



**Special Educational Needs & Disability in the Early Years:  
A Toolkit  
Including Information Relevant to Bury Childcare Providers**



**This document has made reference to the SEN & Disability in the Early Years: A Toolkit, Council for Disabled Children and 4Children 2015.**

**This SEN & Disability in the Early Years: A Toolkit can be found on the Foundation Years website**

## Introduction

Each section of the toolkit provides a briefing on a particular aspect of the SEN and disability reforms as they apply to early year's providers. Each section is based on the statutory requirements and the guidance from the early years, the SEN and the disability frameworks, and draws on a range of relevant practice guidance and other materials to provide an accessible guide to SEN and disability in the early years, there is some material that is relevant to more than one section. Where this is the case, that material appears more than once.

Towards the end of most of the sections of the toolkit is a useful tool, an activity or a reflective task to support practitioners in applying the particular topic to their own setting.

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In this section and throughout the toolkit, there are excerpts from the *SEN and disability Code of Practice*. The Code of Practice uses '**must**' (in bold) to refer to a statutory requirement under primary legislation, regulations or case law. Where the toolkit quotes directly from the Code, 'musts' are shown in bold, as they appear in the Code.

### Section 3: Universal inclusive practice

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### Section 6: The Role of the Early Years SENCO

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regulations or case law. Where the toolkit quotes directly from the Code, '**musts**' are shown in bold, as they appear in the Code.

**Section 7: Involving Parents and Carers**

This section of the toolkit is about working in partnership with parents and carers. The Code of Practice expects practitioners to engage parents in decision-making throughout the SEN process.

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**Section 9: Education, Health and Care Needs Assessments and Plans**

This section of the toolkit is about Education, Health and Care Plans (EHCP). From September 2014 EHCPs replace Statements of Special Educational Needs.

**Section 10: Transitions for children with SEN and disabilities**

This section of the toolkit is about transitions for children with SEND: from home into an early years setting, changing settings, or from a setting into school.

**Information related to Bury is located in the following sections:**

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## Section 1: Question and answer

This section of the toolkit provides some answers to frequently asked questions about the SEN and disability reforms in the early years.

### **What difference does the Children and Families Act really make in the early years?**

The Act removes statements and introduces Education, Health and Care plans, it brings in a requirement to publish information about all the services available locally, and it requires a joined up approach between education, health and care. But the culture change that is intended is bigger than any of these elements: the Act requires a focus on children's outcomes and much higher levels of participation in decision-making about SEN, for parents and children from the earliest stages. This culture change is built into a set of principles set out in the legislation, see *Section 2: Statutory requirements*.

In the early years there is a strong focus on early identification and intervention as being key to improving outcomes for children with SEND. The SEND Code of Practice encourages us to look at three sets of requirements together: the SEN requirements, the Early Years Foundation Stage Framework and the duties under The Equality Act 2010, see *Section 2: Statutory requirements*. These requirements, taken together, strengthen the importance of high quality early years provision for all children.

### **Why do we no longer have Early Years Action and Early Years Action Plus?**

The Code of Practice changed because the government wanted to make sure that there is no delay in getting specialists involved in settings, when their advice and expertise is needed. The graduated approach set out in the Code encourages settings to bring in additional expertise at any point. With a strong focus on early action to address identified needs, calling on expertise at any point is seen as critical to the future progress and improved outcomes that are essential in helping the child to prepare for adult life. There is more about working with professionals in *Section 8: Working with other professionals and other sources of information and support*. There is more about the graduated approach to meeting children's needs in *Section 5: SEN Support in the Early Years – A Graduated Approach*.

### **What are the biggest changes for early years SENCO's?**

The Code consistently refers to the early years practitioner, *working with the setting SENCO*. The SENCO is very much in the role of supporting and advising colleagues, with all practitioners continuing the day to day support for the children with SEN and disabilities. There is also a clearer focus on the use of evidence in making decisions about interventions and on the need for staff development and training on SEN and disability. The SENCO also has an important role in promoting these two strands of work within the setting, see *Section: The Role of the Early Years SENCO*.

## **Why aren't IEPs mentioned in the SEND Code of Practice?**

The use of IEPs has been changing and practitioners, and particularly SENCO's, have come to see IEPs as a paper exercise rather than as an active tool for planning and reviewing progress for individual children. The EYFS framework and the SEND Code of Practice both point to the requirement that *Practitioners must maintain a record of the children under their care...Such records must be available to parents and must include how the setting supports children with SEN and disabilities*. So, records must be kept, but the way they are kept must serve the process not dominate it. The Code of Practice chapter for schools talks about *a note of the discussion with parents*. This needs to be shared with parents and kept as a record.

## **Can you have an EHC plan for a child under the age of 2?**

Yes. Education, health and care plans can go from birth and up to the age of 25.

## **Does the two year-old offer include children with SEN?**

Since September 2013, the free 2-year-old offer has been available to young children who are disadvantaged; some disabled children and children with SEN have been entitled to this provision because of disadvantage. Since September 2014, the offer has also been available to children who are disabled or have SEN, if they have a statement or an EHC plan or if they are entitled to Disability Living Allowance.

The 2-year old offer covers 15 hours of education and care a week over 38 weeks of the year.

## **What are special education needs for young children?**

A child who is under compulsory school age has a special educational need if they are likely to have a learning difficulty or disability that calls for special educational provision when they reach compulsory school age or they would do, if special educational provision was not made for them.

For children under the age of two, *special educational provision* means educational provision of any kind.

## **My child is disabled. Does a setting have to take my child?**

For a young disabled child without an EHC plan, refusing to admit a disabled child may amount to discrimination, if the reason is related to the nature of the child's disability.

For a child with an EHC plan, there is a difference between maintained schools and private, voluntary and independent provision. A maintained school can be named in an EHC plan and, if it is, the school must admit that child. For private voluntary and independent provision, the local authority can ask the provider if they are willing to admit that child. The provider can say no.

## **What is a local offer?**

The local offer sets out in one place information about provision the local authority expects to be available across education, health and social care for local disabled children and children with SEN, including those who do not have an Education, Health and Care Plan.

Local authorities must publish a local offer and must keep it under review.



## **What is the purpose of the Local Offer?**

The Local Offer has two key purposes:

- To provide clear, comprehensive, accessible and up-to-date information about the available provision and how to access it, and
- To make provision more responsive to local needs and aspirations by directly involving disabled children and those with SEN and their parents, and disabled young people and those with SEN, and service providers in its development and review

*SEN and disability code of practice, para 4.2*

## **How is SEN support funded in the early years?**

The DfE funds local authorities to provide the free entitlement for 3 and 4 year-olds and some 2 year-olds. This is funded through the early years block of the Dedicated Schools Grant (DSG).

All settings make some provision for young children with SEN from their core funding, for example more frequent and intensive engagement with parents, more frequent observations of children, group interventions such as early language programmes. This provision should be set out in the local offer and should be agreed across all providers.

Over and above what settings provide from their core funding, the local authority can supplement this in order to increase the capacity of settings to respond to young children with SEN. They do this in different ways. There are 3 blocks of funding in the DSG: the early years block; the schools block; and the high needs block. Local authorities can move funding between these blocks and, because of this, fund additional support in the early years in a number of different ways. It may be funded:

- by money that is retained from the early years block
- from the high needs block
- through a fund (which may be called an early years inclusion fund or something similar) that draws on either the early years block or the high needs block or both; this funding may be allocated to top up funding for settings or for individual children
- through the provision of services to work with settings, for example: Area SENCO's, specialist peripatetic teachers or home visiting services such as Portage, which are usually funded from the high needs block
- by a combination of funding and services

Funding for provision in a statement or an EHC plan comes from the high needs block.

## Section 2: Statutory requirements

This section of the toolkit is about the law, the regulations and the statutory guidance relating to young disabled children, young children with SEN and young children with medical conditions in early year's settings.

This is important because all early years providers have to work within the statutory framework. Those who are responsible for early years provision, proprietors, management groups, governing bodies, need to ensure that staff are aware of and understand these duties.

Please note: settings that are schools and, in particular, settings that are maintained schools must meet additional requirements. These are explained in notes at the end of this section of the toolkit.

### The United Nations Convention on the Rights of the Child

The UK ratified the United Nations Convention on the Rights of the Child (UNCRC) in 1991. The rights set out in the UNCRC apply to all children. Particularly relevant for young disabled children and young children with SEN are:

- Article 2: All the rights in the Convention apply to children without discrimination
- Article 3 : The best interests of children should always be a top priority
- Article 12 : Every child has the right to express his or her views and these views must be taken seriously
- Article 18: Parents are the most important people in children's lives and must always do what is best for them. Governments must do all they can to help parents look after children well
- Article 23: Disabled children should enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community
- Article 31: Every child has the right to rest, play, and to do things they enjoy

## **The United Nations Convention on the Rights of People with Disabilities**

The UK ratified the United Nations Convention on the Rights of People with Disabilities (UNCRPD) in 2009. The UNCRPD includes the following:

- Article 3 sets out the general principles of the Convention, including: full and effective participation and inclusion in society; respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.
- Article 7: Children with Disabilities: includes all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

The UN conventions are reflected in UK legislation, in particular, for disabled children and children with SEN, into the Equality Act 2010 and the Children and Families Act 2014.

## **The Statutory Framework for the Early Years Foundation Stage (2014)**

**The Early Years Foundation Stage (EYFS)** provides a framework that brings

Together two sets of requirements:

- the learning and development requirements; and
- the safeguarding and welfare requirements.

These requirements have their legal basis in section 39(1) of the Childcare Act 2006 and apply to all early years providers.

### **Key points**

EYFS is based on a set of guiding principles and seeks to provide:

Equality of opportunity and anti discriminatory practices, ensuring that every child is included and supported

*DfE (2014) statutory Framework for Early Years Foundation Stage*

EYFS:

- sets out an inclusive approach designed to be responsive to individual needs;
- requires settings to have arrangements in place to identify and support children with SEN or disabilities;
- requires all providers to make information available to parents about how the setting supports disabled children and children with SEN;
- requires practitioners to review children's progress and share a summary with parents;
- requires all settings to promote the good health of children attending the setting and to have and implement a policy, and procedures, for administering medicines;
- expects all settings to appoint a Special Educational Needs Co-ordinator (SENCO);
- focuses on delivering improved outcomes and closing the achievement gap between disadvantaged children and others.

This includes involving parents in identifying needs, deciding outcomes, planning provision and seeking expertise at whatever point it is needed. For more detailed information:

[www.foundationyears.org.uk/eyfs-statutory-framework](http://www.foundationyears.org.uk/eyfs-statutory-framework)

[www.gov.uk/government/publications/early-years-foundation-stage-framework--2](http://www.gov.uk/government/publications/early-years-foundation-stage-framework--2)

## The Equality Act 2010

### Key points

Definition: A person has a disability if they have a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

The definition of disability is wider than many might presume and so covers a greater number of children than many realise.

Early years settings must promote equality of opportunity and must not discriminate against, harass or victimise disabled children. Settings must not discriminate:

- directly;
- indirectly;
- for a reason arising in consequence of a disability; or
- by failing to make a reasonable adjustment. Settings must make reasonable adjustments to ensure that disabled children are not at a substantial disadvantage compared with their peers. This includes adjustments to any provision, criterion or practice, making physical alterations and providing auxiliary aids and services. This duty is anticipatory: settings must look ahead and anticipate what disabled children might need and what adjustments might need to be made to prevent any disadvantage.

Essential reading and more detailed information can be found at:

<http://www.councilfordisabledchildren.org.uk/resources/disabled-children-and-the-equality-act-2010-for-early-years>

<https://shop.pre-school.org.uk/A134/guide-to-the-equality-act-and-good-practice>

## The Children and Families Act 2014 (Part 3)

### Key points Definition of SEN:

A child has a special educational need if they have a learning difficulty or disability that calls for special educational provision.

A learning difficulty is a significantly greater difficulty in learning than the majority of children of the same age.

A disability is a disability that prevents or hinders a child from taking advantage of the facilities generally available.

Special educational provision is provision that is additional to or different from that which is normally available in mainstream settings. For a child under the age of 2, special educational provision means provision of any kind.

A child under school age has SEN if he or she is likely to have SEN when they reach school age, or would do so if special educational provision were not made for them.

The Act sets out principles that underpin Part 3 of the Children and Families Act. These principles:

- recognise the importance of the wishes, views and feelings of children, young people and their parents;
- promote their participation in decision-making;
- recognise the importance of information and support; and
- focus on the best possible outcomes for children and young people with SEND.

The Act:

- requires a joint approach across education, health and social care to commission services and co-operate at a local level to meet children and young people's needs;
- requires local authorities to publicise these services as a local offer so that parents and young people are clear what support is available locally;
- establishes a framework from birth to 25 years, with Education Health and Care Plans replacing statements of SEN;
- sets out a new framework for SEN and a new SEN and Disability Code of Practice.
- All early years providers must:
- have regard to the SEN and disability Code of Practice. This means that they must take it into account whenever they make decisions about young children;
- co-operate with the local authority in meeting its duties to children with SEN.

## **Special Educational Needs and Disability Code of Practice: 0-25 years (2015)**

This is statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities.

The leaders of early years settings, schools and colleges should establish and maintain a culture of high expectations that expects those working with children and young people with SEN or disabilities to include them in all the opportunities available to other children and young people so they can achieve well.

*DfE & DH (2015) SEN & Disability code of practice: 0-25 years, Para 1.31*

### **The Code requires:**

- early identification and an early response to SEND
- identification of SEND with parents
- a graduated approach to responding to SEND
- a cycle of assess, plan, do, review
- the involvement of specialists where a child continues to make less than expected progress

For more detailed information, see:

#### Finding your way around the SEND Code

Chapter 1: Principles

Chapter 2: Impartial information, advice & support

Chapter 3: Working together across education, health & care for joint outcomes

Chapter 4: The Local Offer

Chapter 5: Early years providers

Chapter 6: Schools

Chapter 7: Further education

Chapter 8: Preparing for adulthood from the earliest years

Chapter 9: Education, Health & Care needs assessments & plans (EHCP)

Chapter 10: Children & young people in specific circumstances

Chapter 11: Resolving disagreements

<https://www.gov.uk/government/publications/send-guide-for-early-years-settings>

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

- 1 <http://www.councilfordisabledchildren.org.uk/resources/summary-of-the-children-and-families-act>

### Reflecting on your setting

All providers need to know and understand the statutory framework and what it means for their responsibilities to children, staff, parents/carers and visitors.

Consider:

- How do managers ensure that all staff are aware of their responsibilities to disabled children and children with SEN?
- How do managers know how well the setting is meeting its responsibilities to disabled children and children with SEN?
- How do managers ensure that they seek the views and hear the voice of the child?

The other sections of this toolkit will help you to think about this in more detail.

#### **Endnotes: Additional and different requirements for maintained schools**

i Under section 100 of the Children and Families Act, maintained schools must make arrangements for supporting pupils at the school with medical conditions must have regard to guidance issued by the Secretary of State.

ii Early years settings that are maintained schools, including maintained nursery schools, must appoint a suitably qualified and experienced SENCO

iii Early years settings that are schools, including maintained nursery schools, do not have to make reasonable adjustments to physical features, but must publish an accessibility plan to show how the school will make more accessible:

- the physical environment;
- the curriculum; and
- information for disabled children.

Accessibility plans must be published every three years and reviewed and revised as necessary.

iv In addition to the duties listed at the foot of page 3, maintained schools, including maintained nursery schools, must:

- use their *best endeavours* to ensure that special educational provision is made for children with special educational needs;
- appoint a suitably qualified and experienced SENCO;
- publish information on how they meet the needs of children with SEN, the SEN Information Report;
- inform parents if they are making special educational provision for a child;
- include children with SEN in the activities of the school with other children.





### Section 3: Universal inclusive practice

This section of the toolkit is about high quality inclusive practice for all children.

This is important because high quality inclusive practice is responsive to individual children and differentiates and personalises provision to meet the needs of all children including disabled children and children with SEN.

#### Every child

Every child deserves the best possible start in life and the support that enables them to fulfil their potential (*Statutory Framework for Early Years Foundation Stage*, para 1)

The EYFS Statutory Framework provides the framework for all young children. There are four guiding principles:

Every child is a **unique child**, who is constantly learning and can be resilient, capable, & self assured;

Children learn to be strong and independent through **positive relationships**;

Children learn & develop well in **enabling environments**, in which their experiences respond to their individual needs and there is a strong partnership between practitioners and parents and/or carers;

**Children develop and learn in different ways and at different rates.** The framework covers the education and care of all children in early year's provisions, including children with special educational needs and disabilities.

*DfE (2014) Statutory Framework for Early Years Foundation stage, para 6*

#### High quality teaching

The Code of Practice: High quality provision to meet the needs of children.

High quality teaching that is differentiated and personalised will meet the individual needs of the majority of children and young people. Some

children and young people need educational provision that is additional to or different from this....

*DfE & DH (2015) SEN & Disability code of practice: 0-25 years/ Para 1.24*

High quality teaching is key to children's learning and development and forms the basis for any *additional or different* provision for children with SEN. High quality teaching is based on the highest expectations for individual children, draws on what staff know about children's learning and development, is differentiated for individual children and uses a range of pedagogic approaches.

Practitioners must consider the individual needs, interests, and the stage of development of each child in their care, and must use this information to plan a challenging and enjoyable experience for each child in all areas of learning and development.

*DfE (2014) Statutory Framework for Early Years Foundation Stage, para 1.6*



## Section 4: First concerns and early identification



This section of the toolkit is about how settings should respond to initial concerns about a child's progress and how to identify special educational needs.

This is important because an early response to a concern and early identification and intervention are key to helping children to reach their potential.

### Early responsiveness

High quality teaching is the foundation for children's learning and development and is the starting point for any additional or different provision for children with SEN, see *Section 2: Statutory requirements*. The *Statutory Framework for Early Years Foundation Stage* and the *SEN and disability code of practice: 0-25 years* emphasise the importance of:

- the responsiveness of early years settings to any cause for concern; and
- the setting's approach to identifying and responding to special educational needs.

....throughout the early years, if a child's progress in any prime area gives cause for concern, practitioners must discuss this with the child's parents and/or carers and agree how to support the child. Practitioners must consider whether a child may have a special educational need or disability which requires specialist support. They should link with, and help families to access, relevant services from other agencies as appropriate.

*DfE (2014) Statutory Framework for Early Years Foundation Stage, para 1.6*

Providers **must** have arrangements to support children with SEN or disabilities. These arrangements should include a clear approach to identifying and responding to SEN. The benefits of early identification are widely recognised – identifying need at the earliest point, and then making effective provision, improves long term outcomes for children.

*DfE and DH(2015 SEN and disability code of practice: 0:25 years, para 5.4*

The *SEN and disability code of practice* is clear that the setting's approach to assessing SEN should be firmly based in the setting's overall approach to monitoring the progress and development of all children.

### **First concerns, a holistic approach**

Where a child appears to be behind expected levels or where a child's progress gives cause for concern, practitioners should consider all the information about the child's learning and development (*SEN and disability code of practice*). All the information should be brought together and considered with the child's parents/carers. This should include information about:

- the child's learning and development, within and beyond the setting;
- practitioner observations, formal checks, any more detailed assessment, any specialist advice;
- progress in the prime areas: communication and language, physical development, social and emotional development.

In the next paragraphs, we consider the range of information available to settings:

### **Information from parents**

Key principles underpinning the SEN reforms are the importance of taking into account the wishes, views and feelings of parents and of promoting their participation in decision-making. Parents have a wealth of knowledge about their children not only in their home environment but in a variety of other situations. In some cases it is parents who may first voice a concern about their child's learning or development. The child's key person is likely to be parents' first port of call. Parents' concerns should be gathered together with the other information and considered with parents.

All those who work with young children should be alert to emerging difficulties and respond early. In particular, parents know their children best and it is important that all practitioners listen and understand when parents express concerns about their child's development. They should also listen to and address any concerns raised by children themselves.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 5.5*

Discussions with parents can give practitioners insights into a child's personality, feelings or interests outside the setting. There may be changes in a child's life which parents may not have mentioned, perhaps because they did not feel that they were important or because they are very personal, for example: illness or bereavement in the family; parents separating; a change of carer or child-minder; living in temporary or unsuitable accommodation; the child's disturbed sleeping pattern; or a new baby.

Any such changes may affect a child's behaviour, progress or development and need to be taken into account in planning support.

### **The voice of the child**

A key principle underpinning the SEN reforms is the importance of taking into account the wishes, views and feelings of children themselves. Children may express their wishes, views and feelings for themselves in a range of ways and practitioners can support interactions and dialogue with children by using visual prompts and photos to get them to show you what they like doing and what they find difficult. Practitioners can also understand children's views by observing the choices they make: what they like to do and what they avoid.

### **Observations within the setting**

General observations are a purposeful part of everyday practice and it may be these that will initially alert practitioners to a delay in a particular area. Equally important are young children's attitude, disposition and engagement with learning, which need to be observed so that they can be taken into account in planning.

Themed observations: observation is a powerful tool for gathering information about a young child. A themed observation focuses on one particular aspect of a child's learning or development. The observation needs to be carefully planned; a particular game or activity may need to be 'set up' in advance; the practitioner needs to be undisturbed for up to twenty minutes; the support of other staff is essential; and it may be necessary to rearrange staff or enlist extra help, for example from the SENCO. Following the observation, it is important to analyse and reflect on the information. The views and observations of other members of staff are helpful as significant points can then be discussed together.

### **EYFS Outcomes and tracking**

The EYFS expects that all early years' settings monitor the progress and development of all children. Every setting will record this in different ways and an increasing number are using the latest technology to do so. For children age three to four years of age practitioners will assess their learning and development across all seven areas of learning, although much of the focus remains on the three prime areas. A key consideration in determining whether or not a child has SEN is whether they are making expected process.

In assessing progress of children in the early years, practitioners can use the non-statutory Early Years Outcomes guidance as a tool to assess the extent to which a young child is developing at expected levels for their age.

## **The progress check at age two**

When a child is aged between two and three, early years practitioners must review progress and provide parents with a short written summary of their child's development, focusing in particular on the prime areas: communication and language, physical development, social and emotional development. There is no prescribed format for the check. The *Know How* guide provides a set of principles and useful guidance for practitioners carrying out the check.

Generally a child's key person drafts a summary of the child's stage of development in the three prime areas. The summary must highlight areas where:

- good progress is being made;
- some additional support might be needed;
- there is a concern that a child may have a developmental delay (which may indicate SEN or disability).

If there are significant concerns (or identified SEN or disability) practitioners should develop a targeted plan to support the child, involving other professionals such as, for example, the setting's SENCO or the Area SENCO. The progress check summary must describe the activities and strategies the provider intends to adopt to address any issues or concerns.

## **Health and development review at age two**

The health and development review at age two is part of the Healthy Child Programme. Health visitors gather information on a child's health and development, allowing them to identify any developmental delay and any particular support from which they think the child/family might benefit.

The progress check and the health and development review should inform each other and support integrated working. This will allow health and education professionals to identify strengths as well as any developmental delay and provide support from which the child/family might benefit. Providers must have the consent of parents and/or carers to share information directly with other relevant professionals.

*DfE (2014) Statutory Framework for Early Years Foundation Stage, para 2.5*

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- 1 <https://www.gov.uk/government/publications/a-know-how-guide-the-eyfs-progress-check-at-age-two>
  - 2 <https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>

From September 2015 it is proposed to introduce an integrated review that will cover the development areas in the Healthy Child Programme two-year health and development review and the EYFS two-year progress check. There are anticipated benefits in terms of improving early identification and providing parents with more consistent messages.

### **Bringing it all together**

All the information should be brought together alongside parents' observations and considered with parents

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 5.28*

This discussion would normally be between the practitioner, usually the key person, and the parents, with the support of the setting SENCO, the Area SENCO, or other professional, as appropriate. The discussion considers whether the child has a special educational need or whether there are other explanations for the concerns expressed or the delay observed. The *SEN and disability code of practice* encourages the consideration of a number of factors:

A delay in learning and development in the early years may or may not indicate that a child has SEN, that is, that they have a learning difficulty or disability that calls for special educational provision. Equally, difficult or withdrawn behaviour does not necessarily mean that a child has SEN. However, where there are concerns. There should be an assessment to determine whether there are any causal factors such as an underlying learning or communication difficulty. If it is through housing, family or other domestic circumstances may be contributing to the presenting behaviour, a multi-agency approach, supported by the use of approaches such as the Early Help Assessment, should be adopted.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 5.29*

The discussion may highlight the need for more specialist expertise to identify the nature of the child's needs; specialist teachers, educational psychologists or health, social services or other agencies may need to be involved. Where they are not already working with the setting, they may be identified through the local offer, see *Section*

6: *The role of the early years SENCO*; and Section 8: *Working with other professionals and other sources of information and support.*

## **Deciding whether a child has SEN**

The key questions that need to be decided are:

- Does the child have a learning difficulty, that is, a significantly greater difficulty in learning than their peers? A key consideration, but not the sole consideration in this, is whether the child is making expected progress; or
- Does the child have a disability that prevents or hinders them from making use of the facilities in the setting? and
- Does the learning difficulty or disability call for special educational provision, that is, provision that is additional to or different from the provision normally made available?

Where a setting identifies a child as having SEN, they must work in partnership with parents to establish the support the child needs. Where a setting makes special educational provision for a child with SEN they should inform the parents and a maintained nursery school must inform the parents. All settings should adopt a graduated approach with four stages of action: assess, plan, do, review, see *Section 5: SEN Support in the early years – A Graduated Approach*.

*In all cases, early identification and intervention can significantly reduce the need for more costly interventions at a later stage.*

*SEN and disability code of practice, para 5.31*

Medical needs: the EYFS requires all providers to promote the health of children attending the setting; and providers must have and implement a policy and procedures for administering medicines. Children with a range of medical needs may also count as disabled and providers will also be subject to the requirements of the Equality Act, see *Section 1: Statutory requirements*. Where a child is covered by the SEN and the disability legislation, reasonable adjustments and access arrangements should be considered as part of SEN planning and review.

Note: difficulties related solely to learning English as an additional language are not SEN.

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3 <http://www.foundationyears.org.uk/2014/11/guidance-for-practioners-on-the-integrated-review/>



## Early Identification: a review

Settings might review how well they gather information through the following routes:



Consider:

- How well does the setting gather information through the different routes?
- How well does the setting bring the information together and analyse it?
- How well does the setting manage conversations with parents and the decision-making process?



## SEN and disability in the early years: A toolkit



### Section 5: SEN Support in the Early Years – A Graduated Approach

This section of the toolkit describes what settings need to do when parents and practitioners have agreed that a child has a special educational need and requires special educational provision.

Settings are required to *have regard to* the Code of Practice. The Code explains the approach that settings should adopt. SEN Support in the early years includes a graduated approach and a cycle of Assess, Plan, Do, Review.

#### SEN Support

Providers **must** have arrangements in place to support children with SEN or disabilities. These arrangements should include a clear approach to identifying and responding to SEN.

Where a setting identifies a child as having SEN they **must** work in partnership with parents to establish the support the child needs.

It is particularly important in the early years that there is no delay in making any necessary special educational provision.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 5.4, 5.36-5.38*

SEN Support builds on high quality teaching which has been differentiated and personalised for individual children, see *Section 3: Universal inclusive provision*, and should be firmly based in the setting's approach to monitoring the progress and development of all children. The graduated approach should be informed by EYFS materials, the Early Years Outcomes guidance and the Early Support resources.

SEN Support is designed to provide a graduated approach based on a cycle of action that can be revisited with increasing detail, increasing frequency and with the increased involvement of parents. Throughout the graduated approach, the

practitioner, usually the child's key person remains responsible for working with the child on a daily basis and implements agreed interventions. The SENCO supports individual practitioners and leads and co-ordinates the graduated approach across the setting.

All settings should adopt a graduated approach with four stages of action: assess, plan, do and review. This cycle of action:

- Is usually led by the key person, supported by the setting SENCO
- Parents are engaged throughout
- Action is informed by the child's views throughout
- The cycle can be revisited in order to identify the best way of securing good progress

Throughout the cycle, children's views can be represented by parents and practitioners, but in order to ensure the child's views inform the process directly; these need to be captured before any discussion. Whether children communicate verbally or by other means, pictures and objects of reference can be used to promote communication with children about their views and their preferences, both at home and in the setting. These views can be brought to inform discussion and decisions at each stage.

Disability: at the same time as assessing special educational needs, the Code of Practice encourages settings to consider whether a child may count as disabled under the Equality Act and may require reasonable adjustments as well as special educational provision, *SEN and disability code of Practice*, para xxii.

### **Assess, Plan, Do, Review**



## **Assess**

The early year's practitioner works with the setting SENCO and the child's parents and:

- Brings together all the information
- Analyses the child's needs

This discussion will build on, and may be held at the same time as, the discussion with parents about their child's SEN and the decision to make special educational provision for them, see *Section 4: First concerns and early identification*.

Special educational needs are generally thought of in 4 broad areas of need and support:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health

- Sensory and/or physical needs

*SEN and disability code of practice*, para 5.32 and para 6.28 onwards

These broad areas of need are not definitive; the Code recognises that individual children often have needs that cut across all of these areas and that children's needs may change over time. The *SEN and disability code of practice* is clear that the purpose of identification is to work out what action is needed, not to fit a child into a category.

Where there is a need for more specialist expertise to identify the nature of the child's needs, or to determine the most effective approach, specialist teachers, educational psychologists or health, social services or other agencies may need to be involved.

## **Plan**

Where the broad approach to SEN Support has been agreed, the practitioner and the SENCO should agree, in consultation with the parent:

- The outcomes they are seeking for the child
- The interventions and support to be put in place
- The expected impact on progress, development, behaviour
- Date for review

Plans should:

- Take into account the views of the child
- Select the interventions and support to meet the outcomes identified
- Base interventions and support on reliable evidence of effectiveness
- Be delivered by practitioners with relevant skills and knowledge
- Identify and address any related staff development needs

*SEN and disability code of Practice*, para 5.40

## **Do**

The practitioner, usually the child's key person:

- Remains responsible for working with child on daily basis
- Implements the agreed interventions or programmes

The SENCO supports the key person in:

- Assessing the child's response to action taken
- Problem solving
- Advising on effective implementation

*SEN and disability code of Practice*, para 5.42

## **Review**

On the agreed date, the practitioner and SENCO working with the child's parents, and taking into account the child's views, should:

- Review the effectiveness of the support
- Review the impact of the support on the child's progress
- Evaluate the impact and quality of support

In the light of child's progress, they agree:

- Any changes to the outcomes
- Any changes to the support and
- Next steps

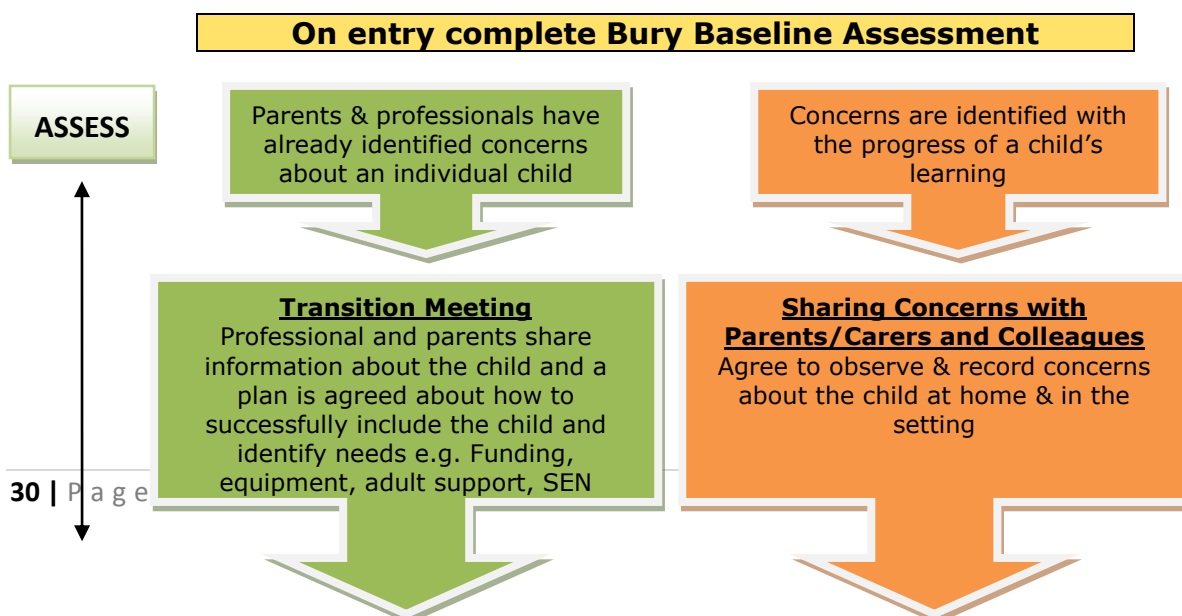
*SEN and disability code of Practice, para 5.43*

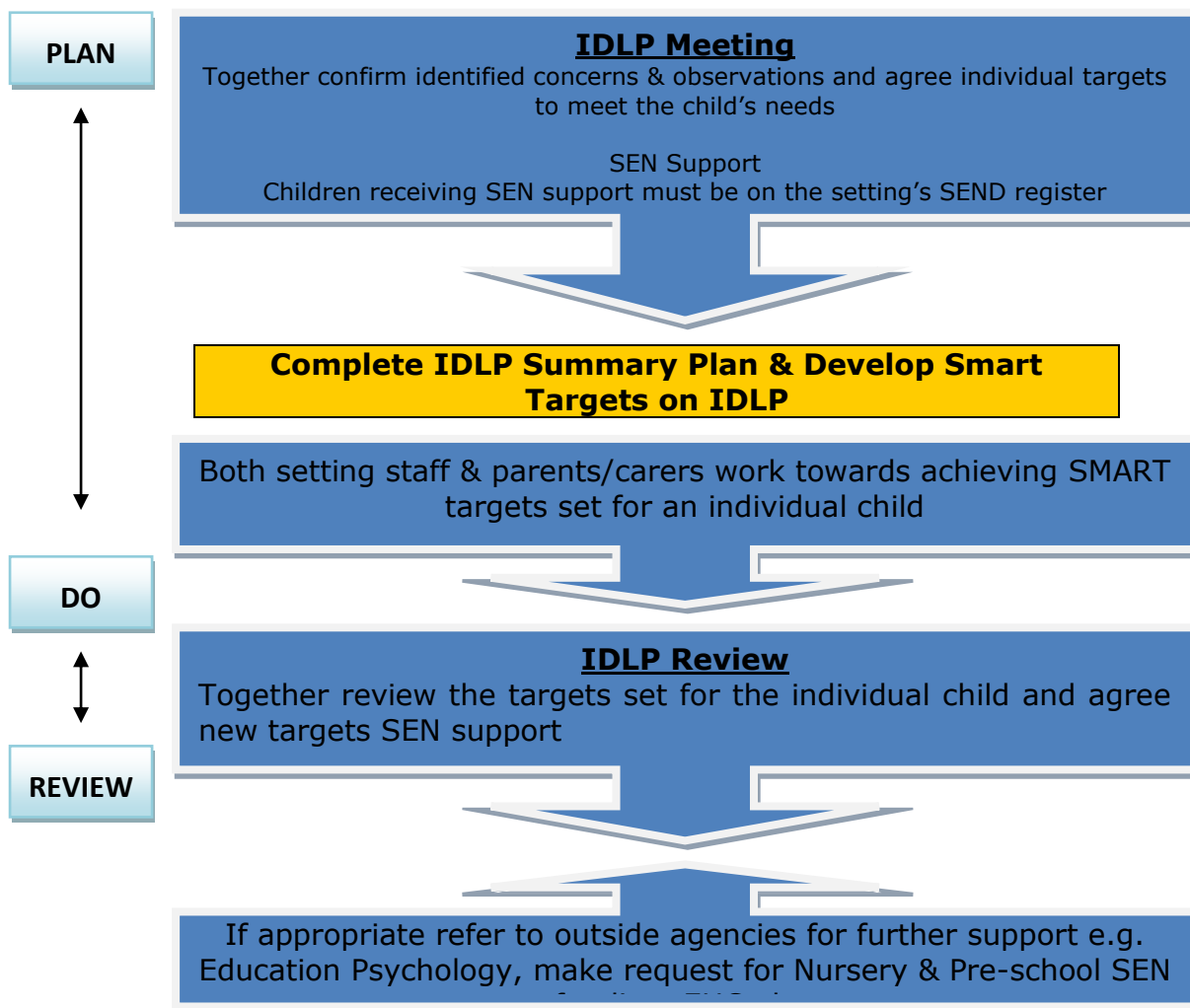
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1 Two starting places for evidence of effectiveness are:  
The Education Endowment Foundation Early Years Toolkit:  
<https://educationendowmentfoundation.org.uk/toolkit/early-years/>  
The Communications Trust, What works:  
<http://www.thecommunicationtrust.org.uk/whatworks>



### The Graduated Approach Flowchart





See appendix 2 for Bury paperwork



## SEN and disability in the early years: A toolkit



### Section 6: The Role of the Early Years SENCO

This section of the toolkit is about the role of the Early Years SENCO (Special Educational Needs Coordinator). It outlines the SENCO's main responsibilities.

This is important because the setting SENCO has a key role in supporting colleagues and co-ordinating the response of the setting to children with SEN.

#### SEN responsibilities: having a SENCO

Providers must have arrangements in place to support children with SEN or disabilities.

Maintained nursery schools and other providers who are funded by the local authority to deliver early education places must have regard to the Special Educational Needs (SEN) Code of Practice. Maintained nursery schools must identify a member of staff to act as Special Educational Needs Co-ordinator and other providers (in group provision) are expected to identify a SENCO.

*DfE (2014) Statutory Framework for Early Years Foundation Stage, para 3.67*

## **Respective responsibilities**

### **The provider**

The legal responsibilities for disabled children and children with SEN lie with the *responsible body* (Equality Act duties) or the *appropriate authority* (Children and Families Act duties). In both cases this is the *governing body* for a maintained school, including a maintained nursery school, and the *proprietor*, that is the owner or the management committee, of a private, voluntary or independent nursery.

### **The manager**

The manager or head of the setting has responsibility for the day-to-day management of all aspects of the setting's work, including work with children with SEN. The manager agrees policies with the provider; works closely with the SENCO on the implementation of SEN and disability policies; and has an important role in enabling the SENCO to meet their responsibilities.

### **The SENCO**

The SENCO works closely with the manager and with all practitioners in the setting; has responsibility for the day-to-day operation of the setting's SEN policy and for coordinating provision across the setting; and for supporting colleagues in all aspects of their work with children with SEN.

## **All practitioners**

In addition to the setting's manager and the SEN coordinator (SENCO) all members of staff have responsibilities to disabled children and children with SEN and need to understand these and the setting's approach to identifying and meeting SEN. Where a child is identified as having SEN, the Code of Practice envisages that the individual practitioner, usually the child's key person, will lead the engagement with the child and the child's parents, with the support of the SENCO, and remains responsible for working with the child on a daily basis.

The role of the SENCO involves:

- Ensuring all practitioners in the setting understand their



responsibilities to children with SEN and the setting's approach to identifying and meeting SEN.

- Advising and supporting colleagues.
- Ensuring parents are closely involved throughout and that their insights inform action taken by the setting.
- Liaising with professionals or agencies beyond the setting.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 5.54*

# 1

## **All practitioners understand their SEN responsibilities**

Ensuring all practitioners in the setting understand their responsibilities to children with SEN

All settings must have regard to the *SEN and disability code of practice*. The SENCO supports practitioners in understanding their responsibilities to young children with SEN and disabilities, as set out in the Code. A shorter *Early Years Guide to the SEND Code of Practice* is published on the Department for Education website and a brief summary of the statutory responsibilities is set out in *Section 2: Statutory responsibilities*.

There may be training and other sources of support available locally to SENCO's to help them in explaining the duties to colleagues. There are also resources explaining different aspects of the responsibilities on the Council for Disabled Children and the Foundation Years website.

# 2

## **All practitioners understand the approach to identifying and meeting SEN**

Ensuring all practitioners in the setting understand the setting's approach to identifying and meeting SEN

The SENCO has a role in leading and co-ordinating the graduated approach across the setting; and supporting individual practitioners in implementing the approach for

individual children. In particular, the SENCO needs to ensure that all practitioners understand how the setting:

- responds to any cause for concern and identifies and responds to special educational needs, see *Section 4: First concerns and early identification*;
- focuses on improving children’s progress and outcomes;
- implements SEN support and the cycle of action: assess, plan, do, review, see *Section 5: SEN Support in the Early Years – a graduated approach*; and
- meets the requirements for record-keeping in a way that supports the participative decision-making process and, at the same time, avoids excessive paperwork, see *Section 5: SEN Support in the Early Years – a graduated approach*.

There are some areas of policy and practice where SENCO’s may need to provide particular support to colleagues. These are likely to include:

- how the setting works in partnership with parents to identify a child as having SEN, see *Section 7: Involving parents and carers*;
- how the practitioner and the SENCO agree, in consultation with the parent, the outcomes they are seeking for the child, see *Section 7: Involving parents and carers*;
- how plans for support, within the setting, should take into account

- 
1. <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>
  2. <https://www.gov.uk/government/publications/send-guide-for-early-years-settings>
  3. [www.councilfordisabledchildren.org.uk](http://www.councilfordisabledchildren.org.uk)
  4. [www.foundationyears.org.uk](http://www.foundationyears.org.uk)

## 3

### Advising and supporting colleagues

The SENCO works with the practitioner and with parents throughout SEN Support. The SENCO’s advice and support to colleagues is integral to each stage of the cycle of action: assess, plan, do, review. In addition, the Code of Practice highlights the importance of:

- drawing on interventions supported by reliable evidence of effectiveness and

- Practitioners having the relevant skills and knowledge.

**Reliable evidence:** the support and intervention provided should be....based on reliable evidence of effectiveness.

**Relevant skills and knowledge:** the support and intervention should be....provided by practitioners with relevant skills and knowledge

**Staff development needs identified and addressed:** any related staff development needs should be identified and addressed.

DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 5.40

**Reliable evidence of effectiveness:**

SENCO’s can draw on a range of sources to inform their advice and support to colleagues on the effectiveness of different approaches to improving children’s progress:

- SENCO’s themselves will be able to draw on their own understanding of effectiveness, based on the evidence from their own setting.
- The Area SENCO has a role in developing and disseminating good practice and will be able to support the SENCO in identifying approaches that are supported by reliable evidence of effectiveness.
- Other local services, such as early year’s advisory teachers, specialist teachers for children with a sensory impairment, Portage workers, educational psychologists or speech and language therapists will be able to provide advice.
- The Communications Trust What Works database of evidenced interventions to support children’s speech language and communication;
- The Education Endowment Foundation has developed an early year’s toolkit that brings together a range of evidence about the impact of different approaches on children’s progress.

- 
1. <http://www.thecommunicationtrust.org.uk/whatworks>

**Relevant skills and knowledge:**

In addition to the sources identified above, the Trusts funded by the Department for Education have brought together a range of resources and provide advice, information and training in relation to particular impairments:

- The Communications Trust, referred to above;
- The Autism Education Trust for children on the autism spectrum;
- The National Sensory Impairment Partnership, Natsip, for children with vision impairment, hearing impairment and multi-sensory impairment.

The Early Years Foundation Stage Inclusion Development Programme provides e-learning resources to support the development of practice in relation to young children with: behavioural, emotional and social difficulties; autism; and speech, language and communication needs.

Nasen hosts an online portal, the SEND Gateway, which provides access to information, resources and training to meet the needs of children with SEN and disabilities. See *Section 8: Working with other professionals and other sources of information and support*.

#### **Staff development needs identified and addressed:**

The SENCO has an important role in working with colleagues to identify and address staff development needs within the setting. To meet these needs SENCO's should link with Area SENCO's who have a role in supporting the development and delivery of training both for individual settings and on a wider basis.

Some of the sources identified above provide a framework for professional development and a means for practitioners to assess their skills and competencies, identify any gaps and next steps in professional development in relation to particular impairments.

## 4

### **Parents are closely involved**

Ensuring parents are closely involved throughout and that their insights inform action taken by the setting

The SENCO is responsible for making sure that parents are involved in the discussion of any early concerns, in identifying any SEN, and agreeing:

- The outcomes they are seeking for the child
- The interventions and support to be put in place
- The expected impact on progress, development, behaviour
- Date for review

Parents' insights should inform action taken by the setting and they should feel that their wishes, views and feelings are taken into account, in line with the principles in the Children and Families Act.

SENCO's can help by making sure parents receive the information, advice and support that they need in order to participate in the SEN decision-making process. Settings can put parents in touch with their local information, advice and support service (IASS) which all local authorities must arrange. Information about the local IASS can be found in the local offer – local authorities must ensure that the local offer includes this information. There is more about involving parents closely in *Section 7: Involving parents and carers*.

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1. <https://educationendowmentfoundation.org.uk/toolkit/early-years/>

2. <http://www.autismeducationtrust.org.uk/resources.aspx>
3. <https://www.natsip.org.uk/>
4. [www.idponline.org.uk](http://www.idponline.org.uk)
5. <http://www.sendgateway.org.uk/>

# 5

## **Liaising beyond the setting**

Liaising with professionals or agencies beyond the setting

Links with Area SENCO or other local authority support service, such as an early year's advisory teacher, will be an important source of advice and support to the SENCO. Such services will be able to advise on good practice, on training and professional development, on other sources of support for settings and families, see below.

It is important that the SENCO is aware of the local offer. On the next page, there is a summary of some of the key elements of the local offer that are relevant to early year's settings and to families. As well as drawing on the information that is in the local offer, settings and families should be involved in the development and review of the local offer.

Early years settings also need links with the local authority. This will include appropriate links for liaising over individual children and links on wider strategic issues such as securing sufficient expertise and experience on SEN and disability locally and how funding supports settings in meeting children's SEN.

There is a further range of professionals with whom SENCO's will need to develop appropriate links across health and social care, IASS and local voluntary agencies who provide support to families. There is more information on working with professionals or agencies beyond the setting in *Section 8: Working with other Professionals and other sources of information and support*.

### **Role of the Reaching Children & Families Team**

Access and Inclusion support

The Reaching Children & Families Team support non-maintained childcare settings regarding access and inclusion, including support with the early identification of children and families who may require support and intervention and to respond to the diverse needs of children in childcare settings. This includes providing advice and training regarding SEND, Equality and Inclusion for Special Educational Needs Coordinators (SENCO), Equality Named Coordinators (ENCO) and childcare practitioners.

#### Childcare brokerage

The team support vulnerable families, offering Brokerage for childcare and supporting partnership working between providers, parents and relevant agencies. We can offer high level one to one support, advice and guidance and can assist parents and carers in finding suitable childcare which meets the requirements of the children and their families. The team will meet with families to discuss requirements and accompany them when visiting childcare settings, supporting families to access or understand the information available to them and speak to childcare providers and support services on their behalf.

#### The REAL Bookstart home learning programme

The team work closely with Bury Children Centres in their identified reach areas delivering the REAL Bookstart home learning programme within the homes of vulnerable families. REAL Bookstart is a targeted programme, supporting Children's Centres in their outreach work. The programme is designed to support families that require additional help and encouragement to develop their use of stories, books and rhymes and home learning with their child. Children's Centres, Health, Social Care, GP's or other local professionals including Speech and Language Therapists, Homestart, non maintained childcare providers identify families that would most benefit from the intensive support programme and in Bury's case the Reaching and Families Team work with the families through a series of visits within the family home, Children's Centres and local libraries. Families can also self refer.

#### Safeguarding

The Reaching Children and Families Team support the role of the lead person for safeguarding and will support childcare practitioners to meet and adhere to local Safeguarding Children Procedures ensuring procedures.

#### **RCF Team procedure for 'Intensive settings' -**

During the Initial meeting; if the QOT allocated team member identifies that outstanding Ofsted actions are in relation to Access and Inclusion; this will be discussed with the provider and the RCF team, to identify appropriate support for that action. Visits/support for the setting will work alongside the QOT visits and will be a max of 3 visits.

Where the Ofsted action is not related to Access and Inclusion, then the setting will receive a single visit from the RCF team during the 3 month period, alongside the QOT visits. The scheduling of this visit will be at the discretion of the QOT, who will determine if and how the setting will benefit from support from the RCF team.

At this visit the RCF worker will meet with the SENCO/manager to

- identify children needing SEN support and any funded 2 year Olds
- give support and develop actions accordingly

Actions will include attending SENCO networks and may include SENCO training. A further visit will be arranged if appropriate.

### **Procedure for all other non-maintained Early Years childcare settings**

Each member of the Reaching Children and Families Team has an allocated area of Bury, where they are also linked to Children Centre reach areas.

The team provide setting practitioners with advice and support, where they have implemented the initial steps of the Graduated Response or are considering to do so.

The level of support the setting receive from the Reaching Children and Families Team will depend of the skills and experience of the SENCO. The child will always remain the responsibility of the setting and any support offered by this team will contingent on parental permission for their involvement.

It is the responsibility of the setting to:

- Follow the EYFS and develop and implement an effective policy regarding Access and Inclusion and behaviour, which is used consistently by all staff. The EYFS also requires the setting to take into account the unique child and ensure that individual requirements, to enable the child to access the curriculum are met.
- Employ a trained SENCO, who has a good understanding of the SEND Code of Practice and relating legislation and who supports all staff in following the SEND Code of Practice.
- Use and follow the Bury SENCO Toolkit and attend SENCO networks
- Adopts an effective policy in working in partnership with parents/carers
- Adopts an effective policy for working in partnership with other professionals
- Signpost families to universal services such as local children centre services, GP, Health Visitor, libraries and recreational activities.

Where a setting has done all of the above and still requires advice and support from a member of the RCF Team by emailing the RCF team –

[rcf@bury.gov.uk](mailto:rcf@bury.gov.uk)

On receipt of a request for involvement, a RCF worker will be allocated to the setting. They will:

- Contact the setting to arrange a visit
- Visit the setting to give general advice regarding Access and Inclusion
- Contact any specialist services involved e.g. Portage, Speech and Language Therapy, if the support is in respect of a specific child
- Identify any professional development needed for staff
- Support staff in the development of action plans for any individual children or the setting, actions will usually be reviewed in 6 weeks

ALL suggested advice and actions will be recorded on a Record of Meeting (ROM) by the RCF Worker once they have been agreed by the member of staff and SENCO/Manager.

***Where the SEND toolkit refers to 'Area SENCO', in Bury this is known as a 'Reaching Children and Family Worker'.***



## Section 7: Involving Parents and Carers

This section of the toolkit is about working in partnership with parents and carers. The Code of Practice expects practitioners to engage parents in decision-making throughout the SEN process.

It is important because parents know and understand their child best and the participation of parents is vital to ensure that all those involved with their child are working towards shared and agreed outcomes for the individual child.

### Strong partnership between practitioners and parents

Central to high quality practice in the early years is the setting's policy and practice in relation to working in partnership with parents and carers. The impact of high quality early years provision is significantly linked to the effectiveness of partnership with parents.

EYFS overarching principle:

...Children learn and develop well in **enabling environments**, in which their experiences respond to their individual needs and there is a strong partnership between practitioners and parents and/or carers.

*DfE (2015) Statutory Framework for Early Years Foundation Stage*

Settings are expected to engage with the parents of all the children in the setting, but the focus on parents' participation increases where there is a cause for concern about the child's progress.

...throughout the early years, if a child's progress in any prime area gives cause for concern, practitioners must discuss this with the child's parents and/or carers and agree how to support the child. Practitioners must consider whether a child may have a special educational need or disability which requires specialist support. They should link with, and help families to access, relevant services from other agencies as appropriate.

*DfE (2015) Statutory Framework for Early Years Foundation Stage, para 1.6*

## **Principles in the Children and Families Act**

Practice for children with SEN should be firmly based in good practice for all children. Key principles written in to the Children and Families Act build on the requirements of the EYFS and include principles that set the direction for parental participation. Particularly relevant are the principles that focus on the importance of:

- the wishes, views and feelings of children and their parents;
- promoting the participation of parents in decision-making; and
- information and support to enable parents to participate in decision-making.

These three principles work together and settings bring them together in their working partnership with parents. The three elements are considered in turn, below:

### **1. Wishes, views and feelings of children and their parents**

Parents have a wealth of knowledge about their children not only in their home environment but in a variety of other situations. It may be parents who first voice a concern about their child's learning or development.

Local authorities, Early Years providers and schools should enable parents to share their knowledge about their child and give them confidence that their views and contributions are valued and will be acted upon.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 1.7*

The child's key person is likely to be parents' first port of call. Each child must be assigned a key person. This is an EYFS learning and development requirement and an EYFS safeguarding and welfare requirement.

Providers must inform parents and /or carers of the name of the key person, and explain their role, when a child starts attending a setting.

- The key person must help ensure that every child's learning and care is tailored to meet their individual needs
- The key person must seek to engage and support parents and/or carers in guiding their child's development at home.
- They should also help families engage with more specialist support if appropriate.

*DfE (2014) Statutory Framework for Early Years Foundation Stage, para 1.10*

The requirement for a key person for each child provides a starting point from which to build a trusting and open relationship between the setting and parents. If at any point there are emerging concerns, these can be raised within the context of an existing relationship.

All those who work with young children should be alert to emerging difficulties and respond early. In particular, parents know their children best and it is important that all practitioners listen and understand when parents express concerns about their child's development. They should also listen to and address any concerns raised by children themselves.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 5.5*

The Children and Families Act promotes children's participation and the principles highlight the importance of taking into account the wishes, views and feelings of children themselves. Children express their wishes, views and feelings in a range of ways. Practitioners should establish the child's preferred means of communication and, whether the child uses spoken language or alternative forms of communication, can support interactions and enhance dialogue by using visual prompts, objects and pictures to encourage children to show what they like doing and what they find difficult. Practitioners can also understand children's views by careful observation of their behaviour, the choices they make their disposition and engagement with learning. There is more about observations in *Section 4: First concerns and early identification*. It is vital to the success of any action taken through SEN support that it is informed by the views of children themselves. Their views need to inform discussion and decisions at each stage.

It is also important that, from an early age, children are encouraged to reflect on the choices they make and communicate them. From the point where children reach the end of compulsory schooling, they themselves take on the right to participate in decision-making.

Unless children are encouraged to make choices from an early age, they will find it difficult to take on the responsibilities at 16.

## **2. Promoting the participation of parents in decision-making**

The Code is clear that parents should participate in the earliest decisions about children with SEN including in the initial decision about whether or not a child has a special educational need. To inform this decision, all the information about the child should be brought together and considered with the child's parent/carer. The discussion would normally be between the key person, the SENCO and the parent/carer and, where appropriate an Area SENCO or other professional. The meeting considers whether the child has a special educational need or whether there are other explanations for the concerns expressed or the delay observed. There is more information in *Section 4: First concerns and early identification*.

Where a setting identifies a child as having SEN they **must** work in partnership with parents to establish the support the child needs....Parents should be involved in planning support and, where appropriate, in reinforcing the provision or contributing to progress at home.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, paras 5.37/5.41*

Where a child is identified as having SEN, parents are part of the decision-making process about the next steps and the graduated approach, through SEN Support. The practitioner and the SENCO should agree, in consultation with the parent:

- The outcomes they are seeking for the child
- The interventions and support to be put in place
- The expected impact on progress, development, behaviour
- Date for review

Parents should be engaged throughout the cycle of action: assess, plan, do, review. Their views should inform decisions about how their child should be supported in the setting, whether special educational provision through SEN support is still required, whether more specialist external assessment may be called for, whether staff require more specialist external advice or the child requires more specialist support, or whether their child may require an EHC needs assessment. There is more about the involvement of parents in the graduated approach in *Section 5: SEN Support in the Early years – A Graduated Approach*.

### **3. Information and support to enable parents to participate in decision-making**

One of the key principles in the Children and Families Act and the Code of Practice is the importance of the child or young person, and the child's parents, being provided with the information and support necessary to enable them to participate in decision-making.

The EYFS requires all providers to make information available to parents about how the setting supports disabled children and children with SEN. As well as policy and practice information, there is a range of information that settings share with all parents. Information is shared informally, on a daily basis, and more formally at key points, such as the two-year old check. Where the setting thinks a child has, or may have, SEN they must bring information together and consider it with the child's parents, see *Section 4: First concerns and early identification*. Thereafter and throughout the SEN process and whether children are supported through SEN Support or through an EHC plan, it is essential to effective decision-making that information has been shared fully with parents.

Where a child is identified as having SEN, parents and children are entitled to impartial information, advice and support from a local service. Settings can help parents by giving them information about their local Information, Advice and Support Service. Settings can find out about their local Service through the Local Offer or through the Information, Advice and Support Services Network.

Local authorities **must** arrange for children with SEN or disabilities for whom they are responsible, and their parents, and young people with SEN or disabilities for whom they are responsible to be provided with information and advice about matters relating to their SEN or disabilities, including matters relating to health and social care. This must include information, advice and support on the take-up and management of Personal Budgets.

Local authorities **must** take steps to make these services known to children, their parent and young people in their area; [and to others].

[Local authorities] must ensure that their Local Offer includes details of how information advice and support related to SEN and disabilities can be accessed and how it is resourced.

In carrying out their duties under Part 3 of the Children and Families Act 2014, local authorities **must** have regard to the importance of providing children and their parents and young people with the information and support necessary to participate in decisions.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, paras 2.1-2.3*

When offering advice and support to parents it is important for settings to be aware of the range of information in the Local Offer and to be able to support parents in finding information they may need.

### **Effective parental participation**

At times, parents, teachers and others may have differing expectations of how a child's needs are best met. Sometimes these discussions can be challenging but it is in the child's best interests for a positive dialogue between parents, teachers and others to be maintained, to work through points of difference and establish what action is to be taken.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 1.7*

Parental responses to conversations about their child can be varied and complex. It is important that parents feel supported throughout and it may help parents to have a friend or supporter with them in a discussion. Each child and each family is unique and a 'one size fits all' approach will rarely be effective. Ensuring the setting's approach to parental engagement is underpinned by a set of values and principles can help to steer practitioners and can enable settings to approach each discussion, each meeting and each situation sensitively.

The National Portage Association and Early Support both promote approaches based on values and principles. The values and principles established by the National Portage Association provide a framework for working with parents of children with SEND.

The National Portage Association Values Statement:

- Every child and every family should be valued for their individuality as diversity brings strength to us all.
- Inclusion and participation of every individual in our community is a right that should be supported and nurtured.
- Parents play the key role in supporting their young child's development.
- Families have the right to make informed choices and decisions for themselves about things that are important to them now and in the future, whilst remaining the child's first ally.
- All children have the right to enjoy the widest range of play experiences, as these are the foundation of learning and development.
- Early childhood is the foundation on which children build the rest of their lives: it is not just a preparation for the next stage – it is vitally important in itself.
- Everyday contacts, relationships and activities are fundamental in nurturing development, quality of life and experience.
- Services for families are most useful when they support everyday living and are delivered within the child's natural environment.
- All children are able to learn. Building on abilities and strengths, rather than focusing on difficulties, best supports their progress.

The Early Support principles and resources also provide a useful starting point for developing an understanding of effective support for parents. The Early Support principles have been mapped across to the principles of The Children and Families Act.

### **Some practicalities in effective communication with parents**

It is important that all practitioners have time to communicate with parents, and the skills and confidence to carry out this part of their role. The SENCO may keep skills and confidence under review with the manager of the setting and plan relevant professional development opportunities.

Effective two way communication includes:

- Actively seeking and using a variety ways in which parents can contribute their insights to the assessment and planning, interventions and next steps; for some parents this may be a gradual process requiring support from someone they trust.
- Encouraging parents to think about the outcomes which are important for their child prior to the meeting, this may mean meeting with either the key person or SENCO prior to a meeting.

- Being aware of all of the ways in which practitioners convey messages, whether face to face, over the phone, by text or email; and through the body language, facial expressions, tone of voice and choice of words used.
- Demonstrating empathy by acknowledging the way a parent may be feeling or emotions they may be showing in their responses. Be careful not to pre-empt these!
- Maintaining respect and professionalism.
- Giving your full attention.
- Recognising that your own perceptions and experiences are likely to be different from those of the parents; they have unique knowledge of their child.
- Model an open and non-judgemental style of discussion, using open-ended questions to encourage parents to do as much of the talking as possible.
- Reflecting back what a parent has said e.g. "I think you may be saying....." or, "Can I just clarify what you mean...?"
- Asking parents about their child's views and taking these into account in discussions and decisions.

***How confident are staff about listening to parents, being able to engage them in decision-making about their child, and enabling them to access information and support?***

- 
- 1 Throughout the toolkit, 'parent' is used to include mothers, fathers, and anyone who has parental responsibility for a child and who cares for the child.
  - 2 The Code of Practice promotes person-centred approaches. Helen Sanderson Associates have a wide range of resources to support this approach: <http://www.helensandersonassociates.co.uk>

This includes practical tools that are useful in exploring with parents 'What is important to my child?'

'What is important for my child?' 'How best to support my child?' and the use of One Page Profiles.

- 3 <http://www.iassnetwork.org.uk/>
- 4 <http://www.hub.portage.org.uk>
- 5 <http://www.councilfordisabledchildren.org.uk/earlysupport>
- 6 <http://www.councilfordisabledchildren.org.uk/>

## Section 8: Working with other professionals and other sources of support and information

This section of the toolkit is about working with professionals beyond the setting and making use of sources of information and support available locally.

It is important because there may be a range of professionals whom early years settings might come into contact with in their day to day work with children with SEND. The collaboration between these professionals and parents is essential to improving outcomes for individual children.

Practitioners must consider whether a child may have a special educational need or disability, which requires specialist support. They should link with, and help families to access, relevant services from other agencies as appropriate.

*DfE (2014) Statutory Framework for Early Years Foundation Stage, para 1.6*

### Involving specialists

Where a child continues to make less than expected progress, despite evidence-based support and interventions that are matched to the child's area of need, practitioners should consider involving appropriate specialists....who may be able to identify effective strategies, equipment, programmes or other interventions to enable the child to make progress towards the desired learning and development outcomes. The decision to involve specialists should be taken with the child's parents.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 5.48*

The Code of Practice makes it clear that whilst all practitioners are responsible for working with children with SEN, it is the role of the SENCO to co-ordinate the support across the setting and specifically to *liaise with professionals or agencies beyond the setting* (Code of Practice, para 5.54).

For children identified as having SEN, the cycle of *assess, plan, do, review* may indicate the need for additional input from those with more specialist expertise. This



may include more specialist assessment of the child's needs to make sure that provision is matched to the child's needs as well as advice on *effective strategies, equipment, programmes or other interventions to enable the child to make progress towards the desired ...outcomes.*

In identifying a child as needing SEN support, the early years practitioner, working with the setting SENCO and the child's parents, will have carried out an analysis of the child's needs. This initial assessment should be reviewed regularly to ensure that support is matched to need. Where there is little or no improvement in the child's progress, more specialist assessment may be called for from specialist teachers or from health, social services or other agencies beyond the setting. Where professionals are not already working with the setting, the SENCO should contact them, with the parent's agreement.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 5.39*

The early years SENCO would normally contact the external specialist, with the parents' agreement. Different professionals provide support in different ways: some professionals will work with staff, some with children directly; many will observe children in the setting and talk to staff as part of their assessments; some may be able to provide training for staff; some will model strategies or demonstrate how to best use resources to support individual children.

The local authority should ensure there is sufficient expertise amongst local providers to support children with SEN.

To fulfil their role in identifying and planning for the needs of children with SEN, local authorities should ensure that there is sufficient expertise and experience amongst local early year's providers to support children with SEN.

DfE and DH (2015) SEN and disability code of practice; 0-25 years, para 5.55

### **The Local Offer**

Local Authorities must publish a 'local offer' of information about the provision available for children in their area who have SEN or disabilities. This information is across education, health and social care. Key elements, relevant to the early years are summarised below (drawn from chapter 4 of the Code of Practice).

The local offer must include a description of the provision that the LA expects to be available from providers of all relevant early years' education.

It must also include information about the support available across education, health and social care services for disabled children and children with SEN, including information about:

- services assisting providers to support young children with medical conditions;
- childcare for disabled children and children with SEN;
- Information, Advice and Support Services: services providing parents and children with information, advice and support on SEN and disability;
- support groups who can support parent carers of disabled children.

The *local offer* should also include information about:

- provision such as Area SENCO's, SEN support or learning support services, sensory support services or specialist teachers, therapies such as speech and language therapy;
- support available to parents to aid their child's development at home, including such services as Portage;
- arrangements for identifying and assessing children's needs in the early years;
- arrangements for reviewing children's progress including health and development reviews between the ages of 2 and 3;
- the LA's arrangements for providing top-up funding for children with high needs;
- the arrangements for EHC needs assessments and plans.

The local offer is a valuable resource for practitioners and a way of signposting parents to available support. It will be important for the setting SENCO to become familiar with the local offer for their area.

### **Professionals who may be in your support and advice network**

#### **Area SENCO**

Local authorities often make use of Area SENCO's to provide advice and guidance to early years providers on the development of inclusive early year's environments. Other titles may be used for those fulfilling this role, for example, Inclusion adviser.

Typically, the role of the Area SENCO includes:

- providing advice and practical support to early years providers about approaches to identification, assessment and intervention within the SEN Code of Practice
- providing day-to-day support for setting-based SENCO's in ensuring arrangements are in place to support children with SEN
- strengthening the links between the settings, parents, schools, social care and health services
- developing and disseminating good practice
- supporting the development and delivery of training both for individual settings and on a wider basis

- developing links with existing SENCO networks to support smooth transitions to school nursery and reception classes, and
- informing parents of and working with local impartial Information, Advice and Support Services, to promote effective work with parents of children in the early years.

*DfE and DH (2015) SEN and disability code of practice; 0-25 years, para5.56*

There are other professionals who may work directly with children or provide advice and guidance to settings and to families in the early years:

### **Specialist teachers/Advisory teachers**

Teachers who can give advice and support on children with particular needs, for example, children with a hearing or vision impairment. Some are involved in direct teaching whilst others fulfil an advisory role.

### **Speech and Language Therapist**

Speech and language therapists work with children who have difficulties with speech, language and communication or with eating, drinking and swallowing. They work with children in clinics, schools and other settings and provide advice to families and those working with children on a daily basis.

### **Health Visitor**

Health visitors are experienced and qualified registered nurses or midwives. They work in the community to promote good health and prevent illness. They visit people at home, especially new mothers and children, provide physical and developmental checks, may run clinics on specific issues, such as sleep, and can provide or access more specialist support.

### **Educational Psychologist**

An Educational Psychologist (EP) provides specialist assessment of learning difficulties. EPs provide advice on teaching and management strategies and behaviour management. The local authority must seek psychological advice and information from an educational psychologist if they carry out an Education, Health and Care needs assessment.

### **Portage home visitor / worker**

Portage provides planned home-based educational support for pre-school children with special educational needs.

Settings may also link with a range of other professionals such as community paediatricians, physiotherapists, occupational therapists, clinical psychologists, social workers.

## Getting the most from working with other professionals

### General points

If you have a regular group of professionals who work with your setting, make sure that they are introduced on your notice board and in your prospectus.

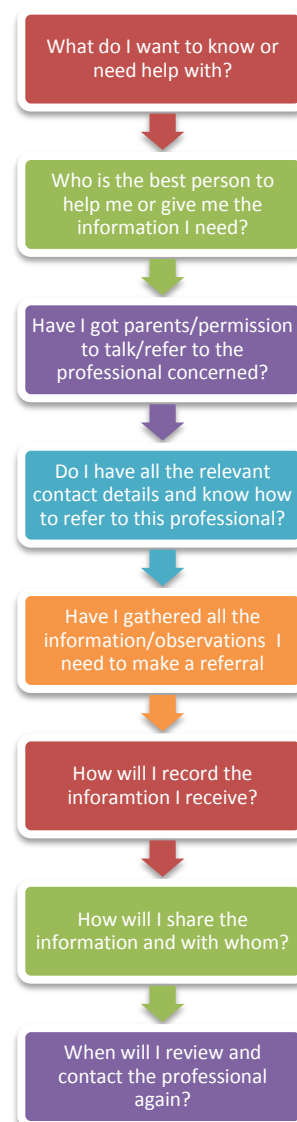
Make a directory of their contact details – this makes it easier when arranging meetings and sending letters/emails.

Take note of their working days and hours, so you don't waste time ringing on a day they are not at work.

Find out their preferred method of communication - emails are often convenient for enquiries if the person is office-based.

If speaking on the phone, prepare a list of questions or information you would like before you speak to them. This will help to keep the conversation focussed and ensure that you don't forget the point of your call.

Be prepared to be persistent and patient.



## Information and support beyond the local area

There are many organisations that provide reliable and up-to-date information for those working with disabled children, children with special educational needs, and their families. Some offer advice and support specific to an aspect of special educational needs, others offer more general information. The links and information below are provided as suggestions rather than being an exhaustive list. Many organisations have freely downloadable information and resources. You may find it useful to sign up to newsletters and updates from organisations that are of particular interest.

**PLEASE NOTE** websites and links change over time. If the link provided does not work, use a reliable search engine to find what you are looking for.

### **Council for Disabled Children**

Information and resources relating to disabled children, young people and their families and host to materials from other SEND partners:  
[www.councilfordisabledchildren.org.uk](http://www.councilfordisabledchildren.org.uk)

### **Foundation Years**

A one stop shop for information and news in relation to the early years and childcare sector. A specific section for resources: [www.foundationyears.org.uk](http://www.foundationyears.org.uk)

### **Early Support Materials**

Resources and information developed as part of the Early Support programme including the Early Support developmental journals: [www.ncb.org.uk/early-support/resources](http://www.ncb.org.uk/early-support/resources)

### **Relevant to particular groups of children**

#### **Autism Education Trust**

Information about training, early year's autism standards, early year's autism competency framework: [www.aetraininghubs.org.uk/early-years/](http://www.aetraininghubs.org.uk/early-years/)

#### **Communication Trust**

Information about children's communication development and how to identify and support children with speech, language and communication needs.  
[www.thecommunicationtrust.org.uk](http://www.thecommunicationtrust.org.uk)

#### **ICAN**

Information, resources and training to support children's communication development.

[www.ican.org.uk](http://www.ican.org.uk)

### **Talking point**

Talking Point provides information on children's communication, a database of resources, a progress checker for language development, and a searchable map for services in your area. [www.talkingpoint.org.uk](http://www.talkingpoint.org.uk)

### **The National Portage Association**

National Portage Association supports Portage Services and promotes service standards and training. <http://www.hub.portage.org.uk>

### **CEAS**

Children's Education Advisory Service (CEAS) is an organisation funded by the Ministry of Defence to provide information and support to Service families on all aspects of the education of their children in the UK and overseas.

<https://www.gov.uk/childrens-education-advisory-service>

### **For parents in particular:**

#### **Information, Advice and Support Services Network**

The Information, Advice and Support Services Network (IASS Network) supports and promotes the work of Information, Advice and Support (IAS) Services across England. Local IAS services can be identified through the IASSN website:

<http://www.iassnetwork.org.uk/>

#### **Contact a Family**

Wide ranging information and advice for parents and practitioners:  
[www.cafamily.org.uk](http://www.cafamily.org.uk)

### **NNPCF**

The National Network of Parent Carer Forums (NNPCF) promotes good practice in parent participation and supports local parent carer forums across England.

<http://www.nnpcf.org.uk/>.

### **PALS**

The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers. The website provides a facility for finding PALS in your local hospital. <http://www.nhs.uk/chq/Pages/1082.aspx?CategoryID=68>

### **Particularly focused on professional support and professional development Inclusion development Programme**

On line resources developed to support early year's providers and schools to support: children with speech language and communication difficulties; children on the autism spectrum; and children with behaviour, emotional and social difficulties (now referred to as social, emotional and mental health difficulties): [www.idponline.org.uk/](http://www.idponline.org.uk/)

### **NASEN**

SEND Gateway: an online portal providing access to information, resources and training for meeting the needs of children with special educational needs. Includes a specific search facility for early years: [www.sendgateway.org.uk](http://www.sendgateway.org.uk)

### **Advanced training**

Online training materials for autism; dyslexia; speech, language and communication; emotional, social and behavioural difficulties; moderate learning difficulties.

### **SSAT**

Online training materials and downloadable fact sheets and briefing packs in relation to children with complex learning difficulties and disabilities. [complexld.ssatrust.org.uk](http://complexld.ssatrust.org.uk)

### **NatSIP**

NatSIP, the **National Sensory Impairment Partnership** is a partnership of organisations working together to improve outcomes for children and young people with sensory impairment. [www.natsip.org.uk](http://www.natsip.org.uk)

### **pdnet**

pdnet provides support for professionals in education who promote positive outcomes for children with a physical disability. <http://www.pdnet.org.uk/home>



**Information on Bury Professionals/Services**

**Information on Bury Local Offer**



## **Parenting Team**

The Parenting Team organises and delivers a range of parenting courses for families in Bury.

The courses are free and take place at various venues.

Courses include:

- Webster Stratton (2-8 years)
- Strengthening Families (10-14 years)
- Triple P (2-12 years)
- Triple P Teen (11-16 years)

Alternative contact number is **0161 253 6247** please contact for details of the latest courses available.

Some courses will offer childcare.

*FOR MENTAL HEALTH EARLY INTERVENTION SERVICES PLEASE CONTACT THE  
COMMUNITY MENTAL HEALTH TEAM ON 0161 253 6247*

### **Who to contact:**

Contact Name -

Vicky Chew/Elizabeth Gregory

Telephone -

0161 253 5403

0161 253 6247

Email -

[parenting@bury.gov.uk](mailto:parenting@bury.gov.uk)

### **Where to go:**

Redvales Children's Centre

Dorset Drive  
Bury  
BL9 9DN

**Other details:**

*Referral and availability notes -*

Agencies working with the family can make a referral by completing a referral form with an assessment.

*Age range -*

0-99

<http://www.theburydirectory.co.uk/kb5/burydirectory/service.page?id=MB-vTDdxGc>

**Bury Portage Team**

Home teaching team aimed at children aged 0-5 years with a delay in their development. We provide advice, support and educational activities to support the child's learning.

*Contact Name -*

Kelly Judd – Senior Portage Worker

*Telephone -*

0161 253 7609

*Email -*

[k.a.judd@bury.gov.uk](mailto:k.a.judd@bury.gov.uk)

*Website –*

[www.bury.gov.uk](http://www.bury.gov.uk)

**Where to go:**

Seedfield Centre  
Parkinson Street  
Bury  
BL9 6NY

**Other details:**

*Date & time information –*

Mon-Fri  
9.00 a.m. – 5.00 p.m.

### **Educational Psychology Service**

Advise parents, schools and the Authority on children's Special Educational Needs through consultation, identification and assessment. Works closely with the SEN Team and the Child Development Centre at Fairfield Hospital. In addition the service also provides intervention training and project work. The service is available Monday to Friday 9am to 5pm

*Contact Name -*

Emma Harding

*Telephone -*

0161 253 6406

*Email -*

[edpsych@bury.gov.uk](mailto:edpsych@bury.gov.uk)

*Website -*

[www.bury.gov.uk/.../index.aspx](http://www.bury.gov.uk/.../index.aspx)

### **Where to go:**

Seedfield Centre  
Grey Block  
Parkinson Street  
Bury  
BL9 6NY

### **Other details:**

*Referral required -*

Yes

*Referral and availability notes -*

Schools access the service through completion of the "Request for Involvement Form". Although, arrangements can be made for specific pieces of work with any interested client group.

*Age range –*

0-19 years

**Local Offer:**

Local Offer Age Bands:

- Transitions to Adulthood (16+)
- Secondary (11-16 years)

*Time of day –*

Morning  
Afternoon

**Other details:**

*Referral require –*

Yes?

*Referral & availability notes -*

Open Referral – referrals can be made by parents, health professionals, nurseries, schools or social workers

*Age range –*

0-5 years

**Local Offer**

*Local Offer Age Bands –*

Early Years (0-4 Years)



## Parent's Comments

(Please tick the appropriate box)

- Were you given clear information about the Educational Psychology Service before your child was referred to us?

Yes  No

- Was the support given useful?

Yes  No

- Did you feel listened to and supported?

Yes  No

- Did our involvement help to improve your child's situation?

Yes  No

Please add further comments:

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## How do I contact an Educational Psychologist?

- If you need to contact the Educational Psychology Service regarding your child, you can do so either through the Special Needs Coordinator at your child's school or setting or at the address below:

### ***Educational Psychology Service***

***Dr Emma Harding  
EPS Team Manager  
& Deputy Principal  
EP (DPEP)***

***The Grey Block  
Seedfield Site  
Parkinson Street  
Bury  
BL9 6NY***

***Telephone:  
0161 253 6406***

## Children's Services

Bury Educational Psychology Service

### **Information for Parents**



**Bury**  
COUNCIL

## How do you let us know your views?

- Parental views about your child and their education are an essential part of our work and support us in making appropriate recommendations to staff in nursery and the Local Authority.
- Parent's comments are essential in helping us develop and maintain a high quality service. Please use the slip overleaf to let us know your views and return it to your Educational Psychologist or the service.



## How do Educational Psychologist work?

- With your agreement we will:
- Talk to you and other people who are involved with your child;
- Observe your child at home and at nursery/school if appropriate;
- Work or play with your child in order to find out how he/she learns and to gain a clearer understanding of your child's weaknesses;
- Provide advice about your child's future educational needs for nurseries, schools and the Local Authority, if appropriate.

## What are Educational Psychologist?

- We are applied psychologists who work with children, schools and families.
- We use psychology to help us understand how children develop and learn as well as how people think, feel and behave.

## What do Educational Psychologists do?

- We work with pre-school and school age children and young people up to age of 19 years.
- We aim to work in partnership with parents/carers and professionals by providing consultation assessment and advice.
- We aim to provide advice to help plan for a child's future progress.

## **Bury SEND IASS**

We aim to enable parents/carers and young people to take an active role in the identification and assessment of their educational needs in school. We are independent from the local authority and can, where necessary, support parents and young people to ensure their views and needs are foremost in planning support.

In Bury we provide:

- Accurate, impartial information and advice about special education needs and disability, the schools duties and expectations.
- An explanation of what an Education, Health and Care Plan (EHCP) is and the processes to attain one.
- Support writing letters and completing forms.
- Help in preparing for and attending meetings with the local authority, school, or other settings.
- Support for young people and parents from your first concerns through to the assessment and review process.
- Support throughout the EHCP assessment process to enable you to participate fully in decisions about the outcomes you wish to achieve.
- Information about local services and how to access them.
- Guidance with choosing appropriate schools for children with SEND.
- Support in SEND school exclusions or discrimination

Support is available Monday to Friday 9.00 am-5.00 pm with later appointments available by arrangement.

*Email:*

[enquires@togethertrust.org.uk](mailto:enquires@togethertrust.org.uk)

*Telephone -*

0161 761 0401

### **Where to go:**

Re:d Centre  
Morley Street  
Bury  
BL9 9JQ

### **Other details:**

*Date & time information -*

Mon-Fri  
9.00 a.m. – 5.00 p.m.



## Useful links:

- Bury Parents Forum – [www.buryparentsforum.org.uk](http://www.buryparentsforum.org.uk)
- Information and Advice Support Service Network - <http://www.iassnetwork.org.uk/>
- Independent Parental Special Education Advice (IPSEA) - <http://www.ipsea.org.uk/>

## **Bury Parent's Forum**

Bury Parent's Forum work with families that have children with additional needs/disabilities. We provide an independent service and support to parents about the process of identifying, assessing and supporting children with special needs. We offer cutting edge information and training, enabling families to plan for what they want. Good person-centred plans result in people getting full real lives. Examples of what we offer include: family support and advocacy, family leadership skills and training, sign posting, website and newsletter and more.

*Telephone -*

0161 762 1444

*Email -*

[lallan@buryparentsforum.org.uk](mailto:lallan@buryparentsforum.org.uk)

*Website -*

[www.buryparentsforum.org.uk](http://www.buryparentsforum.org.uk)

## **Where to go:**

Phoenix House  
100 Brierley Street  
Bury  
BL9 9HN

## **Other details:**

*Age range -*

0 - 99

## **Local Offer:**

Local Offer Age Bands:

- Transitions to Adulthood (16+)
- Secondary (11-16 years)
- Primary (4-10 years)
- Early Years (0-4 years)

## **Home-Start Bury**

Home-Start Bury offers support in families own homes on a weekly basis meaning that children, parents and the volunteers can build up a strong and trusting relationship, and can adapt to the changing pressures of family life.

*Telephone -*

0161 763 6335

*Email -*

[mail@homestartbury.org](mailto:mail@homestartbury.org)

*Website –*

[www.homestartbury.org/](http://www.homestartbury.org/)

### **Where to go:**

Unit 21 Bury Business Centre  
Kay Street  
Parkinson Street  
Bury  
BL9 6BU

### **Other details:**

*Date & time information –*

Mon-Fri  
9.00 a.m. – 5.00 p.m.

*What we offer families –*

Families need support for many different reasons:

- Social isolation (finding it difficult to be a lone parent)
- A difficult divorce
- Lack of support and encouragement from family and friends
- Difficulties dealing with multiple births – twins, triplets or more
- The extra challenges posed by the physical or mental disability of the parent or the child
- Finding it hard to cope with a recent bereavement
- Post natal depression

We recognise that each family is unique and will have differing needs; they may be none of the above. The safety and wellbeing of children is at the heart of everything we do. We recognise that often the best way to help children is to offer support to their parents. Volunteers develop warm and nurturing relationships with families and offer the kind of help that is best suited for each family.

## **SEN & Disability**

Website –

[www.theburydirectory.co.uk/kb5/bury/directory/localoffer.page](http://www.theburydirectory.co.uk/kb5/bury/directory/localoffer.page)

### **Useful Information**

- [Changes to the Special Educational Needs System - Everything You Need to Know](#)

The Government has introduced a new approach to the way children and young people with special educational needs and disabilities (SEND) and their families are supported. The changes came into place on 1st September 2014. Further information on: A Guide to the Education, Health and Care...

- [Mediation, Disagreement Resolution, Appeals and Complaints Procedure](#)

In Bury we are committed to working with parents, carers and young people to try to resolve any disagreements as quickly and as informally as possible. The information sheet in the Documents section sets out how we will do this in Bury and how you can...

- [Additional Support available/Baseline of Provision March 2015](#)

This document gives a guide to the additional learning support available in post 16 provision. An Education, Health and Care plan is not needed to access this support. Please click on the link in the documents section for further information.

- [Connexions Support for Young People with SEND](#)

This document gives information on careers guidance and support needs for young people with SEND. Please click on the link in the documents section for further information.

- [Short Break Statement](#)

Bury Council Children's Services Short Break Statement The Children & Young Person's Act 2008 made the provision of short breaks a statutory duty for all local authorities from 1st April 2011. The regulations cited in Paragraph 6 of Schedule 2 to the Children Act 1989...

- [Reaching Children & Families Team](#)

Role of the Reaching Children & Families Team Access and Inclusion support  
The Reaching Children & Families Team support non-maintained childcare settings regarding access and inclusion, including support with the early identification of children and families who may require support and intervention and to respond...

**Local Offer:**

The Local offer sets out provision which is available for children and young people with SEN and disabilities, aged 0-25, including education, health and social care services.

Where you see the orange Bury Local Offer flag in this directory, you will know that the service or provision listed is part of our Local Offer.

**Documentation to support Early Years Children with SEND**

## DOCUMENTATION TO SUPPORT EARLY YEARS CHILDREN with SEND

This documentation is intended to support good practice in meeting the needs of any child with Special Educational Needs (SEN) or disabilities.

The documentation provides the framework to support an application for additional funding for Nursery and Pre-school SEN Support following at least two cycles of Assess/Plan/Do/Review (APDR) which will have been supported by Portage, Reaching Children and Families or the Educational Psychology Service.

We would expect to see 2 or 3 Outcomes (Plan) that is 2 or 3 ILDPs (Do) at each cycle. A cycle would typically run for 6-8 weeks before review. Baseline documentation is in Appendix A and Individual Learning and Development Plan (ILDP) templates are in Appendix B.

Requests for funding at Support Plus should be supported by at least 4 cycles of APDR supported by an Educational Psychologist.

Please note that the form must be fully completed or information attached as an appendix otherwise the submission will be returned and can only be re-submitted when complete.

Please note this form must be shared with parent/carers and show evidence of Person Centred Planning.

### Part A: Child/Young Person's details

<b>Child's Forenames:</b>		<b>Child's Surname:</b>	
<b>Gender:</b>		<b>Religion:</b>	
<b>Home Language:</b>		<b>Date of Birth:</b>	
<b>UPN:</b>		<b>NHS No:</b>	
<b>Home Address:</b>		<b>Year Group:</b>	
<b>Name of Parent/Carer:</b>		<b>Name of second Parent/Carer:</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Address if different from above:</b>		<b>Address if different from above:</b>	
<b>Telephone No</b>		<b>Telephone No</b>	
<b>E-mail address:</b>		<b>E-mail address:</b>	

<b>Is the child looked after?</b>		<b>Which Local Authority?</b>	
<b>Name of Social Worker:</b>		<b>Name of Carer:</b>	
<b>Is there a CAF in place? (You do not need to send us the CAF).</b>		<b>Name &amp; address of Lead Professional</b>	
<b>Current Educational Setting:</b>		<b>Date of admission:</b>	
<b>Current pattern of attendance:</b>		<b>In receipt of 2/3/4 year old funding?</b>	

<b><u>Provider Details</u></b>	
<b>Name of Provider</b>	
<b>Address of Provider</b>	
<b>Contact No of Provider</b>	
<b>Children's Centre family registered with</b>	

<b>Name of Parent(s)/Carer(s):</b>	<b>I understand and agree to the request for Early Years SEN Support.</b>
<b>Signature(s):</b>	<b>Date:</b>

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**How would you like us to communicate with you?**

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**Please note that by signing this form you are agreeing to the gathering and sharing of information about your child with a range of professionals within the Council and the NHS. These include the Educational Psychology Service, Additional Needs Team, Social Care Professionals, Health Professionals and members of the Early Years Panel.**

**The purpose of sharing this information is to ensure that information can be gathered about your child’s needs so that Agencies can determine and plan for any additional support that your child may require.**

**The information is held securely on a number of databases on the Council’s and the NHS IT systems. With your consent we will only share information where it is in your child’s best interests. Your information will not be disclosed to a third party unless we are legally bound to do so or there is a risk of serious harm.**

**You have the right to see a copy of the information we have on your child.**

## **ONE PAGE PROFILE**

**Please note that this section should be completed with the parent/carer**

### **One Page Profile**

<b>Current photo</b>	<b>What people like and admire about me</b>
<b>What is important to me</b>	



**How best to support me**

**What are my hopes and dreams for the future**

**Please indicate areas of need:**

<b>Communication &amp; Interaction</b>		<b>Cognition &amp; Learning</b>		<b>Social, Emotional &amp; Mental Health</b>		<b>Sensory and/or Physical</b>	
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**Has any diagnosis been made?**

**State diagnosis and date it was made:**

**Name of professional who gave the diagnosis?**

**Description of the child's/young person's strengths and special educational needs:**

*(Include the child's strengths, gaps and barriers to learning. You may wish to use information collected from your assessments (example baseline assessment Appendix A).)*

**Communication and Interaction:**

**Strengths:**

**Needs:**

**Cognition and Learning:**

**Strengths:**

**Needs:**

<b>Social, Emotional and Mental Health:</b>	<b>Strengths:</b>
	<b>Needs:</b>
<b>Sensory and/or Physical Needs:</b>	<b>Strengths:</b>
	<b>Needs:</b>


**Any environmental, specialist equipment and resources used and how it has supported the child/young person.**

**Describe any health needs that impact on the child's/young person's special educational needs.**

**How have these needs been addressed?**

**Does the child/young person have any other health needs?**

**Describe any social care needs that impact on the child's/young person's special educational needs.**

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**How have these needs been addressed?**

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**Does the child/young person have any other social care needs?**

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**Other Professionals involved.**  
*(This **must** include all professionals who have been involved with the child/young person within the last 12 months. A report from **Educational Psychologist /Speech & Language Therapist** (from the last 12 months if involved) **must** be attached, if not the form will be returned until all reports are submitted.) All other relevant information from professionals must be referenced to in the document.*

<b>Name, address, telephone no and e-mail contact</b>	<b>Service</b>	<b>Nature of involvement</b>	<b>Outcomes</b>


**Appendices**

**Appendix A**

**Assessment**

**Start date:**

**Completed**

**by:**

**Age of child when completed:**

PSED	Making Relationships	Emerging	Secure	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>Enjoys the company of others and seeks contact with others from birth.</li> <li>Gazes at faces and copies facial movements. E.g. sticking out tongue, opening mouth and widening eyes.</li> <li>Responds when talked to, for example, moves arms and legs, changes facial expression, moves body and makes mouth movements.</li> <li>Recognises and is most responsive to main carer's voice: face brightens, activity increases when familiar carer appears.</li> <li>Responds to what carer is paying attention to, e.g. following their gaze.</li> <li>Likes cuddles and being held: calms, snuggles in, smiles, gazes at carer's face or strokes carer's skin.</li> </ul>			
8 – 20 months	<ul style="list-style-type: none"> <li>Seeks to gain attention in a variety of ways, drawing others into social interaction.</li> <li>Builds relationships with special people.</li> <li>Is wary of unfamiliar people.</li> <li>Interacts with others and explores new situations</li> </ul>			

	<p>when supported by familiar person.</p> <ul style="list-style-type: none"> <li>Shows interest in the activities of others and responds differently to children and adults, e.g. may be more interested in watching children than adults or may pay more attention when children talk to them.</li> </ul>			
16 – 26 months	<ul style="list-style-type: none"> <li>Plays alongside others.</li> <li>Uses a familiar adult as a secure base from which to explore independently in new environments, e.g. ventures away to play and interact with others, but returns for a cuddle or reassurance if becomes anxious.</li> <li>Plays cooperatively with a familiar adult, e.g. rolling a ball back and forth.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>Interested in others' play and starting to join in.</li> <li>Seeks out others to share experiences.</li> <li>Shows affection and concern for people who are special to them.</li> <li>May form a special friendship with another child.</li> </ul>			
30 – 50 months	<ul style="list-style-type: none"> <li>Can play in a group, extending and elaborating play ideas, e.g. building up a role-play activity with other children.</li> <li>Initiates play, offering cues to peers to join them.</li> <li>Keeps play going by responding to what others are saying or doing.</li> <li>Demonstrates friendly behaviour, initiating conversations and forming good relationships with peers and familiar adults.</li> </ul>			
40 – 60+ months	<p>Initiates conversations, attends to and takes account of what others say.</p> <ul style="list-style-type: none"> <li>Explains own knowledge and understanding, and asks appropriate questions of others.</li> <li>Takes steps to resolve conflicts with other children, e.g. finding a compromise.</li> </ul> <p><b>Early Learning Goal</b>  <b>Children play co-operatively, taking turns with others. They take account of one another's ideas about how to organise their activity. They show sensitivity to others' needs and feelings, and form positive relationships with adults and other children.</b></p>			
<b>PSED</b>	<b>Self-confidence and self-awareness</b>	Emerging	Secure	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>Laughs and gurgles, e.g. shows pleasure at being tickled and other physical interactions.</li> <li>Uses voice, gesture, eye contact and facial expression to make contact with people and keep their attention.</li> </ul>			
8 – 20 months	<p>Enjoys finding own nose, eyes or tummy as part of naming games.</p> <ul style="list-style-type: none"> <li>Learns that own voice and actions have effects on others.</li> <li>Uses pointing with eye gaze to make requests, and to share an interest.</li> <li>Engages other person to help achieve a goal, e.g. to get an object out of reach.</li> </ul>			
16 – 26 months	<p>Explores new toys and environments, but 'checks in' regularly with familiar adult as and when needed.</p> <ul style="list-style-type: none"> <li>Gradually able to engage in pretend play with toys (support child to understand their own thinking may be different from others).</li> <li>Demonstrates sense of self as an individual, e.g. wants to do things independently, says "No" to adult.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>Separates from main carer with support and encouragement from a familiar adult.</li> <li>Expresses own preferences and interests.</li> </ul>			

30 – 50 months	<ul style="list-style-type: none"> <li>• Can select and use activities and resources with help.</li> <li>• Welcomes and values praise for what they have done.</li> <li>• Enjoys responsibility of carrying out small tasks.</li> <li>• Is more outgoing towards unfamiliar people and more confident in new social situations.</li> <li>• Confident to talk to other children when playing, and will communicate freely about own home and community.</li> <li>• Shows confidence in asking adults for help.</li> </ul>			
40 – 60+ months	<ul style="list-style-type: none"> <li>• Confident to speak to others about own needs, wants, interests and opinions.</li> <li>• Can describe self in positive terms and talk about abilities.</li> </ul> <p><b>Early Learning Goal</b>  <b>Children are confident to try new activities, and say why they like some activities more than others. They are confident to speak in a familiar group, will talk about their ideas, and will choose the resources they need for their chosen activities. They say when they do or don't need help.</b></p>			
<b>PSED</b>	<b>Managing Feelings and behaviour</b>	Emerging	Secure	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>• Is comforted by touch and people's faces and voices.</li> <li>• Seeks physical and emotional comfort by snuggling in to trusted adults.</li> <li>• Calms from being upset when held, rocked, spoken or sung to with soothing voice.</li> <li>• Shows a range of emotions such as pleasure, fear and excitement.</li> <li>• Reacts emotionally to other people's emotions, e.g. smiles when smiled at and becomes distressed if hears another child crying.</li> </ul>			
8 – 20 months	<ul style="list-style-type: none"> <li>• Uses familiar adult to share feelings such as excitement or pleasure, and for 'emotional refuelling' when feeling tired, stressed or frustrated.</li> <li>• Growing ability to soothe themselves, and may like to use a comfort object.</li> <li>• Cooperates with care giving experiences, e.g. dressing.</li> <li>• Beginning to understand 'yes', 'no' and some boundaries.</li> </ul>			
16 – 26 months	<ul style="list-style-type: none"> <li>• Is aware of others' feelings, for example, looks concerned if hears crying or looks excited if hears a familiar happy voice.</li> <li>• Growing sense of will and determination may result in feelings of anger and frustration which are difficult to handle, e.g. may have tantrums.</li> <li>• Responds to a few appropriate boundaries, with encouragement and support.</li> <li>• Begins to learn that some things are theirs, some things are shared, and some things belong to other people.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>• Can express their own feelings such as sad, happy, cross, scared, worried.</li> <li>• Responds to the feelings and wishes of others.</li> <li>• Aware that some actions can hurt or harm</li> </ul>			



	<p>others.</p> <ul style="list-style-type: none"> <li>• Tries to help or give comfort when others are distressed.</li> <li>• Shows understanding and cooperates with some boundaries and routines.</li> <li>• Can inhibit own actions/behaviours, e.g. stop themselves from doing something they shouldn't do.</li> <li>• Growing ability to distract self when upset, e.g. by engaging in a new play activity.</li> </ul>			
30 – 50 months	<p>Aware of own feelings, and knows that some actions and words can hurt others' feelings.</p> <p>Begins to accept the needs of others and can take turns and share resources, sometimes with support from others.</p> <p>Can usually tolerate delay when needs are not immediately met, and understands wishes may not always be met.</p> <p>Can usually adapt behaviour to different events, social situations and changes in routine.</p>			
40 – 60+ months	<p>Understands that own actions affect other people, for example, becomes upset or tries to comfort another child when they realise they have upset them.</p> <p>Aware of the boundaries set and behavioural expectations in the setting.</p> <p>Beginning to be able to negotiate and solve problems without aggression, e.g. when someone has taken their toy.</p>			

PD	Moving and handling	Emerging	Secure	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>• Turns head in response to sounds and sights.</li> <li>• Gradually develops ability to hold up own head.</li> <li>• Makes movements with arms and legs which gradually become more controlled.</li> <li>• Rolls over from front to back, from back to front.</li> <li>• When lying on tummy becomes able to lift first head and then chest, supporting self with forearms and then straight arms.</li> <li>• Watches and explores hands and feet, e.g. when lying on back lifts legs into vertical position and grasps feet.</li> <li>• Reaches out for, touches and begins to hold objects.</li> <li>• Explores objects with mouth, often picking up an object and holding it to the mouth.</li> </ul>			
8 – 20 months	<ul style="list-style-type: none"> <li>• Sits unsupported on the floor.</li> <li>• When sitting, can lean forward to pick up small toys.</li> <li>• Pulls to standing, holding on to furniture or person for support.</li> <li>• Crawls, bottom shuffles or rolls continuously to move around.</li> <li>• Walks around furniture lifting one foot and stepping sideways (cruising), and walks with one or both hands held by adult.</li> <li>• Takes first few steps independently.</li> <li>• Passes toys from one hand to the other.</li> <li>• Holds an object in each hand and brings them together in the middle, e.g. holds two blocks and bangs them together.</li> <li>• Picks up small objects between thumb and fingers.</li> <li>• Enjoys the sensory experience of making marks in damp sand, paste or paint.</li> <li>• Holds pen or crayon using a whole hand (palmer) grasp and makes random marks with different strokes.</li> </ul>			

16 – 26 months	<ul style="list-style-type: none"> <li>• Walks upstairs holding hand of adult.</li> <li>• Comes downstairs backwards on knees (crawling).</li> <li>• Beginning to balance blocks to build a small tower.</li> <li>• Makes connections between their movement and the marks they make.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>• Runs safely on whole foot.</li> <li>• Squats with steadiness to rest or play with object on the ground, and rises to feet without using hands.</li> <li>• Climbs confidently and is beginning to pull themselves up on nursery play climbing equipment.</li> <li>• Can kick a large ball.</li> <li>• Turns pages in a book, sometimes several at once.</li> <li>• Shows control in holding and using jugs to pour, hammers, books and mark-making tools.</li> <li>• Beginning to use three fingers (tripod grip) to hold writing tools</li> <li>• Imitates drawing simple shapes such as circles and lines.</li> <li>• Walks upstairs or downstairs holding onto a rail two feet to a step.</li> <li>• May be beginning to show preference for dominant hand.</li> </ul>			
30 – 50 months	<p>Moves freely and with pleasure and confidence in a range of ways, such as slithering, shuffling, rolling, crawling, walking, running, jumping, skipping, sliding and hopping.</p> <ul style="list-style-type: none"> <li>• Mounts stairs, steps or climbing equipment using alternate feet.</li> <li>• Walks downstairs, two feet to each step while carrying a small object.</li> <li>• Runs skilfully and negotiates space successfully, adjusting speed or direction to avoid obstacles.</li> <li>• Can stand momentarily on one foot when shown.</li> <li>• Can catch a large ball.</li> <li>• Draws lines and circles using gross motor movements.</li> <li>• Uses one-handed tools and equipment, e.g. makes snips in paper with child scissors.</li> <li>• Holds pencil between thumb and two fingers, no longer using whole-hand grasp.</li> <li>• Holds pencil near point between first two fingers and thumb and uses it with good control.</li> <li>• Can copy some letters, e.g. letters from their name.</li> </ul>			
40 – 60+ months	<ul style="list-style-type: none"> <li>• Experiments with different ways of moving.</li> <li>• Jumps off an object and lands appropriately.</li> <li>• Negotiates space successfully when playing racing and chasing games with other children, adjusting speed or changing direction to avoid obstacles.</li> <li>• Travels with confidence and skill around, under, over and through balancing and climbing equipment.</li> <li>• Shows increasing control over an object in pushing, patting, throwing, catching or kicking it.</li> <li>• Uses simple tools to effect changes to materials.</li> <li>• Handles tools, objects, construction and malleable materials safely and with increasing control.</li> <li>• Shows a preference for a dominant hand.</li> <li>• Begins to use anticlockwise movement and retrace vertical lines.</li> <li>• Begins to form recognisable letters.</li> <li>• Uses a pencil and holds it effectively to form recognisable letters, most of which are correctly formed.</li> </ul>			

	<p>Early Learning Goal</p> <p><b>Children show good control and co-ordination in large and small movements. They move confidently in a range of ways, safely negotiating space. They handle equipment and tools effectively, including pencils for writing.</b></p>			
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PD	Health and self-care	Emerging	Secure	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>• Responds to and thrives on warm, sensitive physical contact and care.</li> <li>• Expresses discomfort, hunger or thirst.</li> <li>• Anticipates food routines with interest.</li> </ul>			
8 – 20 months	<ul style="list-style-type: none"> <li>• Opens mouth for spoon.</li> <li>• Holds own bottle or cup.</li> <li>• Grasps finger foods and brings them to mouth.</li> <li>• Attempts to use spoon: can guide towards mouth but food often falls off.</li> <li>• Can actively cooperate with nappy changing (lies still, helps hold legs up).</li> <li>• Starts to communicate urination, bowel movement.</li> </ul>			
16 – 26 months	<ul style="list-style-type: none"> <li>• Develops own likes and dislikes in food and drink.</li> <li>• Willing to try new food textures and tastes.</li> <li>• Holds cup with both hands and drinks without much spilling.</li> <li>• Clearly communicates wet or soiled nappy or pants.</li> <li>• Shows some awareness of bladder and bowel urges.</li> <li>• Shows awareness of what a potty or toilet is used for.</li> <li>• Shows a desire to help with dressing/undressing and hygiene routines.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>• Feeds self competently with spoon.</li> <li>• Drinks well without spilling.</li> <li>• Clearly communicates their need for potty or toilet.</li> <li>• Beginning to recognise danger and seeks support of significant adults for help.</li> <li>• Helps with clothing, e.g. puts on hat, unzips zipper on jacket, takes off unbuttoned shirt.</li> <li>• Beginning to be independent in self-care, but still often needs adult support.</li> </ul>			
30 – 50 months	<ul style="list-style-type: none"> <li>• Can tell adults when hungry or tired or when they want to rest or play.</li> <li>• Observes the effects of activity on their bodies.</li> <li>• Understands that equipment and tools have to be used safely.</li> <li>• Gains more bowel and bladder control and can attend to toileting needs most of the time themselves.</li> <li>• Can usually manage washing and drying hands.</li> <li>• Dresses with help, e.g. puts arms into open-fronted coat or shirt when held up, pulls up own trousers, and pulls up zipper once it is fastened at the bottom.</li> </ul>			
40 – 60+ months	<ul style="list-style-type: none"> <li>• Eats a healthy range of foodstuffs and understands need for variety in food.</li> <li>• Usually dry and clean during the day.</li> <li>• Shows some understanding that good practices with regard to exercise, eating, sleeping and hygiene can contribute to good health.</li> <li>• Shows understanding of the need for safety when tackling new challenges, and considers and</li> </ul>			

	<p>manages some risks.</p> <ul style="list-style-type: none"> <li>Shows understanding of how to transport and store equipment safely.</li> <li>Practices some appropriate safety measures without direct supervision.</li> </ul> <p><b>Early Learning Goal</b>  <b>Children know the importance for good health of physical exercise, and a healthy diet, and talk about ways to keep healthy and safe. They manage their own basic hygiene and personal needs successfully, including dressing and going to the toilet independently.</b></p>			
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CAL	Listening and attention	Emerging	Secure	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>Turns toward a familiar sound then locates range of sounds with accuracy.</li> <li>Listens to, distinguishes and responds to intonations and sounds of voices.</li> <li>Reacts in interaction with others by smiling, looking and moving.</li> <li>Quietens or alerts to the sound of speech.</li> <li>Looks intently at a person talking, but stops responding if speaker turns away.</li> <li>Listens to familiar sounds, words, or finger plays.</li> <li>Fleeting Attention – not under child’s control, new stimuli takes whole attention.</li> </ul>			
8 – 20 months	<ul style="list-style-type: none"> <li>Moves whole bodies to sounds they enjoy, such as music or a regular beat.</li> <li>Has a strong exploratory impulse.</li> <li>Concentrates intently on an object or activity of own choosing for short periods.</li> <li>Pays attention to dominant stimulus – easily distracted by noises or other people talking.</li> </ul>			
16 – 26 months	<ul style="list-style-type: none"> <li>Listens to and enjoys rhythmic patterns in rhymes and stories.</li> <li>Enjoys rhymes and demonstrates listening by trying to join in with actions or vocalisations.</li> <li>Rigid attention – may appear not to hear.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>Listens with interest to the noises adults make when they read stories.</li> <li>Recognises and responds to many familiar sounds, e.g. turning to a knock on the door, looking at or going to the door.</li> <li>Shows interest in play with sounds, songs and rhymes.</li> <li>Single channelled attention. Can shift to a different task if attention fully obtained – using child’s name helps focus.</li> </ul>			
30 – 50 months	<ul style="list-style-type: none"> <li>Listens to others one to one or in small groups, when conversation interests them.</li> <li>Listens to stories with increasing attention and recall.</li> <li>Joins in with repeated refrains and anticipates key events and phrases in rhymes and stories.</li> <li>Focusing attention – still listen or do, but can shift own attention.</li> <li>Is able to follow directions (if not intently focused on own choice of activity).</li> </ul>			
40 – 60+ months	<ul style="list-style-type: none"> <li>Maintains attention, concentrates and sits quietly during appropriate activity.</li> <li>Two-channelled attention – can listen and do for short span.</li> </ul> <p><b>Early Learning Goal</b>  <b>Children listen attentively in a range of situations. They listen to stories, accurately anticipating key events and respond to what they</b></p>			

	hear with relevant comments, questions or actions. They give their attention to what others say and respond appropriately, while engaged in another activity.			
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CAL	Understanding	Emerging	Secure	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>Stops and looks when hears own name.</li> <li>Starts to understand contextual clues, e.g. familiar gestures, words and sounds</li> </ul>			
8 – 20 months	<ul style="list-style-type: none"> <li>Developing the ability to follow others' body language, including pointing and gesture.</li> <li>Responds to the different things said when in a familiar context with a special person (e.g. <i>'Where's Mummy?'</i>, <i>'Where's your nose?'</i>).</li> <li>Understanding of single words in context is developing, e.g. <i>'cup'</i>, <i>'milk'</i>, <i>'daddy'</i>.</li> </ul>			
16 – 26 months	<ul style="list-style-type: none"> <li>Selects familiar objects by name and will go and find objects when asked, or identify objects from a group.</li> <li>Understands simple sentences (e.g. <i>'Throw the ball.'</i>)</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>Identifies action words by pointing to the right picture, e.g., <i>"Who's jumping?"</i></li> <li>Understands more complex sentences, e.g. <i>'Put your toys away and then we'll read a book.'</i></li> <li>Understands 'who', 'what', 'where' in simple questions (e.g. <i>Who's that/can? What's that? Where is.?</i>).</li> <li>Developing understanding of simple concepts (e.g. <i>big/little</i>).</li> </ul>			
30 – 50 months	<ul style="list-style-type: none"> <li>Understands use of objects (e.g. <i>"What do we use to cut things?"</i>)</li> <li>Shows understanding of prepositions such as 'under', 'on top', 'behind' by carrying out an action or selecting correct picture.</li> <li>Responds to simple instructions, e.g. to get or put away an object.</li> <li>Beginning to understand 'why' and 'how' questions.</li> </ul>			
40 – 60+ months	<ul style="list-style-type: none"> <li>Responds to instructions involving a two-part sequence.</li> <li>Understands humour, e.g. nonsense rhymes, jokes.</li> <li>Able to follow a story without pictures or props.</li> <li>Listens and responds to ideas expressed by others in conversation or discussion.</li> </ul> <p><b>Early Learning Goal</b>  <b>Children follow instructions involving several ideas or actions. They answer 'how' and 'why' questions about their experiences and in response to stories or events.</b></p>			

CAL	Speaking	Emerging	Secure	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>Communicates needs and feelings in a variety of ways including crying, gurgling, babbling and squealing.</li> <li>Makes own sounds in response when talked to by familiar adults.</li> <li>Lifts arms in anticipation of being picked up.</li> <li>Practises and gradually develops speech sounds (babbling) to communicate with adults; says sounds like <i>'baba, nono, gogo'</i></li> </ul>			

8 – 20 months	<ul style="list-style-type: none"> <li>• Uses sounds in play, e.g. ‘brrrm’ for toy car.</li> <li>• Uses single words.</li> <li>• Frequently imitates words and sounds.</li> <li>• Enjoys babbling and increasingly experiments with using sounds and words to communicate for a range of purposes (e.g. <i>teddy, more, no, bye-bye.</i>)</li> <li>• Uses pointing with eye gaze to make requests, and to share an interest.</li> <li>• Creates personal words as they begin to develop language.</li> </ul>			
16 – 26 months	<ul style="list-style-type: none"> <li>• Copies familiar expressions, e.g. ‘Oh dear’, ‘All gone’.</li> <li>• Beginning to put two words together (e.g. ‘<i>want ball, more juice</i>’).</li> <li>• Uses different types of everyday words (nouns, verbs and adjectives, e.g. <i>banana, go, sleep, hot</i>).</li> <li>• Beginning to ask simple questions.</li> <li>• Beginning to talk about people and things that are not present.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>• Uses language as a powerful means of widening contacts, sharing feelings, experiences and thoughts.</li> <li>• Holds a conversation, jumping from topic to topic.</li> <li>• Learns new words very rapidly and is able to use them in communicating.</li> <li>• Uses gestures, sometimes with limited talk, e.g. reaches toward toy, saying ‘<i>I have it</i>’.</li> <li>• Uses a variety of questions (e.g. <i>what, where, who</i>).</li> <li>• Uses simple sentences (e.g. ‘<i>Mummy gonna work.</i>’)</li> <li>• Beginning to use word endings (e.g. <i>going, cats</i>).</li> </ul>			
30 – 50 months	<ul style="list-style-type: none"> <li>• Beginning to use more complex sentences to link thoughts (e.g. <i>using and, because</i>).</li> <li>• Can retell a simple past event in correct order (e.g. <i>went down slide, hurt finger</i>).</li> <li>• Uses talk to connect ideas, explain what is happening and anticipate what might happen next, recall and relive past experiences.</li> <li>• Questions why things happen and gives explanations. Asks e.g. <i>who, what, when, how</i>.</li> <li>• Uses a range of tenses (e.g. <i>play, playing, will play, played</i>).</li> <li>• Uses intonation, rhythm and phrasing to make the meaning clear to others.</li> <li>• Uses vocabulary focused on objects and people that are of particular importance to them.</li> <li>• Builds up vocabulary that reflects the breadth of their experiences.</li> <li>• Uses talk in pretending that objects stand for something else in play, e.g., ‘<i>This box is my castle.</i>’</li> </ul>			
40 – 60+ months	<ul style="list-style-type: none"> <li>• Extends vocabulary, especially by grouping and naming, exploring the meaning and sounds of new words</li> <li>• Uses language to imagine and recreate roles and experiences in play situations.</li> <li>• Links statements and sticks to a main theme or intention.</li> <li>• Uses talk to organise, sequence and clarify thinking, ideas, feelings and events.</li> <li>• Introduces a storyline or narrative into their play.</li> </ul> <p><b>Early Learning Goal</b>  <b>Children express themselves effectively, showing awareness of listeners’ needs. They use past, present and future forms accurately when talking about events that have happened or are to happen in the future. They develop their own narratives and explanations by connecting ideas or events.</b></p>			

**Data Protection**

This information is protected under the Data Protection Act (1998) which protects people’s personal information from abuses by applying strict rules to the way their personal data is treated by organisations. Data will be processed, that is obtained, recorded, held, or disclosed in line with the 8 principles of the Act.

Data will be;

- Fairly and lawfully processed - with the consent of the person whose information is being processed;
- Obtained only for one or more specified lawful purposes.
- Processed in an adequate manner which is relevant and not excessive;
- Accurate;
- Not kept longer than necessary;
- Processed in line with the data subjects rights;
- Secure;
- Not transferred to another country without adequate protection.

**Consent for information storage and information sharing**

I understand the information that is recorded on this form and that it will be securely stored and used for the purpose of providing services to:

Me

This infant, child or young person for whom I am a parent

This infant, child or young person for whom I am a carer

I have had the reasons for information sharing explained to me and I understand those reasons

Yes  No

I agree to the sharing of information to relevant agencies with exceptions detailed below

Yes  No

*(Practitioner/ Parents to detail exceptions for sharing information)*

**Signed by parent/carer:**.....

**Name (Printed):**.....

**Date:**.....

**Signed by all Present**.....

**Bury Portage & SEN Early Years Developmental Profile**



Child's Name \_\_\_\_\_ DoB \_\_\_\_\_ First Assessed \_\_\_\_\_ Updated \_\_\_\_\_ Updated \_\_\_\_\_ E: Emerging A: Achieved

Person Completing Profile: \_\_\_\_\_

CA first assessed: \_\_\_\_\_

CA = Chronological

Updated CA: \_\_\_\_\_

Updated CA: \_\_\_\_\_

Updated CA: \_\_\_\_\_

Updated CA: \_\_\_\_\_

Updated CA: \_\_\_\_\_

Updated CA: \_\_\_\_\_

Age	Physical		Play/Cognition & Learning	Communication		Personal/Emotional & Social Skills	
	Fine Motor	Gross Motor		Understanding	Expressive	Emotional/Social Skills	Self Help Skills
4-5 yrs							
3.6-4 yrs							
3-3.6 yrs							
2.6-3 yrs							
2-2.6 yrs							
21 m-2 yrs							
18-21 mths							
15-18 mths							
12-15 mths							
9-12 mths							
6-9 mths							
3-6 mths							
0-3 mths							





Bury Portage & SEN Early Years Developmental Profile: 0 - 9 months



Child's Name \_\_\_\_\_ DoB \_\_\_\_\_ First Assessed \_\_\_\_\_ Updated \_\_\_\_\_ Updated \_\_\_\_\_ E: Emerging A: Achieved

Age	Physical	E	A	Physical	E	A	Play/Cognition & Learning	E	A	Communication/Speech & Language	E	A	Communication/Speech & Language	E	A	Personal/Emotional & Social Development	E	A	Personal/Emotional & Social Development	E	A
	Fine Motor Skills			Gross Motor Skills						Understanding			Expressive Language Skills			Emotional/Social Skills			Self Help Skills		
0-3 months	Holds small toy			Raises head when lying on front			Tracks moving objects with eyes			Makes sounds cooing/gurgling			Turns eyes to sound/person			Smiles/laughs with a familiar person			Sucks well		
	Mouths toys			Moves arms, kicks legs lying on back			Plays with hand in mouth or own fingers			Cries to communicate need, eg hungry/tired			Quiets to familiar voice			Comforted by body contact/soothing noises					
	Brings hands into midline																				
3-6 months	Reaches and grasps toy			Stretches arms to be lifted			Enjoys physical play			Stops crying to voice/music			Laughs/blows raspberries			Cries in different ways to express needs			Reaches for bottle/drinks		
	Transfers object from hand to hand			Rolls side to side, front to back			Explores toys by mouthing, banging, feeling or shaking			Turns head towards sounds/talking			Copies/makes babbling sounds			Shows interest in adult faces			Will take slightly lumpy food from a spoon		
				Sits with support, turns head side to side																	
6-9 months	Grips object with finger and thumb together			Crawls/bottom shuffles			Removes cloth from face			Will turn and look when name called			Copies sound patterns			Smiles at own reflection and pats mirror			Holds own bottle		
	Bangs 2 objects together/ claps			Sits unsupported on floor			Finds toy under handkerchief			Responds to speech/action games			Vocalises to attract attention			Shows attachment to familiar people			Tries to hold cup		
	One handed reaching			Pulls to stand holding adult thumbs			Takes a ring off a rod			Reacts to familiar words: 'no', 'bye bye', 'mummy'			Strings of babble			Beginning to be wary of strangers			Accepts a variety of foods		
			Reaches from sitting without falling over			Looks for dropped toy						Uses some meaningful gestures, eg shake head/wave									
						Throws toys, watches them fall															
						Can pick up string and pull toys towards them															
						Puts small objects into a container															

Bury Portage & SEN Early Years Developmental Profile: 9 – 15 months



Child's Name \_\_\_\_\_ DoB \_\_\_\_\_ First Assessed \_\_\_\_\_ Updated \_\_\_\_\_ Updated \_\_\_\_\_ E: Emerging A: Achieved

Age	Physical		E	A	Physical		E	A	Play/Cognition & Learning		E	A	Communication/Speech & Language		E	A	Communication/Speech & Language		E	A	Personal/Emotional & Social Development		E	A	Personal/Emotional & Social Development		E	A
	Fine Motor Skills				Gross Motor Skills				Understanding				Expressive Language Skills				Emotional/Social Skills				Self Help Skills							
9-12 months	Points/prods with 1 finger				Crawling				Understands cause and effect, eg enjoys knocking down towers, pushing buttons, pop-up toys				Gives object on request				Imitates waving				Enjoys joint play with an adult, between adult /child and object (joint attention)			Attempts to use a spoon with adult support				
	Neat pincer grip				Pulls self up to stand using furniture				Puts small objects in and out of containers when shown				Understands key words/ signs in play, eg up, car, come here				Uses voice to attract attention, ask for, refuse things				Knows a person is still there if they are out of sight			Finger feeds				
	Places 1 object on another				Cruises around furniture				Explores a book independently				Responds to simple instruction (word/sign) with gesture, eg "get your shoes"				Uses speech sounds/ babble/ symbolic noises				Shows affection towards familiar people, eg hugs/ pats/ kisses			Helps with being dressed, eg holds out arm/foot				
					Lowers self from standing				Pretends to drink from empty cup, brush hair etc									Copies simple words/ signs				Recognises mirror image						
					Walks holding one hand													Uses some gesture to communicate, eg pointing										
					Stands alone																							
					Sits from lying, unaided																							
12-15 months	Builds a tower of 2 bricks				Takes independent steps				Looks, points at pictures in a book with an adult				Hands/ points to nearby objects/ body parts on request				Reaches/ points to what they want using speech sounds				Plays alongside another child			Drinks from feeder cup unaided				
	Palmar grasp on crayon to scribble				Crawls upstairs				Takes lids off boxes				Understands more single words/ signs in context than can use				Uses 5-10 words/signs (not always clear/ accurate)				Briefly watches other children playing			Tries to use spoon, can take food to mouth, may be messy				
	Takes lids off boxes				Kneels unaided				Completes 2-piece inset puzzle				Understands approximately 10-15 words / signs of objects				Imitates familiar words/ signs				Plays contentedly alone but prefers to be near a familiar adult			Pulls off own socks/ hat				
					Gets from lying to standing, unaided				Puts rings on a rod				Can perform simple actions on request, eg blow a kiss/ dance				Asks for rhymes or speech, action games using rhymes or gestures/ signs											
					Pushes wheeled toy				Pushes small wheeled toys																			
									Developing exploratory play																			
									Play demonstrates understanding of objects, eg puts telephone to ear																			

## Bury Portage & SEN Early Years Developmental Profile: 15-21 months

Child's Name \_\_\_\_\_ DoB \_\_\_\_\_ First Assessed \_\_\_\_\_ Updated \_\_\_\_\_ Updated \_\_\_\_\_ E: Emerging A: Achieved

Age	Physical		E	A	Physical		E	A	Play/Cognition & Learning		E	A	Communication/Speech & Language		E	A	Communication/Speech & Language		E	A	Personal/Emotional & Social Development		E	A	Personal/Emotional & Social Development		E	A
	Fine Motor Skills				Gross Motor Skills				Understanding				Expressive Language Skills				Emotional/Social Skills				Self Help Skills							
15-18 months	Palmar grasp on crayon to make circular scribble/ make dots				Walks alone				Enjoys sharing books				Understand wide range of single words/ signs and some 2 word/ sign phrases				Uses up to 20 single words/ signs and babbles				Expresses happiness/ affection				Able to spoon feed			
	Builds a tower of 3 bricks showing good 'release'				Walks holding a large toy				Builds a 3 block tower				Points to/finds an object when asked				Copies gestures/ words/ signs				Plays a rolling ball game with an adult				Copes with ½ full cup unaided			
	Turns pages of a book several at a time				Runs, taking care				Completes 3 piece posting box				Responds to simple instructions and questions (in sign/word)				Chatters to self in play				Initiates play/interaction with an adult by taking object to them				Helps to wash/dry hands; indicates when wet/dry			
					Seats self on small chair				Completes 3 piece inset puzzle by trial and error				Points to body parts/ clothing on request				Uses intonation, pitch and volume								Sits on potty for a few minutes and may use it			
					Walks upstairs holding a hand				Fills containers with small toys/ sand etc								Repeats last words/ sign in phrases											
					Crawls backwards downstairs				Treats dolls/teddies as babies – hugging, feeding etc								Enjoys nursery rhymes and tries to join in singing (word/sign)											
					Can throw a ball without falling over				Links things that go together in everyday activities, eg cars/ garage, spoon/plate																			
					Can squat to pick up an object and return to standing																							
18-21 months	Builds tower of up to 6 bricks, showing good release				Squats in play				Simple pretend play with dolls, cars, eg driving car into garage				Follows instructions that contain more information, eg "tell daddy, tea's ready"				Uses 20+ single words/ signs				Greets peers/ familiar adults when reminded				Drinks from a cup without spilling			
	Makes circular/ to and fro scribbles and dots				Can walk backwards				Actively explores surroundings, trying to work out problems, eg how to switch something on, get something out of reach				Identifies familiar items, places, pictures				Joins two words/ signs together, ie "Nana gone"				Watches another child at play and may copy				Uses words or gestures indicating need to go to the toilet			
	Turns single pages of a book				Walks downstairs holding a hand				Enjoys miniature play				Increase in understanding single words 20+				Asks for an object by naming, pointing/ signing				Copies adult activity, eg mops floor, dusts				Pulls zip up and down			
	Picks up tiny objects using pincer grip				Gets on/off an adult chair				Simple 5/6 inset puzzle				Understands familiar action words				Beginning to ask questions, eg "What's this?" (word/sign)				Beginning to take turns in play				Beginning to wash hands			
					Runs with some sense of direction				Looks at books by self for short time, turns pages of a book				Listens to short story															
					Uses sit n ride toy																							

## Bury Portage & SEN Early Years Developmental Profile: 21 months – 2.6 years

Child's Name \_\_\_\_\_ DoB \_\_\_\_\_ First Assessed \_\_\_\_\_ Updated \_\_\_\_\_ Updated \_\_\_\_\_ E: Emerging A: Achieved

Age	Physical		E	A	Physical		E	A	Play/Cognition & Learning		E	A	Communication/Speech & Language		E	A	Communication/Speech & Language		E	A	Personal/Emotional & Social Development		E	A
	Fine Motor Skills				Gross Motor Skills				Understanding				Expressive Language Skills				Emotional/Social Skills				Self Help Skills			
21 months – 2 years	Threads simple shapes on washing line			Runs well			Builds 6 block tower			Listens with interest to general conversation			Talks to himself at play			Comforts an upset child by patting			Takes off shoes and socks					
	Squeezes/pulls dough			Jumps up and down			Turns pages of book singly without tearing			Understands most everyday words/signs for people/ objects/ actions			Uses 30+ single words / signs including some verbs			Sometimes shares toy/ food with adult/ child			Requests the toilet just too late					
	Unscrews lid/ turns knobs			Gets up and down stairs without help			Longer sequences of pretend play, eg make tea, give to doll			Responds to range of instructions containing 2 key words, eg "Fetch your coat and shoes"			Puts 2 words/ signs together more frequently			Will pause and briefly wait for a turn in simple social play with an adult			Eats using a spoon or fork and drinks from an open cup unaided					
				Can bring small chair to table and sit down			Likes finger painting, tipping, pouring or moulding play dough			Finds pictures of everyday objects and simple action words			Asks simple questions, 2-3 words/ intonation/ quizzical face/ signs						Actively helps with dressing/ undressing					
				Can bend over to pick up object			Matches object to picture						Can produce some consonants, 'p', 'b', 'd', 'k', 'g'						Enjoys responsibility of carrying out small tasks					
				Kicks a stationary ball without falling over			Uses 1 object to represent another in play, eg brick for phone, box as boat etc						May use own name when talking about themselves (sign/word)											
				Can throw a ball deliberately to an adult																				
2 years – 2.6 years	Holds pencil/crayon in improving tripod grip			Responds to music and rhythm by gesture and movement			Completes complex (6 piece) posting boxes			Refers to self by name (sign/word)			Uses 50+ clear single words/ signs including verbs			Plays happily alongside other children			Takes off simple unfastened clothing and can undo large buttons or Velcro fastening					
	Copies vertical/horizontal line/ circle			Jumps both feet together			Completes 12 piece inset puzzles			Follows instructions containing 2-3 key words/ signs			Uses longer sentences 3-4 words/ signs			Joins in others' play briefly			Asks for toilet (but leaves little time)					
	Opens and closes scissors			Scoots on a bike			Matches colours			Answers simple questions, eg "How old are you?" (word/sign)			Asks what/where questions (word/sign)			Actively helps adults in everyday tasks			Uses knife with some support					
	Rolls play dough into sausages			Stands on tiptoe			Matches 6 piece picture lotto			Understands descriptive and action words			May give own name/age (word/sign)			Shows affection towards other children and younger siblings								
	Threads large beads onto thick lace			Runs safely			Shares books with adults by commenting, pointing, looking under flaps etc			Understands up/down etc			Uses pronouns, eg him/she and plurals (word/sign)			Shows some understanding of some rules and routines								
	Joins Duplo/stickle bricks			Climbs confidently and uses nursery play climbing equipment			Creates imaginary objects, characters and scenes in a play, eg hands over imaginary cup to drink									Maintains attachment with special people, eg prefers them for interaction								
																Is anxious about others and modifies behaviour to fit in with others								

# Bury Portage & SEN Early Years Developmental Profile: 2.6 – 3.6 years



Child's Name \_\_\_\_\_ DoB \_\_\_\_\_ First Assessed \_\_\_\_\_ Updated \_\_\_\_\_ Updated \_\_\_\_\_ E: Emerging A: Achieved

Age	Physical		Physical		Play/Cognition & Learning		Communication/ Speech & Language		Communication/Speech & Language		Personal/Emotional & Social Development		Personal/ Emotional & Social Development	
	E	A	E	A	E	A	E	A	E	A	E	A	E	A
	Fine Motor Skills		Gross Motor Skills				Understanding		Expressive Language Skills		Emotional/Social Skills		Self Help Skills	
2.6 years – 3 years	Turns key in lock to open box		Walks on tiptoe		Joins 2 piece interlocking puzzle		Names 5 body parts (word/sign)		Uses 200+ clear words/signs including verbs		Starting to make friends and interested in having friends		Toilet trained with infrequent accidents	
	Builds tower of 9-10 bricks		Walks upstairs using alternate feet		Matches shapes		Understands opposites: up/down, big/little, hot/cold (word/sign)		Uses sentences of 4+ words and able to link sentences using 'and' (word/sign)		Can think of things from someone else's point of view		Takes pants down when prompted	
	Draws a + in imitation		Pedals a tricycle		Counts to 3		Understands (word/ sign) who/what/where questions		Uses possessives, eg 'daddy's car' (word/sign)		Willing to share toys and take turns		Pulls pants up	
	Draws head + features with reasonable tripod grip		Catches ball thrown into open arms		Pretend play involving lots of detail and linked actions, eg undressing, bathing and dressing a doll		Follows simple story if helped with pictures		Retells a simple past event (word/sign)				Washes and dries hands independently	
	Snips paper with scissors		Kicks ball with force		Operates mechanical toys		Remembers a short list of 3-4 objects/ names (word/sign)		Uses words ending in 'ing'					
			Good spatial awareness, can manoeuvre around objects		Uses construction materials to build models		Recognises tunes of familiar songs							
3 years – 3.6 years	Cuts paper with scissors along a line		Throws ball for adult to catch		Matches letters and numbers		Understands 'why' questions		Refers to self by pronoun (word/sign)		Follows rules/ takes turns in adult led activities		Helps to brush own teeth	
	Screws tops on bottles		Stands on 1 foot for 3-4 seconds		Rote counts to 10		Shows understanding of feelings by verbalising (word/sign)		Uses short phrases of 5-6 words (word/sign)		Engrossed in make believe and role play		Blows nose with help	
	Undoes buttons		Sits with crossed legs		Recognises some numerals		Can retell a simple past event in order (word/sign)		Uses a range of prepositions (word/sign)		Seeks out others to share experiences and makes attachments to members of group		Attempting to do up zips and buttons	
	Shows good pencil control using tripod grip		Kicks a slowly moving ball		Sorts coloured objects/shapes		Gets 3 different objects on request from another room		Large vocabulary of words/ signs		Shows empathy			
	Threads small beads onto a thin lace		Runs changing direction		Points to names shapes				Able to talk about past/ present events (word/ sign)					
					Builds a bridge with 3 bricks in imitation				Gives direction to others (word/sign)					
					Joins more complex 'bricks' (octons/stellar stars)									
					Draws a head and features									
					Dresses up in pretend play, engrossed in make believe and role play									
					Relates toys to each other in play									
					Matches a sequence of 3 bricks									
					Orders by size									
				Joins a 4 piece interlocking puzzle										

Bury Portage & SEN Early Years Developmental Profile: 3.6 - 5 years



Child's Name \_\_\_\_\_ DoB \_\_\_\_\_ First Assessed \_\_\_\_\_ Updated \_\_\_\_\_ Updated \_\_\_\_\_ E: Emerging A: Achieved

Age	Physical		E	A	Physical		E	A	Play/Cognition & Learning		E	A	Communication/ Speech & Language		E	A	Communication/ Speech & Language		E	A	Personal/Emotional & Social Development		E	A	Personal/ Emotional & Social Development		E	A
	Fine Motor Skills				Gross Motor Skills				Understanding				Expressive Language Skills				Emotional/Social Skills				Self Help Skills							
3.6 years – 4 years	Copying letters with tripod grip				Imitates and creates movement in response to music			Matches words			Can follow 2 instructions that are linked together			Holds a conversation with an adult (word/sign)			Often shows sensitivity to others			Uses a knife for spreading								
	Handles tools, crayons, brushes, glue, cutlery with reasonable control				Pedals a tricycle with skill, making turns			Names 4 colours/shapes (word/sign)			Carries out instructions containing 3 key words			Talks regularly to other children (word/sign)			Show sense of humour			Independently blows nose								
	Cuts around a curved line				Travels around, under, over, through, balancing on climbing equipment			Touch counts to 5			Understands "what do you think will happen next?"			Gives full name (word/sign)			Understands needs of others			Brushes teeth (with supervision)								
					Shows increasing control in catching, throwing and kicking a ball			Can hand you a set number of objects on request, eg 2 cars			Aware of concept of time			Tells own sex (word/sign)			Forms special friendship with another child			Reliable clean and dry during the day								
					Runs fast avoiding obstacles			Rote counts to 20			Listens to descriptions of objects/animals and can name correctly (word/sign)			Knows simple songs and rhymes (word/sign)			Often actively seeks sharing and sense of fairness			Removes (easy) clothing (pants, coat when undone)								
								Builds a 6 block step after a demonstration						Responds to verbal greeting (word/sign)					Independently follows self care routines									
								Can order simple sequence of events in play						Uses and/but to link simple sentences (word/sign)														
								Draws head and body with features						Uses some future/past tenses (word/sign)														
								Attempting to draw a variety of named pictures						Mostly intelligible speech/accurate signs														
								Can put a sequence of movement together in play																				
4-5 years	Handles tools/objects, construction materials safely and with good control				Shows increasing accuracy in catching, throwing and kicking a ball			Builds pyramid of 10 blocks in imitation			Gets 3 different objects at the same time from another room			Uses descriptive words/signs			Works as part of a small group, sharing fairly			Dresses and undresses independently and manages personal hygiene								
							Matches sets of objects to numbers that represent the number of objects					Able to follow a story without pictures			Uses possessives (mummy's chair) (word/sign)			Positive self image and shows that they are comfortable with themselves			Selects and uses activities and resources independently							
							Uses familiar objects and common shapes to create/recreate patterns and build models					Understands abstract concepts, eg 'if'			Names siblings or pets (word/sign)													
							Identifies own name					Understands time in relation to daily routine			Uses well formed sentences (word/sign)													
							Draws person head, body, limbs					Relates past experiences			Can explain the meaning of some words/signs													
							Makes attempt at reading					Understands negatives			Enjoys telling/repeating stories (word/sign)													
							Picks out first sound in a word					Talks about things in the future eg events (word/sign)			Can give own name, age, address and birthday (word/sign)													
							Writes own name								Classifies (makes sets), ie all the animals													
						Sometimes has imaginary								Speech is intelligible/ signs are														

					friends					accurate to strangers								
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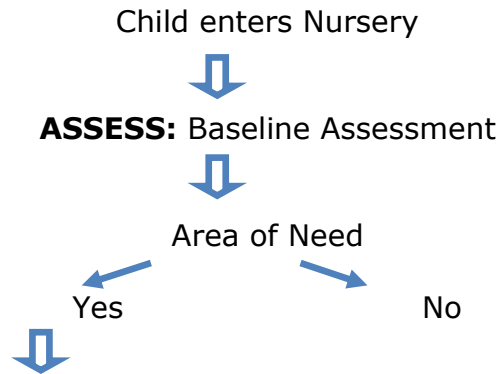
**Appendix B**

**Individual Learning Development Plan (ILDP) for \_\_\_\_\_**

<b>Assess Plan Do Review Cycle number:</b> <b>Start date for ILDP:</b> <b>SMART outcome number:</b>	<b>Who has been involved in setting this outcome / where has it come from?</b>  <b>Date for outcome to be reviewed:</b>		
<b>Things that _____ is good at / has an interest in:</b>			
<b>SMART outcome i.e. what does the child need to achieve?</b>			
<b>Strategies/Interventions i.e. what the adult is going to do:</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<b>Who will do it?</b>	<b>How often?</b>	<b>By when?</b>
<b>Review - Did the child meet their SMART outcome?</b>		<b>Yes</b>	<b>No</b>
<b>If yes what strategy / intervention was successful?</b>  <b>If no what needs to change?</b>			
<b>The child's next steps are:</b> (to be completed with parents and key person and/or SENCO)			
<b>Signed: Parent / Carer:</b> ..... <b>Signed: SENCO &amp;/ Key person:</b> .....			

## **Supporting Children with SEND in Early Years**

## Supporting Children with SEND in Early Years



Use "Documentation to support Early Years children with SEND"

### **Cycle 1:**

A cycle is approximately 6-8 weeks. Can involve / incorporate advice from additional services.

- **PLAN:** Set Individual Learning Development Plans (ILDP)
- **DO:** Carry out strategies to support IDLPs
- **DO:** Record evidence of any progress
- **REVIEW:** Review ILDPs



**ASSESS:** Ongoing need? Continue onto Cycle 2



### **Cycle 2:**

Can involve / incorporate advice from additional services.

- **PLAN:** Set Individual Learning Development Plans (ILDP)
- **DO:** Carry out strategies to support IDLPs
- **DO:** Record evidence of any progress
- **REVIEW:** Review ILDPs



**ASSESS:** Ongoing need? Continue onto Cycle 3 or apply to Early Years Panel



### **Cycle 3:**

Request support from RC&F, Educational Psychology or other services.

- **PLAN:** Set Individual Learning Development Plans (ILDP)
- **DO:** Carry out strategies to support IDLPs
- **DO:** Record evidence of any progress
- **REVIEW:** Review ILDPs



**ASSESS:** Ongoing need?? Continue onto Cycle 4



### **Cycle 4:**

Request support from RC&F, Educational Psychology or other services.

- **PLAN:** Set Individual Learning Development Plans (ILDP)
- **DO:** Carry out strategies to support IDLPs
- **DO:** Record evidence of any progress
- **REVIEW:** Review ILDPs



**ASSESS:** Ongoing need? Continue onto Cycle 5 or apply to Early Years Panel

You may wish to request support from other services throughout cycles.

**Early Years Funding Review Form**  
**Review of Early Years SEN Support/Support Plus funding provided by the**  
**Early Years Panel**

**EARLY YEARS FUNDING REVIEW FORM**  
**Review of EY SEN Support/Support Plus funding provided by the Early Years Panel**

This document should be prepared before the review meeting and completed with Parents, Reaching Children and Families &/or the Educational Psychologist at the review meeting.

<b>Review of EY SEN Support/Support Plus</b>			
<b>Date of the review:</b>			
<b>Current funding :</b>			
<b>Name</b>		<b>Address</b>	
<b>D.O.B</b>		<b>Setting</b>	
<b>Year Group</b>			
<b>Name of person with parental responsibility</b>		<b>Name of person with parental responsibility</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Address</b>		<b>Address</b>	
<b>Contact no</b>		<b>Contact no</b>	
<b>e-mail</b>		<b>e-mail</b>	
<b>Attendance</b>			

<b>Progress Information</b>								
<b>Early Years Foundation Stage Profile</b>								
<b>Area of Development</b>	<b>PESD</b>	<b>C &amp; L</b>	<b>PD</b>	<b>Lit</b>	<b>Maths</b>	<b>UTW</b>	<b>EAD</b>	
<b>Emerging</b>								
<b>Expected</b>								
<b>Exceeded</b>								
<b>Baseline and assessment data over time.</b> <i>You may wish to append your tracking data in place of this information. But it is essential that this demonstrates progress over time.</i>								
<b>Assessments/interventions.</b> <b>Include reports from other Agencies if available.</b>								
<b>Assessment/intervention</b>			<b>Baseline on entry</b>			<b>Current</b>		


**Any other progress that the child/young person has made :**

**Progress towards SMART targets**

**Please enclose ILDPs with reviews that have been completed since funding was agreed.**

**Provision**

**What provision and support has been in place since the funding was agreed to meet the outcomes of the ILDP (Individual Learning and Development Plan). You may wish to attach a timetable of support or other evidence.**

**What services across education, health and social care are involved?**

**Current situation in the view of the setting.**

**What is working well?**

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**What is not working well?**

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**Professionals e.g. S&LT, OT, Physiotherapist, HIST, VIST or reports that have informed the meeting.**

<b>Name</b>	<b>Role</b>	<b>Contact details</b>	<b>Attended meeting</b>	<b>Sent advice/report</b>

**The review must be person centred and the child/young person must be fully involved in preparing for the review if appropriate. It must discuss the following:**

- **What people like and admire about the child;**
- **the child’s strengths, interests and needs;**
- **the child’s views, wishes and feelings;**
- **the family’s views, wishes and feelings;**
- **evaluation of what is working and what is not working;**
- **progress made against the outcomes set;**
- **setting SMART targets for the next cycle.**

**What people like and admire about the child**

**What preparations are being made towards the transition process (to the next room, setting or school).**

**Recommendations from the review for changes from EY SEN Support /Support Plus.**

*Please note that changes recommended must be based on evidence from assessments of need by appropriate professionals (health, education, social care).*

Maintain at Support/Support Plus without any changes	
An EHC assessment is appropriate (following 4 cycles of apdr)	
The child has made progress and Support/Support Plus may be reduced or ceased.	

**Any additional information that is not included elsewhere on this proforma (including any dissenting views expressed in reports or at the meeting or feedback on the meeting).**



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Signatures		
Headteacher/Setting Manager	Name:	Position:
	Signature:	Date:
Date submitted to the Local Authority		

Please return by e-mail to [eyfunding@bury.gov.uk](mailto:eyfunding@bury.gov.uk) or post to Early Years Funding, 3KP marked for the attention of Jenny Allen



## Education, Health and Care Needs Assessments and Plans

This section of the toolkit is about Education, Health and Care Needs Assessments and Plans (EHCP). EHCPs are replacing Statements of Special Educational Needs.

This is important because some young children may require an EHC needs assessment and Early Years SENCOs need to be aware of the legal framework. This is set out in Part 3 of the Children and Families Act 2014 and is explained in the *SEN and disability code of practice: 0-25 years*.

### EHC Needs Assessments and Plans

The majority of children and young people with SEN or disabilities will have their needs met within local mainstream early years settings, schools or colleges [...]. Some children and young people may require an EHC needs assessment in order for the local authority to decide whether it is necessary for it to make provision in accordance with an EHC plan.

The purpose of an EHC plan is to make special educational provision to meet the special educational needs of the child or young person, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood.

*DfE and DH (2015) SEN & Disability code of practice: 0-25 years, para 9.1*

The local authority must identify, assess and make provision for children with SEN in accordance with an EHCP, where necessary. The Children and Families Act provides a set of principles that must inform any action taken by local authorities under the SEN duties in the Act. These principles:

- recognise the importance of the wishes, views and feelings of children, young people and their parents;
- promote their participation in decision-making;
- recognise the importance of information and support; and
- focus on the best possible outcomes for children and young people with SEND.

This means that parents and children, as far as possible, must be involved throughout the process and take part in decision-making. Their feelings, aspirations and wishes, as well as the outcomes they hope to achieve must be taken into account in planning their support.

There are clear requirements set out in the legislation on: who is involved in the assessment and planning process, when and how; how a child's needs are assessed; the content of an EHC plan and how it is finalised; timings for the overall process and for the different stages of the assessment and planning process, see below; which

decisions of the local authority parents can appeal against; and how EHC plans are maintained and kept under review. This section of the toolkit provides a brief summary of the aspects of the assessment and planning process that are most relevant to early years settings. A full account is provided in chapter 9 of the *SEN and disability code of practice: 0-25 years*. The DfE provides a short guide to the Code of Practice for early years providers. The Council for Disabled Children provides a short guide to EHC plans.

## **Information, Advice and Support for parents and children**

The Local Authority must provide all parents, children and young people with impartial information, advice and support in relation to SEN to enable them to take part effectively in the assessment and planning process.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 9.29*

The principles in the Children and Families Act recognises that parents need information and support in order to be able to participate in decision-making in the assessment and planning process. Settings can put parents in touch with the local Information, Advice and Support Service (IASS). Information about the local service must be available in the local offer and is also available through the Information, Advice and Support Services Network website<sup>2</sup>. For more information see *Section 7: Involving parents and carers*.

### **Requesting an EHC needs assessment**

In the early years, the child's parent or someone acting on behalf of an early years setting, usually the SENCO or Manager, can request an EHC needs assessment. In addition, anyone else can bring a child who has (or may have) SEN to the attention of the local authority, particularly where they think an EHC needs assessment may be necessary.

The local authority has 6 weeks to decide whether or not to carry out an EHC needs assessment.

### **Gathering evidence to inform the decision about an EHC needs assessment**

In considering whether and EHC needs assessment is necessary, the local authority should consider whether there is evidence that despite the early years provider...having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child..., the child has not made expected progress.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 9.14*

To inform their decision, the local authority will need to take into account a wide range of evidence, including evidence from the early years setting. The local authority will pay particular attention to:

- evidence of the child's developmental milestones and rate of progress;
- information about the nature, extent and context of the child's SEN;
- evidence of the action already being taken by the early years provider to meet the child's SEN;
- evidence that, where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided;
- evidence of the child's physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies.

It will be important that the setting has kept records and can draw on these to provide evidence to the local authority, for example:

- tracking information showing progress over time
- EYFS outcomes and the child's level of development
- a description of the child's needs and how the parents' views have informed the setting's understanding of the child's needs
- evidence of how the assess, plan, do, review cycle was put into practice, including records of:
  - outcomes that were sought for the child
  - interventions and support put in place
  - expected impact on progress, development, or behaviour
  - how and when plans were reviewed
- how activities and routines were adapted and what reasonable adjustments were made
- any alternative methods of communication used
- any specialist expertise drawn on, any advice sought beyond the setting and how it was implemented in the setting
- strategies which have been successful or unsuccessful
- any small group work or 1:1 sessions provided

### **Deciding whether or not to carry out an EHC needs assessment**

Local authorities may develop criteria and guidelines to help them decide whether or not to carry out an EHC needs assessment. However, the request for each child must be considered individually and on its merits and local authorities must not operate 'blanket' policies that exclude particular groups of children, particular age groups, or particular types of need.

The parents and all parties who contributed evidence at this stage, must be informed of the decision. Parents have a right of appeal against a local authority decision not to assess.

### **EHC Needs assessment**

If the local authority decides to carry out an EHC needs assessment it must then gather *advice and information* from:

- the child's parent
- educational advice and information from the early years setting
- medical advice and information
- psychological advice and information from an educational psychologist

- social care advice and information
- advice and information from any other person the local authority thinks is appropriate
- advice and information from any person the child's parent or young person reasonably requests

If there is recent assessment advice, new assessments do not need to be gathered if everyone agrees that it is *sufficient for an EHC needs assessment*. The local authority, the parents and the original giver of the advice, all need to agree that the advice is *sufficient*, otherwise new assessment advice must be sought. Advice and information must be provided within 6 weeks of the request from the local authority and sooner wherever possible. It must include advice about outcomes relevant to the child's age and phase of education and strategies for achieving those outcomes.

### **Deciding whether or not to issue an EHC plan**

Drawing on the assessment advice and information the local authority then decides whether or not to issue an EHC plan. The Code of practice provides guidance on how this decision should be made, paragraphs 9.54-9.56.

Where, in the light of an EHC needs assessment, it is necessary for special educational provision to be made in accordance with an EHC plan the local authority **must** prepare a plan.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 9.3*

If the local authority decides not to issue a plan parents have a right to appeal against that decision.

### **Preparing an EHC plan**

Where the local authority decides to issue an EHC plan it then prepares a draft plan. This must include lettered sections covering:

- A. The views, interests and aspirations of the child and his or her parents
- B. The child's special educational needs
- C. The child's health needs which are related to their SEN
- D. The child's social care needs which are related to their SEN or to a disability
- E. The outcomes sought for the child including the arrangements for setting shorter term targets by the early years provider
- F. The special educational provision required by the child
- G. Any health provision reasonably required by the child
- H. Sections H1 and H2 cover different elements of social care provision
- I. The name and type of the school, maintained nursery school, or other institution to be attended by the child
- J. Where there is a Personal Budget, the details of the Personal Budget
- K. The advice and information gathered during the EHC needs assessment must be attached in appendices to the EHC plan.

In the draft plan that is sent to the parents, Section I is left blank so that the parents can request a placement, see below.

### **Naming the placement in an EHC plan**

Parents of children under compulsory school age can ask for a particular maintained nursery school to be named in their child's plan. The local authority must name the school unless it would be unsuitable for the age, ability, aptitude or SEN of the child, or the attendance of the child there would be incompatible with the efficient education of others or the efficient use of resources.

Placement in a private, voluntary or independent setting works differently: the child's parents can *make representations* for their child to be placed in a private, voluntary or independent setting. If the local authority considers that placement appropriate, it can specify this in the plan and, if it does, it must fund the provision. However, the local authority cannot require an independent, private or voluntary setting to admit a child, unless the setting agrees. The local authority should ensure that parents have full information on the range of provision available locally and may wish to offer parents the opportunity to visit such provision.

### **Finalising the EHC plan**

The parents have 15 days to consider and respond to the draft EHC plan and to request a particular placement. The local authority then has 15 days in which to consult the named setting and finalise the plan. The whole process must be completed in 20 weeks from when the request to assess was made to the issue of an agreed EHC Plan.

If parents disagree with the placement, the provision or the description of the child's needs set out in the plan they can appeal to the SEND Tribunal but are required to consider mediation before doing so.

### **Children under compulsory school age**

For children under compulsory school age, there is a precautionary aspect to the definition of SEN: they have SEN if they are likely to have SEN when they reach school age, or would do so if special educational provision were not made for them.

### **Children aged under 2**

For older children, special educational provision is provision that is additional to or different from that which is normally available in mainstream settings. For a child under the age of 2, special educational provision means provision of any kind.

The Code of Practice envisages that most children under the age of 2 will have their needs met from locally available services, but that:

Children aged under two are likely to need special educational provision in accordance with an EHC plan where they have particularly complex needs affecting learning, development and health and are likely to require a high level of special educational provision which would not normally be available in mainstream settings.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 9.145*

### **Children aged 2-5 who are not attending a setting**

For children in an early years setting, the local authority seeks advice and information as discussed, above. For children who are not attending a setting, the local authority

should collect as much information as possible before deciding whether to assess. The local authority will then consider whether the child is likely to require special educational provision in accordance with an EHC plan, and:

*...must decide this in consultation with the child's parent, taking account of the potential for special educational provision made early to prevent or reduce later need.* (Code, para 9.147)

### **EHC assessments and plans during the transitional period from statements to plans**

During the transitional period, from September 2014 to April 2018, statements are gradually being transferred to EHC plans through a *transfer review*. A *transfer review* is an EHC needs assessment and is subject to the same requirements as are set out above. However, as the child already has a statement and the threshold for an EHC plan is the same as for a statement, the process starts with a decision to assess (6 weeks in to the process set out above) and the total time for a transfer review is therefore 14 weeks not 20.

### **Maintaining and reviewing the EHC plan**

Where the local authority issues an EHC plan it must then maintain it and make the special educational provision set out in the plan. It must keep the plan under review and the first review must be carried out within 12 months of the date that the plan was issued.

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<sup>1</sup> <http://www.councilfordisabledchildren.org.uk/resources>

<sup>2</sup> <http://www.iassnetwork.org.uk/find-your-iass/>

### **What is a Person Centred Review meeting?**

"A person centred review is an opportunity to gather information about what is important to the person, now and for the future, what support the person needs and what is working and not working in their life." (Mathiesen, Helen Sanderson Associates)

The new Special Educational Needs and Disabilities (SEND) Code of Practice (2014) requires that we use person centred planning processes when working with children and young people with SEND, planning with them and reviewing their plans.

### **How is it different from other meetings?**

This meeting is all about what is important to the child and their family from their own perspective. It is designed to be more user-friendly and informal than the traditional style of meetings. When you walk into the room of a person centred meeting there might be flip chart paper on the walls, pictures on the walls or a PowerPoint, there might be music playing and chairs could be set up in a horseshoe shape, rather than around tables. The setting of the meeting depends upon what will put the family at ease and support them in expressing their views and their child's views. The aim of this approach is to be able to gather information from everyone on an equal footing. It is important to prepare for the meeting beforehand (e.g. setting the room up and preparing the family) in order to make the process as beneficial as possible.

### **What information do I need to gain before a person centred meeting?**

You will need to gain information from the child, their family and any other professionals involved before a person centred meeting. If the meeting is an Annual Review or an EHC Plan Meeting the SEN team will send out guidance to support you in doing this.

### **Planning for a Person Centred Meetings?**

There are several steps to planning a person centred review:

#### **Questions to ask**

How are we going to gain the views of the child?

How are we going to gain the views of the family?

How are we going to support these views in being heard in the meeting?

How are we going to set up the room for the meeting?

How are we going to ensure that outcomes are based on views and what the child and family wants to achieve?

Once we have thought about and answered these questions we will be better prepared for a person centred meeting.

### **What might Person Centred Meetings look like?**

There are different ways in which Person Centred Meetings can be facilitated. However you need to explain at the start of the meeting that it may be different to other meetings attended. The most important aspects are the needs and wishes of the child and their family. This could include having a PowerPoint presentation (such as of pictures), having objects that are important for the child or having flip chart paper on the walls. No matter how the meeting is presented it might be helpful to have some headings, these are the headings below suggested by Helen Sanderson Associates. However, you may want to use headings that you feel better support the child and their family.

- **Who is here?**
- **Ground rules**
- **What people like and admire about the child?**
- **What is important to the child now?**
- **What is important to the child for the future?**
- **What support does this child need to stay healthy and safe: What does good support look like?**
- **What's working/not working in the child's life?**
- **Questions to answer / issues to resolve**
- **Action planning**



We use these headings to help us think about how we can plan with the child based on what is important to them. Often in a person centred meeting there is limited time, so it will be important to ask the people who know the child well to think about these headings before the meeting (preparation is the key) – then we can use the meeting to focus on working together to form the most appropriate 'outcomes' for the child based on what the person wants for their future and what is important to them.

### **Action planning**

Action planning is an important part of the person centred meeting process. It includes deciding what needs to happen to support the child in achieving their outcomes. It is possible that appropriate actions will have been discussed throughout the meeting. The outcomes formed during this time should be based on what is important for the child, build on their strengths and interests and include their aspirations.

The IDLP's and/or SMART targets that you use within your setting will guide the short and long term outcomes that you set.

Examples of short term outcomes:  
To show an interest in new experiences or toy when supported by an adult.

To take turns rolling a ball back and forth with their Key Worker.

To sit on the carpet for 30 seconds during circle time.

Examples of long term outcomes:

To initiate an interaction with another child.

To turn take spontaneously with another child.

To join in at circle time.

### **Who is there to support this process?**

- There are early years professionals who can support you with person centred thinking and approaches. These include your Reaching Children and Families Worker, Portage and Educational Psychologist. An SEN/LA officer will also attend an EHC Plan Meeting and support you through this process.
- The Information, Advice and Support Services (IASS) offer free, impartial and confidential information, advice and support to parents and carers of children with SEND. Referrals can be made from settings, other professionals or the families themselves (0161 7610401).

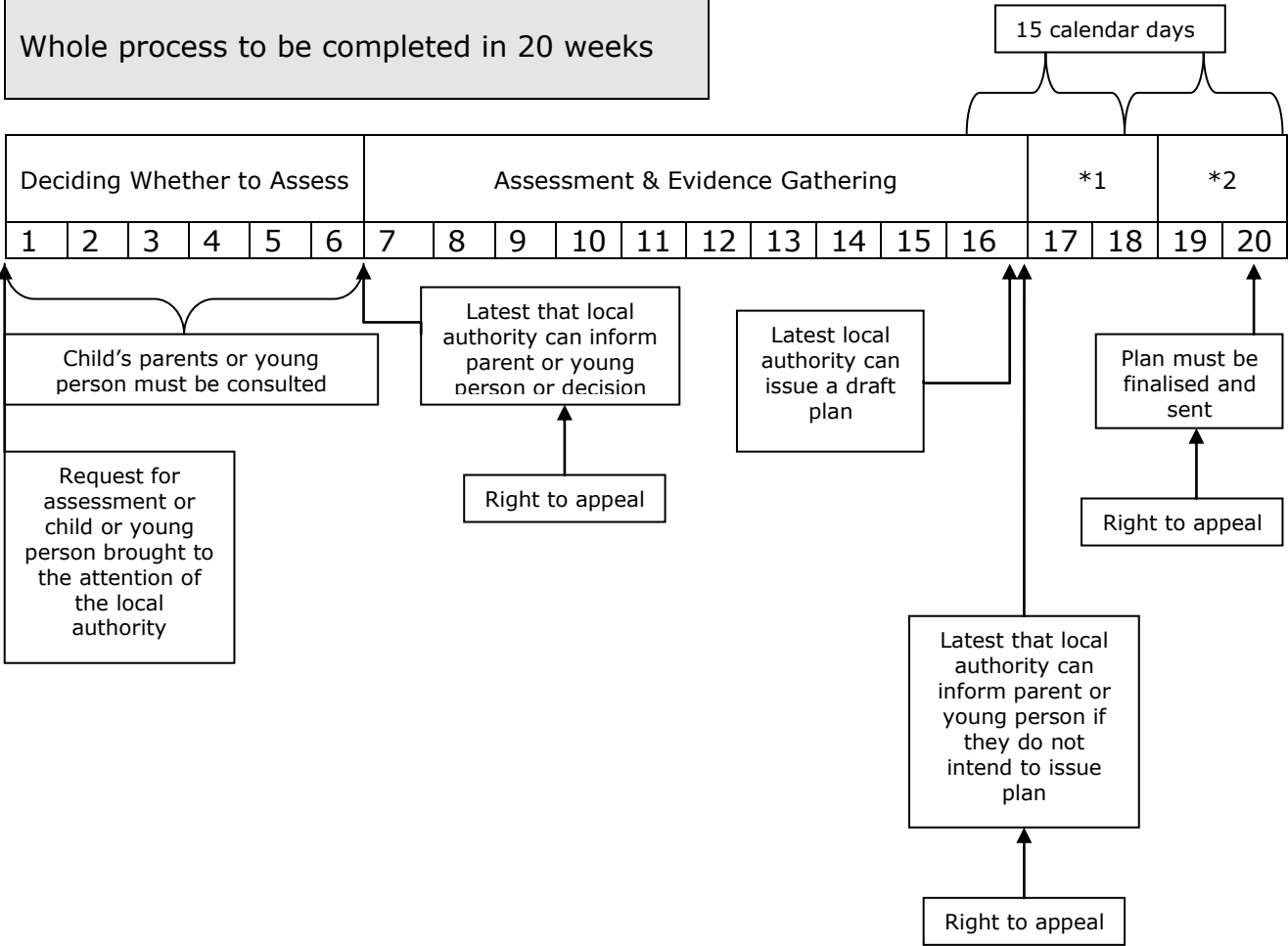
#### **Local contacts:**

- Bury Parents Forum, a local social enterprise which offers information and training in order to enable and support families to plan for what they want. For more information please visit: [www.buryparentsforum.org.uk](http://www.buryparentsforum.org.uk) or contact them on 0161 762 1444.

### **Useful National contacts :**

- <http://www.sheffkids.co.uk/adultssite/pages/onepageprofilestemplates.html>  
(examples of one page profiles)
- [www.helensandersonassociates.co.uk](http://www.helensandersonassociates.co.uk)
- [www.communicationmatters.org.uk](http://www.communicationmatters.org.uk)
- [www.inclusive-solutions.com](http://www.inclusive-solutions.com)
- [www.learningdisabilities.org.uk](http://www.learningdisabilities.org.uk)
- [www.inclusiononline.co.uk](http://www.inclusiononline.co.uk)
- [www.makaton.org](http://www.makaton.org)
- [www.talkingmats.com](http://www.talkingmats.com)
- [www.widgit.com/symbols/index.htm](http://www.widgit.com/symbols/index.htm)

Whole process to be completed in 20 weeks



#No new advice if existing assessment information:

- Is sufficient for EHC needs assessment
- LA, advice giver and parent or young person agree it is sufficient

\*1: Parent:

- Can comment
- Can request a particular school or setting to be named in plan

\*2: Consultation with school or setting about being named in the plan

## Person Centred Planning & Person Centred Reviews

# Person Centred Approaches:

## Preparing for and running person centred meetings in early years settings



This document has been created in order to support settings with person centred thinking, approaches and meetings including Annual Reviews and Education, Health and Care (EHC) Plan Meetings.

It aims to provide guidance which you can use to support your setting in person centred thinking and with the processes that surround it. It may be helpful to read this document prior to conducting your first person centred meetings as well as any subsequent meetings.

### What are Person Centred approaches?

Person centred approaches place the child and their family at the centre. This way of working reflects what a child is able to do, what is important to them (now and in the future) and thinks about what support they might need in order to reach their potential. It is a continuous process of listening, learning and action in order to support the child and their family to get what they want out of life.

Being person centred includes problem solving and thinking about how we can allocate the most appropriate support and resources in order to enable children to work towards their aspirations. It is a way of thinking and relating to the world and other people rather than a specific technique, tool or strategy.

### **How is it different?**

Being person centred may be a slightly different way of working. It puts a greater emphasis on:

- What the child wants, what is important to them and what they are good at rather than focusing on what they find hard.
- Greater involvement of family.
- Goals based on what a child is good at rather than their areas of need.

For example:

<b>Traditional Planning</b>	<b>vs.</b>	<b>Person-Centred Planning</b>
Disabilities		Abilities
What they can't do		What they can do
Written reports		Interviews with families
Fitting into the system		Creating dreams for the future
Medical/clinical		Strengths, likes and dislikes
Standardised assessments		Flexible, child-centred assessment

### **How does it work in early years settings?**

It is important to collect information with a child creatively and where possible, as well as making sure the views of the child's family are collected, heard and incorporated into the support provided for the child.

### **Examples of Person Centred approaches**

Although being person centred is an overall approach and way of thinking, there are tools which can be used to support this approach. These can include:

- One page profile (this can include what is important to the child and their family, please see appendices)
- Using person centred planning tools (please see appendices)
- Person centred meetings (such as an Annual Review or EHC Plan Meeting)

### **Gaining children's views**

It is important to think about how best to gain children's views. Questions to think about might include:

- Who is the best person to gain a child's views? Key worker and/or parent?
- How can they be supported to express their view? Use of symbols/pictures/objects of reference/play and our interactions with the child.
- How can we use observations to gain likes/dislikes?
- How can we work with the family to gain views? What can parents/carers/siblings and other family members tell us about the child?

### **Gaining family views**

As already mentioned it is really important to also gain the views of the family that surround the child. Using person centred tools and approaches can be a really helpful way to gain views and think about all the strengths and positives of a child in a meaningful way. Person centred meetings, such as annual reviews and EHC Plan meeting support you in gaining family views before the meeting as well as during it.

### **What is a Person Centred Review meeting?**

"A person centred review is an opportunity to gather information about what is important to the person, now and for the future, what support the person needs and what is working and not working in their life."

(Mathiesen, Helen Sanderson Associates)

The new Special Educational Needs and Disabilities (SEND) Code of Practice (2014) requires that we use person centred planning processes when working with children and young people with SEND, planning with them and reviewing their plans.

### **How is it different from other meetings?**

This meeting is all about what is important to the child and their family from their own perspective. It is designed to be more user-friendly and informal than the traditional style of meetings. When you walk into the room of a person centred meeting there might be flip chart paper on the walls, pictures on the walls or a PowerPoint, there might be music playing and chairs could be set up in a horseshoe shape, rather than around tables. The setting of the meeting depends upon what



will put the family at ease and support them in expressing their views and their child's views. The aim of this approach is to be able to gather information from everyone on an equal footing. It is important to prepare for the meeting beforehand (e.g. setting the room up and preparing the family) in order to make the process as beneficial as possible.

### **What information do I need to gain before a person centred meeting?**

You will need to gain information from the child, their family and any other professionals involved before a person centred meeting. If the meeting is an Annual Review or and EHC Plan Meeting the SEN team will send out guidance to support you in doing this.

### Planning for a Person Centred Meetings?

There are several steps to planning a person centred review:

Questions to ask	
How are we going to gain the views of the child?	
How are we going to gain the views of the family?	
How are we going to support these views in being heard in the meeting?	
How are we going to set up the room for the meeting?	
How are we going to ensure that outcomes are based on views and what the child and family wants to achieve?	

Once we have thought about and answered these questions we will be better prepared for a person centred meeting.

### What might Person Centred Meetings look like?



There are different ways in which Person Centred Meetings can be facilitated. However you need to explain at the start of the meeting that it may be different to other meetings attended. The most important aspects are the needs and wishes of the child and their family. This could include having a PowerPoint presentation (such as of pictures), having objects that are important for the child or having flip chart paper on the walls. No matter how the meeting is presented it might be helpful to have some headings, these are the headings below suggested by Helen Sanderson Associates. However, you may want to use headings that you feel better support the child and their family.

- **Who is here?**
- **Ground rules**



- **What people like and admire about the child?**
- **What is important to the child now?**
- **What is important to the child for the future?**
- **What support does this child need to stay healthy and safe: What does good support look like?**
- **What's working/not working in the child's life?**
- **Questions to answer / issues to resolve**
- **Action planning**

We use these headings to help us think about how we can plan with the child based on what is important to them. Often in a person centred meeting there is limited time, so it will be important to ask the people who know the child well to think about these headings before the meeting (preparation is the key) – then we can use the meeting to focus on working together to form the most appropriate 'outcomes' for the child based on what the person wants for their future and what is important to them.

### **Action planning**

Action planning is an important part of the person centred meeting process. It includes deciding what needs to happen to support the child in achieving their outcomes. It is possible that appropriate actions will have been discussed throughout the meeting. The outcomes formed during this time should be based on what is important for the child, build on their strengths and interests and include their aspirations.



The IDLP's and/or SMART targets that you use within your setting will guide the short and long term outcomes that you set.

<b>Examples of short term outcomes:</b>	<b>Examples of long term outcomes:</b>
To show an interest in new experiences or toy when supported by an adult.	To initiate an interaction with another child.
To take turns rolling a ball back and forth with their Key Worker.	To turn take spontaneously with another child.
To sit on the carpet for 30 seconds during circle time.	To join in at circle time.

### **Who is there to support this process?**

- There are early years professionals who can support you with person centred thinking and approaches. These include your Reaching Children and Families Worker, Portage and Educational Psychologist. An SEN/LA Officer will also attend an EHC Plan Meeting and support you through this process.
- The Information, Advice and Support Services (IASS) offer free, impartial and confidential information, advice and support to parents and carers of children

with SEND. Referrals can be made from settings, other professionals or the families themselves (0161 7610401).

### **Local contacts**

- Bury Parents Forum, a local social enterprise which offers information and training in order to enable and support families to plan for what they want. For more information please visit: [www.buryparentsforum.org.uk](http://www.buryparentsforum.org.uk) or contact them on 0161 762 1444.

### **Useful National contacts**

- <http://www.sheffkids.co.uk/adultsite/pages/onepageprofilestemplates.html>  
(examples of one page profiles)
- [www.helensandersonassociates.co.uk](http://www.helensandersonassociates.co.uk)
- [www.communicationmatters.org.uk](http://www.communicationmatters.org.uk)
- [www.inclusive-solutions.com](http://www.inclusive-solutions.com)
- [www.learningdisabilities.org.uk](http://www.learningdisabilities.org.uk)
- [www.inclusiononline.co.uk](http://www.inclusiononline.co.uk)
- [www.makaton.org](http://www.makaton.org)
- [www.talkingmats.com](http://www.talkingmats.com)
- [www.widgit.com/symbols/index.htm](http://www.widgit.com/symbols/index.htm)

**Appendices: One Page Profiles**



**What people like and admire about me...**



Photo

**What makes me happy...**



**How I want to be supported...**





**What people like and admire about me...**

Photo

**What makes me happy...**



**How I want to be supported...**




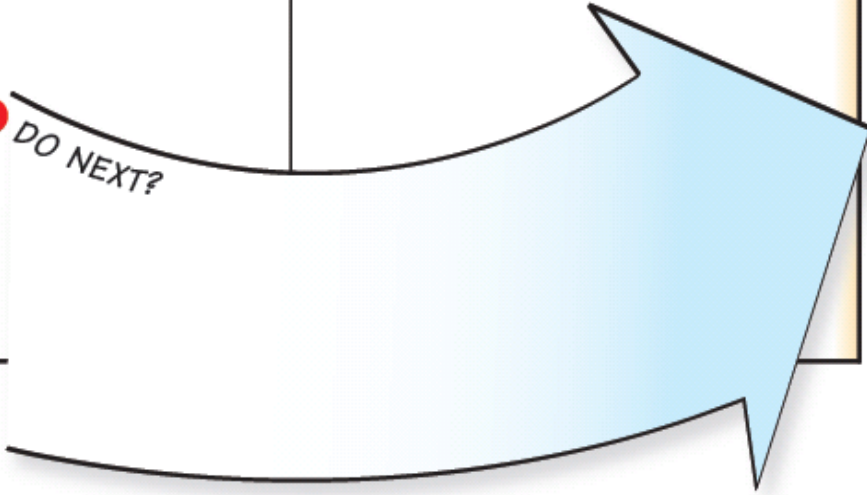
## Communication Chart

What is happening and when?	What does your child do?	What do people think that it means?	What should people do or not do in response?

# FOUR + ONE QUESTIONS

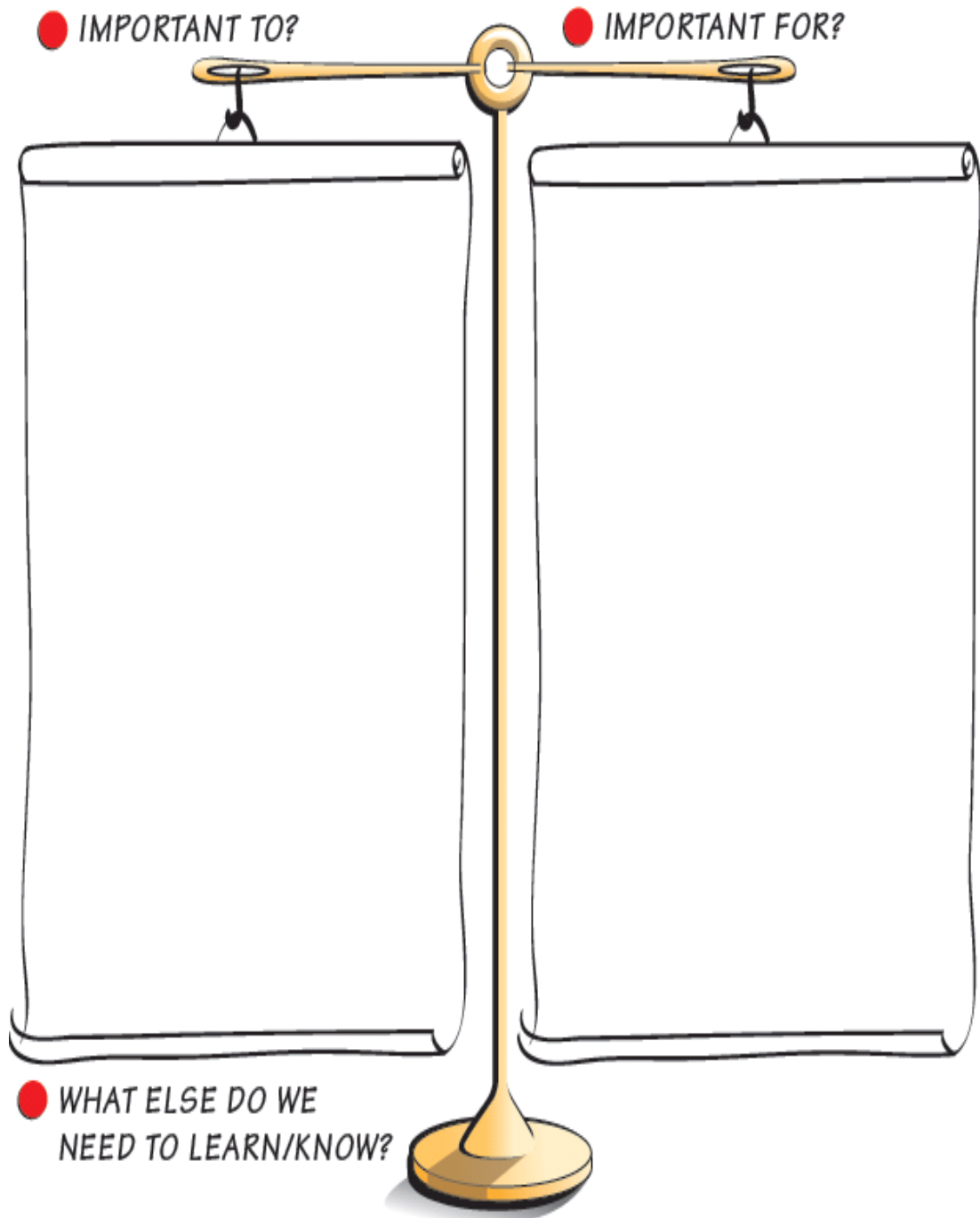
<p>● TRIED?</p>	<p>● LEARNED?</p>
<p>● PLEASED ABOUT?</p>	<p>● CONCERNED ABOUT?</p>

● DO NEXT?



Helen Sanderson, Associate of TLCELP  
Created by The Grove Consultants International

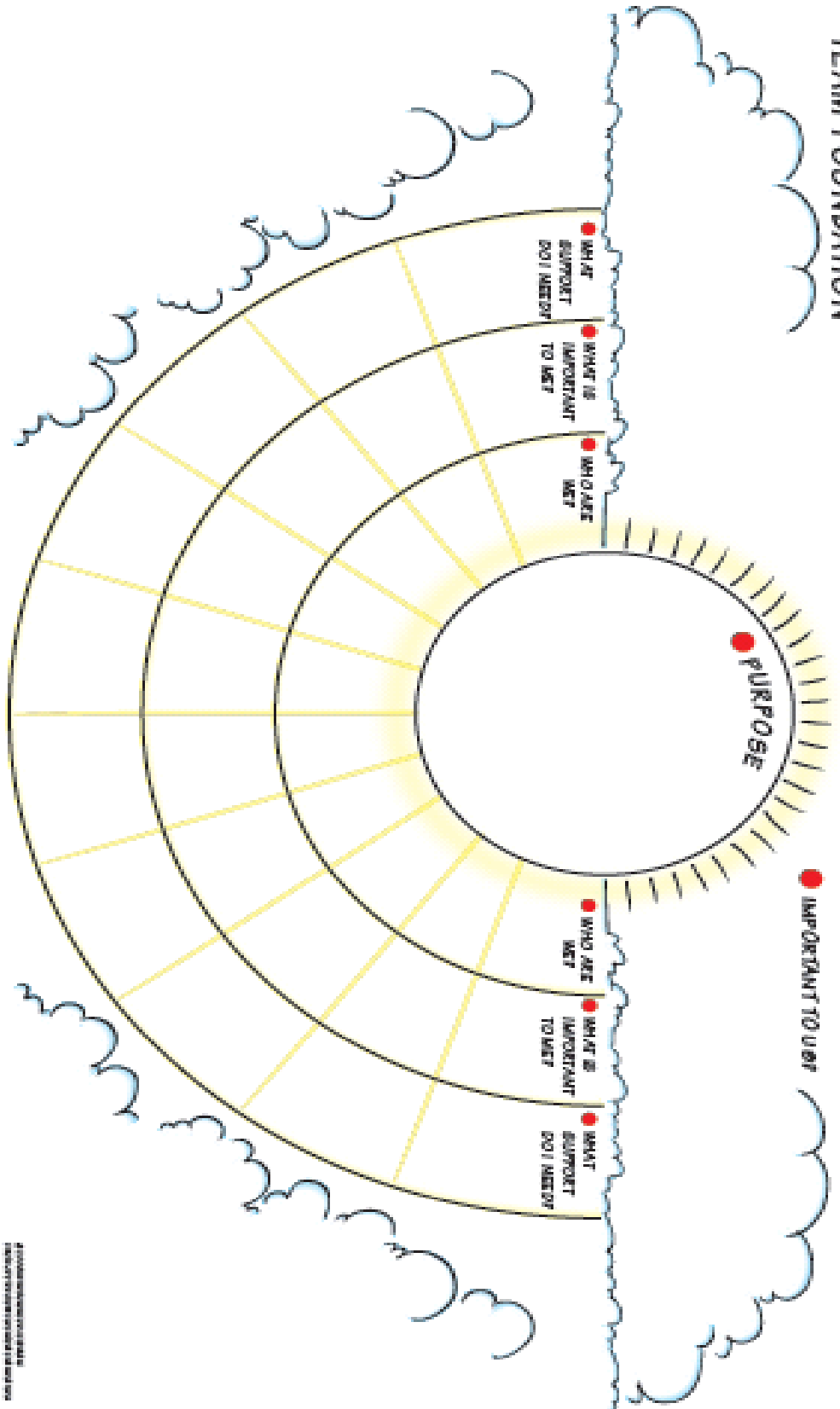
# SORTING IMPORTANT TO/FOR



*Helen Sanderson Associates a/UCLEP  
Created by The Grove Consultants International*



# TEAM FOUNDATION



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## **What is a Person Centred Review meeting?**

"A person centred review is an opportunity to gather information about what is important to the person, now and for the future, what support the person needs and what is working and not working in their life."

(Mathiesen, Helen Sanderson Associates)

The new Special Educational Needs and Disabilities (SEND) Code of Practice (2014) requires that we use person centred planning processes when working with children and young people with SEND, planning with them and reviewing their plans.

## **How is it different from other meetings?**

This meeting is all about what is important to the child and their family from their own perspective. It is designed to be more user-friendly and informal than the traditional style of meetings. When you walk into the room of a person centred meeting there might be flip chart paper on the walls, pictures on the walls or a PowerPoint, there might be music playing and chairs could be set up in a horseshoe shape, rather than around tables. The setting of the meeting depends upon what will put the family at ease and support them in expressing their views and their child's views. The aim of this approach is to be able to gather information from everyone on an equal footing. It is important to prepare for the meeting beforehand (e.g. setting the room up and preparing the family) in order to make the process as beneficial as possible.

## **What information do I need to gain before a person centred meeting?**

You will need to gain information from the child, their family and any other professionals involved before a person centred meeting. If the meeting is an Annual Review or an EHC Plan Meeting the SEN team will send out guidance to support you in doing this.

## **Planning for a Person Centred Meetings?**

There are several steps to planning a person centred review:

### **Questions to ask**

How are we going to gain the views of the child?

How are we going to gain the views of the family?

How are we going to support these views in being heard in the meeting?

How are we going to set up the room for the meeting?

How are we going to ensure that outcomes are based on views and what the child and family wants to achieve?

Once we have thought about and answered these questions we will be better prepared for a person centred meeting.

## **What might Person Centred Meetings look like?**

There are different ways in which Person Centred Meetings can be facilitated. However you need to explain at the start of the meeting that it may be different to other meetings attended. The most important aspects are the needs and wishes of the child and their family. This could include having a PowerPoint presentation (such as of pictures), having objects that are important for the child or having flip chart paper on the walls. No matter how the meeting is presented it might be helpful to have some headings, these are the headings below suggested by Helen Sanderson Associates. However, you may want to use headings that you feel better support the child and their family.

- **Who is here?**
- **Ground rules**
- **What people like and admire about the child?**
- **What is important to the child now?**
- **What is important to the child for the future?**
- **What support does this child need to stay healthy and safe: What does good support look like?**
- **What's working/not working in the child's life?**
- **Questions to answer / issues to resolve**
- **Action planning**

We use these headings to help us think about how we can plan with the child based on what is important to them. Often in a person centred meeting there is limited time, so it will be important to ask the people who know the child well to think about these headings before the meeting (preparation is the key) – then we can use the meeting to focus on working together to form the most appropriate 'outcomes' for the child based on what the person wants for their future and what is important to them.

### **Action planning**

Action planning is an important part of the person centred meeting process. It includes deciding what needs to happen to support the child in achieving their outcomes. It is possible that appropriate actions will have been discussed throughout the meeting. The outcomes formed during this time should be based on what is important for the child, build on their strengths and interests and include their aspirations.

The IDLP's and/or SMART targets that you use within your setting will guide the short and long term outcomes that you set.

**Examples of short term outcomes:      Examples of long term outcomes:**

To show an interest in new experiences or toy when supported by an adult.

To initiate an interaction with another child.

To take turns rolling a ball back and forth with their Key Worker.

To turn take spontaneously with another child.

To sit on the carpet for 30 seconds during circle time.

To join in at circle time.

**Who is there to support this process?**

- There are early years professionals who can support you with person centred thinking and approaches. These include your Reaching Children and Families Worker, Portage and Educational Psychologist. An SEN/LA officer will also attend an EHC Plan Meeting and support you through this process.
- The Information, Advice and Support Services (IASS) offer free, impartial and confidential information, advice and support to parents and carers of children with SEND. Referrals can be made from settings, other professionals or the families themselves (0161 7610401).

**Local contacts:**

- Bury Parents Forum, a local social enterprise which offers information and training in order to enable and support families to plan for what they want. For more information please visit: [www.buryparentsforum.org.uk](http://www.buryparentsforum.org.uk) or contact them on 0161 762 1444.

**Useful National contacts :**

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- [www.helensandersonassociates.co.uk](http://www.helensandersonassociates.co.uk)
- [www.communicationmatters.org.uk](http://www.communicationmatters.org.uk)
- [www.inclusive-solutions.com](http://www.inclusive-solutions.com)
- [www.learningdisabilities.org.uk](http://www.learningdisabilities.org.uk)
- [www.inclusiononline.co.uk](http://www.inclusiononline.co.uk)
- [www.makaton.org](http://www.makaton.org)
- [www.talkingmats.com](http://www.talkingmats.com)
- [www.widgit.com/symbols/index.htm](http://www.widgit.com/symbols/index.htm)

## **Section 10: Transitions for disabled children and children with SEN**

This section of the toolkit is about transitions for disabled children and children with SEN: from home into an early years setting; changing between providers; or moving from a setting into school.

It is important that when children start in a setting, move on to another setting or to school, that they have the best possible chance of a smooth transition and a successful placement.

### **Transition for all children**

Transitions should be seen as a process not an event, and should be planned for and discussed with children and parents. Settings should communicate information which will secure continuity of experience for the child between settings.

*Early Years foundation Stage Practice Guidance, 2008*

If transition is a process, the key to its success lies in the preparation and planning beforehand and the settling in, or follow up, afterwards.

### **The voice of the child**

Transition is a time of change and can be a source of both excitement and anxiety for children and for parents. Throughout the transition process, young children need to feel secure and confident that their needs, wants, likes and dislikes will be understood.

Early years providers [.....] should know precisely where children and young people with SEN are in their learning and development. They should ensure decisions are informed by the insights of parents and those of children [.....] themselves.

*DfE and DH (2015) SEN and disability code of practice: 0-25 years, para 1.25*

Young children are dependent on the adults around them to share this important information. Practitioners and parents should be encouraged to share their observations of children's choices, and the preferences reflected in these, at every stage. Respecting the different ways in which children communicate, toys, pictures, photos of people and settings, creative role play using puppets and dolls in different scenarios, can all be used to promote communication and enable children to express their views.

### **Transition into the setting**

Planning and preparation for transition may involve a range of different elements, though these are not necessarily separate activities. They are likely to include:

- establishing relationships
- sharing information
- visits
- creating continuities
- preparation in the setting
- training and support
- settling in and follow up

## Appendices

Appendix 1	Referral Forms
Appendix 2	ILDPS/Summary
	Smart Targets
	Baselines
	ABC's

## **Appendix 1**

### Referrals

- Educational Psychology
- Portage
- SALT
- Children's Centre Outreach
- MASH
- Parenting
- Sue Hall
- REAL/Bookstart



**EDUCATIONAL PSYCHOLOGY SERVICE  
Private Voluntary and Independent Settings**

**REQUEST FOR SERVICE INVOLVEMENT – SEPTEMBER 2014**

**DETAILS OF CHILD**

First name(s): ..... Last name: .....

Gender: Male  Female  Ethnicity: .....

Date of birth ...../...../..... Year group: .....

Please tick box if the child is:

Out of Area  Looked After  CAF  Child in Need  Young Carer

First language ..... Is an interpreter needed? Yes  No

Current SEN status: SEN Support  Statement  EHC Plan

Parent/carer name(s) and address:

.....

..... Postcode: .....

Telephone number(s): Home: ..... Mobile: .....

Child's address if different from parent/carer address:

.....

..... Postcode:.....

Setting: ..... Address .....

Form completed by: ..... Designation;.....

Days child attends:

**REASONS FOR REQUEST FOR INVOLVEMENT** (attach continuation sheet if necessary)

**PROFESSIONAL INVOLVEMENT** (Please check your files and record any known involvement of agencies with names)

**Name of Reaching Children & Families Worker**.....

**Parental completion:**

Do you have any children who live with you who are not yours?

---

**Data Protection: Your child's details are recorded on our Service database. This information is treated as confidential in accordance with the Data Protection Act.**

**I give parental/carer consent:**

- For the involvement of the Educational Psychology Service.
- Permission for the Educational Psychology Service to access any other documentation held by other professionals on my child.
- For the above named child to be discussed with the school's Educational Psychologist and other appropriate professionals within Bury Children's Services.
- I also give permission for Bury Children's Services professionals to both access and share records with other professionals who are involved with the above named child within the terms of confidentiality in accordance with the data protection act.

Signed: ..... (Parent/Carer)

Date: .....

Description of child's strengths:

Description of areas for development:

Parent/child involvement (*How have they been involved and when?*)

What strategies have already been tried/provision made available/evaluation/impact?

What can we offer that will support you in meeting the child's needs?

Any other comments:

- *Please retain a copy of this request*
- *For EPS involvement, **please send a copy to:***
  - The Educational Psychology Service*
  - The Grey Block*
  - Seedfield Site*
  - Parkinson Street*
  - Bury BL9 6NY*
- *or email to [Educationpsychology@bury.gov.uk](mailto:Educationpsychology@bury.gov.uk) or give to your EP.*

## BURY PORTAGE TEAM

### REFERRAL FORM

#### Who is eligible for Portage Home Teaching?

Any child from 0 – 5 years of age who shows some delay in **2 or more areas** of his/her development or who has **a diagnosed condition which is likely to impact on their development**, may be considered for Portage.

Surname	Forename
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth.....
Address:	Name of Parent/Carer:
Post Code:	Contact No:
Home language:	Is an interpreter needed: Yes : <span style="float: right;">No:</span>
Current pre-school/child minding provision, if any:	No of Government funded sessions per week..... No of parent funded sessions per week.....  <b>(Please note: If the number of Government Funded sessions amount to 5 or more, Portage involvement would not be deemed appropriate)</b>
Tel No:	

#### Areas of Concern

Expressive/Receptive Speech and Language		Physical Development (Gross and Fine Motor)	
Social, Communication and Interaction		Play, Learning and Cognition	
Medical		Visual Impairment	
Hearing Impairment		Diagnosis (if any):	
Any other relevant information:			

**Please advise of any risks associated with visiting at home**

--

**Are there any child protection concerns?**

--

**Other Agencies Involved**

<b>Agency</b>	<b>Name No.</b>	<b>Contact</b>
Speech Therapist		
Physiotherapist		
Occupational Therapist		
Health Visitor		
Educational Psychologist		
Paediatrician		
Other		

**Parental consent for this referral confirmed? Yes/No (delete as applicable)**  
**(This is essential before any referral can be acted upon)**

Referred by:	Address:
Designation:	Date:

Please return form to: **Bury Portage Team, Seedfield Site, Parkinson Street, Bury BL9 6NY**  
**Tel: 0161 253 6131/7609**

**FOR OFFICE USE ONLY**

Received ...../...../.....  
Initial Visit arranged for ...../...../.....

Portage Worker:

Paediatric Speech and Language Therapy Department Re-Referral Form

Name: .....	Date of Birth: .....
NHS number: .....	
Address: .....	
.....	
Telephone Number:.....	GP:.....

Previous discharge details:

Discharged from (Venue): .....

Date: ..... By: .....

Reason for discharge: .....

.....

*School age children, the SLT Dept requires supporting information regarding the child's speech, language, communication concerns and current educational attainment levels. This can be in the form of a narrative or a recent educational psychologist report if this is available. The Dept will not accept the referral without this information.*

Please re-refer if you are still concerned after: 6 months  
 (Please note the Dept will not accept this re-referral prior to this time.) This form can also be used to re refer a child that has been discharged from the service within the past two years.

**Re-referral details**

Reason for re-referral.....

.....

.....

Interpreter required: no / yes Language:.....

Nursery /School attended: .....

Please access [www.ican.org.uk](http://www.ican.org.uk) for guidance on age expectations with regards to speech, language and communication development.

## Consent to referral:

**Consent for the referral to be made must be obtained from a person with parental responsibility before the referral is submitted. If consent is not provided the referral will be rejected.**

	Please tick
I confirm that I am the parent / guardian with parental responsibility and that I consent to this referral to the service	
I confirm that I have discussed this referral to the service with the parent / guardian and that they have given their express consent to this referral to the service	
I am aware / have explained to the parent / guardian that this referral to the service is subject to triage and that the child may be signposted to another agency better able to meet the child's needs, or further information may be requested before the referral to the service is accepted	

Parent/ Carer Signature:	Print Name:
Referrer's Signature:	Print Name:
Contact Address:	
Telephone:	
Date:	

**Please send completed form to: Business Management Centre (SALT Referral),  
First Floor, Townside Primary Care Centre,  
Knowsley Place  
Bury, BL9 0SN**

Action (admin use only):.....

**Speech, Language, Play and Communication  
Screening Checklist  
2 ½ - 3 Year Old**

Please access [www.ican.org.uk](http://www.ican.org.uk) for guidance on age expectations with regards to speech, language and communication development.

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

	<b>Play/Attention Development</b>	<b>Yes/No</b>	<b>Comments</b>
1	Can your child do something you want them to do for more than a few minutes at a time?		
2	Can your child act out familiar routines with their toys e.g. undressing and putting doll to bed.		
3	Does your child listen to simple stories and look at picture books? (turning pages and looking?)		
4	Do you feel your child can hear well? Does s/he respond to noises around him?		
5	Does your child sit for long enough to complete an inset puzzle or complete a shape sorter? (constructive play activities)		
6	Is your child beginning to play with other children as well as alongside them?		

	<b>Communication</b>		
<b>7</b>	Does your child use words and gestures to communicate? (body language, eye contact and early words)		
8	Does your child use pointing and words to share an interest or to gain your attention? e.g. points out objects for you to look at such as an aeroplane/pet.		
9	Does your child wave/say bye bye, hello (greetings) without being prompted?		
10	Does your child communicate to reject (had enough), shows likes/dislikes, let you know how s/he is feeling? This may be done through using words and/or through their body language.		
11	Does your child cope with changes in their routine?		



**Speech, Language, Play and Communication  
 Screening Checklist  
 2 ½ - 3 Year Old**

	<b>Understanding of language</b>		
12	Does your child respond to simple daily routine instructions e.g. bring me your animal book?		
13	Does your child know most body parts on his/herself or on dolls?		
14	Does your child understand simple position words 'in' and 'on'? e.g. put your shoes <u>in</u> the bag.		
15	Can your child understand questions beginning with words like 'who', 'what', 'where'? (remember they may respond with words or by showing you).		
16	Does your child understand sentences containing 2-3 key words? E.g. "Put the ball under the table"; "get mummy the shoes and the keys".		

	<b>Spoken Language</b>		
17	Does your child say two to three words together most of the time? Do these words include familiar names, greetings, objects, actions, prepositions (in, on, under, and)?		
18	Can you and others understand at least 50% of your child's speech?		
19	Does your child ask questions?		

**Stammering:** If the child is stammering, please refer directly to Speech and Language Therapy for assessment.

**Speech, Language, Play and Communication  
Screening Checklist  
2 ½ - 3 Year Old**

**Action Guidelines:**

1. If the child scores 17/19 'yes' (passes): : No concerns, signpost family to attend play activities such as those at Children's Centres, playgroup, mother and toddler etc.
2. If the child scores low in play/attention skills, but he is developing his language adequately, discuss concerns with the parent/carer and recommend family to attend targeted and other play activities offered by the Children's Centres. It is also advisable for the Health Visitor to monitor progress.
3. If the child scores at least two 'no' (fails) per section you should discuss concerns with the parent/carer and recommend the family to attend targeted activities and recommend a speech and language therapy assessment (fill in SLT referral form with the parent, if consent agreed).  
If referring to SLT please attach a copy of completed checklist to the referral form. Completed SLT referral forms should be sent to: BMC Office, Townside PCC, Knowsley Street, Bury, BL9 0SN.
4. If the child scores 7/19 'yes' (passes) or below: It is recommended you discuss and recommend a speech and language therapy assessment (fill in SLT referral form with the parent, if consent agreed). If referring to SLT please attach a copy of completed checklist to the referral form. Completed SLT referral forms should be sent to: BMC Office, Townside PCC, Knowsley Street, Bury, BL9 0SN.

Please access [www.ican.org.uk](http://www.ican.org.uk) for guidance on age expectations with regards to speech, language and communication development.

**Speech, Language, Play and Communication  
Screening Checklist  
2 ½ - 3 Year Old**

**Recommendations:**

- To attend any activity parent/carer and child may be interested in.
- To attend targeted sessions recommended by the Local Children's Centre  
To attend specific play activities offered at the Children's Centres.
- To inform Health Visitor about developmental concerns
- To make a referral to Speech and Language Therapy Dept.

**Completed by:**

**Designation:**

**Date:**

Parent / Carer signature: \_\_\_\_\_

PLEASE PRINT YOUR NAME: \_\_\_\_\_

Date:     /     /

Please access [www.ican.org.uk](http://www.ican.org.uk) for guidance on age expectations with regards to speech, language and communication development.

This Checklist and recommendations have been produced by the Community Paediatric Speech and Language Therapy Team- CSB.  
[Providing health services for Bury as part of Pennine Care NHS Foundation Trust.](#)

**Speech, Language, Play and Communication  
 Screening Checklist  
 2 – 2 and a half Year Old**

Please access [www.ican.org.uk](http://www.ican.org.uk) for guidance on age expectations with regards to speech, language and communication development.

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

	<b>Play/Attention Development</b>	<b>Yes/No</b>	<b>Comments</b>
1	Can your child play with one toy or game for a little while before wanting something else?		
2	Is your child showing an interest in doll's play or any type of pretend play? (hugging/feeding a teddy; playing with cars in a pretend manner?)		
3	Is your child showing interest in listening to simple stories and looking at books? (turning pages and looking?)		
4	Do you feel your child can hear well? Does he respond to noises around him?		
5	Does your child sit for long enough to build a tower or to do a simple inset puzzle? Can s/he do a shape sorter? (constructive play activities)		
6	Does your child enjoy playing with familiar adults? Joining in nursery rhymes etc.		
	<b>Communication</b>		
<b>7</b>	Does your child use words and gestures to communicate? (body language, eye contact and early words)		
8	Does your child use pointing and words to share an interest or to gain your attention? (to request an object or activity or to point out objects for you to look at: aeroplane/pet)		
9	Does your child wave/say bye bye, hello (greetings) without being asked to?		
10	Does your child know how to let you know whether he likes or dislikes something?		
11	Does your child enjoy being around other children?		

Please access [www.ican.org.uk](http://www.ican.org.uk) for guidance on age expectations with regards to speech, language and communication development.

**Speech, Language, Play and Communication  
 Screening Checklist  
 2 – 2 and a half Year Old**

	<b>Understanding of language</b>		
12	Does your child respond to his name, to familiar routine language 'bed time now', 'get your shoes/coat' etc?		
13	Can your child point to body parts? Toes, eyes, nose, hair etc.		
14	Can your child bring you a toy or an object from another room when asked?		
15	Can your child do things like 'put the book on the table', 'don't touch', 'give me teddy'?		

16	Does your child point to pictures of objects in simple books or magazines when asked to 'find the...'		
	<b>Spoken Language</b>		
17	Does your child use 20 to 50 words? Do these words include familiar names, greetings, objects, more and gone, the "sound" of familiar animals, cars, trains etc?		
18	Is your child starting to join two or more words together (juice all gone, more juice, mummy more book, sit down mummy)		
19	Does your child ask the names of objects and people e.g. what's this?		
20	Is your child understandable to familiar listeners even if he makes some errors with his speech sounds?		

**Stammering:** If the child is stammering, please refer directly to Speech and Language Therapy for assessment.

**Speech, Language, Play and Communication  
Screening Checklist  
2 – 2 and a half Year Old**

**Action Guidelines:**

1. If the child scores 18/20 (18/20 'yes'): No concerns, signpost family to attend play activities such as those at Children's Centres, playgroup, mother and toddler etc.
2. If the child scores low in play/attention skills, but he is developing his language adequately, discuss concerns with the parent/carer and recommend family to attend targeted and other play activities offered by the Children's Centres. It is also advisable for the Health Visitor to monitor progress.
3. If the child scores at least two 'no' per section (12/20 'yes'), you should discuss concerns with the parent/carer and recommend a speech and language therapy assessment (fill in SLT referral form with the parent, if consent agreed). If referring to SLT please attach a copy of completed checklist to the referral form. Completed SLT referral forms should be sent to: BMC Office, Townside PCC, Knowsley Street, Bury, BL9 0SN.
4. If the child fails an entire section (except play and attention, see action 2), you should discuss concerns with the parent/carer and recommend a speech and language therapy assessment (fill in SLT referral form with the parent, if consent agreed). If referring to SLT please attach a copy of completed checklist to the referral form. Completed SLT referral forms should be sent to: BMC Office, Townside PCC, Knowsley Street, Bury, BL9 0SN.

Please access [www.ican.org.uk](http://www.ican.org.uk) for guidance on age expectations with regards to speech, language and communication development.

**Speech, Language, Play and Communication  
Screening Checklist  
2 – 2 and a half Year Old**

**Recommendations:**

- To attend any activity parent/carer and child may be interested in.
- To attend targeted sessions recommended by the Local Children’s Centre
- To inform Health Visitor about developmental concerns
- To make a referral to Speech and Language Therapy Dept.

**Completed by:**

**Designation:**

**Date:**

Parent / Carer signature: \_\_\_\_\_

PLEASE PRINT YOUR NAME: \_\_\_\_\_

Date:    /    /

Please access [www.ican.org.uk](http://www.ican.org.uk) for guidance on age expectations with regards to speech, language and communication development.

This Checklist and recommendations have been produced by the Community Paediatric Speech and Language Therapy Team- CSB.  
[Providing health services for Bury as part of Pennine Care NHS Foundation Trust.](#)

**Speech, Language, Play and Communication  
Screening Checklist  
3 – 3 ½ Year Old**

Please access [www.ican.org.uk](http://www.ican.org.uk) for guidance on age expectations with regards to speech, language and communication development.

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

	<b>Play/Attention Development</b>	<b>Yes/No</b>	<b>Comments</b>
1	Can your child do something you want them to do for 5 minutes at a time?		
2	Is your child play in a pretend way with dolls or other miniature toys e.g. putting a doll to bed, pretending teddy is having dinner.		
3	Does your child listen to simple stories and look at picture books for up to 5 minutes with you?		
4	Do you feel your child can hear well? Does s/he respond to noises around him?		
5	Does your child use objects for other things e.g. use a box for a car or use a banana for a phone?		
6	Does your child enjoy playing (sharing and taking turns) <u>with</u> other children?		

	<b>Communication</b>		
<b>7</b>	Does your child use words and gestures to communicate? (body language, facial expressions, eye contact and words)		
8	Does your child use pointing and words to share an interest or to gain your attention? (points out objects for you to look at: e.g. aeroplane/pet)		
9	Does your child wave/say bye bye, hello (greetings) without being asked to?		
10	Does your child communicate to (please tick each one your child does); <ul style="list-style-type: none"> <li>• reject (had enough, push away)</li> <li>• Asks for things they want</li> <li>• shows likes/dislikes</li> <li>• let you know how s/he is feeling?</li> </ul> This may be done through using words and/or through their body language.  <i>Child to have at least 3 ticks to pass this item.</i>		
11	Does your child cope with changes in their routine?		



**Speech, Language, Play and Communication  
 Screening Checklist  
 3 – 3 ½ Year Old**

	<b>Understanding of language</b>		
12	Does your child respond to daily routine instructions e.g. 'get your coat <u>and</u> shoes'.		
13	Can your child identify at least 6 farm animals e.g. sheep, cow, horse, dog, pig, duck. Test this out using a book, when out and about e.g. 'Where is the cow?'		
14	Does your child understand 'under' e.g. hide your teddy <u>under</u> the table.		
15	Does your child understand questions beginning with words like 'who', 'what', 'where' (remember they may respond with words or by showing you).		
16	Does your child understand sentences containing 3-4 key words? E.g. "get mummy the little spoon and your bowl".		

	<b>Spoken Language</b>		
17	Does your child say three to five words together most of the time? Do these words include familiar names, greetings, objects, actions, prepositions (in, on and under)?		
18	Can you and others understand at least 75% of your child's speech?		
19	Does your child ask questions?		

**Stammering:** If the child is stammering, please refer directly to Speech and Language Therapy for assessment.

**Speech, Language, Play and Communication  
 Screening Checklist  
 3 – 3 ½ Year Old**

**Action Guidelines:**

3. If the child scores 17/19 'yes' (passes): : No concerns, signpost family to attend play activities such as those at Children's Centres, playgroup, mother and toddler etc.
4. If the child scores low in play/attention skills, but he is developing his language adequately, discuss concerns with the parent/carer and recommend family to attend targeted and other play activities offered by the Children's Centres. It is also advisable for the Health Visitor to monitor progress.
3. If the child scores at least two 'no' (fails) per section you should discuss concerns with the parent/carer and recommend the family to attend targeted activities and recommend a speech and language therapy assessment (fill in SLT referral form with the parent, if consent agreed).  
If referring to SLT please attach a copy of completed checklist to the referral form. Completed SLT referral forms should be sent to: BMC Office, Townside PCC, Knowsley Street, Bury, BL9 0SN.
5. If the child scores 7/19 'yes' (passes) or below: It is recommended you discuss and recommend a speech and language therapy assessment (fill in SLT referral form with the parent, if consent agreed). If referring to SLT please attach a copy of completed checklist to the referral form. Completed SLT referral forms should be sent to: BMC Office, Townside PCC, Knowsley Street, Bury, BL9 0SN

**Recommendations:**

- To attend any activity parent/carer and child may be interested in.
- To attend targeted sessions recommended by the Local Children's Centre
- To attend specific play activities offered at the Children's Centres.
- To inform Health Visitor about developmental concerns
- To make a referral to Speech and Language Therapy Dept.

**Completed by:**

**Designation:**

**Date:**

Parent / Carer signature: \_\_\_\_\_

PLEASE PRINT YOUR NAME: \_\_\_\_\_

Date:     /     /

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**Speech, Language, Play and Communication  
Screening Checklist  
3 ½ - 4 Year Old**

Please access [www.ican.org.uk](http://www.ican.org.uk) for guidance on age expectations with regards to speech, language and communication development.

**Child's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

	<b>Play/Attention Development</b>	<b>Yes/No</b>	<b>Comments</b>
1	Can your child do something you want them to do for up to 10 minutes at a time?		
2	Enjoys make believe play and may take on a role e.g. pretending to be a Teacher/Fireman etc,		
3	Does your child listen to stories for up to 10 minutes with you?		
4	Do you feel your child can hear well? Does s/he respond to noises around him?		
5	Can your child stop what he is doing and focus on what you say/ ask?		
6	Does your child enjoy playing <u>with</u> other children?		

	<b>Communication</b>		
7	Does your child use words and gestures to communicate? (body language, facial expressions, eye contact and words)		
8	Does your child use pointing and words to share an interest or to gain your attention? (points out objects for you to look at: e.g. aeroplane/pet)		
9	Does your child wave/say bye bye, hello (greetings) without being asked to?		
10	Does your child communicate to (please tick each one your child does); <ul style="list-style-type: none"> <li>• reject (had enough, push away)</li> <li>• Asks for things they want</li> <li>• shows likes/dislikes</li> <li>• let you know how s/he is feeling?</li> </ul> This may be done through using words and/or through their body language.  <i>Child to have at least 3 ticks to pass this item.</i>		
11	Does your child cope with changes in their routine?		

**Speech, Language, Play and Communication  
 Screening Checklist  
 3 ½ - 4 Year Old**

	<b>Understanding of language</b>		
12	Does your child understand questions beginning with the words 'who', 'what' and 'where'? (Remember they may respond with words or by showing you another way e.g. facial expression, using their hands).		
13	Does your child understand a range of describing words including big/little, wet/dry.		
14	Does your child understand 'behind' and 'in front' e.g. let's hide <u>behind</u> the tree.		
15	Does your child understand 'why' questions about the here and now e.g. why is baby crying? (remember they may respond with words or by showing you).		
16	Does your child understand sentences containing 4 key words? E.g. "put your book on the table and give me your bag".		

	<b>Spoken Language</b>		
17	Does your child use a range of simple sentences to talk about what they and others are doing e.g. 'Daddy is eating some cake'.		
18	* Can you and others understand most of your child's speech?		
19	Does your child ask questions beginning with 'what', 'where' and 'who'?		

**Stammering:** If the child is stammering, please refer directly to Speech and Language Therapy for assessment.

**\* Speech Sounds:** If your child's conversational speech is not clear to unfamiliar people consider referring to Speech and Language Therapy for assessment.

**Speech, Language, Play and Communication  
 Screening Checklist  
 3 ½ - 4 Year Old**

**Action Guidelines:**

5. If the child scores 17/19 'yes' (passes): No concerns, signpost family to attend play activities such as those at Children's Centres, playgroup, mother and toddler etc.
6. If the child scores low in play/attention skills, but he is developing his language and communication skills adequately discuss concerns with the parent/carer and recommend family to attend targeted and other play activities offered by the Children's Centres. It is also advisable for the Health Visitor to monitor progress.
3. If the child scores at least two 'no' (fails) per section you should discuss concerns with the parent/carer and recommend the family to attend targeted activities and recommend a speech and language therapy assessment (fill in SLT referral form with the parent, if consent agreed).  
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**Recommendations:**

- To attend any activity parent/carer and child may be interested in.
- To attend targeted sessions recommended by the Local Children's Centre
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- To inform Health Visitor about developmental concerns
- To make a referral to Speech and Language Therapy Dept.

**Completed by:**

**Designation:**

**Date:**

Parent / Carer signature: \_\_\_\_\_

PLEASE PRINT YOUR NAME: \_\_\_\_\_

Date:     /     /

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# Children's Centre Outreach Service

## Information for practitioners

**Sure Start  
Children's Centres**

### What service does the family require?

#### Universal Service

#### Targeted Work

**Part 1 of the notification form completed**

**SAS or CAF undertaken  
SAS or CAF identifies what input is required from Outreach Worker.  
Part 2 of the notification form Completed.**

If you would like a Children's Centre Worker to make contact with a family, either by telephone or letter, in order to access universal services available through the Centre, referrals can be made by completing a notification form.

If a family has more complex needs and would benefit from some specific, tailored support in the home from an Outreach Worker, a SAS or CAF must be undertaken, outlining the kind of support that you are requesting.

**Please note** If you are based in a Social Care team you do not need to complete a CAF or SAS. Simply send in your C&F assessment or closing summary (once consent has been gained) along with part 2 of the Children's Centre notification form.

The CAF team can provide support in completing the CAF, and can be contacted on  
**0161 253 5200**  
Other valid forms of assessments will be accepted.

**Consent must be gained from the parent/carer & the form/CAF signed.**

## What service does the family require?

### Universal Service

**Part 1 of the notification form completed**

If you would like a Children's Centre Worker to make contact with a family, either by telephone or letter, in order to access universal services available through the Centre, referrals can be made by completing a notification form.

**Please note** *If you are based in a Social Care team you do not need to complete a CAF or SAS. Simply send in your C&F assessment or closing summary (once consent has been gained) along with part 2 of the Children's Centre notification form.*

### Targeted Work

**SAS or CAF undertaken  
SAS or CAF identifies what input is required from Outreach Worker.  
Part 2 of the notification form Completed.**

If a family has more complex needs and would benefit from some specific, tailored support in the home from an Outreach Worker, a SAS or CAF must be undertaken, outlining the kind of support that you are requesting.

The CAF team can provide support in completing the CAF, and can be contacted on

**0161 253 5200**

Other valid forms of assessments will be accepted.

**Consent must be gained from the parent/carer & the form/CAF signed.**

### What happens next?

On receiving a notification form or SAS/CAF, a member of staff will contact you to gain more information before contacting the family. You will be asked to undertake a Joint visit to meet the family.

For more information regarding Children's Centre Outreach please ring Jo Dalton, Children's Centres Social Worker on

**0161 253 5593 or 07583620423.**

# What is Children's Centre Outreach?

Support from Children's Centre Outreach workers complements the work of other professionals involved with families, such as Health Visitors, Midwives, Social Workers, and Schools.

Outreach work ranges from awareness raising, through publicity and promotion to persistent efforts to engage with families in greatest need. This may, in some cases, involve home visits. Outreach Work is inclusive of all family members & work is undertaken universally with other services to secure better outcomes for children and families at risk of poor outcomes by identifying needs at the earliest opportunity.

## **CC Outreach Workers can support families by:**

- Offering home visits to tell them about their local Children's Centre
- Giving them time to talk through their concerns
- Helping with budgeting, behaviour management, children's routines, play and learning, keeping healthy, domestic abuse, training and employment and much more.
- Providing opportunities to meet other parents through drop-ins and regular events at the Children's Centres.

## **Contact Information**

**Bury East Hub** 0161 253 6999

[Buryeasthub@bury.gov.uk](mailto:Buryeasthub@bury.gov.uk)

**Radcliffe Hub** 0161 253 7465

[Radcliffehub@bury.gov.uk](mailto:Radcliffehub@bury.gov.uk)

**Bury West & North Hub** 0161 253 7727

[Burywestandnorthhub@bury.gov.uk](mailto:Burywestandnorthhub@bury.gov.uk)

**Whitefield Hub** 0161 766 9807

[whitefieldhub@bury.gov.uk](mailto:whitefieldhub@bury.gov.uk)

**Prestwich Hub** 0161 253 7474

[prestwichhub@bury.gov.uk](mailto:prestwichhub@bury.gov.uk)



# What is Children's Centre Outreach?

Support from Children's Centre Outreach workers complements the work of other professionals involved with families, such as Health Visitors, Midwives, Social Workers, and Schools.

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**Whitefield Hub** 0161 766 9807

[whitefieldhub@bury.gov.uk](mailto:whitefieldhub@bury.gov.uk)

**Prestwich Hub** 0161 253 7474

[161prestwichhub@bury.gov.uk](mailto:161prestwichhub@bury.gov.uk)

**Children's Centre Notification Form 2015 Part 1 (Not for Outreach)**

(Please note that family details do not need completing if contained in attached assessments in part 2)

**All significant adults**

Parent /Carer name	DOB	Ethnicity	Relationship to child

Family Address

**All children in the family**

Child	DOB	Ethnicity	Childcare setting

All Contact Numbers

**Referrer details**

Name	Job title	Service/department	Address	Postcode	Telephone number	Email address

**Health information**

Name of Health Visitor	Contact details of Health visitor	Name of GP	Contact details of GP

**Specific requirements/Additional needs**

Family member	Specific requirement/ additional needs/disabilities	Preferred language	Able to communicate in English Y/N

**Service request- (Delete Y/N)**

CC Information to be posted to the family	Joint visit with referrer for introductions to Children's Centres	Telephone call	Letter to be sent to family to invite to meet with staff in the centre.	Name of sessions family would like to be booked on-	Name of course family would like to be referred to-
Y/N	Y/N	Y/N	Y/N		

**One off support details**

Details of one off support to be carried out in the Centre- e.g. form filling etc
Please note targeted work will not take place in the home unless part 2 is completed & assessment attached.

Referrer Signature	Parent/ Carer Signature	Date

- I confirm Parental consent has been gained
- I confirm that this family do not require a referral to the CC outreach service for 1:1 work in the home

**Part 2**

To refer to the Children’s Centre Outreach service where 1:1 work is being requested in the home please complete Part 2.

I confirm I have attached a SAS/CAF or other recognised form of assessment

I have not completed an assessment. I would like support with completing this   
Support request (please tick)

Behaviour management		Debt/budgeting		TAC Lead (For Social care only)	
Routines/Boundaries		Home conditions		Support with preparing for a new baby	
Self esteem & confidence building		Child development		Signposting	
Support relating to Domestic abuse		School Readiness		Engaging with services	
Housing support		Child health e.g. breastfeeding, healthy eating, potty training etc		Reducing isolation	

**Any other identified targeted piece of work or information (please be specific)**

**Desired outcomes**

Referrer Signature	Parent/ Carer Signature	Date

- I confirm parental consent has been gained
- I confirm my CAF/SAS has been sent to [Childwellbeing@bury.gov.uk](mailto:Childwellbeing@bury.gov.uk)

Bury Children's Services

# Multi Agency Safeguarding Hub Inter-Agency Referral Form

<b>Date of Referral</b>	
-------------------------	--

<b>1. Details of Referrer</b>			
<b>Name</b>		<b>Work Address</b>	
<b>Role</b>		<b>Organisation</b>	
<b>Telephone</b>		<b>E-mail</b>	

<b>2. Details of Children</b>					
<b>Child/ren's Name</b>	<b>R'ship</b>	<b>DOB</b>	<b>Gender</b>	<b>Disability</b>	<b>UPN</b>
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	
<b>Ethnicity</b>			<b>Religion</b>		
<b>First Language</b>			<b>Interpreter required</b>	Yes/No	

<b>Immigration Status</b>			
<b>Asylum Seeker</b>		<b>Refugee Status</b>	
		<b>Exceptional leave to remain</b>	

<b>3. Details of Parents/Carers</b>					
<b>Name</b>		<b>DOB</b>		<b>Tel No.</b>	
<b>Address</b>			<b>Relationship</b>		
			<b>Parental Responsibility</b>	Yes/No	
<b>1<sup>st</sup> Language</b>		<b>Ethnicity</b>		<b>Interpreter required</b>	Yes/No

<b>Name</b>		<b>DOB</b>		<b>Tel No.</b>	
<b>Address</b>			<b>Relationship</b>		
			<b>Parental Responsibility</b>	Yes/No	
<b>1<sup>st</sup> Language</b>		<b>Ethnicity</b>		<b>Interpreter required</b>	Yes/No

<b>4. Details of Other Household Members</b>			
<b>Name</b>	<b>DOB</b>	<b>Relationship</b>	<b>Telephone No.</b>
<b>First Language</b>			<b>Interpreter required</b> Yes/No

<b>5. Parents Consent</b> – You should seek the agreement of the child and family before making such a referral <i>UNLESS to do so would place the child at increased harm.</i>			
<b>Are parents/carers aware of this referral ?</b>	<b>Yes</b>		<b>No</b>
If you have answered <b>No</b> please provide details here as to why they have not been informed. / If you have answered <b>YES</b> please provide details here of their responses.			

<b>6. Agencies Involved</b>		
<b>Agency</b>	<b>Professionals Name</b>	<b>Contact Details</b>
<b>GP</b>		
<b>Health Visitor</b>		
<b>School Nurse</b>		
<b>School</b>		

<b>7. Reason for referral/thresholds met</b>

<b>8. Chronology of work undertaken within TAC/CAF</b>

<b>9. Identified intervention plan and outcome expected</b>

<b>PLEASE RETURN COMPLETED FORM</b>
<p>The completed inter agency referral form can be sent to the MASH team via email <a href="mailto:childwellbeing@bury.gcsx.gov.uk">childwellbeing@bury.gcsx.gov.uk</a> only if using a secure email facility such as nhs.net or gcsx connection or equivalent or in the case of schools via the schools Bury council email account. If the inter agency referral form can not be sent via secure email method then it can be sent by fax to <b>0161 253 6011</b>.</p> <p>Consultation can be sought from a duty Social Worker on <b>0161 253 5678</b></p>

**Evidence based group parenting programme**  
**Referral /Application**

**Parent Information**

Name of parent/carer attending group:	Date of birth:	Ethnicity:	Disability:
Name of parent/carer attending group:	Date of birth:	Ethnicity:	Disability:
Address:			Postcode:
Parents Email Address: <i>(confirmation will be sent to this email address, no confirmation is sent in the post)</i>		Contact Number:	

**Child Information**

<u>Child (ren's) name</u>	<u>Date of birth</u>	<u>School/nursery &amp; year group</u>	<u>Crèche place required?</u>	<u>Ethnicity:</u>

**Course information**

Course applied for – Please indicate:			
Baby Webster Stratton (0-12 Months)	<input type="checkbox"/>	Toddler Webster Stratton (12 – 24 months)	<input type="checkbox"/>
Webster Stratton/ Triple P (2 – 12 Years)	<input type="checkbox"/>	Triple P Teen (12 – 16 Years)	<input type="checkbox"/>
If you require an evening course please tick this box <input type="checkbox"/>			
Preferred course venue and start date:			

Parent/Carer's First Language or method of communication;  
Is an interpreter/signer required?

Yes  No

Please provide details:

**Referral information**

Name of referrer:	
Job title:	Service/Team:
Address:	
Telephone number:	
Email address:	Where did you hear about the parenting programme?
Please indicate if any of the following plans are in place:	
Court Order <input type="checkbox"/> Child Protection Plan <input type="checkbox"/> Child In Need <input type="checkbox"/> Other <input type="checkbox"/>	
Please provide details of any other agency involvement with the family?	
Are there any issues around home visiting with this family?	
<b>Assessment:</b>	
<b><i>In order for parents to access our course an upto date valid assessment should be attached and outline the needs for the course. (CAF, CAMHS PAD, or C&amp;F assessment)</i></b>	
Has the parent attended a group parenting programme previously?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'yes' please provide details:	

Please provide a brief outline of the reason for applying for a parenting programme?

**Parent Consent – Please sign to confirm that you fully understand and agree to the referral to a parenting programme and also to the sharing of information between services that may be supporting your family.**

Signature ..... Date .....

**Signature of Referrer:**

Signature ..... Date .....

**Please return to:**

Early Years Team, 3 Knowsley Place, Duke Street, Bury BL9 0EJ

Email: [parenting@bury.gov.uk](mailto:parenting@bury.gov.uk)

Fax: 0161 253 5373



**Sue Hall (Health Visitor for Children with Additional Needs)**  
**Referral Form**

Referrer					
Referred By:	Telephone Number:		Team or Discipline:		
Child's Details					
Name of Child:	Date of Birth:	NHS Number:	Address:		
Gender:	Caseload Dependency:			CAF in Place?	
	<b>S</b>	<b>UPP</b>	<b>UP</b>		
Ethnicity:	Health Visitor/School Nurse & school		General Practitioner:		
Family and Contact Details					
Parents Name(s):	Telephone Number:		Language Spoken / Interpreter:		
Referral Details					
Details of Risk(s) Highlighted at House:					
Has this referral been discussed with the family? (Please circle)		YES	NO		

**Reason for Referral (including medical condition(s) / diagnosis and any other disciplines involved):**

## Referrals



*'Working in partnership with other settings, other professionals and with individuals and groups in the community supports children's development and progress'*

### **The Wider Context 3.4**

## **Referrals**

An important part of the SENCO role is making referrals for young children. Referrals to outside agencies may be needed when an identified need requires additional professional assessment, support and advice. This may include referrals to Speech and Language therapist and the Educational Psychology Service.

Referrals should happen in a timely manner with parent consent and involvement throughout the process.

### **When making referrals, please ensure that:**

- **You include additional information e.g. evidence of need/area of concern**
- **Ensure referrals are completed thoroughly leaving no gaps in the information requested and records are kept.**
- **Evidence should be gathered over a period of time through observation and discussion with colleagues and parents/carers.**
- **Be mindful of children's settling in period and the forming of relationships with key adults. This is a time of transition and adjustment for children and will allow the key person to get to know the child holistically and not make rash decisions.**
- **It's vital that SENCO's take the time to gain knowledge and understanding of who does what. This knowledge enables you to refer children to the relevant agencies.**
- **It is vital to develop links with outside agencies. This allows you to form professional relationships, understand the process and procedure and be able to share this with parents. Over time, this will allow you to build a bank of contact details of relevant agencies.**
- **It remains the SENCO's responsibility to check and feedback to parents and colleagues on where the referral is within the system.**
- **The Reaching Children and Families Team is available to discuss and offer advice on appropriate referrals for children at any stage.**

Making referrals may seem a daunting process; however it is one that is necessary in order to ensure children receive the appropriate professional assessment and intervention.

A child that may be experiencing difficulty in their development and learning has an entitlement to access and receive appropriate support from agencies outside of their early years setting.

By following the above guidelines, SENCO's will play a key part in the early identification of children with special educational needs and disabilities.

### **Referrals Appendix**

		Page Number
<b>Appendix 1</b>	Baseline Assessment	174 - 182
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<b>Appendix 3</b>	ABC's	184 - 185
<b>Appendix 4</b>	Core Plans	186 - 192
<b>Appendix 5</b>	Risk Assessment	193 - 196

## Appendix 1

## Assessment

Start date:

Completed by:

\*E Emerging

Age of child when completed:

\*S Secure

PSED	Making Relationships	E*	S*	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>Enjoys the company of others and seeks contact with others from birth.</li> <li>Gazes at faces and copies facial movements. E.g. sticking out tongue, opening mouth and widening eyes.</li> <li>Responds when talked to, for example, moves arms and legs, changes facial expression, moves body and makes mouth movements.</li> <li>Recognises and is most responsive to main carer's voice: face brightens, activity increases when familiar carer appears.</li> <li>Responds to what carer is paying attention to, e.g. following their gaze.</li> <li>Likes cuddles and being held: calms, snuggles in, smiles, gazes at carer's face or strokes carer's skin.</li> </ul>			
8 – 20 months	<ul style="list-style-type: none"> <li>Seeks to gain attention in a variety of ways, drawing others into social interaction.</li> <li>Builds relationships with special people.</li> <li>Is wary of unfamiliar people.</li> <li>Interacts with others and explores new situations when supported by familiar person.</li> <li>Shows interest in the activities of others and responds differently to children and adults, e.g. may be more interested in watching children than adults or may pay more attention when children talk to them.</li> </ul>			
16 – 26 months	<ul style="list-style-type: none"> <li>Plays alongside others.</li> <li>Uses a familiar adult as a secure base from which to explore independently in new environments, e.g. ventures away to play and interact with others, but returns for a cuddle or reassurance if becomes anxious.</li> <li>Plays cooperatively with a familiar adult, e.g. rolling a ball back and forth.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>Interested in others' play and starting to join in.</li> <li>Seeks out others to share experiences.</li> <li>Shows affection and concern for people who are special to them.</li> <li>May form a special friendship with another child.</li> </ul>			
30 – 50 months	<ul style="list-style-type: none"> <li>Can play in a group, extending and elaborating play ideas, e.g. building up a role-play activity with other children.</li> <li>Initiates play, offering cues to peers to join them.</li> <li>Keeps play going by responding to what others are saying or doing.</li> <li>Demonstrates friendly behaviour, initiating conversations and forming good relationships with peers and familiar adults.</li> </ul>			
40 – 60+ months	<ul style="list-style-type: none"> <li>Initiates conversations, attends to and takes account of what others say.</li> <li>Explains own knowledge and understanding, and asks appropriate questions of others.</li> <li>Takes steps to resolve conflicts with other children, e.g. finding a compromise.</li> </ul> <p><b>Early Learning Goal</b>  <b>Children play co-operatively, taking turns with others. They take account of one another's ideas about how to organise their activity. They show sensitivity to others' needs and feelings, and form positive relationships with adults and other children.</b></p>			
PSED	<b>Self-confidence and self-awareness</b>	E	S	Discussions with parents Examples from home observations

Birth – 11 months	<ul style="list-style-type: none"> <li>Laughs and gurgles, e.g. shows pleasure at being tickled and other physical interactions.</li> <li>Uses voice, gesture, eye contact and facial expression to make contact with people and keep their attention.</li> </ul>			
8 – 20 months	<p>Enjoys finding own nose, eyes or tummy as part of naming games.</p> <ul style="list-style-type: none"> <li>Learns that own voice and actions have effects on others.</li> <li>Uses pointing with eye gaze to make requests, and to share an interest.</li> <li>Engages other person to help achieve a goal, e.g. to get an object out of reach.</li> </ul>			
16 – 26 months	<p>Explores new toys and environments, but 'checks in' regularly with familiar adult as and when needed.</p> <ul style="list-style-type: none"> <li>Gradually able to engage in pretend play with toys (support child to understand their own thinking may be different from others).</li> <li>Demonstrates sense of self as an individual, e.g. wants to do things independently, says "No" to adult.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>Separates from main carer with support and encouragement from a familiar adult.</li> <li>Expresses own preferences and interests.</li> </ul>			
30 – 50 months	<ul style="list-style-type: none"> <li>Can select and use activities and resources with help.</li> <li>Welcomes and values praise for what they have done.</li> <li>Enjoys responsibility of carrying out small tasks.</li> <li>Is more outgoing towards unfamiliar people and more confident in new social situations.</li> <li>Confident to talk to other children when playing, and will communicate freely about own home and community.</li> <li>Shows confidence in asking adults for help.</li> </ul>			
40 – 60+ months	<ul style="list-style-type: none"> <li>Confident to speak to others about own needs, wants, interests and opinions.</li> <li>Can describe self in positive terms and talk about abilities.</li> </ul> <p><b>Early Learning Goal</b>  <b>Children are confident to try new activities, and say why they like some activities more than others. They are confident to speak in a familiar group, will talk about their ideas, and will choose the resources they need for their chosen activities. They say when they do or don't need help.</b></p>			

PSED	Managing Feelings and behaviour	E	S	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>Is comforted by touch and people's faces and voices.</li> <li>Seeks physical and emotional comfort by snuggling in to trusted adults.</li> <li>Calms from being upset when held, rocked, spoken or sung to with soothing voice.</li> <li>Shows a range of emotions such as pleasure, fear and excitement.</li> <li>Reacts emotionally to other people's emotions, e.g. smiles when smiled at and becomes distressed if hears another child crying.</li> </ul>			
8 – 20 months	<ul style="list-style-type: none"> <li>Uses familiar adult to share feelings such as excitement or pleasure, and for 'emotional refuelling' when feeling tired, stressed or frustrated.</li> <li>Growing ability to soothe themselves, and may like to use a comfort object.</li> <li>Cooperates with caregiving experiences, e.g. dressing.</li> <li>Beginning to understand 'yes', 'no' and some boundaries.</li> </ul>			

16 – 26 months	<ul style="list-style-type: none"> <li>• Is aware of others' feelings, for example, looks concerned if hears crying or looks excited if hears a familiar happy voice.</li> <li>• Growing sense of will and determination may result in feelings of anger and frustration which are difficult to handle, e.g. may have tantrums.</li> <li>• Responds to a few appropriate boundaries, with encouragement and support.</li> <li>• Begins to learn that some things are theirs, some things are shared, and some things belong to other people.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>• Can express their own feelings such as sad, happy, cross, scared, worried.</li> <li>• Responds to the feelings and wishes of others.</li> <li>• Aware that some actions can hurt or harm others.</li> <li>• Tries to help or give comfort when others are distressed.</li> <li>• Shows understanding and cooperates with some boundaries and routines.</li> <li>• Can inhibit own actions/behaviours, e.g. stop themselves from doing something they shouldn't do.</li> <li>• Growing ability to distract self when upset, e.g. by engaging in a new play activity.</li> </ul>			
30 – 50 months	<p>Aware of own feelings, and knows that some actions and words can hurt others' feelings.</p> <p>Begins to accept the needs of others and can take turns and share resources, sometimes with support from others.</p> <p>Can usually tolerate delay when needs are not immediately met, and understands wishes may not always be met.</p> <p>Can usually adapt behaviour to different events, social situations and changes in routine.</p>			
40 – 60+ months	<p>Understands that own actions affect other people, for example, becomes upset or tries to comfort another child when they realise they have upset them.</p> <p>Aware of the boundaries set and behavioural expectations in the setting.</p> <p>Beginning to be able to negotiate and solve problems without aggression, e.g. when someone has taken their toy.</p>			

PD	Moving and handling	E	S	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>• Turns head in response to sounds and sights.</li> <li>• Gradually develops ability to hold up own head.</li> <li>• Makes movements with arms and legs which gradually become more controlled.</li> <li>• Rolls over from front to back, from back to front.</li> <li>• When lying on tummy becomes able to lift first head and then chest, supporting self with forearms and then straight arms.</li> <li>• Watches and explores hands and feet, e.g. when lying on back lifts legs into vertical position and grasps feet.</li> <li>• Reaches out for, touches and begins to hold objects.</li> <li>• Explores objects with mouth, often picking up an object and holding it to the mouth.</li> </ul>			
8 – 20 months	<ul style="list-style-type: none"> <li>• Sits unsupported on the floor.</li> <li>• When sitting, can lean forward to pick up small toys.</li> <li>• Pulls to standing, holding on to furniture or person for support.</li> <li>• Crawls, bottom shuffles or rolls continuously to move around.</li> <li>• Walks around furniture lifting one foot and stepping sideways (cruising), and walks with one or both hands held by adult.</li> <li>• Takes first few steps independently.</li> <li>• Passes toys from one hand to the other.</li> <li>• Holds an object in each hand and brings them together in the middle, e.g. holds two blocks and bangs them together.</li> <li>• Picks up small objects between thumb and fingers.</li> <li>• Enjoys the sensory experience of making marks in damp sand, paste or paint.</li> <li>• Holds pen or crayon using a whole hand (palmar) grasp</li> </ul>			



	and makes random marks with different strokes.			
16 – 26 months	<ul style="list-style-type: none"> <li>• Walks upstairs holding hand of adult.</li> <li>• Comes downstairs backwards on knees (crawling).</li> <li>• Beginning to balance blocks to build a small tower.</li> <li>• Makes connections between their movement and the marks they make.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>• Runs safely on whole foot.</li> <li>• Squats with steadiness to rest or play with object on the ground, and rises to feet without using hands.</li> <li>• Climbs confidently and is beginning to pull themselves up on nursery play climbing equipment.</li> <li>• Can kick a large ball.</li> <li>• Turns pages in a book, sometimes several at once.</li> <li>• Shows control in holding and using jugs to pour, hammers, books and mark-making tools.</li> <li>• Beginning to use three fingers (tripod grip) to hold writing tools</li> <li>• Imitates drawing simple shapes such as circles and lines.</li> <li>• Walks upstairs or downstairs holding onto a rail two feet to a step.</li> <li>• May be beginning to show preference for dominant hand.</li> </ul>			
30 – 50 months	<p>Moves freely and with pleasure and confidence in a range of ways, such as slithering, shuffling, rolling, crawling, walking, running, jumping, skipping, sliding and hopping.</p> <ul style="list-style-type: none"> <li>• Mounts stairs, steps or climbing equipment using alternate feet.</li> <li>• Walks downstairs, two feet to each step while carrying a small object.</li> <li>• Runs skilfully and negotiates space successfully, adjusting speed or direction to avoid obstacles.</li> <li>• Can stand momentarily on one foot when shown.</li> <li>• Can catch a large ball.</li> <li>• Draws lines and circles using gross motor movements.</li> <li>• Uses one-handed tools and equipment, e.g. makes snips in paper with child scissors.</li> <li>• Holds pencil between thumb and two fingers, no longer using whole-hand grasp.</li> <li>• Holds pencil near point between first two fingers and thumb and uses it with good control.</li> <li>• Can copy some letters, e.g. letters from their name.</li> </ul>			
40 – 60+ months	<ul style="list-style-type: none"> <li>• Experiments with different ways of moving.</li> <li>• Jumps off an object and lands appropriately.</li> <li>• Negotiates space successfully when playing racing and chasing games with other children, adjusting speed or changing direction to avoid obstacles.</li> <li>• Travels with confidence and skill around, under, over and through balancing and climbing equipment.</li> <li>• Shows increasing control over an object in pushing, patting, throwing, catching or kicking it.</li> <li>• Uses simple tools to effect changes to materials.</li> <li>• Handles tools, objects, construction and malleable materials safely and with increasing control.</li> <li>• Shows a preference for a dominant hand.</li> <li>• Begins to use anticlockwise movement and retrace vertical lines.</li> <li>• Begins to form recognisable letters.</li> <li>• Uses a pencil and holds it effectively to form recognisable letters, most of which are correctly formed.</li> </ul> <p>Early Learning Goal  <b>Children show good control and co-ordination in large and small movements. They move confidently in a range of ways, safely negotiating space. They handle equipment and tools effectively, including pencils for writing.</b></p>			

<b>PD</b>	<b>Health and self-care</b>	E	S	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>• Responds to and thrives on warm, sensitive physical contact and care.</li> </ul>			

	<ul style="list-style-type: none"> <li>• Expresses discomfort, hunger or thirst.</li> <li>• Anticipates food routines with interest.</li> </ul>			
8 – 20 months	<ul style="list-style-type: none"> <li>• Opens mouth for spoon.</li> <li>• Holds own bottle or cup.</li> <li>• Grasps finger foods and brings them to mouth.</li> <li>• Attempts to use spoon: can guide towards mouth but food often falls off.</li> <li>• Can actively cooperate with nappy changing (lies still, helps hold legs up).</li> <li>• Starts to communicate urination, bowel movement.</li> </ul>			
16 – 26 months	<ul style="list-style-type: none"> <li>• Develops own likes and dislikes in food and drink.</li> <li>• Willing to try new food textures and tastes.</li> <li>• Holds cup with both hands and drinks without much spilling.</li> <li>• Clearly communicates wet or soiled nappy or pants.</li> <li>• Shows some awareness of bladder and bowel urges.</li> <li>• Shows awareness of what a potty or toilet is used for.</li> <li>• Shows a desire to help with dressing/undressing and hygiene routines.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>• Feeds self competently with spoon.</li> <li>• Drinks well without spilling.</li> <li>• Clearly communicates their need for potty or toilet.</li> <li>• Beginning to recognise danger and seeks support of significant adults for help.</li> <li>• Helps with clothing, e.g. puts on hat, unzips zipper on jacket, takes off unbuttoned shirt.</li> <li>• Beginning to be independent in self-care, but still often needs adult support.</li> </ul>			
30 – 50 months	<ul style="list-style-type: none"> <li>• Can tell adults when hungry or tired or when they want to rest or play.</li> <li>• Observes the effects of activity on their bodies.</li> <li>• Understands that equipment and tools have to be used safely.</li> <li>• Gains more bowel and bladder control and can attend to toileting needs most of the time themselves.</li> <li>• Can usually manage washing and drying hands.</li> <li>• Dresses with help, e.g. puts arms into open-fronted coat or shirt when held up, pulls up own trousers, and pulls up zipper once it is fastened at the bottom.</li> </ul>			
40 – 60+ months	<ul style="list-style-type: none"> <li>• Eats a healthy range of foodstuffs and understands need for variety in food.</li> <li>• Usually dry and clean during the day.</li> <li>• Shows some understanding that good practices with regard to exercise, eating, sleeping and hygiene can contribute to good health.</li> <li>• Shows understanding of the need for safety when tackling new challenges, and considers and manages some risks.</li> <li>• Shows understanding of how to transport and store equipment safely.</li> <li>• Practices some appropriate safety measures without direct supervision.</li> </ul> <p><b>Early Learning Goal</b>  <b>Children know the importance for good health of physical exercise, and a healthy diet, and talk about ways to keep healthy and safe. They manage their own basic hygiene and personal needs successfully, including dressing and going to the toilet independently.</b></p>			

<b>CAL</b>	<b>Listening and attention</b>	<b>E</b>	<b>S</b>	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>• Turns toward a familiar sound then locates range of sounds with accuracy.</li> <li>• Listens to, distinguishes and responds to intonations and sounds of voices.</li> <li>• Reacts in interaction with others by smiling, looking and moving.</li> <li>• Quietens or alerts to the sound of speech.</li> </ul>			

	<ul style="list-style-type: none"> <li>Looks intently at a person talking, but stops responding if speaker turns away.</li> <li>Listens to familiar sounds, words, or finger plays.</li> <li>Fleeting Attention – not under child’s control, new stimuli takes whole attention.</li> </ul>			
8 – 20 months	<ul style="list-style-type: none"> <li>Moves whole bodies to sounds they enjoy, such as music or a regular beat.</li> <li>Has a strong exploratory impulse.</li> <li>Concentrates intently on an object or activity of own choosing for short periods.</li> <li>Pays attention to dominant stimulus – easily distracted by noises or other people talking.</li> </ul>			
16 – 26 months	<ul style="list-style-type: none"> <li>Listens to and enjoys rhythmic patterns in rhymes and stories.</li> <li>Enjoys rhymes and demonstrates listening by trying to join in with actions or vocalisations.</li> <li>Rigid attention – may appear not to hear.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>Listens with interest to the noises adults make when they read stories.</li> <li>Recognises and responds to many familiar sounds, e.g. turning to a knock on the door, looking at or going to the door.</li> <li>Shows interest in play with sounds, songs and rhymes.</li> <li>Single channelled attention. Can shift to a different task if attention fully obtained – using child’s name helps focus.</li> </ul>			
30 – 50 months	<ul style="list-style-type: none"> <li>Listens to others one to one or in small groups, when conversation interests them.</li> <li>Listens to stories with increasing attention and recall.</li> <li>Joins in with repeated refrains and anticipates key events and phrases in rhymes and stories.</li> <li>Focusing attention – still listen or do, but can shift own attention.</li> <li>Is able to follow directions (if not intently focused on own choice of activity).</li> </ul>			
40 – 60+ months	<ul style="list-style-type: none"> <li>Maintains attention, concentrates and sits quietly during appropriate activity.</li> <li>Two-channelled attention – can listen and do for short span.</li> </ul> <p><b>Early Learning Goal</b>  <b>Children listen attentively in a range of situations. They listen to stories, accurately anticipating key events and respond to what they hear with relevant comments, questions or actions. They give their attention to what others say and respond appropriately, while engaged in another activity.</b></p>			

CAL	Understanding	E	S	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>Stops and looks when hears own name.</li> <li>Starts to understand contextual clues, e.g. familiar gestures, words and sounds</li> </ul>			
8 – 20 months	<ul style="list-style-type: none"> <li>Developing the ability to follow others’ body language, including pointing and gesture.</li> <li>Responds to the different things said when in a familiar context with a special person (e.g. ‘Where’s Mummy?’, ‘Where’s your nose?’).</li> <li>Understanding of single words in context is developing, e.g. ‘cup’, ‘milk’, ‘daddy’.</li> </ul>			
16 – 26 months	<ul style="list-style-type: none"> <li>Selects familiar objects by name and will go and find objects when asked, or identify objects from a group.</li> <li>Understands simple sentences (e.g. ‘Throw the ball.’)</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>Identifies action words by pointing to the right picture, e.g., “Who’s jumping?”</li> <li>Understands more complex sentences, e.g. ‘Put your toys away and then we’ll read a book.’</li> <li>Understands ‘who’, ‘what’, ‘where’ in simple questions (e.g. Who’s that/can? What’s that? Where is.?).</li> <li>Developing understanding of simple concepts (e.g.</li> </ul>			

	<i>big/little</i> ).			
30 – 50 months	<ul style="list-style-type: none"> <li>• Understands use of objects (e.g. “<i>What do we use to cut things?</i>”)</li> <li>• Shows understanding of prepositions such as ‘under’, ‘on top’, ‘behind’ by carrying out an action or selecting correct picture.</li> <li>• Responds to simple instructions, e.g. to get or put away an object.</li> <li>• Beginning to understand ‘why’ and ‘how’ questions.</li> </ul>			
40 – 60+ months	<ul style="list-style-type: none"> <li>• Responds to instructions involving a two-part sequence.</li> <li>• Understands humour, e.g. nonsense rhymes, jokes.</li> <li>• Able to follow a story without pictures or props.</li> <li>• Listens and responds to ideas expressed by others in conversation or discussion.</li> </ul> <p><b>Early Learning Goal</b>  <b>Children follow instructions involving several ideas or actions. They answer ‘how’ and ‘why’ questions about their experiences and in response to stories or events.</b></p>			

CAL	Speaking	E	S	Discussions with parents Examples from home observations
Birth – 11 months	<ul style="list-style-type: none"> <li>• Communicates needs and feelings in a variety of ways including crying, gurgling, babbling and squealing.</li> <li>• Makes own sounds in response when talked to by familiar adults.</li> <li>• Lifts arms in anticipation of being picked up.</li> <li>• Practises and gradually develops speech sounds (babbling) to communicate with adults; says sounds like ‘<i>baba, nono, gogo</i>’</li> </ul>			
8 – 20 months	<ul style="list-style-type: none"> <li>• Uses sounds in play, e.g. ‘<i>brrrm</i>’ for toy car.</li> <li>• Uses single words.</li> <li>• Frequently imitates words and sounds.</li> <li>• Enjoys babbling and increasingly experiments with using sounds and words to communicate for a range of purposes (e.g. <i>teddy, more, no, bye-bye</i>.)</li> <li>• Uses pointing with eye gaze to make requests, and to share an interest.</li> <li>• Creates personal words as they begin to develop language.</li> </ul>			
16 – 26 months	<ul style="list-style-type: none"> <li>• Copies familiar expressions, e.g. ‘<i>Oh dear</i>’, ‘<i>All gone</i>’.</li> <li>• Beginning to put two words together (e.g. ‘<i>want ball</i>’, ‘<i>more juice</i>’).</li> <li>• Uses different types of everyday words (nouns, verbs and adjectives, e.g. <i>banana, go, sleep, hot</i>).</li> <li>• Beginning to ask simple questions.</li> <li>• Beginning to talk about people and things that are not present.</li> </ul>			
22 – 36 months	<ul style="list-style-type: none"> <li>• Uses language as a powerful means of widening contacts, sharing feelings, experiences and thoughts.</li> <li>• Holds a conversation, jumping from topic to topic.</li> <li>• Learns new words very rapidly and is able to use them in communicating.</li> <li>• Uses gestures, sometimes with limited talk, e.g. reaches toward toy, saying ‘<i>I have it</i>’.</li> <li>• Uses a variety of questions (e.g. <i>what, where, who</i>).</li> <li>• Uses simple sentences (e.g. ‘<i>Mummy gonna work</i>.’)</li> <li>• Beginning to use word endings (e.g. <i>going, cats</i>).</li> </ul>			
30 – 50 months	<ul style="list-style-type: none"> <li>• Beginning to use more complex sentences to link thoughts (e.g. <i>using and, because</i>).</li> <li>• Can retell a simple past event in correct order (e.g. <i>went down slide, hurt finger</i>).</li> <li>• Uses talk to connect ideas, explain what is happening and anticipate what might happen next, recall and relive past experiences.</li> <li>• Questions why things happen and gives explanations. Asks e.g. <i>who, what, when, how</i>.</li> <li>• Uses a range of tenses (e.g. <i>play, playing, will play, played</i>).</li> <li>• Uses intonation, rhythm and phrasing to make the</li> </ul>			

	<p>meaning clear to others.</p> <ul style="list-style-type: none"> <li>• Uses vocabulary focused on objects and people that are of particular importance to them.</li> <li>• Builds up vocabulary that reflects the breadth of their experiences.</li> <li>• Uses talk in pretending that objects stand for something else in play, e.g. 'This box is my castle.'</li> </ul>			
40 – 60+ months	<ul style="list-style-type: none"> <li>• Extends vocabulary, especially by grouping and naming, exploring the meaning and sounds of new words</li> <li>• Uses language to imagine and recreate roles and experiences in play situations.</li> <li>• Links statements and sticks to a main theme or intention.</li> <li>• Uses talk to organise, sequence and clarify thinking, ideas, feelings and events.</li> <li>• Introduces a storyline or narrative into their play.</li> </ul> <p><b>Early Learning Goal</b>  <b>Children express themselves effectively, showing awareness of listeners' needs. They use past, present and future forms accurately when talking about events that have happened or are to happen in the future. They develop their own narratives and explanations by connecting ideas or events.</b></p>			

**Data Protection**

This information is protected under the Data Protection Act (1998) which protects people's personal information from abuses by applying strict rules to the way their personal data is treated by organisations. Data will be processed, that is obtained, recorded, held, or disclosed in line with the 8 principles of the Act.

Data will be;

- Fairly and lawfully processed - with the consent of the person whose information is being processed;
- Obtained only for one or more specified lawful purposes.
- Processed in an adequate manner which is relevant and not excessive;
- Accurate;
- Not kept longer than necessary;
- Processed in line with the data subjects rights;
- Secure;
- Not transferred to another country without adequate protection.

**Consent for information storage and information sharing**

I understand the information that is recorded on this form and that it will be securely stored and used for the purpose of providing services to:

- Me
- This infant, child or young person for whom I am a parent
- This infant, child or young person for whom I am a carer

I have had the reasons for information sharing explained to me and I understand those reasons

Yes  No

I agree to the sharing of information to relevant agencies with exceptions detailed below

Yes  No

*(Practitioner/ Parents to detail exceptions for sharing information)*

**Signed by parent/carers:**.....

**Name (Printed):**.....

**Date:**.....

**Signed by all Present**.....

**For: Bury Portage & SEN Early Years Developmental Profile – Pages 85 - 94**

Appendix - 2



Individual Learning Development Plan (ILDP) for \_\_\_\_\_

Assess Plan Do Review Cycle number: Start date for ILDP: SMART outcome number:	Who has been involved in setting this outcome / where has it come from?  Date for outcome to be reviewed:		
Things that _____ is good at / has an interest in:			
SMART outcome i.e. what does the child need to achieve?			
Strategies/Interventions i.e. what the adult is going to do: <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	Who will do it?	How often?	By when?
Review - Did the child meet their SMART outcome?	Yes	No	
If yes what strategy / intervention was successful?			
If no what needs to change?			

The child's next steps are: (to be completed with parents and key person and/or SENCO)

---

Signed: Parent/ Carer:

.....

Signed: SENCO &/ Key person:

.....

### Appendix - 3

Child:

### Investigatory ABC Chart

Please complete the table every time the behaviour occurs

Date	Time	Staff initials	Antecedents (what happened prior to or as the behaviour occurred?)	Behaviour	Consequence (What happened immediately after the behaviour?)



## ABC Recording for Hitting out Behaviours

### Guidance Notes for Completion

- Please complete the sheet **as soon as possible** after the behaviour takes place
- Please complete the form in **as much detail as possible**, answering the questions for each section listed below
- Please put your name on the form and include the date and time the behaviour occurs

### Antecedents

1. What had the child been doing **immediately before** the behaviour started?
2. Where did it happen?
3. **How long** had he been doing this?
4. **Where** did the behaviour first start?
5. What were other children and staff doing before the behaviour started?
6. Was there a change to the routine?
7. What were the lights and sound like?
8. Was the child asked to do anything or to stop something?
9. How had the child's mood been generally that day e.g. happy, sad, angry, withdrawn, tired or distressed?

### Behaviour

1. How did the behaviour **start**?
2. How did it **develop**? i.e. what were the various behaviours
3. How **long** did each behaviour last?
4. What was the intensity of the behaviour like e.g. on a scale of 1- 5 where 1 is not very intense to 5 very intense?
5. How did the child look during the behaviour - **facial expression/ body language**?
6. How would you describe the child's **mood during the behaviour**?

### Consequence

1. What **exactly** did you do in response to the behaviour when it **first** started?
2. What did you say?
3. Did the child receive more or less social contact/attention?
4. Were the demands of a task/request withdrawn?
5. Was the child given a drink/food/activity?
6. Did the child gain sensory stimulation?
7. How did your response change as the behaviour continued?

**Appendix - 4**

**CARE PLAN**

If no what needs to change?

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**Start Date:**

**Name of setting:**

**Child Name:**

**DOB:**

**Address:**

**Tel No:**

**Mobile No:**

**Main Carer's Details – Name, Address and Contact Numbers:**

**GP's Name:**

**Surgery Address:**

**Relevant Health Professionals:**

<b>Name</b>	<b>Service</b>	<b>Contact Number</b>	<b>Hospital/Clinic</b>

**Identified requirements:**

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**ESSENTIAL INFORMATION:**

<b>Likes</b>	
<b>Dislikes</b>	

**REQUIREMENTS**

**Religious/Cultural Requirements:**

**Hearing/Vision:**

Any results from recent Audiologist tests, history of 'glue ear', Grommets', hearing impairment, uses aids...

Any results from recent Ophthalmic tests, requires glasses, large print...

**Speech, Language and Communication:**

Preferred communication, language, signs, gestures, expression, listening, understanding

**Personal/Intimate Care:**

Self-care skills, independence; washing, dressing, nappy changing, toileting

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<p><b>Physical Development:</b></p> <p>Fine motor skills, gross motor skills, lifting and handling, specific resources/equipment</p>	
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<p><b>Feeding/Eating/Drinking:</b></p> <p>Type of feed/drink, dietary requirements, feeding and drinking utensils/equipment</p>	
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<p><b>Any other requirements:</b></p>	
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**Identified Risks:**

**Aim of Care Plan:**

**Summary of Tasks**

<b>Summary of Tasks</b>		
<b>Actions</b>	<b>By Whom</b>	<b>By When</b>

<b>Any staff training requirements:</b>		

**Contingency Arrangements:**

<b><u>Medication administered at home:</u></b>	<b><u>Dosage</u></b>	<b><u>Possible side effects</u></b>

<b><u>Medication administered in the setting:</u></b>	<b><u>Dosage</u></b>	<b><u>Possible side effects</u></b>

**I agree with the above details/actions.....**

**Signature:.....(on behalf of setting)**

**Signature:.....(Parent/Carer)**

**Copies to:**

**Date completed:**

**Date of review:**

**To be reviewed by:**



**Appendix – 5**

Name of setting.....  
 Childs Name.....  
 Date of Birth.....

**RISK ASSESSMENT**

Completed by.....  
 Role.....  
 Date.....

Area/Activity	Risk element	Risk Level	Adjustments needed/ action to be taken	Date of adjustments/actions made	Comments/issues/ unmet actions

Date of review.....

Name of setting.....  
 Childs Name.....  
 Date of Birth.....

**RISK ASSESSMENT**

completed by.....  
 Role.....  
 Date.....

Area/Activity	Risk element	Outcome	Risk Level	Adjustments needed/action to be taken	Date of adjustments/actions made	Comments/issues/unmet actions
On entry to provision, Change in rooms, activities, the environment, Lunchtime provision End of the day	No member of staff available to meet and handle transition from changes in the environment throughout the	Child anxious, which may trigger behavioural responses i.e. withdrawal, hiding, <b>(disengagement)</b> crying, biting, kicking	High	Staff ratios must reflect this at transitional points throughout the day	1.1.10 Operational plan reviewed in line with attendance, changes in environmental factors and lunchtime /outdoor provision 7.1.10 Lunchtime provision needs further discussion 8.1.10	7.1.10 Lunchtime provision needs further discussion 8.1.10 Operational plan in place to support all other transitions is meeting the identified risk. To be reviewed 6 weekly or sooner if patterns of attendance or environmental factors change or there are changes to staffing arrangements.
Area/Activity	Risk element	Outcome	Risk Level	Adjustments needed/action to be taken	Date of adjustments/actions made	Comments/issues/unmet actions

Access to exit	Escape building /into unsupervised areas	Unsecure entrance/exit Missing child/children, Unauthorised personnel enter the building	High	Secure entrance and exits that cannot be accessed by children but can be released In the event of an emergency  (a physical body is not an acceptable adjustment or response to this risk)	Risk assessment of access and exits, system identified and put in place to meet adjustments	Secure but accessible door system put in place. Health and Safety risk assessment carried out Staff briefing around door system and protocol. Policies and procedures updated to reflect practice and health and safety guidelines. Newsletter or door system explanation to all parents and other agencies Information included in induction policy/procedures/staff handbook
Area/Activity	Risk element	Outcome	Risk Level	Adjustments needed/action to be taken	Date of adjustments/actions made	Comments/issues/unmet actions
Independent access of the bathroom	Flooded bathroom Slipping hazard	Slipping causing Injuries to children and staff Water seeping into other areas. Water damage	High	First step: Supervision required to visit the toilet with children on a regular basis throughout the day to encourage, promote and support appropriate use of the bathroom.  Breakdown IDLP in smart targets to support development of independent use of the bathroom within the general environment To include activities and resources that support the development and comprehension of turning on/off, pouring, cause	1.1.10 Operational plan adjusted to reflect the routine of supervision throughout the day  Observations made to identify stages of development, likes, dislikes (focus on interests) IDLP discussed and completed with parents to ensure understanding and consistency in approach. Review dates set for smart timescales unless stages of development are met before.	7.1.10 IDLPs discussed with parents, adjustments made to support development within the home environment also. IDLPs and review dates agreed

				and effect etc.		
Area/Activity	Risk element	Outcome	Risk Level	Adjustments needed/action to be taken	Date of adjustments/actions made	Comments/issues/unmet actions

Date of review.....