Identification of Need and Supportive Environments for Children in Early Years who are at SEN Support

Children who are working at SEN Support within the Code of Practice are those with identified needs for whom the Graduated Approach of Assess, Plan, Do, Review must be carried out at an individual level.

These are the children for whom practitioners have identified a need to do something additional to and/or different from Quality First Teaching, in order to meet a child's learning and development needs.

It is important that identification of need is a holistic process and involves parents and carers as well as any other professionals (e.g. Health Visitors) who may know the child well.

Here are some helpful questions for discussions with parents/carers in order to jointly identify a child's needs.

General

- What is your child good at/what are their strengths?
- What is working well at the moment?
- What could be going better?
- Do you have any concerns about your child's development?
- What can we work on together?
- What is important for us to talk about today that will help me to appreciate your circumstances and to learn about your child, their strengths, their needs and your hopes/priorities?

General Health/Physical Development:

- Is the child under/have they ever been under a paediatrician?
- Are there any known medical conditions?
- Were there any complications at birth?
- Did the child meet their early developmental milestones e.g. crawling, walking, talking etc?
- Are there any issues with toileting, feeding, sleeping, drinking?
- Are there any known hearing or visual impairments or do you have any concerns about these?
- Are there any issues with fine gross motor skills, body awareness and balance, are they under/over active?
- Are Occupational Therapy or Physiotherapy involved, or have they ever been involved?

Speech and Language

- Was the child late to begin to talk?
- Can the child communicate effectively with others/is their speech intelligible?
- Have Speech and Language Therapy ever been involved?
- What is the child's preferred communication style?
- What non-verbal strategies does the child use to communicate?
- Is the child able to understand what is said to them without the use of context, routine or visuals?

Social and interaction skills

- What are the child's relationships like with adults and peers?
- How does the child play/socialise with other children e.g. are they able to share and take turns?
- Can the child initiate interactions and do they want to?
- Does the child have any particular special interests?

Behaviour/emotions

- How do they express their emotions or how aware of their emotions are they?
- Are they able to self-regulate their emotions?
- Are there any diagnosis or medical issues that may affect behaviours (including medication)?
- Are there any indicators of any difficulties with early life experiences?

Learning

- Is the child making progress?
- Is the chid able to remember what they have been taught?
- Is the child able to generalise skills to other contexts?
- What tasks is the child able to complete independently?
- Does the child ask for help when needed?

End to the meeting

- Agree joint priorities for work
- Agree clear outcomes to be achieved
- Agree what the setting will do and what parents can do to support
- Arrange a date to review the plan that has been developed

Identification of need and supportive Environments

The next section of this document is in line with the Bolton SEND Handbook and explores some of the typical indicators of a child's needs under the four main themes of

- Social Communication and Interaction Needs
- Social, Emotional and Mental Health Needs
- Speech and Language Needs
- Cognition and Learning Needs

The indicators described will indicate additional needs if they are well below those seen typically for a child at a particular age.

The document also outlines some of the key considerations for creating environments that will help to meet the needs of children at SEN Support

Social Communication and Interaction Needs

What to look for?

Social communication and Interaction needs affect the way a child communicates with, and relates to, other people and how they experience the world around them. Co-occurring difficulties may be seen in aspects of language, concentration and sensory processing.

Areas of concern	Typical indicators
Social interaction	- Difficulty making eye contact. - Difficulty responding to a social smile or other facial expressions. - Difficulty looking at objects or events that adults are looking at or pointing to (i.e. establishing joint attention). - Struggles to show empathy or concern for others. - Often appear uninterested or have difficulty making friends. - Literal understanding and difficulty reading between the lines / understanding idioms and metaphors.
Communication difficulties	- Speech may be present but not used for spontaneous communication. - A lack of understanding re conversational skills and rules, e.g. listening, turn taking, knowing when and how to start and finish conversations and how to maintain the topic of a conversation. - Difficulty understanding gesture, facial expression and body language. - Difficulty understanding what is socially appropriate. - Repeats exactly what others say without understanding the meaning (echolalia). - May have a good ability to rote learn, especially numbers, letters, songs or specific topics.
Imagination	- Difficulty thinking in abstract terms. - No involvement in imaginary play. - Difficulty imagining situations that are not part of their daily routine. - Repetitive behaviours or play patterns e.g. filling and emptying, transporting, opening and closing. - Difficulty generalising skills learnt in isolation.
Interests and behaviour	- Routines, order and rituals are important. - Difficulty with change. - Often obsessed with a few or unusual activities. - Plays with parts of toys instead of the whole toy (e.g. spinning the wheels of a toy car). - May repeat words (echolalia) or behaviours.
Sensory	- Difficulties processing sensory information. - May be very sensitive (hypersensitive) or not sensitive at all (hyposensitive) to smells, sounds, lights, textures and touch. - Unusual use of vision or gaze – looks at objects from unusual angles. - May engage in some stereotyped movements for example rocking, spinning, swaying, twirling fingers, walking on tiptoes or flapping hands. - May be under sensitive to pain.

Supportive Environments – Social Communication and Interaction Needs

What makes a Social Communication and Interaction friendly learning environment?

- Clear and consistent routines, expectations and boundaries.
- Prepare the child for any changes to their routine.
- Give verbal warnings that an activity is about to end.
- Use of visual supports and approaches to help the child to better understand the daily routine, this can include approaches such as 'Now and Next'.
- Simplified language where needed with instructions being repeated for those who need it with the use of visual cues, symbols or pictures alongside words to make instructions easier to follow.
- Avoid the use of non-literal language when talking with the child.
- Use of non-verbal communication to support what is being said, for example gesture, pointing – or maybe signing.
- Consideration of ways to incorporate the child's interests into activities.
- Give children time to respond to allow time for thinking.
- A learning environment that is not too cluttered and where equipment is clearly labelled. Try to keep things simple and distraction free wherever possible.
- Thinking about how you can make the environment more comfortable. For example, a child who struggles to block out background noise may benefit from the use of ear defenders.
- Careful positioning of adult when interacting with the child. Ensuring that they are face to face.
- Use of social stories to teach particular social skills and to develop greater social understanding.
- Use of supported time out.
- Access to a safe and quiet place for the child to access when they feel anxious or are overloaded by sensory stimuli.
- Incorporation of the explicit teaching of social skills.
- Visual support systems such as visual timetables or prompt cards (for example a card, with a picture, to remind a child to listen for their name) and photos are used.
- Strategies are used to ensure a child is paying attention for example the adult says their name before giving an instruction.
- Consistent vocabulary is used, where the same word is used all the time when discussing new ideas (for example take away is used, but not minus or subtract) and understanding is checked where necessary.
- Additional resources are available if needed, for example IT software, visuals.
- All practitioners will be aware of any speech and language therapy (SALT) goals and targets and incorporate these into activities wherever possible.
- Staff CPD focussing on social, communication and interaction needs.

Social, Emotional and Mental Health (SEMH) Needs

What to look for?

Children with SEMH may experience a variety of social and emotional struggles that can affect their wellbeing. In young children the indicators described would be of concern only if they are not in line with age related expectations

Areas of concern	Typical indicators
Emotional regulation	• Quick and significant changes in personality or behaviour. • Changes in mood (sadness, withdrawal, mood swings). • Difficulties regulating emotions. • Emotional outbursts. • Intense feelings (worry or fear). • Temper tantrums.
Withdrawn and depressed attitudes	• Very quiet or withdrawn. • Easily upset. • Difficult to console. • Tires easily. • Low self-esteem
Unwanted behaviours	• Throwing toys/objects • Putting themself in danger e.g. climbing on furniture, escaping through doors/gates, over familiar with strangers. • Reacting physically to situations which might result in hurting themselves, another child or adult.
Physical	• Unexplained weight loss e.g. lack of appetite or vomiting. • Poor appetite. • Physical harm and self-harming. • Frequently report physical ailments e.g. stomach aches/headaches.
Social	• Difficulties developing trusting relationships with adults. • Need to hold the adult's attention. • Quick to react to 'small' interactions e.g. someone looking at them, taking a toy or bumping into them. • Difficulties making and maintaining friendships. • Frequently falling out with peers. • Difficulty with turn taking/sharing resources
Attention and concentration	• Poor concentration and memory. • Appear disinterested or does not appear to be listening. • Falling asleep in session. • Easily distracted.
Attendance and settling in setting	• Distressed on arrival. • Not wanting to attend setting

Supportive Environments – Social, Emotional and Mental Health Needs (SEMH)

What makes a SEMH friendly learning environment?

- Meet and greet every morning/session by Key Person. Prepare the child for the day using visuals and remind them of any boundaries.
- Positive check-ins, as personalised as possible e.g. 'I like your new hair cut', 'I can see you've got a new coat' etc.
- Demonstrate that the child is being 'kept in mind' (e.g. I was thinking of you when…).
- Identity a 'key adult' and provide regular opportunities for the child to 'check in' with them.
- Clear and consistent routines, expectations and boundaries supported with visual aids.
- Use of a visual timetable and/or now/next.
- Prepare the child for any changes to their routine using social stories/visuals.
- Use of Traffic Light System to support transitions
- Break tasks into small steps to promote feelings of success.
- Use of a timer to develop listening and attention skills.
- Give the child a job or role of responsibility.
- Consider seating the child next to a supportive peer/good role model.
- Respond in a calm and predictable manner and be aware of your own body language and facial expression. Come down to the child's level, use visuals if needed.
- Use positive statements to redirect the child to the desired behaviour.
- Maintain high expectations and be mindful of labelling the child.
- Identify any possible triggers to behaviours (ABC charts, STAR charts, etc.).
- Give the child choices to allow them to feel more in control (although choices can sometimes overwhelm the child).
- Give thinking time to allow the child to process their choices.
- Validate and empathise with the pupil's emotions and set limits on behaviour where necessary e.g. 'It's okay to feel angry, it's not okay to hit'.
- Model ways to express emotions safely e.g. 'when I am angry I can stamp my feet'
- Use of social stories to teach particular social skills.
- Use of metaphors to describe emotions.
- Use of a stress scale to turn emotions into more concrete concepts as appropriate e.g. The Incredible 5 Point Scale. Use characters that the children can relate to for example Inside Out.
- Ask the child to draw how they are feeling.
- Offer the child a movement break or walk. Provide a sensory diet for children who need it.
- Access to mindfulness activities e.g. sensory stories, Cosmic Kids Yoga, scented rice, play dough, deep breathing, squeezing and relaxing muscles, focus on their five senses (sight, sound, smell, taste, touch).
- Use of a time out pass to indicate to staff when they are feeling emotional and need to leave the classroom.
- Access to a safe a quiet place for the child to go when they are emotionally dysregulated.
- Be available to reconnect with the child following conflict.
- Adult support to help the child repair relationships and to problem solve. Use puppets, stories and props to support understanding.
- Staff CPD focussing on social, emotional and mental health needs.
- Use of books such as 'The Huge Bag of Worries' and a worry monster/doll to support children to talk about their worries. Model this for them.

- Be aware of The Iceberg Effect – talk to parent/carers, what else is happening for the child?
- Conduct an audit of the environment, consider noise levels, smells etc
- Complete a One Page Profile to gain the child's voice and ensure that all practitioners are supporting the child consistently.
- Provide lots of physical activity throughout the day including opportunities for throwing and climbing safely.
- Avoid putting pressure on a quiet child to speak particularly in group situations.
- Use of positive reward systems, I am working for…. Motivation boxes and instant verbal praise. Earned rewards must not be taken away and try to avoid moving a child to a sad face/cloud etc. Ensure that any whole school behaviour policy is appropriate for children in the early years.
- Ensure that activities including sitting during group time are developmentally appropriate for the individual child.

Speech, Language and Communication Difficulties

What to look for?

Speech, language and communication difficulties refer to problems in communication and related areas such as oral motor function. These difficulties include simple sound substitutions, difficulties using language appropriately, the inability to understand or use language and the oral-motor mechanism for functional speech and feeding.

Areas of concern	Typical indicators
Spoken language – phonological difficulties	- Difficulties with the auditory discrimination of speech sounds. - Oro-motor difficulties. - Difficulties with the production of speech sounds in isolation and/or in words. - Difficulties sequencing sounds in words.
Attention and Listening	- Require physical/verbal prompts to gain their attention. - Require physical/verbal guidance to start a task and remain on task. - Highly distractible by environmental stimuli e.g. sound/movement. - Shows patterns of self-distraction in tasks not of their own choosing. - May not offer visual attention to tasks/objects/people. - Does not respond to instructions in a small group setting but they are able to respond to in a one-to-one situation.
Expressive language	- Limited vocabulary. - Hesitation when responding. - Substitute words of a similar sound/meaning. - Appear to forget new vocabulary. - Difficulties joining words together into sentences. - Difficulties acquiring age appropriate literacy skills. - Possible self-esteem/behavioural difficulties arising from difficulties expressing themselves and making themselves understood.
Receptive language	- Difficulties with attention and listening. - Limited understanding of what is said to them. - Difficulties in following simple instructions - Need additional time to respond. - Need the repetition and simplification of instructions. - Need contextual cues - Copy what others have said / echolalia. - Complete tasks inappropriately. - Possible self-esteem/behavioural difficulties arising from a lack of understanding/frustration.

Communication difficulties	- Difficulties with non-verbal communication for example body language, facial expression, eye contact, gesture and signing. - A lack of understanding re conversational skills and rules, for example listening, turn taking, knowing when and how to start and finish conversations, how to change the topic of conversations, and the ability to use language in different ways.

Supportive Environments – Speech and Language Needs

What makes a Speech and Language friendly environment?

- Visual support systems such as visual timetables, and photos are used.
- n environment that is not too cluttered and where equipment is clearly labelled.
- Activities that incorporate the use of visual and tactile approaches including the use of real objects.
- Practitioners using non-verbal communication to support what they are saying, for example gesture, pointing – or maybe signing.
- Careful layouts and lighting that allow children to be face to face with adults and see their faces clearly.
- Children given time to respond to allow time for thinking.
- Strategies are used to ensure a child is paying attention for example the practitioner says their name before giving an instruction.
- Language is not too complicated and instructions are short and repeated when needed.
- Consistent vocabulary is used, where the same word is used all the time when talking about new subjects (for example take away is used, but not minus or subtract) and understanding is checked where necessary.
- Opportunities for a child to work at their own level. This might mean that there are different expectations or activities offered to children. For example a child who does not have the attention skills to sit in a large group may be offered a shorter story in a smaller group.
- Additional resources are available if needed, for example IT software.
- Practitioners will be aware of 5 Golden Rules for Communication and may have accessed ELKLAN training.
- Practitioners will be aware of speech and language therapy (SALT) goals and targets and incorporate these into sessions.
- Interactive displays are used to support communication.
- Opportunities for children to have structured conversations with both adults and their peers.
- Staff CPD focussing on speech, language and communication needs.

Cognition and Learning Needs

What to look for?

Children who need support for cognition and learning will have attainments well below age related expectations in all or most areas of the curriculum, despite appropriate interventions. Children will have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delay, low self-esteem, low levels of concentration and underdeveloped social skills.

Areas of concern	Typical indicators
Speech and language delay	- Language skills may be more limited than expected for the child's age e.g. using short, simple phrases, or omitting words from sentences etc - Possible word finding difficulties - Difficulties understanding what is said to them - Needing additional time to respond - Needing the repetition and simplification of instructions - May complete tasks inappropriately due to a lack of understanding - Possible self/esteem behavioural difficulties arising from a lack of understanding/frustration and/or difficulties expressing themselves and making themselves understood.
Literacy skills	- Difficulties acquiring basic literacy skills - Difficulties in following story or identifying pictures in a book - Difficulties in learning new skills - Difficulties answering open-ended questions
Numeracy skills and sequencing	- Difficulties acquiring basic numeracy skills - Difficulties in acquiring concepts - Difficulty in seeing patterns or making connections - Difficulties applying skills and knowledge
Attention and Listening	- Require physical/verbal prompts to gain their attention - Require physical/verbal guidance to start a task and remain on task - Likely to be distractible by environmental stimuli e.g. sound/movement - Shows patterns of self-distraction in tasks not of their own choosing
Fine and gross motor skills	- Difficulty controlling crayons, pencils, scissors and other tools. - Poor hand-eye coordination - Difficulties with balance
Independence	- Difficulties in self-care skills such as toileting, dressing and feeding - Difficulties safely completing day to day tasks without guidance

Supportive Environments – Cognition and Learning Needs

What makes an environment that supports Cognition and Learning?

- Carefully planned and differentiated activities, broken down into small manageable tasks.
- Regular reinforcement of skills/knowledge to be mastered and the opportunity to practice and apply skills.
- Checking understanding at every stage.
- Demonstrating how to do things rather than just explaining them.
- Providing plenty of opportunities for multisensory, practical learning.
- Working on tasks in short, frequent bursts.
- Use of ICT to support learning, where applicable.
- Displaying key words on the wall, with pictures and/or symbols for children to refer to.
- Visual support systems such as visual timetables, and photos could be used.
- An environment that is not too cluttered and where equipment is clearly labelled.
- Careful layouts that allow a child to be face to face with adults.
- Strategies to ensure a child is paying attention for example the practitioner says their name before giving an instruction.
- Consistent vocabulary is used, where the same word is used all the time when talking about new subjects (for example take away is used, but not minus or subtract) and understanding is checked where necessary.
- Ensuring learning objectives are realistic for every activity, and that success is achievable.
- Additional resources are available if needed, for example IT software.
- Staff CPD focussing on supporting children's learning needs