



**Special Educational Needs  
and Disabilities**

# Right Support, Right time

**Hackney Integrated SEND Service Graduated Response**



**Support for children in the early years**

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## Support for children in the early years

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# Introduction

Hackney is aspirational and ambitious for its children and young people with SEND. **Hackney Integrated SEND Service (HISS)** is determined to play its part. We want to ensure that Hackney's children have the best possible start and a bright future. This means being happy, healthy and included. It means making great progress in learning and in their lives. We are tenacious in our efforts to equip them with the skills they need to thrive, enjoy and achieve both now and in their futures as young adults. We are proud of the progress we have made so far in realising our ambition. We also know there is more to do to secure Hackney as a place where all children and young people with SEND can live well and learn with fulfilment.

We are enormously proud of our mainstream schools as welcoming and inclusive places of learning for children and young people with SEND. We are equally proud of our amazing special schools. They provide a broad and balanced curriculum for young people whose needs are best met within a specialist setting. Our community of Additionally Resourced Provisions (ARPs) completes our comprehensive offer. The ARPs provide great education for children and young people who benefit from learning in a small specialist setting located in mainstream schools.

Together with our partners and stakeholders, we remain true to the statutory and mandatory expectations of the **SEND Code of Practice 2015**. We endeavour to ensure that children's needs are identified at the earliest possible opportunity. We have enormous respect for parents and carers as their children's primary educators. We value our partnership with them. We want to know how children and young people feel about the education and care they receive. When planning for additional support, we use a range of means to help us to listen to their views, keeping faithful to the motto, 'Nothing about us without us.' We value our professional partnerships across all agencies. In Hackney, everybody works well together for the benefit of our youngest residents with SEND.

We have reviewed our Graduated Response, introduced in 2021 and against this backdrop we are delighted to introduce the June 2024 version which we are calling 'Right Support, Right Time'.

**Right Support, Right Time** is all about making sure that we identify children's needs at the earliest opportunity and that we plan for their progress and well-being in a timely way. Our refreshed version is a **toolkit** for identifying and **assessing** needs, **planning** to meet those needs, **implementing** the actions and **reviewing** the plan's impact to decide on next steps. It is a **reference tool** to guide the work of professionals and support communication with parents and young people and between agencies and not intended to demonstrate the steps that need to be completed in order to secure an Education, Health and Care Plan. Right Support, Right Time stays true to the principles and expectations of the SEND Code of Practice 2015. Front and centre are expectations of **early intervention** as required by the Code.

# Design and structure

Right Support, Right Time has a clear, simple structure to aid accessibility. Our ambition is for it to become embedded into our professional culture and practice. Each area of need is set out in a table using the headings **All (children and young people identified with SEN), Most, Some, Few**. The same headings are used for each aspect of the cycle of intervention, i.e., **Assess, Plan, Do, Review**. Occasionally, there are references to timescales. These are for guidance. The time from assessing to reviewing, will depend largely on individual situations. The rule of thumb however is to make sure a suitable amount of time is agreed and followed to see if interventions are working.

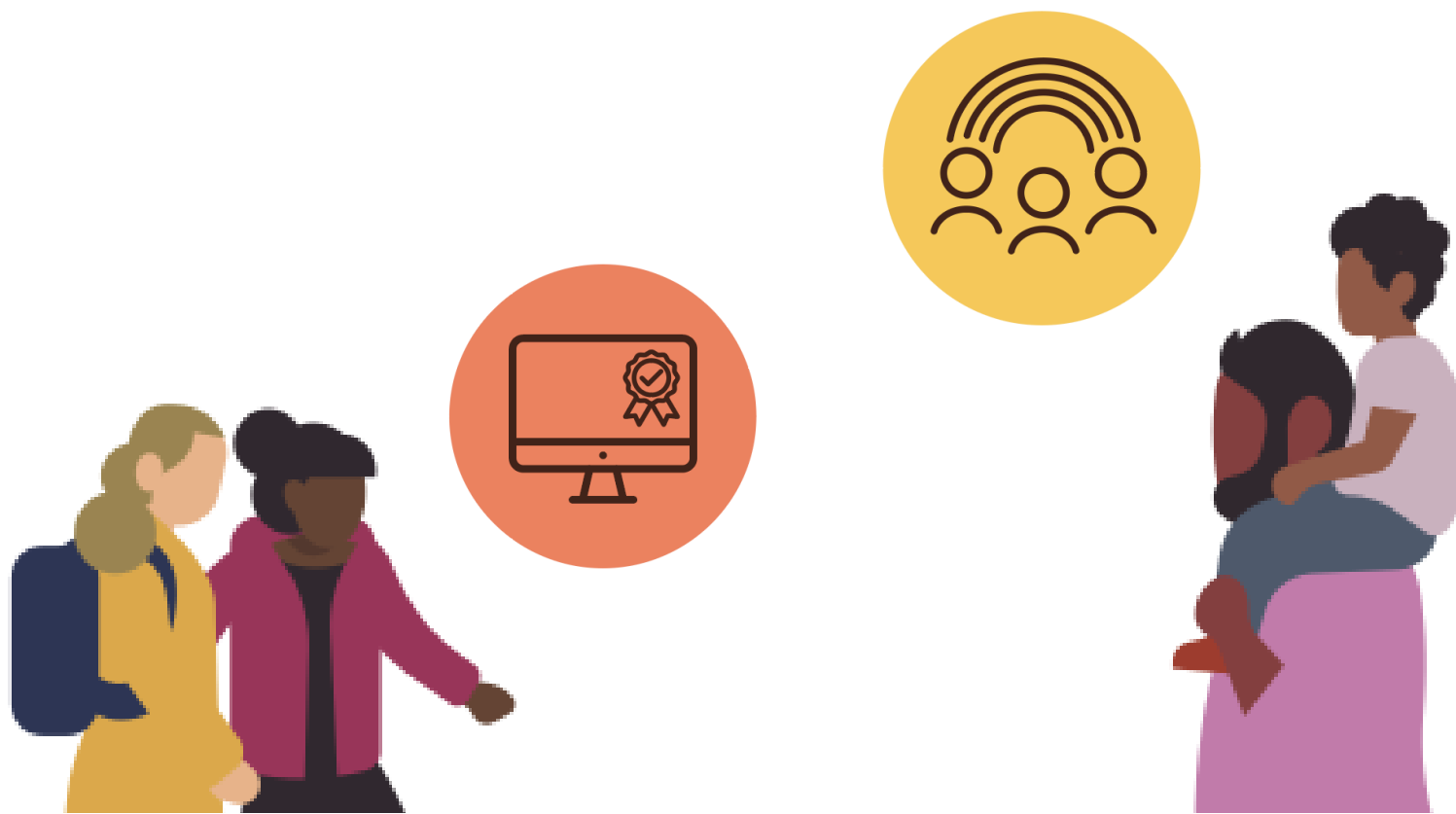
Each table links to a prime area of need:

- **Communication and interaction**
- **Cognition and learning**
- **Social, emotional and mental health**
- **Sensory and/or physical**



A common language is used throughout the document. Some methodology and interventions are repeated where relevant. Using the same language and methodology helps shared understanding and partnership working between home, school and other agencies. Each table begins with an 'Assessment of Need'. The profiles include both quantitative and qualitative measures.

Noting key features of learning and behaviours, is not an easy task. Children do not fit neatly into one set of descriptors and are unique in their characteristics and qualities. The starting point for each child should be the assessment of need that is the 'best fit'. 'Best fit' provides a good starting point from which to begin the assessment process, where necessary, drawing on characteristics from other areas of need. Profiles resulting from an initial assessment can and do change over time, either through escalation of need or deterioration in one or more cognitive, sensory or physical capabilities. Like all children and young people, children with SEND demonstrate different attributes and characteristics as they mature and develop. We recommend that age and stage of development are always considered so that interventions are timely and relevant.





# Embedding Right Support, Right Time – building a culture of distributed SEND leadership

## **Familiarisation:**

Get to know the document. Find your way around the content and layout. Test it out with trusted colleagues.

## **Access training:**

Help is at hand with live and virtual training opportunities during the year of implementation.

## **Talk about it:**

**Right Support, Right Time** will be a standing item at each SENCO network meeting. We encourage you to make it a standing item on staff meeting agendas.

## **Expect the unexpected:**

Our expectation is that most children and young people whose needs are identified early and who receive targeted support are unlikely to need an EHCP.

## **Support and challenge key decisions:**

When fully implemented and embedded, Right Support, Right Time should provide practitioners and those responsible for making decisions about statutory assessment with a common language to aid knowledge and information sharing. All future Panel decisions will take account of the extent to which Right Support, Right Time has been used to help meet needs.

## Acknowledgements and thanks

We are enormously grateful to all those who have contributed to the development of this important and ground-breaking document. We look forward to a time, one year from now, when we can reflect on the impact of this important step forward for all concerned with improving the life chances of Hackney's youngest residents with SEND.





## Section 1: Communication and interaction

Assess			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Graduated Response)
<p>Child's speech and language and communication skills are broadly developing in line, using the characteristics of effective teaching and learning as guidance within areas of learning:</p> <ul style="list-style-type: none"> <li>• Playing &amp; exploring</li> <li>• Active learning</li> <li>• Creating and thinking critically.</li> </ul> <p>They may require support from time to time for specific areas of need but generally make the required progress as a result.</p> <p>Can understand and complete tasks in line with peers.</p> <p>Can learn and use vocabulary related to the curriculum and</p>	Speech and fluency		
	<p>Some speech is difficult to understand, for example, when:</p> <ul style="list-style-type: none"> <li>• talking with less familiar people</li> <li>• Talking about things outside of the here and now</li> <li>• Talking about topics that the listener is not aware of</li> </ul>	<p>Ongoing involvement with speech and language therapist required.</p> <p>Those familiar to the child are frequently not able to understand the child's speech.</p> <p>Child speech sound development may be disordered i.e. making different error patterns to those found in typically developing speech. Advice should be sought from a Speech and Language Therapist for detailed assessment.</p> <p>Demonstrating frustration at not being understood.</p> <p>Child reluctant to talk due to lack of confidence/self-esteem.</p>	<p>Ongoing specialist and intensive input from a speech and language therapist required.</p> <p>Child speech sound development is disordered i.e. making different error patterns to those found in typically developing speech. Advice should be sought from a Speech and Language Therapist for detailed assessment.</p> <p>Those familiar to the child are very frequently unable to understand their speech, even within context.</p> <p>Child may have cranio-facial difference e.g. cleft palate.</p>

<b>Assess</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Graduated Response)
<p>can express their thoughts and needs.</p> <p>Can use communication skills effectively to interact with others, make and maintain relationships.</p>		Fluency is identified as a need by family and/or setting.	<p>May require access to AAC device to support speech.</p> <p>Sustained impact on communicating their wants and needs and/or wellbeing and/or social interaction.</p> <p>Sustained impact on access to and engagement with the curriculum, and/or literacy attainment (rhyming and joining in with stories)</p> <p>Sustained frustration at not being understood.</p>
	<b>Language</b>		
	<p>Some difficulties with:</p> <ul style="list-style-type: none"> <li>• Delayed play skills</li> <li>• Easily distracted during group sessions</li> <li>• Following longer or complex verbal instructions. Learning</li> </ul>	<p>Language difficulties affecting access to EYFS.</p> <p>Significant difficulties with:</p> <ul style="list-style-type: none"> <li>• Listening and attention even after inputting EY SAL resource ideas.</li> </ul>	<p>Persistent and severe language disorders prevent the child from accessing the EYFS even with a high level of individualised adult support.</p> <p>Unable to focus easily, distracted and continued</p>

<b>Assess</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Graduated Response)
	<p>new vocabulary, nouns &amp; verbs etc</p> <ul style="list-style-type: none"> <li>Thinking of the right word</li> <li>Joining words together – phrases</li> <li>Saying sentences in the right order</li> <li>Giving basic information about recent events</li> </ul> <p>Limited progress in comparison with peers.</p>	<ul style="list-style-type: none"> <li>Copying word/echolalia or using jargon</li> <li>Continued delay of play skills</li> <li>Following instructions</li> <li>Learning new vocabulary</li> <li>Thinking of the right word</li> <li>Saying sentences in the right order</li> <li>Following routines</li> <li>Focusing on very small groups, may need 1-1 support to stay focused.</li> <li>Not joining in with songs, rhymes although may join in with actions without frequent support from adult.</li> <li>Joining words into short phrases 'I goed' 'big train' 'I run gate'.</li> </ul>	<p>difficulty even with significant 1:1 support and intervention.</p> <p>Flits around Early Years setting – unable to stay at a task without significant 1:1 support.</p> <p>Play skills and learning are significantly impacted.</p>

<b>Assess</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Graduated Response)
		<ul style="list-style-type: none"> <li>Continued slow or no progress</li> </ul> <p>Impacting on attainment and/or wellbeing and/or social interaction</p> <p>Impacting their ability to demonstrate their learning, thinking or needs.</p>	
	<b>Interaction</b>		
	<p>Engages with peers and adults but is more confident following their own agenda.</p> <p>Child flits around the setting without exploring anything in depth.</p> <p>May lack confidence and show limited social understanding.</p> <p>Inconsistent eye contact.</p>	<p>Significant communication delay is impacting on:</p> <ul style="list-style-type: none"> <li>social interactions and wellbeing.</li> <li>ability to demonstrate their learning and play.</li> </ul> <p>May express frustration through social and emotional behaviours linked to significant communication differences.</p> <p>Has significant difficulties with social interaction/participation</p>	<p>Sustained difficulties with social interaction and distressed behaviour preventing a child from accessing EYFS even with a high level of individualised adult support.</p> <p>Child is passive or withdrawn, affecting sustained access to socialisation.</p> <p>Requires sustained planned support to manage transitions.</p>

<b>Assess</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Graduated Response)
	<p>Some difficulty consistently directing thoughts and ideas with a communication partner.</p> <p>Some evidence of anxiety but the child manages it.</p> <p>Needs support to manage unstructured times or changes in routine.</p> <p>Child has some difficulties in participating in activities with peers.</p>	<p>with peers which affect their wellbeing.</p> <p>Requires significant adult support to manage and maintain social interaction, for example:</p> <ul style="list-style-type: none"> <li>• To initiate an interaction</li> <li>• To engage in reciprocal interaction</li> <li>• To understand and engage in play activities with peers.</li> </ul> <p>Significant reduction of non-verbal language e.g. gestures, eye contact.</p> <p>Child demonstrates a persistent need for autonomy and preferred activities.</p>	<p>Child unable to regulate or respond to boundaries without sustained additional support.</p> <p>Child demonstrates a persistent need for autonomy and preferred activities.</p>

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Graduated Response)
<p>Gather information from parents about their child by using tools such as the child centred document or an early Years passport. Keyperson to support parent and child with transition into nursery. Consider if your provision meets the need of the unique child:</p> <ul style="list-style-type: none"> <li>• Appropriate expectations</li> <li>• Appropriate age and stage resources</li> <li>• Enabling/Inclusive environments</li> <li>• Routine</li> </ul> <p>Assessment tools available:</p> <ul style="list-style-type: none"> <li>• Summative assessments.</li> <li>• A variety of observations, such as timed observations, narrative, tracking and frequency.</li> </ul>	<p><b>In addition to Universal:</b> Use specific assessment tools to assess and plan for the child for example Individual child audit/early language child monitoring tool, sensory workbook, Teaching Talking Assessment.</p> <p>These are additional to the assessments used at Universal level and these should continually be used and updated in partnership with the parents.</p> <p>Use the information gathered from the assessment tools to ensure support for the child is appropriate and the provision is meeting the child's individual needs.</p> <p>Use 'assess, plan, do and review' cycle as outlined in the Code of Practice for SEND 2015.</p>	<p><b>In addition to most:</b> Regularly review and update the child's records, by using the information gathered from the assessment tools. If available, include agency advice and add recommendations to the child centred planning document and include in everyday practice. Signpost and talk to parents about the 'Disability Living Allowance' (DLA). If their child is eligible, settings can apply for the 'Disability Access Fund' (DAF) for three- and four-year-olds to help with additional resources and/or adaptations/training/one to one.</p> <p>Collate evidence and act as a key point of contact for the child.</p> <p>If an Early Help Assessment is in place, organise/attend a Team Around the Family meeting to review the assessment.</p>	<p><b>In addition to some:</b> Consider, with parents, whether a request for a statutory assessment is appropriate for the child by reviewing the child's planning and progress made against their outcomes. Discuss and record the views and aspirations of the child and their parents. Consider advice and written reports from outside professionals.</p> <p>Establish which type of educational provision they would like their child to attend.</p> <p>A statutory assessment will not always lead to an EHC plan. The information gathered during an EHC needs assessment may indicate ways in which the nursery or school can meet the child's needs without an EHC plan.</p> <p>The statutory process and timescales for EHC needs</p>



Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Graduated Response)
<ul style="list-style-type: none"> <li>Regular parent conversations</li> <li>Progress check for two-year-old children – Foundation Stage forum.</li> <li>The EYFS tracker – Foundation Stage forum,</li> <li>Complete a provision audit and refer to the practice considerations in Promoting positive behaviour in early years settings. Audits include considerations of Unique Child, Positive Relationships and Enabling Environments.</li> <li>Use Characteristics of Effective Learning within the EYFS curriculum.</li> <li>Use of the Early Years Foundation Stage – Development Matters, Early Years Outcomes 2023</li> </ul> <p>Use the ‘assess, plan, do and review’ cycle as outlined by EYFS.</p>	<p>The Occupational Therapy and Speech and Language packs are useful tools to support assessment and planning.</p> <p>Staff should access training to meet the specific needs of individual children for example Makaton training.</p> <p>Implement a risk assessment, if and when appropriate.</p> <p>Consider whether an Early Help Assessment would be appropriate, this would not be required but can be used as an information gathering tool.</p> <p>Consider if a Request for support from the Early Support Team (EST) is needed for support/guidance from a Specialist Teacher/Area SENCO.</p> <p>Consider making an application for EY Inclusion Fund for the short term, promoting positive behaviour</p>	<p>If transition is needed, organise a transition meeting for a child who is moving between rooms/settings or schools.</p> <p>Assess if the child is making progress within <b>Graduated response/some approaches</b>.</p> <p>Consider whether a request for an EHC assessment is appropriate for the child. You should have the evidence and information to support this application as you have followed this graduated response.</p>	<p>assessment are on the local offer.</p> <p>Parents of children with final EHC Plans in the summer term of their -2 year need to be aware of the school admissions process going into the Reception year of school. Guidance can be found <a href="#">here</a>.</p> <p>Signpost the parents to SENDIAGS for support with EHC processes and mediation If required.</p>

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Graduated Response)
<p>Have regard to the <a href="#">Disabled children and equality Act 2010 - Early years</a>.</p> <p>Regularly exchange information about the child with their parents and plan opportunities to develop a respectful partnership.</p> <p>Staff must be aware of all health needs and subsequent health care plans. Staff must receive relevant training to support the child, e.g. epi-pen training or administration of inhalers. Guidance on Health Care plans on Local Offer.</p> <p>Ensure planned activities for child to learn about emotion and enjoy small group times. Adults should act as role models when things don't go to plan and how they deal with mistakes.</p> <p>Consider if the child has made little or no progress at Universal, then move onto <b>Graduated Response/most</b> interventions.</p>	<p>or small group funding. This supports children with low and emerging SEND needs.</p> <p>Organise a transition meeting for children moving between rooms/settings or schools.</p>		

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Graduated Response)
<p>All children should have a child centred document about the child to help key adults working with them understand what is important to them and what people like about the child. The parents would feed information into this document.</p> <p>Adopt an EYFS unique child approach to support learning and development.</p> <p>Each child should have a named key person, their role is to ensure that every child's care is tailored to meet their individual needs. Ensure good procedures are in place and work with parents as partners.</p> <p>Ensure differentiation by adapting play opportunities to meet all developmental stages, e.g. smaller groups, repetition or modelling activity.</p> <p>Use individualised approaches to support transitions for</p>	<p>Update the child centred planning document with outcomes and targets for the child using the information you have gathered from the assessment section of this document and through conversations with parents.</p> <p>Staff must be consistent in their approach to support the individual child, e.g. signing, behaviour strategies, use of visuals and language used.</p> <p>Advice and interventions identified in the behaviour audits (if appropriate) are being utilised to support the needs of the child.</p> <p>All staff must be consistent in their approach to support the individual child. E.g. signing, behaviour strategies, use of visuals and language used.</p> <p>Use individualised communication methods.</p>	<p>Complete the most Plan with parents. Consider the unmet needs and discuss appropriate referrals.</p> <p>If appropriate, refer the child to health through Children and Family Health Hackney. A set of reviewed targets and new targets need to be in place on a Setting SEND Support/most plan to support the referral. Therapies you can refer to are on the Local Offer.</p> <p>Consider a Portage Positive Play referral as home based intervention to support parents with understanding preschool children's behaviour.</p> <p>Staff should access training to meet communication needs of individual children. For example, Augmentative and Alternative Communication, including Makaton, communication book, core board and Picture Exchange</p>	<p>Review what has been in place for the child and consider the unmet needs. Write new outcomes and targets and discuss if child's needs can only be met through a request for Statutory Assessment.</p> <p>Continued support available from health and education professionals, some have helplines or telephone consultations. Use the Hackney Local Offer.</p> <p>Continued support from the Early Support Team (EST), as appropriate.</p> <p>If Discretionary Funding and/or EHCP in place, the child will have a Case Worker from the Local Authority for setting to contact if advice is needed.</p> <p>Signpost parents to SENDIAGS for support with EHC processes and mediation If required.</p>

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Graduated Response)
<p>children e.g. on arrival, at meal times and when moving between rooms. These may include a visual timetable and a now and next board.</p> <p>Encourage familiar or favourite items to support children's emotional well-being e.g. comfort blankets, family photos, transitional objects. .</p> <p>Adaptations to your environment, inside and out, e.g. furniture, resources, accessibility.</p> <p>Provide an environment that meets sensory needs (low and high stimulus) e.g. quiet area, pop up tent and messy play.</p> <p>Provide multiple items of popular toys/resources.</p> <p>Complete a positive behaviour audit.</p> <p>Audits include considerations of Unique Child, Positive</p>	<p>Instructions should be chunked and given in the order to be completed. Language should be simplified and should be accompanied by Makaton signing or other visuals.</p> <p>Staff should take all opportunities to model and expand language used by children. There should be no expectation on the child to repeat what the adult has said,</p> <p>Behaviour audits, for example promoting positive behaviour in the Early Years. that can.</p> <p>Signpost parents to relevant support in the Hackney Local Offer and targeted speech and language groups.</p> <p>Signpost parents to Health Visitors/GPs if concerns around low level behaviour or with swallowing/eating concerns or glue ear.</p> <p>Support could be acquired for children who have English as an</p>	<p>Communication System(PECS).</p> <p>Request for support from Early Support Team if appropriate.</p> <p>Consider an application for the Early Years Inclusion Fund (EYIF) for short term funding). Application for this funding should include the child's current level of development, summary of concerns and example(s) of the Assess, Plan, Do, Review cycle. If funding is agreed, spending will be monitored by the assigned Area SENCO. (Please see EYIF Application guidance for further information).</p>	

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Graduated Response)
<p>Relationships and Enabling Environments.</p> <p>Make changes to routines to meet individual children's needs, some tasks may need to be broken down into small steps. Also consider, backward chaining/reduced waiting times/frequent movement breaks.</p> <p>Setting to support child with interaction with peers and adults.</p> <p>Support required to facilitate listening and attention, understanding and speaking. Refer to early language guidance.</p> <p>Support required to access the language for learning and development. For example, <a href="#">Makaton</a></p> <p>Communication and language in the EYFS, Speech and language therapy pack, Inclusion development</p>	<p>Additional Language (EAL) and can carry out assessments in the child's home language within the setting. A communication and language development delay may not be because of SEN, children need more time to learn two or more languages at the same time.</p> <p>Use the Early Years Speech and Language Resource pack found on the Hackney Local Offer for information on activities and targets.</p> <p>Consider seeking support from a SEND Advisor. The SEND Advisor will offer support with observations and discussions with parents, signposting where appropriate to other services, and offer general advice to the SENCO.</p> <p>Consider application for the EY Inclusion Fund (for short term or small group funding. This supports children with low and emerging SEND needs promptly.</p>		

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Graduated Response)
Programme, Language and Communication Needs, Universally Speaking from the Communication Trust.			

Review			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Graduated Response)
<p>Link to observation checkpoints in development Matters</p> <p>Regularly review and update the child's developmental records using the information gathered from the assessments on the child.</p> <p>Parents should <b>always</b> be involved in the review of the child's progress. Child's views should <b>always</b> be sought as part of the review process as appropriate.</p> <p>Review the information in the child centred planning document and update where necessary.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by universal approaches. However, if little or no progress has been made at this level,</p>	<p>Regularly review and update the child's developmental records in line with the assessments used. Review planning, outcomes and targets and update where necessary.</p> <p>Parents should <b>always</b> be involved in the review of the child's progress. Child's views should <b>always</b> be sought as part of the review process as appropriate.</p> <p>Review your use of EY Inclusion Funding and the impact it has had on the child's progress.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by graduated response most. However, if little or no progress has been made at this level, then move on to <b>Graduated Response /some</b></p>	<p>Regularly review and update the child centred planning document. Where appropriate reviews can involve professionals if they have provided advice.</p> <p>Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process as appropriate.</p> <p>Review your use of discretionary funding and the impact it has had on the child's progress and decide whether a further application is needed. Ensure your application goes to the Early Years Panel before your current funding finishes.</p> <p>Review the individualised communication methods and modify if appropriate.</p>	<p>The majority of children with SEND will have their needs met within local mainstream early year's settings however a small number of children may be offered a specialist nursery or school place.</p> <p>EHCP to be reviewed 6 months after final plan is issued. The early years setting need to chair this meeting, invite case worker, health and educational professionals and parents.</p> <p>Continue to use assessments and review at least termly to assess the child's progress.</p> <p>+</p> <p>Parents should <b>always</b> be involved in the review of the child's progress. Children's views should <b>always</b> be sought as part of the review process as appropriate.</p>

Review			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Graduated Response)
then move on to <b>Graduated Response/most.</b>		<p>In reviewing the progress that has been made the child may:</p> <p>No longer need <b>Graduated response/some</b> and needs will be met from <b>Graduated Response /most.</b></p> <p>Continue to need <b>Graduated Response/some.</b></p> <p>Need a referral for statutory assessment as needs cannot be met by <b>Graduated Responses</b></p>	<p>Reviews should involve the appropriate external professionals working with the child/young person.</p> <p>In reviewing the progress that has been made, the child may no longer need provision through an EHCP and agree that needs will be met through a <b>Graduated Response/some.</b> Continue to need provision through an EHCP.</p>





## Section 2: Cognition and Learning

Assess			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory assessment)
<p>Child is broadly working within the appropriate Development Matters, using the characteristics of effective teaching and learning as guidance within areas of learning:</p> <ul style="list-style-type: none"> <li>• Playing &amp; exploring</li> <li>• Active learning</li> <li>• Creating and thinking critically.</li> </ul> <p>One year delay in two or more areas of development.</p> <p>Children may require support from time to time for specific areas of need but generally make the required progress as a result.</p> <p>Can remain on task with some additional prompts i.e. using</p>	<p>Assessment shows the child is not making the same progress as their peers.</p> <p>Assessment shows the child is not making the expected progress against their chronological age.</p> <p>Some reminders/encouragement to persevere with an activity that is adult led.</p> <p>Some additional support and prompts to listen and attend more than expected for their chronological age.</p> <p>Difficulties with acquiring skills needed for literacy and numeracy e.g. listening, attending to activity and/or adult; and the beginning of phonological awareness.</p>	<p>Significant delay across prime areas of learning, with the child demonstrating need for:</p> <ul style="list-style-type: none"> <li>• Detailed approaches to learning</li> <li>• Specialist interventions targeting the needs of the child.</li> </ul> <p>Not making expected progress despite evidence based support through Setting SEND Support/most.</p> <p>The child needs planned intervention (support) and prompts to listen and attend and to maintain attention on an activity.</p> <p>The child needs planned support and prompts to start and work through an appropriately</p>	<p>Sustained delay across prime areas of learning, with the child demonstrating need for:</p> <ul style="list-style-type: none"> <li>• Detailed approaches to learning</li> <li>• Specialist interventions targeting the needs of the child.</li> </ul> <p>Gap is widening despite robust evidence based intervention.</p> <p>Not making expected progress despite interventions through Specialist SEND Support.</p> <p>The child has a sustained need that will require high levels of support in order to make progress.</p> <p>The child requires significant support in order to engage the</p>

<b>Assess</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Statutory assessment)
<p>visual timetables e.g. Do 2 learn Widget.</p> <p>Can play independently with appropriate differentiation as well as spending a short amount of time in group activities.</p> <p>Child is engaged with other people and their environment, can be seen to be playing and exploring, is an active learner and can create and think critically, with adult support at times.</p>	<p>Some difficulty in showing interest in text or pictures associated with text. (books, name card, visual timetable, signs).</p> <p>Some difficulty in generating ideas for imaginative play.</p> <p>Some difficulty in sharing their thoughts and ideas accurately.</p> <p>Somedifficulty accessing the whole curriculum and sometimes limits their play to specific interests.</p>	<p>differentiated activity e.g. scaffolding.</p> <p>Requires planned strategies and additional support to retain and use learned skills.</p> <p>Significant difficulties with acquiring pre-requisite skills for literacy and numeracy.</p> <p>E.g. play, interaction and listening and attention during group times, songs/rhymes, letters and sounds phase 1. Joining in stories</p> <p>Significant difficulty in generating ideas for imaginative play, home corner/role play.</p> <p>Needs additional support to share and communicate ideas and experiences.</p> <p>Child's play is not age appropriate. It is significantly limited and repetitive.</p>	<p>child's attention and support to play and learn.</p> <p>Child needs sustained reminders / encouragement to persevere with an activity that is adult led.</p> <p>The child requires sustained intervention and support to generalise skills.</p> <p>Sustained difficulties with acquiring pre-requisite skills for literacy and numeracy.</p> <p>e.g. play, interaction and listening and attention during group times, songs/rhymes, letters and sounds phase 1, joining in stories</p> <p>Sustained difficulties in generating ideas for imaginative play/ home corner not able to recreate when role modelled by the adult.</p> <p>The child requires sustained support and a differentiated approach to enable them to</p>

<b>Assess</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Statutory assessment)
			share and communicate ideas and experiences.

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory assessment)
<p>Gather information from parents about their child by using tools such as the Planning or an early Years passport. Key person to support parent and child with transition into nursery.</p> <p>Consider if your provision meets the need of the unique child:</p> <ul style="list-style-type: none"> <li>• Appropriate expectations</li> <li>• Appropriate age and stage resources</li> <li>• Enabling/Inclusive environments</li> <li>• Routine</li> </ul> <p>Assessment tools available:</p> <ul style="list-style-type: none"> <li>• Summative assessments.</li> <li>• A variety of observations, such as timed observations,</li> </ul>	<p><b>In addition to universal:</b> Use specific/additional assessment tools to assess and plan for the child.</p> <p>to be used and updated in partnership with the parents.</p> <p>Use the information gathered from the assessment tools to ensure support for the child is appropriate and the provision is meeting the child's individual needs.</p> <p>Use 'assess, plan, do and review' cycle as outlined in the Code of Practice for SEND 2014.</p> <p>The Occupational Therapy and Speech and Language packs are useful tools to support assessment and planning.</p> <p>Staff should access training to meet the specific needs of individual children for example Makaton training.</p>	<p><b>In addition to most:</b> Regularly review and update the child's records, by using the information gathered from the assessment tools. If available, include agency advice and add recommendations and include in everyday practice.</p> <p>Signpost and talk to parents about the 'Disability Living Allowance' (DLA). If their child is eligible, settings can apply for the 'Disability Access Fund' (DAF) for three- and four-year-olds to help with additional resources and/or adaptations/training/one to one.</p> <p>Early Support Team (EST) may discuss the arrangements you have in place.</p> <p>If an Early Help Assessment is in place, organise/attend a Team Around the Family meeting to review the assessment.</p>	<p><b>In addition to some:</b> Consider, with parents, whether a request for a statutory assessment is appropriate for the child by reviewing the child centred planning document and progress made against their outcomes.</p> <p>Discuss and record the views and aspirations of the child and their parents.</p> <p>Consider advice and written reports from outside professionals.</p> <p>Establish which type of educational provision they would like their child to attend.</p> <p>A statutory assessment will not always lead to an EHC plan. The information gathered during an EHC needs assessment may indicate ways in which the nursery or school</p>

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory assessment)
<p>narrative, tracking and frequency.</p> <ul style="list-style-type: none"> <li>Regular parent conversations</li> <li>Progress check for two-year-old children – Foundation Stage forum.</li> <li>The EYFS tracker – Foundation Stage forum,</li> <li>Complete a provision audit and refer to the practice considerations in promoting positive behaviour in early years settings. Audits include considerations of Unique Child, Positive Relationships and Enabling Environments.</li> <li>Use Characteristics of Effective Learning within the EYFS curriculum.</li> <li>Use of the Early Years Foundation Stage – Development Matters, Early Years Outcomes 2023</li> </ul>	<p>Implement a risk assessment, if and when appropriate.</p> <p>Consider whether an Early Help Assessment would be appropriate, this would not be required but can be used as an information gathering tool.</p> <p>Consider if a request for support from the Early Support Team (EST) is needed.</p> <p>Consider making an application for Early Years Inclusion Funding for the short term, promoting positive behaviour or small group funding. This supports children with low and emerging SEND needs.</p> <p>Organise a transition meeting for children moving between rooms/settings or schools.</p>	<p>If transition is needed, organise a transition meeting for child moving between rooms/settings or schools.</p> <p>Assess if the child is making progress within Graduated response/some approaches.</p> <p>Consider whether a request for an EHC assessment is appropriate for the child. You should have the evidence and information to support this application as you have followed this graduated response.</p>	<p>can meet the child's needs without an EHC plan.</p> <p>The statutory process and timescales for EHC needs assessment are on the Hackney local offer.</p> <p>Parents of children with final EHCP in the summer term of their -2 year need to be aware of the school admissions process going into the reception year of school.</p> <p>Signpost the parents to SENDIAGS for support with EHC processes and mediation If required.</p>

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory assessment)
<p>Use the 'assess, plan, do and review' cycle as outlined by EYFS.</p> <p>Have regard to the <a href="#">Disabled children and equality Act 2010 - Early years.</a></p> <p>Regularly exchange information about the child with their parents and plan opportunities to develop a respectful partnership.</p> <p>Staff must be aware of all health needs and subsequent health care plans. Staff must receive relevant training to support the child, e.g. epi-pen training or administration of inhalers. Guidance on Health Care plans on Local Offer.</p> <p>Ensure planned activities for child to learn about emotion and enjoy small group times. Adults should role model when things don't go to plan and how they deal with mistakes.</p>			

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory assessment)
Consider if the child has made little or no progress at Universal, then move onto <b>Graduated Response/most</b> interventions.			

<b>Do</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Statutory Assessment)
<p>All children should have a child centred document that provides information about the child. This helps key adults working with them understand what is important to them and what people like about the child. The parents would feed information into this document.</p> <p>Adopt an EYFS unique child approach to support learning and development.</p> <p>Each child should have a named key person, their role is to ensure that every child's care is tailored to meet their individual needs. Ensure good procedures are in place and work with parents as partners.</p> <p>Ensure differentiation by adapting play opportunities to meet all developmental stages, e.g. smaller groups, repetition or modelling activity.</p>	<p>Update the child centred planning document. Write some Outcomes and targets for the child using the information you have gathered from the assessment section of this document and through conversations with parents.</p> <p>Staff must be consistent in their approach to support the individual child. E.g. signing, behaviour strategies, use of visuals and language used.</p> <p>Advice and interventions identified in the behaviour audits (if appropriate) are being utilised to support the needs of the child.</p> <p>Signpost parents to relevant support in the Hackney Local offer and local family centres for outreach support.</p> <p>Support could be provided for children who have English as an Additional Language (EAL). A communication and language</p>	<p>Review what has been in place for the child and consider the unmet needs. Write new outcomes and targets and discuss appropriate referrals with parents.</p> <p>If appropriate, refer the child to a health professional through Children and Family Health Hackney. A set of reviewed targets and new targets need to be in place to support the referral. Therapies are listed on the Local Offer.</p> <p>Consider an application for discretionary funding to provide longer term one to one support. A provision map needs to be written to include how the 1:1 time is to be used.</p> <p>Staff should access training to meet communication needs of individual children. For example, Augmentative and Alternative Communication, including Makaton, communication book,</p>	<p>Review what has been in place for the child and consider the unmet needs. Write new outcomes and targets and discuss if the child's needs can only be met through a request for Statutory Assessment.</p> <p>Complete with families a request for an EHC assessment. It will not always lead to an EHCP. The information gathered during an EHC needs assessment may indicate ways in which the nursery or school can meet the child's needs without an EHCP.</p> <p>Continued support is available from health and education professionals, some have helplines or telephone consultations. Refer to the Hackney Local Offer</p> <p>The statutory process and time scales for an EHC needs</p>



<b>Do</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Statutory Assessment)
<p>Use individualised approaches to support transitions for children e.g. on arrival, at meal times and when moving between rooms. These may include a visual timetable and a now and next board.</p> <p>Encourage familiar or favourite items to support children's emotional well-being e.g. comfort blankets, family photos, transitional objects.</p> <p>Adaptations to your environment, inside and out, e.g. furniture, resources, accessibility.</p> <p>Provide an environment that meets sensory needs (low and high stimulus) e.g. quiet area, pop up tent and messy play.</p> <p>Provide multiple items of popular toys/resources.</p> <p>Complete a provision audit and refer to the practice considerations in Promoting</p>	<p>development delay may not imply that a child has a special educational need or disability, most children need more time to learn two or more languages at the same time.</p> <p>If required, with parent permission to seek support from an Early Years SEND Advisor. The Early Years SEND Advisor can offer support which may include observations and discussions with parents, signposting (where appropriate) to other services, and general advice to the SENCO.</p>	<p>core board and Picture Exchange Communication System(PECS).</p> <p>Refer to Early Support team if appropriate by completing an Early Help Assessment with the family.</p> <p>Consider a Portage Positive Play referral as home based intervention to support parents with understanding preschool children's behaviour.</p> <p>Consider an application for the EY Inclusion Fund for short term funding (this may be because a child is starting at your setting with SEND already identified) or whilst collating evidence and information to support a Discretionary Funding application. A provision map needs to be written to include how the time is to be used with 1:1 staff support and how it will be reviewed.</p>	<p>assessment are on the local offer.</p> <p>Parents of children with final EHCP in the summer term of their -2 year need to be aware of the school admissions process going into the reception year of school.</p> <p>Signpost the parents to SIASS for support with EHCP processes and mediation if required.</p> <p>If it is a transition time, arrange a meeting with the school or other setting. Agree actions to support the child, record in the EY Passport and distribute along with minutes, health report, reviewed planning and/or EHCP.</p> <p>Continued support from the Early Support Team (EST), as appropriate.</p> <p>If Discretionary Funding and/or EHCP in place, the child will have a Case Worker from the</p>

<b>Do</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Statutory Assessment)
<p>Positive Behaviour in Early Years Settings</p> <p>Audits include considerations of Unique Child, Positive Relationships and Enabling Environments.</p> <p>Make changes to routines to meet individual children's needs, some tasks may need to be broken down into small steps. Also consider, backward chaining/reduced waiting times/frequent movement breaks.</p>			<p>Local Authority for setting to contact if advice is needed.</p>

Review			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Link to observation checkpoints in development Matters.</p> <p>Regularly review and update the child's developmental records using the information gathered from the assessments on the child.</p> <p>Parents should always be involved in the review of the child's progress. Child's views should always be sought as part of the review process as appropriate.</p> <p>Review the information in the planning documentation for the child and update where necessary.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by universal approaches. However, if little or no progress has been made at this level, then move on to <b>Graduated Response/most.</b></p>	<p>Regularly review and update the child's developmental records in line with the assessments used. Review the information in the child centred planning document, outcomes and targets and update where necessary.</p> <p>Parents should always be involved in the review of the child's progress. Child's views should always be sought as part of the review process as appropriate. as appropriate.</p> <p>Review your use of inclusion funding and the impact it has had on the child's progress.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by <b>Graduated Response / most.</b> However, if little or no progress has been made at this level, then move on to <b>Graduated Response/some.</b></p>	<p>Regularly review and update the child centred planning document. Where appropriate reviews can involve professionals if they have provided advice or support to the child.</p> <p>Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process as appropriate.</p> <p>Review your use of discretionary funding and the impact it has had on the child's progress and decide whether a further application is needed. Ensure your application goes to the Early Years Panel before your current funding finishes.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by <b>Graduated Response/some.</b> However, if little or no progress</p>	<p>The majority of children with SEND will have their needs met within local mainstream early year's settings however a small number of children may be offered a specialist nursery or school place after final plan is issued. The early years setting need to chair this meeting, invite case worker, health and educational professionals and parents.</p> <p>Continue to use assessments and review at least termly to assess the child's progress.</p> <p>Continue to review and update the planning unless a final EHCP is in place.</p> <p>Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process as appropriate.</p>

Review			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
		has been made at this level, then move on to Statutory Assessment.	<p>Reviews should involve the appropriate external professionals working with the child/young person.</p> <p>In reviewing the progress that has been made, the child may no longer need provision through an EHCP and agree that needs will be met through a <b>Graduated Response/some</b></p> <p>Continue to need provision through an EHCP.</p>



## Section 3: Social, emotional and mental health (SEMH)

Assess			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Child is broadly working within the appropriate Development Matters, using the characteristics of effective teaching and learning as guidance within areas of learning:</p> <ul style="list-style-type: none"> <li>• Playing &amp; exploring</li> <li>• Active learning</li> <li>• Creating and thinking critically.</li> </ul> <p>All children aged 0–5 need support from practitioners and teachers in learning to regulate their social and emotional skills. Crying and not understanding others' behaviours are an expected, everyday occurrence for the majority of children in this age group.</p>	Social: Relationship with others		
	<p>Some speech is difficult to understand, for example, when:</p> <ul style="list-style-type: none"> <li>• talking with less familiar people</li> <li>• Talking about things outside of the here and now</li> <li>• Talking about topics that the listener is not aware of</li> </ul>	<p>Child showing significant difficulty in building and/or maintaining relationships with others.</p> <p>Child showing significant difficulty in turn taking/sharing/participation in group activities.</p> <p>Child showing significant difficulty in using and reading non-verbal cues resulting in increasing isolation from peers.</p>	<p>Child is showing sustained difficulty in building and/or maintaining relationships with others.</p> <p>Child is showing sustained difficulty in turn taking/sharing/participation in group activities.</p> <p>Sustained inappropriate physical contact with others.</p> <p>Child showing sustained difficulty in using and reading non-verbal cues.</p>

<b>Assess</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Statutory Assessment)
<p>Child may require regular support for specific areas of need but generally make the required progress as a result.</p> <p>Child can remain on task with some additional prompts.</p> <p>Child can work independently with appropriate differentiation and access to good quality early years provision.</p>	<b>Social: Language</b>		
	<p>Child appears shy and hesitant, lacks confidence and is sometimes withdrawn.</p> <p>Child showing some difficulty in using and reading non-verbal cues.</p> <p>Some use of inappropriate language. (This includes all discriminatory language related to protected characteristics as defined in the Equality Act 2010)</p>	<p>Child showing significant difficulty in following instructions.</p> <p>Significant use of inappropriate language. (This includes all discriminatory language related to protected characteristics as defined in the Equality Act 2010).</p>	<p>Child showing sustained difficulty in following instructions.</p> <p>Sustained use of inappropriate language. (This includes all discriminatory language related to protected characteristics as defined in the Equality Act 2010).</p>
	<b>Emotional</b>		
	<p>Child has some difficulty in managing and regulating emotions resulting in avoidant behaviour, for example hiding under tables.</p>	<p>Significant inappropriate physical contact with others.</p>	<p>Child appears consistently shy and hesitant, lacks confidence and is persistently withdrawn.</p> <p>Child has sustained difficulty in managing and regulating</p>

<b>Assess</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Statutory Assessment)
	<p>Child has some anxiety impacting on their day to day behaviour.</p> <p>Child has some difficulty in remaining calm. This may impact their peers and the activity.</p> <p>Inappropriate physical contact with others.</p> <p>Child expresses discomfort and anxieties through pushing, hitting, kicking, biting and non-deliberate harm to others.</p>	<p>Child appears significantly shy and hesitant, lacks confidence and is significantly withdrawn.</p> <p>Child has significant difficulty in managing and regulating emotions resulting in avoidant behaviour, for example hiding under tables.</p> <p>Child has significant anxiety impacting on day to day behaviour.</p> <p>Child has significant difficulty in remaining calm and this may result in upsetting an activity by making noise, distracting peers, calling out.</p> <p>Child expresses significant discomfort and anxieties through pushing, hitting, kicking, biting and non-deliberate harm to others.</p>	<p>emotions resulting in avoidant behaviour, for example hiding under tables.</p> <p>Child has sustained anxiety impacting on day to day behaviour.</p> <p>Child has sustained difficulty in remaining calm. This persistently impacts on the child's learning and play.</p> <p>Child expresses sustained discomfort and anxieties through pushing, hitting, kicking, biting and non-deliberate harm to others.</p>

<b>Assess</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Statutory Assessment)
	<b>Learning Behaviours</b>		
	<p>Child has some difficulty in following setting routines e.g. difficulty coping with boundaries, difficulty in coping with changes in routine/staff etc.</p> <p>Child has some difficulty with attention, focus &amp; concentration</p>	<p>Child has significant difficulty in following setting routines e.g. difficulty coping with boundaries, difficulty in coping with changes in routine/staff etc.</p> <p>Child has significant difficulty with attention, focus &amp; concentration</p>	<p>Child has sustained difficulty in following setting routines e.g. difficulty coping with boundaries, difficulty in coping with changes in routine/staff etc.</p> <p>Child has sustained difficulty with attention, focus &amp; concentration</p>



Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Gather information from parents about their child by using tools such as the Planning or an early Years passport. Keyperson to support parent and child with transition into nursery.</p> <p>Consider if your provision meets the need of the unique child:</p> <ul style="list-style-type: none"> <li>• Appropriate expectations</li> <li>• Appropriate age and stage resources</li> <li>• Enabling/Inclusive environments</li> <li>• Routine</li> </ul> <p>Assessment tools available:</p> <ul style="list-style-type: none"> <li>• Summative assessments.</li> <li>• A variety of observations, such as timed observations,</li> </ul>	<p><b>In addition to universal:</b></p> <ul style="list-style-type: none"> <li>• Use specific assessment tools to assess and plan for the child for example the Early language monitoring tool, Teaching Talking assessment and Sensory Workbook. These are additional to the assessments used at Universal level and these should continually be used and updated in partnership with the parents.</li> <li>• Use the Promoting Positive Behaviour audit, to take a whole setting approach to planning for the behavioural needs of the child.</li> <li>• Use the information gathered from the assessment tools to ensure support for the child is appropriate and the provision is meeting the child's individual needs.</li> </ul>	<p><b>In addition to most:</b></p> <p>Regularly review and update the child's records by using the information gathered from the assessment tools. If available, include agency advice and add recommendations to the child centred planning document.</p> <p>Signpost and talk to parents about the 'Disability Living Allowance' (DLA). If their child is eligible, settings can apply for the 'Disability Access Fund' (DAF) for three- and four-year-olds to help with additional resources and/or adaptations.</p> <p>If a SEND Support Notification has been received, the SENCo should follow the advice on the notification letter and act as a key point of contact for the child. A SEND advisor could contact you to discuss the arrangements you have in place.</p>	<p><b>In addition to some:</b></p> <p>Consider, with parents, whether a request for a statutory assessment is appropriate for the child by reviewing the child's progress.</p> <p>Discuss and record the views and aspirations of the child and their parents.</p> <p>Establish which type of educational provision they would like their child to attend.</p> <p>A statutory assessment will not always lead to an EHC plan. The information gathered during an EHC needs assessment may indicate ways in which the nursery or school can meet the child's needs without an EHC plan.</p> <p>The statutory process and timescales for EHC needs assessment are on the local offer website.</p>

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>narrative, tracking and frequency.</p> <ul style="list-style-type: none"> <li>Regular parent conversations</li> <li>Progress check for two-year-old children – Foundation Stage forum.</li> <li>The EYFS tracker – Foundation Stage forum,</li> <li>Complete a provision audit and refer to the practice considerations in Promoting positive behaviour in early years settings. Audits include considerations of Unique Child, Positive Relationships and Enabling Environments.</li> <li>Use Characteristics of Effective Learning within the EYFS curriculum.</li> <li>Use of the Early Years Foundation Stage – Development Matters, Early Years Outcomes 2023</li> </ul>	<ul style="list-style-type: none"> <li>Use ‘assess, plan, do and review’ cycle as outlined in the Code of Practice for SEND 2014.</li> <li>The Occupational Therapy and Speech and Language packs are useful tools to support assessment and planning.</li> <li>Staff should access training to meet the specific needs of individual children for example Makaton training.</li> <li>Implement a risk assessment, if and when appropriate.</li> <li>Consider whether an Early Help Assessment would be appropriate, this would not be required but can be used as an information gathering tool.</li> <li>Consider if a ‘request for support’ to the Early Support Team (EST) is needed.</li> </ul>	<p>Plan to organise/attend a Team Around the Family meeting to review the Early Help Assessment (if one is in place)</p> <p>Plan to organise a transition meeting for individual children moving between rooms/settings or schools.</p> <p>Consider whether a request for an EHC assessment is appropriate for the child. You should have the evidence and information to support this application as you have followed this graduated response.</p>	<p>Parents of children with final EHC Plans in the summer term of their -2 year need to be aware of the school admissions process going into the Reception year of school. Guidance can be found <a href="#">here</a>.</p> <p>Signpost the parents to SENDIAGS for support with EHC processes and mediation, if required.</p>

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Use the 'assess, plan, do and review' cycle as outlined by EYFS.</p> <p>Have regard to the <a href="#">Disabled children and equality Act 2010 - Early years</a>.</p> <p>Regularly exchange information about the child with their parents and plan opportunities to develop a respectful partnership.</p> <p>Staff must be aware of all health needs and subsequent health care plans. Staff must receive relevant training to support the child, e.g. epi-pen training or administration of inhalers. Guidance on Health Care plans on Local Offer.</p> <p>Ensure planned activities for child to learn about emotion and enjoy small group times. Adults should act as role models when things don't go to plan and how they deal with mistakes.</p>	<ul style="list-style-type: none"> <li>Consider making an application for EY Inclusion Fund for the short term, promoting positive behaviour or small group funding. This supports children with low and emerging SEND needs.</li> <li>You must organise a transition meeting for children moving between rooms/settings or schools.</li> </ul>		

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
Consider if the child has made little or no progress at Universal, then move onto <b>Graduated Response /most</b> interventions.			

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>All children should have a child centred document to help key adults working with them understand what is important to them and what people like about the child. The parents would feed information into this document.</p> <p>Adopt an EYFS unique child approach to support learning and development.</p> <p>Each child should have a named key person, their role is to ensure that every child's care is tailored to meet their individual needs. Ensure good procedures are in place and work with parents as partners.</p> <p>Ensure differentiation by adapting play opportunities to meet all developmental stages, e.g. smaller groups, repetition or modelling activity.</p> <p>Use individualised approaches to support transitions for</p>	<ul style="list-style-type: none"> <li>Update the child centred planning document. Write some outcomes and targets for the child using the information you have gathered from the assessment section of this document and through conversations with parents.</li> <li>Staff must be consistent in their approach to support the individual child, e.g. signing, behaviour strategies, use of visuals and language used.</li> <li>Staff must be consistent in their approach to support the individual child. E.g. behaviour strategies, use of visuals and language used.</li> <li>Advice and interventions identified in the behaviour audits (if appropriate) are being utilised to support the needs of the child.</li> </ul>	<p>Complete the Setting planning with parents. Consider the unmet needs and discuss appropriate referrals.</p> <p>If appropriate, refer the child to health through Children and Family Health Hackney. A set of reviewed targets and new targets need to be in place on a Setting SEND Support/most plan to support the referral. Therapies are listed on the Local Offer.</p> <p>Staff should access training to meet specific needs of individual children.</p> <p>Consider an application for the EY Inclusion Fund for short term funding (this may be because a child is starting at your setting with SEND already identified) or whilst collating evidence and information to support a Discretionary Funding application. A provision map needs to be</p>	<p>Review what has been in place for the child and consider the unmet needs. Write new outcomes and targets and discuss if child's needs can only be met through a request for Statutory Assessment.</p> <p>Continued support available from health and education professionals, some have helplines or telephone consultations. Use Hackney Local Offer for information.</p> <p>Continued support from the Early Support Team (EST), as appropriate.</p> <p>If Discretionary Funding and/or EHCP in place, the child will have a Case Worker from the Local Authority for setting to contact if advice is needed.</p> <p>Sign post parents to SENDIAGS for support with</p>

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>children e.g. on arrival, at meal times and when moving between rooms. These may include a visual timetable and a now and next board.</p> <p>Encourage familiar or favourite items to support children's emotional well-being e.g. comfort blankets, family photos, transitional objects.</p> <p>Adaptations to your environment, inside and out, e.g. furniture, resources, accessibility.</p> <p>Provide an environment that meet sensory needs (low and high stimulus) e.g. quiet area, pop up tent and messy play.</p> <p>Provide multiple items of popular toys/resources.</p> <p>Complete a provision audit and refer to the practice considerations in promoting</p>	<ul style="list-style-type: none"> <li>Consider application for the EY Inclusion Fund to support small groups or positive behaviour strategies.</li> <li>Signpost parents to relevant support on the Hackney Local Offer.</li> <li>Consider a Portage Positive Play referral as home-based intervention to support parents with understanding preschool children's behaviour.</li> <li>Support could be acquired for children who have English as an Additional Language (EAL) and can carry out assessments in the child's home language within the setting. A communication and language development delay may not be because of SEN, children need more time to learn two or more languages at the same time.</li> </ul>	<p>written to include how the time is to be used with 1:1 staff support.</p> <p>Consider an application for discretionary funding to provide longer term one to one support. A provision map needs to be written to include how the time is to be used with 1:1 staff support.</p> <p>If funding is awarded, use of 1:1 to encourage the child to access the provision, become more independent and self-sufficient as when appropriate to the child's needs.</p> <p>Request for support from Early Help if appropriate.</p>	<p>EHC processes and mediation If required.</p> <p>Arrange a transition meeting with the school or other setting, to agree actions to support the child and distribute minutes and health report and updated planning documentation or EHCP to the receiving provision.</p>

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>positive behaviour in early years.</p> <p>Audits include considerations of Unique Child, Positive Relationships and Enabling Environments.</p> <p>Make changes to routines to meet individual children's needs, some tasks may need to be broken down into small steps. Also consider reduced waiting times/frequent movement breaks.</p>	<ul style="list-style-type: none"> <li>Consider seeking support from a SEND Advisor. The SEND Advisor will offer support which may involve observations and discussions with parents, signposting where appropriate to other services, and general advice to the SENCo.</li> </ul>		

Review			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Link to observation checkpoints in development Matters</p> <p>Regularly review and update the child's developmental records using the information gathered from the assessments on the child.</p> <p>Parents should <b>always</b> be involved in the review of the child's progress. Child's views should <b>always</b> be sought as part of the review process as appropriate.</p> <p>Review the information in the child centred planning document and update where necessary.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by universal approaches. However, if little or no progress has been made at this level,</p>	<p>Regularly review and update the child's developmental records in line with the assessments used. Review the information in the child centred planning document, outcomes and targets and update where necessary.</p> <p>Parents should always be involved in the review of the child's progress. Child's views should always be sought as part of the review process as appropriate.</p> <p>Review your use of EY Inclusion Funding and the impact it has had on the child's progress.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by a graduated response most. However, if little or no progress has been made at this level,</p>	<p>Regularly review and update the child centred planning document. Where appropriate reviews can involve professionals if they have provided advice.</p> <p>Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process as appropriate. as appropriate.</p> <p>Review your use of discretionary funding and the impact it has had on the child's progress.</p> <p>Review the individualised communication methods and modify if appropriate.</p> <p>In reviewing the progress that has been made the child may:</p> <p>No longer need <b>Graduated response/some</b> and needs will</p>	<p>The majority of children with SEND will have their needs met within local mainstream early year's settings however a small number of children may be offered a specialist nursery or school place.</p> <p>The EHCP to be reviewed 6 months after the final plan is issued. The early years setting needs to chair this meeting, invite case workers, health and educational professionals and parents.</p> <p>Continue to use assessments and review at least termly to assess the child's progress.</p> <p>Continue to review and update the SEND Support Plan unless a final EHCP is in place.</p> <p>Parents should <b>always</b> be involved in the review of the child's progress. Children's views should <b>always</b> be sought</p>



Review			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
then move on to <b>Graduated Response/most.</b>	then move on to <b>Graduated Response /some</b>	<p>be met from <b>Graduated Response/Most</b></p> <p>Continue to need <b>Graduated Response/some.</b></p> <p>Need a referral for statutory assessment as needs cannot be met by <b>Graduated Responses.</b></p>	<p>as part of the review process as appropriate. as appropriate.</p> <p>Reviews should involve the appropriate external professionals working with the child/young person.</p> <p>In reviewing the progress that has been made, the child may no longer need provision through an EHCP and agree that needs will be met through a <b>Graduated response/some</b> or they may continue to need provision through an EHCP.</p>



## Section 4: Sensory and/or physical

### Deaf or Partial Hearing

Assess			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Child is broadly working within the appropriate Development Matters, using the characteristics of effective teaching and learning as guidance within areas of learning:</p> <ul style="list-style-type: none"><li>• Playing &amp; exploring</li><li>• Active learning</li><li>• Creating and thinking critically.</li></ul> <p>A mild hearing loss (21 – 40dB). May also include some children with a moderate loss</p>	<p>Moderate hearing loss (41– 70dB).</p>	<p>Severe hearing loss (71– 95dB). May also include some children with a moderate loss.</p>	<p>Profound hearing loss, unaided excess of 95dB. May also include some children with a severe loss.</p>

<b>Assess</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Statutory Assessment)
<p>May use hearing aids and assistive listening devices (ALD).</p> <p>May require training in the use of any assistive technology and/or hearing aids.</p>	<p>Needs support to use learned skills independently.</p> <p>May use hearing aids and assistive listening devices.</p> <p>May require training in the use of any assistive technology and/or hearing aids.</p>	<p>Uses aids, technology and may use visual communication (BSL, SSE).</p> <p>May require training in the use of any assistive technology and/or hearing aids.</p>	<p>Uses hearing aids or cochlear implants and ALD technology. May use visual communication. May also have complex learning difficulties or speech and language difficulties/delay associated with HI or as a result of additional needs.</p> <p>May require training in the use of any assistive technology and/or hearing aids.</p>
<p>Difficulties are more noticeable when there is background noise.</p> <p>May have trouble hearing some speech sounds.</p>	<p>May have speech and language delay/gaps in vocabulary.</p> <p>May need encouragement to engage/access social interactions.</p>	<p>Access to speech is very limited and considerable differentiation and/or modification is needed in all subject areas</p>	<p>Unaided access to spoken language is not possible.</p>

## Deaf or Partial Hearing

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>All children require: Systems to be in place for staff to routinely seek information about children's hearing needs and concerns.</p> <p>Systems to be in place for staff to regularly seek the views of parents about their children's hearing needs.</p> <p>Appropriate arrangements for assessment of the setting and environment which are reviewed at least annually – in relation to noise levels.</p> <p>Whole staff awareness of the implications of hearing difficulties and knowledge of strategies that facilitate the inclusion of deaf children.</p> <p>Appropriate whole setting policies for supporting children with hearing difficulties.</p>	<p><b>In addition to Universal:</b> The setting to seek to gather the child's views about their difficulties and the Setting Graduated Response /most approaches to be put in place as appropriate.</p> <p>The setting to raise and discuss concerns with the child's parents and involve them in planning these support approaches.</p> <p>Key person in consultation with the SENCO has established a clear understanding of the child's needs.</p> <p>Consideration of individual child's development in comparison to peers and their response to previous interventions.</p> <p>Liaison and consultation with external professionals and</p>	<p><b>In addition to most:</b> Continued close home-setting links, so settings are aware of changes in circumstances that may impact on the child's hearing.</p> <p>Access to external services who may contribute via consultation or specialist assessment, which leads to my plan/ EY Inclusion Funding. Professionals may include speech and language therapist, occupational therapist, teacher of inclusive practice, the Hackney Outreach Service and physiotherapists – in order to facilitate the inclusion of deaf children.</p> <p>Social workers, community and charity groups involved with the child/young person may also contribute.</p> <p>Rigorous qualitative and quantitative measures should</p>	<p><b>In addition to Some:</b> A few children have hearing loss needs that are more severe and cannot be met by universal or <b>Graduated response/some</b> approaches.</p>

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Health and safety policy and risk assessments procedures to be in place.</p> <p>There should be effective internal communication and liaison arrangements between staff.</p> <p>When child appears to have visual difficulties settings should suggest for parents to seek medical advice e.g. G.P.</p>	<p>support services, where appropriate.</p> <p>Close home-setting links, so the setting is aware of changes in circumstances that may impact on the child's hearing needs.</p> <p>Assessment and observation by a key person or SENCo indicates a child's hearing difficulty affecting access to EYFS.</p> <p>Where there are suspicions of ongoing hearing difficulties settings should advise parents to seek any appropriate medical advice.</p> <p>Teacher of the Deaf or educational audiologist input may be to advise for additional audiological equipment, for example radio aid.</p> <p>Continuous assessment and curriculum assessments may be supplemented by diagnostic tests.</p>	<p>be used from which progress can be judged.</p> <p>Measures should also be made of the impact of the child's difficulty on their ability to access the EYFS.</p> <p>Some children may require a statutory assessment of their special educational needs.</p>	

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
	For some children application for EY Inclusion Funding may be required. This will relate to long term outcomes and include short term targets.		

## Deaf or Partial Hearing

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Be aware of background noise.</p> <p>Additional attention should be paid to:</p> <p>Speech development, expressive language and interaction.</p> <p>Training and advice for setting from Qualified Teacher of the Deaf.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by universal approaches. However, if little or no progress has been made at this level, then move on <b>Graduated Response/most</b>.</p>	<p>May need support in small groups in addition to support in integrated classwork for language extension and re-enforcement.</p> <p>Will need access to good speech models, auditory training and visual reinforcement.</p> <p>May need some support to access learning and the curriculum.</p> <p>Setting to use resources from Speech and language therapy service such as the resource pack.</p> <p>Training and advice for setting from Qualified Teacher for HI / ToD. Recommendations to inform child's next steps.</p> <p>Specific strategies learnt from training should be implemented.</p>	<p>May need individual or small group teaching in addition to support in integrated classwork for language extension and re-enforcement.</p> <p>Access to good speech models, auditory training and visual reinforcement., a total communication approach.</p> <p>May need a high level of support for learning and access to the curriculum.</p> <p>Speech and language therapy service, including advice or consultation with specialist HI SLT</p> <p>Training and advice for setting from Qualified Teacher for HI/ToD.</p> <p>Specific strategies learnt from training should frequently be implemented.</p>	<p>Requires exceptional differentiation, together with individual or small group teaching in addition to support in integrated classwork for language extension and re-enforcement.</p> <p>Access to good speech models, auditory training and visual reinforcement. May benefit from signed communication.</p> <p>Will need a high and constant level of support for learning and access to the curriculum.</p> <p>Speech and language therapy service, including advice or consultation with specialist HI SLT</p> <p>Training, assessment, advice and direct input for setting from Qualified Teacher for HI/ToD</p>

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
	Interventions need to be delivered regularly and consistently and should be clearly evidenced through record keeping.	Interventions need to be delivered regularly and consistently and should be clearly evidenced through record keeping.	Specific strategies learnt from training should consistently be implemented.



## Deaf or Partial Hearing

Review			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Link to observation checkpoints in development Matters All children's progress must be monitored through regular reviews in consultation with their parents/carers. Through the use of EYFS monitoring tools and summative assessments which inform any next steps.</p>	<p>Reviews of progress should take place every six weeks.</p> <p>Reviews should feed into the assessment process and should be fully recorded.</p> <p>Reviews should include progress across the EYFS. If progress is not made – change the approach and review provision.</p> <p>Parents should <b>always</b> be involved in the review of the child's progress.</p> <p>Children's views should <b>always</b> be sought as part of the review process as appropriate. as appropriate.</p> <p>Records of steps taken to meet the needs of individual children should be kept and made available as needed.</p>	<p>Reviews of progress should take place every six weeks.</p> <p>Reviews should feed into the assessment process and should be fully recorded. For some children very small steps of progress may be identified.</p> <p>Reviews should include progress across the EYFS. If progress is not made – change the approach and review provision.</p> <p>Parents should <b>always</b> be involved in the review of the child's progress.</p> <p>Children's views should <b>always</b> be sought as part of the review process as appropriate. as appropriate.</p> <p>Records of steps taken to meet the needs of individual children should be kept and made available as needed.</p>	<p>Review through the annual review of the Education, health and Care Plan.</p> <p>Parents should <b>always</b> be involved in the review of the child's progress.</p> <p>Children's views should <b>always</b> be sought as part of the review process as appropriate. as appropriate.</p> <p>Records of steps taken to meet the needs of individual children should be kept and made available as needed.</p> <p>Reviews should involve the appropriate external professionals working with the child/young person.</p> <p>When reviewing the progress that has been made, the child may:</p> <p>No longer need provision through an Education, Health</p>

Review			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
	<p>Where appropriate reviews can involve professionals if they have provided advice.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by a graduated response most. However, if little or no progress has been made at this level, then move on to <b>Graduated Response/some</b></p>	<p>Reviews should involve the appropriate external professionals working with the child.</p> <p>When reviewing the progress that has been made the child may:</p> <p>No longer need provision through a <b>Graduated Response few</b> approaches and needs will be met through a <b>Graduated Response/most</b> or universal approaches.</p> <p>Continue to need provision through <b>Graduated Response/few</b> / as needs cannot be met through <b>Graduated Response /most</b>.</p> <p>Need a referral for a statutory assessment</p>	<p>and Care Plan and agree that needs will be met through <b>Graduated Response/few</b>.</p> <p>Continue to need educational provision through an EHCP as needs cannot be met through <b>Graduated Response/few</b>.</p>

## Visual Impairment

Assess			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Child is broadly working within the appropriate Development Matters, using the characteristics of effective teaching and learning as guidance within areas of learning:</p> <ul style="list-style-type: none"> <li>• Playing &amp; exploring</li> <li>• Active learning</li> <li>• Creating and thinking critically.</li> </ul> <p>Functional visual impairment and / or field loss which impedes visual access to the EYFS and environment.</p>	<p>Functional visual impairment and / or field loss which impedes visual access to the EYFS and environment.</p>	<p>Functional visual impairment and / or field loss which impedes visual access to the EYFS and environment.</p>	<p>Functional visual impairment and / or profound field loss which impedes visual access to the EYFS and environment.</p>
<p>Vision is not brought to within what is considered the normal range (6/6 to 6/12) when using both eyes together and wearing glasses, contact lenses or following surgery.</p>	<p>Vision is not brought to within what is considered the normal range (6/6 to 6/12) when using both eyes together and wearing glasses, contact lenses or following surgery.</p>	<p>Vision is not brought to within what is considered the normal range (6/6 to 6/12) when using both eyes together and wearing glasses, contact lenses or following surgery.</p>	<p>Vision is not brought to within what is considered the normal range (6/6 to 6/12) when using both eyes together and wearing glasses, contact lenses or following surgery.</p>

<b>Assess</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Statutory Assessment)
	<p>Meets one of the criteria for registration as sight impaired/ partially sighted if visual acuity is measured at 6/18 or even better if a large part of the field of vision or peripheral vision is missing.</p> <p>Or at a minimum of 6/24 with a moderate reduction of field of vision or with central vision that is clouded or blurry.</p>	<p>Meets one of the criteria for registration as sight impaired / partially sighted if visual acuity is measured at between 3/60 to 6/60 with a full field of vision.</p>	<p>Meets one of the criteria for registration as severely sight impaired/blind if visual acuity is measured at between 3/60 and 6/60 with a severe restriction of field of vision; or 6/60 and above with a considerably reduced field of vision.</p>
<p>Children are experiencing some difficulty seeing resources</p> <p>Child may tire easily in visual tasks</p> <p>Glare and bright light cause difficulty with child's vision</p> <p>Child bumps into obstacles or trips over steps</p> <p>Child unable to name/match colours</p>	<p>May have a distinct head position when concentrating on using their vision.</p> <p>Has difficulty with fine motor skills/hand eye coordination.</p> <p>May experience difficulties with friendships.</p>	<p>Increasing difficulty with fine motor skills/hand eye coordination.</p> <p>May experience difficulty with social interaction.</p>	<p>May be registered educationally blind.</p> <p>May experience difficulty with social interaction due to missed incidental learning.</p> <p>Complex learning difficulties other than that as a result of VI.</p>

<b>Assess</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Statutory Assessment)
Child may require differentiation within the environment and activities.	Child may require some adjustments to be made to provision and/or activities. For example, visually presented information may need to be enlarged.	Child may require frequent adjustments to be made to provision and/or activities as recommended by other professionals.	Child may require consistent adjustments to be made to provision as recommended by other professionals.

## Visual Impairment

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>All children require:</p> <p>Processes to be in place for staff to routinely seek information about children's visual needs/concerns</p> <p>Processes to be in place for staff to regularly seek the views of parents about their children's visual needs</p> <p>Planned opportunities to ensure that setting is physically accessible to children with a visual impairment</p> <p>Whole setting awareness of the implications of visual difficulties and knowledge of strategies to support the inclusion of children</p> <p>Appropriate setting policies to be in place for supporting children with visual difficulties.</p>	<p><b>In addition to universal:</b></p> <p>The setting to gather the child's views about their difficulties and the graduated response approaches to be put in place.</p> <p>The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches.</p> <p>Setting practitioners in consultation with the SENCO has established a clear analysis of the child's needs.</p> <p>Consideration of individual child's development in comparison to peers and their response to previous interventions.</p> <p>Liaison and consultation with external professionals and support services, where appropriate.</p>	<p><b>In addition to most:</b></p> <p>Continued close home-setting links, so setting is aware of changes in circumstances that may impact on the child's vision.</p> <p>Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.</p> <p>Measures should also be made of the impact of the child's difficulties on their ability to access the early years curriculum.</p> <p>Access to external services who may contribute via consultation or specialist assessment, which leads to EY Inclusion Funding.</p> <p>Professionals may include speech and language therapist, occupational therapist, teacher of inclusive practice, the</p>	<p>A few children needs that are more severe and cannot be met by universal, or Graduated responses</p>

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Health and safety policies and risk assessment procedures to be in place and appropriate risk assessments completed.</p> <p>There should be effective internal communication and liaison arrangements between staff.</p> <p>When child appears to have visual difficulties, settings should suggest for parents to seek medical advice e.g. G.P.</p>	<p>Close home-school links, so school are aware of changes in circumstances that may impact on the child's visual needs.</p> <p>Assessment and observation by setting practitioners or a SENCo indicates a child's visual difficulties affecting curriculum access as indicated by attainment below expected level/ability to engage in school activities.</p> <p>Where there are suspicions of ongoing visual difficulties, settings should advise parents to seek any appropriate medical advice.</p> <p>Careful monitoring of visual access to the curriculum.</p> <p>Assessment of functional vision by Advisory Teacher for Children with Visual Impairment.</p> <p>Continuous assessment and curriculum assessments may</p>	<p>Hackney Outreach Service and physiotherapists – in order to facilitate the inclusion of children with visual impairment.</p> <p>Social workers, community and charity groups involved with the child/young person may also contribute.</p> <p>SENCO and teaching staff may need to refer to external support services for example Teacher of the Visually Impaired, and Ophthalmology for further specialist assessments and advice.</p> <p>A few children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.</p>	

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
	<p>be supplemented by diagnostic tests.</p> <p>For some children, apply for EY Inclusion Funding to support interventions.</p>		



## Visual Impairment

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
Equipment and resources as recommended by Sensory Support Team or ophthalmologist.	Some support to access the curriculum. May require training in the use of any assistive technology and/or low vision aids.	High level of support required to access the curriculum. May require training in the use of any assistive technology and/or low vision aids.	Constant level of support required to access the curriculum. Will require training in the use of assistive technology and where applicable low vision aids.
Enlarged copies of texts.	Preparation of additional curriculum materials.	Preparation of additional curriculum materials.	Preparation of additional curriculum materials.
		Pre and post teaching/tutoring.	Generalisation of objects and development of concepts will require direct input.  Pre and post teaching/tutoring of key vocabulary.
Appropriate seating arrangements.	Appropriate seating arrangements.	Appropriate seating arrangements.	Appropriate seating arrangements.
May need mobility training for orientation and independent travel within school from/	Likely to need mobility training for orientation and independent travel within school from/ directed by a qualified paediatric habilitation officer.	Will need mobility training including long cane skills from/ directed by a qualified paediatric habilitation officer.	Will need mobility training including long cane skills from/ directed by a qualified paediatric habilitation officer.

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
directed by a qualified paediatric habilitation officer.	Also, may need independent living skills training.	Also, will need independent living skills training.	Also, will need independent living skills training.
Training and advice for setting from Qualified Teacher for VI	Training and advice for setting from Qualified Teacher for VI. Input into assessment.	Training and advice for setting from Qualified Teacher for VI. Long term assessment and involvement from ATVI.	Training, assessment, advice and direct input for setting from Qualified Teacher for VI.
	<p>A cycle of intervention should always last a minimum of two terms and where needed to be extended.</p> <p>A cycle of intervention will need to be delivered regularly and consistently and should be clearly evidenced through record keeping.</p>	<p>A cycle of intervention should always last a minimum of two terms and where needed to be extended.</p> <p>A cycle of intervention will need to be delivered regularly and consistently and should be clearly evidenced through record keeping.</p>	

## Visual Impairment

Review			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Link to observation checkpoints in development Matters.</p> <p>All children's and young people's progress must be monitored through regular reviews in consultation with themselves and their parents/carers. Through school reports, termly assessments with available data through the school tracking system with analysis of learning and progress to inform next steps.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by universal approaches. However, if little or no progress has been made at this level, then move on to Setting <b>Graduated Response/most</b>.</p>	<p>Reviews of progress should take place at least termly.</p> <p>Reviews should feed into the assessment process and should be fully recorded.</p> <p>Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed, or targets reduced.</p> <p>Parents should <b>always</b> be involved in the review of the child's/young person's progress.</p> <p>Children's/young person's views should <b>always</b> be sought as part of the review process as appropriate.</p> <p>Records of steps taken to meet the needs of individual children should be kept and made available as needed.</p>	<p>Reviews of progress should take place at least termly.</p> <p>Reviews should feed into the assessment process and should be fully recorded. For some children/young people, very small steps of progress may be identified.</p> <p>Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed, or targets reduced.</p> <p>Parents should <b>always</b> be involved in the review of the child's progress.</p> <p>Children's views should <b>always</b> be sought as part of the review process as appropriate.</p> <p>Records of steps taken to meet the needs of individual children</p>	<p>Review through the annual review of the Education, health and Care Plan.</p> <p>Parents should <b>always</b> be involved in the review of the child's progress.</p> <p>Children's views should <b>always</b> be sought as part of the review process as appropriate.</p> <p>Records of steps taken to meet the needs of individual children should be kept and made available as needed.</p> <p>Reviews should involve the appropriate external professionals working with the child/young person.</p> <p>When reviewing the progress that has been made, the child / young person may:</p> <ul style="list-style-type: none"> <li>• No longer need provision through an Education, Health and Care Plan and agree</li> </ul>

Review			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
	<p>Where appropriate reviews can involve professionals if they have provided advice.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by graduated response most. However, if little or no progress has been made at this level, then move on to <b>Graduated Response/some</b>.</p>	<p>should be kept and made available as needed.</p> <p>Reviews should involve the appropriate external professionals working with the child.</p> <p>When reviewing the progress that has been made the child may:</p> <p>No longer need provision through <b>Graduated Response some</b> and needs will be met through a <b>Graduated Response/ most</b> or universal approaches.</p> <p>Continue to need provision through <b>Graduated Response /few</b> as needs cannot be met through <b>Graduated Response /most</b> Need special educational provision and referral for a statutory assessment.</p>	<p>that needs will be met through <b>Graduated Responses</b></p> <ul style="list-style-type: none"> <li>Continue to need educational provision through an EHCP as needs cannot be met through <b>Graduated Responses</b>.</li> </ul>

## Physical

There is a wide spectrum of sensory, multi-sensory and physical difficulties. This section relates to delay or difficulties with fine and gross motor, difficulties with movement, balance, coordination, taste/smell sensitivities and spatial awareness.

Assess			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Child is broadly working within the appropriate Development Matters, using the characteristics of effective teaching and learning as guidance within areas of learning –</p> <p>Playing &amp; exploring</p> <p>Active learning</p> <p>Creating and thinking critically.</p> <p>One year delay in two or more areas of development.</p> <p>Child may require support from time to time for age appropriate activities and tasks, (e.g. fine motor, self-help tasks) but</p>	<p>Child is not making the expected progress within the EYFS physical development section against their chronological age. This needs daily additional support. This may be a transient difficulty.</p> <p>Child may be needing more adult support and direction to access fine motor activities.</p> <p>Child may be dependent on an adult to cut food for them, ensure they don't eat too quickly.</p> <p>Child may find noisy areas/times of the day distressing and will need</p>	<p>Child is showing a significant delay in one or more of the prime areas and is making little or no progress towards their learning outcomes with the intervention in place.</p> <p>Child may already have a diagnosis that identifies their physical, sensory or multisensory development.</p> <p>Child's sensory difficulties prevents them from playing, learning and participating in daily routines. (i.e. affects or can have a sensitivity to sight, hearing, touch, vision, or taste).</p>	<p>A child is not making expected progress despite interventions through Specialist SEND Support.</p> <p>Child has an identified diagnosis that affects their physical, sensory or multisensory development over a sustained period of time.</p> <p>Child's physical or sensory impairment affects their learning, communication, social interaction, and interaction with the environment over a sustained period of time.</p>

<b>Assess</b>			
<b>All (Universal)</b>	<b>Most (Graduated Response)</b>	<b>Some (Graduated Response)</b>	<b>Few (Statutory Assessment)</b>
<p>generally makes the required progress as a result.</p> <p>Child has an awareness of and can attend to the daily routine with some additional prompts i.e. using visual timetables.</p> <p>Can access resources independently within a clearly labelled and organised environment.</p> <p>Can join in small group times for a short amount of time with an adult differentiating the activity.</p> <p>Child may have slightly reduced interactions with peers and adults.</p> <p>Child may require more opportunities to be more active than their peers and access the outdoor environment.</p>	<p>support and direction to quieter areas.</p> <p>Child may require more time outside or regular sensory breaks. (e.g movement breaks or calming area/resources).</p> <p>Child may require additional adult support and time for completion of tasks and activities. This may require some physical support such as hand over hand support, or leading by the hand.</p> <p>Child may require some additional differentiated toys/activities such as larger wooden jigsaws, fatter pencils, pencil grips, scissors and sensory toys.</p> <p>Child may need some differentiation and/or some modification in self-help tasks or learning activities. This may include signs, gestures and visuals, hand over hand or adult role modelling, (e.g. eating, handwashing, dressing and when age appropriate</p>	<p>Child has a physical disability that requires additional, on-going support and equipment to ensure they have the same learning opportunities as their peers.</p> <p>Child has a physical disability that considerably impairs their fine motor and gross motor skills and prevents them from accessing the curriculum independently.</p> <p>Child will need additional time for completion of tasks and will need sensory breaks which will be the usual way of playing and learning.</p> <p>Child may have oral-motor delay/disorder and/or swallowing difficulties that prevent them from eating and /or drinking safely. They may require a modified diet and specialist utensils.</p> <p>Child may need specialist equipment such as a specialist chair, standing frame, foot and ankle orthotics, walking frame</p>	<p>Child has a physical disability that has a sustained impact on their child's ability to learn.</p> <p>Child may have oral-motor delay/disorder and/or swallowing difficulties that prevent them from eating and/or drinking safely. They may require a modified diet and specialist utensils. Few children will require tube feeding to ensure their nutritional needs can be met.</p> <p>Child will require highly structured and individual play and learning with sustained and significant intervention from the adult.</p> <p>Child will require significant modifications and adjustments made to resources and the environment, making it easier to access the curriculum and become more independent.</p>

<b>Assess</b>			
<b>All</b> (Universal)	<b>Most</b> (Graduated Response)	<b>Some</b> (Graduated Response)	<b>Few</b> (Statutory Assessment)
	<p>working towards using the toilet independently).</p>	<p>and splints to ensure they have the same opportunities as their peers.</p> <p>Child requires additional adult support and time for completion of tasks and activities and requires significant physical support such as hand over hand support, or leading by the hand or access to specialist equipment and resources.</p> <p>In addition to visuals, a child requires additional adult support for self-help skills, (dressing, hand washing, feeding, using the toilet independently if appropriate). Support could be hand over hand support, or leading by the hand or access to specialist equipment and resources.</p> <p>Child requires significant differentiation and/or some modification and to participate in the EYFS curriculum. A child will need planned support for their sensory or physical needs.</p>	

## Physical

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Early Years non-maintained settings are required to have a named SENCO with access to advice and support from the Early Years SEND Team. Managers must have a minimum level 3 qualification and 50% of staff must be a minimum level 2 qualified.</p> <p>Staff ratio of 1:3 for 0-2 year olds, 1:4 for 2-3 year olds and 1:8 for 3-5 year olds. Staff ratio for 3-5 years supported by Early Years Professional/teacher is 1:13, as in a maintained nursery class, and in Reception class ratio 1:30 with TA support.</p> <p>Gather information from parents about their child by using tools such as the Planning or an early Years passport. Keyperson to support</p>	<p>Use specific assessment tools to assess and plan for the child, for example The Early language Monitoring too, Teaching Talking Assessment, Sensory Workbook.</p> <p>These are additional to the assessments used at Universal level and these should continually be used and updated in partnership with the parents.</p> <p>Use the Promoting Positive Behaviour strategies to take a whole setting approach to planning for the behavioural needs of the child.</p> <p>Use the information gathered from the assessment tools to ensure support for the child is appropriate and the provision is meeting the child's individual needs.</p>	<p>Regularly review and update the child's records by using the information gathered from the assessment tools. If available, include agency advice and add recommendations to the child centred planning document. Assessments should also be made, of the impact of the child's difficulty, on their ability to access the EYFS.</p> <p>Signpost and talk to parents about the 'Disability Living Allowance' (DLA). If their child is eligible settings can apply for the 'Disability Access Fund' (DAF) for three- and four-year-olds to help with additional resources and/or adaptations.</p> <p>Plan to organise/attend a Team Around the Family meeting to review the Early Help Assessment (if one is in place)</p>	<p>Consider, with parents, whether a request for a statutory assessment is appropriate for the child by reviewing the child's SEND Support plan and progress made against their outcomes.</p> <p>Discuss and record the views and aspirations of the child and their parents.</p> <p>Establish which type of educational provision they would like their child to attend.</p> <p>A statutory assessment will not always lead to an EHC plan. The information gathered during an EHC needs assessment may indicate ways in which the nursery or school can meet the child's needs without an EHC plan.</p> <p>The statutory process and timescales for EHC needs</p>



Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>parent and child with transition into nursery.</p> <p>Consider if your provision meets the need of the unique child:</p> <ul style="list-style-type: none"> <li>• Appropriate expectations</li> <li>• Appropriate age and stage resources</li> <li>• Enabling/Inclusive environments</li> <li>• Routine</li> </ul> <p>Assessment tools available:</p> <ul style="list-style-type: none"> <li>• Summative assessments.</li> <li>• A variety of observations, such as timed observations, narrative, tracking and frequency.</li> <li>• Regular parent conversations</li> <li>• Progress check for two-year-old children – Foundation Stage forum.</li> <li>• The EYFS tracker – Foundation Stage forum,</li> </ul>	<p>Use ‘assess, plan, do and review’ cycle as outlined in the Code of Practice for SEND 2014.</p> <p>The Occupational Therapy and Speech and Language packs are useful tools to support assessment and planning.</p> <p>Staff should access training to meet the specific needs of individual children including a Total Communication approach including Makaton training.</p> <p>Implement a risk assessment, if and when appropriate.</p> <p>Consider whether an Early Help Assessment would be appropriate, this would not be required but can be used as an information gathering tool.</p> <p>Consider if a ‘request for support’ to the Early Years SEND Team is needed.</p> <p>Consider making an application for EY Inclusion Funding promoting positive</p>	<p>Plan to organise a transition meeting for individual children moving between rooms/settings or schools.</p> <p>Consider whether a request for an EHC assessment is appropriate for the child. You should have the evidence and information to support this application as you have followed this graduated response.</p> <p>Continued close home-setting links, so setting is aware of changes in circumstances that may impact on the child’s vision and hearing.</p> <p>Early Support Service, social workers, community and charity groups involved with the child may also contribute to the planning process.</p> <p>Through assessment of progress a few children may require a statutory assessment of their special educational needs which may lead to an</p>	<p>assessment are on the local offer website.</p> <p>Explain the assessment and planning process for the EHC process. A helpful visual for practitioners to understand the EHC process.</p> <p>Parents of children with final EHC Plans in the summer term of their -2 year need to be aware of the school admissions process going into the reception year of school.</p> <p>Signpost the parents to SENDIAGS for support with EHC processes and mediation, if required.</p>

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Complete a provision audit and refer to the practice considerations in Promoting positive behaviour in early years settings. Audits include considerations of Unique Child, Positive Relationships and Enabling Environments.</p> <p>Use Characteristics of Effective Learning within the EYFS curriculum.</p> <p>Use of the Early Years Foundation Stage – Development Matters, Early Years Outcomes 2023</p> <p>Use the ‘assess, plan, do and review’ cycle as outlined by EYFS.</p> <p>Have regard to the <a href="#">Disabled children and equality Act 2010 - Early years</a>.</p> <p>Regularly exchange information about the child with their parents and plan opportunities to develop a respectful partnership.</p>	<p>behaviour or small group funding. This supports children with low and emerging SEND needs.</p> <p>You must organise a transition meeting for children moving between rooms/settings or schools.</p>	<p>Education, Health and Care Plan.</p>	

Plan			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Staff must be aware of all health needs and subsequent health care plans. Staff must receive relevant training to support the child, e.g. epi-pen training or administration of inhalers. Guidance on Health Care plans on Local Offer.</p> <p>Ensure planned activities for child to learn about emotion and enjoy small group times. Adults should act as role models when things don't go to plan and how they deal with mistakes.</p> <p>Consider if the child has made little or no progress at Universal, then move onto <b>Graduated Response/most</b> interventions.</p>			

# Physical

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Support the child in the play and learning environment.</p> <p>Adopt an EYFS unique child approach to support learning and development.</p> <p>Use individualised approach to support transitions for children e.g. on arrival at mealtimes and moving between rooms. This may include a visual timetable and Now and Next Board.</p> <p>Child may need opportunities to develop use and understanding of language, through the use of words, gestures and sign (e.g. Makaton).</p> <p>Child may need planned access to groups to promote inclusion and development of friendships.</p> <p>Implement an effective keyperson approach and work with parents as partners.</p>	<p>Update the child centred planning document. Write some outcomes and targets for the child using the information you have gathered from the assessment section of this document and through conversations with parents.</p> <p>Staff must be consistent in their approach to support the individual child, e.g. signing, behaviour strategies, use of visuals and language used.</p> <p>Advice and interventions identified in the behaviour audits (if appropriate) are being utilised to support the needs of the child.</p> <p>Consider application for the EY inclusion Fund to support positive behaviour strategies.</p> <p>Signpost parents to relevant support in the Local Offer and</p>	<p>Complete the planning with parents. Consider the unmet needs and discuss appropriate referrals.</p> <p>If appropriate, refer the child to health through Children and Family Health Hackney. A set of reviewed targets and new targets need to be in place on a Setting SEND Support/most plan to support the referral. The therapies you can refer to are listed on the Local Offer.</p> <p>Staff should access training to meet specific needs of individual children.</p> <p>Consider an application for the Inclusion Fund for short term funding (this may be because a child is starting at your setting with SEND already identified) or whilst collating evidence and information to support a Discretionary Funding application. A provision map needs to be written to include</p>	<p>Child will need sustained support for planned social interaction and independence. Will require support to manage equipment.</p> <p>Training and advice from Speech and Language therapy for children with oral-motor difficulties and /or swallowing difficulties impacting on their safety at mealtimes.</p> <p>Multidisciplinary approach required. A range of professionals will be involved. This can be a large number of professionals.</p> <p>Arrange a transition meeting with the school or other setting. Agree actions to support the child and distribute minutes and health report Plan and updated EHCP to the receiving provision.</p>

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Provide an environment that meets sensory needs ( low and high stimulus) e.g. quiet area, pop up tent, sensory play.</p> <p>Adaptation to the environment inside and out, e.g. furniture, accessibility and resources.</p>	<p>local Family Centre for outreach support.</p> <p>Consider a Portage Positive Play referral as home based intervention to support parents with understanding preschool children's behaviour.</p> <p>Support could be for children who have English as an Additional Language (EAL) and can carry out assessments in the child's home language within the setting.</p> <p>SEND Advisor will offer support which may involve observations and discussions with parents, signposting where appropriate to other services, and general advice to the SENCO.</p> <p>The Occupational Therapy pack and Sensory Workbook activities are useful tools to support the child and implement strategies.</p> <p>Implement a risk assessment, if and when appropriate.</p>	<p>how the time is to be used with 1:1 staff support.</p> <p>Consider an application for discretionary funding to provide longer term one to one support. A provision map needs to be written to include how the time is to be used with 1:1 staff support.</p> <p>If funding is awarded, use of 1:1 to encourage the child to access the provision, become more independent and self-sufficient as when appropriate to the child's needs.</p> <p>Referral to Early Support if appropriate.</p> <p>Consider a referral to Physical sensory Support Service for children with VI, HI and PD if not already in place.</p> <p>External agencies (e.g. Physical and Sensory Support Service) continue to offer support and advice following a referral, this should contribute</p>	

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
	<p>Referrals to the Health Visitor can be suggested to support with self-help skills and routines at home.</p> <p>Provide multi-sensory toys and activities at each session. E.g. Resources that stimulate hearing and touch, sight. Equipment and resources may be recommended by Early Years SEND Team, Sensory Support Team and/or health professionals.</p> <p>Suitable lighting and seating for specific tasks and activities.</p> <p>Model language, reinforce key words where children have delay in the use and understanding of language.</p> <p>Child may need some support during unstructured times because they are not picking up on social cues. Intervention should begin using a child's interest and developing into a teachable moment.</p>	<p>to the child centred planning document.</p> <p>Enlarged copies of texts and books to be available if needed.</p> <p>Equipment and resources as recommended by Sensory Support Team and/or health professionals.</p> <p>Training and advice for setting from Qualified Teacher for MSI High level of support required to access the EYFS.</p> <p>Preparation of additional materials and a high level of differentiation.</p> <p>Consider adjustments to lighting and seating recommended by health and education professionals, together with support for moving around the setting.</p> <p>Child may need significant support during unstructured times because they are not picking up on social cues. Intervention should begin using</p>	

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
		<p>a child's interest and developing into a teachable moment.</p> <p>If appropriate, consider other referrals or re-referrals to a health professional. A set of reviewed targets and new targets need to be in place on a SEND Support plan to support the referral. These are the therapies you can refer to:</p> <p>Occupational Therapy</p> <p>Physiotherapy</p> <p>Community Paediatrician</p> <p>Advice may be sought from therapists and health professionals.</p> <p>Interventions need to be delivered regularly and consistently and should be clearly evidenced through record keeping.</p> <p>SENCO and key person may also need to make further referrals to external support</p>	

Do			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
		services, for example the qualified teacher for multisensory impairment, ophthalmology, audiology, ENT and further specialist assessments and advice.	



## Physical

Review			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
<p>Link to observation checkpoints in development Matters.</p> <p>Regularly review and update the child's developmental records using the information gathered from the assessments on the child.</p> <p>Parents should always be involved in the review of the child's progress. Child's views should always be sought as part of the review process as appropriate. as appropriate.</p> <p>Review the information in the child centred planning document and update where necessary.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by universal approaches. However, if little or no progress</p>	<p>Regularly review and update the child's developmental records using the information gathered from the assessments on the child.</p> <p>Parents should <b>always</b> be involved in the review of the child's progress.</p> <p>Child's views should <b>always</b> be sought as part of the review process as appropriate.</p> <p>Review the information in the child centred planning document and update where necessary.</p> <p>In reviewing the progress that has been made, the child may continue to be supported by universal approaches. However, if little or no progress has been made at this level, then move on to Setting SEND Support/most.</p>	<p>Regularly review and update the child's SEND Support Plan (SSP). Where appropriate reviews can involve professionals if they have provided advice.</p> <p>Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process as appropriate.</p> <p>Review your use of discretionary funding and the impact it has had on the child's progress and decide whether a further application is needed. Ensure your application goes to the Early Years Panel before your current funding finishes.</p> <p>Review the individualised communication methods and modify if appropriate.</p>	<p>The majority of children with SEND will have their needs met within local mainstream early year's settings however a small number of children may be offered a specialist nursery or school place.</p> <p>EHCP to be reviewed 6 months after the final plan is issued. The early years setting needs to chair this meeting, invite case workers, health and educational professionals and parents.</p> <p>Continue to use assessments and review at least termly to assess the child's progress.</p> <p>Continue to review and update the SEND Support Plan (SSP) unless a final EHCP is in place.</p> <p>Parents should always be involved in the review of the child's progress.</p>

Review			
All (Universal)	Most (Graduated Response)	Some (Graduated Response)	Few (Statutory Assessment)
has been made at this level, then move on to <b>Graduated Response /most.</b>	<p>Reviews should include progress across the EYFS. If progress is not made – change the approach and review provision.</p> <p>When reviewing the progress that has been made the child may:</p> <p>No longer need special educational provision and needs will be met from universal approaches.</p> <p>Continue to need special educational provision through a Setting SEND Support/most Plan as needs cannot be met from universal approaches. If child is not making progress, they will need support through <b>Graduated Response/some</b> approaches</p>	<p>In reviewing the progress that has been made the child may:</p> <p>No longer need <b>Graduated response/some</b> and needs will be met from <b>Graduated Response/most.</b></p> <p>Continue to need <b>Graduated Response/some.</b> Need a referral for statutory assessment as needs cannot be met by <b>Graduated Responses.</b></p>	<p>Children’s views should <b>always</b> be sought as part of the review process as appropriate.</p> <p>Reviews should involve the appropriate external professionals working with the child/young person.</p> <p>In reviewing the progress that has been made, the child may no longer need provision through an EHCP and agree that needs will be met through a Graduated response/some or they may continue to need provision through an EHCP.</p>