

# Early Years Sheffield Support Grid Exemplification (EYSSGe)

# Introduction

This document contains the Early Years Sheffield Support Grid Exemplification Document.

The support grid uses the official categories of need set out by the Special Educational Needs & Disability (SEND) Code of Practice: 0-25 years (2014) and illustrates the Teaching and Learning Strategies suitable for each. It also indicates the expected support levels to be provided, some suggested interventions for each area of need, the identification and assessment tools that may be in place and which other services may be able to help.

The Early Years Sheffield Support Grid Exemplification document is built on the original Early Years Sheffield Support Grid, which used the idea of Quality First Teaching outlined in the Removing Barriers to Achievement (2004) paper and the National Strategies three waves of intervention model, and provides guidance and strategies sourced from the above and practitioners to support children in the early years.

This 2025 updated document includes an Ordinarily Available Toolkit for each area of need. This replaces level 1/ 2 of the original Early Years Sheffield Support Grid Exemplification document. The Ordinarily Available Toolkit details the support and resources that settings are expected to provide for children with special educational needs and disabilities. Ordinarily Available provision should be provided from within the institution's own resources, without the need for extra or specialised support.

The 2025 updated document includes levelling grids for Speech and Language needs. These grids are to help practitioners consider the range of factors that can contribute to a child's presentation and so help identify the level of need and what type of support would most be effective to meet these needs.

We have also added in a Sensory section 4e, to help practitioners consider the support needed to meet this need.


In addition, the 2025 updated Early Years Sheffield Support Grid Exemplification includes Preparation for Adulthood considerations for each area of need. These should be reflected on when considering next steps for a child.

As well as the support outlined in this document it is expected that the needs of a child will also be addressed through using the range of support detailed in the [Sheffield Local Offer](#).

Through the document acronyms are used. Please consult the [SEND glossary](#) for clarification.







Handy tip: Wherever you see the  icon to the bottom left of a page, click on it and it will bring you back to this page.

| Category of Need               | Level  | Page(s)  |
|--------------------------------|--|--|
| 1. Communication & Interaction | 1A and 1B  | <a href="#">Levelling Grid</a>                           |
|                                | 1A Speech and Language   | <a href="#">Ordinarily Available Provision</a>           |
|                                |  | <a href="#">Level 3</a>                                  |
|                                |  | <a href="#">Level 4</a>                                  |
|                                |  | <a href="#">Level 5</a>                                  |
|                                |  | <a href="#">Screening tools</a>                          |
|                                |  | <a href="#">Assessment Tools</a>                         |
|                                |  | <a href="#">Interventions and Support</a>                |
|                                | 1B Social Communication (including those with a diagnosis of autism) | <a href="#">Ordinarily Available Provision</a>           |
|                                |  | <a href="#">Level 3</a>                                  |
|                                |  | <a href="#">Level 4</a>                                  |
|                                |  | <a href="#">Level 5</a>                                  |
|                                |  | <a href="#">Screening tools</a>                          |
|                                |  | <a href="#">Assessment tools</a>                         |
|                                |  | <a href="#">Interventions and Support</a>                |
|                                | 1C Speech and Stammering   | <a href="#">Levelling Grid</a>                           |
|                                |  | <a href="#">Ordinarily Available Provision</a>           |
|                                |  | <a href="#">Level 3</a>                                  |
|                                |  | <a href="#">Level 4</a>                                  |
|                                |  | <a href="#">Level 5</a>                                  |
|                                |  | <a href="#">Training and Support</a>                     |
|                                |  | <a href="#">Preparation for Adulthood considerations</a> |





| Category of Need  | Level                                    | Page(s)                 |
|---|--|-------------------------|
| 2. Cognition and Learning<br>              | Ordinarily Available Provision           | <a href="#">76-79</a>   |
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|   | Screening tools                          | <a href="#">95</a>      |
|   | Assessment Tools                         | <a href="#">95</a>      |
|   | Interventions and Support                | <a href="#">95</a>      |
|   | Preparation for Adulthood considerations | <a href="#">96</a>      |
| 3. Social, Emotional and Mental Health<br> | Ordinarily Available Provision           | <a href="#">97-100</a>  |
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|   | Level 4                                  | <a href="#">105-107</a> |
|   | Level 5                                  | <a href="#">108-109</a> |
|   | Screening tools                          | <a href="#">110</a>     |
|   | Assessment Tools                         | <a href="#">110</a>     |
|   | Interventions and Support                | <a href="#">111</a>     |
|   | Preparation for Adulthood considerations | <a href="#">112-113</a> |





| Category of Need           | Level                | Page(s)                                    |
|----------------------------|----------------------|--|
| 4. Sensory and/or Physical | 4A Visual Impairment | Ordinarily Available Provision             |
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|                            |                      | Level 4 and Level 5                        |
|                            |                      | <a href="#">121-125</a>                    |
|                            |                      | Resources and Support                      |
|                            |                      | <a href="#">126</a>                        |
|                            | 4B d/Deaf            | Ordinarily Available Provision             |
|                            |                      | <a href="#">127-130</a>                    |
|                            |                      | Level 2 (NATSIP Criteria Score $\leq 20$ ) |
|                            |                      | <a href="#">131</a>                        |
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|                            |                      | Level 3 (NATSIP Criteria score 35 – 59)    |
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|                            |                      | Level 4 (NATSIP Criteria score 60 – 75)    |
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|                            |                      | Level 5 (NATSIP Criteria score 75 +)       |
|                            |                      | <a href="#">140-142</a>                    |
|                            |                      | Resources and Support                      |
|                            |                      | <a href="#">143</a>                        |
|                            | 4C Physical          | Ordinarily Available Provision             |
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|                            |                      | Level 4                                    |
|                            |                      | <a href="#">149-152</a>                    |
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|                            |                      | <a href="#">153-155</a>                    |
|                            |                      | Screening                                  |
|                            |                      | <a href="#">156</a>                        |
|                            |                      | Interventions and Support                  |
|                            |                      | <a href="#">156</a>                        |
|                            |                      | Equipment                                  |
|                            |                      | <a href="#">157</a>                        |
|                            | 4D Medical           | Level 3                                    |
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|                            | 4E Sensory           | Ordinarily Available Provision             |
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|                            |                      | Level 5                                    |
|                            |                      | <a href="#">167-168</a>                    |
|                            |                      | Screening tools                            |
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|                            |                      | Interventions and Support                  |
|                            |                      | <a href="#">169</a>                        |
|                            |                      | Preparation for Adulthood considerations   |
|                            |                      | <a href="#">170-171</a>                    |



# 1A Communication and Interaction – Speech and Language Levelling Grid



| Levelling Grid<br>Sheffield Support Grid: 1A Communication and Interaction – Language   |   |  |  |  |
|---|---|--|--|--|
| To identify a child's overall level, consider the level of impairment (provided by Speech and Language Therapy) alongside the other areas of presentation. Use a best fit judgment to derive the level of need. |   |  |  |  |
| Level   | <b>Impairment</b><br>(level identified by formal assessments carried out by Speech and Language Therapy)  | <b>Activity</b><br>(level identified by teaching staff / parent/carer)   | <b>Participation</b><br>(level identified by teaching staff / parent/carer)  | <b>Wellbeing and emotional regulation</b><br>(level identified by teaching staff / parent/carer)   |
| 1   | <b>Mild language difficulties:</b> <ul style="list-style-type: none"> <li>Mild problems in either, or both, understanding and expression.</li> <li>Language following normal patterns of development.</li> <li>Tracking Tools indicates child is at least 6 months behind in one or more area of language understanding or expression.</li> </ul> | <b>Some difficulty communicating verbally</b> with unfamiliar people or in unfamiliar contexts   | <b>Occasional difficulties in participating</b> in unfamiliar educational and social activities. Needs encouragement to achieve potential  | <b>Occasionally displays mild:</b> distress/ upset/ concern/ frustration/ anger/ distress/ embarrassment/withdrawal  |
| 2   | <b>Mild to Moderate language difficulties:</b> <ul style="list-style-type: none"> <li>Moderate problems in either, or both, understanding and expression.</li> <li>Tracking Tools indicates child is at least 12 months behind in one or more areas of language understanding or expression</li> </ul>  | <b>Some difficulty communicating verbally</b> <ul style="list-style-type: none"> <li>Needs some cues and adult assistance or extra time when conveying information beyond basic needs</li> </ul> | <b>Occasional difficulties in participating</b> in unfamiliar educational and social activities. Needs support to achieve potential  | <ul style="list-style-type: none"> <li><b>Frequently displays mild</b> Distress/ upset/ concern/ frustration/ anger/ embarrassment/withdrawal</li> <li>Occasionally needs external support to assist emotional control.</li> </ul> |
| 3   | <b>Moderate to severe language difficulties:</b> <ul style="list-style-type: none"> <li>Severe/moderate problems in either, or both, understanding and expression.</li> <li>Tracking tools indicate child is 18 months behind in all areas</li> </ul>   | <b>Frequent difficulty communicating verbally beyond basic needs.</b> Frequently relies on a trained listener or family members for expressing themselves out of context.                        | <b>Frequent difficulties participating in social activities in unfamiliar contexts or with unfamiliar people.</b> Frequent difficulties participating independently in unfamiliar educational activities | <b>Occasionally shows moderate</b> Distress/ upset/ concern/ frustration/ anger/ distress/embarrassment/ withdrawal <ul style="list-style-type: none"> <li>Emotional encouragement and support required</li> </ul>                 |



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# 1A Communication and Interaction – Speech and Language Levelling Grid continued



| Level | Impairment<br>(level identified by formal assessments carried out by Speech and Language Therapy)   | Activity<br>(level identified by teaching staff / parent/carer)   | Participation<br>(level identified by teaching staff / parent/carer)  | Wellbeing and emotional regulation<br>(level identified by teaching staff / parent/carer)  |
|-------|---|---|---|--|
| 4     | <b>Impairment (to be identified by SALT)</b><br><br><b>Severe language difficulties:</b> <ul style="list-style-type: none"> <li>Severe problems usually involving both understanding and expression, although one area may be more profoundly affected.</li> <li>Child is likely to require assessment to be through observation only.</li> <li>May not be able to sufficiently record level of need on Tracker tools'</li> </ul> | <b>Developing a few words, but predominantly communicates basic needs without words.</b><br>Frequently relies on a trained listener or family members for expressing themselves in any context. | <b>Frequent difficulties participating in social activities, even with familiar people and contexts.</b> Frequent difficulties participating independently in educational activities. | <b>Frequently displays moderate levels of distress/ upset/ concern/ frustration/ anger/ distress/embarrassment/ withdrawal</b> <ul style="list-style-type: none"> <li>A structured approach to emotional support from others is required.</li> </ul>   |
| 5     | <b>Impairment (to be identified by SALT)</b><br><br><b>Profound language difficulties:</b> <ul style="list-style-type: none"> <li>Profound problems are evident in both understanding and expressive language, although one area may be more profoundly affected.</li> <li>Child is unable to use or respond to verbal language.</li> </ul>   | <b>Minimal functional communication limited to expressing basic needs,</b><br>Constant dependence on trained / familiar communication partner.  | <b>Profound difficulties participating in educational and social activities.</b>  | <b>Frequently displays high levels of distress/ upset/ concern/ frustration/anger/ distress/ embarrassment/ withdrawal</b><br><b>Unable to express or control emotions appropriately.</b><br>Difficulties responding to external support to control emotions. <ul style="list-style-type: none"> <li>A tailored and structured approach to emotional support is required.</li> </ul> |





# 1A Communication and Interaction – Speech and Language

## Ordinarily Available Provision for 1A Speech and Language & 1C Speech and Stammering



| A Setting Support Guide for Childs Presenting with Speech, Language and Fluency Differences |   |
|---|---|
| Universal Support – Learning Environment Strategies   |   |
| Positive and effective relationships  | <ul style="list-style-type: none"> <li>• Adult support for learning as required.</li> <li>• Awareness that speech and language difficulties may impact confidence.</li> <li>• Some support to be available for <a href="#">communication and emotional regulation</a>. E.g. the child's frustration leads to anger, and the child is unable to quickly give an account to the teacher due to unintelligible speech. More information can be found <a href="#">here</a></li> <li>• Children are explicitly taught how to listen and work together in groups</li> <li>• Working with parents/carers regarding support at home to reflect practice/support being used in the setting.</li> </ul>   |
| Enabling environments   | <ul style="list-style-type: none"> <li>• <a href="#">Visual support</a> (signs, symbols, photographs, written word) is consistently used to label the classroom / support routines/ timetable daily activities, so child's know what to expect and when.</li> <li>• Noise levels are conducive to learning and unnecessary noise is minimised</li> <li>• Consideration is given to seating position in order to maximise child's attention levels</li> <li>• Offer individual programmes of work (based on targets set by speech and language therapy staff for blocks of intervention (generally 6-8 weeks per block on input) with reinforcement in whole class activities to aid transfer of skills. Seek support from the SALT service where required to enable staff to deliver programmes.</li> </ul> |

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# 1A Communication and Interaction – Speech and Language

## Ordinarily Available Provision for 1A Speech and Language & 1C Speech and Stammering continued



|                    |  |
|--------------------|--|
| Access to Learning | <ul style="list-style-type: none"> <li>• Opportunities are built in throughout the day for children to communicate verbally.</li> <li>• <a href="#">Pre learning of vocabulary</a> combined with visuals to support this learning and enable children to engage in group activities. Copies may be sent home.</li> <li>• Increased differentiation of activities and materials by presentation, outcome, timing, scaffolding and additional resources</li> <li>• Differentiated questioning and targeted simplified level/pace/amount of adult talk</li> <li>• Use of visual, auditory and kinaesthetic approaches</li> <li>• Small steps approaches</li> <li>• Environmental considerations are made and strategies are used to meet the needs of all children and support good attention and listening skills e.g. seating position, noise, personal space and baseroom layouts, displays and signage</li> </ul>   |
| Communication      | <ul style="list-style-type: none"> <li>• Consistent use of gestural system of sound representations (e.g. <a href="#">Cued Articulation</a> ) where a gesture is used to represent a phoneme/speech sound, be aware of any sounds the child is struggling with and ensure this is a focus:</li> <li>• Children accesses appropriate <a href="#">wave 2 language intervention</a> e.g. LEAP, VIP</li> <li>• Support the child to develop an increased awareness of phonemic structure eg <a href="#">syllable clapping</a>, <a href="#">initial sounds</a>, <a href="#">rhyme</a>, and semantic structure eg category, function etc</li> <li>• Lead practitioner is aware of the learning taking place in any intervention groups and this feeds back into their planning e.g. speech and fluency language is supported back in the setting, planned activities show consideration.</li> <li>• Advice from Speech and Language Therapy (if involved) is included in the planning</li> </ul> |



# 1A Communication and Interaction – Speech and Language

## Level 3



|  |   |  |  |
|--|---|--|--|
| The child shows moderate to severe difficulties with expressive and/or receptive language that affects access to the curriculum. The child's needs are met using a combination of approaches (Including small group interventions and 1:1 individualised support in and out of the classroom) following support and advice from other professionals as appropriate.  |   |  |  |
| <b>Provision:</b> Some targeted and individual interventions over the week   |   | <b>Reviews:</b> 3 per year   | <b>Documents:</b> Support Plan or Extended Support Plan  |
| Bespoke Descriptor<br>Level 3  | Identification and Assessment   | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support  |
| <p><u>Impairment (to be identified by SALT)</u><br/><b>Moderate to severe language difficulties:</b> Severe/moderate problems in either, or both, understanding and expression.</p> <p>Tracking tools indicates child is 18 months behind in all areas<br/>In addition, one or more of the following (identified by teaching staff/parents) also applies:</p> <p><u>Activity</u><br/>Frequent difficulty communicating verbally beyond basic needs. Frequently relies on a trained listener or family members for expressing themselves out of context.</p> <p><b>Continued on next page</b></p> | <ul style="list-style-type: none"> <li>• Observation</li> <li>• Data tracking</li> <li>• Teacher assessments</li> <li>• Child Progress meetings</li> <li>• Child/Young Person voice</li> <li>• One Page Profile/Learner Profile</li> <li>• Parent/Carer voice</li> </ul> <p>An <a href="#">Extended Support Plan</a> may be in place to draw together information, advice, aspirations and planned outcomes</p> <p><a href="#">Screening tools and / or assessment tools as identified</a> where and when they can be used to help unpick need and measure impact of support</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> | <p>Ordinarily Available provision whilst also including –</p> <p><b>Adjustments to Teaching Methods</b><br/>Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> <li>• Teaching staff should have knowledge of the child's language profile and impact on learning, behaviour and social interaction.</li> <li>• The Early Years teacher / room lead is accountable for the progress of the child's learning within the setting. Tasks should be modified as required.</li> <li>• <a href="#">Enhanced use of visual support</a> for language and learning e.g. Makaton, <a href="#">Cued Articulation</a>, <a href="#">communication/vocabulary mats</a>, <a href="#">visual timetables</a>, <a href="#">objects of reference</a></li> </ul> <p><b>Continued on next page</b></p> | <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><b>Additional advice and support is available from:</b></p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p><a href="#">Speech and Language Therapy</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



# 1A Communication and Interaction – Speech and Language

## Level 3 continued



| Bespoke Descriptor<br>Level 3  | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions   | Additional advice and support |
|--|-------------------------------|---|-------------------------------|
| <p><b><u>Participation</u></b><br/>Frequent difficulties participating in social activities in unfamiliar contexts or with unfamiliar people.</p> <p>Frequent difficulties participating independently in unfamiliar educational activities.</p> <p><b><u>Wellbeing</u></b><br/>Occasionally shows moderate Distress/ upset/ concern/ frustration/ anger/ distress/embarrassment/ withdrawal</p> <p>Emotional encouragement and support required</p> |                               | <p><b><u>Grouping</u></b><br/>The child will access a variety of support over the week:</p> <ul style="list-style-type: none"> <li>• whole group teaching, incorporating universal, whole room/wave 1 strategies.</li> <li>• • small group support, including access to targeted, additional group/wave 2 language interventions where appropriate</li> <li>• individualised 1:1 support working on personalised targets as advised by the Speech and Language Therapy team.</li> <li>• Where specific language targets have been set, 1:1 time may be allocated for 20 minutes, 2 to 3 times weekly</li> </ul> <p><b><u>Resources:</u></b></p> <ul style="list-style-type: none"> <li>• Access to Speech and Language Therapy to monitor progress, set appropriate targets, and offer guidance to teaching staff</li> <li>• An appropriate level of adult support to work towards specific targets</li> </ul> <p><b>Continued on next page</b></p> |                               |

# 1A Communication and Interaction – Speech and Language

## Level 3 continued



| Bespoke Descriptor<br>Level 3 | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <b>Resources (continued):</b> <ul style="list-style-type: none"><li>• Adult support in the room to transfer and generalise language skills learnt in 1:1 environment</li><li>• Strategies and resources to develop independence.</li><li>• Identification of any specific training needs for staff</li></ul> |                               |



# 1A Communication and Interaction – Speech and Language

## Level 4



The child shows severe difficulties with expressive and/or receptive language that affects access to the curriculum. The child's needs are met by working on an individual, bespoke curriculum and so has a highly personalised timetable that includes time spent away from the mainstream class. The child is able to access the classroom for limited periods where they are able to experience success supported by a member of staff. Planned opportunities are provided for the child to be included with peers where the child is able to experience success.

| Provision: Frequent, specific specialised input   |   | Reviews: 3 per year  | Documents: Extended Support Plan or EHC Plan   |
|---|---|--|--|
| Bespoke Descriptor Level 4  | Identification and Assessment   | Teaching and Learning Strategies and Interventions   | Additional advice and support  |
| <p><u>Impairment (to be identified by SALT)</u></p> <p><b>Severe language difficulties:</b> Severe problems usually involving both understanding and expression, although one area may be more profoundly affected.</p> <p>Child is likely to require assessment to be through observation only. May not be able to sufficiently record level of need on tracker tools</p> <p><b>Continued on next page</b></p> | <ul style="list-style-type: none"> <li>• Observation</li> <li>• Data tracking</li> <li>• Teacher assessments</li> <li>• Child Progress meetings</li> <li>• Child/Young Person voice</li> <li>• One Page Profile/Learner Profile</li> <li>• Parent/Carer voice</li> </ul> <p>An <a href="#">Extended Support Plan / EHCP</a> may be in place to draw together information, advice, aspirations and planned outcomes.</p> <p><a href="#">Screening tools and / or assessment tools as identified</a> where and when they can be used to help unpick need and measure impact of support</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> | <p>As level 3 whilst also including -</p> <p><b>Adjustments to Teaching Methods</b> Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> <li>• Adapted or bespoke early years curriculum</li> <li>• Teaching of independent life skills e.g. taking coat off, washing hands</li> <li>• Focus on functional communication skills where appropriate</li> <li>• <a href="#">Emphasis on language, communication and interaction</a> being the focus of an adapted curriculum and integrated into all learning and social opportunities</li> <li>• Extensive use of individual visual support in all areas of the curriculum e.g. <a href="#">makaton</a>, <a href="#">timetables</a>, <a href="#">vocabulary mats</a>, workstations, resources and rewards to enhance learning and develop independence</li> </ul> <p><b>Continued on next page</b></p> | <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><b>Additional advice and support is available from:</b></p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p><a href="#">Speech and Language Therapy</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



# 1A Communication and Interaction – Speech and Language

## Level 4 continued



| Bespoke Descriptor<br>Level 4  | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions   | Additional advice and support |
|--|-------------------------------|---|-------------------------------|
| <p><b><u>Activity</u></b><br/>Developing a few words but predominantly communicates basic needs without words.</p> <p>Frequently relies on a trained listener or family members for expressing themselves in any context.</p> <p><b><u>Participation</u></b><br/>Frequent difficulties participating in social activities, even with familiar people and contexts. Frequent difficulties participating independently in educational activities.</p> <p><b><u>Wellbeing</u></b><br/>Frequently displays moderate distress/upset/concern/frustration/anger/embarrassment/withdrawal.</p> <p>A structured approach to emotional support from others is required</p> |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>Teaching delivered at a simple level and slower pace, with frequent repetition and over learning</li> <li>Early years curriculum delivered through structured practical experiential learning opportunities</li> <li><a href="#">Pre teaching and over learning of vocabulary</a></li> <li>Alternative communication systems to support expressive communication (low or high tech). This may include object based systems, photos, text or symbols</li> <li>Provision to meet additional sensory and / or motor needs as appropriate</li> <li>Emphasis on social communication and social skills development (with specialist advice)</li> <li>Support in unstructured learning environments and break / lunchtimes</li> </ul> <p><b>Continued on next page</b></p> |                               |





# 1A Communication and Interaction – Speech and Language

## Level 4 continued



| Bespoke Descriptor<br>Level 4 | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <ul style="list-style-type: none"> <li>Daily access to staff who are skilled in supporting emotional regulation through the use of visual support, Augmentative and Alternative Communication (AAC), resources and motivators</li> <li><a href="#">A structured approach to emotional support from others is required</a></li> </ul> <p><b>Grouping</b></p> <ul style="list-style-type: none"> <li>An alternative early years curriculum may be appropriate (due to difficulties with either language and/ or communication, social skills, and sensory needs) delivered in an adapted educational setting as recommended by appropriate specialist services</li> <li>The child accesses small group and/or individualised support, to work on targets as advised by Speech and Language Therapy</li> <li>Planned time for small group and individual working with some light touch adult support, to support independent learning</li> </ul> <p><b>Continued on next page</b></p> |                               |





# 1A Communication and Interaction – Speech and Language

## Level 4 continued



| Bespoke Descriptor<br>Level 4 | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Grouping (continued)</b></p> <ul style="list-style-type: none"> <li>Planned time for small group and individual working with intensive adult support, to work on early years curriculum and additional language / communication skills</li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>Additional adults support the child individually under the direction of the teacher to: <ul style="list-style-type: none"> <li>Work on modified curriculum tasks (additional time needed to prepare resources including visual support to enhance access to learning)</li> <li>Embed language learning and generalise new skills into functional and early years curriculum activities</li> </ul> </li> <li>Access for teaching staff to appropriate resources, guidance and support from specialist staff/advisory teams in order to carry out specific interventions</li> </ul> |                               |



# 1A Communication and Interaction – Speech and Language

## Level 5



|   |   |  |  |
|---|---|--|--|
| <p>The child shows profound difficulties with expressive and/or receptive language that affects access to the curriculum. The child's needs are met by working on a completely individual, bespoke curriculum and so they have a highly personalised timetable that necessitates 1:1 support to work towards specific, Outside Agency practitioner set targets. The child is able to access the classroom for limited periods where they are able to experience success supported by a member of staff. Planned opportunities are provided for the child to be included with peers where the child is able to experience success.</p> |   |  |  |
| <b>Provision:</b> Daily, specific specialised input at all times across all aspects of the curriculum   |   | <b>Reviews:</b> 3 per year minimum   | <b>Documents:</b> Usually have an EHC Plan   |
| Bespoke Descriptor Level 5  | Identification and Assessment   | Teaching and Learning Strategies and Interventions   | Additional advice and support  |
| <p><b><u>Impairment (to be identified by SALT)</u></b></p> <p><b>Profound language difficulties:</b><br/>Profound problems are evident in both understanding and expressive language, although one area may be more profoundly affected.</p> <p>Child is unable to use or respond to verbal language.</p> <p><b>Continued on next page</b></p>  | <ul style="list-style-type: none"> <li>• Observation</li> <li>• Data tracking</li> <li>• Teacher assessments</li> <li>• Child Progress meetings</li> <li>• Child/Young Person voice</li> <li>• One Page Profile/Learner Profile</li> <li>• Parent/Carer voice</li> </ul> <p>An <a href="#">EHCP</a> is likely to be in place to draw together information, advice, aspirations and planned outcomes.</p> <p><a href="#">Screening tools and / or assessment tools as identified</a> where and when they can be used to help unpick need and measure impact of support</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed.</p> | <p><b>In most cases there will be evidence of a graduated approach from level 3 to level 5* showing that ALL avenues of adjustment to provision have been considered. This would include accessing DAF/DLA/<a href="#">Early Years Inclusion Funding</a> and the Local Offer.</b> *not including new starters to nursery setting or rapid escalation in presentation</p> <p><b>There is agreement between professionals (0-5 SEND Team, Educational Psychology Service, Locality SENCO, Local Authority SEND Manager etc.) that the child's needs and provision in place constitute a Level 5.</b></p> <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>• Adapted and bespoke early years curriculum</li> </ul> <p><b>Continued on next page</b></p> | <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><b>Additional advice and support is available from:</b></p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p><a href="#">Speech and Language Therapy</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



# 1a Communication and Interaction – Speech and Language

## Level 5 continued



| Bespoke Descriptor<br>Level 5   | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|---|-------------------------------|--|-------------------------------|
| <p><b>In addition, one or more of the following (identified by teaching staff/parents) also applies:</b></p> <p><b>Activity</b><br/><b>Minimal functional communication</b> limited to expressing basic needs, usually requiring tailored use of AAC. Constant dependence on trained / familiar communication partner.</p> <p><b>Participation</b><br/><b>Profound difficulties participating</b> in educational and social activities.</p> <p><b>Wellbeing</b><br/><b>Frequently displays high</b> distress/ upset/ concern/ frustration/ anger/ embarrassment/ withdrawal<br/>Unable to express or control emotions appropriately.</p> <p>Difficulties responding to external support to control emotions. A tailored and structured approach to emotional support is required.</p> |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>Teaching of independent life skills e.g taking coat off, washing hands.</li> <li>Focus on functional communication skills</li> <li>Emphasis on communication, language and interaction being the focus of an adapted early years curriculum and integrated into all learning and social opportunities</li> <li>Extensive use of multisensory support to access learning e.g. objects of reference, tactile cues, auditory cues, olfactory cues and visual cues</li> <li>All verbal communication used by staff to be supported visually using <a href="#">gesture</a>, <a href="#">sign</a>, modelling, <a href="#">objects</a>, photos and/or symbols such as <a href="#">first and next</a>.</li> <li>Teaching delivered at a simple level and slower pace, with frequent repetition and over learning</li> <li>Early years curriculum delivered through structured practical experiential learning opportunities</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1A Communication and Interaction – Speech and Language

## Level 5 continued



| Bespoke Descriptor<br>Level 5 | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Pre teaching</a> and over learning of vocabulary</li> <li>• Availability of alternative methods of recording learning e.g. symbols, videos, photos</li> <li>• Requires a Total Communication approach which values any effective means of communication e.g. facial expression, body language, eye pointing, sign, pointing, objects, gesture, photos, etc.</li> <li>• Alternative communication systems to support expressive communication (low or high tech). This may include object-based systems, photos or symbols. This may include alternative methods to participate in education or social tasks i.e. switches, eye gaze, etc</li> <li>• Provision to meet additional sensory and / or motor needs as appropriate</li> <li>• Emphasis on social communication and social skills development (with specialist advice)</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1A Communication and Interaction – Speech and Language

## Level 5 continued



| Bespoke Descriptor<br>Level 5 | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions   | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>• Support in unstructured learning environments and break / lunchtimes</li> <li>• Daily access to staff who are skilled in supporting emotional regulation through the use of visual support, AAC, resources and motivators</li> </ul> <p><b>Grouping</b></p> <ul style="list-style-type: none"> <li>• An alternative early years curriculum is appropriate (due to difficulties with either language and/ or communication, social skills, and sensory needs) delivered in an adapted educational setting as recommended by appropriate specialist services</li> <li>• The child accesses small group and individualised support, with Speech and Language targets integrated into their daily routine</li> <li>• Access to regular support to develop social skills and support emotional regulation</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1A Communication and Interaction – Speech and Language

## Level 5 continued



| Bespoke Descriptor<br>Level 5 | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Grouping (continued)</b></p> <ul style="list-style-type: none"> <li>Planned time for small group and individual working with intensive adult support, to work on communication and interaction e.g. Intensive Interaction, , Attention Autism, use of AAC, guided by external professionals e.g. Speech and Language Therapists</li> </ul> <p><b>Resources</b></p> <p>Additional adults support the child individually under the direction of the teacher to:</p> <ul style="list-style-type: none"> <li>Work on modified early years curriculum tasks (additional time needed to prepare resources including visual support to enhance access to learning)</li> <li>Embed language learning and communication into functional and early years curriculum activities</li> <li>Encourage independence</li> <li>Access for teaching staff to appropriate resources, training, guidance and support from specialist staff, in order to carry out specific interventions.</li> </ul> |                               |



# 1A Communication and Interaction – Speech and Language Screening and Assessment Tools



## Screening tools

- Updated SALT Screening Tool and Online Referral can be found through [Speech and Language homepage](#)
- [Wave 2 Screening Assessments \(LEAP, VIP, NIP\)](#)
- Locke and Beech Tracking Tools
- [Speech and language UK: ages and stages](#)

## Assessment tools

The standardised assessments listed below are Qualification Level A, so can be administered by teachers.

- [RENFREW Action Picture Test](#) – An assessment of expressive language from age 3
- [British Picture Vocabulary Scale](#) – An assessment of receptive language development at vocabulary level from the age of 3 years
- Speech and Language Therapy Assessments ([Referral](#))





# 1A Communication and Interaction – Speech and Language Interventions and Support



## Interventions

- Vocabulary Improvement Programme (VIP), Narrative Improvement Programme (NIP) and Language Enrichment Activity Programme (LEAP) available through [Learn Sheffield](#)

## Resources and further support

- [Sheffield Speech and Language Therapy \(SLT\) Resource Library Directory](#)
- [An Introduction to Speech, Language and Communication \(free e-learning course via The Communication Trust\)](#)
- [Communication Trust Resources](#)
- [Blanks Levels of Questioning - Information Sheet](#)
- **Specialist Training available from Speech and Language:**
  - [DLD training modules](#)
  - [SLT Wave 1 Modules](#)
  - [Wave 2 Interventions](#)
- [Disability Living Allowance \(DLA\)](#)
- [Disability Access Funding / Early Years Inclusion Funding](#) may be appropriate to support and enhance the provision in place

## EAL considerations

- For EAL childs – Use [The Bell Foundation](#) to track Language development to help ascertain if the child has a SEND need
- Try completing home language assessments where available. The EAL team can do these for you





## 1B Communication and Interaction covers the following areas:

- 1) **Communication and Social Concepts** - Differences in understanding and expressing forms of communication and language, with skills ranging from individuals who are highly articulate (but comprehension may vary) to others who may be non-speaking. We also need to consider differences in understanding social behaviours and the actions and feelings of others, which inform the development of friendships and relationships.
- 2) **Sensory Processing (please note this area is covered further in Section 4E)** - Differences in perceiving sensory information. Hypo (low sensitivity), hyper (high sensitivity) to sensory stimuli such as touch, hearing, smell, taste, balance (vestibular), body awareness (proprioceptive) and also an internal sense called Interoception (this manages emotions and bodily functions).
- 3) **Flexibility, Information Processing and Organisational Skills** - Differences in perception, planning, understanding concepts, generalising, predicting, managing transitions, passions for interests and ability to absorb auditory or spoken information.

## Ordinarily Available

This is Universal Support – as part of the Graduated Response. See [assessment tools](#), [interventions and further support](#) that supports your teaching practice.

Ordinarily Available provision and teaching approaches for all learners with a recognition that some learners may require very time-limited support to secure effective application of skills and increase their engagement and access to all areas of school life. The setting will lead in this approach.

The table on the following pages references 4 key areas within social communication differences that would constitute reasonable adjustments if embedded within the classroom/school. [Autism Social Communication Education and Training Service](#) (ASCETS) offer centralised training that supports with many strategies recommended.

# 1B Communication and Interaction – Social Communication

## Ordinarily Available continued



| A Classroom Support Guide for Childs Presenting with Social Communication Differences<br>Universal Support - Classroom Strategies<br>(SEN Guide to Reasonable Adjustments) |   |  |
|--|---|--|
| Positive and Effective Relationship  | <ul style="list-style-type: none"> <li>Learn about the child prior to arrival at your setting, effective communication with the child, parents/carers, practitioners from previous settings, is key to building mutual respect.</li> <li>On arrival, offer activities that are motivating - ensure the start of the day is welcoming, engaging and purposeful.</li> <li>Clear structure, rules and routines will provide a sense of safety – do not presume understanding, rules will need to be revisited regularly in all environments (displayed visually).</li> <li>If staff are concerned about a presenting need, observe the child in various contexts, structured and unstructured. This will allow you to gain valuable information in likes/dislikes, areas/activities a child is drawn to and avoids.</li> <li>Support children in developing a strong sense of belonging, to ensure children feel safe and secure i.e. greet all children at the door saying their name (don't expect a response).</li> </ul> | <ul style="list-style-type: none"> <li>Value children's voice, children will feel safer and happier when they feel listened to.</li> <li>Make use of roles/responsibilities. A sense of purpose is a great way to build in structure and routine.</li> <li>The arrival routine should be clear and consistent, everyone should have a plan as to what is happening next and when.</li> <li>Encourage discussion about the children's interests – this could make a huge difference in escalating stress levels.</li> <li>Provide an emotionally available adult or peer to 'check-in' with the child.</li> <li>Staff to be aware of trigger points / events and know the child well enough to notice signs of distress however they manifest.</li> <li>Model and practice de-escalation techniques with all children – rehearsed techniques will be drawn upon easier in times of crisis.</li> </ul> |
| Enabling Environment   | <ul style="list-style-type: none"> <li>The environment e.g. surfaces need to be uncluttered and organised.</li> <li>Areas are clearly defined throughout the setting</li> <li>The whiteboard is free of visual clutter – for 1m around the perimeter.</li> <li>Base seating considerations on a sensory checklist.</li> <li>All resources are organised in labelled drawers/cupboards to encourage independence.</li> </ul>   | <ul style="list-style-type: none"> <li>Noise levels are well managed so that children and adults can hear one another.</li> <li>Offer a range of sensory equipment wobble cushion, stress ball and fiddle ball.</li> <li>Use the environment to engage the child by including aspects of their special interests? e.g., Shiny, dangling items near the carpet area to hold attention whilst sitting</li> </ul>   |

Continued on next page



# 1B Communication and Interaction – Social Communication

## Ordinarily Available continued



|                      |  |  |
|----------------------|--|--|
| Access to Learning   | <ul style="list-style-type: none"> <li>• Provide visual supports to ensure that upcoming activities are predictable and understandable. These may include:</li> <li>• Visual timetables-unfussy and understandable with consistent size and font and use of symbols/pictures across the setting</li> <li>• Task board checklists</li> <li>• Timers</li> <li>• Now and Next boards, flexible whiteboards</li> <li>• Choice boards Key communication symbols on lanyards</li> <li>• Object cues and objects of reference.</li> <li>• Children should be given additional warning to prepare for unexplained changes.</li> <li>• <a href="#">Low Arousal</a> approaches should be 'the norm' in all settings.</li> <li>• Ensure micro and mini transitions are managed effectively. i.e. structure movement around the setting/verbal countdown to completion of task.</li> <li>• Allow children time to process information.</li> <li>• Avoid putting children on the spot to answer questions (unless you know that they are comfortable with this).</li> <li>• Flexibility will be used with children's individual timetables, to acknowledge children who 'mask' will have varying energy levels throughout the day.</li> </ul> | <ul style="list-style-type: none"> <li>• Visual support will be used alongside verbal lesson content to support memory and the retention of information i.e. written accounts, lists, pictures, or task boards.</li> <li>• Consistency of approach amongst staff – rewards, routines and language.</li> <li>• Provide time to apply learnt skills in different environments/contexts.</li> <li>• Opportunities to develop collaborative groups and paired working (allocate roles as required).</li> <li>• Where appropriate choices to be embedded within learning.</li> <li>• Visual supports used to break down tasks into manageable chunks.</li> <li>• Expectations of the amount of tasks will vary to match the child's stress levels.</li> <li>• Provide a non-speaking strategy for children to request help .i.e. use of symbols on a lanyard.</li> <li>• Provide a non-speaking strategy for children to request a break .i.e. a break card.</li> <li>• Make use of the outdoor environment, this is a great space for emotional regulation.</li> </ul> |
| Social Communication | <ul style="list-style-type: none"> <li>• Understand that all behaviour is a form of communication.</li> <li>• Ensure clarity in verbal instructions.</li> <li>• Understand that a child's communication skills may differ depending on their stress levels.</li> <li>• Value non – verbal communication.</li> </ul>  | <ul style="list-style-type: none"> <li>• Say the child's name first to gain attention.</li> <li>• Use positive and directive language eg. "Tom feet on the floor", rather than "Tom stop kicking".</li> <li>• Explain the meaning of any idioms / jokes used.</li> <li>• Support the child with understanding social concepts (don't teach them explicit social skills).</li> <li>• Use of Visual tools will benefit all children.</li> </ul>  |



# 1B Communication and Interaction – Social Communication

## Level 3



| Child Presentations:  |   |  |   |
|---|---|--|---|
| The child shows social, communication and interaction differences in a range of situations which may affect access to academic learning and heighten stress levels in unstructured/social time. Longer term, these barriers may impact a child's social, emotional and mental health if not well supported.   |   |  |   |
| <b>Provision:</b> Some targeted and individual interventions over the week  |   | <b>Reviews:</b> 3 per year   | <b>Documents:</b> Support Plan or Extended Support Plan   |
| Bespoke Descriptor Level 3  | Identification and Assessment   | Teaching and Learning Strategies   | Additional advice and support   |
| <p><b>Consider if the following statements describe how the child presents in school:</b></p> <p><b>Communication and Social Concepts:</b></p> <ul style="list-style-type: none"> <li>• Receptive and expressive communication is likely to differ e.g. Speech may not have yet developed</li> <li>• Child needs total communication approach</li> <li>• Needs opportunities to develop joint attention</li> <li>• Words and phrases may be taken literally.</li> <li>• Processing time may differ.</li> <li>• Body language may be misinterpreted.</li> <li>• Thoughts may be spoken out loud (if appropriate or not).</li> </ul> <p><b>Continued on next page</b></p> | <p>In depth assessments and observations that help unpick and inform individualised next steps and outcomes for the young person (<a href="#">see assessment toolkit</a>). This may include a sensory profile of needs.</p> <p>Outside agencies' advice and recommendations used to further inform next steps for the young person, if involved.</p> <p>Multi Agency Planning where appropriate.</p> <p>SEN support plan in place.</p> <p>Progress is closely monitored using <a href="#">AET resources</a> and/or school tracking systems and shared with family.</p> <p><b>Continued on next page</b></p> | <p>Ordinarily Available provision whilst also including:</p> <p><b>Adjustments to Teaching Methods</b><br/>Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> <li>• Identify the child's interests and use to motivate, regulate and gain attention to task.</li> <li>• Support working on, building and developing key skills in learning, life skills and social communication.</li> <li>• Consider adaptations to the day e.g. soft start, finish times, time in a safe place for the child to 're-set' throughout the day etc.</li> <li>• Allow access to an emotionally available adult as the child requires.</li> </ul> <p><b>Continued on next page</b></p> | <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p>Discuss concerns with:</p> <p><a href="#">0-5 SEND Team</a></p> <p><a href="#">Autism Social Communication Education and Training Service (ASCETS)</a> Link Teacher</p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p><a href="#">Speech and Language Therapy</a></p> |



# 1B Communication and Interaction – Social Communication

## Level 3 continued



| Bespoke Descriptor<br>Level 3  | Identification and Assessment  | Teaching and Learning<br>Strategies   | Additional advice and support |
|--|--|---|-------------------------------|
| <p><b>Communication and Social Concepts (continued):</b></p> <ul style="list-style-type: none"> <li>• Immediate and delayed echolalic language may be used (repeating/ mimicking phrases previously heard). <a href="#">Gestalt Language Processor</a></li> <li>• Child may present with fleeting attention to verbal instruction (appearing not to hear).</li> <li>• Needs support to initiate and maintain interactions with peers</li> <li>• May need support to share and take turns.</li> <li>• There may be an insistence to play games on their terms/by their rules.</li> <li>• Needs adult support to develop skills to have two-way conversation with others.</li> <li>• The child may choose to spend time alone.</li> <li>• Social vulnerability, may result from experiencing social situations differently.</li> <li>• Initiating and successfully responding to interactions from others may need additional support.</li> </ul> <p><b>Continued on next page</b></p> | <p>An <a href="#">Extended Support Plan</a> may be in place to draw together information, advice, aspirations and planned outcomes.</p> <p>The voice of the child and their family needs to be heard to form a holistic view of the young person and used to help when planning next steps.</p> <p><a href="#">Use of appropriate assessment materials</a> – refer to assessment toolkit.</p> <p>Where needed, risk assessments may be in place.</p> | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>• Access to a range of visual learning materials to support a sense of predictability (i.e. a total communication approach). This may include some of the following: <ul style="list-style-type: none"> <li>○ personalised <a href="#">objects of reference</a></li> <li>○ <a href="#">visual timetables</a></li> <li>○ <a href="#">communication mats</a></li> <li>○ <a href="#">flexible whiteboard approach</a></li> <li>○ first/then</li> <li>○ Signature songs for transitions and routines</li> <li>○ visual support and prompts</li> </ul> </li> <li>• Child is given additional warning and support to prepare for unexpected changes to the timetable/routine</li> <li>• Visual cues to support auditory information at all stages of delivery e.g. symbols, gesture and <a href="#">Makaton</a>.</li> <li>• Further modification of level, pace, amount of teacher talk to address child's identified need</li> <li>• Preparation for any changes and the need for a clear and consistent routine.</li> </ul> <p><b>Continued on next page</b></p> |                               |





# 1B Communication and Interaction – Social Communication

## Level 3 continued



| Bespoke Descriptor<br>Level 3   | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|---|-------------------------------|--|-------------------------------|
| <ul style="list-style-type: none"> <li>Understanding social spaces (e.g. stand and sit too closely to others) and clear modelling to support interactions in shared activities</li> <li>The child may become stressed at dealing with unfamiliar social situations (may apply effective avoidance techniques).</li> <li>May require support to develop friendships and relationships with adults and peers.</li> <li>May display unexpected behaviours (frustration/anger) in social situations.</li> <li>Social camouflaging (possibly referred to as masking) to ‘survive’ may be common.</li> </ul> <p><b>Sensory Processing</b><br/>(See <a href="#">Section 4E</a> for further information)</p> <ul style="list-style-type: none"> <li>May require sensory adaptations in the learning space such as consideration to where they sit e.g. sensory support, fiddle toys, regular movement breaks etc.</li> <li>May seek to leave the setting frequently.</li> <li>Notable sleep, toileting or eating difficulties</li> </ul> <p><b>Continued on next page</b></p> |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>Planned time to access preferred flow activities.</li> <li>Use simple language when giving instructions and avoid asking too many questions.</li> <li>Refer to behaviours of concern as ‘Stressed Behaviours’</li> <li>Support to recognise own emotions and those of others.</li> <li>Support to understand and problem solve specific social situations via simple, fun role play and puppets/ small world</li> <li>Modelling of social language, visual scripts, may support communication and interaction with peers</li> <li>Sensory adjustments such as clothing /uniform, preferred seating and sensory support tools.</li> <li>Personalised access arrangements are used (e.g. simple 3-point scale, zones of regulation or emotion cards) to indicate feelings, avoidance of known hot spots, amendments to toileting support etc.</li> </ul> <p><b>Continued on next page</b></p> |                               |





# 1B Communication and Interaction – Social Communication

## Level 3 continued



| Bespoke Descriptor<br>Level 3   | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|---|-------------------------------|--|-------------------------------|
| <b>Flexibility, Information Processing and Organisational Skills</b> <ul style="list-style-type: none"> <li>• May experience high anxiety with demands, leading to avoidance of tasks.</li> <li>• Consider fear of failure. Refusal to start or end a task, may be common.</li> <li>• May have immersive and absorbing interests and become hyper focussed</li> <li>• Tasks need to be structured and clearly organised with clear visual support. Activities with clear beginning and end</li> <li>• The child may require additional consideration for safety factors.</li> <li>• Consideration needs to be given if it is thought the child is masking this needs to be considered in terms of energy levels and emotional well-being for the child</li> </ul> |                               | <b>Adjustments to Teaching Methods (continued)</b> <ul style="list-style-type: none"> <li>• Use of personalised <a href="#">Social Stories</a> and Power Cards</li> <li>• Stress Support Plan to identify de-escalation techniques</li> <li>• Risk assessments to identify and address possible areas of risk for the child</li> </ul> <b>Grouping</b> <ul style="list-style-type: none"> <li>• Advice implemented on Social Communication differences from appropriate professionals</li> <li>• Outcomes set to ensure child's <a href="#">social communication strengths</a> and needs are supported</li> <li>• The teacher/nursery lead professional takes responsibility for supporting others to devise, deliver and evaluate a personalised programme.</li> <li>• e.g. working on individual social communication outcomes that are consistently repeated and reinforced.</li> <li>• Reinforcement and generalisation in whole room activities to aid transfer of skills</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1B Communication and Interaction – Social Communication

## Level 3 continued



| Bespoke Descriptor Level 3 | Identification and Assessment | Teaching and Learning Strategies   | Additional advice and support |
|----------------------------|-------------------------------|--|-------------------------------|
|                            |                               | <p><b>Grouping (continued)</b></p> <ul style="list-style-type: none"> <li>Carefully managed transitions into setting and at the end of session/ day (where appropriate)</li> <li>Adult support at unstructured/ social times (e.g. clubs). Modelling of social language, rehearsed scripts, may be required for the CYP to engage.</li> <li><a href="#">Sensory Circuits</a> are offered part of the timetable. An example of this could be the child has access to planned physical movement breaks</li> <li>Group or individual programmes to develop connection and social communication an e.g <a href="#">Intensive Interaction</a> Dave Hewitt and <a href="#">Curiosity Programme</a> Gina Davis</li> <li>Lego Therapy/Jewellery Therapy to support social interaction.</li> <li>Support to develop <a href="#">interoception</a> e.g. linking bodily changes to emotions i.e. I am feeling angry, so my heart is beating faster</li> <li>Planning may need to incorporate adaptations such as rest breaks, time allocated to sensory differences and processing needs.</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1B Communication and Interaction – Social Communication

## Level 3 continued



| Bespoke Descriptor<br>Level 3 | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <b>Resources</b> <ul style="list-style-type: none"><li>• Emotional vocabulary visual support.</li><li>• <a href="#">Simple comic strip conversations</a><br/>e.g. a visual breakdown of playtime (what went wrong and why).</li><li>• Social scripts (to support them in unfamiliar or tricky situations).</li><li>• Sensory supports/Movement breaks.</li><li>• Personalised sensory plan if needed.</li></ul> |                               |

# 1B Communication and Interaction – Social Communication

## Level 4



The child shows social communication and interaction differences throughout the day which affect access to learning and experiences and heighten stress levels.

The child's needs are met through a timetable, environmental adjustments and communication approaches that contains bespoke support for the parts of the day that are needed. It is felt the staff providing support would have the relevant, skill, expertise and training in order to understand the functions of the child's strengths and needs.

| Provision: Frequent, specific specialised input  |  | Reviews: 3 per year   | Documents: Extended Support Plan or EHC Plan   |
|--|--|---|--|
| Bespoke Descriptor Level 4   | Identification and Assessment  | Teaching and Learning Strategies  | Additional advice and support  |
| <p><b>Consider if the following statements describe how the child presents in school: Communication and Social Concepts:</b></p> <ul style="list-style-type: none"> <li>Will have significant differences with language acquisition and comprehension.</li> <li>Language differences affect access to all aspects of the curriculum</li> <li>Will have significant differences in social understanding, which impact on relationships with adults and peers daily.</li> <li>Likely lacks the skills, or the desire, to be part of a group or form meaningful friendships</li> <li>May acquire language as a <a href="#">Gestalt Language Processor</a> or non-speaking</li> </ul> <p><b>Continued on next page</b></p> | <p>As for level 3 whilst including:</p> <p>In depth assessments and observations that help unpick and inform highly individualised next steps and outcomes for the child (<a href="#">see assessment toolkit</a>). This should include assessment of sensory needs as well as life skills.</p> <p>The voice of the child and their family needs to be heard to form a holistic view of the child and used to help when planning next steps.</p> <p><b>Continued on next page</b></p> | <p>As level 3 whilst also including –</p> <p><b>Adjustments to Teaching Methods</b><br/>Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> <li>Implement <a href="#">Low Arousal approaches</a> – (Managing Signs of Stressed Behaviour).</li> <li><a href="#">Low Arousal Spaces/Regulating Spaces</a> available.</li> <li>Consistent approaches agreed with all to manage escalations in presentation.</li> <li>Activities throughout the day provide opportunities to make progress towards shared planned outcomes offering a total communication approach</li> <li>Adults reflect on and review outcomes regularly</li> </ul> <p><b>Continued on next page</b></p> | <p><b>Additional specialist support should be sought from:</b><br/>Targeted support from Outside SEND Agencies</p> <p>May make use of Locality Panels – Stage 1 or 2 (if applicable)</p> <p><a href="#">0-5 SEND Team</a></p> <p><a href="#">Autism Social Communication Education and Training Service (ASCETS)</a> Link Teacher (F2 onwards) for targeted support</p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p><a href="#">Speech and Language Therapy</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



# 1B Communication and Interaction – Social Communication

## Level 4 continued



| Bespoke Descriptor<br>Level 4  | Identification and Assessment   | Teaching and Learning<br>Strategies  | Additional advice and support |
|--|---|--|-------------------------------|
| <p><b>Communication and Social Concepts (continued):</b></p> <ul style="list-style-type: none"> <li>• May focus on intense interests in conversation, if the topic is of interest to them.</li> <li>• May display high anxiety manifested in avoidance, dysregulation or shutdown.</li> <li>• The frequent distress shown in the setting will likely impact emotional states such as resilience and energy levels.</li> <li>• The child will need support to advocate for themselves, which would include socially accepted way of expressing wants and needs.</li> <li>• The child would be extremely vulnerable without adult support during unstructured times.</li> <li>• An unpredictable emotional profile may be present, for example the child could display emotional dysregulation frequently.</li> </ul> <p><b>Continued on next page</b></p> | <p>Outside agencies' advice and recommendations used to further inform next steps for the young person, linking with multi agency planning and with a strong focus on Preparation for Adulthood discussions that will be captured in the <a href="#">Extended Support Plan</a>.</p> <p>For some children an <a href="#">EHCP</a> may be in place to recognise the child's needs and provision required to meet them.</p> <p>Progress is closely monitored using school tracking systems and shared with family, where needed, risk assessments likely to be in place.</p> | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>• Additional adults support the child individually, under the direction of the teacher/ nursery lead and other key staff to: <ul style="list-style-type: none"> <li>○ work on highly modified curriculum tasks when working with the whole room</li> <li>○ access significant amount of sessions of individual support across each day</li> <li>○ encourage independence</li> </ul> </li> <li>• Opportunities for successful peer to peer interaction</li> <li>• Tasks may be short in duration and motivating</li> <li>• Sensory breaks will be a part of the child's day as identified/required</li> <li>• Accommodation where possible is made to meet the child's individual sensory profile</li> <li>• The curriculum places an emphasis on identified holistic outcomes</li> <li>• Support is required during social times to make links with peers and ensure safety</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1B Communication and Interaction – Social Communication

## Level 4 continued



| Bespoke Descriptor<br>Level 4   | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|---|-------------------------------|---|-------------------------------|
| <p><b>Communication and Social Concepts (continued):</b></p> <ul style="list-style-type: none"> <li>Presentation of need may impact other children and steps will need to be taken to ensure peer understanding of the child's need.</li> </ul> <p><b>Sensory Processing (See 4E)</b></p> <ul style="list-style-type: none"> <li>Will be often overloaded by external environmental stimuli.</li> <li>Sensory differences will be present to an extent that they have a significant impact on daily life, e.g. sensory avoidance/seeking within environmental settings causing visible distress and/or avoidance.</li> </ul> <p><b>Flexibility, Information Processing and Organisational Skills</b></p> <ul style="list-style-type: none"> <li>Transitions may be a significant difficulty.</li> <li>The child may see the setting as a threatening environment on a daily basis which leads to them being dysregulated prior to arrival - separation difficulties</li> </ul> <p><b>Continued on next page</b></p> |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>Personalised access arrangements are used (e.g. 5 point scale zones of regulation or emotion cards) to indicate feelings, avoidance of known trigger points, amendments to toileting support etc.</li> </ul> <p><b>Groupings</b><br/>Specific interventions may be utilised:</p> <ul style="list-style-type: none"> <li>Use <a href="#">Intensive Interaction</a> to support joint attention.</li> <li>Use <a href="#">Curiosity</a> to support joint attention/interaction.</li> <li>Use <a href="#">Attention Autism</a> to support focus and joint attention.</li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>Alternative communication systems in place across the setting (i.e. personalised visual aids, possible use of technology to aid understanding).</li> <li>Stress Support Plan. This is to ensure all staff offer a safe, consistent approach to de-escalation.</li> </ul> <p><b>Continued on next page</b></p> |                               |





# 1B Communication and Interaction – Social Communication

## Level 4 continued



| Bespoke Descriptor<br>Level 4  | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|--|-------------------------------|--|-------------------------------|
| <b>Flexibility, Information Processing and Organisational Skills (continued)</b> <ul style="list-style-type: none"> <li>Significant 'meltdowns' or 'shutdowns' at home are reported. Family has to make significant adaptations to manage home life – refusal to access the room may be seen</li> <li>The child will be driven by specialist interests/ruling passions to such an extent that engagement in activities not of their choosing will likely be fleeting.</li> <li>Will be significantly self-directed and reluctant to follow adult direction to a level where personalised risk assessments may be required to keep the child safe.</li> </ul> |                               | <b>Resources (continued)</b> <ul style="list-style-type: none"> <li>A rehearsed and clear exit strategy for the child available at all times.</li> <li>Effective use of personalised resources based on the child's interests</li> <li>Effective use of individual visual timetable per session or activity, e.g. start / finish, now / then which does require support to implement.</li> </ul> <b>Transitions</b> <ul style="list-style-type: none"> <li>Thorough and timely preparations made for transition, both between year groups and between settings</li> <li>Consideration will need to be made to support the child during periods of change e.g. Christmas, Sports Day, off timetable events, trips.</li> </ul> |                               |





# 1B Communication and Interaction – Social Communication

## Level 5



|   |   |   |   |
|---|---|---|---|
| <p>The child shows severe and persistent communication and interaction differences which will significantly impact their educational access into adulthood.</p> <p>The child's holistic needs will be met through a robust multi-agency plan which would include personalised curriculum and an equal focus on academic, social communication, social emotional support and independence/life skills. Consistent adult support to attend to most tasks with a total communication environment/AAC, access to a flexible, personalised sensory lifestyle and responsive timetable planned to meet specific outcomes will be available – likely devised by a multi-disciplinary team including school staff, Local Authority SEND agencies and children/family (where appropriate).</p> |   |   |   |
| <b>Provision:</b> Daily, specific specialised input at all times across all aspects of the curriculum   |   | <b>Reviews:</b> 3 per year  | <b>Documents:</b> Usually have an EHC Plan  |
| Bespoke Descriptor Level 5  | Identification and Assessment   | Teaching and Learning Strategies  | Additional advice and support   |
| <p><b>Consider if the following statements describe how the child presents in setting: Communication and Social Concepts:</b></p> <ul style="list-style-type: none"> <li>Will have severe and complex language needs and require a total communication approach from highly trained experienced staff.</li> <li>May be non-speaking or minimally speaking.</li> <li>Vocalisations maybe be used and decipherable to known people.</li> <li>Will need high levels of multi-sensory support in an adapted environment.</li> </ul> <p><b>Continued on next page</b></p>  | <p>As for Levels 3 and 4 assessment of needs, progress and setting of next steps will be collaborative in nature with school staff working alongside the family and child and Outside Agency professionals (including Health and Care colleagues where appropriate)</p> <p>At Level 5, it is expected a reviewed <a href="#">Extended Support Plan</a> or <a href="#">EHCP</a> will normally be in place to recognise the child's needs and provision required to meet them.</p> <p><b>Support MUST include:</b></p> <ul style="list-style-type: none"> <li>Outside agency advice and recommendations.</li> <li>Multi agency planning.</li> </ul> | <p><b>There is agreement between professionals (0-5 SEND Team, Educational Psychology Service, ASCETS Teacher, Locality SENCO, Local Authority SEND Manager etc.) that the child's needs and provision in place constitute a Level 5.</b></p> <p>In most cases* there will be evidence of a graduated approach through the grid levels, and that from Level 4 to Level 5 it can be shown that ALL avenues of adjustment to provision have been considered and attempted (where appropriate) alongside support from Outside Agency professionals in a planned, sustained and reviewed manner. This would normally include accessing the Local Offer.</p> <p><small>*not including new starters to school or rapid escalation in presentation.</small></p> <p><b>Continued on next page</b></p> | <p><b>Additional specialist support should be sought from:</b><br/>Targeted support from Outside SEND Agencies</p> <p>May make use of Locality Panels – Stage 1 or 2 (if applicable)</p> <p><a href="#">0-5 SEND Team</a></p> <p><a href="#">Autism Social Communication Educatn and Training Service (ASCETS)</a> Link Teacher (F2 onwards) for targeted support</p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p><a href="#">Speech and Language Therapy</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team).</p> |



# 1B Communication and Interaction – Social Communication

## Level 5 continued



| Bespoke Descriptor<br>Level 5   | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|---|-------------------------------|---|-------------------------------|
| <p><b>Communication and Social Concepts (continued):</b></p> <ul style="list-style-type: none"> <li>Will need bespoke, personalised support from highly skilled, trained staff – guided by outside agencies.</li> <li>May display or experience significant distress, high anxiety manifested in avoidance, dysregulation or self - harm on a regular basis in a range of settings.</li> <li>Will find any group participation stressful and will need a high level of additional adult support and structure.</li> <li>Will need a high level of personalised support to play or work alongside others successfully.</li> <li>Needs a flexible and responsive package of 1:1 support to enable the child to cope with daily demands</li> </ul> <p><b>Sensory Processing (See 4E for further information)</b></p> <ul style="list-style-type: none"> <li>The room/Nursery environment provokes extreme distress linked to sensory and anxiety led needs</li> </ul> <p><b>Continued on next page</b></p> |                               | <p><b>Staff should have considered and implemented effective and appropriate strategies from previous levels, especially level 4. In addition, the following will be in place:</b></p> <p><b>Adjustments to Teaching Methods</b><br/>Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> <li>Robust planning to meet objectives defined in EHC plan.</li> <li>Access to a quiet area within the classroom must be available when needed to offer opportunities for distraction free learning.</li> <li>Alternative communication systems in place across the setting i.e. bespoke visual aids plus possible use of technology to aid understanding.</li> </ul> <p><b>Grouping</b></p> <ul style="list-style-type: none"> <li>The child will access a bespoke curriculum at all times</li> <li>A continuum of personalised, skill support will be needed throughout the day.</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1B Communication and Interaction – Social Communication

## Level 5 continued



| Bespoke Descriptor<br>Level 5  | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|--|-------------------------------|---|-------------------------------|
| <p><b>Sensory Processing (See 4E for further information)</b></p> <ul style="list-style-type: none"> <li>Will experience severe sensory needs that have a very significant impact on everyday life, e.g. avoidance of environment or activity, significant distress or inability to attend and focus in a classroom situation.</li> <li>Highly susceptible to sensory triggers which consistently lead to distress which puts themselves and others at risk</li> </ul> <p><b>Flexibility, Information Processing and Organisational Skills;</b></p> <ul style="list-style-type: none"> <li>Will need very high level of additional prompts and supports to carry out any adult led activities.</li> <li>Will be motivated by specific interests (these may be sensory) which impact on everyday life, to the extent where staff will need to use these to positively engage, appreciate and monitor.</li> <li>Will need bespoke, personalised, skilled adult support to follow all activities and keep self and others safe</li> </ul> |                               | <p><b>Grouping (continued)</b></p> <ul style="list-style-type: none"> <li>A variety of experiences must be used to ensure learning, including time in a quiet, distraction free environment and opportunities for child led play to develop connection and communication e.g. <a href="#">Intensive Interaction</a> etc.</li> </ul> <p><b>Resources</b><br/>Environmental consideration based on the child's Sensory Preferences (bespoke Sensory Lifestyle devised).</p> |                               |



# 1B Communication and Interaction – Social Communication

## Screening Tools and Assessment Tools



### Screening tools

- [AET Sensory Differences Map](#) - Speak to your ASCETS link teacher about these resources
- [AET Sensory Checklist](#) - Speak to your ASCETS link teacher about these resources
- [Coventry grid](#)
- [ASD Screening tool – EP toolkit](#)

### Assessment tools

#### [AET Progression Framework](#)

This is a new, comprehensive, flexible tool designed to support education professionals across the early years and into schools in identifying learning priorities and measuring progress in areas which relate closely to autism differences:

- Social Understanding and Communication
- Sensory Processing and Integration
- Flexibility, Information Processing and Understanding.

# 1B Communication and Interaction – Social Communication Interventions and Support



## Interventions

- [Attention Autism](#)
- [Social stories](#)
- [Lego-based therapy](#)
- [Interoception curriculum](#)
- [AET Progression Framework](#)
- [Talking Mats](#) (could be used to gain child voice to inform bespoke support and provision)
- [Commenting](#)
- [Curiosity Programme](#)
- [Flexible Whiteboard](#)
- [Intensive Interaction](#)
- [Objects of Reference](#)
- [Sensory Circuit](#)
- [Start/Finish Boxes](#)
- [Turn-Taking](#)
- [Visual Timetable](#)

## Useful Links and Helpful Resources

- **NEST (NEurodivergent peer Support Toolkit)** is a suite of materials to facilitate peer support for neurodivergent young people in mainstream secondary schools. The toolkit has been co-created by researchers at the University of Edinburgh, neurodivergent young people and a neurodiverse group of adults who work with neurodivergent young people.

[Download NEST | Salvesen Mindroom Research Centre](#) FREE RESOURCE

### [NEST guides](#)

- [AET Transition documentation](#) support for transitions
  - [Setting Trigger Action Result Chart](#)
  - [Low Arousal Approach](#) – (Managing Signs of Stressed Behaviour) approaches (Studio 3) - Discuss with your ASCETS link teacher. They can help with a Dynamic Stress support plan reviewed on a regular basis or a similar personal plan and risk assessment agreed with parent/carers as part of this approach.
  - [Core Vocabulary](#) (information on Core Vocabulary and how to support)
  - [Gestalt Language Processing](#) (Information on Gestalt Language Processing and ways to support)
  - [Autism Education Trust \(AET\)](#). The [ASCETS](#) team are a recognised training partner of AET.
  - [AET Good Autism Practice Guidance](#)
  - [‘The Saturation Model’](#) (G.Moorwood) - Offers ideas on supportive, inclusive approaches for all children (using whole setting approaches)
  - Access Studio3 [free webinars](#) on topics such as Sensory/Lived Experiences/Managing Stress/Low Arousal Approaches/Restraint Reduction
- Continued on next page**



# 1B Communication and Interaction – Social Communication Interventions and Support continued



## Useful Links and Helpful Resources

**Glossary for Neuro-affirmative Understanding/Approaches:** Inclusive information, advice and guidance on the following:

- [Double Empathy](#)
- [Executive Function](#)
- [Interoception](#)
- [Low Arousal](#)
- [Masking](#)
- [Monotropism](#)
- [Rejection Sensitivity](#)
- [Special Interests/Ruling Passions](#)
- [Strengths Based Language Use](#)
- [Strengths Based Language – neuro-affirmative language](#)

[Disability Living Allowance \(DLA\)](#)

[Disability Access Fund / Early Years Inclusion Fund](#) (may be appropriate to support and enhance the provision in place)





# 1C Communication and Interaction: Speech and Stammering

## Levelling Grid



| Levelling Grid<br>Sheffield Support Grid: 1C Communication and Interaction – Speech and Stammering  |   |  |   |  |
|---|---|--|---|--|
| In the Early Years what constitutes a Speech and Stammering difficulty is very age dependent. Please use the <a href="#">Speech and Language referral form and criteria</a> to help determine if the child needs support. |   |  |   |  |
| Use the levelling grid below to consider the level of impairment (provided by Speech and Language Therapy) alongside the other areas of presentation. Use a best fit judgement to derive the level of need.               |   |  |   |  |
| Level   | <b>Impairment</b><br>(level identified by formal assessments carried out by Speech and Language Therapy)  | <b>Activity</b><br>(level identified by teaching staff / parent/carer)                         | <b>Participation</b><br>(level identified by teaching staff / parent/carer)   | <b>Wellbeing and emotional regulation</b><br>(level identified by teaching staff / parent/carer)   |
| 1   | <b>Child has a few sounds missing in their speech repertoire, and they can be difficult to understand to unfamiliar listeners. Please use Speech and Language Therapy <a href="#">referral form</a> for further guidance as the severity depends on the age and stage of the child.</b>   |  |   |  |
|   | <b>Mild speech difficulties:</b> <ul style="list-style-type: none"> <li>Occasional errors in speech</li> <li>May be articulatory difficulties (mis pronunciation of certain sounds eg slushy 's')</li> <li>May be phonemic errors eg substitutes 't' for 's'</li> <li>Does not usually impact on intelligibility.</li> <li>The child is stammering</li> </ul> | <b>Some difficulty communicating verbally</b> with unfamiliar people or in unfamiliar contexts | <b>Occasional difficulties in participating</b> in unfamiliar educational and social activities. Needs encouragement to achieve potential | <b>Occasionally displays mild:</b> distress / upset / concern / frustration / anger / distress / Embarrassment / withdrawal beyond that expected for age |

Continued on next page





# 1C Communication and Interaction: Speech and Stammering

## Levelling Grid continued



| Level | Impairment<br>(level identified by formal assessments carried out by Speech and Language Therapy)  | Activity<br>(level identified by teaching staff / parent/carer)  | Participation<br>(level identified by teaching staff / parent/carer)  | Wellbeing and emotional regulation<br>(level identified by teaching staff / parent/carer)  |
|-------|--|--|---|--|
| 2     | <b>Child has a few sounds missing in their speech repertoire, and they can be difficult to understand to unfamiliar listeners. Please use Speech and Language Therapy <a href="#">referral form</a> for further guidance as the severity depends on the age and stage of the child.</b>  |  |   |  |
|       | <b>Mild to Moderate speech difficulties:</b> <ul style="list-style-type: none"> <li>Significant range of articulatory difficulties affecting intelligibility</li> </ul> Or <ul style="list-style-type: none"> <li>Many speech sounds substituted due to a range of typical phonological processes used, persisting beyond age expected norms. May involve difficulties with some aspects of phonological awareness and literacy development.</li> <li>May involve one atypical process or non English sound.</li> <li>Intelligibility is affected especially with non familiar listeners</li> <li>The child is stammering</li> </ul> | <b>Some difficulty communicating verbally</b> <ul style="list-style-type: none"> <li>Needs some cues and adult assistance or extra time when conveying information beyond basic needs</li> </ul> | <b>Occasional difficulties in participating</b> in unfamiliar educational and social activities. <ul style="list-style-type: none"> <li>Needs support to achieve potential</li> </ul> | <b>Frequently displays mild</b> Distress/ upset/ concern/ frustration/ anger/ embarrassment/Withdrawal beyond that expect for age <ul style="list-style-type: none"> <li>Occasionally needs external support to assist emotional control more than age related peers.</li> </ul> |

Continued on next page



# 1C Communication and Interaction: Speech and Stammering

## Levelling Grid continued



| Level | Impairment<br>(level identified by formal assessments carried out by Speech and Language Therapy)  | Activity<br>(level identified by teaching staff / parent/carer)  | Participation<br>(level identified by teaching staff / parent/carer)   | Wellbeing and emotional regulation<br>(level identified by teaching staff / parent/carer)  |
|-------|--|--|--|--|
| 3     | <b>Child has a few sounds missing in their speech repertoire, and they can be difficult to understand to unfamiliar listeners. Please use Speech and Language Therapy <a href="#">referral form</a> for further guidance as the severity depends on the age and stage of the child.</b>  |  |  |  |
|       | <b>Severe speech disorder – phonological disorder</b><br>May include any/all of these: <ul style="list-style-type: none"> <li>• Some typical, but also a number of atypical processes</li> <li>• Deviant sound production and non-English sounds</li> <li>• Vowels and consonants affected</li> <li>• Structure of words also affected eg deleted syllables</li> <li>• Some articulatory difficulties</li> <li>• Mild motor speech difficulties</li> <li>• Significant difficulties with intelligibility – usually reliant on familiar listeners, difficult to understand out of context.</li> <li>• Significant phonological awareness difficulties impacting on many aspects of literacy development.</li> <li>• Some impact on language development eg word finding difficulties, difficulty learning new words especially multisyllabic words, grammar and word morphology eg plurals. (see language grid)</li> <li>• The child is stammering</li> </ul> | <b>Frequent difficulty communicating verbally beyond basic needs.</b> Frequently relies on a trained listener or family members for expressing themselves out of context.<br><br><b>Continued on next page</b> | <b>Frequent difficulties participating in social activities in unfamiliar contexts or with unfamiliar people compared to age related peers.</b> Frequent difficulties participating independently in unfamiliar educational activities | <b>Occasionally shows moderate Distress/ upset/ concern/ frustration/ anger/ distress/embarrassment/ withdrawal beyond that expected for age</b> <ul style="list-style-type: none"> <li>• Emotional encouragement and support required in excess of that required by age related peers.</li> </ul> |

Continued on next page



# 1C Communication and Interaction: Speech and Stammering

## Levelling Grid continued



| Level | Impairment<br>(level identified by formal assessments carried out by Speech and Language Therapy)   | Activity<br>(level identified by teaching staff / parent/carer)   | Participation<br>(level identified by teaching staff / parent/carer)   | Wellbeing and emotional regulation<br>(level identified by teaching staff / parent/carer)  |
|-------|---|---|--|--|
| 4     | <b>Please use Speech and Language Therapy <a href="#">referral form</a> for further guidance as the severity depends on age and stage of the child.</b>   |   |  |  |
|       | <p><b>Severe speech disorder – severe phonological disorder and /or moderate child Apraxia of Speech (CAS).</b></p> <p><b>Severe phonological disorder:</b></p> <ul style="list-style-type: none"> <li>• Very restricted repertoire of sounds used in speech e.g. 4-5 sounds. Some of these may be non-English sounds</li> <li>• Many vowels affected, as well as limited consonants</li> <li>• Many atypical processes or no apparent phonological system'</li> <li>• Syllables deleted regularly</li> <li>• Severe phonological awareness difficulties leading to literacy difficulties, And/or</li> </ul> <p><b>Moderate child Apraxia of Speech:</b></p> <ul style="list-style-type: none"> <li>• Significant difficulties with motor speech skills (motor planning, programming and execution)</li> <li>• Limited range of sounds</li> <li>• Likely additional phonological awareness difficulties.</li> <li>• Likely to affect literacy with poor ability to form sounds for phonics, and in ability to produce combinations of sounds in sound blending</li> </ul> | <p><b>Constant difficulty communicating verbally beyond basic needs. Occasional difficulties communicating basic needs.</b></p> <p>Frequently relies on a trained listener or family members for expressing themselves in any context.</p> <p><b>Continued on next page</b></p> | <p><b>Frequent difficulties participating in social activities compared to age related peers, even with familiar people and contexts.</b> Frequent difficulties participating independently in educational activities.</p> | <p><b>Frequently displays moderate levels of distress/ upset/ concern/ frustration/ anger/ distress/embarrassment/ withdrawal beyond that expected for age</b></p> <ul style="list-style-type: none"> <li>• A structured approach to emotional support from others is required in excess of that required by age related peers.</li> </ul> |



# 1C Communication and Interaction: Speech and Stammering

## Levelling Grid continued



| Level | Impairment<br>(level identified by formal assessments carried out by Speech and Language Therapy)   | Activity<br>(level identified by teaching staff / parent/carer) | Participation<br>(level identified by teaching staff / parent/carer) | Wellbeing and emotional regulation<br>(level identified by teaching staff / parent/carer) |
|-------|---|---|--|---|
| 4     | <b>Moderate child Apraxia of Speech (continued):</b> <ul style="list-style-type: none"> <li>Severe difficulties with intelligibility even with familiar listeners in familiar context. Likely to need low tech AAC and visual support e.g. communication book, to express needs, join in conversation, access curriculum.</li> <li>Significant impact on language development – likely to hinder language development resulting in delayed language with shorter sentences, reduced vocabulary, word finding difficulties, impaired grammatical development. (see SSG language grid)</li> </ul> |   |  |   |

Continued on next page

# 1C Communication and Interaction: Speech and Stammering

## Levelling Grid continued



| Level | Impairment<br>(level identified by formal assessments carried out by Speech and Language Therapy)  | Activity<br>(level identified by teaching staff / parent/carer)  | Participation<br>(level identified by teaching staff / parent/carer)             | Wellbeing and emotional regulation<br>(level identified by teaching staff / parent/carer)  |
|-------|--|--|--|--|
| 5     | <b>Please use Speech and Language Therapy <a href="#">referral form</a> for further guidance as the severity depends on age and stage of the child.</b>  |  |  |  |
|       | <b>Profound speech disorder: Profound child Apraxia of Speech (CAS)</b> <ul style="list-style-type: none"> <li>Profound difficulties in the production of speech sounds – severe motor difficulties with motor planning, programming and execution of sounds and sound combinations.</li> <li>Extremely limited range of sounds produced spontaneously, and huge effort required to attempt a wider repertoire</li> <li>Difficulty imitating sounds at single sound level, in sound combinations or in words.</li> <li>Significant impact on prosody (intonation, fluency, volume, rate, stress, pitch)</li> <li>Profound difficulties with intelligibility</li> <li>Hugely reliant on non verbal communication incl signing AAC, visual support, for most/all needs.</li> </ul> <b>Continued on next page</b> | <b>Minimal functional communication</b> limited to expressing basic needs, usually requiring tailored use of AAC. Constant dependence on trained / familiar communication partner. | <b>Profound difficulties participating in educational and social activities.</b> | <b>Frequently displays high levels</b> of distress/ upset/ concern/ frustration/anger/ distress/ embarrassment/ withdrawal beyond that expected for age. <ul style="list-style-type: none"> <li>May be unable to express or control emotions appropriately.</li> <li>A tailored and structured approach to emotional support is required.</li> </ul> |



# 1C Communication and Interaction: Speech and Stammering

## Levelling Grid continued



| Level | Impairment<br>(level identified by formal assessments carried out by Speech and Language Therapy)  | Activity<br>(level identified by teaching staff / parent/carer) | Participation<br>(level identified by teaching staff / parent/carer) | Wellbeing and emotional regulation<br>(level identified by teaching staff / parent/carer) |
|-------|--|---|--|---|
| 5     | <b>Profound speech disorder:<br/>Profound child Apraxia of Speech (CAS) continued</b> <ul style="list-style-type: none"> <li>Huge impact on language: <ul style="list-style-type: none"> <li>Standardised test scores fall below the first centile on expressive language assessment. (see level 5 on language grid)</li> </ul> Receptive language may also be lower than expected. </li> <li>May also affect non speech movements including eating and drinking.</li> </ul> |   |  |   |



# 1C Communication and Interaction: Speech and Stammering

## Ordinarily Available Provision for 1C Speech and Stammering & 1A Speech and Language



| A Setting Support Guide for Childs Presenting with Speech, Language and Fluency Differences |   |
|---|---|
| Universal Support – Learning Environment Strategies   |   |
| Positive and effective relationships  | <ul style="list-style-type: none"> <li>Adult support for learning as required.</li> <li>Awareness that speech and language difficulties may impact confidence.</li> <li>Some support to be available for <a href="#">communication and emotional regulation</a>. E.g. the child's frustration leads to anger, and the child is unable to quickly give an account to the teacher due to unintelligible speech or stammering. More information can be found <a href="#">here</a></li> <li>Children are explicitly taught how to listen and work together in groups</li> <li>Working with parents/carers regarding support at home to reflect practice/support being used in the setting.</li> </ul>   |
| Enabling environments   | <ul style="list-style-type: none"> <li><a href="#">Visual support</a> (signs, symbols, photographs, written word) is consistently used to label the classroom / support routines/ timetable daily activities, so child's know what to expect and when.</li> <li>Noise levels are conducive to learning and unnecessary noise is minimised</li> <li>Consideration is given to seating position in order to maximise child's attention levels</li> <li>Be aware of the possible impact on vocabulary acquisition and word finding difficulties.</li> <li>Seek support from the SALT service to enable staff to deliver speech programmes in the setting</li> <li>In the case of stammering, seek support from the SALT service if the child is struggling and requires additional support to the strategies recommended below.</li> <li>Offer individual programmes of work (based on targets set by speech and language therapy staff for blocks of intervention (generally 6-8 weeks per block on input) with reinforcement in whole class activities to aid transfer of skills. Seek support from the SALT service where required to enable staff to deliver programmes. Individual programmes of work delivered by school staff are not recommended in the case of stammering.</li> </ul> |

Continued on next page





# 1C Communication and Interaction: Speech and Stammering

## Ordinarily Available Provision for 1C Speech and Stammering & 1A Speech and Language continued



|                    |   |
|--------------------|---|
| Access to Learning | <ul style="list-style-type: none"> <li>• Opportunities are built in throughout the day for children to communicate verbally.</li> <li>• <a href="#">Pre learning of vocabulary</a> combined with visuals to support this learning and enable children to engage in group activities. Copies may be sent home.</li> <li>• Increased differentiation of activities and materials by presentation, outcome, timing, scaffolding and additional resources</li> <li>• Differentiated questioning and targeted simplified level/pace/amount of adult talk</li> <li>• Use of visual, auditory and kinaesthetic approaches</li> <li>• Small steps approaches</li> <li>• Environmental considerations are made and strategies are used to meet the needs of all children and support good attention and listening skills e.g. seating position, noise, personal space and baseroom layouts, displays and signage</li> </ul>  |
| Communication      | <ul style="list-style-type: none"> <li>• Consistent use of gestural system of sound representations (e.g. <a href="#">Cued Articulation</a> ) where a gesture is used to represent a phoneme/speech sound, be aware of any sounds the child is struggling with and ensure this is a focus:</li> <li>• Children accesses appropriate <a href="#">wave 2 language intervention</a> e.g. LEAP, VIP</li> <li>• Support the child to develop an increased awareness of phonemic structure e.g. <a href="#">syllable clapping</a>, <a href="#">initial sounds</a>, <a href="#">rhyme</a>, and semantic structure e.g. category, function etc</li> <li>• Lead practitioner is aware of the learning taking place in any intervention groups and this feeds back into their planning e.g. speech and fluency language is supported back in the setting, planned activities show consideration.</li> </ul> <p>Advice from Speech and Language Therapy (if involved) is included in the planning</p>  |
|                    | <ul style="list-style-type: none"> <li>• For speech and stammering, adults adapt their language levels to the level of the child by: <ul style="list-style-type: none"> <li>○ Using simplified grammar and vocabulary</li> <li>○ Breaking down instructions into smaller steps</li> <li>○ Slowing down their rate of language</li> <li>○ Reducing questions</li> <li>○ Making comments relating to what the child is doing</li> </ul> </li> <li>• <a href="#">Consideration of time</a> needed to plan, process and deliver language</li> <li>• <a href="#">Adult modelling of correct speech sounds</a> used in context and with the visual support of the gestural system.</li> <li>• Adults use <a href="#">language strategies</a> to enhance children's expressive language development <ul style="list-style-type: none"> <li>○ Extending child's utterances</li> <li>○ Modifying child's language (repeating back child's utterances with correct grammar/ vocabulary)</li> <li>○ Using sentence starters to encourage verbal expression</li> <li>○ Giving the child time, repeating back and interpreting the child's utterances</li> </ul> </li> <li>• In addition, for children who stammer: <ul style="list-style-type: none"> <li>○ Give time for the child to finish, maintain eye contact and do not interrupt them</li> <li>○ Reduce time pressures where possible so the child feels there is no rush to talk</li> <li>○ Don't complete words for the child or talk for them</li> <li>○ Don't offer advice or correct stammered speech</li> <li>○ Protect turns to talk and do not allow children to interrupt each others' turns.</li> <li>○ Build communication confidence by offering specific praise for their contributions and ideas.</li> <li>○ If the child mentions their stuck words, talk openly with them about it, tell them it's OK to stammer and normalise getting stuck</li> <li>○ Welcome and encourage all contributions</li> <li>○ Use neutral language when talking about stammering with parents at handover e.g. talking has been easy/ difficult. Avoid words such as good/bad, better/ worse.</li> </ul> </li> </ul> |



# 1C Communication and Interaction: Speech and Stammering

## Level 3



|  |  |   |  |
|--|--|---|--|
| <p>The child shows moderate-severe persistent speech difficulties, typically a Severe Speech Disorder. This interrupts learning and access to the curriculum in some situations. The child's needs are met using a combination of approaches, including small group interventions and 1:1 individualised support, in an Early Years setting, following support and advice from other professionals. Severe speech difficulties can effect language skills, learning, social skills, behaviour and emotional wellbeing, therefore the child's needs are met though the SALT service, other agencies (e.g. 0-5 SEND Support Service) parent and schools working together.</p>  |  |   |  |
| <b>Provision:</b> Some targeted and individual interventions over the week   |  | <b>Reviews:</b> 3 per year  | <b>Documents:</b> Support Plan or Extended Support Plan  |
| Bespoke Descriptor Level 3   | Identification and Assessment  | Teaching and Learning Strategies  | Additional advice and support  |
| <p>Child has many sounds missing in their speech repertoire, and they are often difficult to understand to familiar listeners. Please use Speech and Language Therapy <a href="#">referral form</a> for further guidance as the severity depends on the age and stage of the child.</p> <p><b>Severe Speech Disorder – Phonological Disorder</b></p> <p>May involve any/all of the following:</p> <ul style="list-style-type: none"> <li>• Some typical, but also a number of atypical speech processes</li> <li>• Deviant sound production and non-English sounds</li> <li>• Vowels and consonants affected</li> <li>• Structure of words affected e.g. deleted syllables</li> <li>• Some articulatory difficulties</li> <li>• Mild motor speech difficulties</li> </ul> <p><b>Continued on next page</b></p> | <p><a href="#">Speech and Language Therapy Observations, Communication Plans and Reports.</a></p> <ul style="list-style-type: none"> <li>• Observation</li> <li>• Data tracking</li> <li>• Teacher assessments</li> <li>• child Progress meetings</li> <li>• child/Young Person voice</li> <li>• One Page Profile/Learner Profile</li> <li>• Parent/Carer voice</li> </ul> <p>An <a href="#">Extended Support Plan</a> may be in place to draw together information, advice, aspirations and planned outcomes</p> <p><a href="#">Screening/Assessment tools as identified</a></p> <p>Multi agency planning, outside Agency advice and recommendations are followed</p> | <p>Ordinarily Available provision whilst also including:</p> <p><b>Adjustments to Teaching Methods</b></p> <ul style="list-style-type: none"> <li>• Get to know the child and their speech difficulties and employ useful strategies.</li> <li>• Advice from Speech and Language Therapy is included in the planning</li> <li>• Staff will be following a speech programme provided by the SALT service.</li> <li>• Increased adult modelling and consistent use of <a href="#">gestural system of sound representations</a> (e.g. <a href="#">Cued Articulation</a>) where a gesture is used to represent a phoneme/speech sound, especially used for sound differences that the child struggles with.</li> </ul> <p><b>Continued on next page</b></p> | <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><b>Additional advice and support is available from:</b></p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p><a href="#">Speech and Language Therapy</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



# 1C Communication and Interaction: Speech and Stammering

## Level 3 continued



| Bespoke Descriptor<br>Level 3  | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|--|-------------------------------|--|-------------------------------|
| <p><b>Severe Speech Disorder – Phonological Disorder (continued)</b></p> <ul style="list-style-type: none"> <li>Significant difficulties with intelligibility – usually reliant on familiar listeners, difficult to understand out of context.</li> <li>Some impact on language development e.g. word finding difficulties, difficulty learning new words especially multisyllabic words, grammar and morphology e.g. plurals (see language grid)</li> <li>The child is stammering</li> </ul> <p>In addition, one or more of the following also applies:</p> <p><b>Frequent difficulty communicating verbally beyond basic needs.</b><br/>Frequently relies on a trained listener or family members, for expressing themselves out of context.</p> <p><b>Frequent difficulties participating</b> in social activities compared to age related peers, even with familiar contexts or with unfamiliar people. Frequent difficulties participating independently in educational activities. <b>Continued on next page</b></p> |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>Using other visual means to represent speech sounds e.g. Jolly Phonics symbols and objects</li> <li>Additional opportunities for practicing phonological awareness</li> <li>Opportunities to access alternative methods for reading e.g. whole word approaches.</li> <li>Be aware of the possible impact on vocabulary acquisition and word finding difficulties – adjustments may be needed e.g. <a href="#">Repetition and pre teaching</a> when learning new vocabulary for early years curriculum topics, including multisensory learning, increased awareness of phonemic structure e.g. <a href="#">syllable clapping</a>, <a href="#">initial sounds</a>, <a href="#">rhyme</a>, and semantic structure e.g. category, function etc. - see SLT wave 2 training on vocabulary)</li> <li>Consideration of time needed to process language and retrieve words when answering questions etc.</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 3 continued



| Bespoke Descriptor<br>Level 3  | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|--|-------------------------------|---|-------------------------------|
| <p><b>Occasionally shows moderate</b> distress/ upset/ concern/ frustration/ anger/ embarrassment/ withdrawal beyond that expected for age.</p> <p>Emotional encouragement and support required in excess of that required by age related peers.</p> |                               | <ul style="list-style-type: none"> <li>Possible use of <a href="#">Makaton</a> signing and / or symbol and photo-based communication book, to support successful communication when speech is unintelligible.</li> <li>Similarly, the curriculum may need visual support e.g. symbols for vocabulary, to facilitate success in speaking and listening activities.</li> </ul> <p><b>Grouping</b></p> <ul style="list-style-type: none"> <li>Regular (preferably daily) opportunities for individual support for speech difficulties focused on specific targets, with reinforcement in whole class activities to aid transfer of skills</li> <li>Opportunities for child to access paired/social groups, with a skilled adult and/or symbol facilitated support, to increase successful communication in social situations.</li> <li>child accesses groups for additional phonological awareness interventions</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 3 continued



| Bespoke Descriptor Level 3 | Identification and Assessment | Teaching and Learning Strategies   | Additional advice and support |
|----------------------------|-------------------------------|--|-------------------------------|
|                            |                               | <p><b>Grouping (continued)</b></p> <ul style="list-style-type: none"> <li>The teacher/key worker is aware of the learning taking place in the intervention group, and this feeds back into their planning</li> <li>The child accesses small groups and 1:1 support as advised by the Speech and Language Therapy team.</li> <li>Support to be available for communication and emotional regulation: e.g. child's frustration leads to a behaviour incident, and the child is unable to quickly give an account to the teacher due to unintelligible speech.</li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>Offer individual programmes of work, delivered on a regular (preferably daily) basis by a consistent key worker, who will follow the advice and demonstration of a programme of work, delivered by the visiting SLT or SLT assistant.</li> <li>Attend any training or mentoring sessions offered by the SALT service to enable staff to deliver speech programmes or fluency strategies in the setting context</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 3 continued



| Bespoke Descriptor<br>Level 3 | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <p><b>Resources (continued)</b></p> <ul style="list-style-type: none"> <li>• Use of visual, auditory and kinesthetic approaches.</li> <li>• Resources and displays that support independence.</li> <li>• Word mats are available to support vocabulary</li> <li>• Other forms of visual support, e.g. communication books are available to facilitate successful communication when speech is unintelligible.</li> </ul> <p>In the case of stammering:</p> <ul style="list-style-type: none"> <li>• Get to know the child and their speech differences and employ stammer-affirming strategies.</li> <li>• Advice from Speech and Language Therapy is included in the planning</li> <li>• The SALT team will advise on school support and offer training but will not provide a programme as individual support is offered in a clinic setting.</li> <li>• Consideration of time needed to deliver the message.</li> </ul> <p><b>Continued on next page</b></p> |                               |





# 1C Communication and Interaction: Speech and Stammering

## Level 3 continued



| Bespoke Descriptor<br>Level 3 | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <ul style="list-style-type: none"><li>• Support to be available for communication and emotional regulation: e.g. the child's frustration leads to a behaviour incident, and the child is unable to quickly give an account to the teacher due to stammering.</li><li>• Attend any training or mentoring sessions offered by the SALT service to enable staff to provide a stammer-friendly environment in the school context.</li></ul> <p><b>Transitions</b></p> <ul style="list-style-type: none"><li>• Thorough and timely preparations made for transition, both between resources, bases and between settings.</li></ul> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 4



The child shows severe persistent speech difficulties, either a Severe Speech Disorder - Severe Phonological Disorder and/or Moderate child Apraxia of Speech. Speech and Language will guide with this assessment of need. These interrupt learning and access to the early years curriculum in many situations.

The child's needs are met using a combination of approaches, including small group interventions and 1;1 individualised support, following support and advice from other professionals. Severe speech difficulties can affect language skills, learning, social skills, behaviour and emotional wellbeing, therefore the child's needs are met though the SALT service, other agencies (e.g. 0-5 SEND Support Service) and parents/carers and the setting working together.

The child may be working on aspects of an individual, bespoke curriculum and so may have a highly personalised timetable that includes time spent away from the base. The child is able to access the base for some periods, with many opportunities for the child to be included with peers where they are able to experience success and supported by a member of staff.

| Provision: Frequent, specific specialised input  |  | Reviews: 3 per year   | Documents: Extended Support Plan or EHC Plan   |
|--|--|---|--|
| Bespoke Descriptor Level 4   | Identification and Assessment  | Teaching and Learning Strategies  | Additional advice and support  |
| <p>Please use Speech and Language Therapy <a href="#">referral form</a> for further guidance as the severity depends on the age and stage of the child.</p> <p><b>A student may present with:</b></p> <p><b>Severe speech disorder – Severe Phonological Disorder and /or Moderate child Apraxia of Speech (CAS)</b></p> <p><b>Severe Phonological Disorder:</b></p> <ul style="list-style-type: none"> <li>Very restricted repertoire of sounds used in speech e.g. 4-5 sounds.</li> </ul> <p><b>Continued on next page</b></p> | <p>Speech and Language Therapy Assessments, Observations, Communication plans and Reports</p> <ul style="list-style-type: none"> <li>Observation</li> <li>Data tracking</li> <li>Teacher assessments</li> <li>child Progress meetings</li> <li>child/Young Person voice</li> <li>One Page Profile/Learner Profile</li> <li>Parent/Carer voice</li> </ul> <p>An <a href="#">Extended Support Plan</a> / <a href="#">EHCP</a> may be in place to draw together information, advice, aspirations and planned outcomes.</p> <p><b>Continued on next page</b></p> | <p>As level 3 whilst also including:</p> <p><b>Quality First Teaching with a specific consideration for child with speech and language difficulties.</b></p> <p><b>Adjustments to Teaching Methods</b></p> <ul style="list-style-type: none"> <li>The child accesses small groups and 1:1 support as advised by the Speech and Language Therapy team.</li> </ul> <p><b>Continued on next page</b></p> | <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><b>Additional advice and support is available from:</b></p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p>Support from the Severe Speech Specialist team, or Phonology Team, from <a href="#">Speech and Language Therapy</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



# 1C Communication and Interaction: Speech and Stammering

## Level 4 continued



| Bespoke Descriptor<br>Level 4  | Identification and Assessment  | Teaching and Learning<br>Strategies  | Additional advice and support |
|--|--|--|-------------------------------|
| <p><b>Severe Phonological Disorder (continued):</b></p> <ul style="list-style-type: none"> <li>Some of these may be non-English sounds</li> <li>Many vowels affected, as well as limited consonants.</li> <li>Many atypical processes or no apparent 'phonological system'.</li> <li>Syllables deleted regularly.</li> <li>Severe phonological awareness difficulties leading to literacy difficulties.</li> </ul> <p><b>Moderate child Apraxia of Speech</b></p> <ul style="list-style-type: none"> <li>Significant difficulties with motor speech skills (motor planning, programming and execution).</li> <li>Limited range of sounds.</li> <li>Difficulty imitating sounds at single sound level but especially in sound combinations and words.</li> <li>Prosody may be affected (e.g. rate, volume, intonation, stress and pitch)</li> <li>Likely to affect literacy with poor ability to form sounds for phonics, and in ability to produce combinations of sounds in sound blending.</li> </ul> <p><b>Continued on next page</b></p> | <p><a href="#">Assessment tools identified</a> to unpick need and measure impact of support</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>Support to be available for <a href="#">communication and emotional regulation</a>: e.g. child's frustration leads to a behaviour incident, and the child is unable to quickly give an account to the adults due to unintelligible speech</li> <li>Practitioners have an understanding of how speech difficulties can affect language behaviour and emotional needs.</li> <li>Get to know the child and their speech difficulties, their alternative methods of communication, and employ necessary strategies and AAC tools.</li> <li>Offer individual programmes of work, delivered on a regular (daily) basis by a consistent adult, who will follow the advice and demonstration of a programme of work, delivered by the visiting SLT or SLT assistant.</li> <li>Attend any training or mentoring sessions offered by the SALT service to enable staff to deliver speech programmes or fluency strategies.</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 4 continued



| Bespoke Descriptor<br>Level 4   | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|---|-------------------------------|--|-------------------------------|
| <p><b>Moderate child Apraxia of Speech (continued):</b></p> <ul style="list-style-type: none"> <li>• Likely additional phonological awareness difficulties.</li> <li>• Severe difficulties with intelligibility even with familiar listeners in familiar context.</li> <li>• Likely to need low tech AAC and visual support e.g. communication book, to express needs, join in conversation, access curriculum).</li> <li>• Significant impact on language development: likely to hinder language development resulting in delayed language with shorter sentences, reduced vocabulary, word finding difficulties, impaired grammatical development. (see language grid)</li> </ul> <p>In addition, one or more of the following also applies:</p> <p><b>Constant difficulty communicating verbally beyond basic needs.</b> Frequently relies on a trained listener or family members for expressing themselves in any context. <b>Continued on next page</b></p> |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <p>Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> <li>• Advice from Speech and Language Therapy is included in the planning</li> <li>• High emphasis on speech and language development as directed by the SLT team. Staff will be following a programme provided by the SALT service.</li> <li>• Increased use of <a href="#">gestural system of sound representations</a> (e.g. <a href="#">Cued Articulation</a>) where a gesture is used to represent a phoneme/speech sound to ensure this is used for the specific sound differences that the child struggles with.</li> <li>• Using other visual means to represent speech sounds e.g. Jolly Phonics symbols and objects</li> <li>• Additional opportunities for practicing phonological awareness</li> <li>• Opportunities to access alternative methods for reading e.g. whole word approaches.</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 4 continued



| Bespoke Descriptor<br>Level 4  | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|--|-------------------------------|--|-------------------------------|
| <p><b>Frequent difficulties participating</b> in social activities compared to age related peers, even with familiar people and contexts.</p> <p><b>Frequent difficulties participating</b> independently in educational activities.</p> <p><b>Frequently displays moderate levels</b> of distress/ upset/ concern/ frustration/ anger/ distress/embarrassment/ withdrawal beyond that expected for age. May show low self-confidence, poor self-esteem, limited social integration, social isolation</p> <p>A structured approach to emotional support from others is required in excess of that required by age related peers.</p> |                               | <ul style="list-style-type: none"> <li>Be aware of the possible impact on language development (please also see SSG language descriptors)</li> <li>On sentence length and grammar – lack of intelligibility reduces opportunities for adults to model longer and more complex sentences. Child may need to keep sentences shorter to aid the listener's success in understanding them.</li> <li>On grammar and morphology – poor speech affects complex sound combinations (word final blends) needed to mark plurals e.g. <u>cats</u>, and past tense e.g. <u>looked</u></li> <li>On vocabulary acquisition and word finding difficulties – adjustments may be needed e.g. Repetition and <a href="#">pre teaching</a> when learning new vocabulary for curriculum topics, including multisensory learning, increased awareness of phonemic structure e.g. <a href="#">syllable clapping</a>, <a href="#">initial sounds</a>, <a href="#">rhyme</a>, and semantic structure e.g. category, function etc. - see SLT wave 2 training on <a href="#">vocabulary</a>)</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 4 continued



| Bespoke Descriptor<br>Level 4 | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <ul style="list-style-type: none"> <li>• Consideration of time needed to process language and retrieve words when answering questions etc.</li> <li>• Be aware of the impact on literacy development</li> <li>• Possibly poor ability to articulate sounds in phonics</li> <li>• Poor phonological awareness at sound, syllable, and word levels – may affect reading and writing as the child gets older.</li> <li>• Possibly poor motor skills affecting pencil control/ recording</li> <li>• Frequent use of alternative methods of communication e.g. <a href="#">Makaton</a> signing and/or symbol and photo-based communication book, to support successful communication when speech is unintelligible, both in learning and social environments.</li> <li>• Similarly, the curriculum will need visual support e.g. symbols for vocabulary, to facilitate success in speaking and listening activities.</li> </ul> <p><b>Continued on next page</b></p> |                               |





# 1C Communication and Interaction: Speech and Stammering

## Level 4 continued



| Bespoke Descriptor<br>Level 4 | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <ul style="list-style-type: none"> <li>• Awareness of child's risk of social isolation, behaviour difficulties (frustration or withdrawal), and low self-esteem, due to unintelligible speech.</li> <li>• Bespoke curriculum - the curriculum should be significantly modified and place high emphasis on speech and language development, with specialist advice.</li> <li>• Bespoke Early Years curriculum - the early years curriculum should be significantly modified and place high emphasis on speech and language development, with specialist advice.</li> <li>• Additional adults support the child individually,:</li> <li>• work on a highly modified early years curriculum</li> <li>• access regular individual support</li> <li>• encourage independence.</li> <li>• Pre and post tutoring is used to enable the child to engage with learning in the setting, including vocabulary teaching, phonics and phonological awareness. This may require additional visual support.</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1C Communication and Interaction: Speech and Fluency/Dysfluency

## Level 4 continued



| Bespoke Descriptor<br>Level 4 | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <p><b>Grouping</b></p> <ul style="list-style-type: none"> <li>• Regular (daily) individual support for speech difficulties focused on specific targets, with reinforcement in whole class activities to aid transfer of skills. Follow programme and guidance of SLT.</li> <li>• Opportunities for child to access paired/social groups, with a skilled adult and symbol facilitated support e.g. communication books, to increase successful communication in social situations.</li> <li>• Child accesses small group and individual support for additional phonological awareness interventions</li> <li>• Key workers are aware of the learning taking place in any intervention group, and this feeds back into their planning e.g. speech is supported in the setting, literacy objectives and activities show consideration.</li> </ul> <p><b>Continued on next page</b></p> |                               |

# 1C Communication and Interaction: Speech and Stammering

## Level 4 continued



| Bespoke Descriptor<br>Level 4 | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Grouping (continued)</b></p> <ul style="list-style-type: none"> <li>• Intensive individual support in the classroom, to support speaking and listening activities, and literacy based tasks</li> <li>• Planned time for small groups and individuals working with some light touch support, to promote and support independent learning.</li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Access to appropriate resources and guidance and support to develop specific interventions</li> <li>• Staffing and time needed to prepare resources incl visual support to enhance and support learning.</li> <li>• Alternative forms of recording routinely used</li> <li>• Use of visual, auditory and kinesthetic approaches</li> <li>• Resources and displays that support independence</li> <li>• Word mats available to support vocabulary and spelling</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 4 continued



| Bespoke Descriptor<br>Level 4 | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <p><b>Resources (continued)</b></p> <ul style="list-style-type: none"><li>• Other forms of visual support, e.g. communication books, are available, accessible and used regularly in the curriculum to facilitate successful communication and learning when speech is unintelligible.</li><li>• Advice from Speech and Language Therapy is included in the planning.</li></ul> <p><b>Transitions</b></p> <ul style="list-style-type: none"><li>• Thorough and timely preparations made for transition, both between year groups and between settings</li></ul> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 5



The child has a profound speech disorder, typically Profound child Apraxia of Speech (CAS) which means they have very limited attempts at articulation of words, and therefore also have profound expressive language difficulties. Speech and Language will guide with this assessment of need. Both their speech and language difficulties severely affect access to the Early Years curriculum.

The child's needs are met by working on an individual, bespoke Early Years curriculum and so has a highly personalised timetable that includes time spent away from the base. The child is able to access the base for limited periods where they are able to experience success supported by a member of staff. Planned opportunities are provided for the child to be included with peers where the child is able to experience success.

| Provision: Daily, specific specialised input at all times across all aspects of the curriculum  |  | Reviews: 3 per year  | Documents: Usually have an EHC Plan  |
|---|--|--|--|
| Bespoke Descriptor Level 5  | Identification and Assessment  | Teaching and Learning Strategies   | Additional advice and support  |
| <p><b>A student may present with:</b></p> <p><b>Profound speech disorder, typically Profound child Apraxia of Speech (CAS) which may involve:</b></p> <ul style="list-style-type: none"> <li>Profound difficulties in the production of speech sounds – severe motor difficulties with motor planning, programming and execution of sounds and sound combinations.</li> <li>Extremely limited range of sounds produced spontaneously, and huge effort required to attempt a wider repertoire</li> <li>Difficulty imitating sounds at single sound level, in sound combinations or in words.</li> <li>Significant impact on prosody (intonation, fluency, volume, rate, stress, pitch)</li> </ul> <p><b>Continued on next page</b></p> | <p>Speech and Language Therapy Assessments, Observations, Communication plans and Reports</p> <ul style="list-style-type: none"> <li>Observation</li> <li>Data tracking</li> <li>Teacher assessments</li> <li>child Progress meetings</li> <li>Child voice</li> <li>One Page Profile/Learner Profile</li> <li>Parent/Carer voice</li> </ul> <p>An <a href="#">EHCP</a> is likely to be in place to draw together information, advice, aspirations and planned outcomes.</p> <p><a href="#">Assessment tools identified</a>, where and when they can be used to help unpick need and measure impact of support</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> | <p><b>There is agreement between professionals (0-5 SEND Team, Educational Psychology Service, Locality SENCO, Local Authority SEND Manager etc.) that the child's needs and provision in place constitute a Level 5.</b></p> <p>Staff should have considered and implemented effective and appropriate strategies from previous levels, especially level 4. In addition, the following will be in place:</p> <p><b>Adjustments to Teaching Methods</b><br/>Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> <li>Advice from Speech and Language Therapy is included in the planning</li> </ul> <p><b>Continued on next page</b></p> | <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><b>Additional advice and support is available from:</b></p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p>Support from the Severe Speech Specialist team, or Phonology Team, from <a href="#">Speech and Language Therapy</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



# 1C Communication and Interaction: Speech and Stammering

## Level 5 continued



| Bespoke Descriptor<br>Level 5   | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|---|-------------------------------|---|-------------------------------|
| <ul style="list-style-type: none"> <li>• Profound difficulties with intelligibility.</li> <li>• Hugely reliant on non-verbal alternative communication including signing, high-tech AAC equipment, visual support, for most/all needs.</li> <li>• Huge impact on language.</li> <li>• Standardised test scores fall below the first centile on expressive language assessment. (<a href="#">see level 5 on SSG language grid</a>). Receptive language skills may also be lower than expected.</li> <li>• May also affect non speech oral movements including eating and drinking.</li> <li>• Please use Speech and Language <a href="#">referral form</a> for further guidance</li> </ul> <p>In addition, one or more of the following also applies:</p> <p><b>Minimal functional communication</b> limited to expressing basic needs, usually requiring tailored use of AAC. Constant dependence on trained / familiar communication partner.</p> <p><b>Continued on next page</b></p> |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>• An alternative early years curriculum is appropriate (due to difficulties with speech, language and possibly communication, social skills, motor or sensory needs) delivered in an adapted educational setting as recommended by appropriate specialist services.</li> <li>• High emphasis on speech, language and communication development as directed by the SLT team. Staff will be following a programme provided by the SALT service.</li> <li>• Adapted or bespoke early years curriculum</li> <li>• Emphasis on speech, language and functional communication skills being the focus of an adapted curriculum and integrated into all learning and social opportunities.</li> <li>• Teaching approaches that place a high emphasis on supported learning, are very finely graded and provide opportunities for frequent repetition and reinforcement</li> </ul> <p><b>Continued on next page</b></p> |                               |





# 1C Communication and Interaction: Speech and Stammering

## Level 5 continued



| Bespoke Descriptor<br>Level 5  | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|--|-------------------------------|--|-------------------------------|
| <p><b>Profound difficulties participating in educational and social activities compared to age related peers.</b></p> <p><b>Frequently displays high levels of distress/ upset/ concern/ frustration/anger/ distress/ embarrassment/ withdrawal beyond that expect for age. May be unable to express or control emotions appropriately.</b></p> <ul style="list-style-type: none"> <li>A tailored and structured approach to emotional support is required.</li> </ul> |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>Additional adults support the child individually, under the direction of the teacher to: <ul style="list-style-type: none"> <li>work on modified curriculum tasks</li> <li>access regular individual support</li> <li>encourage independence</li> </ul> </li> <li>Learning may need to be delivered at a simple level and slower pace, with frequent repetition and over learning, with extended time to allow for child's attempts at spoken language.</li> <li>All verbal communication used by staff, to be supported visually using <a href="#">gestures, signs</a>, modelling, objects, photos and/or symbols.</li> <li>Extensive use of multisensory support to access learning e.g. <a href="#">objects of reference</a>, tactile cues, auditory cues, olfactory cues and visual cues</li> <li>Early years Curriculum delivered through structured practical experiential learning opportunities</li> <li>Access to appropriate resources and specific interventions</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 5 continued



| Bespoke Descriptor<br>Level 5 | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>• Availability of different approaches to learning to read without spoken voice, e.g. word recognition.</li> <li>• Availability of alternative methods of recording written learning e.g. symbols, videos, photos</li> <li>• The child is encouraged to use a Total Communication approach which values any effective means of communication e.g. gesture, facial expression, body language, eye pointing, pointing, signs, objects, photos, symbols etc.</li> <li>• Access to alternative communication systems to support expressive communication (low or high tech). This may include object-based systems, photos, symbols and <a href="#">communication books</a>. It may also include alternative methods to participate in education or social tasks i.e. switches, eye gaze, iPad, electronic voice devices etc.</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 5 continued



| Bespoke Descriptor<br>Level 5 | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>• Opportunities to learn to use and build confidence in using alternative communication devices in functional and social situations.</li> <li>• Provision to meet additional sensory and/or motor needs as appropriate.</li> <li>• Where appropriate, provide opportunities for child to develop independent living skills through access to targeted interventions.</li> <li>• Support available throughout the day.</li> <li>• Daily access to staff who are skilled in supporting emotional regulation through the use of visual support, AAC, and SEMH resources.</li> <li>• Monitor the progress of the child using highly structured methods.</li> </ul> <p><b>Grouping:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">See level 4</a></li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 5 continued



| Bespoke Descriptor<br>Level 5 | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <p><b>Grouping (continued)</b></p> <ul style="list-style-type: none"> <li>• Intensive daily individual support for speech difficulties focused on specific targets, with reinforcement in whole class activities to aid transfer of skills. Follow programme and guidance of SLT.</li> <li>• Planned time for intensive adult support for implementing use of alternative communication e.g. symbols, communication book or use of AAC. Follow the guidance of SLT.</li> <li>• Paired and small group opportunities with peers, to develop child's confidence in using alternative communication and/or attempts at spoken communication. Guidance from SLT.</li> <li>• Planned opportunities for some light touch adult support to increase independent learning skills.</li> <li>• Access to regular support to develop social skills and support emotional regulation.</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 5 continued



| Bespoke Descriptor<br>Level 5 | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <p><b>Grouping (continued)</b></p> <ul style="list-style-type: none"> <li>Additional adults support the child individually under the direction of the teacher to: <ul style="list-style-type: none"> <li>Work on modified early years curriculum tasks (additional time needed to prepare resources including visual support to enhance access to learning)</li> <li>Embed speech and language learning and communication into functional and early years curriculum activities</li> <li>Encourage independence where appropriate</li> </ul> </li> <li>Access for teaching staff to appropriate resources, training, guidance and support from specialist staff, to carry out specific interventions.</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 1C Communication and Interaction: Speech and Stammering

## Level 5 continued



| Bespoke Descriptor<br>Level 5 | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <p><b>Resources</b></p> <ul style="list-style-type: none"><li>• A monitoring system should be in place to assess the child's needs, plan and identify outcomes, implement support and monitor and evaluate progress,</li><li>• Identify any specific training needs for staff</li></ul> <p><b>Transitions</b></p> <ul style="list-style-type: none"><li>• thorough and timely preparations made for transition, both between year groups and between settings</li></ul> |                               |





# 1C Communication and Interaction: Speech and Stammering Training and Support



| Training  |
|---|
| <ul style="list-style-type: none"><li>• <a href="#">Cued articulation training</a></li><li>• <a href="#">SLT Wave 2 packages</a> {especially vocabulary and word finding difficulties.}</li><li>• Fusion run <a href="#">Makaton Training</a> periodically through the year</li></ul> |
| Support   |
| <ul style="list-style-type: none"><li>• <a href="#">Disability Living Allowance (DLA)</a></li><li>• <a href="#">Disability Access Funding / Early Years Inclusion Funding</a> may be appropriate to support and enhance the provision in place</li></ul>                              |



# 1 Communication and Interaction

## PfA Outcomes and Provision



|                                    | PfA Outcomes   |  |   |  |
|------------------------------------|--|--|---|--|
|                                    | Employability/Education  | Independence   | Community Participation   | Health   |
| <b>Early Years<br/>(0-4 Years)</b> | <p>Child will be able to follow direction within routines and comply with simple instructions.</p> <p>Child will show increased listening skills, attention and task focus</p> <p>Child will have the communication and interaction skills to facilitate joint play with peers.</p> <p>Child will have the language and communication skills to support real world/role play (doctor, nurse, builder, firefighter, policeman).</p>                       | <p>Child will have the communication and interaction skills required to request objects or help as required.</p> <p>Child will have the language and communication skills necessary to support their understanding and ability to make choices between options offered (indoor/outdoor play, snack time, meal time, activities to access within free play etc.).</p> | <p>Child will have the communication and interaction skills required to support the development of shared interaction, friendships and play with peers.</p> | <p>Child will be able to alert an adult at times when they are hurt or feeling unwell.</p> <p>Child will have the communication skills required skills to convey basic feelings to others to facilitate emotional well being</p> |
|                                    | <p>Child will have reached expected outcomes in relation to EFYS ELG (40-60 months) upon transition from Early Years to Reception, with reference to Prime Areas of Learning for Communication and Interaction: Listening and Attention, Understanding and Speaking<br/> <a href="http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc">http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc</a></p> |  |   |  |
| <b>Provision</b>                   | <p>Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Ranges Guidance: Communication and Interaction.</p>  |  |   |  |



## 2 Cognition and Learning

### Memory and Retention Ordinarily Available / Universal Support



| Ordinarily available provision and teaching approaches for all learners |  |  |
|---|--|--|
| Positive and Effective Communication and Relationships                  | <ul style="list-style-type: none"> <li>All staff have a good understanding of the impact that <a href="#">working memory</a> and <a href="#">executive functioning</a> skills have on the child's ability to learn. Staff should be mindful that children will find it difficult to understand links and relationships between information.</li> <li>Give instructions simply and clearly and make sure the student is looking at you first. Break instructions down into small chunks.</li> <li>Allow 1-2 minutes 'take up time' when giving instructions – this will allow the student to process fully what is required of them.</li> </ul> | <ul style="list-style-type: none"> <li>Provide repetitions – exact repetitions and rephrasing.</li> <li>Encourage active listening – agree a way for the child to ask for help or clarification.</li> <li>Try to use strategies such as <a href="#">objects of reference</a> or <a href="#">visual timetables</a> to support the child if they forget routines.</li> </ul> |
| Enabling Environment  | <ul style="list-style-type: none"> <li>Key vocab is displayed with appropriate visuals.</li> </ul>   | <ul style="list-style-type: none"> <li>The environment is clear and uncluttered with resources well labelled and accessible.</li> </ul>  |
| Access to Learning  | <ul style="list-style-type: none"> <li>All tasks should be adapted to enable the child to access the provision</li> <li>Plan to ensure that links to prior learning are made.</li> <li>Plan, teach and model techniques to aid memory.</li> <li>Teach the child strategies to support learning – e.g. asking for help and rehearsal</li> </ul>   | <ul style="list-style-type: none"> <li>Key learning points are reviewed at appropriate times</li> <li>Break tasks down into mini steps for the child.</li> <li>Mastery approaches for learning and key/life skills may be helpful – a child must have mastered key concepts before moving on to the next topic.</li> </ul>   |

Continued on next page



## 2 Cognition and Learning

### Attention and Listening Ordinarily Available / Universal Support



| Ordinarily available provision and teaching approaches for all learners |  |  |
|---|--|--|
| Positive and Effective Communication and Relationships                  | <ul style="list-style-type: none"> <li>Focus attention before giving instructions/information - use visual cues to guide child's attention.</li> <li>Check that information has been understood; observe child's responses and actions, show the child what to do rather than repeating with lots of language.</li> <li>Acknowledge and positively reinforce appropriate listening and attention.</li> <li>Simplify language, use the same language to 'cue' the child in.</li> <li>Use child's names to gain attention and give feedback.</li> <li>Use non-verbal and verbal cue to support understanding.</li> </ul> | <ul style="list-style-type: none"> <li>Lots of positive feedback and appropriate praise (or reference to a positive engagement/reward system) for good listening.</li> <li>Modelling good attention and listening skills through interaction and shared dialogue,</li> <li>Be aware if a child has hearing loss and plan seating and acoustics.</li> <li>Reminders of the appropriate level of noise for the task/setting.</li> <li>Encourage child to give positive feedback to others in their group</li> <li>Use levels of language appropriate to the individual child.</li> </ul> |
| Enabling Environment  | <ul style="list-style-type: none"> <li>Minimise distractions in the setting– verbal and visual.</li> <li>Check in that children have understood – use a 'traffic light' or thumbs up/down system.</li> <li>Use visual supports to reinforce language.</li> <li>Have an ongoing awareness of the sensory environment.</li> </ul>  | <ul style="list-style-type: none"> <li>Make the 'environment work for the child' so they can see where and what is happening in different areas.</li> <li>Ensure the child has access to a low distraction area within the setting.</li> <li>Provide timers to give a visual cue of how long a task will last.</li> <li>Use additional visual systems as needed.</li> </ul>  |
| Access to Learning  | <ul style="list-style-type: none"> <li>Ensure all staff have updated one page profiles</li> <li>Break tasks into manageable chunks.</li> <li>Use 'task plans': a visual representation or list of verbal instructions to promote independent working.</li> <li>Develop sequencing skills, teach the language of sequencing. - first, next, finally etc. Have visuals to remind and reinforce.</li> <li>Explain to listening partners what the task is.</li> </ul>  | <ul style="list-style-type: none"> <li>Rating system for the child to indicate if they have heard and understand the task – (thumbs up/green laminated card).</li> <li>Use talking partners/paired and group work.</li> <li>Move closer to the child as needed to support them in re-focusing to learning/tasks.</li> <li>Lots of positive feedback and appropriate praise (or reference to a positive engagement/ reward system) for good listening. Focusing upon effort not attainment.</li> </ul>  |

Continued on next page

## 2 Cognition and Learning

### Literacy Difficulties Ordinarily Available / Universal Support



| Ordinarily available provision and teaching approaches for all learners |  |   |
|---|--|---|
| Positive and Effective Communication and Relationships                  | <ul style="list-style-type: none"> <li>Keep instructions to one or two parts only. Chunk sequences of instructions – i.e., deliver one at a time vocally.</li> <li>Allow 1-2 minutes 'take up time' when giving instructions – this will allow the student to process fully what is required of them.</li> <li>Allow time for the child to formulate a response and provide a choice of alternative answers if the child is struggling to respond.</li> <li>Repeat information/instructions if necessary and check understanding, e.g., Can the child tell you/show you what they have to do?</li> </ul>   | <ul style="list-style-type: none"> <li>Explain idioms and metaphors – don't assume children know what they mean (e.g. over the moon).</li> <li>Respond supportively when a student forgets routines.</li> <li>Avoid sudden changes in routine without informing them beforehand.</li> <li>Celebrate effort for attempting tasks as well as celebrating achievement.</li> </ul>  |
| Enabling Environment  | <ul style="list-style-type: none"> <li>Provide individualised resources to support learning, e.g. a bank of commonly-used words/symbols related to specific topics and signposting them to the other resources they could use. Key vocabulary is displayed with appropriate visuals.</li> <li>The provision is tidy and well labelled with words and visuals to aid independence.</li> <li>Avoid moving around too much or standing in a place with visual distractions when giving spoken instruction/information.</li> <li>If you frequently use your smartboard/whiteboard to present, remove visual distractions from around it such as shelving, posters, storage units etc.</li> </ul> | <ul style="list-style-type: none"> <li>Use a pastel-coloured paper and background on your smartboard and blue, green and red pens (rather than black) on your whiteboard to reduce stark contrasts and aid visual processing.</li> <li>Make sure all texts are uncluttered, have a simple and a rounded font, use double line spacing and contain visuals clues that support the overall meaning.</li> <li>Use classroom displays to help with writing – display banks of sentence openers, connecting words, punctuation symbols etc.</li> </ul> |
| Access to Learning  | <ul style="list-style-type: none"> <li>Do not expect child to write and listen at the same time.</li> <li></li> </ul>  | <ul style="list-style-type: none"> <li>Consider the range and level of questions which can be accessed by particular children and adjust accordingly.</li> </ul>  |

Continued on next page



## 2 Cognition and Learning

### Mathematical Difficulties Ordinarily Available / Universal Support



| Ordinarily available provision and teaching approaches for all learners |  |  |
|---|--|--|
| Positive and Effective Communication and Relationships                  | <ul style="list-style-type: none"> <li>Use specific praise when possible (e.g., you did well to remember what that symbol means!' rather than vague praise (e.g., well done).</li> <li>Use language that supports a 'growth mindset'. For instance, 'By half-term you will be able to count to ten!'.</li> </ul>   | <ul style="list-style-type: none"> <li>Use consistent maths terminology. Use transparent language which explains what you are talking about e.g., 'three groups of four' rather than 'three times four'. Encourage children to ask questions.</li> <li>Avoid sudden changes in routine without informing them beforehand. Give an overview of the lesson at the beginning, middle and end</li> </ul>   |
| Enabling Environment  | <ul style="list-style-type: none"> <li>Always use practical resources which clearly demonstrate the relative value of number, e.g. Numicon, Dienes, Cuisenaire rods.</li> <li>Table-top resources such as 100 square, number lines, times tables. Make sure these are easily accessible.</li> </ul>  | <ul style="list-style-type: none"> <li>Visuals around class for maths language such as operators.</li> <li>Use of games and IT to add variety to overlearning.</li> <li>Maths vocabulary mats.</li> <li>Allow brain breaks where needed</li> </ul>   |
| Access to Learning  | <ul style="list-style-type: none"> <li>The setting is accountable for the progress of the CYP within the provision. They should know, through formative assessment and Assessment for Learning, what each child can and cannot do.</li> <li>Make clear links to previous learning.</li> <li>Active learning is more effective than listening.</li> <li>Small steps teaching based on early concepts with these being built upon through overlearning.</li> <li>Ensure basic concepts are secure before moving on.</li> <li>Overlearn and revisit simple maths concepts.</li> <li>Teach children to think about their own learning more explicitly, often by teaching them specific strategies for planning, monitoring, and evaluating their learning.</li> <li>Routine feedback.</li> <li>Allow the child to evaluate their own learning and understanding. Encourage children to ask questions.</li> <li>Allow for individual thinking time and partner discussion.</li> </ul> | <ul style="list-style-type: none"> <li>Start from what the child already knows (appropriate assessments undertaken to determine).</li> <li>Move slowly from concrete to abstract (model using resources to support thinking and reasoning). As you introduce more abstract tasks, make links to concrete resources demonstrating how you would use resources to solve the problem.</li> <li>Differentiated questioning and targeted simplified level/pace.</li> <li>Break tasks into chunks. Use task boards and task plans.</li> <li>Regular checking by the key worker to ensure understanding of concepts.</li> <li>Relate number concepts to everyday life and specific areas of interest.</li> <li>Limit demands on memory (encourage the child to work out what they need to know, using what they already know). Focus on reasoning rather than remembering.</li> <li>Use mnemonics, humour, drama and mechanisms to help make a memory that will stick.</li> </ul> |





## 2 Cognition and Learning

### Level 3



|   |   |  |  |
|---|---|--|--|
| <p>The child shows significant difficulties with access to the whole curriculum taking into account the age and developmental level of the child. The child is noticeably below age-related expectations with regards to developmental milestones in play and their lack of progress means that the gap between themselves and peers is growing. The child's needs are met through a combination of approaches following advice from other professionals as appropriate, including small group interventions and 1:1 individualised support in and out of the classroom.</p>  |   |  |  |
| <b>Provision:</b> Some targeted and individual interventions over the week  |   | <b>Reviews:</b> 3 per year   | <b>Documents:</b> Support Plan or Extended Support Plan  |
| Bespoke Descriptor Level 3  | Identification and Assessment   | Teaching and Learning Strategies   | Additional advice and support  |
| <ul style="list-style-type: none"> <li>The child's individual progress on developmental checklists (from health/learning services) may indicate general learning difficulties: The child may have a diagnosis or be under assessment e.g. for general learning difficulties, global delay.</li> <li>Staff may have concerns that pre-natal factors may be contributing to difficulties that the child has acquiring knowledge</li> <li>Difficulties with the acquisition and/or use of early language, literacy and numeracy despite QFT and relevant, focused small group interventions.</li> <li>Working well below others – e.g. unable to demonstrate basic understanding of simple concepts and routines without prompts</li> </ul> <p><b>Continued on next page</b></p> | <ul style="list-style-type: none"> <li>Observation</li> <li>Data tracking</li> <li>Teacher assessments</li> <li>child Progress meetings</li> <li>child/Young Person voice</li> <li>One Page Profile/Learner Profile</li> <li>Parent/Carer voice</li> </ul> <p>An <a href="#">Extended Support Plan</a> may be in place to draw together information, advice, aspirations and planned outcomes</p> <p><a href="#">Screening tools and / or assessment tools as identified</a></p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> | <p>Ordinarily Available provision whilst also including:</p> <p><b>Adjustments to Teaching Methods</b><br/>Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> <li>Individual support working on progressive personalised targets as informed through in depth learning assessments and observations, building and developing key skills. This needs to be monitored and recorded on assessment tools that signal the next appropriate steps e.g. Locke and Beech, B Squared or the ESCAL tracker or other non-statutory assessment tools may be used to inform practice and intervention.</li> <li>Explicit links made between interventions and group provision. The setting has a system in place for this.</li> </ul> <p><b>Continued on next page</b></p> | <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p><a href="#">Speech and Language Therapy</a></p> <p>Health Services if involved.</p> <p>Consultation with Health Visitor regarding any previously recorded/current concerns</p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



## 2 Cognition and Learning

### Level 3 continued



| Bespoke Descriptor<br>Level 3  | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|--|-------------------------------|---|-------------------------------|
| <ul style="list-style-type: none"> <li>• May have a lack of focus and attention during group input due to comprehension and language difficulties. Struggles to focus on the person speaking and needs adult support to engage with the activity.</li> <li>• Memory difficulties make engaging with routine activities challenging.</li> <li>• May also find remembering familiar people difficult and therefore making and building on relationships is difficult</li> <li>• Regular avoidance of adult-led, focussed activities, despite support to engage. Prefers self-initiated play and may dislike demand and/or instruction from others.</li> <li>• May find it difficult to follow lengthy (more than 2 or 3-step) instructions and routines</li> <li>• Support may be needed to organise resources and / or new activities</li> <li>• Difficulties with adaptive behaviour and social skills that requires support e.g. can seem immature when compared to peers.</li> </ul> |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>• Targets worked on daily, both in provision where possible and in a range of group sizes depending on the child.</li> <li>• Specific planning and modifications made to allow the child to access whole group session. During continuous provision, amendments to resources may be necessary and could involve 1:1 work or small group work at times. This includes the modification of language used in explanations and questioning.</li> <li>• Visual cues to support auditory information at all stages of delivery.</li> <li>• Assistive technology may be utilised.</li> <li>• The child's interests are taken into consideration when planning and staff use this as an access tool to motivate and engage them</li> <li>• Due regard will need to be made regarding social skills / gross motor skills etc.</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 2 Cognition and Learning

### Level 3 continued



| Bespoke Descriptor<br>Level 3 | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Grouping</b></p> <ul style="list-style-type: none"> <li>The child will access a variety of support over the week this may include whole group teaching, small group support and daily individualised support working on personalised targets matched to their learning profile to enable them to access the curriculum, e.g. working on individual outcomes that are repeated and reinforced.</li> <li>The child accesses designated learning time, either in small groups or 1:1, with the key worker and other members of staff. Additional adults work under the direction of the teacher. This may include small listening and attention groups or early phonics groups as well as registration groups and key worker groups.</li> <li>Clear entry and exit criteria for intervention, with evidence of progress shared with the CYP (where appropriate) and family.</li> <li>Pre / post learning opportunities are consistently planned and utilised.</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 2 Cognition and Learning

### Level 3 continued



| Bespoke Descriptor<br>Level 3 | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• Wide variety of resources appropriate to the child/learning intentions depending on the task this may include visuals, practical equipment, memory aids that will support access to the learning with as much independence as possible.</li> <li>• TEACCH (or similar approach) system in place with tasks that allow consolidation of key skills to be completed independently.</li> <li>• Interest areas are planned to support the learning of ALL children but certain resources are planned JUST for this child if necessary (possibly around their individual interests).</li> <li>• Specialist equipment specific to the child's learning need e.g. physical apparatus (toilet support, smaller/taller chairs to support sitting, fidget toys etc)</li> <li>• In FS2 this may include access to coloured paper, sloped writing board, wider lines, chunkier pencils/writing implements etc.</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 2 Cognition and Learning

### Level 3 continued



| Bespoke Descriptor<br>Level 3 | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Resources (continued)</b></p> <ul style="list-style-type: none"> <li>• The Child's voice is communicated to all supporting so that everyone is aware of what works and what doesn't from the Child's perspective.</li> <li>• Personalised timetable e.g. use of Now &amp; Then, reward focused activities where appropriate etc. Use of photographs of different areas within the setting, supports the child's understanding.</li> <li>• Relate language to kinaesthetic learning opportunities</li> </ul> <p><b>Specific training</b> needs for staff are identified and sourced. Staff may be supported through working alongside specialists, either Outside Agency or from within school (though an appropriately qualified and highly skilled specialist).</p> |                               |



## 2 Cognition and Learning

### Level 4



|   |  |  |   |
|---|--|--|---|
| <p>The child shows severe and persistent difficulties acquiring and retaining skills across all areas of learning, e.g. communication and social skills, understanding of basic concepts, labelling skills, engagement outside of educational setting. The child will be working significantly below age-related expectations. The child works on an individual and bespoke curriculum within the setting and therefore has a highly monitored and assisted routine in order to access planned and appropriate provision. The child can access some short bursts of focused group learning with high levels of scaffolding, or significant adult direction, to ensure that they can experience success alongside peers. Adjustments to normal daily routines and expectations are made in order to take into account the impact of the child's acute Special Educational Needs on their ability to engage in provision.</p> |  |  |   |
| <b>Provision:</b> Frequent, specific specialised input  |  | <b>Reviews:</b> 3 per year   | <b>Documents:</b> Extended Support Plan or EHC Plan   |
| Bespoke Descriptor Level 4  | Identification and Assessment  | Teaching and Learning Strategies   | Additional advice and support   |
| <p><b>For a general learning difficulty: Severe difficulties that affect all areas of the curriculum and adaptive functioning skills.</b></p> <ul style="list-style-type: none"> <li>Persistent and pervasive difficulties with the acquisition and retention of use of early language, literacy and numeracy despite QFT and relevant, focused small group and 1:1 intervention.</li> <li>Will present with very short attention span and may present as having memory difficulties which impact their ability to access daily routines/learning and/or play</li> <li>Avoidance behaviours may be seen. Typically has own agenda and needs significant support to 'join in' or access planned provision</li> </ul> <p><b>Continued on next page</b></p>  | <ul style="list-style-type: none"> <li>Observation</li> <li>Data tracking</li> <li>Teacher assessments</li> <li>child Progress meetings</li> <li>child/Young Person voice</li> <li>One Page Profile/Learner Profile</li> <li>Parent/Carer voice</li> </ul> <p>An <a href="#">Extended Support Plan</a> / <a href="#">EHCP</a> may be in place to draw together information, advice, aspirations and planned outcomes</p> <p><a href="#">Assessment tools identified</a> to unpick need and measure impact of support</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> <p><b>Continued on next page</b></p> | <p>As Level 3 whilst also including:</p> <p><b>Adjustments to Teaching Methods</b><br/>Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> <li>Most of the day is taken up practising routines and acquisition of skills that support being in an early years setting</li> <li>Learning/skills opportunities are frequent, repeated and reviewed</li> <li>Additional adults support the child individually, under the direction of the teacher and other key staff to: - work on a highly modified early years curriculum E.g. child takes part in individually tailored activities during carpet time or accesses sensory/ shorter activities - access a significant amount of individual support throughout their time in provision</li> </ul> <p><b>Continued on next page</b></p> | <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><b>Additional advice and support is available from:</b></p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p><a href="#">Speech and Language Therapy</a></p> <p>Health Services if involved.</p> <p>Consultation with Health Visitor regarding any previously recorded/current concerns</p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |





## 2 Cognition and Learning

### Level 4 continued



| Bespoke Descriptor<br>Level 4   | Identification and Assessment   | Teaching and Learning<br>Strategies  | Additional advice and support |
|---|---|--|-------------------------------|
| <ul style="list-style-type: none"> <li>Due to communication needs, child finds instructions exceptionally difficult to follow and will need lots of adult support to complete simple activities/routines</li> <li>A high level of support needed to access provision effectively. Play lacks focus and child may 'flit' from activity to activity or alternatively may get 'stuck' in one area</li> <li>Likely to need constant on-going level of support for learning as well as personal / social / emotional well-being and / or self-help and safety (including toileting/self-care routines)</li> <li>Prefers to engage in sensory led play</li> <li>Difficulties with adaptive behaviour and social skills within provision. Most probably needs support to access shared resources and/or communicate a wish to play with something someone already has</li> </ul> | <p>Positive Handling Plan or similar personal plan and risk assessment agreed with parents / carers may be in place</p> <p>Sensory checklist and/or assessment</p> <p>SALT Communication Plan (if known to SALT)</p> <p>Foundation Stage 2 learners may benefit from assessment against the Engagement Model ready for transition to Year 1</p> | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>Encourage independence particularly with self care tasks e.g. taking own coat off, hanging coat up, putting drink away, accessing toileting areas appropriately - Continually working on communication skills e.g. vocabulary, following simple instructions and monitoring understanding levels.</li> <li>Tasks will be short in duration and may be reward led</li> <li>Visual cues to support auditory information at all stages of delivery.</li> <li>The curriculum places an emphasis on identified holistic outcomes e.g. life skills, opportunity for the Child to engage in community activity as appropriate and to encourage independence</li> <li>Activities are adapted to reduce the impact of processing difficulties e.g. working memory, processing speed etc.</li> </ul> <p><b>Continued on next page</b></p> |                               |



# 2 Cognition and Learning

## Level 4 continued



| Bespoke Descriptor<br>Level 4 | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>• Tasks will provide opportunities for the child to experience success and build on targeted next steps and knowledge.</li> <li>• Adults use the developmental level of language appropriate to the child when communicating.</li> <li>• Assistive technology may be in place.</li> <li>• The child’s interests are taken into consideration when planning.</li> <li>• The child may have their own reward system to keep a visual track of success as well as a personal ‘now and next’ system</li> </ul> <p><b>Grouping</b></p> <ul style="list-style-type: none"> <li>• Working on an individual, bespoke curriculum and so has a highly personalised timetable that includes time spent away from the whole group as advised by appropriate involved professionals and informed by the voice of the child and family.</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 2 Cognition and Learning

### Level 4 continued



| Bespoke Descriptor<br>Level 4 | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Grouping (continued)</b></p> <ul style="list-style-type: none"> <li>The child is able to access the free-flow play provision for limited periods by themselves (as individually appropriate) where they are able to experience success with a 'light touch' supported by a familiar member of staff.</li> <li>Planned opportunities are provided for the child to be included with peers where the child is able to experience success.</li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>Effective use of personalised resources based on the child's interests to engage them to learn in provision or to access group work</li> <li>Effective use of individual visual timetable per session or activity, e.g. start / finish, now / then which does require support to implement.</li> <li>Child's voice is communicated to all supporting so that everyone is aware of what works and what doesn't from the Child's perspective, adaptations are made. <b>Continued on next page</b></li> </ul> |                               |



## 2 Cognition and Learning

### Level 4 continued



| Bespoke Descriptor<br>Level 4 | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <b>Ongoing, specific training</b> needs for staff are identified and sourced. Staff may be supported through working alongside specialists, either Outside Agency or from within School (though an appropriately qualified and highly skilled specialist). |                               |



## 2 Cognition and Learning

### Level 5



|  |  |  |   |
|--|--|--|---|
| The child shows severe and profound difficulties which impact on their ability to safely access a learning environment without continuous, bespoke and personalised support. The child's needs are met through constant support to access a flexible and responsive timetable planned to meet specific outcomes agreed by specialist outside agencies and services, parents and school staff. The child accesses a fully personalised timetable alongside a highly skilled member of staff to access planned provision and individualised intervention.  |  |  |   |
| <b>Provision:</b> Daily, specific specialised input at all times across all aspects of the curriculum  |  | <b>Reviews:</b> 3 per year   | <b>Documents:</b> Usually have an EHC Plan  |
| Bespoke Descriptor Level 5   | Identification and Assessment  | Teaching and Learning Strategies   | Additional advice and support   |
| <p><b>Severe Learning Difficulties with low adaptive functioning/ Profound and Multiple Learning Difficulties</b></p> <ul style="list-style-type: none"> <li>Educational Psychology or medical cognitive assessments indicate profound and multiple learning difficulties.</li> <li>Severe level of cognitive impairment that is a lifelong disability and impacts on social development and independence.</li> <li>Severe impairment in adaptive functioning.</li> <li>Severe and persistent difficulties with the acquisition and retention of use of early language, play skills, literacy and numeracy skills despite 1:1 support - including the ability to communicate basic needs</li> </ul> <p><b>Continued on next page</b></p> | <ul style="list-style-type: none"> <li>Observation</li> <li>Data tracking</li> <li>Teacher assessments</li> <li>child Progress meetings</li> <li>child/Young Person voice</li> <li>One Page Profile/Learner Profile</li> <li>Parent/Carer voice</li> </ul> <p>An <a href="#">EHCP</a> is likely to be in place to draw together information, advice, aspirations and planned outcomes</p> <p><a href="#">Assessment tools as identified</a>, where and when they can be used to help unpick need and measure impact of support</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> <p><b>Continued on next page</b></p> | <p><b>There is agreement between professionals (0-5 SEND Team, Educational Psychology Service, Locality SENCO, Local Authority SEND Manager etc.) that the child's needs and provision in place constitute a Level 5.</b></p> <p>Staff should have considered and implemented effective and appropriate strategies from previous levels, especially level 4.</p> <p><b>In addition, the following will be in place:</b></p> <p><b>Adjustments to Teaching Methods</b><br/>Staff should consider and implement as appropriate</p> <ul style="list-style-type: none"> <li>Sensory exploration used to engage students with the world around them. The curriculum will maximise communication, creativity, specific interests, and life skills.</li> </ul> <p><b>Continued on next page</b></p> | <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><b>Additional advice and support is available from:</b></p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p><a href="#">Speech and Language Therapy</a></p> <p>Health Services if involved.</p> <p>Consultation with Health Visitor regarding any previously recorded/current concerns</p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



## 2 Cognition and Learning

### Level 5 continued



| Bespoke Descriptor<br>Level 5  | Identification and Assessment  | Teaching and Learning<br>Strategies   | Additional advice and support |
|--|--|---|-------------------------------|
| <ul style="list-style-type: none"> <li>Engagement avoidance behaviours frequently seen. In early years this looks like a child who is struggling to settle, focus or choose anything of significant value.</li> <li>It may also look like a very withdrawn child who finds no pleasure in accessing the provision, despite accessing consistent 1:1 planned provision using advisory service advice and guidance</li> <li>A constant high level of support needed to ensure safety needs of self and/or others, provide access to planned and focussed provision as well as ongoing targeted support with social/emotional/self help/communication needs in line with advisory service guidance Likely to explore and engage with equipment and the room in a solely sensory led way</li> <li>Will find it difficult to follow 1-2 step instructions and routines</li> <li>Adaptations for safety needed.</li> </ul> | <p>Positive Handling Plan or similar personal plan and risk assessment agreed with parents / carers</p> <p>SALT Communication Plan (if known to SALT)</p> <p>Engagement Model likely required for FS2 learners transitioning to Year 1</p> | <p><b>Adjustments to Teaching Methods (continued):</b></p> <ul style="list-style-type: none"> <li>Teaching approaches that place a high emphasis on direct training, are very finely graded and offer multisensory tasks which provide opportunities to make progress towards planned outcomes. These will be regularly updated to reflect the progress the child is making.</li> <li>An interactive, consistent, and repetitive approach is used for learning.</li> <li>Tasks are structured carefully so that they are relevant and purposeful to maximise motivation and engagement.</li> <li>Additional adults support the Child individually, under the direction of the teacher/ leader and other key staff to: <ul style="list-style-type: none"> <li>work on highly modified tasks that are meaningful and relevant to the child</li> <li>access significant amount of individual support sessions across each day</li> <li>encourage independence</li> </ul> </li> <li>Tasks are completed at a suitable and appropriate pace.</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 2 Cognition and Learning

### Level 5 continued



| Bespoke Descriptor<br>Level 5 | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>• The provision places an emphasis on identified holistic outcomes e.g. life skills, opportunity for the child to engage in community activity and to develop independence where appropriate.</li> <li>• Multisensory cues to support all stages of delivery.</li> <li>• Develop independent skills as appropriate for the child</li> <li>• Multi-sensory teaching and learning is utilised providing a wealth of varied sensory experiences within an active learning environment.</li> <li>• If appropriate, a positive behaviour handling plan will be in place.</li> </ul> <p><b>Grouping</b></p> <ul style="list-style-type: none"> <li>• Working on an individual, bespoke curriculum and so has a highly personalised timetable, as advised by appropriate involved professionals and informed by the voice of the child and family.</li> </ul> <p><b>Continued on next page</b></p> |                               |





## 2 Cognition and Learning

### Level 5 continued



| Bespoke Descriptor<br>Level 5 | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Grouping (continued)</b></p> <ul style="list-style-type: none"> <li>• If able to access whole group sessions a high level of support will be provided to ensure this experience is meaningful and relevant.</li> <li>• Planned opportunities are provided for the child to be included with peers where the child is able to experience success.</li> <li>• Assistive technology to be utilised as advised by Specialist services.</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Effective use of personalised multisensory resources based on the child's interests.</li> <li>• Effective use of individual visual timetable per session or activity, e.g. start / finish, now / then which does require support to implement.</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 2 Cognition and Learning

### Level 5 continued



| Bespoke Descriptor<br>Level 5 | Identification and Assessment | Teaching and Learning<br>Strategies   | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <p><b>Ongoing, specific training</b> needs for staff are identified and sourced. Staff may be supported through working alongside specialists, either Outside Agency or from within School (though an appropriately qualified and highly skilled specialist).</p> |                               |



## 2 Cognition and Learning

### Screening and Assessment Tools, Interventions and Support



| Screening and Assessment Tools  |
|---|
| <ul style="list-style-type: none"><li>• <a href="#">Birth to 5 matters</a> / <a href="#">Development matters</a> / Locke and Beech profile</li><li>• <a href="#">Formative assessment of learning difficulties</a></li><li>• Professional observation (construction, puzzles, problem solving)</li><li>• <a href="#">The Engagement Model</a></li></ul>   |
| Interventions   |
| <ul style="list-style-type: none"><li>• <a href="#">Early years Intervention toolkit</a></li><li>• <a href="#">EEF Early years toolkit</a></li><li>• <a href="#">Attention Autism</a> - although an intervention typically used for children with a social communication difficulty, this intervention can also be used to help establish joint attention to enable children to develop the skills to access an adult led task.</li></ul> |
| Support   |
| <ul style="list-style-type: none"><li>• <a href="#">Disability Living Allowance (DLA)</a></li><li>• <a href="#">Disability Access Funding / Early Years Inclusion Funding</a> may be appropriate to support and enhance the provision in place</li></ul>  |



## 2 Cognition and Learning

### PfA Outcomes and provision



|  | PfA Outcomes  |   |  |  |
|--|---|---|--|--|
|  | Employability/Education   | Independence  | Community Participation  | Health   |
| <b>Reception to Y2<br/>(5-7 years)</b> | <p>Child will have the listening skills and concentration to increase the amount of time they are able to maintain focus upon learning tasks</p> <p>Child will be developing early concepts of literacy and numeracy skills to enable them to lay the foundations of later learning.</p> <p>Child will have an awareness of 'growing up' and beginning to have some ideas of what they would 'like to be', when they are older.</p> | <p>Child will understand the concept of time and will develop the skills necessary to access digital and analogue clocks.</p> <p>Child will understand the concept of cooking and the contribution of ingredients to produce different foods.</p> | <p>Child will have an understanding of the concept of friendships and will be applying this in their approach to shared play with peers.</p> | <p>Child will understand the concept of being healthy, including the benefits of exercise and making healthy food choices and will begin to apply this in the context of mealtimes and attendance at clubs and sports activities.</p> <p>Child will understand the need for regular dental, vision and hearing checks to maintain good health.</p> |
| <b>Provision</b>                       | Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Scholl Age Ranges Guidance: Cognition and Learning.  |   |  |  |



### 3 Social, Emotional and Mental Health



All Children will benefit from a whole setting approach to emotional wellbeing to develop their emotional resilience and support their readiness to learn. Social and emotional difficulties can manifest themselves in different ways, including becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. To best support the child's needs it is important to understand the root of the concerns shown as these behaviours may reflect underlying mental health difficulties; learning difficulties, physical symptoms or be in response to more social and environmental factors. Assessments and strategies should align with the child's chronological age, developmental level and emotional age.

## Ordinarily Available

This is Universal Support – as part of the Graduated Response. See [assessment tools](#), [interventions and further support](#) that supports your practice.

Ordinarily Available provision and practice approaches for all children with a recognition that some children may require very time-limited support to secure effective application of skills and increase their engagement and access to all areas of life in an early years setting. The setting will lead in this approach.

The table on the following pages references 4 key areas within Social, Emotional and Mental Health differences that would constitute reasonable adjustments if embedded within the setting.



### 3 Social, Emotional and Mental Health

#### Ordinarily Available continued



#### A Guide to Ordinarily Available Approaches for Children and Young People Presenting with Social, Emotional and Mental Health difficulties

##### Positive and Effective Relationship

- Staff should all have knowledge and understanding of trauma informed practice and relational approaches, including, for example emotion coaching and restorative approaches.
- Settings should use a Low Arousal approach which seeks to understand the role of the 'situation' by identifying triggers and using low intensity strategies and solutions to avoid punitive consequences.
- Greet child at the door - remind students of expected behaviours, praise those who have kept to them, and provide guidance and encouragement.
- Catch' the child being good and emphasise positives in front of other children and staff (where appropriate)
- Use child's name and give eye contact before giving instructions.
- Demonstrate empathy - try to show you understand the child's perspective and feelings
- Communicate in a calm, clear manner - be aware of your non-verbal communication (e.g., stance, body language awareness, facial expressions) as well as your verbal.
- Share some information about yourself, such as your own interests, goals, or likes and dislikes
- Maximise opportunities to develop a secure base through the key person relationships in order for the child to develop confidence to develop wider relationships with staff and peers.
- Develop a playful approach with the child and model curiosity and wonder to promote interest in exploring the provision.
- Tune in to how a child might be feeling demonstrating that attunement through matching facial expression, body language non-verbal, tone of voice with child's feeling state.
- Do your best to find time for a short restorative conversation, in which you explore any incidents together. Discuss who has been affected, consider the impact of the incident, and agree what to do next. For example social stories.
- Introduce items of high interest to the child that incorporate shared play in a staged approach. For example, playing with the same toy alongside and progressing to playing with the same toy together in short turn taking activities.
- Incorporate games that promote eye contact or noticing the adult. For example, blowing bubbles that continue when the child looks to you.
- Use visuals safe/not safe as a consistent continuous response to dangerous actions/situations.
- Show openness in discussions about well-being and challenge negative attitudes towards well-being.
- Keep instructions, routines and rules short, precise and positive. Provide visual timetables and now/next visuals.
- Use books and stories to make feelings high profile and explore different situations that provoke different feelings for different characters. Make links between characters and ourselves and link to children's own experiences and feelings.
- Use zones of regulations with all children to support understanding and interpretation of emotions.
- Create opportunities for children to work with others outside their normal friendship groups
- Develop a collaborative relationship with the parents/carers. Communicate positive achievements – no matter how small – with home and encourage home to do the same. Could be in the form of text messages, 'good notes', postcards, rewards.
- Understand that behaviour is a method of communication. What is the child trying to communicate? Can you identify the triggers?
- Adults offer containment by regulating their emotions when the child expresses extremes of emotion and support regulation through soothing and co-regulation.
- Children are aware of who/when/where they can share any concerns with a trusted, named adult.



### 3 Social, Emotional and Mental Health

#### Ordinarily Available continued



|                      |   |
|----------------------|---|
| Enabling Environment | <ul style="list-style-type: none"> <li>Refer children regularly to expected behaviour in setting and use consistently – ensuring that supply staff apply the same consistency.</li> <li>Make expectations for behaviour explicit by giving clear targets, explanations and modelling – don't assume that child should 'know' what to do</li> <li>Provide <a href="#">objects of reference</a> and/or <a href="#">visual timetables</a> and task lists – may need to be for a short period of time</li> <li>Use a visual timer to measure and extend time on task – start small and praise, praise, praise</li> <li>Consider seating during group sessions to maximise attention</li> <li>Give the child a responsibility to raise self-esteem</li> <li>Play calming music where appropriate</li> <li>Create opportunities for regular revisiting and reinforcement of learning to maximise potential for the child to embed and build on that learning to be able to transfer skills. Develop a 'little and often' approach to interventions to incorporate overlearning and repetition.</li> </ul> |
| Access to Learning   | <ul style="list-style-type: none"> <li>Give breaks between tasks and give legitimate 'moving around' activities</li> <li>Legitimise movement by getting children to take a message, collect an item, use a 'stress ball' or similar if necessary</li> <li>Personalise teaching where possible to reflect children interests</li> <li>Allow additional processing time and time allowed to complete a task</li> <li>Provide short term, adult led individual support focusing on listening, concentration, social skills</li> <li>Provide preparation for any change and the need for clear routines including transition.</li> <li>Use of photographs/stories to recall events. Home/setting diary. Objects of reference linked to experiences e.g. conkers from the park.</li> </ul>   |





### 3 Social, Emotional and Mental Health

#### Ordinarily Available continued



##### Targeted Support

- Good quality first teaching combined with good quality SEN Support
- Check in and out daily with an adult. This helps the child prepare for the day ahead. Likewise, have closure on any issues that have arisen throughout the day.
- Use the SPENCE Anxiety Scale, Boxall Profile, Self-Image Profile or Strengths, Difficulties Questionnaire (SQQ's) as a holistic approach to understanding the child's well-being.
- Be aware of the individual's sensitivities to some environments in times of stress e.g., overcrowding
- Short-term, goal orientated emotional literacy support, such as with an Emotional Literacy Support Assistant.
- Give children and young people the opportunity for a short-managed time out, within an agreed space in the setting, with support of a visual time. This will help them to begin to manage their emotions, when they start to escalate.
- Reduce demands temporarily in response to particularly challenging times in their lives
- Regular contact with home to establish patterns of behaviour in other environments as well as strategies being tried.



### 3 Social, Emotional and Mental Health Level 3



|  |   |  |  |
|--|---|--|--|
| The child has social, emotional, mental health and / or behavioural needs which frequently impact on their engagement with day-to-day activities, their readiness to play and learn and their relationships with peers and adults. Or the child may show behaviours which less frequently but greatly impacts on themselves and others. Despite the challenges it is vital vulnerable children feel welcomed in a setting, key relationships are built, and proactive support is available to help them manage their emotional regulation through a combination of whole setting, small group and individual activities.   |   |  |  |
| <b>Provision:</b> Some targeted and individual interventions over the week   |   | <b>Reviews:</b> 3 per year   | <b>Documents:</b> Support Plan or Extended Support Plan  |
| Bespoke Descriptor<br>Level 3  | Identification and Assessment   | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support  |
| <p>The child shows <b>Frequent/Moderate</b> (more than once weekly) difficult behaviours such as:</p> <ul style="list-style-type: none"> <li>• May have difficulties with social interaction- deteriorating relationships with adults and/or peers.</li> <li>• Frequently finds complying to staff and peer requests/and established routines very difficult.</li> <li>• May become increasingly withdrawn – requires adult support to engage in activities OR disruptive behaviour over a period or may involve a sudden change in behaviour</li> <li>• Struggles to engage in some play/ learning –, Unable to express and regulate thoughts and feelings in a developmentally appropriate way showing increasingly withdrawn or disruptive behaviour.</li> </ul> <p><b>Continued on next page</b></p> | <p>An assessment, to best understand the child's needs and strengths should be conducted including a formulation and intervention plan, shared with key staff, which is reviewed regularly to evaluate progress.</p> <p>Assessment informed by the child, parent / carer, school staff and relevant external agencies</p> <p>Utilise the assessment toolkit to check for underlying needs such as:</p> <ul style="list-style-type: none"> <li>• Communication difficulty</li> <li>• Sensory difficulty</li> <li>• Learning difficulty</li> <li>• Developmental delay or disorder</li> <li>• Family stresses</li> <li>• Specific stressor within school environment</li> <li>• Recent traumatic event</li> <li>• Historic trauma</li> <li>• Mental health concerns</li> </ul> <p><b>Continued on next page</b></p> | <p>These child will benefit from a trauma informed whole setting approach. They need the opportunity to build trusted relationships with a small number of key staff, not an individual member of staff, and then, when possible, this should be extended.</p> <p>Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> <li>• Consideration of an alternative bespoke curriculum / provision that allows flexibility to teach according to emotional needs, not chronological age, using vehicles such as IT, play, creative activities, drama.</li> <li>• Modifications to timetable may include, e.g. off-site activities, meet and greet</li> <li>• Person Centred Planning such as MAPS and PATHS</li> </ul> <p><b>Continued on next page</b></p> | <p>Early Help-Multi-agency planning processes specific contribution of individual services and lead practitioner. Inter-agency communication established and maintained</p> <p>May make use of Locality Panels – Stage 1 or 2 (if applicable)</p> <p>Consultation with <a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychologist</a></p> <p><a href="#">Virtual School</a> involvement for a child looked after from day 1 of an exclusion must be in place</p> <p><a href="#">Speech and Language Therapy Service</a></p> <p>Mental Health Support Team</p> <p><a href="#">CAMHS</a> Consultation or referral.</p> <p><b>Continued on next page</b></p> |



### 3 Social, Emotional and Mental Health

#### Level 3 continued



| Bespoke Descriptor<br>Level 3  | Identification and Assessment  | Teaching and Learning<br>Strategies and Interventions   | Additional advice and support   |
|--|--|---|---|
| <ul style="list-style-type: none"> <li>• May show some struggles during periods of transition (e.g. meltdowns, refusal to begin or end a task, appears lost)</li> <li>• Inappropriate and/or risk-taking behaviours may be witnessed</li> <li>• May have low level self-harm: e.g. anxiety behaviours such as head-banging out of frustration, hand biting etc</li> <li>• May have compulsive or obsessive habits.</li> <li>• May have lack of energy</li> <li>• Could be described as low in mood.</li> <li>• Can be uncommunicative – struggles to contribute.</li> <li>• Or can seem overly keen, regularly interrupts, impulsive.</li> <li>• May show non-compliance with adult requests.</li> <li>• May communicate little regard for rewards and consequences.</li> <li>• Might struggle with attendance and/or punctuality.</li> <li>• May have differences in chronological and developmental age in social and emotional development.</li> </ul> <p><b>Continued on next page</b></p> | <p>Further assessment could include:</p> <p>Putting an <a href="#">Extended Support Plan</a> ensuring parent and child voice are included (wherever possible).</p> <p>Review of measurable progress against targets in support plan/PEP.</p> | <p>Whole school approaches to Nurture. Think Structure, Relationship, Emotional Regulation and what would further support the child across these areas:</p> <p><b>Structure:</b></p> <ul style="list-style-type: none"> <li>• Access to a safe base</li> <li>• Positive Handling Plan</li> <li>• Flexible, pre-agreed approaches are used by all staff and the child</li> <li>• Personalised reward systems, involving regular monitoring, feedback and support, are known by all staff in setting and are implemented consistently</li> <li>• Use of behaviour targets within the base</li> <li>• Mainstream group with regular targeted small group support such as access to some nurture provision.</li> <li>• The child is actively involved in monitoring their own targets where appropriate</li> <li>• 1:1 teaching for the introduction of new concepts and the reinforcement of routines and expectations</li> <li>• Breakfast club</li> </ul> <p><b>Continued on next page</b></p> | <p>Support from a range of organisations can be found at <a href="#">Sheffield Menal Health Guide</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



### 3 Social, Emotional and Mental Health Level 3 continued



| Bespoke Descriptor<br>Level 3   | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|---|-------------------------------|--|-------------------------------|
| <ul style="list-style-type: none"> <li>• May have experienced a number of Adverse Childhood Experiences</li> <li>• May experience other risk factors (e.g. asylum seeker, in local authority care, minority status or developmental issues).</li> <li>• Inappropriate language /communication (inability to adapt to context).</li> <li>• May show bullying behaviours or be the victim of bullying.</li> <li>• May be at risk of suspensions.</li> </ul> |                               | <p><b>Structure (continued):</b></p> <ul style="list-style-type: none"> <li>• Lunchtime club/ considerations made as needed</li> <li>• Short-term individual support within the base and unstructured activities.</li> </ul> <p><b>Relationship:</b></p> <ul style="list-style-type: none"> <li>• Regular pro-active check-ins with key staff – frequency negotiated depending on the child's needs.</li> <li>• Regular 15-minute breaks could be offered to the Child across the day with key staff (attachment figures) to help to maintain their ability to regulate informed by Dan Hughes PACE principles (Playfulness, Acceptance, Curiosity and Empathy)</li> <li>• Regular check-ins from with parent /carers so Child has an experience of wrap around care.</li> <li>• Increased access to individual, small group and whole group activities to promote and develop social skills, emotional regulation and self-esteem in order to address SEMH targets. (e.g. <a href="#">Talkabout</a> by Alex Kelly from age 4)</li> </ul> <p><b>Continued on next page</b></p> |                               |



### 3 Social, Emotional and Mental Health Level 3 continued



| Bespoke Descriptor<br>Level 3 | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Relationship (continued):</b></p> <ul style="list-style-type: none"> <li>Trusted adults offer support at vulnerable times using pre-agreed strategies.</li> <li>Access to additional circle time activities</li> </ul> <p><b>Emotional Regulation:</b></p> <ul style="list-style-type: none"> <li>Strategies developed alongside child and shared with school staff, parent/carer such as My Anxiety Plan (MAP) created alongside Educational Psychologist</li> <li><a href="#">Sensory circuits</a></li> <li>Use of simple feelings diary/ logs.</li> </ul> |                               |



### 3 Social, Emotional and Mental Health Level 4



|   |  |  |  |
|---|--|--|--|
| <p>The Child (daily) struggles to manage their emotional regulation leading to challenging, demanding or concerning behaviour or ongoing mental health concerns, which impact on their ability to access a play/learning environment. This will include access to a bespoke timetable and may include teaching in a small group for a substantial part of the day for longer than three to four terms. The Child's needs are met using a highly personalised approach which will draw on support and advice from other professionals.</p>   |  |  |  |
| <b>Provision:</b> Frequent, specific specialised input  |  | <b>Reviews:</b> 3 per year   | <b>Documents:</b> Extended Support Plan or EHC Plan  |
| Bespoke Descriptor<br>Level 4   | Identification and Assessment  | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support  |
| <p>Child shows <b>Consistent/Severe</b> (daily) emotional distress over a sustained period of time which may be internalised or externalised and some behaviours will be clearly observable whilst others will be hidden, such as:</p> <ul style="list-style-type: none"> <li>Sustained difficulties with engaging in provision. Inability or complete refusal to follow setting routines and instructions</li> <li>May lack motivation to engage in preferred interests (and may appear withdrawn, sad or angry)</li> <li>Severe difficulties in forming and sustaining positive relationships/interacting appropriately with adults and/or peers</li> <li>Extremes of mood and behaviour might be witnessed</li> <li>Might have strict habits or routines around food</li> </ul> <p><b>Continued on next page</b></p> | <p>Increased involvement of a range of professionals to provide assessment, formulation and intervention plans e.g. Inclusion Panel, mental health professionals, EPs</p> <p>Consider child's experience of Adverse Childhood Experiences alongside what protective factors the child has available to them</p> <ul style="list-style-type: none"> <li>Child voice</li> <li>Parent/Carer voice</li> </ul> <p>An <a href="#">Extended Support Plan</a> / <a href="#">EHCP</a> may be in place to draw together information, advice, aspirations and planned outcomes.</p> <ul style="list-style-type: none"> <li>Positive Handling Plan or similar personal plan and risk assessment agreed with parents / carers may be in place</li> <li>Sensory checklist and/or assessment</li> </ul> | <p>As for Ordinarily Available and Level 3 whilst also including:</p> <p>Close liaison with parents and carers</p> <p>Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> <li>Regular check in with child with key staff</li> <li>The child is supported in mainstream activities that they do attend.</li> <li>1:1 / group work addresses targets as outlined on child's Extended Support Plan/EHCP.</li> <li>Daily implementation of approaches towards meeting the individual's SEMH targets which have been identified through the use of appropriate assessment data, e.g. Motional, SCERTS, Boxall, SDQ, B2 or Locke &amp; Beech.</li> </ul> <p><b>Continued on next page</b></p> | <p>May make use of Locality Panels – Stage 1 or 2 (if applicable)</p> <p>Consultation the <a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychologist</a></p> <p><a href="#">Virtual School</a> involvement for a child looked after from day 1 of an exclusion must be in place</p> <p>May have support from specialist services such as <a href="#">CAMHS</a>, <a href="#">Social Care</a>, <a href="#">Ryegate Children's Centre</a></p> <p>If at risk of life-threatening self-harm child should be seen by their GP or if urgent assessment is required, A&amp;E</p> <p><b>Continued on next page</b></p> |





### 3 Social, Emotional and Mental Health Level 4 continued



| Bespoke Descriptor<br>Level 4  | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions   | Additional advice and support   |
|--|-------------------------------|---|---|
| <ul style="list-style-type: none"> <li>• Crisis behaviours escalate rapidly due to fluctuating triggers and which are harmful to themselves, e.g. head banging/biting self, running / absconding or other extreme attachment/anxiety led behaviours</li> <li>• May be uncommunicative, significantly withdrawn, struggles to contribute - or may cling to known adults</li> <li>• Inability or complete refusal to follow the settings routines and instructions</li> <li>• Sporadic engagement with rewards and consequences</li> <li>• May have increasing difficulties in forming positive relationships, interacting appropriately with adults and/or peers</li> <li>• May have increasing patterns of concerning behaviours which place themselves or others at risk of serious harm.</li> <li>• Significantly withdrawn – very reluctant to engage in activities despite planned interventions or communicate with known staff</li> <li>• Violence towards others</li> </ul> |                               | <ul style="list-style-type: none"> <li>• Off-site activities, meet and greet, delayed start time</li> <li>• Access to a completely bespoke timetable, designed to mitigate possible triggers which leads to increased success with regard to engagement, access and resilience.</li> <li>• The child is taught for a significant amount of the time in small groups or individually and away from the mainstream base –where they are able to experience success supported by a member of staff.</li> <li>• Planned opportunities are provided for the child to be included with peers where the child is able to experience success.</li> <li>• The child has access to staff with experience and training in meeting the needs of students with SEMH, working on modified holistic tasks and key skills – including structured interventions as advised by external agencies.</li> <li>• Access to specialised SEMH provision, therapeutic support services etc may be considered alongside advice from other agencies/professionals</li> </ul> | <p><b>Specialist Training:</b><br/><a href="#">Trauma informed training</a></p> <p>Positive Handling Strategies – <a href="#">Team Teach</a>.</p> <p><a href="#">Healthy Minds</a> training and resources</p> <p>Support from a range of organisations can be found at <a href="#">Sheffield Menal Health Guide</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



### 3 Social, Emotional and Mental Health

#### Level 4 continued



| Bespoke Descriptor<br>Level 4   | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|---|-------------------------------|--|-------------------------------|
| <p>May have increasing patterns of concerning behaviours which place themselves or others at risk of serious harm, for example:</p> <ul style="list-style-type: none"> <li>• Violence towards peers</li> <li>• Self-harm</li> <li>• Running away</li> <li>• Severe and sustained bullying</li> </ul> <p>Demonstrates unsafe behaviours to self and/or others (e.g. sexualised behaviours)</p> |                               | <ul style="list-style-type: none"> <li>• Access to specialised SEMH provision – alternative provision, therapeutic support services, counselling etc may be considered alongside advice from other agencies/professionals</li> </ul> |                               |



### 3 Social, Emotional and Mental Health Level 5



|  |  |   |   |
|--|--|---|---|
| Severe and persistent behaviour, emotional dysregulation, or mental health needs (associated with level four) which means the Child is struggling to function adequately during the day. Poses high risk to self and / or others. Some of this behaviour will be clearly observable and other behaviours will be more 'hidden' (e.g. they may appear withdrawn).   |  |   |   |
| <b>Provision:</b> Daily, specific specialised input at all times across all aspects of the curriculum  |  | <b>Reviews:</b> 3 per year  | <b>Documents:</b> Usually have an EHC Plan  |
| Bespoke Descriptor<br>Level 5  | Identification and Assessment  | Teaching and Learning<br>Strategies and Interventions   | Additional advice and support   |
| <p>Child shows <b>Persistent/Profound</b> behaviours associated with Level 4 and emotional distress (more than once a day) over a sustained period of time as well as:</p> <ul style="list-style-type: none"> <li>• Severe and persistent mental health concerns which severely impact on everyday functioning or extremely challenging, demanding or concerning behaviour / emotional regulation difficulties</li> <li>• Poses high level risk to self and/or others.</li> <li>• Known risk re sexual exploitation or gang affiliation.</li> <li>• Behavioural incidents and fixed term exclusions have increased despite appropriate provisions made at Level 4. High risk of permanent exclusion</li> <li>• Inability or complete refusal to follow school routines, instructions or access timetable</li> </ul> <p><b>Continued on next page</b></p> | <p>Child's needs are either known or under active assessment.</p> <p>A range of appropriate professionals are involved.</p> <p>Will normally have an <a href="#">EHCP</a>.</p> | <p><b>There is agreement between professionals (0-5 SEND Team, Educational Psychology Service, Locality SENCO, Local Authority SEND Manager etc.) that the child's needs and provision in place constitute a Level 5.</b></p> <p>Staff should have considered and implemented effective and appropriate strategies from previous levels, especially level 4.</p> <p>In addition, the following will be in place:</p> <ul style="list-style-type: none"> <li>• Child may access a highly bespoke offer, informed by outside professionals.</li> <li>• Consideration is given to their ongoing educational needs.</li> </ul> <p><b>Continued on next page</b></p> | <p>May make use of Locality Panels – Stage 1 or 2 (if applicable)</p> <p>Consultation with <a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychologist</a></p> <p><a href="#">Virtual School</a> involvement for a child looked after from day 1 of an exclusion must be in place</p> <p>May have support from specialist services such as <a href="#">CAMHS</a>, <a href="#">Social Care</a>, <a href="#">Ryegate Children's Centre</a></p> <p>If at risk of life-threatening self-harm child should be seen by their GP or if urgent assessment is required, A&amp;E</p> <p><b>Continued on next page</b></p> |



### 3 Social, Emotional and Mental Health Level 5 continued



| Bespoke Descriptor<br>Level 5   | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support   |
|---|-------------------------------|--|---|
| <ul style="list-style-type: none"> <li>Setting refusal</li> <li>Mainstream setting has a detrimental effect on health and well-being</li> <li>Increasing patterns of behaviour which place themselves or others at risk of serious harm e.g. Violence towards peers and staff</li> <li>Crisis behaviours escalate rapidly due to fluctuating triggers and may result in behaviours which are extremely harmful to themselves, e.g. head banging/biting self, running / absconding or other extreme attachment/anxiety led behaviours.</li> <li>Severe and sustained targeting of peers and peer groups despite significant, planned and focused support in place with support from advisory services Refusal/unable to communicate despite established and significant personalised support in place with support from advisory services Significantly withdrawn or avoidant towards others impacting on their ability to engage or acquire skills across their profile.</li> </ul> |                               | <p>Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> <li>A higher staff/Child ratio enabling access to a personalised holistic curriculum.</li> <li>Specific, specialist provision to target identified SEMH and / or behaviour needs.</li> <li>The Child may access an individualised curriculum</li> <li>Small group working with highly skilled staff.</li> <li>Planned opportunities to access specific individual programmes of support, where the Child's needs allow them to do so, are used to target particular outcomes.</li> </ul> | <p><b>Specialist Training:</b><br/><a href="#">Trauma informed training</a></p> <p>Positive Handling Strategies – <a href="#">Team Teach</a>.</p> <p><a href="#">Healthy Minds</a> training and resources</p> <p>Support from a range of organisations can be found at <a href="#">Sheffield Menal Health Guide</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



### 3 Social, Emotional and Mental Health Screening and Assessment Tools



#### Screening Tools

- Make use of screening tools in other areas of needs to explore if the child has an unidentified need.
- [Strengths and Difficulties Questionnaire](#) - The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 2-17 year olds.
- [Coventry Grid](#) Coventry Child and Adolescent Mental Health Services (CAMHS) has developed the Coventry Grid: ASD vs Attachment Problems to try to identify differences between the two groups and so assist in differential diagnosis.

#### Assessment Tools

- [ABC analysis](#) - An [ABC](#) behaviour chart is an observation tool that helps to understand the causes of [behaviour](#) which may present as challenging, by recording what happened before, during and after the behaviour. It helps [teachers](#), parents and carers to track the behaviours of children and adults.
- [Adverse Childhood Experiences](#) - The concept of adverse childhood experiences refers to various [traumatic events or circumstances affecting children](#) before the age of 18 and causing mental or physical harm.
- A [BOXALL](#) profile is an evidence based tool supporting a whole school approach to assessing and addressing children and young people's social, emotional and behavioural development to positively impact learning, behaviour, attendance and wellbeing.
- [Boxall profile at a glance](#)
- [Motional](#) is a suite of evidence-based, easy-to-use tools designed to measure, positively impact, and report on emotional health
- [Measures of Children's Psychological Wellbeing](#) (seven areas Belonging, Distress, Enjoyment, Healthy Living, Resilience, Responsiveness and Social Behaviour).
- <https://www.sheffieldchildrens.nhs.uk/services/camhs/healthy-minds/>
- [PIVATS](#) - The PIVATS PSED provides a structured approach to assessing, planning for a measuring small steps in progress in the areas of personal, social and emotional characteristics of their development.



### 3 Social, Emotional and Mental Health Interventions and Support

#### Interventions

- [CAMHS Healthy Minds](#) Resources and Training
- [Nurture](#) - A nurture group is a focused, short-term intervention for primary or secondary school children with social, emotional and behavioural difficulties which make it harder for them to learn in a mainstream class.
- [Forest Schools](#) - Forest School is a child-centred inspirational learning process, that offers opportunities for holistic growth through regular sessions.
- [Zones of Regulation](#) - A Social Emotional Learning Curriculum and Regulation Program
- [The Incredible 5 point scale](#) - Teaches social and emotional information by dividing the concept into parts for children
- [Trauma Informed Schools](#) - passionate about changing children's lives through inspirational training for schools and communities, ensuring mentally healthy cultures for all.
- [Talkabout](#) - Talkabout is a complete programme for developing self-esteem, social and friendship skills. It is based on teaching children or young adults in groups in school or college but can be adapted for 1:1 sessions.
- [Emotional Based School Avoidance Guidance](#) - This document has been written for school staff and other professionals to provide information and guidance on how to support children, young people and their families experiencing Emotionally Based School Avoidance (EBSA). It also contains leaflets for children and young people (child) and parent carers. Although a resource for schools the principles can be applied in the Early Years.

#### Support

- [Disability Living Allowance \(DLA\)](#)
- [Disability Access Funding / Early Years Inclusion Funding](#) may be appropriate to support and enhance the provision in place





### 3 Social, Emotional and Mental Health PfA Outcomes and provision



|                            | PfA Outcomes   |   |   |  |
|----------------------------|--|---|---|--|
|                            | Employability/Education  | Independence  | Community Participation   | Health   |
| Early Years<br>(0-4 Years) | <p>child will have the social and emotional skills and resilience required to be able to adapt to change and new environments.</p> <p>child will be more able to regulate basic feelings; developing skills such as waiting to take a turn in an activity or when wanting to share news with an adult</p>  | <p>child will develop a growing awareness of independent living skills through real-world play (kitchens, DIY, cleaning).</p> <p>child will be able to sit alongside peers to access meal times and snack times, developing the skills to pass out plates, cutlery and cups to their peers and to take a turn to serve themselves and others.</p> | <p>child will have social skills necessary to facilitate shared play and interaction with peers, developing a growing awareness of friendships to support emotional wellbeing and self-esteem.</p> <p>child will be able to recognise indicators of basic feelings in peers (happy and sad) and with support and modelling will respond accordingly at their developmental level (giving a hug to a peer who is crying for example)</p> <p>With prompting, child will begin to develop an awareness of basic social conventions in interaction with other, for example, using please and thankyou when asking for or receiving things from others</p> | <p>child will attend necessary dental, medical and optical checks following parental direction and supervision.</p> <p>child will cooperate with self-care and personal hygiene routines with prompting and adult support as required.</p> <p>child will show awareness of basic feelings and will have the support and strategies required to promote resilience and emotional wellbeing.</p> |
|                            | <p>child will have reached expected outcomes in relation to EFYS ELG (40-60 months) upon transition from Early Years to Reception, with reference to Personal, Social and Emotional Prime Areas of learning: Making Relationships, Self Confidence and Self Awareness and Managing Feelings and Behaviour</p> <p><a href="http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc">http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc</a></p> |   |   |  |
| Provision                  | <p>Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Ranges Guidance: Social, Emotional and Mental Health.</p>  |   |   |  |



### 3 Social, Emotional and Mental Health PfA Outcomes and provision continued



|  | PfA Outcomes  |  |   |  |
|--|---|--|---|--|
|  | Employability/Education   | Independence   | Community Participation   | Health   |
| <b>Reception to Y2<br/>(5-7 years)</b> | child will interact with peers and begin to form friendships to support emotional wellbeing.  | <p>child will show awareness of independent living skills (cooking, cleaning, DIY) and will extend and develop these through real world play</p> <p>child will be able to access the dining hall alongside peers, following social routines in relation to seating and turn taking, and will be able to make appropriate choices in relation to meals</p>  | <p>child will interact with peers and begin to form friendships with peers to support emotional wellbeing.</p> <p>child will maintain positive emotional wellbeing through participation in team games, after-school clubs and weekend activities.</p> <p>child will begin to identify bullying in relationships and will be able to seek adult support.</p>  | <p>child will attend necessary dental, medical and optical checks following parental direction and supervision.</p> <p>child will cooperate with self-care and personal hygiene routines with prompting and adult support as required.</p> <p>child will have the support and strategies required to promote resilience and emotional wellbeing.</p>                 |
| <b>Y3 to Y6<br/>(8-11 years)</b>       | <p>child will interact with peers, making and maintaining friendships with others to support emotional wellbeing.</p> <p>child will be aware of structures in place to support social and emotional wellbeing and will access these as required.</p> <p>child will show awareness of different feelings and emotions and with support will identify and apply appropriate strategies to manage these.</p> | <p>child will be able to maintain friendships with peers and access community based clubs/after school clubs to promote independence and emotional wellbeing.</p> <p>child will have the social skills necessary to facilitate participation in sleepovers and residential trips.</p> <p>child will be able to manage their feelings and emotions, accessing support to apply strategies as appropriate.</p> | <p>child will maintain friendships with peers to support emotional wellbeing and avoid isolation.</p> <p>child will begin to identify bullying within relationships and will be able to identify support and strategies to manage this.</p> <p>child will be able to manage social and emotional responses to change.</p> <p>child will be aware of strategies and precautions to remain safe online.</p> | <p>child will understand physical changes associated with the onset of puberty and will manage these appropriately, with support as required, maintaining social and emotional wellbeing.</p> <p>With support, child will access strategies to manage any emotional or mental health needs associated with their physical or mental health conditions/diagnoses.</p> |
| <b>Provision</b>                       | Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Ranges Guidance: Social, Emotional and Mental Health.  |  |   |  |



## 4A Sensory and Physical: Visual Impairment



The professional judgement of a Qualified Teacher of Visual Impairment (QTVI) should be applied as necessary to decide on the classification of the visual impairment. For example, a child may have a mild reduction in visual acuity but be functioning within a different visual category due to an additional ophthalmic condition e.g. nystagmus, visual field reduction, cerebral visual impairment, and/or additional learning difficulties.

### Ordinarily Available

This is Universal Support – as part of the Graduated Response. See [resources](#) that supports your practice.

Ordinarily Available provision and practice approaches for all learners with a recognition that children with a mild to moderate vision impairment will require low level adjustments to secure effective visual access to their learning as advised by a Qualified Teacher of Vision Impairment (QTVI). In addition to these adjustments students will require a functional vision assessment with updated advice from the QTVI relating the child's specific eye condition at transition points. The setting would be responsible for following and implement any advice given by the QTVI. The document below, references the 4 key areas of need that would constitute reasonable adjustments if embedded within a setting team as part of Universal Support.

Visual acuities ranging from 6/12 – 6/24, or other visual factors such as visual field loss and cerebral vision impairment.

**Continued on next page**

## 4A Sensory and Physical: Visual Impairment

### Ordinarily Available continued



| Ordinarily Available Strategies for Children who have a mild to moderate Visual Impairment. |   |  |
|---|---|--|
| Positive and Effective Relationship   | <ul style="list-style-type: none"> <li>• Use child name when directing questions and ensure they understand when you are speaking to them being closer to them may help.</li> <li>• Ensure visual information is backed up by verbal explanation.</li> <li>• Facilitate working with peers to ensure the child can engage.</li> <li>• Encourage good social skills, such as making eye contact and joint visual attention.</li> <li>• It may be difficult for some children to find their friends in a busy environment so a buddy system or a meeting place may be helpful.</li> </ul>   | <ul style="list-style-type: none"> <li>• Some children may be prescribed glasses to improve their visual acuity, however this doesn't mean their vision is fully corrected.</li> <li>• Work in collaboration with parents to encourage glasses wear for near and distance tasks as advised by the QTVI.</li> <li>• The child may have been issued a low vision device such as a handheld magnifier – follow advice on use from QTVI and encourage use for appropriate task such as looking at detail in busy pictures.</li> <li>• Facial expressions and body language are not easily seen across a large setting, ensure you verbalise and move closer to the child when speaking.</li> <li>• Staff need to be proactive to ensure that the child plays alongside lots of different children to give them shared experiences.</li> </ul>  |
|   | <ul style="list-style-type: none"> <li>• Ensure the child is familiar with key areas of setting eg. Dining room and play areas.</li> <li>• Ensure the child is made aware of the room layout and they have easy access to certain areas eg. Seat on carpet, continuous provision areas and play equipment.</li> <li>• Ensure all equipment and storage in classroom is labelled clearly.</li> <li>• Busy, colourful tablecloths introduce visual clutter, consider clear uncluttered presentation through plain and simple backgrounds.</li> <li>• Give the child plenty of time to explore new things.</li> <li>• Show the child on a daily basis what is available in the setting</li> <li>• Make the nursery environment/layout consistent, give advanced warning to the child if there is any change.</li> <li>• Ensure good lighting without glare, avoiding glare from windows controllable with blinds.</li> </ul> | <ul style="list-style-type: none"> <li>• Incidental print and photographs around the setting may be inaccessible. Draw attention to them and encourage the child to get close to look.</li> <li>• Displays should be bold, have good contrast and should be at eye level if possible.</li> <li>• Outside areas – Changes in levels, stair nosing well highlighted.</li> <li>• For visits in the community or out of setting ensure the child is named on any risk assessment taking into consideration the implications of their eye condition.</li> <li>• Aim to keep walkways as clear as possible, coats hung up etc. If the child has a coat peg put it at the end of a row rather than in the middle to support independence.</li> <li>• Define play spaces providing a secure familiar base for the child to play and explore. Children will respond better with the use of consistent routine in a well-planned environment.</li> </ul> |

Continued on next page



## 4A Sensory and Physical: Visual Impairment

### Ordinarily Available continued



|                    |  |
|--------------------|--|
| Access to Learning | <ul style="list-style-type: none"> <li>• Encourage the child to sit at the front for story time.</li> <li>• During story time if books or objects are used ensure the child has their own to handle and look closely at. Complex illustrations may need adult prompting to identify the detail.</li> <li>• Handling real objects and additional time to look will support understanding.</li> <li>• Ensure the IWB is clean and clear of clutter. For teacher scribe use a colour that is good contrast from the background colour and the writing is legible, printed and well-spaced.</li> <li>• When using the interactive whiteboard, turn off lights to improve the contrast.</li> <li>• Ensure optimum seating position is provided relative to eye condition. (As advised by QTVI)</li> <li>• If you are unsure what the child can see at distance, eg. across the classroom or outdoors, observation of their behaviour is key. (consult with the QTVI)</li> </ul> |
| Communication      | <ul style="list-style-type: none"> <li>• Use clear and clutter free learning resources that are a good font size.</li> <li>• Allow the child to mark make using bold, bright felt pens or a dark 6B pencil/ black felt tip.</li> <li>• Spacing pictures and words make it much easier to see. Toys should be of good colour and tone contrast.</li> <li>• Encourage children to use their eyes to follow an object.</li> <li>• Encourage good hand co-ordination using both hands together.</li> <li>• Use of low-tech devices as advised by QTVI may be useful, these may include handheld magnifiers and sloping board.</li> <li>• For teacher modelling, ensure that you move close to the child so they can see clearly.</li> <li>• All children with a VI will experience visual fatigue, they may need extra time and short breaks.</li> </ul>   |
|                    | <ul style="list-style-type: none"> <li>• Facial expression and body language can be difficult to interpret. Verbalise instructions and feelings clearly.</li> <li>• Verbalise responses from other class members to encourage participation as they may not be able to see peer interactions or responses to questioning across the classroom.</li> <li>• For groupwork, pair up child with positive peers to support and facilitate the child's engagement and inclusion in the activity.</li> <li>• Try to provide opportunities for spontaneous play with sensitive support</li> </ul>  |
|                    | <ul style="list-style-type: none"> <li>• Sensitively offer support that encourages interaction with peers.</li> <li>• Encourage the child to have a go at something new and build on success.</li> <li>• Always use the child's name when you start to talk and if the child doesn't recognise your voice say who you are too. "Hello Josh, it's Carol. I've come to play with the bricks too."</li> <li>• Tell the child when you are leaving and encourage sighted children to do the same, eg "Josh, I'm going to the sandpit now" this will help the child to keep track of staff and friends.</li> </ul>  |





## 4A Sensory and Physical: Visual Impairment

### Level 3



The child is diagnosed as having moderate to severe vision loss (within the range of 6/24 to 6/60). The child may need to use assistive technology to enable access to large print and the school the curriculum. The child will need access to short term programmes of habilitation training where necessary to ensure age related levels of independence are maintained.

| <b>Provision:</b> Some targeted and individual interventions over the week   |   | <b>Reviews:</b> 3 per year  | <b>Documents:</b> Support Plan or Extended Support Plan  |
|--|---|---|--|
| Bespoke Descriptor<br>Level 3 (includes Level 2)   | Identification and Assessment   | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment  | Additional advice and support  |
| <p>Vision loss classified as moderate/severe. Visual acuities within range of 6/24 and 6/60, or other visual factors such as cerebral vision impairment or visual field loss that leads to significant loss of visual functioning.</p> <p>Children may have a vision condition which can fluctuate or is degenerative where regular monitoring of visual function is needed.</p> | <p>Children and Young People have been referred to Vision Support Service because they have a clinically diagnosed vision impairment.</p> <p>Once the referral is accepted the QTVI will carry out an initial assessment which will include speaking to parents, all involved with the child and a Functional Vision Assessment (FVA).</p> <p>At this point the QTVI will interpret clinical information and advises on strategies to support use of residual vision, and any visual stimulation strategies. The QTVI will then determine what level of support is needed from the Vision Support Service.</p> <p>The child may also be referred to a Registered Habilitation Specialist for further assessment of mobility and independent living skills.</p> <p><b>Continued on next page</b></p> | <p>Ordinarily Available provision whilst also including:</p> <p><b>Adjustments to Teaching Methods</b><br/>Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> <li>• Staff should consider and implement as appropriate:</li> <li>• All of above but may also need technology to access everyday learning tasks and or large print learning resources to enable full access to curriculum.</li> <li>• Differentiation may be necessary considering pace of learning and visual presentation of learning materials.</li> <li>• Will require regular monitoring visits from QTVI with delivery of short-term intervention programmes where necessary delivered by QTVI or specialist TA.</li> </ul> <p><b>Continued on next page</b></p> | <p>Assessment of functional vision by a QTVI on at least an annual basis.</p> <p><a href="#">Advice from a QTVI</a></p> <p>Bespoke training around individual's needs from Vision Support Team.</p> <p>Regular monitoring of curriculum access and child progress.</p> <p>Habilitation input as required and advised by a QTVI.</p> <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychologist</a></p> |



## 4A Sensory and Physical: Visual Impairment

### Level 3 continued



| Bespoke Descriptor<br>Level 3 (includes Level 2) | Identification and Assessment  | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment   | Additional advice and support |
|--|--|--|-------------------------------|
|  | <p>If a child or young person is allocated level 3, they will also require at least annual FVA to offer updated advice the setting, and ongoing monitoring visits from the QTVI to advise on appropriate strategies and identify as and when intervention is needed.</p> <p>The need for targeted short term intervention programmes are likely to develop specialist skills outlined in the Curriculum Framework for Vision Impairment. See: <a href="#">Curriculum Framework for Children and Young People with Vision Impairment   RNIB   RNIB</a></p> <p>Access arrangements considered</p> <ul style="list-style-type: none"> <li>• Observation</li> <li>• Data tracking</li> <li>• Teacher assessments</li> <li>• Child Progress meetings</li> <li>• Child voice</li> <li>• One Page Profile/Learner Profile</li> <li>• Parent/Carer voice</li> </ul> <p><b>Continued on next page</b></p> | <p><b>Adjustments to Teaching Methods (continued):</b></p> <ul style="list-style-type: none"> <li>• may require assessment and advice from Habilitation Specialist and may need short term programme of mobility training.</li> <li>• Environmental audit provided by Habilitation Specialist necessary to assess accessibility of school environment.</li> <li>• Teaching approaches place an emphasis on development of independence using the specific advice provided by the QTVI.</li> <li>• Differentiation taking into account pace of learning, modified large print resources to ensure adapted access to EYFS curriculum.</li> <li>• ICT equipment may enhance access to learning e.g. monitor screen linked to IWB or iPad linked to interactive whiteboard. Or enlarged print electronic resources or educational apps on iPad or kindle as advised and provided by Vision Support Service</li> </ul> <p><b>Continued on next page</b></p> |                               |





## 4A Sensory and Physical: Visual Impairment

### Level 3 continued



| Bespoke Descriptor<br>Level 3 (includes Level 2) | Identification and Assessment  | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment   | Additional advice and support |
|--|--|--|-------------------------------|
|  | <p>An <a href="#">Extended Support Plan</a> may be in place to draw together information, advice, aspirations and planned outcomes. At this level the Vision Support Service QTVI should be involved in the writing of the plan and the and termly review process.</p> <p>If short term intervention is delivered by the Vision Support Service outcomes set by the QTVI or Habilitation Specialist should be incorporated into the Plan.</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> | <p><b>Adjustments to Teaching Methods (continued):</b></p> <ul style="list-style-type: none"> <li>• Advice from specialist teacher is implemented in the classroom with regular liaison between QTVI, class teacher and/or SENDCo.</li> <li>• Positive learning environment that encourages the child's confidence to use low vision aids such as magnifier or technology.</li> <li>• Equality of access may mean that they need to do some things differently.</li> <li>• Children are encouraged to develop their compensatory strategies and residual vision to support their learning under advice of QTVI.</li> <li>• Children are taught strategies and provided with resources to assist with the development of independent learning.</li> <li>• Model and practice ways children can express their feelings and emotions – this might need teaching explicitly.</li> <li>• Promote activities that help Children develop confidence and a positive self-esteem.</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 4A Sensory and Physical: Visual Impairment

### Level 3 continued



| Bespoke Descriptor<br>Level 3 (includes Level 2) | Identification and Assessment | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment   | Additional advice and support |
|--|-------------------------------|--|-------------------------------|
|  |                               | <p><b>Adjustments to Teaching Methods (continued):</b></p> <ul style="list-style-type: none"> <li>• Create opportunities which will deliberately develop a child's independence.</li> </ul> <p><b>Summary of provision provided from Vision Support Service:</b></p> <ul style="list-style-type: none"> <li>• Service provision of assistive technology when appropriate to support independent access to curriculum.</li> <li>• Mobility assessment where necessary and consultation with a registered habilitation specialist to support appropriate short-term programmes in line with DJVI, where necessary to ensure age related levels of independence are maintained.</li> <li>• Regular bespoke CPD training offer taken up by setting to raise awareness of different types of vision impairment and strategies to reduce barriers to learning.</li> <li>• The setting SENDCo must have completed Level 1 Vision Awareness training. Please email Vision Support Service for further information.<br/><a href="mailto:visionsupport@sheffield.gov.uk">visionsupport@sheffield.gov.uk</a></li> </ul> |                               |



## 4A Sensory and Physical: Visual Impairment

### Level 4 and Level 5



The child is diagnosed as having a severe to profound vision loss (from 6/60 to acuities less than 6/120). The child needs access to specialist provision within an Early Years setting and will require significant adaptations to all aspects of the EYFS curriculum with the provision of materials including concrete objects, modified large print or Braille, tactile and specialist technology. The child will need to access the CFVI curriculum alongside the EYFS curriculum and will also require modified large print or braille, tactile and multisensory resources to assist their learning. The CYP will require ongoing formal training in the development of mobility, orientation and independent living skills to enable them to develop age-appropriate independence skills. Adults will support as necessary to meet health and safety needs and risk management.

| <b>Provision:</b> Frequent, specific specialised input or daily, specific specialised input at all times across all aspects of the curriculum  |   | <b>Reviews:</b> 3 per year   | <b>Documents:</b> Extended Support Plan or EHC Plan   |
|--|---|--|---|
| Bespoke Descriptor Level 4 and 5   | Identification and Assessment   | Teaching and Learning Strategies, Resources and Physical Environment   | Additional advice and support   |
| <p>Vision loss is classified as severe to profound with acuities from 6/60 to less than 6/120, with other visual factors such as cerebral vision impairment or visual field loss that leads to severe or profound loss of visual functioning.</p> <p>Children would have needs that require regular ongoing specialist teaching and a bespoke package of support in their educational setting from the Vision Support Service.</p> | <p>Children and Young People have been referred to Vision Support Service because they have a clinically diagnosed vision impairment.</p> <p>Once the referral is accepted the QTVI will carry out an initial assessment which will include speaking to parents, all involved with the child and a Functional Vision Assessment (FVA).</p> <p>At this point the QTVI will interpret clinical information and advise on strategies to support use of residual vision, and any visual stimulation activities needed</p> <p>The QTVI will then determine what level of support is needed from the Vision Support Service.</p> <p><b>Continued on next page</b></p> | <p>There is agreement between professionals (Vision Support Service, 0-5 SEND Team, Educational Psychology Service, Locality SENCO, Local Authority SEND Manager etc.) that the child's needs and provision in place constitute a Level 5.</p> <p>Ordinarily Available provision with specific reference to vision loss whilst also including bespoke package of support from Vision Support Service.</p> <p><b>Adjustments to Teaching Methods</b><br/>Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> <li>Awareness that a child may need more time to complete tasks and that equality of access will mean that they need to do some things differently.</li> </ul> <p><b>Continued on next page</b></p> | <p>Vision Support Service provision is detailed in Personalised Support Plan outlining provision from the Service that will directly support the Child in their educational setting.</p> <p><a href="#">Vision Support Service</a></p> <p>QTVI will act as lead professional if VI primary area need.</p> <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><a href="#">0-5 SEND Team</a></p> <p><a href="#">Educational Psychology</a> at the point of statutory assessment</p> |



# 4A Sensory and Physical: Visual Impairment Level 4 and Level 5



| Bespoke Descriptor<br>Level 4 and 5 | Identification and Assessment  | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment   | Additional advice and support |
|-------------------------------------|--|--|-------------------------------|
|                                     | <p>The child may also be referred to a Registered Habilitation Specialist for further assessment of mobility and independent living skills.</p> <p>If a child or young person is allocated level 4 or 5 a bespoke package of provision will be agreed and put in place in the child's educational setting.</p> <p>A QTVI will need to deliver weekly teaching of specialist skills such as pre-braille and tactile skills development to support independent learning and access to all areas of the EYFS curriculum. Some children will need development assessment based on DJVI and direct support and modelling will be provided in the setting.</p> <p>A Registered Habilitation Specialist will need to deliver regular blocks of mobility training incorporating long cane skills and independent living skills. There will be regular consultation with a registered habilitation specialist to support appropriate target setting in line with the DJVI.</p> <p><b>Continued on next page</b></p> | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>The child may be developing pre-braille/braille skills and using tactile learning resources, additional adaptation and differentiation is necessary to enable equal access to learning.</li> <li>A high level of adult specialist support will be needed to enable access to all aspects of EYFS curriculum and setting, including health and safety risk management.</li> <li>Shared teacher planning to ensure that adaptations can be made to ensure access to all learning opportunities.</li> <li>Intervention teaching from QTVI to teach specialist skills alongside mainstream curriculum.</li> <li>Child working with braille and tactile learning resources that will need additional differentiation to consider pace and complexity of tactile learning compared with sighted learning.</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 4A Sensory and Physical: Visual Impairment

### Level 4 and Level 5 continued



| Bespoke Descriptor<br>Level 4 and 5 | Identification and Assessment  | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment  | Additional advice and support |
|-------------------------------------|--|---|-------------------------------|
|                                     | <p>Regular assessment of functional vision, monitoring of developmental progress across all areas by a QTVI.</p> <ul style="list-style-type: none"> <li>• Observation</li> <li>• Specialist teacher assessments</li> <li>• Child Progress meetings</li> <li>• Child voice</li> <li>• One Page Profile/Learner Profile</li> <li>• Parent/Carer voice</li> </ul> <p>An <a href="#">EHCP</a> request to assess will be led by the QTVI in close collaboration with the educational psychologist.</p> <p>Vision Support Service planning, Outside Agency advice and recommendations are followed.</p> <p>Additional resourced provision agreed with Vision Support Service, parents and educational setting to assess child's need, identify outcomes, implement support and monitor and evaluate progress.</p> <p><b>Continued on next page</b></p> | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>• Ongoing communication needed on lesson planning and assessment between nursery staff and the QTVI to ensure access to all aspects of learning.</li> <li>• Regular consultation with QTVI about curriculum delivery to ensure the child can fully access all EYFS curriculum areas, and specialist intervention teaching is delivered in a timely manner.</li> <li>• Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support from Vision Support Service.</li> <li>• Require modified large print, braille, specialist technology, simplified pictures, concrete objects and experiences, to access the curriculum.</li> <li>• Provide opportunities for explicit learning of appropriate social behaviour.</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 4A Sensory and Physical: Visual Impairment

### Level 4 and Level 5 continued



| Bespoke Descriptor<br>Level 4 and 5 | Identification and Assessment  | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment  | Additional advice and support |
|-------------------------------------|--|---|-------------------------------|
|                                     | <p>The Vision Support Service outcomes and small step targets should be incorporated into the termly assess, plan do review process in the setting and the QTVI invited to all review point meetings.</p> <p>Multi Agency professional assessment should seek advice from the QTVI in all additional assessment to ensure the CYP is not disadvantaged and can access and complete assessment.</p> | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>Will need ongoing formal intensive instruction in the development of mobility and orientation skills and independence training from habilitation specialist. Teaching of long cane skills is essential. Staff in the school will need appropriate training on sight guide.</li> <li>Facilitate social skills in all activities and social times to create opportunities for peer-to-peer interaction. Explicit social skills teaching to support social and emotional development.</li> </ul> <p><b>Summary of Support from the Vision Support Service:</b></p> <ul style="list-style-type: none"> <li>Regular joint planning with setting to ensure full access to all EYFS curriculum areas. This will allow the QTVI to deliver timely intervention to teach the CFVI relevant to that stage and age phase.</li> </ul> <p><b>Continued on next page</b></p> |                               |





## 4A Sensory and Physical: Visual Impairment

### Level 4 and Level 5 continued



| Bespoke Descriptor<br>Level 4 and 5 | Identification and Assessment | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment  | Additional advice and support |
|-------------------------------------|-------------------------------|---|-------------------------------|
|                                     |                               | <p><b>Summary of Support from the Vision Support Service (continued):</b></p> <ul style="list-style-type: none"> <li>• A rolling programme of habilitation training to include independent living skills, long cane training and mobility training to ensure age related levels of independence are maintained.</li> <li>• Provision and training of assistive technology and either modified large print, adapted braille and tactile curriculum resources.</li> <li>• CPD training offer taken up by school to raise awareness of individual student needs and strategies to fully include and reduce barriers to learning. Bespoke training offered around creating Vision Friendly Classroom and supporting a severely sight impaired child.</li> <li>• CPD training offered to SENCOs to ensure collaboration and understanding of how Service and school can support children to progress and develop efficient ways of working.</li> </ul> |                               |



## 4A Sensory and Physical: Visual Impairment Resources and Support



### Resources

- [Curriculum Framework for Children and Young People with Vision Impairment | RNIB](#)
- [Focus on Foundation](#)
- [Early years support for Children with vision impairment | RNIB](#)
- [Resource: Early Years – LOOK – Supporting Visually Impaired Young People to Thrive](#)
- [Sheffield Royal Society for the Blind](#)
- [New to vision impairment? - RSBC](#)
- [Thomas Pocklington Trust](#)
- [CVI Scotland](#)
- [Resource Centre - Perkins School for the Blind](#)

### Support

- [Disability Living Allowance \(DLA\)](#)
- [Disability Access Funding / Early Years Inclusion Funding](#) may be appropriate to support and enhance the provision in place



## 4B Sensory and Physical: d/Deaf



The professional judgement of a Qualified Teacher of the Deaf (QToD) should be applied to decide on the implications of hearing loss/Deafness. For example, a child may have a moderate to severe hearing loss but be functioning within a different hearing category due to individual communication and access needs and/or additional learning difficulties.

### Ordinarily Available

This is Universal Support – as part of the Graduated Response. See [resources](#) that supports your practice.

Ordinarily Available provision and practice approaches for all children with a recognition that some children may require very time-limited support to secure effective application of skills and increase their engagement and access to all areas of life in an early years setting. The setting will lead in this approach.

The table on the following pages references 4 key areas for hearing differences that would constitute reasonable adjustments if embedded within the setting.



## 4B Sensory and Physical: d/Deaf

### Ordinarily Available continued



#### Ordinarily Available Strategies for Children who are d/Deaf

|  |   |   |
|--|---|---|
| <b>Positive and Effective Relationship</b> | <ul style="list-style-type: none"> <li>• Make sure the child is sitting where they have a good view of the person talking</li> <li>• Make sure that there are good listening conditions – keep background noise to a minimum</li> <li>• Encourage the children to take turns when speaking</li> <li>• Use a targeted approach to teaching new vocabulary. Repetition and reinforcement of new words. Use repetitive language linked to everyday routines. Visual aids may also help.</li> <li>• Put into practice any specific advice given by the Teacher of the Deaf.</li> <li>• Make sure the child uses their hearing aids if prescribed, or other listening devices consistently</li> </ul>  | <ul style="list-style-type: none"> <li>• Ensure that children have understood information or instructions so that they can carry out a task independently.</li> <li>• Monitor the child's social development and encourage them to interact with their peers.</li> <li>• Model and practice ways to communicate effectively with others.</li> <li>• Model and practice ways to initiate conversations.</li> <li>• Model and practice ways to use appropriate language when interacting with different people</li> <li>• Consistent use of any audiological equipment provided to be monitored by setting staff</li> </ul>   |
| <b>Enabling Environments</b>               | <ul style="list-style-type: none"> <li>• Ensure the environment promotes good listening and watching conditions.</li> <li>• Ensure the child is seated appropriately to enable use of equipment and to access the board/ flipchart and any spoken language.</li> <li>• Choose pairs or groups carefully to ensure full participation in the activity.</li> <li>• Hearing aids do not restore typical hearing levels. It is important to remember all noise, including background noise, is amplified making communication difficult in noisy environments.</li> <li>• Learning with a lower Hearing level is hard work – allow extra time and vary activities to avoid fatigue.</li> <li>• Try to keep activities short that require a lot of concentration or listening (such as stories) and build in short breaks, for example, opportunities to do something active.</li> <li>• Short breaks may be needed during activities that need sustained listening and attention to avoid auditory fatigue</li> <li>• Provide a quiet, cosy corner to allow children to self-regulate and be calm. Keep resources here to encourage relaxation and rest.</li> </ul> | <ul style="list-style-type: none"> <li>• Provide positive role models of deafness and people who wear hearing aids.</li> <li>• Use resources from specialist charities-they often have lots of free helpful information and advice for professionals: <a href="#">National Deaf Children's Society   Supporting deaf children</a></li> <li>• You may need to work with a range of professionals including hospital, educational specialists and charities.</li> <li>• CPD training offer taken up by setting to raise awareness of different types of hearing levels and strategies to reduce barriers to learning. Support provided by the Deaf/Hearing Support:</li> <li>• One-off advice from Qualified Teacher of the Deaf to assess functional hearing in setting for learners where settings have concerns</li> <li>• On-going monitoring</li> <li>• Professional judgement of QToD applied on case-by-case basis</li> <li>• Consultancy support available by contacting the Service at <a href="mailto:HearingImpairedService@sheffield.gov.uk">HearingImpairedService@sheffield.gov.uk</a></li> </ul> |



## 4B Sensory and Physical: d/Deaf Ordinarily Available continued



### Access to Learning

- Consider seating position to ensure it promotes good listening and attention-at the front is usually best.
- If a child has better residual hearing in one ear then place yourself on that side.
- Give context to what you are saying by using visual aids such as pictures or models-if you can use actual objects this can be really powerful for all children when demonstrating a new topic or skill.
- The noise level, acoustics and the layout of rooms are particularly important. Reducing noise levels will benefit children with glue ear or who have mild or unilateral deafness as they may find it difficult to distinguish the adults voice from background noise. Manage noise levels so they are conducive to learning and unnecessary noise is minimised. E.g. Close the window or door when there is a noise outside
- Add rubber tips to chairs and tables.
- Replace noisy equipment.
- Avoid sitting children near noisy equipment
- Use displays for language development. Displays with pictures and visual cues can provide important visual clues for communication.
- Make sure you have the child's or young person's attention before you start talking.
- Speak clearly and at your normal pace, avoid shouting and whispering. Don't speak too slowly or over exaggerating your mouth patterns.
- Keep your face clear and try not to cover it with your hands, hair or any objects.
- Make sure there is good lighting and that your face is not in a shadow. (don't stand with you back to a window which will shadow your face)
- Face the student when talking and allow some space between you and the child, ideally keep a distance of between 1 and 2 metres.
- When talking don't walk around the room or speak with your attention focussed on something/someone else.
- Encourage others to speak one at a time so that a d/Deaf child is aware of who is talking.
- Use gesture and facial expressions to help children understand what you are saying.
- Create visual timetables, schedules and choice boards to explain everyday routines.
- Repeat or re-phrase what you have said if a child has not understood.
- Write key words, topic headings or questions on the board.
- Allow time for children to look at visual clues or demonstrations before you start talking again, this will give them time to focus their attention back on you.
- Give consideration to seating arrangements and select supportive neighbours.
- Plan your sessions so that the tasks which require a lot of listening can be done when background noise is low.
- Encourage children to work quietly and reduce the level of noise in the room rather than raising your voice.
- Have a targeted approach to teaching new vocabulary; breaking down information into smaller chunks; repeating and rephrasing information; checking understanding through careful questioning.
- Think about how to assess what a child has learnt and understood-you may need to use a more flexible approach.
- Keep instructions simple, avoid long and detailed explanations.
- Include tasks which require a range of responses.
- Always give an explanation of new vocabulary If possible illustrate key words with a picture or use an object of reference.
- Expect d/Deaf children to conform to the same standards of discipline as the rest of the children.
- Phonics teaching should take into account the child's ability to hear specific speech sounds and the need for a holistic approach to teaching reading
- Plan in pre and post learning times to prepare a child for a new topic and/or check their understanding

Continued on next page



## 4B Sensory and Physical: d/Deaf Ordinarily Available continued



### Communication

- Use the 5 steps outlined by the NDCS: repeat, re-phrase, explain, simplify, clarify [Resources for education professionals | Information for professionals](#)
- Promote good communication skills within the setting.
- Make sure that you have a child's attention before starting to talk, otherwise they may not follow the first part of the conversation or instructions.
- Gain the child's attention, before you expect them to listen. For example, using stories with a repeating phrase that they can join in with will help to hold attention.
- Give children time to look and then listen, to help them to integrate their attention.
- When changing the topic of the conversation let the child know, otherwise they may find the discussion confusing. It is useful to introduce the topic first before going into detail.
- Do not shout as this will distort your lip patterns. For children who use hearing aids sudden loud noises can be painful or shocking.
- Try to keep your hands free so that you can use natural gestures to support what you are saying.
- Keep your sentences short and remember to explain any new vocabulary or technical terms.
- Check children's understanding-repeat or rephrase the question if they appear to have misunderstood.
- Pause between sentences.
- Talking about what you are doing and why
- Body language, facial expressions and gestures should match the spoken word otherwise this can be confusing for the child.
- Encourage children and young people to tell you if they don't understand something.
- Use short sentences as these are easier to understand than either single words or long complex phrases.
- Use simple questions and open-ended questions and give simple instructions. Use a wide range of vocabulary and pin new vocabulary onto something the child already knows or can see.
- Establish ground rules for how a discussion will work and ensure children take it in turns to speak.
- Name the person who is talking in group discussions/class and where possible introduce the next speaker by name.





## 4B Sensory and Physical: d/Deaf

### Level 2 (NATSIP Criteria Score $\leq$ 20)



Due to the medical nature of a diagnosis of d/Deafness, the dDeaf/Hearing Support Service do have a support offer for children who meet the criteria outlined below. The ordinarily available offer should be applied to children whose level of d/Deafness falls into the following levels.

The Qualified Teacher of the Deaf will advise further.

The support levels for children at SSG Level 2 of the NATSIP criteria are outlined below. Ordinarily available provision should be available for children who are assessed at levels below caseload thresholds.

| Provision: Some targeted and individual interventions over the week   |   | Reviews: 3 per year   | Documents: Support Plan or Extended Support Plan  |
|---|---|---|---|
| Bespoke Descriptor Level 2  | Identification and Assessment   | Teaching and Learning Strategies, Resources and Physical Environment  | Additional advice and support   |
| <p><b>Hearing Levels/Natsip Score:</b></p> <p>Bilateral sensori-neural hearing level classified as mild with unaided threshold between 0 – 30 dBHL, or mild conductive 0 – 40 dBHL, or an asymmetrical conductive level.</p> <p>Temporary condition, or history of conductive hearing problems.</p> <p>NATSIP Criteria score <math>\leq</math> 20</p> | <p><b>Identification</b></p> <ul style="list-style-type: none"> <li>The child may appear to 'switch off' in a large group</li> <li>The child may have frequent colds/congestion ear infections</li> <li>Setting may notice difficulties and recommend a hearing assessment via the GP.</li> </ul> <p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>Medical diagnosis</li> <li>Teacher of the Deaf to assess functional hearing in early years setting, advice given on reasonable adjustments that enables access to the full range of the EYFS curriculum.</li> </ul> | <p><a href="#">Ordinarily Available provision</a></p> <p><b>Supporting setting practice:</b></p> <ul style="list-style-type: none"> <li>The Qualified Teacher of the Deaf (depending upon hearing level and if the referral is from health services) may visit to assess functional hearing in the setting, a report may be produced with advice given on reasonable adjustments that enables access to all areas of the EYFS curriculum.</li> <li>CPD training offer taken up by setting to raise awareness of different types of hearing level and strategies to reduce barriers to learning</li> </ul> | <p><a href="#">d/Deaf and Hearing Support Service</a></p> <p><a href="#">0-5 SEND Team</a></p> <p>GP</p> <p><a href="#">Audiology/ Hearing Services</a></p> |



## 4B Sensory and Physical: d/Deaf Level 2 (NATSIP Criteria Score 21-34)



Due to the medical nature of a diagnosis of d/Deafness, the Deaf/Hearing Support Service do have a support offer for children who meet the criteria outlined below. The ordinarily available offer should be applied to children whose level of d/Deafness falls into the following levels.

The Qualified Teacher of the Deaf will advise further.

The support levels for children at SSG Level 2 of the NATSIP criteria are outlined below. Ordinarily available provision should be available for children who are assessed at levels below caseload thresholds.

| <b>Provision:</b> Some targeted and individual interventions over the week  |  | <b>Reviews:</b> 3 per year   | <b>Documents:</b> Support Plan or Extended Support Plan  |
|---|--|--|--|
| Bespoke Descriptor Level 2  | Identification and Assessment  | Teaching and Learning Strategies, Resources and Physical Environment   | Additional advice and support  |
| <p><b>Hearing Levels/Natsip Score:</b></p> <p>A bilateral sensori-neural hearing level is classified as mild, with unaided threshold between 21 – 40 dBHL, or unilateral, with hearing level in excess of 60dBHL in the worse ear.</p> <p>NATSIP Criteria score 21-34</p> | <p><b>Identification:</b></p> <p>As above and also:</p> <ul style="list-style-type: none"> <li>• Child may appear to 'switch off' in group situations.</li> <li>• They may look around for the source of a sound (unilateral hearing level) or only turn to one side.</li> <li>• Child may appear distressed if there is a lot of background noise.</li> <li>• Child may mis-hear and therefore not follow instructions, particularly in background noise</li> <li>• Child may appear to pay particular attention to the speaker's face</li> <li>• Child may appear to have a limited attention span</li> </ul> <p><b>Continued on next page</b></p> | <p><u><a href="#">Ordinarily Available provision</a></u></p> <p><b>Supporting setting practice:</b></p> <ul style="list-style-type: none"> <li>• Annual visit plus report from Qualified Teacher of the Deaf to assess functional hearing in the setting, advice given on reasonable adjustments that enables access to all areas of the EYFS curriculum</li> <li>• Outside agencies' advice and recommendations</li> <li>• CPD training offer taken up by setting to raise awareness of different types of hearing level and strategies to reduce barriers to learning. This may include checking and troubleshooting of problems with audiological equipment and encouraging a sign friendly environment.</li> </ul> | <p><u><a href="#">d/Deaf and Hearing Support Service</a></u></p> <p><u><a href="#">0-5 SEND Team</a></u></p> <p>GP</p> <p><u><a href="#">Audiology/ Hearing Services</a></u></p> |



## 4B Sensory and Physical: d/Deaf

### Level 2 (NATSIP Criteria score 21-34) continued



| Bespoke Descriptor<br>Level 2 | Identification and Assessment   | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment | Additional advice and support |
|-------------------------------|---|--|-------------------------------|
|                               | <p><b>Identification (continued):</b></p> <ul style="list-style-type: none"> <li>Child may be quickly fatigued as a result of additional listening and processing demands. Annual visit from Qualified Teacher of the Deaf to assess functional hearing in the setting, advice given on reasonable adjustments that enables access to all areas of the EYFS curriculum.</li> </ul> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>Medical diagnosis</li> <li>Assessment of functional hearing and consultancy by a QTOD from the Deaf/Hearing Support Service.</li> </ul> |  |                               |



## 4B Sensory and Physical: d/Deaf Level 3 (NATSIP Criteria score 35 – 59)



The child has a classified hearing level (see descriptor below). The child may need to use assistive technology to enable them access the curriculum. The child accesses short language development programmes where necessary to promote age-appropriate language and communication skills.

| Provision: Some targeted and individual interventions over the week   |  | Reviews: 3 per year   | Documents: Support Plan or Extended Support Plan   |
|---|--|---|--|
| Bespoke Descriptor Level 3  | Identification and Assessment  | Teaching and Learning Strategies, Resources and Physical Environment  | Additional advice and support  |
| <p>Bilateral sensori-neural Hearing level is classified as moderate with unaided threshold 41-70 dBHL</p> <p>The level may have a significant high frequency element.<br/>NATSIP Criteria score 35 - 59</p> <p><b>Exemplar behaviours:</b></p> <ul style="list-style-type: none"> <li>The child may appear to 'switch off' in group situations.</li> <li>The child may mis-hear and therefore not follow instructions. They may misunderstand or only partially understand information given to them.</li> <li>The child may not respond to being called if the speaker is not in their line of sight.</li> <li>The child may appear to pay particular attention to the speaker's face, and may push to the front in order to see properly.</li> </ul> <p><b>Continued on next page</b></p> | <p>Regular assessment of functional hearing monitoring of communication development and access to all areas of EYFS curriculum by a QTOD.</p> <p>Targeted intervention programmes may be necessary to promote language and communication development.</p> <ul style="list-style-type: none"> <li>Child's voice</li> <li>Parent/Carer voice (may include a structured conversation).</li> <li>Progress meetings</li> <li>One Page Profile/Learner Profile</li> <li>Multi agency planning.</li> </ul> <p>Where outside agency advice is sought, recommendations are followed.</p> <p>Discussion of assistive technology (e.g. radio aids) and application if necessary.<b>Continued on next page</b></p> | <p>Ordinarily Available provision whilst also including:</p> <p><b>Adjustments to Teaching Methods</b></p> <ul style="list-style-type: none"> <li>Consideration of assisted listening device.</li> <li>Correct use of radio aid, if one is applied for – wearing transmitter as recommended by the Qualified Teacher of the Deaf.</li> <li>Be aware of the child's language levels and adapt the way of speaking as needed.</li> <li>The child may need extra time to process learning.</li> <li>For group work, the children should be in a circle or a horseshoe so the child can easily see who is speaking.</li> </ul> <p><b>Continued on next page</b></p> | <p><a href="#">d/Deaf and Hearing Support Service</a></p> <p><a href="#">Educational Psychology Service</a></p> <p><a href="#">Speech &amp; Language Therapy</a></p> <p><a href="#">0-5 SEND Team</a></p> <p>Other external agencies as required</p> <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> |



## 4B Sensory and Physical: d/Deaf

### Level 3 (NATSIP Criteria score 35 – 59) continued



| Bespoke Descriptor<br>Level 3  | Identification and Assessment   | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment  | Additional advice and support |
|--|---|---|-------------------------------|
| <ul style="list-style-type: none"> <li>The child may have unclear speech sounds, particularly if it is a high frequency level. Speech sounds may lack precision and clarity.</li> <li>The child may have restricted vocabulary.</li> <li>The child may get frustrated if they can't make themselves understood. Alternatively, they may seem quiet and withdrawn.</li> <li>The child may watch and copy others rather than responding immediately.</li> <li>The child may be quickly fatigued as a result of additional listening and processing demands.</li> </ul> | <p>An <a href="#">Extended Support Plan</a> may be in place to draw together information, advice, aspirations and planned outcomes. At this level the Deaf / Hearing Support Service should be involved in the writing of the plan and the and termly review process.</p> | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>The child may need more time to complete tasks and that equality of access may mean that they need to do some things differently</li> <li>Adapt teaching to take into account possible language delay. Use a targeted approach to teaching new vocabulary. Repetition and reinforcement of new words. Use repetitive language linked to everyday routines.</li> <li>The child may benefit from some focused language work one-to-one or in small group in a quiet listening environment, as advised by the Qualified Teacher of the Deaf (Teacher of the Deaf)</li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>Make sure the child uses their hearing aids or other listening devices consistently</li> <li>Use of visual aids to support new learning</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 4B Sensory and Physical: d/Deaf Level 3 (NATSIP Criteria score 35 – 59) continued



| Bespoke Descriptor<br>Level 3 | Identification and Assessment | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment  | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <p><b>Support provided by the Deaf/Hearing Support Service:</b></p> <ul style="list-style-type: none"> <li>• Termly or half termly monitoring visits plus an annual report from Qualified Teacher of the Deaf to assess functional hearing in the setting, and monitor language development. Advice given on reasonable adjustments that enables access to all areas of the EYFS curriculum</li> <li>• Assessment of suitability for assistive technology (e.g. radio aid) and provision if appropriate</li> <li>• CPD training offer taken up by setting to raise awareness of different types of hearing level and strategies to reduce barriers to learning. This may include checking and troubleshooting of problems with audiological equipment and encouraging a sign friendly environment.</li> </ul> |                               |



## 4B Sensory and Physical: d/Deaf

### Level 4 (NATSIP Criteria score 60 – 75)



The child has a classified hearing level (see descriptor below). The child's needs are met through modifications to teaching style, and the use of assistive technology to enable access to the curriculum. The child will require a targeted language development programme as directed by the d/Deaf and Hearing Support Service.

| Provision: Frequent, specific specialised input  |  | Reviews: 3 per year  | Documents: Extended Support Plan or EHC Plan   |
|--|--|--|--|
| Bespoke Descriptor Level 4   | Identification and Assessment  | Teaching and Learning Strategies, Resources and Physical Environment   | Additional advice and support  |
| <p>Bilateral sensori-neural hearing level is classified as severe with unaided threshold 71-95 dBHL, and/or NATSIP Criteria score 60 – 75.</p> <p><b>Exemplar behaviours:</b></p> <ul style="list-style-type: none"> <li>The child may not respond to being called if the speaker is not in their line of sight.</li> <li>They will be focussed on speakers' faces and want to be able to have a good view of resources being used in a teaching session.</li> <li>The child will find background noise difficult and struggle to understand in noise.</li> <li>The child may be very visual / tactile in their communication, e.g. tapping for attention, gesturing and pointing, using signs.</li> <li>The child may have delayed language and limited vocabulary.</li> </ul> <p><b>Continued on next page</b></p> | <p>As for Wave 1, including:</p> <ul style="list-style-type: none"> <li>Child voice</li> <li>One Page Profile/Learner Profile</li> <li>Parent/Carer voice</li> <li>Outside agencies' advice and recommendations</li> </ul> <p>A monitoring system should be in place to assess child need, identify outcomes, implement support and monitor and evaluate progress</p> <p>A language tracker may be used.</p> <p>The setting to complete an <a href="#">Extended Support Plan</a> to draw together information, advice, aspirations and planned outcomes. At this level the Vision Support Service QTVI should be involved in the writing of the plan and the and termly review process.</p> <p>Possible <a href="#">EHCP</a></p> | <p>As for Ordinarily available/Wave 1 and level 3 whilst including:</p> <p><b>Adjustments to Teaching Methods</b></p> <ul style="list-style-type: none"> <li>Communication may include the use of sign supported English (SSE), BSL and other sign strategies may be considered.</li> <li>The teacher will need to support all new learning with practical and visual aids</li> <li>Regular consultation with the Qualified Teacher of the Deaf will help to ensure that delivery of learning ensures the child can fully access all curriculum areas</li> <li>Adapt teaching to take into account language delay: a targeted approach to teaching new vocabulary; repeat and reinforce new words; use repetitive language linked to everyday routines.</li> <li>The child may need longer processing time to understand language and learning.</li> </ul> | <p><a href="#">d/Deaf and Hearing Support Service</a></p> <p><a href="#">Educational Psychology Service</a></p> <p><a href="#">Speech &amp; Language Therapy</a></p> <p><a href="#">0-5 SEND Team</a></p> <p>Other external agencies as required</p> <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> |



## 4B Sensory and Physical: d/Deaf

### Level 4 (NATSIP Criteria score 60 – 75) continued



| Bespoke Descriptor<br>Level 4   | Identification and Assessment | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment   | Additional advice and support |
|---|-------------------------------|--|-------------------------------|
| <ul style="list-style-type: none"> <li>The child's speech may be difficult to understand.</li> <li>The child may be physical and tactile in play.</li> <li>The child may get frustrated, upset or angry if they can't make themselves understood.</li> <li>The child may appear withdrawn.</li> <li>The child may watch and copy others rather than responding immediately.</li> <li>The child may be quickly fatigued as a result of additional listening and processing demands.</li> </ul> |                               | <p><b>Adjustments to Teaching Methods (continued)</b></p> <ul style="list-style-type: none"> <li>Use early reading approaches that build up understanding and enjoyment of books and stories, and are based on recognising words in the environment.</li> <li>Teaching of phonics should be discussed with the Qualified Teacher of the Deaf, as this may be particularly difficult</li> <li>The child should be given regular daily opportunities for some focussed language one-to-one or in a small group in a quiet listening environment</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>May require a radio aid to access group learning</li> <li>Make sure the child uses their hearing aids or other listening devices consistently, and that the equipment is checked regularly</li> <li>Use of visual and concrete aids to support new learning</li> <li>Put into practice any specific advice given by the Qualified Teacher of the Deaf (Teacher of the Deaf)</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 4B Sensory and Physical: d/Deaf Level 4 (NATSIP Criteria score 60 – 75) continued



| Bespoke Descriptor<br>Level 4 | Identification and Assessment | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment  | Additional advice and support |
|-------------------------------|-------------------------------|---|-------------------------------|
|                               |                               | <p><b>Support provided by the dDeaf/Hearing Support Service:</b></p> <ul style="list-style-type: none"> <li>• A language development programme of planned by the QTOD, delivered fortnightly or weekly by QTOD or specialist teaching assistant, to promote and support language development. This may be delivered partly through home visits.</li> <li>• May include use of sign language to support the learning of new vocabulary</li> <li>• CPD training offer taken up by setting to raise awareness of different types of hearing level, language development implications, and strategies to reduce barriers to learning</li> <li>• CPD training in day to day checking and trouble-shooting of problems with audiological equipment</li> <li>• CPD to encourage a sign language friendly environment (as appropriate)</li> </ul> |                               |



## 4B Sensory and Physical: d/Deaf Level 5 (NATSIP Criteria score 75 +)



The child has a classified hearing level (see descriptor below). The child needs sign language to access language and learning. The child needs all aspects of the Early Years Foundation Stage curriculum to be significantly differentiated.

| <b>Provision:</b> Daily, specific specialised input at all times across all aspects of the curriculum  |   | <b>Reviews:</b> 3 per year  | <b>Documents:</b> Extended Support Plan or EHC Plan  |
|--|---|---|--|
| Bespoke Descriptor Level 5   | Identification and Assessment   | Teaching and Learning Strategies, Resources and Physical Environment  | Additional advice and support  |
| <p>Bilateral sensori-neural hearing level is classified as severe with unaided threshold 71-95 dBHL, or profound with unaided threshold in excess of 95 dBHL.</p> <p>There may be evidence of language delay</p> <p>NATSIP Criteria score 75 +</p> <p><b>Exemplar behaviours:</b></p> <ul style="list-style-type: none"> <li>The child will be unaware that someone is speaking to them if they are not watching.</li> <li>They will be focussed on speakers' faces and want to be able to have a good view of resources being used in a teaching session.</li> <li>The child may be very visual / tactile in their communication, e.g. tapping for attention, gesturing and pointing, using signs</li> </ul> <p><b>Continued on next page</b></p> | <p>As for Wave 1 and 2 whilst including:</p> <ul style="list-style-type: none"> <li>Child voice</li> <li>Parent/carer voice</li> <li>Outside agencies' advice and recommendations</li> </ul> <p>A monitoring system should be in place to assess the child's needs, identify outcomes, implement support and monitor and evaluate progress</p> <p>Use of a language programme to monitor language development</p> <p>The setting will have an <a href="#">Extended Support Plan</a> or <a href="#">EHCP</a> in place to support the child</p> | <p>As for Ordinarily available/Wave 1/Wave 2, level 3 and 4 whilst including:</p> <p><b>Adjustments to Teaching Methods</b></p> <ul style="list-style-type: none"> <li>Communication may include the use of sign supported English (SSE), British Sign Language (BSL) or other sign strategies may be considered.</li> <li>Access to staff with sign language skills as appropriate</li> <li>Awareness of the impact of hearing level on social and emotional development</li> <li>The teacher will need to support all new learning with practical and visual aids</li> <li>Regular consultation with the Qualified Teacher of the Deaf will help to ensure that delivery of learning ensures the child can fully access all curriculum areas</li> <li>Practitioners should be aware that the child may need longer processing time to understand language and learning.</li> </ul> <p><b>Continued on next page</b></p> | <p><a href="#">d/Deaf and Hearing Support Service</a> this will include regular teaching from a Teacher of the Deaf, provision of a radio aid if applied for, and may also include specialist TA support</p> <p><a href="#">Educational Psychology Service</a> at the point of statutory assessment</p> <p><a href="#">0-5 SEND Team</a></p> <p><a href="#">Speech &amp; Language Therapy</a></p> <p><a href="#">Audiology/ Hearing Services</a></p> |



## 4B Sensory and Physical: d/Deaf

### Level 5 (NATSIP Criteria score 75 +) continued



| Bespoke Descriptor<br>Level 5  | Identification and Assessment | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment  | Additional advice and support |
|--|-------------------------------|---|-------------------------------|
| <b>Exemplar behaviours (continued):</b> <ul style="list-style-type: none"> <li>• The child may have delayed language and limited understanding of vocabulary.</li> <li>• The child may be physical and tactile in play.</li> <li>• The child may get frustrated, upset or angry if they can't make themselves understood.</li> <li>• The child may be quickly fatigued as a result of additional listening and processing demands.</li> <li>• The child may be withdrawn.</li> <li>• The child may watch and copy others rather than respond immediately.</li> </ul> |                               | <b>Adjustments to Teaching Methods (continued)</b> <ul style="list-style-type: none"> <li>• Teaching that takes into account language delay: a targeted approach to teaching new vocabulary; repetition and reinforcement of vocabulary; the use of repetitive language linked to everyday routines.</li> <li>• Early reading approaches that build up understanding and enjoyment of books and stories and are based on recognising words in the environment.</li> <li>• Any planning teaching of phonics should be discussed with the Teacher of the Deaf.</li> <li>• The child should be given opportunities for some focussed language one-to-one or in a small group in a quiet listening environment</li> </ul> <b>Resources:</b> <ul style="list-style-type: none"> <li>• A high level of adult support for learning, health and safety and risk management</li> <li>• In-class support from the Deaf/Hearing Support Service, which may include SSE or BSL</li> </ul> <b>Continued on next page</b> |                               |



## 4B Sensory and Physical: d/Deaf Level 5 (NATSIP Criteria score 75 +) continued



| Bespoke Descriptor<br>Level 5 | Identification and Assessment | Teaching and Learning<br>Strategies, Resources and Physical<br>Environment   | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Support provided by the Deaf/Hearing Support Service:</b></p> <ul style="list-style-type: none"> <li>• A language development programme planned by the QTOD, delivered fortnightly or weekly by QTOD or specialist teaching assistant, to promote and support language development. This may be delivered partly through home visits.</li> <li>• Advice to staff on the factors affecting the social and emotional development of a child with hearing level.</li> <li>• CPD training offer taken up by setting to raise awareness of different types of hearing level, language development implications, and strategies to reduce barriers to learning</li> <li>• CPD training in day to day checking and trouble-shooting of problems with audiological equipment</li> <li>• CPD to encourage a sign language friendly setting environment (as appropriate).</li> </ul> |                               |





## 4B Sensory and Physical: d/Deaf Resources and Support



### Resources

- [National Deaf Children's Society](#)
- [Deaf Education](#)
- [British Deaf Association](#)
- [Twinkl website](#) - online teaching and education materials
- [CBBC Newsround](#) - news and fun facts for kids
- [Advanced Bionics BabyBeats™](#) - app which stimulates babies' senses through musical activities
- [Signed Stories](#) - storytelling app with BSL translation

### Support

- [Disability Living Allowance \(DLA\)](#)
- [Disability Access Funding / Early Years Inclusion Funding](#) may be appropriate to support and enhance the provision in place



## 4C Sensory and Physical: Physical Difficulties

### Ordinarily Available



This is Universal Support – as part of the Graduated Response. See [assessment tools](#), [interventions and further support](#) that supports your practice.

Ordinarily Available provision and practice approaches for all children with a recognition that some children may require very time-limited support to secure effective application of skills and increase their engagement and access to all areas of school life. The setting will lead in this approach.

The table on the following pages references 4 key areas for Visual differences that would constitute reasonable adjustments if embedded within the setting.

#### Ordinarily Available Strategies for Children and Young People with a Physical Disability

|                                     |   |  |
|-------------------------------------|---|--|
| Positive and Effective Relationship | <ul style="list-style-type: none"> <li>Supportive strategies could include additional modelling and/or targeted support, extra praise/encouragement, extra practice, more time (e.g. during functional tasks such as getting shoes/coats on and off), breaking tasks down into smaller steps for the child, opportunities to practise motor skills with distractions minimised, changing objects/materials used (e.g. chunkier, lighter weight, lower height as appropriate) and/or occasional physical help/hand over hand assistance to guide the child in activities they find challenging.</li> </ul> | <ul style="list-style-type: none"> <li>Repetition of adult prompting and praise for children to meet motor goals including self-care skills</li> <li>Adults direct/support child to practise motor activities</li> <li><a href="#">Social stories</a> if appropriate</li> </ul>    |
| Enabling Environments               | <p>Consider the use of</p> <ul style="list-style-type: none"> <li>Pencil grips (similar support can be gained through using blue tac/elastic band for older children)</li> <li>Easi-grip scissors</li> <li>Sloped work surface</li> <li>Movin' sit cushion</li> </ul>   | <ul style="list-style-type: none"> <li>Allowing additional time and support when getting changed.</li> <li>Reminders and support at lunch times if needed for eating/ cutlery skills</li> <li>Reminders and some support if appropriate for self-care such as toileting</li> </ul> |

Continued on next page



## 4C Sensory and Physical: Physical Difficulties

### Ordinarily Available continued



|                    |  |
|--------------------|--|
| Access to Learning | <p>Access to activities/equipment with some targeted support if needed which promote:</p> <ul style="list-style-type: none"> <li>• Fine motor development e.g. tactile sensory play, play dough, beads, pegs, construction toys, scissors, craft activities, varied mark making materials, tongs</li> <li>• Gross motor development e.g. outdoor play equipment, soft play equipment, trikes, scooters, push along and ride on toys, play surfaces at a variety of heights, balls, prams, mops/brushes in play based scenarios, balance activities</li> <li>• Access to life skill orientated learning, e.g. dressing up, cutlery, to allow practise of developmentally appropriate skills, e.g. doing up a zip</li> </ul> <ul style="list-style-type: none"> <li>• Range of pens/pencils/crayons etc, including chunky, triangular and shorter lengths to promote pencil grasp development.</li> <li>• Easi grip scissors / loop scissors / left-handed scissors</li> <li>• Appropriate height seating for all children, so that feet are supported on the floor for fine motor activities. Consider using a block/step stool under the feet if feet do not fully contact floor in sitting.</li> <li>• Generic fine motor programmes e.g. Twinkl fine motor programmes, play dough mats</li> <li>• Repetition and focus on building skills in a range of practical tasks. Make use of the <a href="#">Motor Skills Clinic</a> help sheets and videos.</li> <li>• <a href="#">Fine Motor Skill Activities for Pre-School and Younger Children</a></li> <li>• <a href="#">Life skills advice for younger children</a></li> <li>• <a href="#">Make use of Recognising Motor Difficulties</a> – A resource for educators</li> </ul> |
| Communication      | <ul style="list-style-type: none"> <li>• Repetition of adult prompting and praise for children to meet motor goals including self-care skills</li> <li>• Establish goals and use a consistent approach agreed with parents when working on independence</li> </ul>   |



## 4C Sensory and Physical: Physical Difficulties

### Level 3



|   |  |  |  |
|---|--|--|--|
| The child has a moderate motor impairment/disordered motor skills which could impact significantly on the child's overall level of function and participation without appropriate support which may include equipment/environmental modification as well as targeted intervention. Skill development is achieved through a combination of approaches (including small group interventions and 1:1 individualised support in and out of the main nursery group) following advice/support from NHS professionals as appropriate   |  |  |  |
| <b>Provision:</b> Some targeted and individual interventions over the week  |  | <b>Reviews:</b> 3 per year   | <b>Documents:</b> Support Plan or Extended Support Plan  |
| Bespoke Descriptor<br>Level 3   | Identification and Assessment  | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support  |
| <p><b>Moderate motor impairment and/or disordered motor skills</b></p> <p><b>Participation:</b></p> <ul style="list-style-type: none"> <li>Motor difficulties impact significantly on ability to participate in several aspects of nursery and social / leisure activities. Additional adult assistance required for many activities. Activities and the environment need to be modified. Close supervision needed in some situations for inclusion and/or safety.</li> </ul> <p><b>Mobility:</b></p> <ul style="list-style-type: none"> <li>May be independently mobile; Might have an unusual walking pattern; May be slower than peers at walking; Might need an aid to support walking; May need a wheelchair/pushchair (more than is typical/appropriate for age) for longer distances due to fatigue <b>Continued on next page</b></li> </ul> | <p>Assessment of mobility and access within Provision/Base by Physiotherapist or Occupational Therapist</p> <p>Risk assessment assessing the child's safety in free flow and other environments including setting trips.</p> <ul style="list-style-type: none"> <li>Observation</li> <li>Data tracking</li> <li>Teacher assessments</li> <li>Child Progress meetings</li> <li>Child voice</li> <li>One Page Profile/Learner Profile</li> <li>Parent/Carer voice</li> </ul> <p>An <a href="#">Extended Support Plan</a> may be in place to draw together information, advice, aspirations and planned outcomes</p> <p><b>Continued on next page</b></p> | <p>Ordinarily Available provision whilst also including:<br/><b>Adjustments to Teaching Methods</b><br/>Staff should consider and implement as appropriate:</p> <ul style="list-style-type: none"> <li>Likely to require modification/adaptation to tasks to enable access to aspects of the provision/early years curriculum</li> <li>Whole base teaching but with regular and focused individual support which aim to develop the child's skills and independence.</li> <li>Additional adult support to access e.g. outdoor play equipment within the child's interests</li> <li>Additional supervision during free flow times to maintain safety while supporting participation/inclusion for children who are less mobile than their peers and/or to reduce obstacles and hazards for children who are less mobile or who may be using a walking aid</li> </ul> <p><b>Continued on next page</b></p> | <p>Assessment from <a href="#">Physiotherapist or Occupational Therapist</a> with report or advice and possibly an episode of care or ongoing support offered including potential equipment provision.</p> <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p>Multi-disciplinary Team meeting</p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



## 4C Sensory and Physical: Physical Difficulties

### Level 3 continued



| Bespoke Descriptor<br>Level 3  | Identification and Assessment   | Teaching and Learning<br>Strategies and Interventions   | Additional advice and support |
|--|---|---|-------------------------------|
| <p><b>Splints:</b></p> <ul style="list-style-type: none"> <li>May wear splints on leg(s)/ arms(s)/hand(s).</li> </ul> <p><b>Gross Motor Skills (based on Cerebral Palsy GMFCS level III):</b></p> <ul style="list-style-type: none"> <li>May need support to get on and off the carpet.</li> <li>Infants up to 2:<br/>Can floor sit with either low back support or propping through their hands. Child may move via rolling or crawling. Some children may pull to stand and step holding onto furniture.</li> <li>Age 2-3:<br/>Can floor sit but may have difficulty with balance. May or may not be able to get in and out of sitting independently. Child can move on the floor by creeping or crawling or bottom shuffling (may do this in an unusual way) Crawling may be their preferred method of mobility. Child may be able to pull to stand at a stable surface and cruise. Child may be able to walk with a walker with or without adult assistance.</li> </ul> <p><b>Continued on next page</b></p> | <p><a href="#">Screening tools and / or assessment tools as identified</a></p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> | <p><b>Grouping:</b></p> <p>A programme of support planned by <a href="#">Physiotherapist or Occupational Therapist</a>, may include access to activities / equipment / support which have been advised by child's therapist for:</p> <ul style="list-style-type: none"> <li>Gross motor development</li> <li>Life/Independence skills</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>As detailed in the ordinarily available provision section whilst also including:</li> <li>May need time and space for setting staff to deliver a therapy programme advised by Physiotherapist/ Occupational Therapist.</li> <li>May need adult support to access some specialist equipment. May need space for and support/ opportunity to use specialist equipment (provided by therapy services) for mobility, sitting, toileting etc.</li> <li>May need specific or adaptive cutlery, cup, Dycem non-stick mat etc.</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 4C Sensory and Physical: Physical Difficulties

### Level 3 continued



| Bespoke Descriptor<br>Level 3  | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|--|-------------------------------|--|-------------------------------|
| <p><b>Gross Motor Skills (based on Cerebral Palsy GMFCS level III continued):</b></p> <ul style="list-style-type: none"> <li>Age 4-5:<br/>Can sit on a standard chair. Some children may need additional trunk and/or pelvic support for best hand function. Can generally get in/out of a chair using a stable surface to push on. Can walk indoors with/without an assistive device. They may be able to walk short distances on level surfaces outdoors. They can walk climb stairs with assistance from an adult or some children may be able to climb stairs using a rail. They are unable to run or jump.</li> </ul> <p><b>Fine Motor Skills (based on Cerebral Palsy MACS level II-III)</b></p> <ul style="list-style-type: none"> <li>Can handle a wide variety of objects, though they may take longer and do so with less quality or limited variation in their manipulative skills. They may need a lot of guidance and practice to learn how to handle objects. Some activities may be performed independently if they have been set up or adapted. Children will likely need regular adult assistance using objects.</li> </ul> |                               | <p><b>Resources (continued):</b></p> <ul style="list-style-type: none"> <li>May benefit from opportunities to develop skills using technology such as a tablet.</li> <li>Risk assessment assessing the child's safety in free flow and other environments may be in place NB: A Level 3 child may move up to Level 4 in the SSG due to e.g. periods of rapid growth, surgery, transition to a setting/room requiring more significant environmental adaptation.</li> <li>The child may have significant potential to improve/deteriorate at these points without therapy guided intervention.</li> </ul> |                               |





## 4C Sensory and Physical: Physical Difficulties

### Level 4



|   |  |   |  |
|---|--|---|--|
| <p>The Child has a severe motor impairment impacting significantly on many areas of participation and function. The child has some ability to maintain positions without equipment and/or some limited independent movement but needs adult help to change position e.g. in and out of seating, on and off the floor. They need specialist equipment, highly individualised support and one to one assistance to build physical skills, and/or to maximise participation despite physical limitations. The child will have involvement of Physiotherapy or Occupational Teams (or both) which may be intermittent episodes of care.</p>   |  |   |  |
| <b>Provision:</b> Frequent, specific specialised input  |  | <b>Reviews:</b> 3 per year  | <b>Documents:</b> Extended Support Plan or EHC Plan  |
| Bespoke Descriptor Level 4  | Identification and Assessment  | Teaching and Learning Strategies and Interventions  | Additional advice and support  |
| <p><b>Significant Motor Impairment Participation:</b></p> <ul style="list-style-type: none"> <li>Needs adult assistance to access the environment and for most or all activities.</li> </ul> <p><b>Mobility:</b></p> <ul style="list-style-type: none"> <li>May have some independent movement but is likely to need adult help to change position, and/or move from one piece of equipment to another. Will need an adult to move around their environment or will be dependent on equipment to do so.</li> </ul> <p><b>Splints:</b></p> <ul style="list-style-type: none"> <li>May wear splints on leg(s)/or arm(s)/hand(s).</li> </ul> <p><b>Seating:</b></p> <ul style="list-style-type: none"> <li>Likely to require May need specialist supportive seating and/or a specialist pushchair/ wheelchair.</li> </ul> <p><b>Continued on next page</b></p> | <p>Physiotherapist / Occupational Therapist and other involved professional reports and assessments</p> <ul style="list-style-type: none"> <li>Observation</li> <li>Data tracking</li> <li>Teacher assessments</li> <li>Child Progress meetings</li> <li>Child voice</li> <li>One Page Profile/Learner Profile</li> <li>Parent/Carer voice</li> </ul> <p>An <a href="#">Extended Support Plan</a> / <a href="#">EHCP</a> may be in place to draw together information, advice, aspirations and planned outcomes.</p> <p><a href="#">Assessment tools as identified</a> to unpick need and measure impact of support</p> <p><b>Continued on next page</b></p> | <p><b>Adjustments to Teaching Methods</b><br/>As for level 3 whilst also including:</p> <p><b>Grouping</b></p> <ul style="list-style-type: none"> <li>Daily individual support to work on modified curriculum/provision, including adult support to access physical activities with a differentiated programme/targets planned in consultation with Physiotherapist/Occupational Therapist</li> <li>Therapy programmes as advised by PT/OT</li> <li>Will need adult help to change position, and/or from one piece of equipment to another e.g. when toileting, transitioning from specialist seating to wheelchair. If hoisting is required will need adult support to transfer between items of specialist equipment.</li> <li>Settings will need to risk assess moving and handling and may need to ensure staff are trained in safe moving and handling</li> </ul> <p><b>Continued on next page</b></p> | <p>Assessment from <a href="#">Physiotherapist or Occupational Therapist</a> with report or advice and possibly an episode of care or ongoing support offered including potential equipment provision.</p> <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p>Multi-disciplinary Team meeting</p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



## 4C Sensory and Physical: Physical Difficulties

### Level 4 continued



| Bespoke Descriptor<br>Level 4  | Identification and Assessment   | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|--|---|--|-------------------------------|
| <p><b>Functional Skills:</b></p> <ul style="list-style-type: none"> <li>Needs significant adult help with tasks such as un/dressing, feeding, toileting due to motor impairment.</li> </ul> <p><b>Gross Motor Skills (based on Cerebral Palsy GMFCS level IV)</b></p> <ul style="list-style-type: none"> <li>Infants up to 2:<br/>May be able to roll. They have head control but require trunk support for sitting.</li> <li>Age 2-3:<br/>The child can floor sit when placed but is unable to maintain balance without using hands. Independent self mobility (short distances) may be achieved through rolling, creeping or modified crawling. Likely to require specialist equipment for sitting and standing.</li> <li>Age 4-5:<br/>Requires supportive seating for safety and to maximise their hand function. Child will need adult support to assist them into and out of a chair. Maybe be able to walk short distances with a supportive walker and adult supervision/support.</li> </ul> <p><b>Continued on next page</b></p> | <p>Personalised assessments are in place to support physical and wider, holistic needs such as Cognition and Learning or Speech and Language e.g. Locke &amp; Beech, PIVATS, B Squared</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> | <p><b>Grouping (continued)</b></p> <ul style="list-style-type: none"> <li>Extra adult help with self-care tasks such as dressing, toileting/changing, feeding. This should incorporate strategies to support and promote independence where appropriate taking into account advice from OT and/or other outside agencies</li> </ul> <p><b>Physical Environment:</b></p> <ul style="list-style-type: none"> <li>Adaptations to physical environment as advised by physiotherapist and Occupational Therapist this may include hoisting.</li> <li>The child will generally be using a buggy, wheelchair or other specialist equipment some or all of the time to move around the setting.</li> <li>Adaptation/monitoring of the environment will be required to ensure circulation space in equipment to support participation and inclusion in the full range of areas/activities offered at the setting, and maximise inclusion and opportunity for interaction with peers</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 4C Sensory and Physical: Physical Difficulties

### Level 4 continued



| Bespoke Descriptor<br>Level 4  | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions   | Additional advice and support |
|--|-------------------------------|---|-------------------------------|
| <p><b>Fine Motor Skills (based on Cerebral Palsy Mini MACS level IV):</b></p> <ul style="list-style-type: none"> <li>Handles a limited selection of easily managed objects in simple actions. Performs actions with effort and with reduced accuracy/consistency. Requires constant adult help to handle and use objects.</li> </ul> |                               | <p>In collaboration with Occupational Therapist/Physiotherapist the following areas will be considered:</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>Specialist equipment, these items would be provided by therapy services where appropriate to the child's needs. This may include: <ul style="list-style-type: none"> <li>specialist equipment for standing</li> <li>specialist walking aid</li> <li>specialist seating</li> <li>manual handling aids</li> <li>orthotics (e.g. leg or hand splints, specialist footwear)</li> <li>toilet/change equipment (changing plinth, toilet frame* etc)</li> <li>specialist cutlery</li> </ul> </li> </ul> <p><b>Assistive Technology:</b></p> <ul style="list-style-type: none"> <li>Access to technology appropriate to the child's learning level as well as physical skills, e.g. tablet, switches changing plinth, manual handling aids. As advised from Occupational Therapy.</li> </ul> <p><b>Continued on next page</b></p> |                               |



## 4C Sensory and Physical: Physical Difficulties

### Level 4 continued



| Bespoke Descriptor<br>Level 4 | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p><b>Mobility:</b></p> <ul style="list-style-type: none"> <li>• Uses a wheelchair some/all of the time to move around the setting.</li> <li>• Will need adult support to change position, and/or from one piece of equipment to another. E.g. when toileting, transitioning from specialist seating to wheelchair</li> </ul> <p><b>Recording:</b></p> <ul style="list-style-type: none"> <li>• Early access to assistive technology e.g. tablet, switches may be important to give a basis for developing important skills for longer term access to education.</li> <li>• Children at level 4 may need to use technology as an alternative means of accessing the curriculum and recording their work as they move into formal education.</li> </ul> |                               |



## 4C Sensory and Physical: Physical Difficulties

### Level 5



Child is fully dependent on adults and/or equipment to maintain positions and to move. They have a complex physical disability affecting their whole body and would require specialist equipment to achieve safe sitting and standing positions. They will have Physiotherapy / Occupational Team involvement.

| <b>Provision:</b> Daily, specific specialised input at all times across all aspects of the curriculum  |  | <b>Reviews:</b> 3 per year  | <b>Documents:</b> Usually have an EHC Plan   |
|--|--|---|--|
| Bespoke Descriptor Level 5   | Identification and Assessment  | Teaching and Learning Strategies and Interventions  | Additional advice and support  |
| <p><b>Severe motor impairment affecting whole body</b></p> <p><b>Participation:</b></p> <ul style="list-style-type: none"> <li>Needs full assistance to access all areas of the environment and activities.</li> </ul> <p><b>Mobility:</b></p> <ul style="list-style-type: none"> <li>Does not have any independent floor mobility, uses a pushchair, wheelchair or is carried everywhere around nursery. Needs total assistance to change positions.</li> </ul> <p><b>Splints:</b></p> <ul style="list-style-type: none"> <li>May wear splints on leg(s)/ arm(s)/ hand(s).</li> </ul> <p><b>Seating:</b></p> <ul style="list-style-type: none"> <li>Will need a specialist chair.</li> </ul> <p><b>Continued on next page</b></p> | <p>Physiotherapist / Occupational Therapist and other involved professional reports and assessments.</p> <ul style="list-style-type: none"> <li>Observation</li> <li>Data tracking</li> <li>Teacher assessments</li> <li>Child Progress meetings</li> <li>Child voice</li> <li>One Page Profile/Learner Profile</li> <li>Parent/Carer voice</li> </ul> <p>An <a href="#">EHCP</a> will need to be in place to draw together information, advice, aspirations and planned outcomes.</p> <p><a href="#">Assessment tools as identified</a>, where and when they can be used to help unpick need and measure impact of support</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> | <p>There is agreement between professionals (0-5 SEND Team, Educational Psychology Service, Locality SENCO, Local Authority SEND Manager etc.) that the child's needs and provision in place constitute a Level 5.</p> <p>Staff should have considered and implemented effective and appropriate strategies from previous levels, especially level 4. In addition, the following will be in place:</p> <p><b>Adjustments to Teaching Methods</b></p> <p>Staff should consider (in consultation with outside agencies) and implement as appropriate:</p> <ul style="list-style-type: none"> <li>Extensive use of specialist equipment for positioning and postural management, as provided and directed by Occupational Therapist/ Physiotherapist</li> </ul> <p><b>Continued on next page</b></p> | <p>Assessment from <a href="#">Physiotherapist or Occupational Therapist</a> with report or advice and possibly an episode of care or ongoing support offered including potential equipment provision.</p> <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><a href="#">0-5 SEND Team</a></p> <p><a href="#">Educational Psychology Service</a> at the point of statutory assessment.</p> <p>Multi-disciplinary Team meeting</p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



## 4C Sensory and Physical: Physical Difficulties

### Level 5 continued



| Bespoke Descriptor<br>Level 5   | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions   | Additional advice and support |
|---|-------------------------------|---|-------------------------------|
| <p><b>Functional Skills:</b></p> <ul style="list-style-type: none"> <li>Dependent on an adult for all tasks such as dressing, feeding, toileting/ hygiene due to motor impairment. They may have a feeding tube or specialist diet due to an unsafe swallow.</li> </ul> <p><b>Gross Motor Skills (based on Cerebral Palsy GMFCS level V):</b></p> <ul style="list-style-type: none"> <li>Has physical impairments that limit voluntary control of movement. Has significant difficulty with head and trunk control in sitting or upright positions.</li> <li>Impaired in all areas of motor function. Can only sit or stand with support of specialist equipment.</li> <li>Cannot independently move around the environment (e.g. roll, crawl, walk).</li> <li>May begin to explore specialist adapted powered mobility with the assistance of an adult.</li> </ul> <p><b>Fine Motor skills (based on Mini MACS level V)</b></p> <ul style="list-style-type: none"> <li>May not handle objects. At best the child can push, touch, press, or hold a few items with constant adult support.</li> </ul> |                               | <ul style="list-style-type: none"> <li>Extensive adult support to access differentiated activities</li> <li>A fully accessible physical environment with good access and circulation space for use of above equipment</li> <li>Full adult support for all changes of position. Changes of position should be offered frequently, following positioning advice from physiotherapy/occupational therapy and any handling plan/risk assessment put in place by the setting. Moving and handling tasks should be risk assessed by the setting and staff trained in safer manual handling where relevant</li> <li>As for Level 4, children at Level 5 should be supported to begin developing skills using technology where appropriate, in consultation with outside agencies (Occupational Therapist, Speech and Language Therapist, Educational Psychologist etc). This could include switches, eye gaze technology. This may be important for the child's long-term participation in a variety of aspects of life</li> </ul> |                               |





## 4C Sensory and Physical: Physical Difficulties

### Level 5 continued



| Bespoke Descriptor<br>Level 5   | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions   | Additional advice and support |
|---|-------------------------------|---|-------------------------------|
| <p><b>Functional Skills:</b></p> <ul style="list-style-type: none"> <li>Dependent on an adult for all tasks such as dressing, feeding, toileting/ hygiene due to motor impairment. They may have a feeding tube or specialist diet due to an unsafe swallow.</li> </ul> <p><b>Gross Motor Skills (based on Cerebral Palsy GMFCS level V):</b></p> <ul style="list-style-type: none"> <li>Has physical impairments that limit voluntary control of movement. Has significant difficulty with head and trunk control in sitting or upright positions.</li> <li>Impaired in all areas of motor function. Can only sit or stand with support of specialist equipment.</li> <li>Cannot independently move around the environment (e.g. roll, crawl, walk).</li> <li>May begin to explore specialist adapted powered mobility with the assistance of an adult.</li> </ul> <p><b>Fine Motor skills (based on Mini MACS level V)</b></p> <ul style="list-style-type: none"> <li>May not handle objects. At best the child can push, touch, press, or hold a few items with constant adult support.</li> </ul> |                               | <p><b>Adjustments to Teaching Methods (continued):</b></p> <ul style="list-style-type: none"> <li>Full assistance with dressing, feeding, toileting etc</li> <li>Opportunities for the child to participate in adapted ways incorporated throughout learning, play and functional/life skills activities. This may include enhancing sensory experiences, maximising opportunities for communication/choice making, support/opportunities for the child to complete simple steps of an activity where able, supporting opportunities for child to share in activities/interactions with peers. Appropriate strategies would be individualised and identified collaboratively with setting staff, family and outside agencies including health professionals.</li> </ul> |                               |



# 4C Sensory and Physical: Physical Difficulties

## Screening, Interventions and Support



### Screening Tools

- MATCH flyers [Recognising Motor Difficulties](#) - provides prompts to consider if a child has a motor difficulty and ideas for support

### Interventions

- Ideas and support for [life skills advice for younger children](#)
- [Lincolnshire 1st Move checklist and interventions](#) - 1st Move is a resource intended for use both by parents/carers and in nursery/schools by teachers and support staff. It is written to be a 'child friendly' approach focussing on skill development. 1st Move emphasises functional skill development

### Support

- [Disability Living Allowance \(DLA\)](#)
- [Disability Access Funding / Early Years Inclusion Funding](#) may be appropriate to support and enhance the provision in place
- Information from the [Early Years Therapy Services](#)
- Refer to the Early Years Therapy Team for children who have delay or difficulties with their motor skills who are not already known to Occupational therapy or Physiotherapy.
- Seek information from the [physiotherapy and occupational therapy teams](#) for an overview of services and support.
- Seek support from the [Musculoskeletal Physiotherapy Outpatients Team](#): For any problems relating to recent injuries and pain.
- Seek support from the [Rheumatology Team](#): For concerns regarding hypermobility and joint pain.
- See 4E Sensory and/or Physical-Sensory of SSG for pre-school children experiencing difficulties with sensory processing
- Seek advice for Sleep - [Sleep Service](#)
- Be aware and make arrangements for children with physical difficulties for [Fire Evacuations](#)
- Further resources can be found in the [Sheffield Children's NHS Resource Library](#)



## 4C Sensory and Physical: Physical Difficulties Equipment



### Equipment

- [Fledglings](#) - Adaptive Clothing inc Swimwear & Shoes, Bedding, Disability & Sensory Aids & more.
- [The William Merritt Disabled Living Centre](#) is a registered charity and since 1981 has offered impartial and professional advice for children and adults living with a disability or long-term condition. The Centre carries out assessments for members of the public to help them choose and use daily living aids with confidence and enhance their independence.
- [Crelling Harnesses](#) - is a friendly family based company offering a full range of seatbelts and harnesses for children and adults with special needs.
- [The Challenging Behaviour Foundation](#)



# 4D    Sensory and Physical: Medical

## Level 3



Coming soon

|  |                               |   |   |
|--|-------------------------------|---|---|
| <b>Provision:</b> Some targeted and individual interventions over the week |                               | <b>Reviews:</b> 3 per year                            | <b>Documents:</b> Support Plan or Extended Support Plan |
| Bespoke Descriptor<br>Level 3  | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions | Additional advice and support                           |
|  |                               |   |   |



# 4D    Sensory and Physical: Medical Level 4



|  |                               |   |   |
|--|-------------------------------|---|---|
| Coming soon  |                               |   |   |
| <b>Provision:</b> Frequent, specific specialised input |                               | <b>Reviews:</b> 3 per year                            | <b>Documents:</b> Extended Support Plan or EHC Plan |
| Bespoke Descriptor<br>Level 4                          | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions | Additional advice and support                       |
|  |                               |   |   |



# 4D Sensory and Physical: Medical Level 5



|   |                               |   |  |
|---|-------------------------------|---|--|
| Coming soon   |                               |   |  |
| <b>Provision:</b> Daily, specific specialised input at all times across all aspects of the curriculum |                               | <b>Reviews:</b> 3 per year                            | <b>Documents:</b> Usually have an EHC Plan |
| Bespoke Descriptor<br>Level 5   | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions | Additional advice and support              |
|   |                               |   |  |





## 4E Sensory and Physical: Sensory needs



At all levels, consider where the sensory needs maybe coming from e.g. an autism profile, an unmet communication need, a trauma response etc. to help guide if there may be other areas of the child's profile that would benefit from support.

### Ordinarily Available

This is Universal Support – as part of the Graduated Response. See [assessment tools and interventions](#) that supports your practice.

Ordinarily Available provision and practice approaches for all learners with a recognition that some children may require very time-limited support to secure effective application of skills and increase their engagement and access to all areas of school life. The setting will lead in this approach.

The table on the following pages references 4 key areas for sensory differences that would constitute reasonable adjustments if embedded within the classroom/school.

#### Ordinarily Available Strategies for Children and Young People with Sensory Needs

##### Positive and Effective Relationship

- Capture Pupil Voice: use observation over a period of time to capture the child's sensory preferences and triggers.
- If able to use [Talking Mats](#) which is visual, differentiated way of capturing Pupil Voice.
- Support in unstructured times, pre-empting sensory needs and making adaptations as appropriate.
- Observe closely and document for reference signals that indicate the child is becoming overwhelmed and respond appropriately.
- Social Stories and visuals may be used to help young people cope with change/new experiences if appropriate.

Continued on next page



## 4E Sensory and Physical: Sensory needs Ordinarily Available continued



|                       |  |  |
|-----------------------|--|--|
| Enabling Environments | <ul style="list-style-type: none"> <li>• Ensure the child is drinking, eating and toileting regularly – consider making a chart if needed.</li> <li>• The setting is organised to emphasise open space.</li> <li>• The child is supported to understand how to organise resources and play equipment.</li> <li>• The setting ensures spaces are available that provide low stimulus.</li> <li>• Use of noise cancelling headphones available</li> <li>• Reasonable adjustments made for clothing as needed.</li> <li>• Weighted items (e.g. blanket peanut ball or gym ball) and tactile objects available where appropriate</li> <li>• Transition times are managed effectively, so that noise levels are not excessive, and the child knows what to expect. This could mean the child transitioning 5 mins earlier than their peers and having access to visuals or objects to aid transition.</li> <li>• Offer a range of sensory equipment e.g. wobble cushion, stress ball, chewlerry, peanut ball and fiddle toys.</li> <li>• Whole base / setting sensory profile completed and adaptations made where needed</li> <li>• Consider individual sensory profile</li> </ul> | <ul style="list-style-type: none"> <li>• All staff to adopt a Low Arousal Approach Sheffield City Council\Desktop\Low arousal classroom environment approaches.docx</li> <li>• Use movement breaks at the first signs of stress, where appropriate and possible. Offer physical activity to allow them to expel energy/stress and gain proprioceptive feedback. For some children this could be delivering a note, carrying some books etc.</li> <li>• Consider sensory circuits</li> <li>• Ensure the child can access a 'Regulating Space' in the setting – free to access when in crisis. Practice moving to this space if appropriate and possible, when the child is in a Low Arousal state.</li> <li>• Ensure the child with sensory issues can access a toilet, or changing space other than the pupil toilets if needed e.g. disabled toilet, staff toilet.</li> <li>• Offer the child access to a peg/coat hook at the end of a line or a space separate from the others if needed.</li> <li>• Low Arousal Approach - <a href="http://www.studio3.org/">http://www.studio3.org/</a> has free webinars and support.</li> </ul> |
| Access to Learning    | <ul style="list-style-type: none"> <li>• Consistency of approach amongst staff – all staff will be aware of the child's sensory needs and reasonable adjustments and adaptations needed</li> <li>• Environmental considerations are made to meet the known needs the child e.g. noise, personal space and the setting layouts, displays and signage. Staff may have recognised needs through the use of sensory checklists, staff observations or outside agency input</li> </ul>  | <ul style="list-style-type: none"> <li>• Make use of sensory breaks where needed</li> <li>• Utilise sensory circuits and physical activity to enable the child to start noticing bodily sensations and linking these to emotions. This can then link into emotional support such as Zones of Regulation or the 5-point scale.</li> </ul>   |
| Communication         | <ul style="list-style-type: none"> <li>• Ensure there is a familiar, emotionally available adult to 'check-in'.</li> <li>• Make use of one-page profiles that clearly captures the child's and their parents/carers voice on the approaches they find helpful and those they find unhelpful. Ensure these are reviewed regularly.</li> </ul>   | <ul style="list-style-type: none"> <li>• Introduce a home-school communication book in place where appropriate.</li> </ul>   |



## 4E Sensory and Physical: Sensory needs

### Level 3



At all levels, consider where the sensory needs maybe coming from e.g. an autism profile, an unmet communication need, a trauma response etc. to help guide if there may be other areas of the child's profile that would benefit from support.

| <b>Provision:</b> Some targeted and individual interventions over the week   |  | <b>Reviews:</b> 3 per year   | <b>Documents:</b> Support Plan or Extended Support Plan   |
|--|--|--|---|
| Bespoke Descriptor Level 3   | Identification and Assessment  | Teaching and Learning Strategies and Interventions   | Additional advice and support   |
| Will experience moderate sensory needs that have an impact on everyday life, e.g. avoidance of environment or activity, some distress or inability to attend and focus | <p><a href="#">AET Sensory Checklist</a></p> <ul style="list-style-type: none"> <li>• Observation</li> <li>• Data tracking</li> <li>• Teacher assessments</li> <li>• Child Progress meetings</li> <li>• Child Person voice</li> <li>• One Page Profile/Learner Profile</li> <li>• Parent/Carer voice</li> </ul> <p>An <a href="#">Extended Support Plan</a> may be in place to draw together information, advice, aspirations and planned outcomes</p> <p><a href="#">Screening tools and / or assessment tools as identified</a></p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> | <p>Sensory supports/Movement breaks are planned into the time in setting frequently, this could take the form of completing jobs, taking a note, collecting the milk etc.</p> <ul style="list-style-type: none"> <li>• A personalised sensory plan - Identifying individual sensory needs and steps taken to support.</li> <li>• Spaces created inside and outside that cater for specific sensory needs for a child if appropriate.</li> <li>• May require support with transitions and change even with forewarning.</li> <li>• May require sensory adaptations in the learning space such as consideration to where they sit, access snack, fiddle toys, regular movement breaks.</li> <li>• Physical sensory consideration such as alterations to the clothing and sensory support tools may be appropriate.</li> </ul> <p><b>Continued on next page</b></p> | <p><a href="#">Understanding Your Child's Sensory Signals – Angie Voss</a></p> <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



## 4E Sensory and Physical: Sensory needs

### Level 3 continued



| Bespoke Descriptor<br>Level 3 | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <p>Make use of Sheffield Children's Sensory Service - <a href="#">Sensory Processing support videos and resources</a></p> <p><a href="#">Universal Provision offer from the Sensory Service:</a></p> <ul style="list-style-type: none"> <li>This is the first level of provision for all families. The Virtual Therapy service provides information about sensory processing and how to understand your child's sensory needs, and provides strategies that may help you and your child. (There is the option to access this information via a group workshop for families who are unable to access digital resources). See the link above for the Virtual Therapy service.</li> </ul> |                               |



## 4E Sensory and Physical: Sensory needs

### Level 4



|  |  |   |   |
|--|--|---|---|
| At all levels, consider where the sensory needs maybe coming from e.g. an autism profile, an unmet communication need, a trauma response etc. to help guide us if there may be other areas of the child's profile that would benefit from support.                   |  |   |   |
| <b>Provision:</b> Frequent, specific specialised input   |  | <b>Reviews:</b> 3 per year  | <b>Documents:</b> Extended Support Plan or EHC Plan   |
| Bespoke Descriptor Level 4   | Identification and Assessment  | Teaching and Learning Strategies and Interventions  | Additional advice and support   |
| <p>May be overloaded by external environmental stimuli.</p> <p>Sensory differences will be present to an extent that they have a great impact on daily life, e.g. sensory avoidance/seeking within environmental settings and visible distress and/or avoidance.</p> | <p><a href="#">AET Sensory Checklist</a></p> <ul style="list-style-type: none"> <li>• Observation</li> <li>• Data tracking</li> <li>• Teacher assessments</li> <li>• Child Progress meetings</li> <li>• Child voice</li> <li>• One Page Profile/Learner Profile</li> <li>• Parent/Carer voice</li> </ul> <p>An <a href="#">Extended Support Plan / EHCP</a> may be in place to draw together information, advice, aspirations and planned outcomes</p> <p><a href="#">Screening tools and / or assessment tools as identified</a></p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> | <ul style="list-style-type: none"> <li>• A personalised sensory plan - Identifying individual sensory needs and steps taken to support.</li> <li>• Physical sensory consideration such as alterations to the uniform, seating plan and sensory support tools may be appropriate.</li> </ul> <p>Make use of Sheffield Children's Sensory Service - <a href="#">Sensory Processing support videos and resources</a></p> <p>Targeted Provision offer from the Sensory Service:</p> <ul style="list-style-type: none"> <li>• Targeted Provision Offer from the Sensory Service</li> <li>• Parents invited to workshop in Understanding Arousal and Sensory Regulation</li> </ul> <p><b>Continued on next page</b></p> | <p><a href="#">Understanding Your Child's Sensory Signals – Angie Voss</a></p> <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><a href="#">0-5 SEND Team</a></p> <p>Potential <a href="#">Educational Psychology Service</a></p> <p>Potential support from <a href="#">The Sensory Service</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



## 4E Sensory and Physical: Sensory needs

### Level 4 continued



| Bespoke Descriptor<br>Level 4 | Identification and Assessment | Teaching and Learning<br>Strategies and Interventions  | Additional advice and support |
|-------------------------------|-------------------------------|--|-------------------------------|
|                               |                               | <ul style="list-style-type: none"><li>• Training resources are currently being developed for staff on Understanding Arousal and helping making the setting more sensory accessible. These will go on the Learn Sheffield Website</li></ul> |                               |





## 4E Sensory and Physical: Sensory needs

### Level 5



At all levels, consider where the sensory needs maybe coming from e.g. an autism profile, an unmet communication need, a trauma response etc. to help guide if there may be other areas of the child's profile that would benefit from support.

| <b>Provision:</b> Daily, specific specialised input at all times across all aspects of the curriculum   |   | <b>Reviews:</b> 3 per year   | <b>Documents:</b> Usually have an EHC Plan   |
|---|---|--|--|
| Bespoke Descriptor Level 5  | Identification and Assessment   | Teaching and Learning Strategies   | Additional advice and support is available from:   |
| Will experience severe sensory needs that have a very significant impact on everyday life, e.g. avoidance of environment or activity, significant distress or inability to attend and focus | <p><a href="#">AET Sensory Checklist</a></p> <ul style="list-style-type: none"> <li>• Observation</li> <li>• Data tracking</li> <li>• Teacher assessments</li> <li>• child Progress meetings</li> <li>• child/Young Person voice</li> <li>• One Page Profile/Learner Profile</li> <li>• Parent/Carer voice</li> </ul> <p>An <a href="#">EHCP</a> is likely to be in place to draw together information, advice, aspirations and planned outcomes</p> <p><a href="#">Assessment tools identified</a>, where and when they can be used to help unpick need and measure impact of support</p> <p>Multi agency planning, Outside Agency advice and recommendations are followed</p> | <p>There is agreement between professionals (0-5 SEND team, Educational Psychology Service, Locality SENCO, Local Authority SEND Manager etc.) that the child's needs and provision in place constitute a Level 5.</p> <p>Staff should have considered and implemented effective and appropriate strategies from previous levels, especially level 4.</p> <p>In addition, the following will be in place:</p> <ul style="list-style-type: none"> <li>• A personalised sensory plan - Identifying individual sensory needs and steps taken to support.</li> <li>• Physical sensory consideration such as alterations to clothing, where the child sits in setting and sensory support tools may be appropriate.</li> </ul> <p><b>Continued on next page</b></p> | <p><a href="#">Understanding Your Child's Sensory Signals – Angie Voss</a></p> <p>May make use of Locality Panels – Stage 1 or 2 (if Applicable)</p> <p><a href="#">0-5 SEND Team</a></p> <p><a href="#">Educational Psychology Service</a> at the point of statutory assessment</p> <p>Potential support from <a href="#">The Sensory Service</a></p> <p><a href="#">Inclusion and Attendance Team</a> to support transition (sometimes called school readiness team)</p> |



## 4E Sensory and Physical: Sensory needs

### Level 5 continued



| Bespoke Descriptor<br>Level 5 | Identification and Assessment | Teaching and Learning<br>Strategies  | Additional advice and support is<br>available from: |
|-------------------------------|-------------------------------|--|---|
|                               |                               | <p>Make use of Sheffield Children's Sensory Service - <a href="#">Sensory Processing support videos and resources</a></p> <p><a href="#">Learn Sheffield Resources</a></p> <p>Specialist Provision offer from the Sensory Service:</p> <p>Sometimes, despite putting in place sensory strategies in setting and at home, a child may need a more personalised approach. If a child is on reduced hours, spends significant time away from the base, is at risk of exclusion, or is unable to attend the setting at all, with sensory issues being a significant factor, the Sensory Service will work with parent/carers, the child and setting staff to help develop an individual plan for supporting a child's sensory needs in the setting and at home.</p> <p>All the information, advice and resources are freely available at our <a href="#">Sensory Service Virtual Therapy Area</a>.</p> |   |



## 4E Sensory and Physical: Sensory needs Screening Tools, Interventions and Support



### Screening Tools

- [AET Sensory Resource](#)

### Interventions

- [Training available through Learn Sheffield](#)

### Support

- [Disability Living Allowance \(DLA\)](#)
- [Disability Access Funding / Early Years Inclusion Funding](#) may be appropriate to support and enhance the provision in place



## 4 Sensory, Physical and Medical PfA Outcomes and Provision



|                                    | PfA Outcomes   |  |  |  |
|------------------------------------|--|--|--|--|
|                                    | Employability/Education  | Independence   | Community Participation  | Health   |
| <b>Early Years<br/>(0-4 Years)</b> | <p>Child will access the EY environment and activities in accordance with their physical capabilities, to support them to make progress towards early learning goals. N.B, for some children with complex medical/physical needs, alternative feeding plans will need to be considered following guidance from relevant professionals.</p> <p>Child will dress and undress with increasing independence in accordance with their physical/medical needs.</p> | <p>Child will be able to use the toilet independently in accordance with their physical/medical needs/diagnoses.</p> <p>Child will participate in mealtime routines using cutlery with increasing dexterity and independence to feed themselves appropriately.</p> | <p>Child will access community-based activities/clubs/groups in accordance with their physical/medical capabilities, to facilitate shared play and interaction and to support the development of friendships with peers.</p> <p>Child will access visits/day trips as appropriate.</p> | <p>Child will attend regular medical, optical and visual checks to support good health.</p> <p>Child will comply with self-care routines and medical routines to support good physical health.</p> <p>Child will engage in regular physical exercise to maintain good physical health and support the development of gross motor skills.</p> <p>Child will try a range of new foods offered to support the development of a balanced and healthy diet.</p> |
|                                    | <p>Child will have reached expected outcomes in relation to EFYS ELG (40-60 months) upon transition from Early Years to Reception, with reference to Prime Areas of Learning for Physical Development: Moving and Handling and Health and Self Care.</p> <p><a href="http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc">http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc</a></p>                  |  |  |  |
| <b>Provision</b>                   | <p>Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Ranges Guidance: Physical, Medical and Sensory Needs.</p>  |  |  |  |



## 4 Sensory, Physical and Medical PfA Outcomes and Provision continued



|  | PfA Outcomes   |  |   |   |
|--|--|--|---|---|
|  | Employability/Education  | Independence   | Community Participation   | Health  |
| <b>Reception to Y2<br/>(5-7 years)</b> | <p>Child will cooperate with self-care routines and medical routines, including those associated with any physical or medical conditions/diagnoses.</p> <p>Child will access regulatory activities to support them to concentrate and maintain focus in the classroom.</p> | <p>Child will cooperate with self-care routines, medical routines including those associated with any physical or medical conditions/diagnoses</p> | <p>Child will be able to participate in team games, after-school clubs and weekend activities in accordance with their physical and medical capabilities.</p> | <p>Child will attend relevant health, dental, optical and hearing checks as required to promote good physical health.</p> <p>Child will cooperate with self-care routines and medical routines including those associated with any physical or medical conditions/diagnoses.</p> <p>Child will participate in sport and physical exercise in accordance with their physical/medical capabilities.</p> |
| <b>Provision</b>                       | Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Ranges Guidance: Physical, Medical and Sensory Needs: dDeaf, Vision loss, Dual Sensory Needs, Physical and Medical Needs.              |  |   |   |