How to use the Guidance – Early Years

When starting to use the Guidance we recommend first reading through the introduction and the section for All Essex Children. The Section for ‘All Essex Children’ must be the starting point for all pupils, and then other sections of the Guidance used as appropriate for the pupil's needs.

Introduction – What is the Guidance?

All Essex Children

The Provision Guidance for Early Years makes use of the Early Years Foundation Stage (EYFS) and Development Matters. It includes guidance on how to use these to identify good provision for children with a range of needs including learning and development needs, emotional needs and many aspects of language development. Click the button below marked ‘Using the EYFS and Development Matters’ to access this guidance.

You can return to this home page at any point by clicking on the home page button (right) which appears at the top of every page of the Toolkit.

The Guidance also includes specific guidance about provision for children with social communication difficulties and autism, for children with physical and neurological impairment and for children with sensory needs. Click on the links below to access this guidance.

Using the EYFS and Development Matters

Autism and Social Communication Difficulties

Physical and Neurological Impairment

Sensory: Hearing, Visual and Multi-sensory Impairment
Glossary and Acronyms

This section has been included to link to terms and abbreviations that may be unfamiliar to you. Words and Acronyms will show as a clickable link within the document.

Frequently Asked Questions

We will develop information on Frequently Asked Questions. If you have any questions or suggestions for improvements, please let us know by emailing: ProvisionGuidance.Feedback@essex.gov.uk.

Navigating the Toolkit

Within all sections the levels read sequentially

1. High Quality Provision (HQP)
2. Additional Setting Intervention (Building on High Quality Provision) (ASI)
3. High Need (HN)

We have added arrow buttons, colour coded to reflect the 3 levels, at the beginning and end of each section.

These will enable to move up and down the sequence of levels, and within the areas of need, with a single click.

If you want to locate another section of the Toolkit, please use the home button at the top of each page to take you back to the home navigation area.

You will find there are links to other documentations within the Provision Guidance Toolkit. Click these links to go to the relevant piece of documentation. Some links are not yet active and will be shown in red. As they go live they will be changed to blue.

If you find any broken links that are coloured blue please let us know by emailing: ProvisionGuidance.ProjectTeam@essex.gov.uk

Introduction - What is the Guidance?
ALL ESSEX CHILDREN

The Early Years Foundation Stage and Development Matters

For children in the early years of their education, the Early Years Foundation Stage (EYFS) and associated documents provide the key sources of guidance regarding good provision. The information below describes how to make use of these documents to identify appropriate provision for individual children. Before doing so, make sure you are familiar with the characteristics of effective learning described on pages 4-7 of Development Matters here.

The first stage in identifying suitable provision for a child is to refer to the ‘Early Years Outcomes’ document. A link is provided here:

Early Years Outcomes

Use this document to identify descriptions of what the child is doing now with a focus on the core areas of ‘Personal, Social and Emotional Development’, ‘Physical Development’ and ‘Communication and Language’. The outcomes described in this document are also those used within the Development Matters guidance and the Early Year Foundation Stage so you may very well already have this information.

The next stage is to use the Development Matters guidance document. A link is provided here:

Development Matters

Find the outcome descriptions you identified in the left hand columns marked ‘A Unique Child’. Read across to the columns headed ‘Positive Relationships’ and ‘Enabling Environments’. This will then provide some examples of suitable provision for the child given their current level of development. Following this procedure ensures that the provision put in place for the child is suitable for their current level of development, rather than their current age. The provision identified in this way will then be the most suitable to help the child to achieve their next outcomes.

In many cases, the provision identified in this way will be a full description of what is needed to help the child to make progress. However, in some cases a child may have other identified needs that are not covered in the above documents. In this case, some further sources of suitable provision are given in the next section. However, the EYFS documents should always be used first to ensure that information is considered regarding all aspects of a child’s development, and not just areas of need.
Other Provision Guidance Documents

Social Communication including Autistic Spectrum

If the child has a diagnosis of autism spectrum disorder, follow this link. There may also be occasions when a child does not have a diagnosis but you are concerned about a child’s development of language for social use, their development of play with other children or their development of imaginative play. In these cases, the guidance below can also be consulted but please ensure that you have also referred to the Development Matters sections on Personal, Social and Emotional development and on Communication and Language.

When a child has needs relating to their understanding or use of language, Development Matters will generally be the main source of guidance regarding provision. When a child has difficulty with the articulation of their language the following document should be considered:

Physical and Neurological

If the child has physical needs, the Provision Guidance for physical and neurological difficulties should be consulted. Click the link above to go straight there

Sensory: Hearing, Vision and Multi-sensory

If the child has needs relating to visual impairment or hearing impairment, then the Provision Guidance documents for sensory needs later in this document should be consulted. Click these links to go straight there

Useful Information

If you are concerned about the progress of a child you work with, there are many sources of support and advice available. The Essex Early Years and Childcare website has further information here.
Other Sources of Information
There are many other sources of information and guidance as to good provision for children in the early years. Many links are provided on the ‘Resources’ page of the Essex Early Years and Childcare website. Click here to see them.

Information about Specific Types of Need
This section is under development and will provide links to sources of information on how to support children with specific types of need.

Information on support for children with Down Syndrome is provided from the Early Support website here
**AUTISM and SOCIAL COMMUNICATION DIFFICULTIES**

Please read this section in sequence as each level of need builds on the one before. It assumes that provision in the previous level is in place and does not repeat this in the later sections.

**Autism and Social Communication Difficulties**

**High Quality Provision (HQP)**

**Child Characteristics**

**Communication**
Verbal communication is meaningful and appropriate for age and situation.
Non-verbal communication is meaningful and appropriate to age and situation.

**Social Skills**
Facial expression, posture and manner reflect the child’s type and degree of emotional response.
Shows normal fear or nervousness. May be shy, fussy or annoyed at being told what to do,

*From 30-50 months:* Accepts changes to routine without undue distress.

**Sensory**
Makes normal use of and response to hearing/listening, taste, smell and touch.
Vision is used with other senses as a way to explore a new object.

**Flexibility of Thinking**
Shows interest in toys/objects and uses them appropriately.
Accepts changes to routine without undue distress.
Can imitate sounds, words and movements.

**Motor Development**
Agility and co-ordination is age appropriate.

**Provision**

**Positive Relationships**

**Communication**
Staff should be aware that the child may have a ‘spiky profile’ - that is, a range of strengths and difficulties in different areas of development - and may have some mild comprehension difficulties.
When giving an instruction, staff should ensure that they use the child’s name first to gain attention.
### Social skills
Staff should be aware a child with social communication difficulties (SCD) may suppress aspects of their condition in the setting, in order to fit in, and demonstrate them more at home. Children may behave differently at home and in the setting.

### Sensory
Staff should be aware that the child may have some (mild) sensory issues, involving one or more senses, including the vestibular sense (sense of balance) and/or the proprioceptive sense (conscious and unconscious awareness of body position).

### Flexibility of Thinking
Staff should prepare the child for change – coping with sudden changes can be hard for them.

### Motor Development
Staff should monitor the child’s motor skill development.

### Enabling Environments

#### Communication
Staff should praise appropriate behaviour, in line with their usual good practice, which will help guide the child.
Staff should check the child has understood language used and modify it if necessary.

#### Social skills
Staff should arrange activities that involve interaction and co-operation with other children, in line with their usual good practice.

#### Sensory
Staff should provide a visual environment which is not distracting or over-stimulating.

#### Flexibility of Thinking
Staff to provide a visual timetable to prepare the child for changes on the way.

#### Motor Development
Activities to develop motor skills should be provided, in line with good practice.
## Child Characteristics

### Communication
Most verbal communication is meaningful, but some echolalia or jargon may occur. Pointing or reaching for what is wanted may be vague.

### Social Skills
May occasionally display inappropriate emotional reactions, sometimes unrelated to objects or events around them. Occasionally shows too much or too little fear or nervousness. May avoid eye contact, is excessively shy, rather unresponsive to adults or clingy to parents.

### Sensory
May make limited responses or mildly over-react to some sensations such as certain sounds/touch. Persistently puts objects in mouth. May smell or taste inedible objects. May be distracted by irrelevant sounds. May ignore or overreact to mild pain. May need to be reminded to look at objects. May be more interested in mirrors/lighting than peers, stare off into space, or avoid eye contact. May display clumsiness, repetitive movements, poor coordination, and sometimes unusual movements.

### Flexibility of Thinking
May show mildly inappropriate interest in, or use of, toys/objects. May continue the same activity or use the same materials when adult tries to change tasks. Generally imitates simple behaviours, e.g. clapping or single verbal sounds, sometimes after prompting or a delay. *From 40-60 months:* May imitate sounds, words and movements

### Provision for Additional Setting Intervention

### Positive relationships

## Provision for Additional Setting Intervention

### Communication
Staff should understand that behaviour in such children is communication, and that challenging or very active behaviour communicates something important and relevant about how such children are experiencing the world.

Staff should understand the difference between:
- a visual timetable, which communicates visually the sequence of activities of the session
(typically for all children), such as: Free Play; Wash Hands, Snack Time; Toilet; and so on; and

- a First, Then (or Task, Reward) schedule, which gains compliance and motivates the child by visually setting out a ‘contract’ in which the adult-chosen activity will be rewarded by a child-chosen activity.

When giving an instruction, staff should ensure that they use the child’s name first to gain attention.

Social skills
Staff should be able to monitor from a distance, and only intervene as necessary, for many informal social situations. The child should be allowed to make what may be clumsy social approaches.

Sensory
Staff should understand that many children with social communication difficulties or autism have sensory issues, and that this can particularly dominate the behaviour and needs of such children in their early years.

Often such children (attempt to) self-regulate by ‘stimming’ – engaging in sensory activity which for them is very stimulating or soothing, such as hand-flapping, tearing paper into pieces and dropping it before their eyes, and so on.

Flexibility of Thinking
Staff should provide a visual timetable, where the structure of the session or the day is set out in visual form, to alert the child to what to expect next and alert her or him to any changes on the way. Staff should draw the child’s attention to the timetable at each transition. The child might be shown a photo or symbol before moving on to the next activity.

Staff should carefully distinguish this visual intervention from a First, Then schedule, and make that distinction clear to child by using different symbols, different context and so on.

Enabling environments

Communication
The child should be provided with a visual environment which enables them to cue into meaning through pictures and/or symbols and gesture and demonstration as well as the spoken word.

A visual timetable should be provided, which will set out the schedule for the current session. The child should be alerted to changes on the way by these being pointed out on the visual timetable.

The child will benefit from involved adults frequently just commenting on what she/he is doing, with the comments at the level of understanding of the child. This will provide good models of language for the child to process, without the requirement of she/he having to respond or to repeat these back.
Social skills
Structured approaches should be used to develop such children’s social skills. These could include activities to improve their joint attention, imitating of behaviour, turn-taking, sharing and role-taking.

*From 40-60 months*: Social Stories should be read to the child as often as necessary, and use very straightforward text, with cues for the child through relevant pictures and/or photographs. They should follow the principles laid down by their creator Carol Gray, including the recognition that the child with ASD/SCD has unique ideas and perceptions and therefore should not be overlooked as a potential expert in the development of any Social Story; the child should be drawn into the construction of it as much as possible. Social Stories provide children with autism/social communication difficulties the necessary information they are lacking to help them identify salient social cues, expected behaviours and the consequences of behaving in various ways.

Sensory
Sensory activity by the child should be contained, but not suppressed altogether, unless it is clearly inappropriate, in which case the child should be provided with a more appropriate sensory activity which also meets their sensory needs (for instance, punching another child as both a social greeting and providing some needed tactile stimulation should be replaced by greeting the other child with a high five, and *not* by simply banning the punching).

Flexibility of Thinking
The child should be provided with a First, Then (or Task, Reward) approach, in which the adult-chosen task is rewarded with a child-chosen activity.

First, Then schedules can be strengthened and developed over time. In the beginning of introducing these, the First part needs to be very short, so that the child is very soon rewarded with the Then activity. Over time, the requirement of the First can be made a little harder. The schedule can be lengthened, as First, Then, First, Then…

*From 40-60 months*: A distraction-free workstation needs to be provided for the First, Then schedule. Though needing a high level of adult support at first, it will, over time, give opportunities for independent learning to take place for a short period daily.

Encouragement should be given to play with small world toys, if the child is at the level to benefit from modelling of imaginative play from an involved adult.
Autism and Social Communication Difficulties
High Needs
(building on HQP and AI)

High needs

Child Characteristics

Communication
Meaningful verbal communication may be limited, with frequent echolalia or jargon.
May be unable to express needs or wants non-verbally.
May not understand others’ non-verbal communication.
May make no meaningful verbal communication (e.g. squeals, makes weird sounds).
May only use bizarre gestures with no apparent meaning (e.g. flapping).
May show no awareness of the meanings of others’ gestures or facial expressions.

*From 30-50 months:* May show persistent, bizarre use of some recognisable words.

Social Skills
May display inappropriate emotional responses, e.g. inhibited or excessive reactions unrelated to the situation.
May seem unaware of others as people, initiates minimal contact; attention is only gained by persistent and forceful attempts.
Responses may be seldom appropriate to situation, and the child’s mood may be difficult to change.
May show wildly different emotions when nothing has apparently changed.
Fears may persist despite efforts to calm or comfort the child.
May have no awareness of danger.
May be unaware of others’ actions. Child may rarely respond or initiate contact.
Only the most persistent attempts to get the child’s attention have any effect.

*From 30-50 months:* May generally imitate simple behaviours, e.g. clapping or single verbal sounds, sometimes after prompting or a delay.

Sensory

22-36 months

May be preoccupied with touching, smelling or tasting objects or people.
May be preoccupied with using toys/objects in a strange way (e.g. focussing on an insignificant part, showing fascination with light, making repetitive movements, playing exclusively with one object).
May make variable responses to range of sensations (e.g. sounds or touch) – may ignore a sound initially, startle or cover ears, for example.

May react too much or too little to pain.
May have to be reminded frequently to look at what they are doing.
May stare into space, avoid eye contact.
May be preoccupied with smelling, tasting or feeling objects for the sensation rather than as
exploration. May display unusual behaviours, e.g. peculiar finger or body posturing, staring or picking at body, self-directed aggression, rocking, spinning, finger wiggling or toe-walking.
May make intense/frequent unusual movements which may persist, despite attempts to discourage them or involve them in other activities.

30-50 months

Preoccupied with touching, smelling or tasting objects or people.
May make variable responses to a range of sensations (e.g. sounds or touch) – may ignore a sound initially, startle or cover ears, for example.
May have to be reminded frequently to look at what they are doing. May stare into space, avoid eye contact, look at objects from an unusual angle or hold objects very close to eye.
May completely ignore pain or react very strongly to slight discomfort.
May display unusual behaviours, e.g. peculiar finger or body posturing, staring or picking at body, self-directed aggression, rocking, spinning, finger wiggling or toe-walking.
May make intense and frequent unusual movements which may persist, despite attempts to discourage them or involve them in other activities.

40-60 months

May be preoccupied with touching, smelling or tasting objects or people. The child may make variable responses to range of sensations (e.g. sounds or touch) – may ignore a sound initially, startle or cover ears, for example.
May have to be reminded frequently to look at what they are doing.
May be preoccupied with smelling, tasting or feeling objects for the sensation rather than as exploration.
Shows extreme over- or under-reaction to sound/touch, regardless of type.
May completely ignore pain or react very strongly to slight discomfort.
May be preoccupied with using objects in a strange way (e.g. focussing on an insignificant part, showing fascination with light, making repetitive movements, playing exclusively with one object).
Displays unusual behaviours, e.g. peculiar finger or body posturing, staring or picking at body, self-directed aggression, rocking, spinning, finger wiggling or toe-walking.
Makes intense and frequent unusual movements which may persist despite attempts to discourage them or involve the child in other activities.

Flexibility of Thinking
May actively resist changes in routine, try to continue old activity, be difficult to distract.
May become angry/unhappy when established routine is altered.
May react severely to change.
May become extremely angry/uncooperative if change is forced, responding with tantrums.
May often show too much or too little fear or nervousness.
May show little interest in toys/objects,
May imitate adult sometimes, with persistence and help from that adult; frequently imitates after a delay.
May play inappropriately with objects, frequently and intensively.
May be difficult to distract when engaged in inappropriate activities.
May rarely or never imitate sounds, words or movements even with prompting and assistance from an adult.
Provision

Positive relationships

Communication
Staff should understand the child’s behaviour, particularly challenging behaviour, as a form of communication. With the child’s limited language skills and difficulties with Theory of Mind (the ability to see a situation from another’s perspective), the child will struggle to explain in words what he may be finding problematic about various situations. Our best source of information here may well be the child’s challenging behaviour; best practice will be to discover the problem that provokes the challenging behaviour and address it, rather than merely seek to contain or suppress the behaviour.

Staff need to have an awareness of a variety of strategies to encourage expressive and receptive skills, including the use of symbols and photographs to make choices and requests, natural gesture and some signing. Staff may well need to work on ways to allow the child to express their needs using PECS (Picture Exchange Communication System) and/or Makaton/Signalong or other established system of signing.

Staff should continue to learn to cue in to perhaps minimal or unclear communication signals from the child.

When giving an instruction, staff should ensure that they use the child’s name first to gain attention. Staff should understand that if they need to repeat the instruction, they must provide the same words exactly, or the child may well believe this is a new instruction.

Staff need to understand the value of frequent checking on the child’s understanding and of providing opportunities for the child to demonstrate their understanding non-verbally – that is, without the additional requirement of having to speak.

Involved staff should have attended available training on understanding and meeting the needs of young children with autism.

Social skills
Involved staff should be aware of ‘Intensive Interaction’- the philosophy of demonstrating to the child a good awareness of their responses. In building on and developing the child’s play, this would involve joining in and imitating the child so that they are aware of the social interaction involved and recognise it as something enjoyable. The adult can then help the child to extend their play by introducing and modelling ways to develop that play.

Involved staff need to be aware of a range of social activities at the required level for the child. For instance, the child might be at the level of benefiting from straightforward anticipation games, which would improve their predictive skills and elicit a response from them, and from turn-taking games, to improve their waiting skills.
There should be awareness of involved staff that social activities many need to take place for the child only in short bursts – for instance, the child might be able to sit with the others at Snack Time only for a limited time before needing solitary activity or 1:1 activity with their keyworker. Over time, these bursts can be lengthened.

**Sensory**
Staff should recognise the frequent occurrence of sensory issues in children with autism, and that they can be particularly dominant in *early years* children with autism.

Often such children (attempt to) self-regulate by ‘stimming’ – engaging in sensory activity which for them is very stimulating or soothing, such as hand-flapping, tearing paper into pieces and dropping it before their eyes, and so on.

**Flexibility of Thinking**
Staff need to provide a *visual timetable*, where the structure of the session or the day is set out in visual form, to alert the child to what to expect next and alert her or him to any changes on the way. Staff should draw the child’s attention to the timetable at each transition. The child might be shown a photo or symbol before moving on to the next activity.

Staff should carefully distinguish this visual intervention from a *First, Then* schedule, and make that distinction clear to the child by using different symbols, different context and so on. Staff would understand that in a *First, Then* (or Task, Reward) schedule an adult-directed task (First) is rewarded by an activity that the child prefers (Then). A First, Then schedule should be carefully introduced to the child: initially both items could be their choice. The First, Then schedule will help develop the child’s skills in prediction and independence, and extend their concentration.

**Enabling environments**

**Communication**
There should be continued use of a visual timetable to illustrate to the child the routine of the session or day and allow the possibility of alerting them to any changes of the day. Some children with autism benefit from being warned well in advance; it may well be that for children at this stage of their development, the warning needs to be much nearer the time of change.

A social language programme that supports and extends the child’s comprehension and use of social language should be in place.

There should be advice and input from a Speech and Language Therapist, as deemed appropriate. The Speech and Language Therapist could contribute to the Individual Education Plan, and advise on speech and language interventions and targets, without necessarily having to work with the child directly.
Further significant development of the child’s communication skills would very likely have a very beneficial effect on any challenging behaviour.

There should be frequent encouragement of the child’s communication skills through their special interests, as far as these are evident.

Paired and small group sessions with a member of the setting staff to work on communication targets should be incorporated.

The setting should provide a language-rich environment in which the children have opportunities to learn from:
- adults using lots of language with them by asking questions, labelling objects and commenting on what they are doing;
- language modelled by adults and other children;
- reinforcement of instructions through individual repetition, visual prompts and questions.

There should be a visual environment that would cue the child into the meaning of words. Visual input could include modelling of what is required, and/or pictures and images to reinforce verbal information.

**Social skills**
Social skills training should be provided to help develop the child’s social skills.

There should be regular opportunities for small group work and social play to support the development of relationships and friendships. The child will be at the level of interacting mainly with adults and in terms of their own interests. The starting point would thus be for familiar adults to be joining in with the child re: their interests and then moving it on to turn-taking, imitating and so on. Other children could in time be introduced into games and the adult support faded out.

Further play and games/activities should be included that catch the child’s interests and which provide opportunities for them to be taught and work on their turn-taking skills.

Distraction techniques should be used to deflect a possible build-up in challenging behaviour. The child can be provided with some other stimulus, so that they forget why they were becoming angry.

If there are socially inappropriate strategies which the child uses to fulfil sensory needs, such as pinching others, the principle would be to provide a more appropriate sensory alternative, rather than only striving to forbid or suppress the inappropriate responses (see also Sensory sub-section).

*From 40-60+ months:* Social Stories should be read to the child as often as necessary. These would have very straightforward text, with cues for the child as to what is written by relevant pictures and/or photographs. They should follow the principles laid down by their creator Carol Gray, including the recognition that the child with autism has unique ideas and
perceptions and therefore should not be overlooked as a potential expert in the development of any Social Story; the child should be drawn into the construction of it as much as possible. Social Stories provide children with autism with the necessary information they are lacking to help them identify salient social cues, expected behaviours and the consequences of behaving in various ways.

Sensory
Regular opportunities for the child to address their sensory issues and to regulate these should be provided. Such opportunities might include participating in structured whole body movement and/or deep pressure activities to help prevent sensory overload. There may be an Occupational Therapist involved, and the sensory interventions can follow the occupational therapy advice.

Staff should develop exit strategies so that the child is able to signal in a direct and appropriate way that they need to leave a situation when they feel at risk of sensory overload.

If restraint is being considered, then, wherever possible, alternative means of gaining compliance and making the child and others safe should be used other than holds and restraint. This is good advice in general for children with autism as they may actively seek out opportunities to receive deep pressure; thus physical restraint risks being or becoming for the child in some way calming and rewarding.

Flexibility of Thinking
The child should be provided with a First, Then (or Task, Reward) approach, in which the adult-chosen task is rewarded with a child-chosen activity.

First, Then schedules can be strengthened and developed over time. In the beginning of introducing these, the First part needs to be very short, so that the child is very soon rewarded with the Then activity. Over time, the requirement of the First can be made a little harder. The schedule can be lengthened, as First, Then, First, Then…

Consistent approaches and goals should be applied across the setting.

From 40-60 months: A distraction-free workstation to be provided for the First, Then schedule. Though needing a high level of adult support at first, it will, over time, give opportunities for independent learning to take place for a short period daily.

The child should be encouraged to play with small world toys, if the child is at the level to benefit from modelling of imaginative play from an involved adult.

The Autism Education Trust (AET) has developed a set of Early Years competency and standards frameworks available [here](#) for the standards framework and [here](#) for the competency framework
END of High Needs section
Autism and Social Communication Difficulties
PHYSICAL and NEUROLOGICAL IMPAIRMENT

Introduction

There are many different kinds of physical and neurological difficulty and children with this kind of difficulty will benefit from different kinds of support. For example:

1. A child may have a physical condition that directly affects their learning outcomes. For example:
   a. A child who cannot control their arm movements will have trouble with activities like mark-making and puzzles, or
   b. A child who finds it difficult to control what they are looking at will find it difficult to learn to read.

2. A child may have a physical condition where it is not so obvious how it makes learning more difficult. Also, a neurological impairment can impact on types of thinking and learning such as thinking skills, attention, memory and processing.

3. Some children will need to have help to get around the setting and to take part in some activities. These children do not have a learning difficulty – they just need help to take part in the learning activities.

4. A child may have a specific medical disability that requires regular specific nursing or medical/paramedical intervention in order to benefit from early education.

So children may need some or all of the following:

- changes to how they show what they are learning (for example pointing to letters they recognise when they cannot write them).
- changes to what they are taught.
- help to become more independent in their learning.
- help to get around the setting and take part in all the activities.
- specialist equipment and appropriately trained staff to focus primarily on health care needs.

Adults will need to understand what a child is interested in and how they are learning in all areas of the EYFS rather than attending only to their physical difficulties.

Please read this section in sequence as each level of need builds on the one before. It assumes that provision in the previous level is in place and does not repeat this in the later sections.
Child Characteristics

- Enjoys reasonably good health.
- Can manage fairly well in the setting.
- Can walk and move around independently although may find walking longer distances tiring.
- Can eat and drink, get dressed and see to their toileting needs as you would expect for their age.
- May need medication at home (e.g. for conditions such as mild asthma).

Provision

Staff Knowledge and Understanding

Adults should:

- be aware of key disability legislation such as Disability Discrimination Act and Disability Equality Scheme;
- understand that children may require more time to complete tasks and might need to approach some activities in a different way;
- make sure children are working on learning outcomes that are suitable for their development and change the activities when needed to make sure they can achieve them;
- know about the additional advice available in the PNI Protocol: [https://schools-secure.essex.gov.uk/Service Areas/Special Educational Needs and Additional Educational Needs/Documents/The_PNI_Protocol.pdf](https://schools-secure.essex.gov.uk/Service Areas/Special Educational Needs and Additional Educational Needs/Documents/The_PNI_Protocol.pdf);
- keep up good contact with home so that they know if a child’s condition changes and if they need further advice.

Assessment, Planning and Review

Children’s progress should be assessed using the EYFS so that their next stage can be identified and they can be given activities to help them reach it, making sure that their physical difficulties do not stop them from taking part.

Adults should keep a check on the following:

- make sure children can get around the setting.
- make sure there are plans for things the children need, such as being given medication.
- make sure they have any extra resources they need to take part in the activities.

Regular communication with parents to:

- check the children are able to get round the setting and take part in the activities;
- talk about how parents can help the children at home with their learning (bearing in mind the children may be tired after going to the setting).
Expected access arrangements to support learning

- Make sure the children can take part in all activities. Think about:
  - how they show they have learned something;
  - getting around the setting;
  - their seating.
- Make sure children can see the adult at carpet time and are not getting distracted.
- Sit child with drawing arm on the outside edge of a shared table.
- Colour code words and pictures around the room if child also has visual needs.
- Think about when the children are getting tired as they might not tell you.
- For trips, plan and make changes to make sure:
  - the children can get around and
  - they don’t get too tired.
- Give extra help for putting on coats as needed.
- Quieter as well as busier play areas outside.
- Extra support for mark-making activities.
- Opportunities to play alongside and with more coordinated friends to help them take part in physical activities and so they can share things like drawing.
- Further advice on support available in the PNI Protocol:

Expected arrangements to support emotional well-being for learning

- Watch that the children are well and happy in the setting and help with medication when needed.
- Help the children to play with other children and take part in group activities.
- Make sure the children can take part in activities and are also challenged so they can learn.
- Give praise for how they approach a learning task. For example:
  - how they went about doing something.
  - their effort.
  - sticking at a task.
  - when they look for a challenge.
  - when they get better at something.
- …rather than talk about how talented they are or how they have overcome their physical difficulties.
Physical and Neurological Impairment

Additional Setting Intervention – ASI
(building on HQP)

Child Characteristics

- Has persistent minor health problems relating to physical disability or medical condition requiring an increased level of monitoring.
- Can move and position independently but has difficulties with balance or with controlling their movements; may have trouble with some hand movements.
- Has difficulty moving over medium to long distances.
- Can use safety features in the setting such as handrails.
- Needs help with self-care and may also need reminding about it.

Provision

- Provision is monitored through a 4-part cycle: Assess, Plan, Do, Review (as highlighted in the new SEN Code of Practice).

Staff Knowledge and Understanding
(In addition to Quality First Level knowledge and understanding)

- Adults supporting children know about their physical disabilities and the support they need to learn or take part in activities.
- Adults know how to adjust learning activities for children with moderate physical and neurological impairments.
- Adults communicate with each other so that information is shared about the child’s individual needs in relation to their physical disability or neurological impairment.

Assessment, Planning and Review

- A personalised approach to learning detailing:
  - learning outcomes.
  - ways to reach them.
  - resources and adaptations needed to reach them.
- Assessment should be done over time to ensure a real understanding of the progress and needs of children with physical and neurological impairment.

Expected access arrangements to support learning

- Resources that are easy to pick up and use or which don’t need to be picked up.
- Use visual and practical resources.
- Less mark-making expected.
- Regular rest breaks.
- Children may need special seats.
- Extra support for self-care.
- Use low-tech resources such as modified scissors or a slope on the table.
- Setting already has adapted safety/support resources.
- Children are helped to be independent learners. When adults give children extra help, they should help the child to actively take part in the activity so they can develop their
language and thinking – avoid simply doing things for them.
- Some reminders or pictures to bring children back to a task.
- Give children extra time to answer questions.
- Make sure children know when they have done something well so that they see themselves as good learners.
- Make sure children have opportunities to learn to organise themselves appropriately.
- Adult support to take part in some activities.
- Increased use of alternative methods for children to show their learning,

**Expected arrangements to support emotional well-being for learning**

(In addition to those described for Quality First Level arrangements)

- Approaches that encourage children with physical disabilities to be active and assertive in the development of their communication and learning.

**END of Additional Setting Intervention section**

**Physical and Neurological Impairment**
Physical and Neurological Impairment

High Needs
(building on HQP and AI)

Child Characteristics

- Children are likely to have life-long learning difficulties or disabilities, across several areas of development, and will require very targeted and specialist intervention.
- Learning can be frequently affected by health problems and hospital visits.
- Children take medication that may affect their attention or make them tired.
- Children need Early Support approach to planning to take into account their learning, health and therapy needs.
- Has significant difficulty performing physical skills.
- Physical skills may be variable and could deteriorate.
- Neurological factors may have a significant impact on development and learning.
- May be unable to bear their weight and/or transfer e.g. from chair to wheelchair independently.
- Disability prevents self-care in one or more tasks e.g. toileting, feeding, dressing.

Provision for High Needs

Staff Knowledge and Understanding

- Adults are aware of the child’s disability and are focused on their needs and what they are communicating.
- There is good liaison between preschool staff and therapists to make sure there is a balance between educational and direct therapy objectives to improve the child’s overall quality of life.
- There is access to specific training for support staff in implementing therapy programmes.
- Staff training to administer or help to administer medication or attend to personal care needs takes place.
- All preschool staff should receive relevant and specific training on how to assess and meet the needs of children with significant physical disabilities and (for some children) learning related difficulties.
- Adults need to undertake risk assessments regularly for individual children in different contexts.

Assessment, Planning and Review

- An Early Support approach incorporating educational and therapy advice, and a detailed medical care plan when needed.
- Assessment of the child’s levels of engagement and motivation.
- For children with significant learning as well as physical needs adults use the Early Years Developmental Journal (link) in addition to Development Matters and approaches such as PIVATS (link) and/or B-Squared (link).

Expected access arrangements to support learning

- Access to supportive seating.
- Access to additional mobility resource such as walking frame or wheelchair.
- Environmental changes such as ramps or accessible toilet.
### Personalised ICT resources to support Assisted Communication or Alternative and Augmentative Communication (AAC) resources and equipment.

- Access to specialist transport arrangements and advance planning to ensure that children can go on trips.
- Adult support to assist with transferring resources between activities.
- Adult support for ensuring effective mobility access when required/ requested.
- Additional support during physically active lessons. Appropriate staffing for monitoring and support for specific activities (e.g. swimming).
- Adult support to assist with resource/equipment setup when required or requested.
- Adult support for identified self-care tasks.
- Advice sought from a specialist speech and language therapist where speech articulation is a difficulty, or for advice on modifications to Alternative and Augmentative Communication (AAC) systems or approaches.
- Access to an area for direct specific therapy intervention for some children.
- Access to hydrotherapy for some children.

### Expected interventions to support emotional well-being for learning

- Stress levels due to any sensory needs are monitored and appropriate strategies to reduce these are implemented consistently.
- A high level of adult support:
  - to maintain child safety;
  - provide emotional support and help clarify signs of stress or concern;
  - meet personal care needs;
  - provide rapid response to any emerging medical need.
- Regular opportunities for the child concerned to express concerns and preferences.
- Regular and up-to-date access to specialised, personalised resources and equipment as recommended by physiotherapist / occupational therapist / speech and language therapist / paediatrician or specialist nurse.

### Physical and Neurological Impairment

**END of High Needs section**
Children with a hearing impairment range from those with a mild hearing loss to those who are profoundly deaf. They cover the whole ability range.

For educational purposes, children are regarded as having a hearing impairment if they require hearing aids, adaptations to their environment and/or particular teaching strategies in order to access the concepts and language of the curriculum.

Children should only be recorded as HI if additional educational provision is being made to help them access the curriculum.

A number of children with a hearing impairment also have an additional disability or learning difficulty.

Hearing loss may be because of conductive or sensori-neural problems and can be measured on a decibel scale. Four categories are generally used by NATSIP (National Sensory Teaching Partnership): mild; moderate; severe and profound. Some children with a significant loss communicate through sign instead of, or as well as, speech.

Please read this section in sequence as each level of need builds on the one before. It assumes that provision in the previous level is in place and does not repeat this in the later sections.

### Sensory: Hearing Impairment

#### High Quality Provision (HQP)

**Child Characteristics**

- Mild to moderate hearing loss (NATSIP criteria)
- Mild to moderate, bilateral hearing loss (sensori-neural, conductive or mixed) or Auditory Neuropathy/Dysynchrony Spectrum Disorder.
- Conductive hearing loss which requires the use of a hearing aid or bone anchored hearing aid and can be classified as temporary and fluctuating hearing loss.
- Children may think they have fully understood verbal communications but may not recognise when they have missed information. They may mishear or misunderstand what is said or written, but say they have understood to avoid feeling embarrassed.
- Children may use hearing aids but still communicate orally.
- Hearing loss may affect the child’s understanding of the world and their access to the curriculum.

**Provision**

**Adults Knowledge and Understanding**

- A short package of support and monitoring (including some child specific training) may be provided by a TOD to support adults in the setting.
- Adults knowledge and learning should involve understanding the impact of hearing loss on the individual and can include strategies for management and care of hearing aids and
Training should include
- deaf awareness;
- communication strategies;
- environmental factors for example lighting, blinds, carpets and so on;
- implications of hearing loss;
- room management strategies;
- how to create a ‘One Page Profile’ and awareness of the ‘One Planning’ process, for children known to the HI service.

Assessment, Planning and Review
- The setting ethos and policies should reflect the needs of hearing impaired children.
- Additional visits from the TOD can be requested, if the need is identified through monitoring, beyond those provided in the initial package of support.

Expected interventions to support learning

Teaching Environment and Groupings
- There is useful information available from the National Deaf Children’s Society that can support developing effective learning environments for children with a hearing impairment.
- Any difficulties with access due to existing hearing loss should be able to be met through adapting the activities to meet the child’s needs. Adults should manage the setting environment to produce the best possible listening conditions. This should include:
  - room and activity positioning to have a clear view of the adults;
  - consideration of seating and grouping so that the child can be near the focus of any discussion about the task or during carpet/story time and can see whoever is speaking;
  - an environment as free from noise as possible, closed windows and doors and if necessary create a ‘quiet’ area;
  - consider the importance of social interactions
  - supporting verbal interactions by remodelling, commenting, expanding and labelling whilst at play
  - a lot of verbal interactions will be missed, back these up with sign and gesture for clarification;
  - children should be encouraged to communicate their knowledge and understanding accurately, using a variety of approaches. Groups should be designed with this in mind to help to remove barriers to their learning;
  - use of written/visual cues and context to assist understanding;
- Most auditory information can be accessed with personal hearing aids, FM radio aid system and Key Worker support in ideal situations.
- Advice should be sought on developing literacy and language skills from professionals skilled in working with children with a hearing impairment.

Support (Resources, Parent, Child, Training)
- The child may have one or two hearing aids, bone anchored hearing aids (BAHAs) or cochlear implants. These are issued by the hospital but will need monitoring by the setting adults for:
- cleanliness and damage to moulds and casing;
- battery function;
- cleanliness and damage to tubing;
- distortion of sound quality.

- Use real life examples, objects, and visual images to support learning wherever possible.
- The child may have a radio aid or other hearing aid which should be maintained by adults working with the child.
- Where appropriate speech therapy may be offered.
- Differentiation of tasks and activities through the adult or Key Worker modifying their language to help the child understand the task.

Curriculum and Teaching Methods
- Adults need to gain the attention of the child before speaking and speak clearly, naturally and at a normal rate. They should not cover their hands or walk around the room whilst talking and should use short sentences rather than long complex ones. They need to be aware that children may not spot class instructions such as the ‘Tidy up’ instruction and ‘Spot, look and listen’.
- Adults should sensitively reflect what other children are saying and encourage other children to speak one at a time and face the hearing impaired children.
- Adults should be aware of their position in class and avoid having a light source behind them (for example a window or interactive whiteboard) as this creates a shadow and makes it difficult for the child to lip read or see facial expressions.
- Children should be given time to think and process what is being said before they make a response and a range of responses should be used.
- Children should be allowed time to read or look at pictures or visual aids before they are required to give a verbal response.
- New vocabulary should be explained and pictures and concrete objects which give the words meaning should be provided to support verbal information.
- Any new activity should be modelled by an adult to make sure the child understands what is required.
- The child’s name should be used before asking a question or giving an instruction and they should be provided with a visual indication as to the location or the identity of the person speaking.
- Allow extra time for the child to complete tasks and take into account the fatigue the child may experience because of the amount of effort they have put into listening and lip reading.
- Core vocabulary will need to be reinforced. Instructions may need to be repeated or modified to match learning needs.
- Programmes to develop spoken language and communication skills may need to be followed through and incorporated naturally into all aspects of the day.
- Adults should take time to check understanding. Context will give a hearing impaired child more opportunity to understand concepts.
- Some additional support may be necessary from time to time to check for understanding and clarify concepts in certain topics. This should be provided by the setting.
- Hearing Impairment is not a cognitive difficulty and care must be taken to ensure that expectations are appropriate and that the child has the every opportunity to learn at an appropriate level for their ability. However hearing impairment is a major barrier to the development of language and can cause significant difficulties in language, emotional or learning skills. The degree of impact will be child dependent.
- Comprehensive additional advice and effective strategies for working with young children with hearing loss can be found here (click here – ‘Supporting the achievement of deaf
children in the early years)

- Settings should consider the advice from the NDCS on creating a good listening environment through providing acoustic treatment and controlling background noise where possible.
- ‘Quiet zones’ or ‘Communication Friendly Space’ should be provided, where lower levels of noise are encouraged and established. Deaf children and other children can take part in quieter activities, such as sharing books, completing puzzles or talking.
- Visual support should be provided for tasks with concrete objects for reference where possible.
- Alerting children to additional sounds in their environment they might miss.
- Involve children in conversations including ‘chat’ about the everyday life e.g. what they have done at the weekend.

Expected interventions to support emotional well-being for learning

- Adults should be aware of the possible need for additional support due to vulnerability resulting from the impact of deafness on social interactions with peers and the wider environment.
- Adults should be aware that for children with a hearing impairment it is difficult to talk in groups, because of their deafness and other children’s attitudes. There should be many opportunities to socialise but there must be recognition that:
  - social situations often take place in the noisiest parts of the setting. There should be opportunities to socialise in a quieter part of the setting;
  - social acceptance requires an understanding of social norms but hearing children acquire these through incidental learning experiences, which deaf children are more likely to miss;
  - they may worry that they will not understand what is being said or that their peers will misunderstand them;
  - there must be recognition that some hearing impaired children can feel less involved due to not understanding what is going on.
  - they may become over-dependent on support from adults and lose confidence when support is not there;
- Adults should promote deaf awareness in the setting using resources such as Dolls with hearing aids and books promoting the understanding of the impact of hearing loss, such as ‘Freddie and the Fairy’ and the ‘Hands on Songs’ series supporting signing.
- Opportunities should be provided to meet other deaf children – service providers, parents, local deaf groups or charities may be able to help.
- Children should be encouraged to ask for help if they don’t understand or didn’t hear something.
- Adults should help communication between the deaf child and their peers. They should help the other children to understand what difficulties the deaf child faces and what they can do to make them feel included.
- Adult support should be regularly reviewed to ensure that the deaf child does not become dependent on that person for social support.
- Adults can support boosting the deaf child’s confidence by praising them when they contribute to group activities and particularly when they have made their own friendships.
- Health and safety needs to be thought through, for example
  - additional adults may be needed to ensure the safety of the child during initial stages of cochlear implant and the greater use of free flow activities in Early Years, leading to the child being more mobile in the environment.
  - awareness is needed of the specific needs around children with cochlear implants such as care around water play and play equipment that can create static
electricity (e.g. slides need to be grounded).
  - risk assessments for children with cochlear implants for off site activities.
  - children may not hear fire alarms.

- Health and Safety considerations should also apply to children with unilateral hearing impairment due to lack of directional sound recognition.
- TOD is likely to make visits to home and pre-school setting to support understanding of hearing loss, deaf awareness and use of personal amplification.
- Children should be invited to attend a pre-school communication group for hearing impaired children.
- The deaf child should be taught aspects of social interaction, such as modelling appropriate behaviours, praising interaction and playing games that require turn taking and cooperation.
- Regular contact between setting and parents is important for the development of the child's language and understanding e.g. using a 'Communication book' including photographs.
Sensory: Hearing Impairment

Additional Setting Intervention – ASI
(building on HQP)

Child Characteristics
- Moderate to severe hearing loss (NATSIP criteria)
- Moderate, bilateral hearing loss (sensori-neural, conductive or mixed) or Auditory Neuropathy/Dysynchrony Spectrum Disorder
- They may have a moderate sensori-neural hearing loss with a late diagnosis. A late diagnosis may exacerbate or prolong difficulties.
- They may have 1 or 2 hearing aids or cochlear implants fitted, but still communicate mainly orally with some signed support.
- The child can access some auditory information with personal hearing aids, FM radio aid system, and Key Worker support in ideal conditions.
- They may have difficulties listening in noisy or sound reflecting acoustic environments even when personal amplification is used.

Provision

Adult Knowledge and Understanding
- Adults should be trained or experienced in working with children with a hearing impairment.
- Settings will facilitate regular monitoring and support visits from a TOD. The TOD may provide additional resources for the child in relation to communication, language and literacy development, as appropriate.
- TOD may provide resources to support the child and provide advice to class senco/area senco and Key Worker in relation to communication, language and literacy development.
- Speech and Language Therapy (SaLT) may be provided by a health provider.

Assessment Planning and Review
- Assessment of language and listening development should be carried out. If standardised testing is used it should be carried out using assessments valid for use with hearing impaired children.
- It may be beneficial to develop support through One Planning including advice from relevant professionals such as TOD, Speech and Language Therapists, Educational Psychologist, Health etc.

Expected interventions to support learning

Teaching Environment and Grouping
- The child should remain part of the mainstream setting.

Support (Resources, Parent, Child, Training)
- Advice and training will be given by the TOD but there needs to be a Key Worker who can undertake this responsibility, with additional adults trained in the case of the named person being absent.
- Adults to be trained in the use and assessment of equipment and children to be involved in developing skills in independent management of audiological equipment and associated technology.
Curriculum and Teaching Methods

- Programmes to develop spoken and written language communication skills may need to be followed through and incorporated throughout all aspects of the day.

Expected interventions to support emotional wellbeing for learning

- There should be promotion of a whole setting approach to signing. If a child uses British Sign Language, tuition will be important for peers and adults.
- Provision for the development of social skills is essential.
- TOD to make visits to ‘model’ appropriate interaction and assess development in key areas (including the use of ‘developmental profiles’)
- TOD to make referral to Hearing Impairment Family Support Key Worker (HIFSKW) where additional support is required for identified intervention
Sensory: Hearing Impairment
High Needs
(building on QFT and ASI)

Child Characteristics
- Severe hearing loss to Profound hearing loss (Natsip Criteria)
- Severe/profound, bilateral hearing loss (sensori-neural or mixed) or Auditory Neuropathy/Dysynchrony Spectrum Disorder.
- It may include children who have additional compounding factors impacting the child’s ability to engage with language.
- The child may be using hearing aids and/or cochlear implant/s.
- Late diagnosis or children with English as an Additional Language (EAL) may exacerbate the child’s ability to access language.
- They will likely have difficulties listening in adverse acoustic environments even when personal amplification is used which could be significant.
- Hearing loss will affect the child’s development of receptive and expressive English language and literacy, their understanding of the world and their access to the curriculum.
- The child may have limited vocabulary because they do not hear words being used in conversations around them. They may not always hear all of the words spoken in a sentence or all the individual sounds in any one word.
- They may have difficulty when one word has several different meanings. This will be reflected in their spoken and written English and they may require some speech therapy.
- They may communicate orally but their spoken language may differ in tonal quality and some articulations may be difficult to understand.
- There will be some children who use British Sign language (BSL) as their first language and others who will be using sign language as a support towards developing English.

Provision

Adults Knowledge and Understanding
- CPD will include a more detailed understanding of the impact of a hearing impairment on the individual child and must include management and care of hearing aids and other associated technology.

Expected interventions to support learning

Adults Knowledge and Understanding
- CPD will include a more detailed understanding of the impact of a hearing impairment on the individual child and must include management and care of hearing aids and other associated technology.

Expected interventions to support learning

Teaching Environment and Grouping
- Room assessments of acoustic conditions and audiological solutions need to be carried out and monitored.
- Withdrawal sessions for individual or small group work should be provided and may be
necessary to:
  - Develop speech
  - Develop communication skills
  - Develop appropriate communication codes
  - Develop listening skills
  - Foster emotional and social awareness
  - Provide pastoral support and encouragement

Support (Resources, Parent, Child, Training)
- Advice and training will be given by the TOD. Where the child wears a radio aid all adults working with the child will need to know how to use the radio hearing aid and other associated technology the child is using.
- The child may need modification of written texts to ensure that the vocabulary and language is accessible.
- The setting will need to provide support for the Key Worker from the TOD for planning activities.
- Intervention should include tutoring from sign language instructor as appropriate.
- The child may benefit from support through provision of an Education Health Care Plan (EHCP). There is advice on creating an EHCP in the following document, specific to children with hearing impairment (click link NATSIP – Better Plans)

Curriculum and Teaching Methods
- There should be access to a Key Worker/ sign communicator with a proficient level of signing to access the curriculum as appropriate.
VISUAL IMPAIRMENT

Visual impairment refers to a range of difficulties from minor impairment through to blindness. Children with visual impairments cover the whole ability range. For educational purposes, a child is considered to be visually impaired if they require adaptations to their environment or specific differentiation of learning materials in order to access the curriculum.

Children should only be considered as VI if additional educational provision is being made to help them access the curriculum. Children whose vision is completely corrected by spectacles should not be recorded as VI.

Children who are blind or have very limited useful sight require tactile methods of learning, such as Braille and 3D representations together with making optimal use of their hearing. Partially sighted children also need differentiated materials and may use enlarged print or a mix of learning methods.

It is essential to be aware that the criteria for placing a child within a particular category are based on the visual acuity. However it may not accurately reflect what the child is able to do with their residual vision. Some children are more able to make full use of residual vision than others. Therefore any assessment or decision on which level of need the child falls under should only be made through discussion with the child and all adults and professionals working with the child. This should also take into consideration how well the child functions in their environment and the knowledge that changing the environment may completely change the child’s needs and ability to cope.

Please read this section in sequence as each level of need builds on the one before. It assumes that provision in the previous level is in place and does not repeat this in the later sections.

Sensory: Visual Impairment

High Quality Provision (HQP)

Child Characteristics

- NATSIP Criteria - Mild Vision loss - 6/6 – 6/18 SnellenKay (LogMAR 0.3 – 0.48).
- All visual impairments must be treated on an individual basis as children use their residual vision differently.
- There may be difficulty with near or distance field vision but the difficulty will not be severe at this level of support and /or may be correctable with prescribed spectacles and consideration to setting and classroom environment.
- Colour blindness can have a significant impact on ability to access learning unless it is recognised and planned for.
- Children included may have patching for squints, monocular vision or may have fluctuating visual impairment.
- Some children may have a restricted field of vision or visual impairment in one eye.
- Depending on visual functioning following assessment children may temporarily fall into this category at an early age.
Provision for Quality First Teaching
Provision for children with visual impairment increases as severity increases working down from 6/6 to 6/18.

Staff Knowledge and Understanding
All staff are aware of:
- the possible involvement of the Specialist (Qualified) Teacher for Visual Impairment (QTVI) to monitor that age appropriate goals are met and ensure the children are not disadvantaged. Continued involvement from the QTVI will be dependent on need;
- environmental, safety and habilitation (mobility and independence) issues;
- the fact that generally the child will be expected to manage with provision as described, without additional adult support;
- the implications of visual loss for the individual child.
- CPD (Continued Professional Development) provided by the QTVI. This may include an introduction to specialist equipment, software programmes and CCTV.

Assessment, Planning and Review
- The setting provider will monitor the child’s progress and their visual access to the curriculum on an on-going basis.
- The Habilitation Specialist is likely to be actively involved in advising the setting.
- The QTVI would work with the pupil on developing their tactile skills.

Expected interventions to support learning

Learning Environment and grouping:
- The child may need to be near the focus of the activity.
- The environment should be free of clutter.
- Consideration should be given to ‘demarcation’ (marking boundaries) of key areas through changes in floor surface or the use of furniture.
- The child should be shown around the setting at every visit from table to table to let them know what is available and where it is in the setting.
- When in a free flow activity make sure that any changes in depth or steps are high marked.
- Show the child around if any changes are made at any time.
- Keep mobile toys e.g. scooters, bikes etc. in a clearly demarked area.

Support (Resources, Parent, Pupil, Training):
- Good contrast between foreground and background may be helpful for laptop screens and visually simplified pictures.
- High contrast table coverings should be used for table top activities such as snack and activities.
- Specific teaching of ICT skills should be included as part of children’s learning and accessibility settings should be used where necessary.
- Consideration of optimum colour pairings to create contrast for a child who is colour blind will be important.
- Children may have to wear prescription glasses to visually access some areas of the curriculum but will be able to manage well in the setting environment with low levels of support.
- They may require access to enlarged print. Infant print size is generally 16-24 font size.
Avoid books where there is text across the pictures.
- Children should be taught active scanning techniques for busy pictures. Books such as Usborne ‘Hundred Words’ books or the ‘Can you find….’ series are useful for this.
- Mark-making activities should be carried out with dark pens e.g. felt pens, 4b pencils and high contrast backgrounds. Blackboard and chalk and whiteboards with dark marker pens work well.
- Glue for sticking should be coloured to aid contrast.
- Encourage lots of ‘pouring play’ activities e.g. sand and water to help develop strategies to help overcome difficulties with 3D vision and gauging depth of field.
- Sorting and finding activities such as treasure baskets should be provided to aid depth vision and discrimination.
- For very young babies, include lots of black and white objects, shiny objects.
- The Developmental Journal offers many suggestions for activities. [click link]
- Some adaptations of the setting may be necessary for example vertical blinds, highlighting of hazards etc.

Curriculum and Teaching Methods:
- Avoid the child having to look directly into a light source as this may cause discomfort.
- Ensure that glare and lighting does not affect the quality of the image presented. Additionally consider this with white boards if used.
- Children may need additional time to carry out craft or mark making activities.
- Specific teaching of concepts such as scissor skills will be required throughout and should include allowing opportunities to generalise the skill.
- Adults should make sure they do not stand with their backs to the windows so that their face is thrown into shadow.
- If a child has one eye better than the other make sure the adults are aware of this and always stand or work on the child’s good eye side.
- Cue children in to attention by using their name.
- Some children may develop compensatory viewing and as a result hold their head at an angle. This must not be corrected as it maximises their field of functional vision.

Expected interventions to support emotional well-being for learning
- In considering social activities it is important to be aware of the distance the children can see faces from.
- You might need to tell children what the facial expressions of the children around them are and what they mean.
- Adults should always say the names of the other children in groups the child is working in.
- There should be positive role toys such as teddies wearing glasses and books that include children with glasses. There may be children who are patched at nursery and it is important that the nursery and staff are not reflecting negative images of patching e.g. pirates.
- There should be support given for the children to understand themselves as visually impaired through books, role play activities e.g. exploring toys with their eyes not working so well.
- Settings should work closely with parents to ensure that messages and positive role modelling is consistent in the nursery and at home.
- There should be support for developing and maintaining the child’s self-esteem as they move through the setting.
- Consideration should be given to teaching the skill of joint attention as the children may
not pick this up without support due to missing visual cues.

END of High Quality Provision section
Sensory: Visual Impairment
It is essential that the information in the Quality First section is considered before looking at this section.

Child Characteristics
- NATSIP Criteria - Moderate Vision loss - 6/18 – 6/24 SnellenKay (LogMAR 0.5 – 0.78).
- The child has impaired function in the educational setting and this is generally accepted to be the key criterion. While it is difficult to categorise these children they may include those with:
  - a restricted field of vision;
  - fluctuating visual impairment;
  - deteriorating conditions;
  - cerebral visual impairment;
  - retinal atrophy;
  - retinal dystrophy;
  - recently acquired permanent VI;
  - cataracts.

Provision

Staff Knowledge and Understanding
- CPD and support may be requested from the QTVI.
- It will include a more detailed understanding of the visual loss and its impact on the child as an individual.

Assessment, Planning and Review
- Follows expected cycle of review outlined in the introductory information, with additional input from the QTVI if needed.
- It would be beneficial to develop support through a One Plan including advice from relevant professionals such as QTVI, Speech and Language Therapists, Educational Psychologist, Health.
- The setting may gain advice from the Habilitation Specialist depending on the visual loss.
- In addition advice and support to settings may be sought from the Area SENCo.

Expected interventions to support learning

Learning Environment and Groupings
- The child should remain part of the mainstream class for all activities except for exceptional circumstances.
- Support during outdoor play should be provided where needed or where activities are specifically related to vision.
- Specific adult support may be needed to develop mark-making e.g. grasping pencils.
- More specific adult support will be needed in certain areas in free flow e.g. going up steps or down slides.
Support (Resources, Parent, Child, Training)
- Infant print sizes will be needed (at least 16-24 font size).
- The child will need high contrast good clarity books and resources to facilitate learning.
- Visually simplified pictures and high contrast materials should be provided for colouring in along with adult support for where to colour (e.g. inside or outside the lines etc.).
- Pictures may need to be cut out and placed on a contrasting background.
- Dark mark making equipment should be used.
- Outdoor play equipment or climbing frames should be bright high marked.
- They will require support from a key adult to help complete craft or tabletop activities.

Curriculum and Teaching Methods
- Children should be provided with lots of verbal cues with lots of extra verbal commentary where needed.
- Precise locational language should be used to help locate and identify items being used e.g. ‘the water jug is on the snack table’ rather than ‘the jug is over there’.
- Children with VI will not be able to achieve incidental learning and will need to be provided with extra opportunities to help fill the gaps. http://www.familyconnect.org/info/education/tips-for-families/incidental-learning/125
- An adult will need to do a direct showing walk around the room and tables and give a commentary of what is available to highlight the activities and things available around the room.
- There may be gaps in learning through not being able to see well enough to be able to distinguish between like objects such as a cow or a horse and this experience will need mediating. Adults will need to monitor these potential gaps in knowledge so they can be addressed.
- Displays of the child’s work should always be placed at eye level.
- Adults should be aware of the effect of glare on shiny surfaces and laminated pictures. Children should be provided with matte finished surfaces instead.
- Hand under hand exploration may be needed at times.
High Needs

Child Characteristics

- NATSIP Criteria - Moderate Vision loss – 6.24 – 6/60 SnellenKay and less (LogMAR 0.8 – 1.00 and above).
- Children will have significantly impaired functional vision in the setting affecting their access and ability to progress with their developmental learning outcomes. This will affect the management of the children for example their positioning in class, their use of equipment etc. The QTVI will be able to advise.
- This may be compounded by other problems such as visual field loss, ocular motor impairment, visual perception difficulties or the presence of degenerative visual conditions.
- The children may have little functional sight or be educationally blind and needs will be permanent and lifelong due to the nature of their disability.
- It can include MDVI (multi disability and visual impairment), deteriorating conditions and cerebral visual impairment. Some of the provision for a complex needs child may cross the different categories of need. For instance it may be necessary to explore the PNI category of need in some circumstances.
- They will require some materials to be modified to ensure access to learning.
- They are likely to require provision of some specialist equipment and may need access to tactile teaching methods such as pre-Braille skills.

Provision

Staff Knowledge and Understanding

For the Whole Setting

- Non-sighted awareness.
- Environmental, safety and mobility issues.
- How to communicate and respond to the visually impaired child.

For the Key Worker

There needs to be a Key Worker who can undertake training, with additional adults trained in the case of the named person being absent. This training will include:

- Implications of the visual loss of the individual child.
- Nursery management strategies.
- Tip sheets.

Assessment, Planning and Review

- An individualised plan will be written which will involve the QTVI as appropriate.
- Monitoring and support visits from the QTVI will include liaison time with the setting.
provider/ key worker and SENCO. They may give guidance to nursery staff and key worker so that they are able to follow this through with the child.

- The setting provider/ key worker will monitor the child’s progress and their visual access to the curriculum on an on-going basis.

**Expected interventions to support learning**

**Teaching Environment and Grouping**

Adult support may be necessary to:

- complete tasks made slower by visual impairment;
- reinforce incidental learning and prepare the child for activities/learning experiences;
- provide additional hands-on experience of materials and use real objects wherever possible;
- provide additional experiences of the environment to support gaps in learning;
- provide direct support and training in habilitation (mobility and independence) around the setting. [Link to Quality Standards](#)

**Support (Resources, Parent, Child, Training)**

- The child may benefit from using specialist equipment for example:
  - large print materials;
  - accessibility software for ICT;
  - larger computer monitor or laptop;
  - CCTV;
  - dark pens/pencils or mark making equipment;
  - multi sensory approaches to mark making;
  - dark-lined books/paper;
  - bright outdoor equipment;
  - the child will need access to ICT to read in either print or pre-Braille format;
  - use of magnifiers should be actively taught.

- Key worker support will be necessary to ensure access and safety.
- Visually simple puzzles and visually simple pictures and tactile building blocks may need to be provided.

**Curriculum and Teaching Methods**

- Auditory or tactile approaches to learning and teaching may supplement the visual stimuli used e.g. Vision and Living Painting Trust ‘That’s not my tractor’.
- Access to equipment and materials in line with recommendations of QTVI.
- Hand under hand assistance should be used to explore all resources.

**Expected interventions to support emotional well-being for learning**

- Social skills training is essential for:
  - taking part in conversations;
  - interpreting the actions of others from auditory and tactile cues;
  - teaching to use appropriate non-verbal language and behaviour through modelling and a verbal description of what everyone is doing e.g. ‘we’re all standing with our hands at our sides’.

- Adults should name the children in the group and teach children how to join a group through modelling and supporting the child to try by themselves e.g. ‘can we join your game?’
- Adults should be aware of the impact of visual impairment on peer awareness and interactions.
• Adults may need to teach the appropriate use and awareness of personal space by modelling and verbalising how far the child needs to stand from others for them to feel comfortable.

**Additional Consideration for Children with MDVI**

• Children with MDVI will need very high contrast and simplified backgrounds e.g. yellow on a dark background.
• Adults should assess what they see best and then adapt learning experiences accordingly.
• They will need a very long processing time to take in new experiences.
• They should be provided with hand under hand and hand over hand assistance to explore things around them. Adults must be aware that they may have tactile defensiveness meaning that they find touching some things highly unpleasant.
• Specialist advice should be provided by the QTVI and other supporting professionals who should provide training for staff supporting the child.
• Learning experiences should be provided through highly structured presentation using multi-sensory approaches e.g. touch and sound. Awareness of the child’s approach to learning is essential.
• Resources such as ‘Learning through touch’ are useful.