



Torbay Early Years Graduated Approach Toolkit

Introduction

Torbay Early Years Graduated Approach Toolkit (TEYGAT) aims to provide a one-stop-shop, for all early years providers to promote inclusive practice and support the additional needs of early years children at a targeted level. For some children universal provision may not meet all of their needs. The importance of early identification and intervention with appropriate multi agency support is key to addressing young children's needs.

The Torbay Early Years Graduated Approach Toolkit highlights the importance of a quality adaptive approach, which addresses the needs of all children. In these cases, the graduated approach of assess, plan, do, and review cycle, will be put into action. The TEGAT can support the identification of strategies and resources documented through an Individual Learning and Development Plan (ILDP). This plan will be developed jointly with the child's family to promote consistent support at both home and at the setting. At this point, the child may be identified as having SEND: 'A pupil has SEND where their learning difficulty or disability calls for special educational provision, that is provision different from or additional to that normally available to pupils of the same age.' SEND Code of Practice 2015.

Following several cycles of assess, plan, do and review with ILDPs in place, some children may need a referral to more specialist services. When a child's needs are complex, severe and long term and an education provider cannot meet their needs from within their own resources, and have sought advice from outside agencies, a statutory assessment of the child's needs will be undertaken. Only a small percentage of children with SEND will require the support of an Education Health and Care Plan.

The Torbay Early Years Graduated Approach Toolkit aims to provide a universal and targeted provision bank for practitioners to refer to when meeting the needs of children with SEND. The Development Matters (2020) document has been used as guidance to support the observational statements throughout the TEGAT [Development Matters - Non-statutory curriculum guidance for the early years foundation stage \(publishing.service.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/431222/Development_Matters_-_Non-statutory_curriculum_guidance_for_the_early_years_foundation_stage.pdf)

If at any point you need to consult with the Early Years Advisory Team, please email earlyyears@torbay.gov.uk

The Four Areas of Need

The support detailed in the Torbay Early Years Graduated Approach Toolkit is organised under **the four areas of need** as described in the SEN Code of Practice 2015:

- **Communication and Interaction**

Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them and/or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives. Children and young people with Autistic Spectrum Difficulties, including Asperger's Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

- **Cognition and Learning**

Support for learning difficulties may be required when children and young people learn at a different pace and pattern 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. Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

- **Social, Emotional and Mental Health**

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

- **Physical and/or Sensory**

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 and/or the Habilitation Service. Children and young people with an MSI have a combination of vision and hearing difficulties. 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

Making Reasonable Adjustments: The Equality Act 2010

The principles of inclusion and our duties to children with SEND

The Equality Act 2010 says education settings must not discriminate against a child because of their disability. This is unlawful under the Act. Where a child has a disability, the LA and/or the early years setting and/or school have a duty:

(i) to not discriminate against the child on the grounds of the disability when compared to others who do not have that disability

(ii) to make reasonable adjustments to enable access to and around buildings and rooms, and in use of equipment, to the provision of information and to the curriculum; this includes planned adjustments in anticipation of likely future needs.

In some situations, education providers must also take positive, favourable steps, so that children with disabilities can access and participate in the education and other activities they provide. All education settings including **Early Years providers**, all schools, FE colleges, sixth form colleges, 16-19 academies and independent special schools approved under Section 41 of the Children and Families Act 2014 have duties under the Equality Act 2010. All settings must make reasonable adjustments for children including the provision of auxiliary aids and services for disabled children, in order to prevent them being put at a substantial disadvantage.

When must education settings make reasonable adjustments?

The duty to make adjustments applies to all of the education setting's activities and the decisions that are made by teachers and staff including: admissions; exclusions; access to trips; attendance; help and support; learning activities and materials; the application of policies

Education settings must make adjustments if:

1. A child or young person is disadvantaged by a practice or rule because of their disability or the failure to provide an aid
2. It's reasonable to make the changes or provide the aid to remove the disadvantage
3. Whether something is 'reasonable' depends on things such as:
 - The child/young person's disability and what support, if any, they receive through an EHCP
 - How practicable the changes are and the resources of the education setting
 - The cost of making the change or providing the aid
 - If the change requested would overcome the disadvantage the child/young person experiences
 - If there are other ways of overcoming the disadvantage
 - Health and safety considerations and the interests of other pupils.

The duty to make reasonable adjustments in education is anticipatory. This means settings must consider in advance what they need to do to make sure all children with SEND can access and participate in the education and other benefits, facilities and services they provide for those within their settings.

Torbay Early Years Graduated Approach Toolkit

Communication and Interaction

Speech, language & Communication (SLC) difficulties arise at different ages and with different levels of severity. There may be related learning difficulties in general or in specific aspects of SLC. Often children will present with related social, emotional and mental health needs.

In Torbay most young children with speech and language difficulties will be identified at an early age, prior to statutory schooling, through early years tracking programmes and/or health authority screening programmes. Although early intervention strategies can be put in place before formal schooling, there is often a need to continue support beyond the start of school, particularly where the needs are complex and severe.

Early Years settings and schools should consider the specific nature of the child's difficulty in relation to developmental levels and the extent to which the difficulties are related to receptive and/or expressive language acquisition. Some children will have good expressive language which masks difficulties in understanding the purpose and meaning of language. Some children may have specific difficulties with speech sound production. We also need to be alert to those children who selectively use speech, language and communication skills or who are dysfluent in their speech.

Having English as an additional or second language is not a special educational need. However, practitioners should carefully monitor the progress of children with EAL to identify if they may have additional needs.

In most cases it is prudent to seek advice from the speech and language therapy services by using the Advice Line available from Monday to Friday 14:00 – 16:30 on 03333219448. Despite targeted provision a child may make little or no progress with their SLC skills, in this case, an early referral to the speech and language therapy services will be important.

A Unique Child What a child might be doing	Positive Relationships / Enabling Environments What adults might do and/or provide	Documents to support Suggested assessments and references that are not listed in any particular order	Characteristic s of Effective Learning
Small step observations based on Development Matters 2020 (0-3 years)			

<ul style="list-style-type: none"> • The child may make fleeting eye gaze towards an adult talking or being within their presence • The child may imitate familiar gestures e.g banging table, shaking rattle • The child may squeeze or shake a toy to produce a sound in imitation • The child may respond to gestures with gestures • The child may look towards an object/action or person when it is named/signed/or shown in a picture • The child may find responding to simple single step verbal instructions 	<p>Use VERVE techniques to support the child's initiation of interactions. Try and remain silent, carefully watching for the child's eye gaze before making a vocal comment in response to the child's gaze towards you.</p> <p>Engage the child in 'people play' activities such as repetitive rhymes and songs (Row-Row and Round and Round the garden). These sorts of games lend themselves well to the child learning to listen and anticipate actions such as tickling or vocal play. Pause before the climax of the game and wait for the child's response e.g. pausing before blowing bubbles, pausing before screaming in response to</p>	<p>Birth to 5 Matters <u>Birthto5Matters-download.pdf</u></p> <p>Development Matters <u>Development Matters - Non-statutory curriculum guidance for the early years foundation stage (publishing.service.gov.uk)</u></p> <p>Early Years Communication and Language Monitoring Tool <u>early_communication_and_language_monitoring_tool_final_july_22.pdf (openobjects.com)</u></p> <p>The Derbyshire Celebratory Checkpoints <u>EYFS Celebratory Checkpoints - Derbyshire Local Offer</u></p> <p>The Portage SEND Best Practice Assessment Checklist <u>Portage The Education People</u></p> <p>In-the-Picture – online assessment course <u>In-the-Picture, the free online training course for Portage Home Visitors and early childhood practitioners, is now available National Portage Association</u></p> <p>The Autism Observation Profile (AET) <u>Autism in the Early Years P new (openobjects.com)</u></p> <p>Early Talk Boost Tracker <u>Early Talk Boost Resources (speechandlanguage.org.uk)</u></p> <p>BLAST <u>Boost language, auditory skills and talking with BLAST - Teachwire</u></p> <p>Discovery Treasure Box or Wow Box activity <u>discovery_treasure_box_with_tc_format_1.pdf (openobjects.com)</u></p> <p>Helping Very Young Children to Listen by Andrina Flinders – a range of simple activities for 2 year olds to promote listening skills using a tiger soft toy. A great lead-in to Early Talk Boost. <u>Helping</u></p>	<p>Playing and exploring</p> <p>I realise that my actions have an effect on the world, so I repeat them. I reach for and accept objects, making choices and exploring different resources and materials.</p> <p>I plan and think ahead about how to explore or play with objects.</p> <p>I guide my own thinking and actions by talking to myself while playing.</p> <p>I make independent choices and do things independently that I have been previously taught.</p>
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<p>confusing without the support of visual communication</p> <ul style="list-style-type: none"> • The child may remain mainly silent, with a limited or no use of vocalisations or babble • The child may express themselves using e.g. non-verbal actions, screams or smiles • The child may use voice and gesture in response to music and song • The child use voice and gesture to attract attention or refuse • The child may lead adults to things they want rather than vocalising or pointing 	<p>‘Crocodile’ in Row-Row.</p> <p>Specifically play simple turn taking games that do not ask for verbal responses from the child directly, but simply help the child learn the back-and-forth style of interaction e.g. making noises with musical instruments in turn, posting balls down a ball run in turn, pressing buttons on a pop up toy in turn, chasing and tickling games, rhymes and song.</p> <p>Specifically focus on stretching the child’s attention skills while engaging in short adult led activities such as a ‘Wow Box’ that the child can explore alongside you, or a ‘Sensory Bag’ together.</p> <p>Introduce the Bucket Full of Surprises</p>	<p><u>Very Young Children to Listen : Flinders, Andrina: Amazon.co.uk: Books</u></p> <p>Social Stories – Create simple personalised social stories to teach those tricky social situations that the child is showing some challenges with overcoming. With practice and repetition sharing a Social Story will help the child overcome the challenge. <u>social_stories_am_1.pdf (openobjects.com)</u></p> <p>Widgit Online – well worth getting a single users licence for around £50 a year to create, store and share a range of picture prompts to use with children and their parents <u>Widgit Online</u></p> <p>Makaton Charity <u>www.makaton.org</u> for Lets Talk Makaton – sign of the week. Support your words with single Makaton signs to emphasise key words and messages. This blog may help when choosing which words to start with <u>5 First Words (plus Makaton) to teach your toddler - SaLT by the Sea</u></p> <p>Initiations & Interactions: Early Intervention Techniques for Parents of Children with ASD <u>Initiations and Interactions: Early Intervention Techniques for Children with ASD: Early Intervention Techniques for Children with Autism Spectrum Disorders: Amazon.co.uk: Teresa A. Cardon: 9781931282321: Books</u></p> <p>Visual communication support by using photos of the child, their family and favourite toys and activities; Boardmaker and Widgit pictures, Makaton symbols, drawings. Use your phone, ipad or other technology to store and share photos with the child to support your words.</p> <p>The Wellcomm Big Book of Ideas – Activities for Building Children’s Language Skills – WellComm <u>WellComm - GL Assessment (gl-assessment.co.uk)</u></p>	<p>I can collaborate and learn alongside my peers</p> <p>I bring my own interests and fascinations into setting. This helps me develop my learning.</p> <p>I respond to new experiences that you bring to my attention.</p> <p>Active learning</p> <p>I participate in routines and can predict sequences of familiar routines. I demonstrate goal-directed behaviour to get to something I want.</p> <p>I can correct my mistakes, for example,</p>
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<ul style="list-style-type: none"> • The child may play mainly silently • The child may laugh, chuckle or squeal aloud in play • The child may attend to 2 objects nearby and indicate a preference by reaching out • The child may use a few vocalisation or signs that approximate words understood by familiar adults • The child may make a choice when shown 2 named and offered items • Responds to repetitive words said in context e.g. 'gone' 'bye-bye', 'stop' 	<p>from the Attention Autism programme once the child is secure with exploratory play and can wait for short bursts of time in a back-and-forth game with an adult.</p> <p>Use Intensive interaction approaches e.g. follow the child's lead in their choice of interaction. Play alongside the child with a similar toy or object. Reduce your words and wait for the child to interact (give eye gaze, touch) with you before giving vocal comment. Spend time playing in parallel with the child, getting to know their play preferences, pace of learning and communication skills, both non-verbal and verbal. Help the child feel comfortable with</p>	<p>Early Talk Boost Early Talk Boost (speechandlanguage.org.uk) A manualised intervention with a 9 week programme of activities for 3-4 year olds. Includes parents/carers in the intervention through home reading activities.</p> <p>Chattering with Children – a low cost resource of speech, language and communication activities for babies, toddlers and 3-5 year old children Early Talk Boost Resources (speechandlanguage.org.uk)</p> <p>Teaching Play to children with Autism – Practical interventions using Identiplay Teaching Play to Children with Autism: Practical Interventions using Identiplay (Lucky Duck Books) eBook : Phillips, Nicky, Beavan, Liz: Amazon.co.uk: Books</p> <p>Attention Autism Programme Gina Davies Practical Help with Autism Gina Davies Autism Centre Building attention skills in children: THE BUCKET! - YouTube</p> <p>Language Builders for Complex Needs – Elklan Language Builders series Elklan Training Ltd</p> <p>Special Time – an adult/child play session that is child-led and routine in nature Tools/Families (brightfutures.org)</p> <p>Little Soundabout – Online Music Programme Soundabout Cards - Soundabout Family</p> <p>SaLT by the Sea Blog – by Bryony Rust SALT. This is a very useful website for strategies, therapy ideas, training and discussion. The blog offers snappy 'can-do' guidance for how to support young children's interactions. Blog - SaLT by the Sea</p> <p>The Engagement Model – A dynamic assessment and planning tool for adults to consider what is really engaging our children in the play environment and support provision that matches their needs. The</p>	<p>instead of using increasing force to push a puzzle piece into the slot, I see if a different piece will fit.</p> <p>I repeat activities and make connections.</p> <p>I keep on trying when things are difficult.</p> <p>I learn through trial and error.</p> <p>I watch my peers and adults (modelling).</p> <p>Creating and thinking critically</p> <p>I take part in simple pretend play</p> <p>I can sort materials, putting different</p>
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<ul style="list-style-type: none"> • The child may begin to follow one step verbal directions with gestures / visual cues • The child may give familiar objects on request • The child may respond to simple gestures and words such as 'up' and 'down' by moving their body to show you they understand • The child may show anticipation of actions of familiar rhymes such as clapping, smiling or vocalising. • The child may have fleeting attention, moving quickly from one activity to another 	<p>your presence as a play partner.</p> <p>Model play actions alongside the child using similar toys and objects that the child is already engaged in. Accompany play actions with simple single words and gestures or signs, as appropriate.</p> <p>Focus on offering named choices of objects, pausing for the child to respond with a reach or point. Repeat the name of the chosen object and engage in that object with the child.</p> <p>Support verbal language with gestures and Makaton signs, at a single word level at first. Attach the same gesture or sign to the same word and situation each time, so as not to 'overload' the child. Build this</p>	<p>Profile and Scale Guidance, templates and worked examples can be found on the Torbay SEN Early Years Resources web page SEN Early Years Resources Torbay FIS Directory</p> <p>Also guidance and research information can be found on The engagement model (publishing.service.gov.uk)</p> <p>Making a choice between two objects About Choice Making.pdf (eani.org.uk)</p> <p>First and Then Explained First & Then explained.pdf (eani.org.uk)</p> <p>A bank of nursery rhymes and songs to refer to and to create song cards with Nursery Rhymes and Action Songs (eani.org.uk)</p>	<p>toys in together when tidying.</p> <p>I can review my progress as I try to achieve a goal, check how well I am doing to solve real problems.</p> <p>I use pretend play to think beyond the 'here and now' and to understand another perspective.</p> <p>As I know more, I feel confident at coming up with my own ideas and make more links between those ideas.</p> <p>I concentrate on achieving something that's important to me and am able to control my attention</p>
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<ul style="list-style-type: none"> • The child may show frequent bursts of frustration when their needs and wants are not understood • The child's play skills may be repetitive and limited in range. • The child may be communicative but not intelligible to familiar adults and peers • The child may be more interested in other activities or looking at books alone rather than showing an interest in simple stories shared as a group • The child may find following 2 step verbal requests confusing or difficult to remember 	<p>support for verbal language into the routine for all the children. Use mime, gesture and Makaton signs in songs, rhymes and story to help the child have a visual picture of what is being sung and said.</p> <p>For some children you may want to support their understanding of simple single step instructions and build vocabulary of single words, by using objects of reference alongside verbal language, to give the child a visual cue of what is being said to them.</p> <p>Use objects cues to support children's transitions from one activity to another by having a 'transitions box' with the same chosen objects for all adults to use to cue</p>		<p>and ignore distractions</p>
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<ul style="list-style-type: none"> • The child may show confusion and respond unexpectedly when asked questions (who, what & where) • The child may be easily distracted by what is going on around them and lose interest quickly in the primary activity • The child may be using single word or simple 2 word utterances that appears very immature for their age • The child may need rhyme and song to be repetitive and sung slowly, to join in with actions and words and remember the sequence 	<p>the child into the next activity. Use pictures to support children's routines, transitions and choices of play. Use the SAME pictures and words in each situation every time, for consistency and to reduce anxiety and confusion for the child. Support children's understanding of two-step instructions by using visual communication support. Use a picture sequence strip for 'now and next' accompanied by the SAME words each time.</p> <p>Include the child in a small, targeted language programme such as Early Talk Boost recording the child's skills pre and post</p>		
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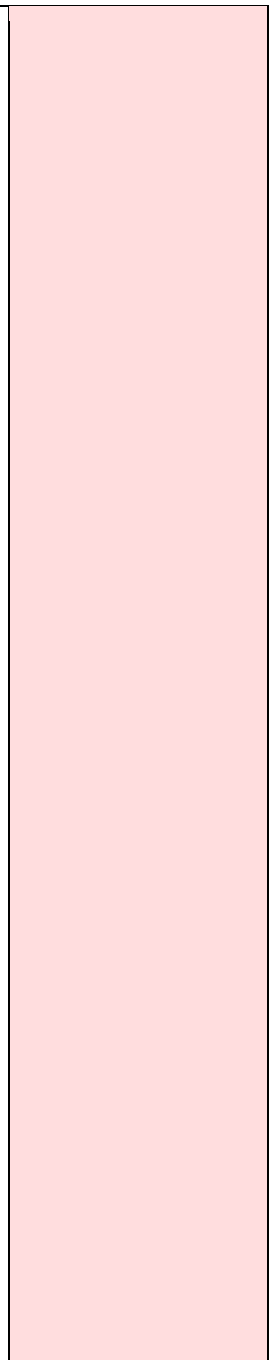
<ul style="list-style-type: none"> • The child may enjoy songs and rhymes through body rocking or vocalising • The child may use other ways of communicating other than talk to express their feelings, wants and needs with others e.g. body language, facial expression or unwanted behaviours • The child may talk about the things that interest them only regardless of the listeners attentiveness or interest • The child moves away from group activities involving song and rhyme • The child may show interest in a simple picture book story on their own terms 	<p>intervention. Follow the manual suggesting a set sequence of activities using the resources provided.</p> <p>Support the child's understanding of everyday routines and social situations use simple Social Stories. A Social Story is written in a very specific way that is descriptive and has a coaching element included. www.autism.org.uk</p> <p>Use real situations involving the child, other children or adults in the environment, pointing out displays of emotion, to support the child's understanding of feelings and emotion vocabulary.</p>		
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e.g. controlling the page turning, wanting to sit by themselves.

Spend time **playing in parallel** with the child, getting to know their play preferences, pace of learning and communication skills, both non-verbal and verbal. Help the child feel comfortable with your presence as a play partner.

Model play actions alongside the child using similar toys and objects that the child is already engaged in. Accompany play actions with simple single words and gestures or signs, as appropriate, using **Identiplay techniques**.

Ensure to provide a **'total communication environment'** in the setting. This involves the adults



as well as the physical provision. Building a total communication environment means making subtle and simple changes to our communication and environment so that we can improve interaction and understanding.

Aim for the **20 key features** of a good 'total communication environment'

1. Consistency – we must be consistent in the way we communicate with children. It is important to all use the same form of communication when communicating with certain children.

2. Signing systems – where possible give the sign (or gesture) as well as the spoken word, this doubles the impact of the

message, making it easier to understand.

3. Access – put pictures and objects in places that are accessible – both for reach and visually.

4. Language level – remember, if a child has an understanding at a one-word level – use one word. Long sentences containing lots of information will be wasted. If you use more than one word, back it up with a visual, or a sign or gesture. Be aware and remember to pitch your language at a level that the listener will understand and give them plenty of time to process the information. Avoid language overload!

5. Questions – know when to use open and closed questions (closed question require a short answer, often “yes” or

“no”, open questions seek longer answers).

6. Give time to process, understand and respond – the processing speed of some children may be impaired, and they may need up to 10 seconds or more to process a message (count silently in your head).

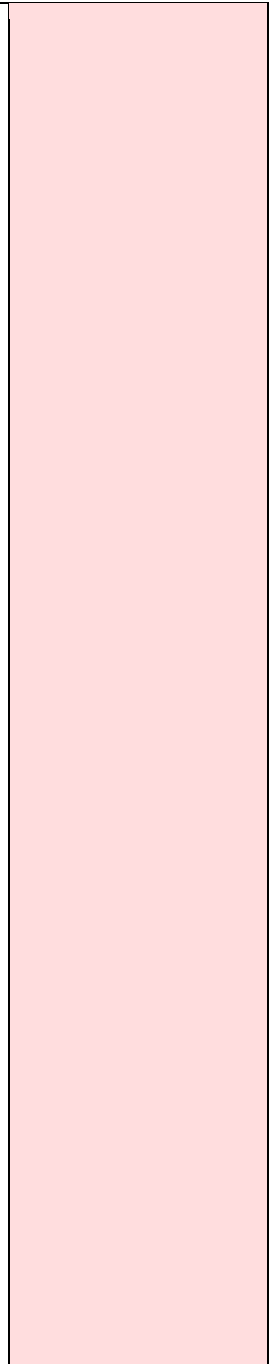
7. Eliciting language – you cannot force a response. Asking a child to say a word does not mean they understand what they are saying. It is better to put language in, than try and pull it out. Provide opportunities for a response e.g. talk about what the child is doing, expand on their language, start a sentence but let them finish it.

8. Adaptation – if you are not being

understood, be flexible, adapt your message. Change the language or complexity of language. Change the mode of communication – e.g. from verbal to picture. Give the child other ways to respond – sign, gesture etc. Give them more time to process. Change your goals if things are not working.

9. Back-up – have a back-up set of resources that you can access when trying to help someone understand. Have a gesture or communication dictionary for each individual so that new people know what the individual is trying to communicate.

10. Awareness of sensory sensitivities – some communicators have sensory sensitivities, hearing or visual



impairment or are easily distracted. For this reason, it is important to provide an environment with the right lighting and a reduction in background noise etc.

11. Use your body and face – use body language and gesture, use your facial expressions, they all lend weight and cues to your message.

12. Face to face – make sure you are facing the child, be at their level and look at the child you are communicating with.

13. Use touch – it may help children to understand activities, people and places.

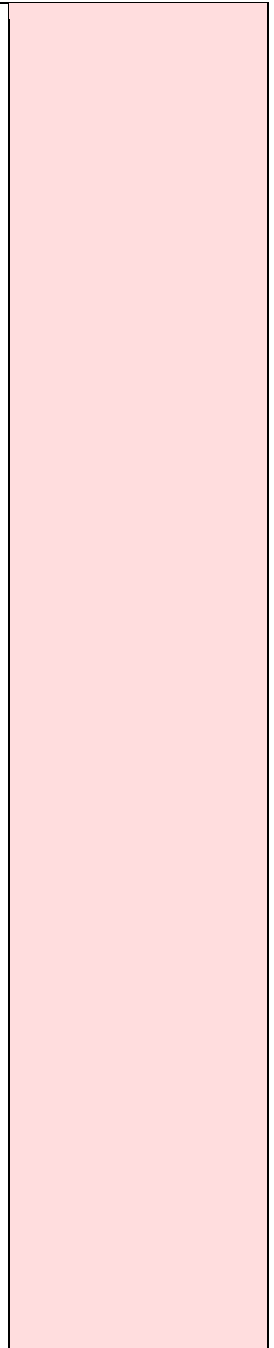
14. Use texture and objects – in their simplest form, textures or objects can be used to give children an idea of what is about to happen e.g. give

them a spoon and they know it's time for lunch, or a towel before going swimming etc.

15. Use environmental cues – use the cues that are all around us and build on them. They can include pictures, logos, colours, noise and texture.

16. Use pictures and visuals – visuals and pictures can work for many children with communication difficulties. Visual strategies can be used in a multitude of ways to enhance understanding and expression. They are particularly useful for non-verbal individuals, children with learning difficulties and / or those with autism.

17. Use print – using a printed word or recognisable symbol

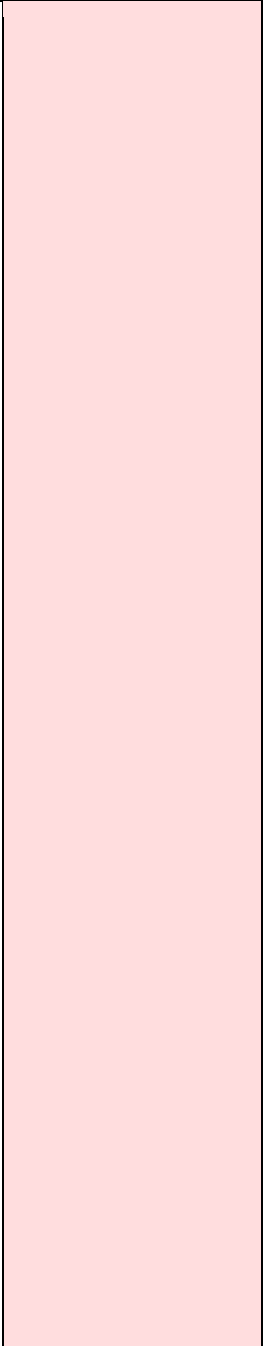


system may be helpful when other forms of communication fail.

18. Assistive Technology / Assistive communication (AAC) – under the guidance of a speech and language therapist, some children may use assistive and adaptive communication devices such as ipads or Talking Tins with a focus on facilitating communication.

19. Use your speech and voice – many people with communication impairment are still able to use their voice and speech. As a speaker be aware of the complexity of the language you are using.

20. The environment – it is important to create



	<p>an environment that is conducive to communication. Provide good lighting and reduce background noise or distractions.</p>		
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Leuven's Scales of Involvement For more detailed information and how to use the Leuven's Scales go to [leuven's scales of well-being 1.pdf \(openobjects.com\)](#)

1. Extremely low	2. Low	3. Moderate	4. High	5. Extremely High
I have limited activity or concentration,	I show some degree of activity which is often interrupted	I am busy but without real concentration. I engage in some routine actions, but my attention is often superficial.	I demonstrate clear signs of intermittent involvement; I am engaged in the activity without interruption. Most of the time there is real concentration.	I am continually engaged in the activity and completely absorbed and focussed.

Leuven's Scales of Well-being For more detailed information and how to use the Leuven's Scales go to [leuven's scales of well-being 1.pdf \(openobjects.com\)](#)

1. Extremely low	2. Low	3. Moderate	4. High	5. Extremely High
The child clearly shows signals of discomfort:	The posture, facial expression and actions indicate that the child does not feel at ease.	The child has a neutral posture. Facial expression and posture show little or no emotion	The child shows obvious signs of satisfaction.	The child displays the following: Looks happy and cheerful, smiles, beams, cries out of fun, Talks to themselves, plays with sounds and hums or sings.

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Cognition and Learning

Children presenting with delays in their cognition and learning may initially show difficulties in engagement with others and/or delayed play skills. Adults may need to adapt the provision to suit the child's social play skills as well as the activities available. Crucially, the child's communication and interaction skills may need support from adults through using the targeted approaches. The child with delays in cognition and learning may also present with other developmental delays, such as in self-care, fine and gross motor skills and sensory differences.

The possible barriers to learning are explored in the 'A Unique Child' column, with explicit links to the Characteristics of Effective Learning. Children may need learning experiences to be set at a different pace and pattern to their peers and have plenty of opportunities to practise skills before they achieve generalisation of these skills. The Positive Relationships/ Enabling Environments section of this provision bank focusses on how to promote 'the learning to learn skill set' for example, the Characteristics of Effective Learning, the 7 Cs of Resilience or the Leuven Scales of Engagement and Wellbeing.

Early years children with cognition and learning needs will need the provision to be different and/or additional to what is already provided for children of the same age. For some children, further targeted support and a programme of intervention may be appropriate from health or educational professionals. Specific targeted support ideas for parents/carers at home with their child can be sought from Portage Home Visiting Services. Web sites for service referral forms and further information:

[Speech and Language Therapy - Children and Family Health \(childrenandfamilyhealthdevon.nhs.uk\)](http://childrenandfamilyhealthdevon.nhs.uk)

Educational Psychology [Educational Psychology - Torbay Council](#)

Torbay Portage Service [Portage - Torbay Council](#)

<p>A Unique Child What a child might be doing</p> <p>Small step observations based on Development Matters 2020 (0-3 years)</p>	<p>Positive Relationships / Enabling Environments</p> <p>What adults might do and/or provide</p>	<p>Documents to support</p> <p>Suggested assessments and references that are not listed in any particular order</p>	<p>Characteristics of Effective Learning</p>
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<p>Playing and Exploring</p> <ul style="list-style-type: none"> • The child may need encouragement to explore toys and objects using their mouths, hands & bodies • The child may be distracted by a large amount of play choice • The child may be interacting with simple cause and effect play e.g., peekaboo, ready steady go games. • The child may enjoy opening and closing containers e.g. Jack-in-a-box • The child may enjoy filling and emptying containers • The child may be lifting flaps in a book to reveal pictures • The child may be investigating simple problem-solving games e.g. putting things inside others and taking them out again or stacking and 	<p>Adults could implement the Engagement Model. The model includes a profile to build up a consistent picture about how children engage and what they are engaged in. There is also a simple scale of engagement so that we clearly know how our children look/react when they are at their most and least engaged and therefore understand them better. Engagement is crucial before targeted learning can happen. We can use what engages the child, as a starting point to learning.</p> <p>Adults could provide open ended sensory play experiences to encourage touch and exploration, with gradual differences, for example</p> <ul style="list-style-type: none"> • Dry resources – sand and grains • different textures and fabrics – silks, cottons and towelling • warm and cold, water play <p>Have the mediums both accessible in small containers</p>	<p>Birthto5Matters-download.pdf Characteristics of Effective Learning P22</p> <p>Development Matters Development Matters - Non-statutory curriculum guidance for the early years foundation stage (publishing.service.gov.uk)</p> <p>The Engagement Model - Profile and Scale Guidance, templates and worked examples can be found on the Torbay SEN Early Years Resources web page SEN Early Years Resources Torbay FIS Directory</p> <p>Practical ideas for Sensory Play PRACTICAL IDEAS FOR SENSORY PLAY .pdf (eani.org.uk)</p> <p>Sensory Calming ideas to help re-regulate and to support a sensory diet. Doing these activities will help children by doing something active and then be more ready to return to more focussed activities PowerPoint Presentation (eani.org.uk)</p> <p>The Derbyshire Small Steps EYFS Profiles The Derbyshire Celebratory Checkpoints EYFS Celebratory Checkpoints - Derbyshire Local Offer</p> <p>The Portage SEND Best Practice Assessment Checklist Portage The Education People</p> <p>The Autism Observation Profile (AET) Autism in the Early Years P new (openobjects.com)</p> <p>The Early Support Early Years Developmental Journal</p>	<p>Playing and exploring</p> <p>I realise that my actions have an effect on the world, so I repeat them. I reach for and accept objects, making choices and exploring different resources and materials.</p> <p>I plan and think ahead about how to explore or play with objects.</p> <p>I guide my own thinking and actions by talking to myself while playing.</p> <p>I make independent choices and do things independently that I have been previously taught.</p> <p>I can collaborate and learn alongside my peers</p> <p>I bring my own interests and fascinations into</p>
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<p>posting, activating press button toys</p> <ul style="list-style-type: none"> • The child may be offering and receiving objects from others • The child may have strong play preferences that are exclusive to other experiences • The child may need time and opportunities for repetition to enable them to engage in 'new' experiences • The child may prefer low-arousal spaces with reduced sound and visual stimulation • The child may show confusion with sound games/songs using DVDs or CDs • The child may need practice and a reduced pace, in order to show anticipation of actions and words in repetitive rhymes and songs <p>Active Learning</p>	<p>(washing up bowls) as well as initially offering exploration through clear zipped pockets to feel, poke and prod. Create a personalised <i>texture hierarchy</i> for the child so that all the adults involved are aware of the child's preferences. Support the child's sensory difference through the slow exposure and breadth of experiences.</p> <p>Ensure opportunities are built into the day by creating a 'sensory diet' for the child. E.g the child needs to climb = build in climbing, swinging, jumping, and spinning opportunities during the day to help the child regulate their proprioceptive sensory needs</p> <p>Refer to the Inclusive play resource from www.sense.org There are a range of YouTube videos demonstrating simple inclusive play activities.</p> <p>Sensory Stories are short stories of a few lines which are brought to life through a selection of meaningful sensory experiences. They are particularly beneficial for students with Sensory</p>	<p>The Early Support Developmental Journal for Babies and children with Downs Syndrome</p> <p>The Sensory Processing Resource Pack: Early Years SEN Early Years Resources Torbay FIS Directory</p> <p>Autism in the Early Years – A Practical Guide by Val Cummin, Julia Dunlop & Gill Stevenson Autism in the Early Years: A Practical Guide (Resource Materials for Teachers) : Cumine, Val, Dunlop, Julia, Stevenson, Gill: Amazon.co.uk: Books</p> <p>First Steps in Intervention with your child with Autism – Frameworks for Communication by Phil Christie et al. First Steps in Intervention with Your Child with Autism: Frameworks for Communication: Amazon.co.uk: Phil Christie, Elizabeth Newson, Wendy Prevezer and Susie Chandler: 9781849050111: Books</p> <p>Sensory Stories for Children and Teens with SEN – A Practical Guide by Joanne Grace Sensory Stories for Children and Teens with Special Educational Needs: A Practical Guide : Joanna Grace: Amazon.co.uk: Books</p> <p>Supporting Quiet Children by Maggie Johnson & Michael Jones Supporting Quiet Children: Exciting Ideas and Activities to Help 'Reluctant Talkers' Become 'Confident Talkers' by Johnson, Maggie, Jones, Michael (September 20, 2012) Spiral-bound : Amazon.co.uk: Books</p>	<p>setting. This helps me develop my learning.</p> <p>I respond to new experiences that you bring to my attention.</p> <p>Active learning</p> <p>I participate in routines and can predict sequences of familiar routines. I demonstrate goal-directed behaviour to get to something I want.</p> <p>I can correct my mistakes, for example, instead of using increasing force to push a puzzle piece into the slot, I see if a different piece will fit.</p> <p>I repeat activities and make connections.</p> <p>I keep on trying when things are difficult.</p> <p>I learn through trial and error.</p>
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<ul style="list-style-type: none"> • The child may follow routines when shown an object to help them understand what is happening • The child may understand routines by looking at the context around them e.g. get their boots when the door to outside is opened • The child may need visual cues to help them develop active problem-solving skills to enable them to explore further e.g. looking under the table for a dropped toy when the adult signs 'Under' • The child may be developing 'trial and error' behaviours in play and everyday routines • The child enjoys returning to play experiences time and time again, building their confidence in the play through their success 	<p>Processing Disorder (SPD), profound and multiple learning difficulties (PMLD), autism spectrum disorders (ASD) and other special educational needs (SEN) Create your own sensory stories and sensory rhymes by using props to emphasise experiences of touch, smell, noise, taste etc. adding to the meaning of the text. It will help the child become familiar and more relaxed with these sensory experiences, by them being part of a predictable routine.</p> <p>Using multi-sensory umbrellas Sensory Umbrellas and Sensory Storytelling for PMLD (inclusiveteach.com)</p> <p>Revisiting play opportunities - Ensure the child has opportunities to return to the same experience time and time again without moving on to changes too quickly. Ready Steady go games are good learning a predictable play sequence.</p> <p>Adults could provide feely bags/boxes and treasure baskets with specific items</p>	<p>Helping Very Young Children to Listen by Andrina Flinders Helping Very Young Children to Listen : Flinders, Andrina: Amazon.co.uk: Books</p> <p>Let's Talk Behaviour by Wendy Usher Let's Talk Behaviour - ideas to encourage positive behaviour (yellow-door.net)</p> <p>Understanding your child's Sensory Signals by Angie Voss Understanding Your Child's Sensory Signals: A Practical Daily Use Handbook for Parents and Teachers: Amazon.co.uk: Voss OTR, Angie: 9781466263536: Books</p> <p>First and Then Explained First & Then explained.pdf (eani.org.uk)</p> <p>Visual Supports Guidance – a useful step by step guide on how to use picture supports in a practical way Layout 1 (autismspeaks.org)</p> <p>Using Visuals to support language and attention skills Using visuals to support LANGUAGE and ATTENTION - YouTube</p> <p>Playing Ready Steady Go games How to play Ready, Steady, Go - YouTube</p> <p>The Building Blocks to reading and writing will help adults see the foundations needed to develop these skills creating a planning board for activities and target setting.</p>	<p>I watch my peers and adults (modelling).</p> <p>Creating and thinking critically</p> <p>I take part in simple pretend play</p> <p>I can sort materials, putting different toys in together when tidying.</p> <p>I can review my progress as I try to achieve a goal, check how well I am doing to solve real problems.</p> <p>I use pretend play to think beyond the 'here and now' and to understand another perspective.</p> <p>As I know more, I feel confident at coming up with my own ideas and make more links between those ideas.</p> <p>I concentrate on achieving something</p>
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<ul style="list-style-type: none"> • The child may show sensory avoidance to a range of sensory experiences E.G. Showing over sensitivity to touch – avoids messy play, walks on tip toes, intolerant to clothing or changing of nappies • The child may show sensory seeking behaviours E.G. showing under sensitivity to smell & taste – sniffs or licks objects and people, chews or mouths objects, grinds teeth. • The child may exclusively engage in one type of play material/sensory experience and engage in long lasting repetitive play • The child may carry out single play actions on imitation e.g. give teddy a hug • The child may use common objects on themselves in early 	<p>reflecting the child’s special interests</p> <p>Adults may need to provide low arousal spaces to help a child focus on achieving new experiences and reduce language and sensory overload.</p> <p>Noisy toys musical toys may be too overwhelming or be necessary to gain attention and engagement, know the child’s tolerance for these things.</p> <p>Cause and effect play – adults may need to use verbal cues such as ‘Ready, Steady Go!’ or ‘One, two three!’ to prepare the child for a sudden action or noise.</p> <p>Children are often more interested in people, their sounds and actions and are distracted by the ‘3-way attention demands’ when an object is part of the play. ‘People play’ may be a more successful way of achieving engagement such as ‘Row-Row, Round and Round the Garden etc.</p>	<p>the building blocks of reading am 1.docx (live.com) the building blocks of writing am 1.docx (live.com)</p> <p>Developing Joint Attention How to help your child with joint attention - YouTube</p> <p>The Attention Autism Programme – Top Tips guidance 4amtop tips for attention autism stages 1 2.pdf (openobjects.com)</p> <p>SaLT by the SEA Blog – How to use Objects of Reference How to use objects of reference - YouTube</p> <p>Play activities for young children to support communication and interactions Play Activities to Support Communication & Interaction (eani.org.uk)</p>	<p>that’s important to me and am able to control my attention and ignore distractions</p>
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<p>pretend play e.g. put a hat on</p> <ul style="list-style-type: none"> • The child may use common objects on another person e.g. brushes mummy's hair • The child may begin to show early sorting skills such as finding the 'same' when shown an object or put two pieces together to make a whole e.g. lid on a teapot • The child communicates exclusively about things in the 'here and now' • The child may rely on adults to show them how to explore and engage in an activity • The child may be easily distracted by the environment around them and find it difficult to settle to an activity • The child may react unexpectedly to key adults • The child may show interest in repetitive rote 	<p>Adults may need to model matching, stacking, posting and sorting activities using resources that the child can manipulate and succeed with.</p> <p>Adults may need to adapt toys and objects to emphasise size, reduce choice and grade difficulty e.g. hoops onto wooden spoons instead of string and beads for threading. These are some of the 'Small Steps to Learning' from the Portage Model.</p> <p>Adults may need to use a child's special interest to introduce novel activities e.g. rolling/spinning toys in water play</p> <p>The Attention Autism programme aims to support children with a range of communication and interaction difficulties, to develop and sustain looking and listening attention skills, in group situations.</p> <ul style="list-style-type: none"> • Stage 1: Attention bucket (to focus attention) 		
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<p>counting, number rhymes and songs</p> <ul style="list-style-type: none"> • The child may show counting-like behaviours such as vocalising and pointing to objects using number-like words. • The child may understand or use quantity words such as 'more' or 'lots' and demonstrate this in different ways • The child may need to be specifically shown how to engage in construction resources and inset puzzles • The child may need signs to understand and use size and position words in everyday contexts 	<ul style="list-style-type: none"> • Stage 2: Attention builder (to sustain attention) • Stage 3: Interactive game (to shift attention) • Stage 4: Individual activities (to focus and sustain attention in a group, then transition shifting attention to individual activity and then refocus on the group) <p>Information and ideas can be found at SEN Early Years Resources Torbay FIS Directory</p> <p>Develop with the child, a secure ability to make clear choices between objects and activities by using object choices or picture choices – see Visual Support Guidance.</p> <p>Develop the child's social play skills. Use the child's strong play preferences to build up their engagement with adults and peers starting with securing successful parallel play.</p>		
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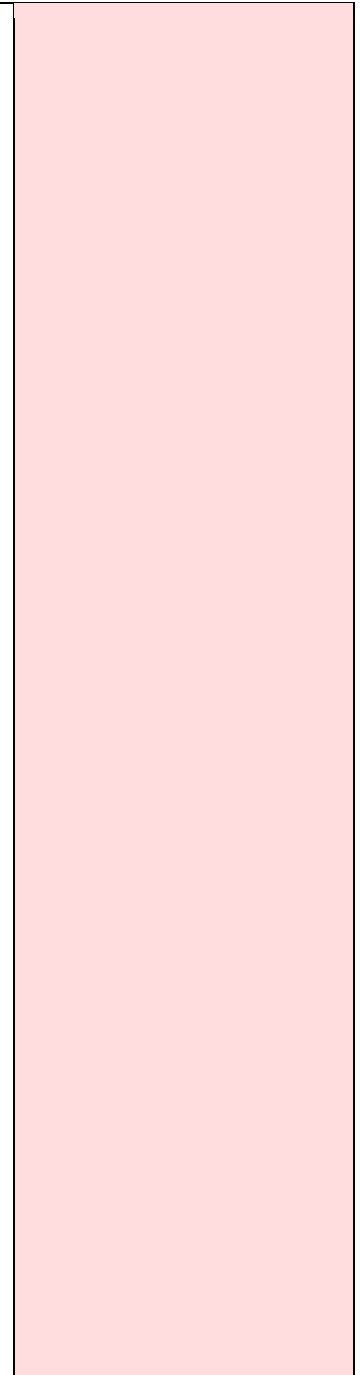
Specifically **practice turn taking activities** with the child and peers. It may be necessary to avoid the child's motivators or special interests in the play as these may be a barrier to the child managing giving up a turn.

Use Teaching Play to children with Autism – Practical interventions using **Identiplay**. This resource will provide a large number of play scripts that can be shared with teaching staff and parents.

Provide a **visual picture sequence strip** to support messages, planning events and routines and individual activities.

Some children may need to see **objects to cue** their understanding and planning for change, using an object transition bag, rather than pictures.

Use **Makaton** signing to emphasise concepts or key words in messages. Sign up for free on the Makaton Charity website www.makaton.org for

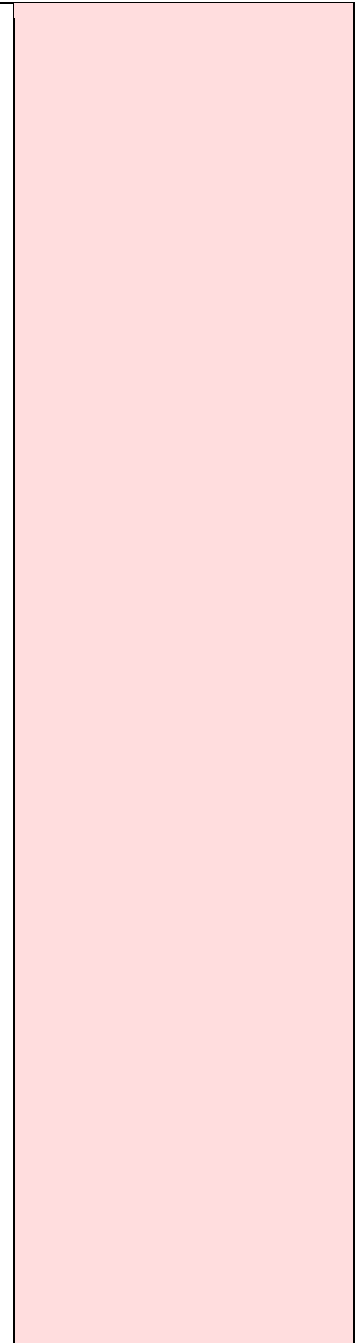


access to the Library and information about the Makaton Language Programme.

Make activities '**fail safe**' (Portage Principles) by using strategies such as backward/forward chaining, where steps to achieve a skill are broken down into manageable goals. The adult completes the first steps, and the child then finishes off the activity (backward chaining). Similarly, the child starts the process and the adult continues the steps to completion. Teach the easiest skills first in a sequence by identifying the 'component skills or achievable targets and then deciding

Use **real life objects** to demonstrate the use of objects on yourself-first before transferring the play action onto dolls/toys e.g., talking on the telephone, drinking from a cup/sports bottle,

Develop concept and sorting skills through encouraging the child to develop **matching, then finding and then naming skills.**



Understanding **'the same'** with objects e.g., sorting lots of different balls and toy cars into two groups when tidying toys. Use pictures of the toys on the boxes to encourage object to picture matching.

Play simple object and picture lotto with objects in a bag and white boards to draw the items you want to match. Manipulate the number of items on the board to make it easier or harder for each player.

Create Social stories for children struggling to cope with a variety of social situations from walking to nursery to sharing a toy with a friend. Go to My Social Stories Book by Carol Gray for further information.

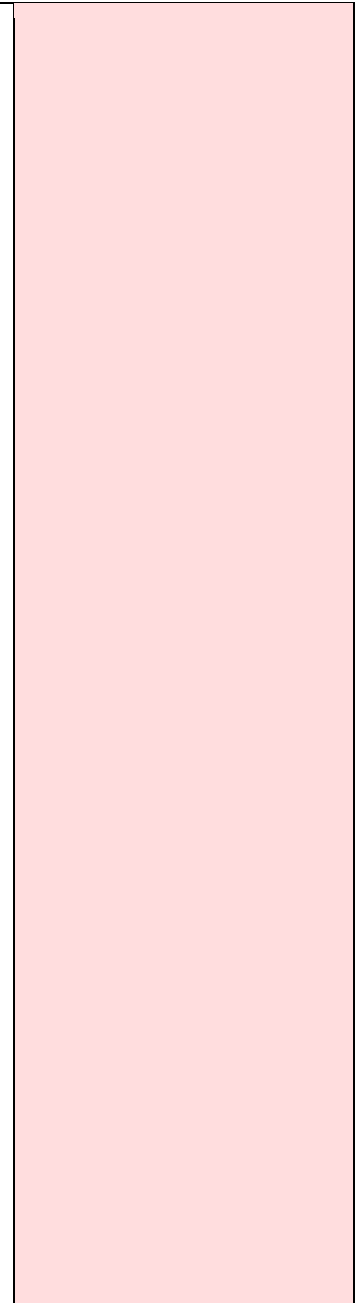
Keep activities short and successful to help build the child's attention skills and self-esteem. Practice completing short outcome focussed activities through having a **'Special Time'** play session with the child on a regular basis. Use a picture sequence choice board showing each activity to be completed in turn.

Teach the **concept of 'finished'** by using a picture prompt and Makaton sign for 'finished'. If using pictures to show a sequence, place the picture in a 'finished box' as each activity is completed.

Ensure that there is a '**total communication environment**' – see tips in C&L

Create plenty of **different low arousal spaces** in your playrooms and outside so that these areas do not become 'pinch points' with lots of children. Vary colours, textures, heights etc to create cosy, safe spaces. These spaces will then support children's focus of attention and enable emotional refuelling.

When supporting children's speech, language and communication **pause for spaces** in song and rhyme for the child to fill in. Giving children this **processing time**, motivate the child to verbalise at their own pace.



Create **personal books** using photos of the child's family and favourite objects. Either make homemade books or use commercial companies such as PhotoBox which can produce board books at a minimal cost.

Leuven's Scales of Involvement For more detailed information and how to use the Leuven's Scales go to [leuven_s_scales_of_well-being_1.pdf](http://openobjects.com/leuven_s_scales_of_well-being_1.pdf) (openobjects.com)

1. Extremely low	2. Low	3. Moderate	4. High	5. Extremely High
I have limited activity or concentration,	I show some degree of activity which is often interrupted	I am busy but without real concentration. I engage in some routine actions, but my attention is often superficial.	I demonstrate clear signs of intermittent involvement; I am engaged in the activity without interruption. Most of the time there is real concentration.	I am continually engaged in the activity and completely absorbed and focussed.

Leuven's Scales of Well-being For more detailed information and how to use the Leuven's Scales go to [leuven_s_scales_of_well-being_1.pdf](http://openobjects.com/leuven_s_scales_of_well-being_1.pdf) (openobjects.com)

1. Extremely low	2. Low	3. Moderate	4. High	5. Extremely High
The child clearly shows signals of discomfort:	The posture, facial expression and actions indicate that the child does	The child has a neutral posture. Facial expression and posture show little or no emotion	The child shows obvious signs of satisfaction.	The child displays the following: Looks happy and cheerful, smiles, beams, cries out of fun, Talks to themselves,

	not feel at ease.			plays with sounds and hums or sings.
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Social, Emotional and Mental Health:

Children's development follows its own unique pathway with some needing more support to reach key milestones. The EYFS reforms were introduced in September 2021 and self-regulation is now one of the early learning goals for personal, social and emotional development. Many children experience dysregulation when their emotions overwhelm them, this can be appropriate to their age and stage. If it is happening frequently then this may be a cause for concern. Having considered the child's age/stage and any other contributory factors, we may identify a significant need in terms of dysregulation and regard this as a social, emotional, mental health need. Children can present in a variety of ways when dysregulated: some withdraw both emotionally and physically whereas some will present loudly with some undesired physical behaviours.

Children can present with SEMH needs for a wide range of reasons which can be deep such as a disrupted attachment with their parent/carer because of mental/physical illness, loss/grief. SEMH needs may also present if the child is causing concern with other areas of their development such as non-neuro typical tendencies. Regardless of the reasons behind the regulation, key adults need to respond appropriately and nurture positive relationships through a consistent approach to support children's individual interests, preferences, and needs. This will build emotional resilience.

Self-regulation depends on and grows out of co-regulation, where adults and children work together toward a common purpose, including finding ways to resolve upsets from stress in any domain, and return to balance. It is a process that grows out of attuned relationships where the caregiver and baby or child are closely attentive to each other and engage in sensitive, responsive exchanges. Over time and with consistent practice, the process shifts from co-regulation between adult and child to the child's self-regulation.

For young children, co-regulation also has both emotional and cognitive aspects. It includes the adult modelling calming strategies and naming and talking about feelings and ways to manage. This helps children learn to recognise their feelings and builds their cognitive awareness of strategies to reduce or manage extremes of emotion. At the same time, adults scaffold cognitive self-regulation by talking with children about thinking and learning.

Self-regulation is now recognised as crucially important in young children's development, strongly predicting children's later success in relating to others and in their learning, while supporting lifelong mental and physical health. (Birth to five matters p.20)

Early years inspection handbook (Feb 2022)- good grade descriptor for personal development: A **well-established key person system helps children form secure attachments and promotes their well-being and independence. Practitioners teach children the language of feelings, helping them to appropriately develop their emotional literacy.**

Self-regulation and executive function closely link to the characteristics of effective teaching and learning. Reference: 6th of the Seven Features of Effective Practice [Development Matters - Non-statutory curriculum guidance for the early years foundation stage \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/442222/Development_Matters_-_Non-statutory_curriculum_guidance_for_the_early_years_foundation_stage.pdf)
E.G concentrate their thinking; plan what to do next; monitor what they are doing and adapt; regulate strong feelings; be patient for what they want; bounce back when things get difficult.

The links below provide references and further information regarding SEMH:

[Statutory framework for the early years foundation stage \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/442222/Development_Matters_-_Non-statutory_curriculum_guidance_for_the_early_years_foundation_stage.pdf)

[Development Matters - Non-statutory curriculum guidance for the early years foundation stage \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/442222/Development_Matters_-_Non-statutory_curriculum_guidance_for_the_early_years_foundation_stage.pdf)

[Birthto5Matters-download.pdf](#)

[SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/442222/SEND_code_of_practice_0_to_25_years.pdf)

[What-to-expect-in-the-EYFS-complete-FINAL-16.09-compressed.pdf \(foundationyears.org.uk\)](https://www.foundationyears.org.uk/wp-content/uploads/2016/09/What-to-expect-in-the-EYFS-complete-FINAL-16.09-compressed.pdf)

[Help for early years providers - Department for Education](#)

<p>A Unique Child What a child might be doing Please refer to Development Matters 2020, Birth to Three what children will be learning and Observation checkpoints</p>	<p>Positive Relationships / Enabling Environments What adults might do and/or provide</p>	<p>Documents to support Suggested assessments and references that are not listed in any particular order</p>	<p>Characteristics of Effective Teaching and Learning</p>
<ul style="list-style-type: none"> The child may find ways to calm themselves , through being calmed and comforted 	<p>Policy and practice: Setting to implement a self-regulation policy to replace or sit alongside the behaviour management policy to promote a consistent approach to supporting regulation. Through self-regulation CPD and the policy, all staff within the setting value the importance of the role of co-</p>	<p>Whole staff teams access self-regulation CPD which can be delivered within their setting to promote a shared ethos and understanding of SEMH needs. The self-regulation policy also supports team discussion to agree consistent language, support and practice for children with SEMH needs.</p>	<p>Playing and exploring I realise that my actions have an effect on the world, so I repeat them. I reach for and accept objects,</p>

<p>by their key person.</p> <ul style="list-style-type: none"> • The child may begin to establish their sense of self • The child may begin to express 	<p>regulator in benefitting children with high SEMH needs. Setting wide understanding of the need for familiar co-regulator/s who are available both emotionally and physically for the child.</p> <p>Co-regulation supports self-regulation: The adult's role as co-regulator is critical in a child's development of self-regulation (children's ability to regulate their thoughts, feelings and behaviour). As they observe and interact with their peers and adults, children gradually move from the experience of being supported in managing their feelings, thoughts and behaviour, to developing the ability to regulate these more independently. Sensitive and skillful adults play a key role in supporting development and learning, through observing children and deciding when to step back and when to offer support, encouragement and stimulation for children's own efforts. Children's language is enriched and enhanced by back-and-forth exchanges with practitioners who respect and respond to children's conversation.</p> <p>Self-regulation: Developing self-regulation, like many elements of development and learning, is not something children do by themselves.</p>	<p>Managers lead policy and practice in enabling co-regulators to be available to intensely support children on arrival at the setting and throughout each session until co-regulation supports self-regulation.</p> <p>Birth to Five Matters: page 19 Birthto5Matters-download.pdf</p> <p><u>Birthto5Matters-download.pdf</u> page 20</p>	<p>making choices and exploring different resources and materials.</p> <p>I plan and think ahead about how to explore or play with objects.</p> <p>I guide my own thinking and actions by talking to myself while playing.</p> <p>I make independent choices and do things independently that I have been previously taught.</p> <p>I can collaborate and learn alongside my peers</p> <p>I bring my own interests and fascinations into setting. This helps me develop my learning.</p> <p>I respond to new experiences that you bring to my attention.</p>
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<p>preferences and decisions. They also try new things and start establishing their autonomy.</p> <ul style="list-style-type: none"> • The child may engage with others through gestures, gaze and talk. • The child may use that engagement to achieve a goal. For example, gesture towards their cup to say they want a drink. • The child may find 	<p>It is a process that grows out of attuned relationships where the caregiver and baby or child are closely attentive to each other and engage in sensitive, responsive exchanges.</p> <p>Self-regulation depends on and grows out of co-regulation, where adults and children work together toward a common purpose, including finding ways to resolve upsets from stress in any domain, and return to balance.</p> <p>The foundations of emotional and cognitive self-regulation in the early years are integrally tied together, and both are necessary for behavioural self-regulation. Emotions running very high get in the way of cognitive aspects of self-regulation, as a child who is experiencing very strong emotions will have difficulty in holding back impulses, focusing attention, or thinking in flexible ways to solve problems. Over-arousal of the emotional part of the brain constrains the thinking part, so a child who is very upset will first need help through emotional co-regulation before they can begin to think about the situation.</p> <p>The principles of the EYFS advocate the unique child whose interests, preferences and needs are supported through positive relationships and sensitive interactions within an</p>	<p>Four overarching principles of the EYFS: page 6 <u>Statutory framework for the early years foundation stage (publishing.service.gov.uk)</u></p>	<p>Active learning</p> <p>I participate in routines and can predict sequences of familiar routines.</p> <p>I demonstrate goal-directed behaviour to get to something I want.</p> <p>I can correct my mistakes, for example, instead of using increasing force to push a puzzle piece into the slot, I see if a different piece will fit.</p> <p>I repeat activities and make connections.</p> <p>I keep on trying when things are difficult.</p> <p>I learn through trial and error.</p> <p>I watch my peers and adults (modelling).</p> <p>Creating and thinking critically</p>
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<p>ways of managing transitions, for example from their parent to their key person</p> <ul style="list-style-type: none"> • The child may need support to make themselves understood and can become frustrated when they cannot. • The child may start to say how they are feeling, using words as well as actions. • The child may feel strong enough to express a range 	<p>enabling environment both inside and outside to promote learning and development through self-regulation.</p> <p>Co-production with parents is key to consistent support for a child. Some parents need time to process their child’s needs whereas others may ask for support. Co-producing an emotional regulation plan which highlights triggers, how to help the child remain regulated and how to help if they dysregulate. The plan can be used both at home and across the whole setting. If the child’s needs are mainly regarding self-regulation, complete an Emotional Regulation Plan instead of an ILDP which can be submitted to support an application for ALFEY.</p> <p>Torbay FIS Directory SEN resources for SEMH have many resources to support parents as well as practitioners:</p> <ul style="list-style-type: none"> • 7c s: Encouraging appropriate behaviour in young children • Helping children cope with change • Helping children with their behaviour 	<p><u>Developing an Emotional Regulation Plan (openobjects.com)</u> shows an example with prompts, a completed plan and an empty plan.</p> <p><u>regulation plan template word version .docx (live.com)</u> - a word version to be completed</p> <p><u>Social, Emotional and Mental Health (SEN Early Years Resources) Torbay FIS Directory</u></p> <p><u>7cs supporting social and emotional skills 1.pdf (openobjects.com)</u></p> <p><u>helping children cope with change.pdf (openobjects.com)</u></p>	<p>I take part in simple pretend play</p> <p>I can sort materials, putting different toys in together when tidying.</p> <p>I can review my progress as I try to achieve a goal, check how well I am doing to solve real problems.</p> <p>I use pretend play to think beyond the ‘here and now’ and to understand another perspective.</p> <p>As I know more, I feel confident at coming up with my own ideas and make more links between those ideas.</p> <p>I concentrate on achieving something that’s important to me and am able to control my attention and ignore distractions</p>
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<p>of emotions .</p> <ul style="list-style-type: none"> The child may grow in independence, rejecting help (“me do it”). Sometimes this leads to feelings of frustration and tantrums The child may begin to show ‘effortful control’. For example, waiting for a turn and resisting the strong impulse to grab what they want or push their way to the front. 	<ul style="list-style-type: none"> Guidance sheets for supporting PSED children aged 0-1; 1-2; 2-3; 3-4; 4-5 <p>Support for parents and the home learning environment: Chat, play, read</p> <p>Children’s language is enriched and enhanced by back-and-forth exchanges with practitioners who respect and respond to children’s conversation</p> <p>Pretend play gives many opportunities for children to focus their thinking, persist and plan ahead.</p> <p>Reading books for joy and extending their vocabulary.</p> <p>Setting wide approach to using consistent language to name, tame (and ensure no shame)</p> <p>Dan Siegel ‘name it to tame it’</p> <p>DNA approach: describe, notice and acknowledge from 3rd annual Transform Challenging Behavior Online Conference:</p> <ul style="list-style-type: none"> describe: verbally what we see the child’s body is doing and how this is showing in their facial expressions, vocalisations notice: adults verbally speculate about what emotions the child may be 	<p>helping-children-with-their-behaviour.pdf (openobjects.com)</p> <p>e.g. 3-4 yrs - personal social and emotional development with tc format 1.pdf (openobjects.com)</p> <p>Chat, play, read interactive activity booklets Words for Life</p> <p>Learning to talk 3 to 5 years Start for Life (www.nhs.uk)</p> <p>Hungry Little Minds – Simple fun, activities for kids aged 0 – 5 (campaign.gov.uk)</p> <p>Tiny Happy People: Children's language development and parenting advice - BBC Tiny Happy People</p> <p>Dan Siegel: Name it to Tame it - YouTube</p> <p>Elizabeth Montero-Cefalo MEd TCBOC 2020 Speaker Teaser: Elizabeth Montero-Cefalo - YouTube</p>	<p>Reference: The characteristics of effective teaching and learning Development Matters - Non-statutory curriculum guidance for the early years foundation stage (publishing.service.gov.uk)</p>
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<ul style="list-style-type: none"> • The child may be increasingly able to talk about and manage their emotions • The child may be able to safely explore emotions beyond their normal range through play and stories. • The child may be able to talk about their feelings in more elaborated ways: “I’m sad because...” or “I love it when ...” 	<p>experiencing and try to check in with the child as to whether they are right</p> <ul style="list-style-type: none"> • acknowledge: verbally outline the child’s positive intent – what the child wanted to happen and where it went wrong • engage: is another layer here if the child makes eye contact or face watches your suggestions this can reflect an upshift in their emotional state which is positive <p>THRIVE Vital Relationship Functions:</p> <ul style="list-style-type: none"> • attunement: be alert to how the child is feeling and mirror it in a matching tone/expression/gesture/noise/body language and then gradually model calming strategies and becoming regulated • validation: be alert to the child’s experience; acknowledge their experience/perspective/emotions. Adult suggesting out loud what may have cause the dysregulation and what 	<p><u>The Thrive Approach to social and emotional wellbeing</u> <u> The Thrive Approach</u></p>	
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the emotion experienced might be called.

- **containment:** be alert to how the child is feeling and demonstrate containment you can 'hold' (through empathy and understanding) the pitch/intensity/quality of their feeling and you can help them make it survivable by offering it back in small, digestible named pieces.
- **soothing:** be alert to how the child is feeling, soothe and calm their distress. The child needs to repeatedly experience being calmed before they can do it for themselves. The child may be appreciate gentle touch when dysregulated or may prefer to be alone with an adult still observing to protect their safety
- **regulation:** be alert to how the child is feeling, model calming strategies like jumping up and down first and then loud deep breathing; feeling your heartbeat calming; self talk.

Strategies to promote regulation:

- create some joy with the child 1:1 when appropriate after their arrival. This will top up the emotional bucket of a child through releasing endorphins which will help to counteract the child's dysregulation. Feathers for tickling each other's faces or a race to see who can grab the bean bag first.
- notice early signs of dysregulation and provide timely support to prevent escalation using connection and language suggested above to 'name and tame' emotions
- use self-talk out loud to suggest which emotions the child may be experiencing E.G. I sense that you may feeling upset about sharing the funnel and the tubes in the water, am I right?
- Use self-talk when appropriate to offer a solution 'I wonder what we could do to help this?' 'I wonder if we take it in turns to share... Max, you go first

and then it's your turn, Eddie'. 'Perhaps we could help each other: who would like to hold the funnel or the tubing first and then, we can all take it in turns to pour?'

- model slow, deep, loud breaths and uses self-talk to explain how the breathing is helping to feel calmer
- enable the child to recognise early signs of dysregulation as they mature emotionally and encourage the child to ask for help

Resources which support the child and co regulator:

- A personalised visual timetable for an individual child which is available can support transitions
- Using 'Now, Next' e.g. Now, take off our shoes and next, wash our hands
- Use songs to support exploring their bodies 'Head, Shoulders, Knees and Toes' or 'This Little Piggy Went to Market' or 'Tommy Thumb'
- Choices: offering the child a choice of two preferred

activities may enable them to switch their focus

- Use picture cards, signs or actual resources to support the choices
- When giving instructions make them short and clear e.g., shoes on now
- Adults using clear, concise language to communicate desired behaviours
- Avoiding using language which can cause demand avoidance e.g. instead of saying NO which may trigger some dysregulation try saying 'the rules say children cannot climb on the furniture'
- Using Makaton or hand signals, such as, a flat upright hand to support STOP alongside verbal command
- monitor the child's engagement using the characteristics of effective teaching and learning to identify the child's preferences, strengths and areas of need
- create a 'calming box' of favourite objects/activities specific to child's interests e.g., an activity, song, book or play experience

Makaton website link: <https://www.makaton.org/>

- Using a scaling sheet may help the child indicate how dysregulated they are feeling on a scale of 1-5 or drawing the feeling.
- Signs and symbols may help the child's communication

An environment which offers:

- A range of accessible resources which enable children to follow their interests independently
- A quiet, small, safe space is created which is respected by all. Child can access it when needed. This is sometimes referred to as 'womb up' your environment
- Communication friendly spaces to reduce over stimulation

Peer on peer support for regulation:

- help children to understand what happens when we become dysregulated; that we all need to learn to manage our dysregulation and how others can help us
- teaching self-regulation strategies to all children, such as, self-initiating going to a recognised quiet space

to remove themselves for a while; having a whole setting signal for children to use when feeling dysregulated; taking 10 really deep breaths; doing 10 star jumps; choosing a book or a puzzle.

- children are encouraged to ask each other 'how they are' and to check they are OK?
- through ongoing 'check ins' throughout the day regarding all children's emotional well-being, they begin to develop an understanding of how to recognise when another child or themselves need help

SEMH needs are often linked to speech, language and communication needs:

Research has shown that 81% of the children with significant SEMH needs also have significant speech, language and communication needs and 64% of 7-14 year olds referred for psychiatric support have undiagnosed speech, language and communication need.

	<p>Language development is central to self-regulation: children use language to guide their actions and plans e.g. self-talk which we can model to show our own regulation patterns</p> <p>Speech, language and communication needs can be identified through the monitoring tool. There are four headings: receptive language; expressive language; speech sounds and social communication and play. The social communication and play is being updated to support SEMH and SLCN needs.</p>	<p>The Early Communication and Language monitoring tool was devised through cross county working across Devon, Plymouth and Torbay early years advisors, advisory teachers and specialist teachers:</p> <p><u>early-communication-and-language-monitoring-tool-final-july-22.pdf (torbay.gov.uk)</u></p>	
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Leuven's Scales of Involvement For more detailed information and how to use the Leuven's Scales go to [leuven_s_scales_of_well-being_1.pdf \(openobjects.com\)](#)

1. Extremely low	2. Low	3. Moderate	4. High	5. Extremely High
I have limited activity or concentration,	I show some degree of activity which is often interrupted	I am busy but without real concentration. I engage in some routine actions, but my attention is often superficial.	I demonstrate clear signs of intermittent involvement; I am engaged in the activity without interruption. Most of the time there is real concentration.	I am continually engaged in the activity and completely absorbed and focussed.

Leuven's Scales of Well-being For more detailed information and how to use the Leuven's Scales go to [leuven_s_scales_of_well-being_1.pdf \(openobjects.com\)](#)

1. Extremely low	2. Low	3. Moderate	4. High	5. Extremely High
The child clearly shows signals of discomfort:	The posture, facial expression and actions indicate that the child does not feel at ease.	The child has a neutral posture. Facial expression and posture show little or no emotion	The child shows obvious signs of satisfaction.	The child displays the following: Looks happy and cheerful, smiles, beams, cries out of fun, Talks to themselves, plays with sounds and hums or sings.

Sensory and/or physical needs:

Children may present with additional needs which are sensory or physical. The [SEND Code of Practice January 2015.pdf \(publishing.service.gov.uk\)](#) states:

*6.34 **Sensory and/or physical needs:** 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 habilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties.*

6.35 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

*5.10 **Equality Act 2010:** All early years providers have duties under the Equality Act 2010. In particular, they **must not** discriminate against, harass or victimise disabled children, and they **must** make reasonable adjustments, including the provision of auxiliary aids and services for disabled children, to prevent them being put at substantial disadvantage. This duty is anticipatory – it requires thought to be given in advance to what disabled children and young people might require and what adjustments might need to be made to prevent that disadvantage. All publicly funded early years providers **must** promote equality of opportunity for disabled children. There is further detail on the disability*

discrimination duties under the Equality Act in Chapter 1, Introduction. The guidance in this chapter should be read in the light of the guidance in Chapter 1 which focuses on inclusive practice and removing barriers to learning.

5.11 Medical conditions: All early years providers should take steps to ensure that children with medical conditions get the support required to meet those needs. This is set out in the EYFS framework [Statutory framework for the early years foundation stage \(publishing.service.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/616266/Statutory_framework_for_the_early_years_foundation_stage.pdf) 3.45-3.47 details statutory requirements for administering medicines.

Hearing impairment: A child with a hearing impairment may have difficulties with: attention and listening; language and communication; developing vocabulary; developing reciprocal relationships; participating in small or whole group discussions; learning new concepts; clarity of speech. The child may be responsive to verbal communication intermittently and then appear withdrawn or distant. The child may use a very loud speaking voice as they are unable to monitor their own volume in speech.

Hearing impairment can be considered significant if the child:

- Has hearing loss which is not aided
- Has a fluctuating hearing loss (e.g. Glue Ear)
- Requires audiological equipment to support their listening e.g. hearing aid/s, cochlear implant, Assisted Listening Devices etc.
- Has difficulty adapting to environments with high levels of background noise.
- Misses out on incidental learning
- Has a delay in acquiring and maintaining language and communication skills at an age- appropriate level
- Has difficulty with social interaction

Visual impairment:

A Visual Impairment (VI) is an impairment of sight, which cannot be fully corrected, and is likely to have an impact on the child's development and means of access to learning. VI refers to medical conditions that result in reduced vision through to blindness and can be temporary or permanent, occurring from birth or at any time. Patching or monocular vision is not deemed a visual impairment.

Multi-sensory impairment:

A MSI is a combination of both vision and hearing impairment.

Physical needs:

Physical impairment can be defined as a child who has a substantial and long-term negative effect on their ability to do normal daily activities. The child with a physical disability which requires additional support to fully access the high-quality provision.

Sensory processing needs:



In addition to HI; VI and MSI, a child may present with sensory processing needs which are broader as they are linked to children’s five senses (sight, taste, smell, touch and hear). The vestibular and proprioceptive systems are sometimes included, described as the sixth and seventh senses which relate to balance and spatial orientation helping with coordination of movements. A child may experience dysregulation triggered through a sensory overload, e.g. excessive noise; specific types of bright lighting, the feel of clothing labels against the skin, the texture or colour of some foods as well as the taste or smell. Sensory processing need may need further support from the GP or Paediatrician.

<p style="text-align: center;">A Unique Child What a child might be doing</p> <p>Please refer to Development Matters 2020, Birth to Three what children will be learning and Observation checkpoints</p>	<p style="text-align: center;">Positive Relationships / Enabling Environments</p> <p style="text-align: center;">What adults might do and/or provide</p>	<p style="text-align: center;">Documents to support</p> <p>Suggested assessments and references that are not listed in any particular order</p>	<p style="text-align: center;">Characteristics of Effective Teaching and Learning</p>
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Hearing impairment:

<p>Hearing impairment:</p> <ul style="list-style-type: none"> •The baby may respond to familiar voices, turn to their own name and ‘take turns’ in conversations with babbling? •The baby may ‘take turns’ by babbling and using single words. The baby may point to things and use gestures to show things to adults and share interests 	<p>Hearing impairment needs to be closely monitored and with the right support (including audiology aid) to promote learning and development.</p> <p>The setting and practitioners need to:</p> <ul style="list-style-type: none"> • monitor audiological equipment • follow professionals’ advice 	<p>Hearing impairment:</p> <p>Newborn hearing screening:</p> <p>https://www.nhs.uk/conditions/baby/newborn-screening/hearing-test/</p> <p>Physical & Sensory (SEN Early Years Resources) Torbay FIS Directory</p>	<p>Playing and exploring:</p> <p>I realise that my actions have an effect on the world, so I repeat them.</p> <p>I reach for and accept objects, making choices and exploring different resources and materials.</p>
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<ul style="list-style-type: none"> •The toddler may use a range of adult like speech patterns (jargon) and at least 20 clear words? •The child may understand simple questions and instructions like: “Where’s your hat?” or “What’s the boy in the picture doing?” •The child may show that they understand action words by pointing to the right picture in a book. For example: “Who’s jumping?” <p>Note: watch out for children whose speech is not easily understood by unfamiliar adults. Monitor their progress and consider whether a hearing test might be needed.</p> <ul style="list-style-type: none"> •The child may be increasingly independent in meeting their own care needs, e.g., brushing teeth, using the toilet, washing and drying their hands thoroughly. •The child may make healthy choices about food, drink, activity and toothbrushing 	<ul style="list-style-type: none"> • use visual aids to support understanding (including objects, pictures, gesture, signs, symbols, models) and technology to support communication •use simple language as appropriate to build vocabulary • be sensitive to the child’s wish to contribute and give them time to respond to reinforce listening/attention • provide additional activities if required to build on the child’s interests and extend their learning • support friendships and emotional learning with Social Stories • ensure background noise is reduced and good acoustics in the indoor environment and the child is able to sit near the adult for whole/small group experiences • create an ILDP (Individual Learning and Development Plan) to support child if they need support making progress across seven areas of learning. This is 	<p>http://fis.torbay.gov.uk/kb5/torbay/fsd/advice.page?id=EFi1fT7eWkA</p> <p><u>Links to Information; developmental journal; Torbay Hearing support service; booklet on supporting the achievement of HI children in EY setting</u></p> <p>Torbay NHS Sensory support team - Sensory - Visual and Hearing - Torbay and South Devon NHS Foundation Trust</p> <p>National Deaf Children’s Society:</p> <p>Success from the start: A developmental resource for families of deaf children aged 0 to 3:</p> <p>https://www.ndcs.org.uk/successfromthestart</p> <p>https://www.ndcs.org.uk/information-and-support/being-deaf-friendly/information-for-professionals/early-years-education/</p>	<p>I plan and think ahead about how to explore or play with objects.</p> <p>I guide my own thinking and actions by talking to myself while playing.</p> <p>I make independent choices and do things independently that I have been previously taught.</p> <p>I can collaborate and learn alongside my peers</p> <p>I bring my own interests and fascinations into setting. This helps me develop my learning.</p> <p>I respond to new experiences that you bring to my attention.</p> <p>Active learning:</p>
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	<p>reviewed regularly with family and other professionals</p> <ul style="list-style-type: none"> •apply for ALFEY funding if additional support is needed •support an enhanced transition to next setting/school 	<p>National Sensory Impairment Partnership: https://www.natsip.org.uk/</p> <p><u>British Sign Language (BSL) information:</u></p> <p><u>Apps:</u></p> <p> Sign BSL (or website version www.signbsl.com)</p> <p> Bright BSL</p> <p><u>Websites:</u> <u>BSL Zone</u> - https://www.bslzone.co.uk Online television channel for deaf people, including children's programmes. Presented in BSL with English voiceovers.</p> <p><u>ITV Signed Stories</u> - https://www.itv.com/signedstories</p> <p>Children's stories with BSL signing person in the corner of the screen and English voiceover.</p> <p><u>BBC iPlayer – Magic Hands</u> - https://www.bbc.co.uk/iplay</p>	<p>I participate in routines and can predict sequences of familiar routines.</p> <p>I demonstrate goal-directed behaviour to get to something I want.</p> <p>I can correct my mistakes, for example, instead of using increasing force to push a puzzle piece into the slot, I see if a different piece will fit.</p> <p>I repeat activities and make connections.</p> <p>I keep on trying when things are difficult.</p> <p>I learn through trial and error.</p>
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		<p>er/episodes/b0756gmh/magic-hands</p> <p>CBeebies Magic Hands programme presented in BSL with English voiceovers.</p> <p><u>Online lessons:</u></p> <p>https://www.british-sign.co.uk A website with a dictionary, fingerspelling challenges and information, plus an online BSL short course you can do at home.</p> <p>https://www.youtube.com/playlist?list=PLibdbQXeyr21BhpGLcDPzTWdSc195Gowr https://www.youtube.com/watch?v=-L7-P7dpmdM&list=PLibdbQXeyr21BhpGLcDPzTWdSc195Gowr NDCS Family Sing Language course. A series of 12 short lessons on signs for family life and early years.</p> <p>https://www.ndcs.org.uk/information-and-support/language-and-</p>	<p>I watch my peers and adults (modelling).</p> <p>Creating and thinking critically:</p> <p>I take part in simple pretend play</p> <p>I can sort materials, putting different toys in together when tidying.</p> <p>I can review my progress as I try to achieve a goal, check how well I am doing to solve real problems.</p> <p>I use pretend play to think beyond the 'here and now' and to understand another perspective.</p> <p>As I know more, I feel confident at coming up with my own ideas and make more links between those ideas.</p>
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		<p>communication/sign-language/family-sign-language/using-sign-language-in-family-life https://www.ndcs.org.uk/information-and-support/language-and-communication/sign-language/family-sign-language/using-sign-language-in-family-life/ NDCS videos showing how families use BSL in their lives.</p> <p>Resources to buy:</p> <p>https://letssign.co.uk – Online shop selling lots of BSL books, dictionaries, flashcards and free downloads created by Cath Smith.</p>	<p>I concentrate on achieving something that’s important to me and am able to control my attention and ignore distractions</p>
Visual impairment:			
<p>Visual impairment:</p> <ul style="list-style-type: none"> •The baby may respond to familiar voices, turn to their own name and ‘take turns’ in conversations with babbling? 	<p>Visual impairment: needs to be closely monitored and supported to promote the child’s learning and development. If the child is partially sighted, support those who may wear eye patches</p>	<p>Visual impairment:</p> <p>Visual impairment service - Torbay Council</p> <p>Rosey James: VI Advisory Teacher</p>	

<ul style="list-style-type: none"> •The baby may ‘take turns’ by babbling and using single words. The baby may point to things and use gestures to show things to adults and share interests •The toddler may use a range of adult like speech patterns (jargon) and at least 20 clear words? •The child may understand simple questions and instructions like: “Where’s your hat?” or “What’s the boy in the picture doing?” •The child may show that they understand action words by pointing to the right picture in a book. For example: “Who’s jumping?” <p>Note: watch out for children whose speech is not easily understood by unfamiliar adults. Monitor their progress and consider whether a hearing test might be needed.</p> <ul style="list-style-type: none"> •The child may be increasingly independent in meeting their own care needs, e.g., brushing teeth, using the toilet, washing and drying their hands thoroughly. •The child may make healthy choices about food, drink, activity and toothbrushing 	<p>and/or implement and maintain child’s wearing of glasses.</p> <p>The setting and practitioners need to:</p> <ul style="list-style-type: none"> • follow professionals’ advice • provide specialist adaptations to support independent movement around the setting. Sticky tape on the floor can assist the child to independently find the toilet; their coat; the way out to the garden • support child to become familiar with daily routines e.g. through signing to support language, large photographs, tactile visual timetables. • provide an enabling inclusive environment where the child has access to all opportunities of offer • enlarge images and use tactile prompts to reduce barriers to the curriculum • be mindful of the child experiencing physical tiredness • awareness of child being exposed to excessive sunshine and needing shade • support social interactions and describe facial cues and gestures 	<p>rosey.james@torbay.gov.uk</p> <p>07393 802534</p> <p>Physical & Sensory (SEN Early Years Resources) Torbay FIS Directory</p> <p>http://fis.torbay.gov.uk/kb/5/torbay/fsd/advice.page?id=EFi1fT7eWkA</p> <p>Links to developmental journal; outreach service for Vi children; ROVIC (see below)</p> <p>Royal National Institute of Blind people -early years guidance:</p> <p>Teaching and Learning guidance - RNIB - See differently</p> <p>Guide Dogs UK Charity For The Blind And Partially Sighted</p> <p>https://www.guidedogs.org.uk/</p> <p>Assistive technology for visually impaired children Guide Dogs</p>	
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	<p>to establish and maintain relationships</p> <ul style="list-style-type: none"> • facilitate accessing a wide range of physical experiences with support to develop gross motor skills • encourage exploration of malleable materials and mark making to develop fine motor skills • developing the characteristics of effective teaching and learning • ensure access to specialist assistive technology such as: iPad/ tablet/ laptop with eReader and/or specialist software. e.g. magnification • provide resources with large text format, clear layout, overlays, coloured paper, appropriate use of illustrations • the availability of dark leaded pencils and a sloping desk or board can enable definition • create an ILDP (Individual Learning and Development Plan) to support child if they need support making progress across seven areas of learning. This is 	<p>They are currently offering free iPads for children three years and above</p> <p>ROVIC (Devon Integrated Children's Services) - Rehabilitation Officer for Visually Impaired Children Torbay FIS Directory</p> <ol style="list-style-type: none"> 1. Rehabilitation Officer for Visually Impaired Children (ROVIC) is qualified and proficient in their practice to assess, advise, create and deliver training programmes for babies, children and young people (0 – 18 years) who have significant visual difficulties impacting on how they reach and develop skills. 2. Our ROVIC service provides habilitation (initial acquisition of skills) and rehabilitation (re-establishing skills), as well as support and liaison services within the ophthalmic paediatric eye clinics in 	
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	<p>reviewed regularly with family and other professionals.</p> <ul style="list-style-type: none"> •apply for ALFEY funding if additional support is needed •support an enhanced transition to next setting/school 	<p>hospitals across: Devon and Torbay</p> <p>Telephone: 03300 245 321/Email: vcl.devonspa@nhs.net</p> <p>Integrated Children's Services, 1 Capital Court, Bittern Road, Sowton Industrial Estate, Exeter, Devon EX2 7FW</p>	
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Multi-sensory impairment (MSI)

<p>Multi-sensory impairment (MSI) refers to combined visual and hearing impairments which cause difficulties with communication, access to information and mobility.</p> <ul style="list-style-type: none"> •The baby may respond to familiar voices, turn to their own name and 'take turns' in conversations with babbling? •The baby may 'take turns' by babbling and using single words. The baby may point to things and use 	<p>Multi-sensory impairment (MSI) refers to combined visual and hearing impairment. MSI needs to be closely monitored and supported to promote the child's learning and development. If the child is partially sighted, support those who may wear eye patches and/or implement and maintain child's wearing of glasses.</p> <p>The setting and practitioners need to:</p> <ul style="list-style-type: none"> • follow professionals' advice 	<p>Multi-sensory impairment (MSI) support:</p> <p>Physical & Sensory (SEN Early Years Resources) Torbay FIS Directory</p> <p>http://fis.torbay.gov.uk/kb/5/torbay/fsd/advice.page?id=EFi1fT7eWkA</p>	<p>Playing and exploring: I realise that my actions have an effect on the world, so I repeat them.</p> <p>I reach for and accept objects, making choices and exploring different resources and materials.</p> <p>I plan and think ahead about how to explore or play with objects</p> <p>I guide my own thinking and actions by talking to myself while playing.</p>
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<p>gestures to show things to adults and share interests</p> <ul style="list-style-type: none"> •The toddler may use a range of adult like speech patterns (jargon) and at least 20 clear words? •The child may understand simple questions and instructions like: “Where’s your hat?” or “What’s the boy in the picture doing?” •The child may show that they understand action words by pointing to the right picture in a book. For example: “Who’s jumping?” <p>Note: watch out for children whose speech is not easily understood by unfamiliar adults. Monitor their progress and consider whether a hearing test might be needed.</p> <ul style="list-style-type: none"> •The child may be increasingly independent in meeting their own care needs, e.g., brushing teeth, using the toilet, washing and drying their hands thoroughly. •The child may make healthy choices about food, drink, activity and toothbrushing 	<p>be fully inclusive in all activities and experiences</p> <ul style="list-style-type: none"> • manage physical tiredness • support social situations to promote making and maintaining friendships • manage their physical safety •develop fine and gross motor skills • develop effective characteristics of learning •provide specific resources to support independence • inform all adults within the settings of child’s MSI •ensure access to specialist assistive technology such as: iPad/ tablet/ laptop with eReader and/or specialist software. e.g. magnification; recorded stories. • support child to become familiar with daily routines e.g. through signing to support language, enlarged photographs, tactile visual timetables. • provide resources with large text format, clear layout, overlays, 	<p><u>Links to Sense; sensory stories; sense play toolkits; making play inclusive; sensory play</u></p> <p><u>ROVIC (Devon Integrated Children's Services) - Rehabilitation Officer for Visually Impaired Children Torbay FIS Directory</u></p> <p>Alongside habilitation and rehabilitation provision, our ROVIC service provides specialist and holistic assessments, in accordance to deafblind guidance legislation, for children and young people (0-18yrs) who have a combination of sensory impairments causing a multi-sensory impairment.</p> <p>Telephone: 03300 245 321</p> <p>Email: <u>vcl.devonspa@nhs.net</u></p> <p>Integrated Children’s Services, 1 Capital Court, Bittern Road, Sowton Industrial Estate, Exeter, Devon EX2 7FW</p>	<p>I make independent choices and do things independently that I have been previously taught.</p> <p>I can collaborate and learn alongside my peers</p> <p>I bring my own interests and fascinations into setting. This helps me develop my learning.</p> <p>I respond to new experiences that you bring to my attention.</p> <p>Active learning I participate in routines and can predict sequences of familiar routines.</p> <p>I demonstrate goal-directed behaviour to get to something I want.</p> <p>I can correct my mistakes, for example, instead of using increasing force to push a puzzle piece into the slot, I see if a different piece will fit.</p> <p>I repeat activities and make connections.</p> <p>I keep on trying when things are difficult.</p> <p>I learn through trial and error.</p>
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	<p>coloured paper, appropriate use of illustrations</p> <ul style="list-style-type: none"> •dark leaded pencils, exemption from learning a cursive script. Use of a sloping desk or board. • ensure child has appropriate amount of exposure to the sun and shade •create an ILDP (Individual Learning and Development Plan) to support child if they need support making progress across seven areas of learning. This is reviewed regularly with family and other professionals. •apply for ALFEY funding if additional support is needed •support an enhanced transition to next setting/school 		<p>I watch my peers and adults (modelling).</p> <p>Creating and thinking critically I take part in simple pretend play</p> <p>I can sort materials, putting different toys in together when tidying.</p> <p>I can review my progress as I try to achieve a goal, check how well I am doing to solve real problems.</p> <p>I use pretend play to think beyond the 'here and now' and to understand another perspective.</p> <p>As I know more, I feel confident at coming up with my own ideas and make more links between those ideas.</p> <p>I concentrate on achieving something that's important to me and am able to control my attention and ignore distractions</p>
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Physical needs:

<p>Physical needs: Baby may be able to move with ease and enjoyment</p>	<p>Physical needs: Physical impairment can be defined as a child who has a substantial and long-term negative effect on their</p>	<p>Physical needs: Physical & Sensory (SEN Early Years)</p>	<p>Playing and exploring: I realise that my actions have an effect on the world, so I repeat them.</p>
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<p>The child can pull to stand from a sitting position and sit down</p> <p>The child may pick up something small with their first finger and thumb (such as a piece of string)</p> <p>Note: look out for babies and young toddlers who appear underweight, overweight or to have poor dental health. You will need to work closely with parents and health visitors to help improve the child's health.</p> <p>The child may run well, kick a ball, and jump with both feet off the ground at the same time</p> <p>The child may climb confidently, catch a large ball and pedal a tricycle</p> <p>Look out for children who find it difficult to sit comfortably on chairs. They may need help to develop their core muscles. You can help them by encouraging them to scoot on sit-down trikes without pedals and jump on soft-play equipment.</p> <p>The child may become increasingly independent in meeting their own care needs, e.g., brushing teeth, using the toilet, washing and drying their hands thoroughly.</p>	<p>ability to do normal daily activities.</p> <p>The setting and practitioners need to:</p> <ul style="list-style-type: none"> • follow professionals' advice • accommodate specialist equipment that may be required for to child to move around and/or supported sitting • reasonable adjustments to the environment to enable access to all areas e.g. ramps; wide spaces between furniture/resources; toilets; changing facilities; ramps; height adjustable furniture; grab bars; door handles etc • provide physical challenges to stimulate and extend fine and gross motor skills • provide adapted resources and tools, e.g. pencils, scissors to develop fine motor skills • be fully inclusive in all activities and experiences • manage physical tiredness • support social situations to promote making and maintaining friendships 	<p>Resources Torbay FIS Directory</p> <p>http://fis.torbay.gov.uk/kb/5/torbay/fsd/advice.page?id=EFi1fT7eWkA</p> <p>Developmental Co-ordination Disorder/ Dyspraxia affects fine and gross motor coordination (DCD).</p> <p>Children's Occupational Therapy team: please call 01803 655585</p> <p>Early Years Therapies Toolkit - Children and Family Health (childrenandfamilyhealth devon.nhs.uk)</p> <p>These activities need to be tried for 2 to 3 months prior to making a request for Speech and Language Therapy or Occupational Therapy, with the exception for requests for</p>	<p>I reach for and accept objects, making choices and exploring different resources and materials.</p> <p>I plan and think ahead about how to explore or play with objects</p> <p>I guide my own thinking and actions by talking to myself while playing.</p> <p>I make independent choices and do things independently that I have been previously taught.</p> <p>I can collaborate and learn alongside my peers</p> <p>I bring my own interests and fascinations into setting. This helps me develop my learning.</p> <p>I respond to new experiences that you bring to my attention.</p> <p>Active learning</p>
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<p>The child may make healthy choices about food, drink, activity and toothbrushing</p> <p>Note: watch out for children who get extremely upset by certain sounds, smells or tastes, and cannot be calmed. Or children who seem worried, sad or angry for much of the time. You will need to work closely with parents and other agencies to find out more about these developmental difficulties</p>	<ul style="list-style-type: none"> • manage the child’s physical safety • develop effective characteristics of learning • provide specific resources to support independence • inform all adults within the settings of child’s physical needs • ensure access to specialist assistive technology such as: iPad/ tablet/ laptop with eReader and/or specialist software. e.g. magnification; recorded stories. • support child to be as independent as possible • ensure child has appropriate amount of exposure to the sun and shade • Staff trained in manual handling and position changes, e.g. from chair to standing frame, etc. • Providing support for self-help e.g. going to the toilet, dressing/undressing, lunchtimes, etc. • create an ILDP (Individual Learning and Development Plan) to support child if they need support making progress across 	<p>children or young people who are stammering, which should be made immediately.</p> <p>The advice sheets below are ordered in age and contain information on typical development for their age, what to look out for in your child and which toolkits to access below if there are concerns.</p> <p>Age 0 – 6 months > Age 6 – 12 months Age 12 – 18 months > Age 18 – 24 months > Age 2 – 3 years > Age 3 – 4 years ></p> <p>Physical skills advice sheets:</p> <p>Developing cutlery skills > Developing pre-writing skills > Sensory processing > Encouraging new foods ></p>	<p>I participate in routines and can predict sequences of familiar routines.</p> <p>I demonstrate goal-directed behaviour to get to something I want.</p> <p>I can correct my mistakes, for example, instead of using increasing force to push a puzzle piece into the slot, I see if a different piece will fit.</p> <p>I repeat activities and make connections.</p> <p>I keep on trying when things are difficult.</p> <p>I learn through trial and error.</p> <p>I watch my peers and adults (modelling).</p> <p>Creating and thinking critically</p> <p>I take part in simple pretend play</p>
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	<p>seven areas of learning. This is reviewed regularly with family and other professionals.</p> <ul style="list-style-type: none"> •apply for ALFEY funding if additional support is needed •support an enhanced transition to next setting/school 	<p><u>Developing balance skills ></u> <u>Developing dressing skills></u> <u>Developing hand skills ></u> <u>Developing motor skills – rolling and sitting ></u> <u>Fun ways to play ></u> <u>Learning to ride a tricycle ></u> <u>Potty training ></u> <u>Sleep ></u> <u>Standing and walking ></u> <u>Tummy time ></u> <u>Using both hands ></u></p>	<p>I can sort materials, putting different toys in together when tidying.</p> <p>I can review my progress as I try to achieve a goal, check how well I am doing to solve real problems.</p> <p>I use pretend play to think beyond the 'here and now' and to understand another perspective.</p> <p>As I know more, I feel confident at coming up with my own ideas and make more links between those ideas.</p> <p>I concentrate on achieving something that's important to me and am able to control my attention and ignore distractions</p>
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Sensory processing needs:

Sensory processing needs:

Observational Checkpoint PD Development Matters p.62: Birth to three will be learning to:

Does the baby move with ease and enjoyment?

At around 12 months, can the baby pull to stand from a sitting position and sit down?

Can the baby pick up something small with their first finger and thumb (such as a piece of string)?

Does the baby move with ease and enjoyment?

At around 12 months, can the baby pull to stand from a sitting position and sit down?

Can the baby pick up something small with their first finger and thumb (such as a piece of string)?

Note: look out for babies and young toddlers who appear underweight, overweight or to have poor dental health. You will need to work closely with parents

Sensory processing needs: A

child may present with sensory processing needs which is different from vision or hearing impaired. Sensory processing needs are linked to children's five senses: tactile - touch; auditory - sound; olfactory - smell; visual - sight; gustatory – taste.

In addition to the five senses, there is also the vestibular system which supports balance and spatial orientation helping with coordination of movements. Also, proprioception which is our sense of space and positioning within that space.

A child may present with dysregulation which is triggered through a sensory overload, e.g. excessive noise; specific types of bright lighting, the feel of clothing labels against the skin, the texture or colour of some foods as well as the taste. The sensory processing may need further support from the GP or Paediatrician.

The setting and practitioners need to:

Sensory processing needs:

[Physical & Sensory \(SEN Early Years Resources\) | Torbay FIS Directory](#)

Click on + Sensory Support

Torbay Sensory Play booklet:

https://search3.openobjects.com/mediamanager/torbay/enterprise/files/3final_sensory_play_booklet.pdf

Early Years Sensory Processing resource:

[early_years_sensory_processing_resource_pack_multiagency_fin_al_march_2014.pdf](#) (leicestershire.gov.uk)

Children & Family Health Devon - sensory processing: [Sensory Processing - Children and Family Health](#) (childrenandfamilyhealthdevon.nhs.uk) – video and booklet

Sensory processing needs: the AET Autism Competency Framework:

Playing and exploring:

I realise that my actions have an effect on the world, so I repeat them.

I reach for and accept objects, making choices and exploring different resources and materials.

I plan and think ahead about how to explore or play with objects

I guide my own thinking and actions by talking to myself while playing.

I make independent choices and do things independently that I have been previously taught.

I can collaborate and learn alongside my peers

I bring my own interests and fascinations into setting. This helps me develop my learning.

<p>and health visitors to help improve the child's health.</p> <ul style="list-style-type: none"> •Around their second birthday, can the toddler run well, kick a ball, and jump with both feet off the ground at the same time? •Around their third birthday, can the child climb confidently, catch a large ball and pedal a tricycle? <p>Look out for children who find it difficult to sit comfortably on chairs. They may need help to develop their core muscles. You can help them by encouraging them to scoot on sit-down trikes without pedals and jump on soft-play equipment.</p> <p>NOTE: watch out for children who get extremely upset by certain sounds, smells or tastes, and cannot be calmed. Or children who seem worried, sad or angry for much of the time. You will need to work closely with parents and other agencies to find out more about these developmental difficulties</p> <ul style="list-style-type: none"> •Be increasingly independent in meeting their own care needs, e.g., brushing teeth, using the 	<ul style="list-style-type: none"> •understand adaptations may be needed in the environment e.g. quiet safe space to reduce sensory overload •support regulation when sensory response is triggered whether tactile; auditory; olfactory; visual; gustatory; vestibular or proprioceptive (linked to positioning) •provide sensory breaks which follow child's preferences e.g. spending time outside or access to a sensory room with silence or no lighting or low level lighting or gentle music to promote regulation depending of preferences •provide resources and experiences offer sensory stimulation for short periods of time regularly e.g. if it's noise issue, adults provide reassurance and 1:1 attention during the fire alarm practice or adults modelling playing with malleable materials and allow child to place their hands on top of the adults •specialist resources may be required e.g. ear defenders or 	<p><u>Early-Years-Competency-Framework.pdf</u> (autismeducationtrust.org.uk)</p>	<p>I respond to new experiences that you bring to my attention.</p> <p>Active learning</p> <p>I participate in routines and can predict sequences of familiar routines.</p> <p>I demonstrate goal-directed behaviour to get to something I want.</p> <p>I can correct my mistakes, for example, instead of using increasing force to push a puzzle piece into the slot, I see if a different piece will fit.</p> <p>I repeat activities and make connections.</p> <p>I keep on trying when things are difficult.</p> <p>I learn through trial and error.</p> <p>I watch my peers and adults (modelling).</p>
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<p>toilet, washing and drying their hands thoroughly.</p> <ul style="list-style-type: none"> •Make healthy choices about food, drink, activity and toothbrushing 	<p>gloves to promote handling of certain materials</p> <ul style="list-style-type: none"> •create an ILDP (Individual Learning and Development Plan) to support child if they need support making progress across seven areas of learning. This is reviewed regularly with family and other professionals. •apply for ALFEY funding if additional support is needed •support an enhanced transition to next setting/school 		<p>Creating and thinking critically</p> <p>I take part in simple pretend play</p> <p>I can sort materials, putting different toys in together when tidying.</p> <p>I can review my progress as I try to achieve a goal, check how well I am doing to solve real problems.</p> <p>I use pretend play to think beyond the 'here and now' and to understand another perspective.</p> <p>As I know more, I feel confident at coming up with my own ideas and make more links between those ideas.</p> <p>I concentrate on achieving something that's important to me and am able to control my attention and ignore distractions</p>
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1. Extremely low	2. Low	3. Moderate	4. High	5. Extremely High
I have limited activity or concentration,	I show some degree of activity which is often interrupted	I am busy but without real concentration. I engage in some routine actions, but my attention is often superficial.	I demonstrate clear signs of intermittent involvement; I am engaged in the activity without interruption. Most of the time there is real concentration.	I am continually engaged in the activity and completely absorbed and focussed.

Leuven's Scales of Well-being For more detailed information and how to use the Leuven's Scales go to [leuven_s_scales_of_well-being_1.pdf](http://openobjects.com/leuven_s_scales_of_well-being_1.pdf) (openobjects.com)

1. Extremely low	2. Low	3. Moderate	4. High	5. Extremely High
The child clearly shows signals of discomfort:	The posture, facial expression and actions indicate that the child does not feel at ease.	The child has a neutral posture. Facial expression and posture show little or no emotion	The child shows obvious signs of satisfaction.	The child displays the following: Looks happy and cheerful, smiles, beams, cries out of fun, Talks to themselves, plays with sounds and hums or sings.