https://www.bbc.co.uk/tiny-happy-people)[www.bbc.co.uk/tiny-happy-people](http://www.bbc.co.uk/tiny-happy-people)  |
| Makaton | Makaton is a charity-based service for children and adults who struggle to understand concepts, have poor literacy skills, including grammatical knowledge and those with an additional language. Some resources are free on the website however training and additional resources come at a cost.  | Children and adults  | Website: [Home (makaton.org)](https://makaton.org/)[www.makaton.org](http://www.makaton.org)See local offer for local training dates for Level 1 and 2 Makaton training.  |
| ITV signed stories  | Interactive children’s stories in British sign language.  | Children and families  | [Signed Stories (itv.com)](https://www.itv.com/signedstories)[www.itv.com/signedstories](http://www.itv.com/signedstories) |

Social, Emotional and Mental Health

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| **UNIVERSAL** | Procedures and policies  | * Clear systems for sharing information between setting and parents – meetings, written info and face to face communication is agreed and consistently implemented.
* SEN policies demonstrate a clear structure of oversight and support from the management of the setting to the SENDCo and the staff to facilitate the inclusion of children with SEND.
* There is a clear setting behaviour policy that is developmentally appropriate and is consistently implemented by all practitioners.
* Triggers for any behavioural difficulties are identified, and then minimised as much as possible.
* An understanding of what meaningful inclusion is for children with SEMH and when and how they can be included.
* Regular behaviour observations have been completed and evaluated e.g., using Antecedent, Behaviour, Consequence (ABC) to look for behaviour patterns, considering environmental factors such as time of day, peers, practitioners, provision etc.
 |
|  | Curriculum  | * Specific strategies are used to teach social understanding e.g., social stories, explicit modelling.
* Practitioners to support children to play with others and model the skills involved.
* There are opportunities to play with others and develop relationships in a variety of contexts e.g., outdoors/ indoors.
* There are opportunities for social development e.g., circle time, simple turn taking, role-playing, etc.
* Practitioners name feelings and emotions in context e.g. ‘I can see you felt really angry when you threw that car’.
* Practitioners model talking about their own feelings e.g. ‘I am feeling a bit sad today because my pet dog is unwell’.
* Practitioners acknowledge and validate children’s feelings e.g ‘I can see you are angry. It is ok to be angry.’ Children are then supported to express these feelings appropriately if needed.
* Self-regulation techniques are taught and implemented e.g breathing exercises, self-regulation objects, weighted objects.
* Behavioural expectations are phrased positively e.g replace ‘no running’ with ‘walking please’
 |
|  | Environment and resources  | * A visual environment that includes objects of reference, photographs, pictures, symbols to support understanding and facilitate communication both as timetables/ schedules and to facilitate requesting / initiating behaviours.
* Availability of a quiet area for a chill –out space
* Availability of a distraction free area for intensive interaction
* Staff have a responsibility to access and produce resources e.g., transactional objects, photos, visuals to ensure inclusion happens.
* Staff are given the time and resources to make and develop the appropriate resources.
* Resources are always accessible and available in the setting.
* Children are encouraged to develop independence when selecting resources in their environment.
* Children have opportunities to visit unfamiliar places and/or meet unfamiliar adults/children to build their confidence in these situations.
* Environmental audit (how should the provision look and next steps to achieve this)
 |
|  | Expertise and professional development | * All staff are aware of the strategies being used with the child.
* Practitioners are aware of attachment disorders. They can access training as part of CPD e.g., Relational Approach.
* Practitioners praise children’s characteristics of learning/the process of learning as well as the outcome
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| **Targeted** | Curriculum, teaching and learning interventions | * Specific strategies are used to teach social understanding e.g., social stories, explicit modelling.
* Practitioners to support children to play with others and model the skills involved.
* There are opportunities to play with others and develop relationships in a variety of contexts e.g., outdoors/ indoors.
* Individual behaviour/support plans are in place which reflect developmentally appropriate SMART (Specific, Measurable, Achievable, Realistic and Timed) targets that support the child’s progress.
* There is targeted support to develop emotional vocabulary for specific children, for example practitioners modelling emotional vocabulary in context, role play and puppets.
* There is targeted support in place for children’s confidence e.g., when making new choices, new environments etc
* There is targeted support for specific children’s characteristics of effective learning in the environment.
* Practitioners teach self-regulation skills at a developmentally appropriate level to children.
* Refer to the NE Lincs developmental journal.
 |
|  | Environment and resources  | * Visual timetables are used at small group/individual times, and they are referred to regularly.
* There is a safe place for children to calm down when needed e.g., tent, quiet corner with a safe closed space etc.
* There is access in the provision to a range of sensory equipment to help facilitate self-regulation.
* Environmental audit
 |
|  | Expertise and professional development | * All staff are aware of the strategies being used with the child.
* Practitioners are aware of attachment disorders. They can access training as part of CPD e.g., Relational Approach, Sharing the Science training (NSPCC) etc.
* Practitioners praise children’s characteristics of learning/the process of learning as well as the outcome
 |
| **Specialist**  | Curriculum, teaching and learning interventions | * A personalised curriculum and timetable have been considered.
* A reduced timetable has been considered in mutual agreement with multi-agency professionals and parents.
* Daily support is in place to meet and greet to model and mentor to reinforce appropriate behaviours?
 |
|  | Environment and resources | * Multi-agencies providing specialist interventions e.g., play-based therapy, art therapy, Lego therapy and young mind matters.
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|  | Expertise and professional development | * There is regular involvement with external professionals to support and monitor.
* There is increased parent/carer involvement through more frequent review meetings, planning interventions to be carried at home and setting.
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| Social, Emotional and Mental Health |
| Organisation Name | Service Type | Available for | Contact details  |
| KIDS –Giving disabled children a brighter future.Sleep Project – This service is not just fordisabled children andyoung people | KIDS provide CBT sleep support for children with a diagnosis or disability; however, they also accept children who are receiving additional support at school, are on an assessment pathway or if their parents believe that there is something their child will need support with in the future, this could be a suspicion their child shows traits of ASD/ADHD for example. Additionally, we can accept referrals where children have social, emotional or behavioural issues. This can include anxiety for example | Parents/Carer’s Young People and Children KIDS accepts most children as the social and emotional umbrella stretches quite wide – if in doubt please enquire. | Website Information,[Information, Advice & Family support | KIDS](https://www.kids.org.uk/Pages/Category/advice-and-support) KIDS Yorkshire and The Humber 182 Chanterlands Avenue, Hull HU5 4DJ Telephone: 0148 246 7540 |
| Young Minds MatterFreshney Green PrimaryCare CentreSorrel Road, GrimsbyDN34 4GB | YMM provides emotional wellbeing and mental health service with a focus on prevention, early intervention and building a resilient community for children and young people | Children & Young People | Tel: 01472 252570 Email: lpft.nelymm@nhs.ne |
| Fortis Therapy | Support young people, parents and staff through one-to-one confidential counselling, art and play therapy, and creative interventions. | This is a bought in service.  | Tel: 01472 241794 Email: enquiries@fortistherapy.co.uk claire@fortistherapy.co.uk |
| **NSPCC Grimsby Service Centre**Freshney Green Primary Care Centre, Sorrel Road,Grimsby,DN34 4GB  | Together For Childhood/ Young SMILES Programme | East/ West Marsh area | Tel: 01472 803500 |
| NELC Special Advisory ServiceCivic Offices, KnollStreet, Cleethorpes, North East Lincolnshire, DN35 8LN | The Service comprises of the Early Years and the Key Stage teams. The Specialist Advisory Teachers provide advice and guidance to schools/settings and parents on supporting their children’s/students’ learning, wellbeing, socialisation, communication, and interaction. Team members also contribute to local processes and panels and work in a multi-disciplinary manner to address holistically children and young peoples’ needs and difficulties. |  | SpecialistAdvisoryService@nelincs.gov.uk  |
| NELC Educational PsychologistCivic Offices, KnollStreet, Cleethorpes, North East Lincolnshire, DN35 8LN | An Educational Psychologist is someone who visits schools to work with teachers, parents or carers and students. They are trained to find out how learning, development and behaviour can be improved. They support with the learning, achievement and emotional wellbeing of all children and young people | For parents and carers for children from birth – 25 years. | [Educational psychology support for parents and carers | NELC (nelincs.gov.uk)](https://www.nelincs.gov.uk/children-families-and-schools/schools-and-education/educational-psychology/educational-psychology-support-for-parents-and-carers/)Refer to website above for opening times/venue Tel: 01472 32318 |
| Butterfly Mums | Butterflies Mums volunteers make home visits or have contact with families each week supporting mums and their families in differing situations. They provide a listening ear and offer non-judgemental, practical, and emotional support, and help to build confidence and coping skills. Expectant mother or at least one child living in the family home | Any family that would benefit with some emotional support.  | Nunsthorpe & BradleyPark Family Hub,Sutcliffe Avenue,Grimsby,DN33 1ANTel: 01472 326612 Email: sara.wagstaff@centre4.org.uk |

**Sensory, Physical and Medical Needs.**

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| **UNIVERSAL** | Procedures and policies  | * Clear systems for sharing information between setting and parents – meetings, written information and face to face communication is agreed and consistently implemented.
* SEN policies demonstrate a clear structure of oversight and support from the management of the setting to the SENDCo and the staff to facilitate the inclusion of children with SEND.
* An understanding of what meaningful inclusion is for children with sensory, physical, and medical needs and when and how they can be included.
 |
|  | Curriculum, teaching and learning interventions | * There are opportunities for children to develop core, shoulder, elbow, and wrist strength such as lifting and carrying things with weight e.g., buckets full of sand, pushing wheelbarrows.
* Children are encouraged to develop cross lateral movements e.g., crawling, marching, rolling.
* Practitioners are aware of the pre-writing symbols. Remember children first imitate and need plenty of practice in order to master the symbol.
 |
|  | Environment and resources  | * There are a range of resources to match children’s gross motor skills levels.
* There are gross motor resources provided daily outside/inside.
* Resources are provided to promote core strength and balance such as support with sitting, tummy time, bikes, tunnels etc.
* There is a wide range of resources to match children’s fine motor skill levels (grasping, turning, pinching, manipulating) both indoors and outdoors.
* There are resources to help children develop finger mobility e.g., screwing, unscrewing, winding, spinning, and scrunching.
* Practitioners plan for a sensory supportive environment taking into consideration lighting, colour, seating, organisation, quiet areas.
* Practitioners prepare children for new or unusual sensory experiences.
* Practitioners gather and share information with parents about their child’s sensory development and potential needs.
 |
|  | Expertise and professional development | * Practitioners can identify possible delays in physical development and share these concerns with parents and if necessary, seek further advice.
* Practitioners may have experience of a range of movement development programmes e.g., Jabadao, Write Dance, Brain Gym (educational kinesiology)
* Practitioners are aware of the seven senses – sight/visual, sound/auditory, touch/tactile, taste/gustatory, smell/olfactory, balance/vestibular, body awareness/proprioception.
* Practitioners are aware that each sense can be hypo (under-sensitive) or hyper (over-sensitive). Practitioners are aware of the potential impact this can have on all areas of learning.
* Practitioners are aware of children’s sensory needs.
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| **Targeted** | Curriculum, teaching and learning interventions | * Activities are adapted or modified according to children’s physical needs.
* Practitioners identify and target the development of independence. Encouraging individuals to “have a go” at physical activities (with adult support as needed)
* Activities are adapted to support fine motor needs, so that they can be achieved (depending on the learning objective)
* Social stories about health and safety are shared with groups of children, targeted to their specific needs.
* Routines are broken down into simple steps, verbally and visually for identified children.
* Practitioners use observations and gather information to identify a child’s sensory development needs within one or more of the seven areas.
* Practitioners are aware of a child’s response to stimuli and whether it is hypo (under-sensitive) or hyper (over-sensitive)
* Practitioners use strategies to support a child’s sensory needs. E.g a movement activity before a listening activity
* Routines are adapted to meet a child’s needs. E.g an activity is carried out in a quiet space to avoid distractions.
* Practitioners consider a child’s positioning on the carpet. E.g near the door may be noisy or draughty.
* Practitioners provide additional opportunities to practise new skills.
* Parents are encouraged to target the same skills at home.
* Refer to the NE Lincs developmental journal.
 |
|  | Environment and resources  | * Gross motor resources are provided for targeted play/adult led activities.
* Fine motor resources are provided for targeted play/adult led activities.
 |
|  | Expertise and professional development | * Practitioners can identify levels of development and plan suitable next steps for individual children.
* Practitioners access any medical training necessary to administer or gain knowledge about a particular condition e.g., epi-pens and this is up to date.
 |
| **Specialist**  | Curriculum, teaching and learning interventions | * Physio/Occupational Therapy programmes are delivered on a daily basis if required.
* Targets and strategies from specialist agencies are followed.
* Differentiated individual activities are planned to support social emotional learning.
* Specific rest times have been identified if needed.
* There is increased parent/carer involvement through more frequent review meetings, planning interventions to be carried out at home and setting.
 |
|  | Environment and resources | * Specialist equipment/resources are used as required by the child e.g., standing frame, Fox Denton chair, drinking cups,
* Alternative means of recording are provided, including ICT and/or scribe (particularly for older EYFS children
* IAG provided by relevant health professionals e.g continence team, sleep service.
* A risk assessment/care plan of the child’s needs has been completed to identify actions needed.
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|  | Expertise and professional development | * Further advice, training, and guidance from relevant professionals
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| Sensory, Physical Needs. |
| Organisation Name | Service Type | Available for | Contact details  |
| Linkage  | Linkage Sensory Bus is a mobile service which can be accessed if you have a space to park the bus. They also can provide sensory resources for settings to borrow in order to trial resources.  | Children with additional needs and SEND. Please see families first information service for up-and-coming dates around NELINCS. | Niz Smith niz.smith@linkage.org.uk> |
| Continence service  |  | Anyone can refer to the service for support and advice using the telephone number. An assessment will only occur once the child turns 5.  | Care PlusQueen Street Centre Queen Street Grimsby DN31 1QG01472 256704 |
| ERIC website  | ERIC is the national charity dedicated to improving children’s bowel and bladder health. | Anyone that may have difficulties with bowel or bladder habits.  | Free Helpline: 0808 169 9949 |
| Health visiting team | A health visitor, who is a registered nurse or midwife who have been trained in public health, will provide advice and support at this important time for you and your child | The Health Visiting service is available to all families in North East Lincolnshire who are expecting a baby, have a new born or a child up to the age of 5. | Telephone: 01472 323660Email: **HealthVisitingAdvice@nelincs.gov.uk** |
| School nursing team | School nursing team work in partnership with GP’s, Schools, Family Hub Practitioners and various other professionals to meet identified needs and provide the best possible care. | The School Nursing service is available to children from the age of 4 and a half years, young people and their families | School Nursing, William Molson Centre, Kent Street, Grimsby, North East Lincolnshire, DN32 7DJEmail: **schoolnursingadvice@nelincs.gov.uk**Telephone: 01472 323660 |
| Occupational health | We see children with a wide variety of conditions which can affect their everyday skills, learning, social opportunities and independence. | Referrals are accepted from health care professionals only. If you have a concern about your child, please talk with your child’s school, health visitor (if not yet at school), GP or contact us directly. | Grimsby: 03033 303758 |
| Physiotherapy services | Our physiotherapists work as part of the wider children’s therapy team providing physiotherapy to babies, children and young people. | Children can be referred to the service by health visitors, school nurses, GPs, hospital staff and other therapists. If you have a concern about your child, please contact one of the people above to discuss whether a referral would be helpful. We aim to see new referrals within 4 weeks of receiving them. | 03033 303758Email: nlg-tr.GYChildrensTherapyTeam@nhs.net |
| Contact  | for families with disabled children Support for parents/carers on different medical conditions, early years support, benefits/tax credits, cost of living, emotional support and workshops. | Offering support for parents of children with additional needs/disability with/without a diagnosis  | Website Contact - for families with disabled children | Contact Information & advice | Contact Listening Ear | Contact Helpline: 0808 808 3555 |

**Cognition and Learning.**

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| **UNIVERSAL** | Procedures and policies  | • Clear systems for sharing information between setting and parents – meetings, written info and face to face communication is agreed and consistently implemented• SEN policies demonstrate a clear structure of oversight and support from the management of the setting to the SENDCo and the staff to facilitate the inclusion of children with SEND* The curriculum is well planned and differentiated to meet the needs of all children.
 |
|  | Curriculum, teaching and learning  | * Children are supported to understand cause and effect. E.g straightening a wobbly tower.
* Children are encouraged to organise and categorise objects by simple criteria.
* Children are encouraged to problem solve by thinking first.
* Practitioners talk through solving a problem.
* Children are encouraged to show curiosity about the world.
* Children are supported to notice similarities, differences and patterns.
* Instructions are clear, simple and broken down when necessary.
* Activities are clearly explained, modelled and scaffolded. Practitioners check understanding.
* New learning is linked to what the child already knows.
* Children are given appropriate processing time to answer questions.
* New vocabulary is clearly explained, linked to real objects/experiences where possible and reinforced.
* Children are given differentiated tasks to match their cognitive ability.
* Children to have opportunities for peer-to-peer interaction and modelling.
 |
|  | Environment and resources  | * Resources are provided to explore cause and effect.
* The learning environment is visually supportive.
* Visual timetables and ‘now and next’ prompts are at the right height and personalised when necessary.
* Children are given longer time to process information if needed.
* Children may have the support of augmentative communication systems e.g., Makaton, objects of reference, or photos.
* Children have access to supportive resources e.g., coloured overlays, word mats, sand timers etc.
 |
|  | Expertise and professional development | * Specialist curriculum programmes e.g., phonics awareness, early maths, outdoor maths
* Comprehension training, numerosity
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| **Targeted** | Curriculum, teaching and learning interventions | * Practitioners demonstrate how to explore and investigate objects.
* Practitioners demonstrate flexibility and model different ways of tackling problems.
* New learning is linked to what the child already knows.
* Practitioners pre-teach key concepts and vocabulary.
* Children are given sufficient time to explore and opportunities to revisit resources.
* Refer to the NE Lincs developmental journal.
 |
|  | Environment and resources  | * Children are given protected spaces to explore and investigate objects
 |
|  | Expertise and professional development | * A child could be referred to portage (0-3)
* Staff are aware and can identify early indicators of delayed development.
* Staff are aware of a range of conditions that could contribute to developmental delays such as ‘global development, foetal alcohol syndrome.
 |
| **Specialist**  | Curriculum, teaching and learning interventions | * Practitioners model and support key learning skills such as exploring, having a go, and persevering.
* Children are supported to develop flexibility of thinking and to try different ways of tackling problems.
* New learning is linked to what the child already knows.
* Practitioners pre teach key concepts and vocabulary.
 |
|  | Environment and resources | * Specialist programme and resources advised by relevant professionals
 |
|  | Expertise and professional development | * Dyslexia, dyscalculia
* SAS (specialist advisory teachers)
* Sensory audits of the classroom/setting
* Educational psychologist involvement?
* SALT referral
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| Cognition and Learning  |
| Organisation Name | Service Type | Restriction areas | Contact details  |
| NELC Special Advisory ServiceCivic Offices, KnollStreet, Cleethorpes, North East Lincolnshire, DN35 8LN | The Service comprises of the Early Years and the Key Stage teams. The Specialist Advisory Teachers provide advice and guidance to schools/settings and parents on supporting their children’s/students’ learning, wellbeing, socialisation, communication, and interaction. Team members also contribute to local processes and panels and work in a multi-disciplinary manner to address holistically children and young peoples’ needs and difficulties. |  | SpecialistAdvisoryService@nelincs.gov.uk Website: Special Advisory Service |
| NEL Portage ServiceKnoll Street,Cleethorpes,DN41 8BW | Portage is a home visiting educational service for pre-school children with special educational needs. These may be pre-school children who have learning difficulties, delays in their development and/or physical difficulties. The Portage Team aims to help families by working with them in their home, helping them to meet the needs of their child. |  | E mail: portageteam@nelincs.gov.uk |
| Access Pathway Team | The Access Pathway is the route for children and young people (up to their 18th year), where support has already been accessed and tried, but further multi-disciplinary discussions may be required. This informs any extra intervention or specialist assessments needed, for example Autism Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD). | Children/ young people up to 18 years | Tel: 01472 323998 Email: access-pathway@nelincs.gov.uk |
| NELC Educational PsychologistCivic Offices, KnollStreet, Cleethorpes, North East Lincolnshire, DN35 8LN | An Educational Psychologist is someone who visits schools to work with teachers, parents or carers and students. They are trained to find out how learning, development and behaviour can be improved. They support with the learning, achievement and emotional wellbeing of all children and young people | For parents and carers for children from birth – 25 years. | [Educational psychology support for parents and carers | NELC (nelincs.gov.uk)](https://www.nelincs.gov.uk/children-families-and-schools/schools-and-education/educational-psychology/educational-psychology-support-for-parents-and-carers/)Refer to website above for opening times/venue Tel: 01472 32318 |
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