



Inclusive Provision for Children with SEND in the Early Years

Best Endeavours Reasonable Adjustments (BERA)

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Introduction

This document describes the arrangements that should be put in place for children with special educational needs and disabilities (SEND) in the early years within Leicester City. It should be read alongside and in the context of [The Early Years Foundation Stage Statutory Requirements](#) and [Profile](#), [The SEND Code of Practice](#), [the Equality Act](#) and [Leicester City's Funded Early Education Entitlement \(FEEE\) guidelines](#). It also links to Leicester City Schools' inclusive practice document named 'Best Endeavours Reasonable Adjustments' (BERA)

The document should support:

- good inclusive practice
- a person-centred approach
- consistent standards of good practice across all settings
- an effective partnership with parent/carers
- early intervention and the graduated approach to meeting children's SEND
- management teams, SENCos and practitioners in developing and implementing good practice
- decision making to ensure effective support including, where appropriate, additional inclusion funding

There is an expectation that all early years settings in Leicester City will provide the following:

- a welcome for all children
- an effective partnership with parent/carers
- practitioners who have a good understanding of child development
- high quality teaching, provision and appropriate learning opportunities for all children, whatever their individual needs, through the EYFS
- a manager who understands and can lead on the SEN and disability responsibilities of the setting
- a trained SENCO
- a trained early language lead
- a trained behavioural lead
- all practitioners to have an understanding of the duties of the Equality Act and the graduated approach described in the Code of Practice
- An inclusive SEND policy that describes the setting's arrangements for the identification of SEND and the provision that will be put in place. This information should be available to and shared with parent/carers in an accessible way

Section 1 High Quality Teaching

High-quality teaching describes the inclusive provision and support that is available for all children regardless of their needs. It can be adjusted to meet the needs of children with SEND. There is an expectation that **all** practitioners will put the strategies and provision in place described in high-quality teaching. Where children have emerging needs, strategies from this section must be implemented, the effectiveness and impact of them reviewed; this information will then be used to support the identification of SEND.

A unique child

- Know the child as an individual and ensure **all** practitioners are aware of their likes and dislikes, their individual needs and how best to support and motivate them. This should be recorded on a [one-page profile](#)
- Ensure assessment of needs considers what the child is familiar with. Assessment should be 'dynamic' i.e. adapted according to the child's responses, assessing what support and adaptations are needed
- A differentiated EYFS curriculum which should be appropriate to the child's developmental age rather than their chronological age. It applies to both adult-led and independent play and learning and adapted according to the child's needs by:
 - Level - tasks are broken down into small manageable steps
 - Pace - extra time for thinking and processing instructions, answering questions and completing activities
 - Varied approach – multi-sensory which relates to the child's everyday experiences and is developmentally appropriate

Environment

- A range of toys and resources are available to promote independence and ensure accessibility for all children e.g. a range of puzzles, inset and interlocking, a range of painting equipment including brushes in different sizes
- The consistent use of visual cues, including objects, photographs/pictures, signs and symbols to support children's listening, attention, understanding, social development and learning. These should be adapted according to the age and developmental level of the child and should include the use of:
 - prompts for good listening, looking, sitting
 - first and then boards
 - visual timetables
 - choice boards
 - support for transitions and change
- Ensure that the environment is organised, has well-defined areas and is labelled using photographs, pictures, and is accessible including activities at different levels

- Promote a nurturing environment with quiet, calm areas and safe spaces available
- Ensure resources are within easy reach of the children to promote independence
- Create a good listening environment, e.g. provide appropriate areas in the room to support speaking and listening skills,
- Reduce distractions at listening times, e.g. turn off the computer or background music, cover shelves, tidy away toys

Teaching and learning

- Check understanding and reinforce as required through demonstration, repetition, rephrasing, explaining
- Give time for the child to process information
- Provide opportunities for pre-teaching, overlearning, reinforcing and generalising
- Use a positive behaviour management approach including the use of
 - positive and inclusive language. Tell the child what you want them to do e.g. 'Walk' rather than 'Don't run'
 - clear and consistent routines, supported with visual cues e.g. a visual timetable
 - clear and simple rules presented pictorially, e.g. 'Learning to Play and Work Together', and referred to/modelled consistently.
 - rewards and motivators used consistently and appropriate to the child's interests and level of development
 - calm body language and tone of voice used by adults
 - praise and catching the child being 'good'. Notice the good behaviour more powerfully than the undesirable behaviour. Praise appropriate behaviour of the child sitting nearby (proximity praise) e.g. "Wow, Jake is being very careful with the sand"
 - distraction techniques - distract the child away from inappropriate behaviour and move the child's attention to something else.
- Provide activities to develop understanding of emotions e.g. use of persona dolls
- Small group activities to develop social skills, develop speaking and listening skills,
- Adapt and simplify adult's language
 - use the child's name first to gain their attention
 - use and emphasise key words
 - speak in short sentences and phrases matched to the child's level of language development
 - give instructions in 'chunks', one at a time, and in sequence
 - increase the use of commenting, pausing and modelling and reduce use of questions
- Create opportunities for making choices throughout the day/session

Positive relationships

- Provide a meet and greet for each child
- Model and promote positive interactions to develop friendships through small group work
- Ensure that every child has opportunities throughout the day to interact with an adult and with other children and to talk about their interests and their learning. You will need to plan 'conversations' throughout the day

Section 2 SEND Support

Through the assessment process some children will be identified who have a learning difficulty and need special educational provision. SEND support describes the arrangements that are **additional to and different from** the high-quality teaching that is already provided.

This section divided into the 4 areas of need described in the SEND Code of practice:

- Communication and Interaction
- Cognition and Learning
- Social, emotional and mental health
- Sensory and/or Physical, including medical needs

Many children will have needs across more than one area, so ensure all relevant sections are referred to.

Practitioners should attend relevant SEND training to develop further their understanding of children's needs and to be able to put support in place. (see link)

The following provision should be in addition to the expectations in Section 1. These strategies will increase in frequency and intensity as the graduated approach is followed.

Communication and Interaction

| What it might look like | Strategies to support |
|---|---|
| <p>A child with delayed and/or disordered speech, language and communication development that is not due to factors such as:</p> <ul style="list-style-type: none"> • Learning English as an Additional Language (EAL) • Social deprivation and impoverished language experience <p>The child presents with greater difficulty than the majority of other children of their age in:</p> <p>Interacting</p> <ul style="list-style-type: none"> • interacting and playing with adults and with other children (the child may play alongside but show little awareness or interest in others or may actively avoid social contact) • taking turns and sharing toys | <p>Interacting</p> <ul style="list-style-type: none"> • Follow the child's lead. Play alongside the child, observing their play and joining in by copying their actions and sounds. The aim initially is for the child to accept you playing alongside and then joining in their play. • Regularly involve the child in people play games, e.g. tickling games, chasing games, copying games • Use an individual intervention, such as Play Interaction or Intensive Interaction • Support the child to play with another child (who has good social interaction skills) using familiar people play games, e.g. Ready, steady, go and simple turn-taking games • Include the child in a small group intervention, such as, Fun Time, to extend their skills to interacting and taking turns within a group. • Provide a distraction free environment for individual and small group interactions • Help the child to notice, understand and respond to other people's non-verbal communication, including facial expression, body language, tone of voice |

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| <p>Social Communication</p> <ul style="list-style-type: none"> • using language and non-verbal communication to interact with adults and other children • understanding social situations, following social rules and responding to social cues • understanding other people's feelings and intentions • managing transitions and changes in routine • insisting on "sameness", e.g. rigid routines, repetitive play | <p>Social Communication</p> <ul style="list-style-type: none"> • Teach social rules through a more individualised approach, e.g. demonstrate, use puppets, Learning to Play and Work Together pack • Use Social stories to teach and reinforce appropriate social behaviour in specific situations, e.g. taking turns on the trikes, asking another child for a toy, putting your hand up at carpet-time • Explicitly name emotions and help the child to recognise and begin to understand the feelings and thoughts of others |
| <p>Attending and Listening</p> <ul style="list-style-type: none"> • paying attention and listening in a 1:1 situation and in groups | <p>Attention and Listening</p> <ul style="list-style-type: none"> • Create a good listening environment, e.g. provide appropriate areas in the room to support speaking and listening skills, i.e. a quiet, distraction free area • Use an auditory/visual cue to gain the children's attention, e.g. a tambourine • Call the child's name to gain his/her attention. Prompt them to look and listen and use 'good looking' and 'good listening' cue cards to reinforce this. • Sit the child close to an adult at listening times • Keep listening times short and interactive • Teach good attention and listening behaviours, e.g. Learning to Look and Listen in the Early Years • Practise attention and listening skills by playing looking and listening games, e.g. Kim's game, What's that noise? in a small group • Provide paired and small group story times |
| <p>Understanding</p> <ul style="list-style-type: none"> • understanding non-verbal communication (e.g. body language, gesture, eye contact) | <p>Understanding</p> |

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| <ul style="list-style-type: none"> • understanding words (nouns, verbs, describing words and concepts) • understanding sentences, instructions and questions | <ul style="list-style-type: none"> • Use multisensory cues, e.g. objects of reference, photographs, signs, symbols, cue songs to support the child's understanding. These must be individualised and matched to the child's developmental level and used consistently by all the practitioners in the setting. • Simplify your language so that it matches the child's level of understanding and experiences. • Allow time for the child to process information, waiting at least 10 seconds for the child to respond • Vocabulary: use familiar words. Teach new words in context, using objects, pictures and multisensory experiences. Help the child to make connections between words, e.g. categories. Teach concepts one at a time e.g. 'big and not big' rather than 'big and little' • Instructions: Give instructions at the right level for the child, e.g. consider how many information carrying words the child can manage. Check with the child the s/he understands the instruction. Give the child time to carry out the instruction. Give one instruction at a time. Repeat the instruction if the child needs to hear it again. If the child is struggling to understand, show him/her what to do. • Questions: Ask questions at the right level for the child's understanding, e.g. 'what' questions are easier to understand than 'how' and 'why' questions. Avoid asking lots of questions. • Use of 'descriptive commentary' provide a gentle running commentary on what the child is doing as they are doing it, keeping your language simple and repetitive |
| <p>Communicating and Talking</p> <ul style="list-style-type: none"> • communicating their basic needs, e.g. requesting, using words or non-verbal communication • joining words together into phrases and sentences • expressing their ideas and feelings • asking and answering questions • telling a simple narrative | <p>Communicating and talking</p> <ul style="list-style-type: none"> • Make sure the child had reasons and opportunities to communicate, e.g. offer choices of activities/songs/snacks; avoid anticipating needs so that the child must ask for a favourite toy or for a drink. • Teach vocabulary (nouns first, then verbs, then describing words/concepts). Make sure the child has opportunities to hear new words many times and to use them. • Use a vocabulary programme, e.g. Word Aware 2 or a concept checklist, to identify the language you need to teach. • Give a good language model when commenting on what the child is doing. • Teach the child to join words together by expanding on what s/he says. Repeat the child's words and add 1-2 words, e.g. if the child says "car", you could model "Mummy's car". • Use pictures to begin simple storytelling/narrative. |

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| | <ul style="list-style-type: none"> • Teach the child to use additional/alternative means of communicating if appropriate (seek advice from the child's Speech and Language Therapist, your Area SENCO, or other professionals) e.g. signs, Picture Exchange Communication System PECS • Respond positively to the child's attempts to communicate |
| <p>Speech</p> <ul style="list-style-type: none"> • using speech sounds, i.e. their spoken language is unclear <p>Children may have echolalia- which means they are repeating noises, words and phrases that they have heard without understanding what they are saying</p> <p>SLCN may also impact upon social & emotional development (and behaviour) and learning.</p> <p>Please refer to Leicester City's SLCN pathway</p> | <p>Speech</p> <ul style="list-style-type: none"> • Value and respond to the child's attempts to speak. Focus on what the child is saying not how they say it • Provide a good speech sound model. Do not correct a child if they cannot say a word properly • Use a speech sound development chart to identify sounds the child can make and sounds they are having difficulty making. Remember that the sound may not be in the child's home language • Play games which encourage playful sounds, e.g. transport or animal noises • Play listening and auditory discrimination games • Follow Speech and Language Therapy advice |

Cognition and Learning – Learning Difficulties (LD)

| What it might look like | Strategies to support |
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| <p>A child who presents with greater difficulties than the majority of other children of their age in making progress across all areas of the curriculum despite effective teaching. The extent of learning difficulty can range from mild to severe and profound. These difficulties are not due to factors such as</p> <ul style="list-style-type: none"> • Learning English as an Additional Language (EAL) • Social deprivation (lack of opportunity) • Sensory impairment • Emotional difficulties <p>The child may present with delays in all areas of the EYFS including understanding, thinking, problem solving and retaining information, concepts and skills as well as difficulties in:</p> <ul style="list-style-type: none"> • Attention and listening • Understanding • Speaking • Self-help skills | <ul style="list-style-type: none"> • Offer increased opportunities for pre-teaching, overlearning, reinforcing and generalising skills e.g. provision of extra adult support to help prepare the child for what is going to happen next or to repeat an activity • Use a small steps approach; rather than expect the child to complete the whole activity, break it down into smaller parts and teach each part of the activity and practice it before moving on to the next part • Take the child into a calmer, quieter environment if necessary so they can focus more for specific activities • Differentiate expectations e.g. of how long child is expected to sit and attend for • Give the child sufficient thinking time before response is expected • Provide breaks in learning for children who have sensory needs and may not be able to attend for longer periods • Give children short achievable tasks to develop attention skills with a clear start and a clear finish e.g. inset puzzles, building a tower with a set amount of bricks, threading with a set number of beads. • Make use of timers so the child knows how long they are expected to remain on task or how long before it is their turn • Use 'first-then' boards, e.g. to encourage a child to attempt and/or attend to a new or less preferred activity; motivate them by using the words 'first x (less preferred activity) ...then y' (preferred activity). Use objects or photos/symbols to illustrate this. Use the same language every time you use the board. • Have daily opportunities for adult supported paired or shared play and turn-taking activities e.g. joint construction modelling, painting together, taking turns to press a pop-up toy etc. Model how to play together and use clear language to support e.g. 'my turn...your turn'. • Extend the child's play, initially by joining them at play and copying their actions (see 'Communication and Interaction'). Then, model new actions and ways of playing for the child to add • Give support to generalise speech and language skills taught as part of individual/small group programmes- see strategies in communication and interaction section • Use clear and simple instructions breaking down longer instructions and giving one at a time. Use 'first...then' boards to reinforce this |

| What it might look like | Strategies to support |
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| <ul style="list-style-type: none"> • Making links between different areas of learning and generalising to everyday experience • Visual, practical and physical learning • Early literacy and writing skills • Early mathematical skills • Sensory processing | <ul style="list-style-type: none"> • Use individualised multi-sensory cues and prompts, including objects and photos to support understanding and play and learning e.g. a photo 'list' of what equipment is needed for an activity • Use evidence-based programmes and resources e.g. 'See and Learn' approach Down Syndrome Education • Use Social stories to help explain something that is going to happen that the child might become anxious about • Use a structured teaching approach e.g. basket tasks. This should be adapted to the individual child but will include presenting activities one at a time, having a clear start and finish to activities and having a clear order/sequence to the activities • Use individual and small group interventions, such as Fun Time, • Use a backward chaining approach, i.e. rather than expect the child to complete the whole activity, encourage them to complete the last part so that they feel success. When they can do that successfully, teach the next to last part e.g. when taking off trousers, encourage the child to pull them off their toes first, then off their feet, then off the bottom part of their legs... • Ensure that children have easy access to sensory equipment that they require, e.g. wobble cushions, fidget toys, ear defenders, and weighted blankets • Physically support the child using hand over hand/hand under hand support |

Social Emotional and Mental Health needs (SEMH)

| What it might look like | Strategies to support |
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| <p>A child who presents with greater social and emotional difficulties than most other children of their age which show themselves in ways such as:</p> <ul style="list-style-type: none"> • Being withdrawn or isolated • Being disruptive and/or aggressive • Being unable to control or express emotions appropriate to their age • Difficulties in interacting with children and/or adults • Difficulties in attending to activities/tasks (some children may at a later stage receive a diagnosis of attention deficit hyperactive disorder, ADHD, this is generally not diagnosed in the early years) <p>The behaviour that you see may be due to one or more of the following factors:</p> <ul style="list-style-type: none"> • Difficulties with learning • Difficulties with communication • Difficulties with interaction • Mental Health issues e.g. anxiety | <ul style="list-style-type: none"> • Provide a comforting, quiet space to take the child to at times when they feel very worried or anxious. Help the child to know where this place is so that they learn to go there themselves. • Use individual and small group interventions to explicitly teach social skills and how to respond to feelings appropriately, e.g. Fun Time, small group story sharing times. • Use individualised 'Social stories' to help children learn a specific behaviour in social situations. • Have a consistent, familiar adult available to 'meet and greet' and spend time with the child at key times throughout the session such as coming into setting from home or coming into setting from playtimes. • Use photos and pictures to talk to the child about and label feelings and to check in with the child e.g. asking 'How do you feel today?' • Label emotions explicitly 'I can see that you look cross Suki, how can I help?' • Spend extra time observing the child to identify triggers and patterns of particular behaviours as well as times when the child is behaving 'well'. Use timed observations (e.g. observing the child at regular intervals) and A(antecedent) B(behaviour) C(consequence) charts to describe the behaviour clearly and note what happened before and after. • Use individualised reward systems, adapted to the child's age and developmental level and based on their likes and interests • Use calming language to de-escalate child's anxiety, keeping language as consistent as possible • Use 'first and then' language, 'First coat on, then outside'. • Ensure that all staff receive training and are aware of the effects of childhood trauma and attachment difficulties in order to become an 'Attachment Friendly Setting' (Early Years SEND training Offer). • Use comfort object from home to help the child feel secure, particularly going from one activity or place to another • Provide a change of scene and/or activity for the child and build in opportunities for the child to move around • Use Six stages of crisis model in order to recognise and respond to when a child is becoming increasingly upset. |

| What it might look like | Strategies to support |
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| <ul style="list-style-type: none"> Physical difficulties or conditions that are undiagnosed Specific disorders e.g. ASD or ADHD The effects of trauma, abuse or neglect Attachment difficulties Environmental factors such as housing or family circumstances <p>These behaviours may start suddenly, happen often, be intense and enduring as well as volatile and are likely to affect the child's learning.</p> | <ul style="list-style-type: none"> Draw up and implement an individualised behaviour plan and/or Positive Handling Plan needed when a child has required a physical intervention once or more. Record things that work well in supporting the child on this, including what the adults should say as well as do If you have had to hold the child because of their behaviour please talk to your Area SENCO about this. Use enhanced behaviour communication systems between home and setting |

Physical and Sensory: Hearing Impairment (HI)

| What it looks like | Strategies to support |
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| <p>A hearing impairment (HI) is an impairment that affects a child's ability to access auditory information (speech and sounds around them). HI can be in one or both ears and can be mild, moderate, severe or profound. A permanent or long standing HI would have an impact on a child's attention & listening, language and communication and access to learning.</p> <p>A hearing loss is significant when a child:</p> <ul style="list-style-type: none"> • Has hearing loss which is not aided • Has a fluctuating hearing loss • Requires audiological equipment to support their listening e.g. hearing aid/s, cochlear implant, FM radio systems, etc. • Has difficulty adapting to environments with high levels of background noise. • Misses out on incidental learning • Has difficulty with developing language and communication skills. • Has difficulty with social interaction <p>A child with a hearing impairment may have difficulties with:</p> <ul style="list-style-type: none"> • Attention and listening • Language and communication • Early reading and number skills | <ul style="list-style-type: none"> • Adapt the nursery surroundings to provide a suitable listening environment e.g. a quiet space for 1-1 listening activities, keeping the level of background noise lower when speaking to the HI child. Advice to the setting from the Hearing Support Team on room acoustics in accordance to the child's audiological needs. • Use relevant audiological (hearing) equipment e.g. hearing aids, cochlear implants, radio systems, following the advice provided by the specialist teacher. • Implement the child's educational advice provided by the specialist teacher e.g. strategies to support attention, listening and language development e.g. checking equipment, being near to the child when speaking to them, modelling language by rephrasing, carrying out listening/language activities planned by the Hearing Support Team • Liaise with specialist teachers/teaching assistants to support nursery staff to understand the impact of the child's hearing loss on communication, language, learning and social interaction skills. • Liaise with specialist teachers/teaching assistants to support to the child to become independent in their use of audiological (hearing) equipment through training, regular checks and monitoring. • Support will be offered to settings by the specialist teacher/teaching assistant in the form of training, planned group work and 1:1 support ranging from annual, termly, weekly and multiple weekly visits. • Use individual and small group interventions, e.g. Fun Time, to teach SLC skills, e.g. attention and listening skills, understanding, speaking, social interaction skills, alternative communication skills, such as signing (Makaton/BSL) • Give the child opportunities to generalise speech and language skills taught as part of individual/small group programmes • Ensure that staff attend relevant training e.g. 'Supporting children with hearing loss' run by the Hearing Support Team |

| What it looks like | Strategies to support |
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| <ul style="list-style-type: none"> • Making links across different areas of the curriculum and learning from everyday experiences • Developing relationships with adults/peers. • Taking part in group discussions • Understanding new vocabulary • Learning new concepts • Clarity of speech | |

Physical and Sensory: Visual Impairment (VI)

| What it looks like | Strategies to support |
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| <p>Visual Impairment (VI) is an impairment of sight and is likely to have an impact on the child's general development and means of access to learning. A child may wear glasses, but this will not fully correct their vision</p> <p>If a child is patched, we recommend that you seek the advice of your EY specialist as a child's vision can be seriously reduced when patched, leading to health and safety considerations. The VI is significant when the child needs:</p> <ul style="list-style-type: none"> • Enlarged text on trays, displays, board work etc. or pre-braille skills/activities. • A curriculum that is provided via touch. • Constant supervision for health and safety. • Direct 1:1 to support social skills. • Additional opportunities to practise skills. <p>A child with a VI may have difficulties with:</p> <ul style="list-style-type: none"> • Learning and physically developing at the same pace as their peers. • Making links between differing areas of learning. • Physical tiredness. • Making and maintaining relationships. | <ul style="list-style-type: none"> • Adapt the nursery environment to take account of sources of light, to avoid glare and visual clutter etc. Blinds at windows may be necessary. • Use relevant equipment, e.g. specialist IT equipment, patches, modified toys or books following the advice provided by the specialist teacher. • Implement the child's educational advice provided by the specialist teacher. • Provide consumable materials, e.g. braille paper, and other tactile resources e.g. collage items • Build visual fatigue rest breaks into the day and a shaded outdoor area as appropriate. • Regular liaison with a specialist teacher to support the child and practitioners to understand the impact of the child's vision loss on the child's communication, language and learning. • For the child to become independent in their use of any additional or modified equipment through training, regular checks and monitoring. Support will be offered to settings by the specialist teacher in the form of training, planned group work and 1:1 support ranging from annual, termly, weekly and multiple weekly visits. • Use individual and small group interventions, e.g. Fun Time, to teach SLC skills, e.g. attention and listening skills, understanding, speaking, and social interaction skills. • Give opportunities to generalise speech and language skills taught as part of individual/small group programmes. • Provide a quiet space/ workstation for 1:1 instruction. • Planning shared with the specialist teacher so that resources to be obtained or modified are in time for the activities planned. A multi-sensory approach to the curriculum is needed. |

| What it looks like | Strategies to support |
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| <ul style="list-style-type: none"> • Managing their equipment and physical safety. • Early literacy and pre-writing skills. • General self-confidence and self-esteem. • Fully engaging with their environment | |

Physical and Sensory: Physical (Phy)

| What it looks like | Strategies to support |
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| <p>Physical impairments in a young child may need adaptations to the EYFS curriculum: The young child with physical impairment may have more difficulty than the majority of other children of their age in:</p> <ul style="list-style-type: none"> • Motor skills and spatial skills leading to problems moving around the setting. • Gross motor movement; difficulties in 'planning' movement resulting in awkward and clumsy body movements • Sitting up/sitting still due to weak core strength; delayed / immature body awareness and balance. • Making transitions from one position to another. • Running, jumping, skipping, kicking, throwing, catching, etc. • Fine motor movements shown by e.g. delayed pincer grip and poor manipulation of items due to delayed hand strength. • Handling tools, e.g. scissors, tongs, paint brush pens. • Spatial awareness resulting in positioning mark making on paper and difficulties forming letter shapes • Oral/verbal dyspraxia e.g. difficulty in eating, dribbling, sounds and speech production, organising thought into spoken words phrases and sentences | <ul style="list-style-type: none"> • Follow advice from professionals such as occupational therapist (OT) and physiotherapist on making reasonable adjustments to the nursery environment, such as rise and fall changing beds ramps, height adjustable furniture, grab bars, door handles and more availability for floor play space. • Make sure areas are well-organised with clear routes and, ensuring the safe movement around the setting e.g. by reducing/moving obstacles • Adapt and simplify activities to support the development of fine and/or gross motor skills such as the use of alternative equipment e.g. training scissors, range of sizes of pens, crayons and brushes, smaller bikes and trikes and accessible outdoor equipment • Provide significantly more time for completing tasks if needed, e.g. consider whether the child should start earlier • Think carefully about timetabling activities and the location of rooms e.g. downstairs rooms for groups of children where there is a child with physical needs • Support the use of low-tech aids and equipment recommended by health professionals, e.g. a range of seating positions such as side sitting and back support and additional resources such as correctly sized furniture and seating wedges according to the child's needs. • Take account of tiredness and muscle fatigue and make time for free play or rest breaks after focused activities <p>Promote exercises and activities to strengthen upper body, hands and fingers e.g. posture, warm-ups, dough disco, hand exercises and massages, including those recommended by relevant specialists – enhanced opportunities, differentiated for the child</p> <ul style="list-style-type: none"> • Assess the child's learning and physical needs (e.g. observations, play-based assessment, checklists) leading to an appropriately targeted intervention programme; this should be planned in partnership with the child and their family and as advised by an outside agency where involved • Follow individual programmes of physical and self-help skills as advised by relevant specialists, such as an Occupational Therapist to access training and medical support for children with complex care needs, if appropriate e.g. the Diana Team • Make sure staff are trained in manual handling and position changes, e.g. from chair to standing frame, if appropriate relevant health professional will advise such as physio or OT |

Supporting a child with medical needs

| What it looks like | Strategies to support |
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| <p>Further guidance for children with medical needs can be found in the documents 'Supporting Children at School with Medical Conditions' DfE (2015) and 'Managing Medicines in School and Early Years Settings' (see link)</p> <p>Children may experience ill health at some point during their time in education and others may have an ongoing medical condition that that potentially impairs their ability to access education</p> <p>Terminology</p> <p>Acute – conditions which are severe in onset e.g. broken bones, asthma attack</p> <p>Chronic – long-developing conditions which are persistent or long-lasting often applied when a disease lasts longer than 3 months e.g. osteogenesis imperfecta (brittle bones)</p> <p>Life-limiting/life-shortening - conditions for which there is no reasonable hope of cure and from which children or young people will die. Some children might live into early adulthood, but their life will be shortened as a result of the diagnosed condition. Some of these conditions cause</p> | <ul style="list-style-type: none"> • Identify a link from your setting who parents/carers can contact when necessary and vice versa. Parent/carers know their child best and they can provide lots of information around the child's medical needs • Think child first – don't focus on the medical condition and forget the child as a person • Find out which professionals are working with the child so contact can be made and advice sought • Access training and medical support for children with complex care needs, if appropriate e.g. through Diana Team • Follow individual health care plans as advised by medical professional e.g. individual protocols for epilepsy emergency procedures • Store medicines safely in a locked cupboard. Medication needs to be in the correct packaging and have the child's name on, a current date and clear instructions and dosage. Instructions need to be checked. When administering medicines two people need to witness and record amount given, and time administered. • Funding maybe available if the child needs extra support e.g. Disability Access Funding (DAF) for children in receipt of Disability Living Allowance (DLA) and special educational needs inclusion funding (SENIF) for children who need extra support to ensure their wellbeing and inclusion (see link) • Communicate with parent/carers regularly; a communication book will help you record events, questions and observations which can be passed between home and setting. • Be aware of tiredness • Prepare the other children about what to expect and how to act if appropriate |

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| <p>progressive deterioration increasing a child's reliance on parents and carers</p> <p>Life- threatening - conditions which curative treatment may be feasible but can fail, such as cancer.</p> | <ul style="list-style-type: none"> • If the child is absent for long periods, try the 'panda in my seat idea' to help maintain the visibility of the child with their friends. The panda has a backpack which can be used to hold notes from friends which can be taken regularly to the child. • Be aware of the impact of a chronic illness on other members of the family |
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Useful Links

[Disabled children and the equality act 2010, what early years providers need to know and do](#)

[Early Years guide to SEND Code of practice](#)

[See and Learn-Down Syndrome Education](#)

[Referral to SEND Support Service](#)

[Childcare Professionals – Leicester City](#)

[Early Years SEND training Offer – PVI settings](#)

[Leicester City's SLCN pathway](#)

[Inclusion fund application](#)

[Disability Access Funding](#)

[Diana Service](#)

[Speech and Language Therapy](#)

[Physiotherapy](#)

[Occupational Therapy](#)

[Council for disabled children Early Years SEND partnership – information and resources](#)

[Picture Exchange Communication System](#)

[Wigit software – symbols to support communication](#)

[Helping young children to listen and concentrate](#)

[Sensory Processing Resource Pack for the Early Years](#)

[Supporting pupils with medical needs at school](#)

[Children with medical needs: What schools and settings need to know](#)

Resources from the Early Years Support Team

[Structured teaching approach](#)

[Social stories](#)

[Six stages of crisis model](#)

[Positive handling plan](#)

[Play interaction](#)

[One-page profile](#)

For information on **Funtime** and '**Learning to Play and Work Together**' cards please contact your link Area SENCO