



**Nottinghamshire
County Council**

Best Practice for Supporting Children's Emerging Needs

**Early Years Quality & Attainment Team
Early Childhood Services**

November 2021: Version1

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Best Practice for Supporting Children’s Emerging Needs

Introduction

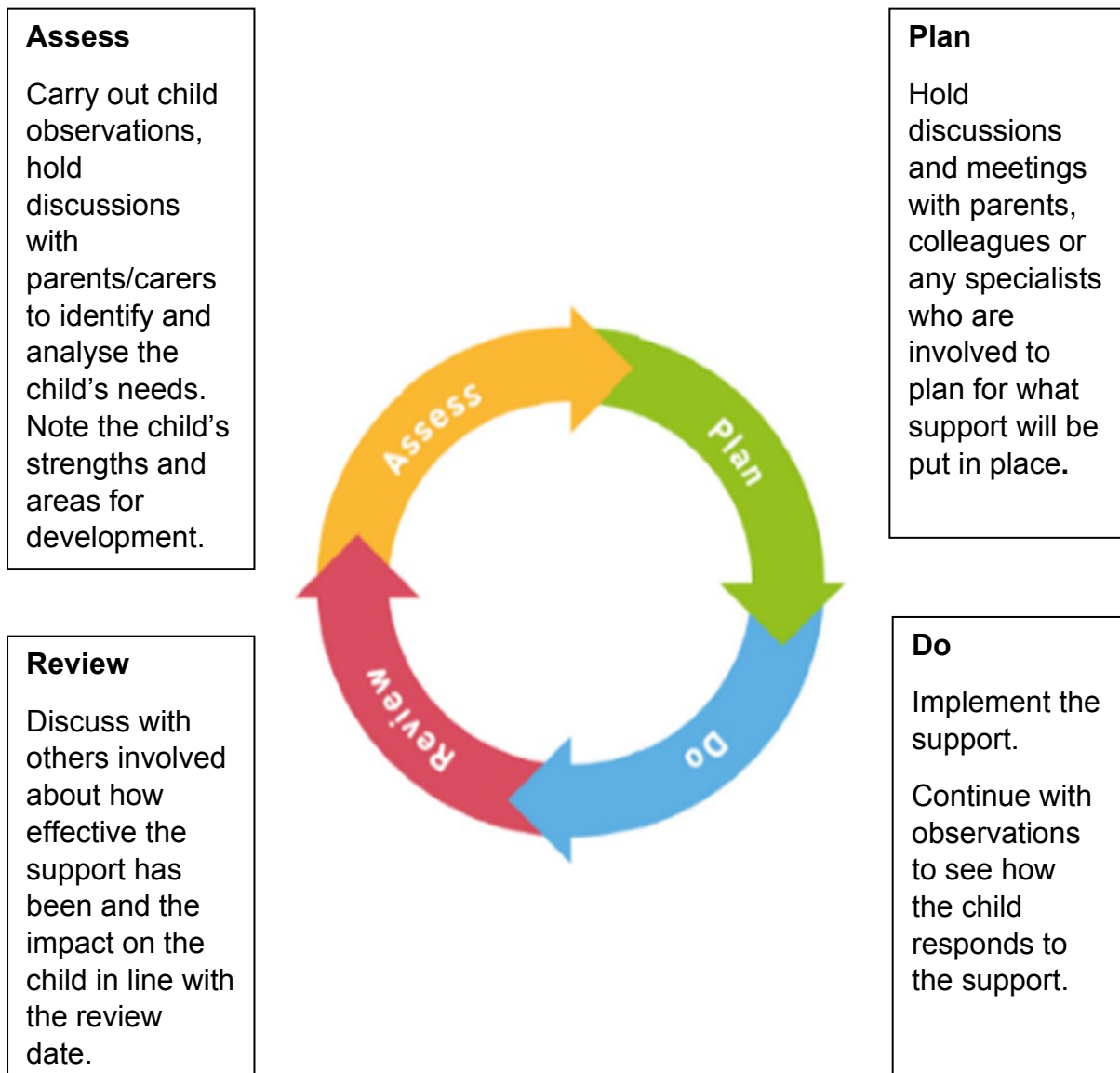
This guidance document sets out best practice in everyday provision in supporting all children and particularly those who have emerging Special Educational Needs and/or Disabilities (SEND) in Early Years settings. Existing planning documentation can be used to record actions identified.

Children and their parents/carers need to be listened to and be instrumental in the development of any support regarding their aspirations, desired outcomes and views. In Early Years Settings it is particularly important that there is no delay in making any necessary additional provision.

Settings should adopt a graduated approach with four stages of action: Assess, Plan, Do and Review as set out in the SEND Code Of Practice [SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/616722/SEND_code_of_practice_0_to_25_years_-_GOV.UK_(www.gov.uk).pdf)

The Graduated Approach

The Graduated Approach Assess, Plan, DO, Review



‘... a four-part cycle through which earlier decisions and actions are **revisited, refined and revised with a growing understanding of the pupil’s needs and of what supports the pupil in making **good progress and securing good outcomes.**’**

(SEND code of practice)

Roles

Setting SENCO (including childminders)

- Ensuring all practitioners in the setting understand their roles and responsibilities towards children with Special Educational Needs and Disabilities
- Ensuring all practitioners understand their setting’s approach to identifying and meeting the needs of young children with Special Educational Needs and Disabilities
- Advising and supporting colleagues
- Ensuring the close and continuing involvement of parents, and that their views inform action taken by the setting
- Liaising with external professionals

Key person

- Ensuring that every child’s care is tailored to meet their individual needs and interests
- To help the child become familiar with the setting
- Offer a settled relationship with the child
- Build a relationship with the parents

Area SENCO / Early Years Specialist Teacher (EYST)

- Support for setting-based SENCOs in ensuring arrangements are in place to support children with or possibly with Special Educational Needs and Disabilities.
- Advice and practical support to early years providers about approaches to identification, assessment and intervention.
- Support to develop an inclusive early year’s environment.
- Advice around referrals to specialist services.
- Support to access and effectively use Early Years Inclusion Funding if required.
- Support to strengthen the links between settings, parents, schools, social care and health services.
- Support the development and delivery of training both for individual settings and on a county wide basis.
- Offering local networks to develop and disseminate good practice

To learn who is your designated Area SENCO / EYST refer to appendix 2.

Reference to key documents

[Special educational needs and disability code of practice: 0 to 25 years \(2015\)](#)

[Equality Act 2010](#)

[Children and Families Act 2014](#)

[Statutory Framework for the Early Years Foundation Stage \(2021\)](#)

Checklist for use when there are initial concerns about a child

	Date	How is this evidenced?
<ul style="list-style-type: none"> • Have you referred to the EY ID toolkit to explore initial concerns? • early-identification-toolkit.pdf (nottinghamshire.gov.uk) 		
<ul style="list-style-type: none"> • Have you referred to section 2 of this document (broad expectations of all settings to ensure high-quality inclusive practice)? 		
<ul style="list-style-type: none"> • Have you ensured that staff interactions support the child's needs? 		
<ul style="list-style-type: none"> • Have you ensured learning opportunities are accessible and meet the needs and interests of the child? 		
<ul style="list-style-type: none"> • Have you adjusted the organisation of the day to support the needs of the child? 		
<ul style="list-style-type: none"> • Have you observed the child's responses to the range of learning opportunities in the setting, including experiences the child avoids? 		
<ul style="list-style-type: none"> • Have you given opportunities for the child to develop their own independence? 		
<ul style="list-style-type: none"> • Have you gathered information about the child's interests and experiences outside of the setting? 		

<ul style="list-style-type: none"> • Have you considered if expectations are appropriate to the child's age and stage of development? 		
<ul style="list-style-type: none"> • Have you discussed the child's development with parents/carers including their child's development observations at home? 		
<ul style="list-style-type: none"> • Have you had your assessment of the child moderated/checked by another practitioner/SENCo? 		
<p>Gather and review evidence from:</p> <ul style="list-style-type: none"> • Discussions with parents / carers • Evidence from observations of the child engaged in a range of different learning opportunities at different times of the day • Evidence from any tracking and assessment, both informal and formal • Records of the child's achievements • Information about attendance • Information from any other agencies involved with the child or family 		

Section 1: Broad expectations of all settings

Credit: Portsmouth City Council

This section outlines the expectations on all settings to meet the needs of all children.

Broadly speaking much of this section will be an integral part of the settings provision for all children. They outline some of the practices and adaptations that are part and parcel of quality first teaching. The provision and strategies outlined in this section may be required for children and young people with SEN and / or disabilities but will undoubtedly be of benefit to many of the learners in the setting.

	Expectations of all settings	Strategies
Assessment	A regular cycle of Assess, Plan, Do, Review is used to ensure that children with SEND are making progress	<p>Children's strengths and barriers to learning and regulating their own behaviour are observed and monitored in different settings and contexts for a short period of time to inform planning.</p> <p>Staff are aware of children's starting points so that expected progress can be measured.</p> <p>Parents views are sought and included in the plan.</p> <p>2 year progress checks completed and shared with HFT as appropriate.</p>
		<p>A wide range of assessment strategies and tools are used to ensure a thorough understanding of learners.</p> <p>Learners have regular opportunities to evaluate their own performance. Self-assessment is routinely used to set individual targets.</p> <p>The impact of interventions is evaluated. Alternative approaches are explored to establish whether they may result in better outcomes for the child.</p>
Partnership with children and parent/carers	The setting works in partnership with parents, carers and children in decision making	<p>Any plan is co-produced and reviewed with parents and carers. Parents and carers are signposted to nottshelpyourself.org.uk. Notts Help Yourself This is referenced on the settings website.</p> <p>Formal and informal events take place to seek views in relation to SEND provision in the setting. E.g. children and parent surveys, coffee mornings.</p> <p>Use of a home setting diary / text / email to support communication directly with parents / carers.</p> <p>Parents are signposted to the local offer and askusnotts.</p> <p>Ask Us Nottinghamshire (askusnotts.org.uk)</p> <p>Children are helped to value their achievements.</p> <p>The local offer is used as a source of information.</p>

Nurture	The setting recognises and responds to the need to nurture children with SEND bearing in mind the individual's social and emotional needs and other relevant contextual circumstances	<p>There is a calm and purposeful environment for learning where children feel they belong, and their contributions are valued.</p> <p>Children can identify an agreed safe space.</p> <p>Positive language is used.</p> <p>Awareness that children with SEND are vulnerable to social isolation and an appropriate level of support and monitoring is in place.</p> <p>PSHE is used to develop wellbeing and resilience.</p> <p>Barriers to learning are removed.</p> <p>Peer awareness and sensitivity towards difference (including SEND) are raised at a whole setting level.</p>
	Children feel safe and valued. They know that they can approach staff and that their opinions and concerns are valued	<p>Named adults / key workers as a stable point of reference for children and parents.</p> <p>Negative attitudes, beliefs and perceptions towards individuals and groups are challenged in the setting.</p> <p>The child's voice is encouraged and acted on.</p> <p>Awareness that children with SEND can be more vulnerable to abuse and possibly less able to speak out if something isn't right.</p>
The physical and sensory environment	Practitioners are aware of sensory needs and issues that may impact on children	<p>Children's sensory needs are known and used to plan appropriate environments.</p> <p>Displays are meaningful and visually accessible to reduce sensory overload.</p> <p>Staff are aware of smells and noise in the room and any particular individuals who may be impacted by these.</p>
Teaching and learning strategies	Practitioners are aware of the additional needs of children, understand the nature and impact of these and how to respond to them. Planning incorporates more detailed specialist support	<p>Additional strategies are used at all times e.g. visual timetables or visual prompts such as now and next cards.</p> <p>Children are given time to process information before being asked to respond (10 seconds).</p> <p>Tasks are broken down into small manageable steps.</p> <p>These steps are shown to the child.</p> <p>The place and order of activities is varied to maintain interest and attention of all children.</p>
	Practitioners differentiate to provide suitable learning challenges and cater for different learning needs and styles. Individualised and/or small group planning	<p>Modelling is used to aid understanding.</p> <p>Visual/audio demonstrations and visual cues/audio commentary are used.</p> <p>Activities are differentiated.</p>
	Practitioners ensure that children have	Strategies are used to actively promote independent learning.

	<p>opportunities to work in different ways e.g., independently in a variety of small groups and/or in pairs. Individualised and/or small group sessions</p>	<p>Opportunities are created for children to play with other children in different contexts and to enable for peer role models. Use of additional adults is planned to maximise their impact on learning.</p>
	<p>Practitioners ensure that collaborative learning is a feature of activities</p>	<p>Strategies are used to build and maintain positive relationships across the whole setting. There are opportunities to develop peer awareness/sensitivity and support for different needs and disabilities throughout the setting.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Transition and Transfer</p>	<p>Support is in place for routine and life transitions when required</p>	<p>Transitions include:</p> <ul style="list-style-type: none"> • Moving on to school or a new setting • Moving around the setting • Changing from structured to unstructured times • Changes of staff – permanent and temporary • Special events: visitor, visits, celebrations • Life events: birth of a sibling, change in parenting arrangements e.g. change in parents' relationship status, loss and bereavement or contact visits. • Moving from one room to another. <p>Staff are aware of those who will need additional support for all or most transitions and plan for these transitions. This includes children who:</p> <ul style="list-style-type: none"> • have insecure attachment, including but not limited to LAC, Child in Need, CP and forces children. • have social communication difficulty including ASD • suffered trauma, loss or bereavement • are anxious <p>Safe space available for respite time</p> <ul style="list-style-type: none"> • Now and next used to aid understanding. • Visual timetables are used • Phased transition plan and visits arranged (parents involved) • Timers are used to show children how long they have before a change • Visits to new area • Opportunities for periods of respite e.g. in a quiet area to self-regulate
	<p>Procedures are in place for ensuring smooth progression through settings, particularly during all transition phases, including on entry and exit</p>	<p>Information is actively sought and shared about children to support successful transitions and manage change. This information is available for the child's parents and carers, other colleagues within the setting and receiving or previous settings as required. Practitioners are aware of children who need additional support while transitions and adjustments are made, e.g. additional visits to a new setting with a familiar trusted adult, creating social stories.</p>

Resources	Resources are allocated appropriately to ensure additional needs are met. Quality and impact of support, is checked	Resources are within easy reach of learners to promote independence and reduce stigma. Children have easy access to sensory equipment that they require e.g. wobble cushions, fidget toys, ear defenders, weighted blankets, light toys. Resources are appropriate for the child's stage of development.
	Specific resources and strategies are provided to overcome potential barriers to learning	
Staff Skills and Training	All practitioners make a positive contribution to the child's progress	Additional adults are deployed proactively in the setting and their impact on the learner is monitored carefully to ensure progress is supported. Independence is promoted as far as possible.
	There is a plan for on-going Continuing Professional Development (CPD)	Intervention strategies are consistently used throughout the child's day. There is a planned programme of on-going CPD in relation to SEND for the whole setting. Best practice is shared within the setting.
	Staff collaborate and have effective links with other relevant outside agencies and specialists	Practitioners know when to refer for extra support or advice. The setting is aware of and regularly communicates with any other professionals who are involved with each child. Advice received from other professionals is used to inform teaching and learning.

Section 2: The four broad areas of need identified in the SEND Code of Practice

Progress for individual children can be affected by a number of reasons both within the setting and at home. For many children who are not making expected progress the precise area of need is not clear at the outset and some may have needs that span more than one area. In the first instance it is always helpful to bring together all of the available evidence, including information from parents and the child, to make a detailed individual assessment of need. The following section provides a range of possible but not limitless strategies.

This provision should be in addition to the expectations of section 1.

Communication and Interaction

What we might see	What we might do
Difficulties saying what they want and being understood	<ul style="list-style-type: none"> • Use commentary and model language • Small group / 1:1 language session • Provide an additional method of communicating e.g. symbol communication and/or signing • Language programme from SALT • Allow time for child to process and respond • Use consistent language for equipment and routines • Introduce a variety of language through rhymes, songs • All attempts to speak are supported • Accommodation of child's needs
Difficulties understanding what is being said to them	<ul style="list-style-type: none"> • Consider how many information carrying words a child can manage when giving instructions • Provide visual prompts if necessary • Extra time to process what has been said • Allow take up time to process information • Think about the environment and limiting any distractions • Check you have engaged the child's attention before talking to them • Check that hearing has been tested • Pre-teaching of topic vocabulary • Use of first, then, next...
Child does not understand or use social rules of communication	<ul style="list-style-type: none"> • Modelling / role play • Small group sessions • Social stories • Prompts – symbols, signing systems • Now (you are doing this) and Next (you are going to be doing that) boards • Total communication environment • Opportunities for child to ask for what they need, e.g. a favourite toy

	<ul style="list-style-type: none"> • Find out what motivates them
Difficulties with imagination	<ul style="list-style-type: none"> • Role play and drama, use of props (e.g. puppets) • Modelling • Story telling • Photos used to talk through what might be happening • Imaginary play opportunities which are relevant to the experiences of the child, e.g. home corner • Pre teach language to support imaginary play if play areas are related to topics being taught, e.g. doctors
Difficulty with social communication and developing relationships	<ul style="list-style-type: none"> • Small group / 1 to 1 tasks and activities • Calm learning environment • Clear communication of expectations • Finding children's interests
Unable to cope with close proximity to others prefers solitary play	<ul style="list-style-type: none"> • Analysis of what the issue is (proximity, particular people, times of the day, associations) • Small group play following child's interests and introduce preferred children to their play
Physical outbursts causing harm to others and/or to self and/or damage to property	<ul style="list-style-type: none"> • Understanding the frequency and location of triggers • Communication with families about what might be happening at home (e.g. divorce, bereavement, illness) and strategies that work/don't work • Preventative distraction strategies in place • Appropriate de-escalation strategies in place, such as safe spaces, to give the child the opportunity to begin to self-regulate • Risk management plan • Training for Managing Physically Challenging Behaviour in Small Children
Limited attention span compared to developmentally appropriate milestones	<ul style="list-style-type: none"> • Regular, short breaks • Differentiation • Chunking, breaking tasks down • Visual timetables • Backward chaining – break the task down into chunks, the child completes the last part to gain success, then works backwards to complete the task Backward Chaining Information Sheet (nhsggc.org.uk) • Named instructions • Asking the child to repeat back what activity they are going to do • Use of timers, so they know they only have to focus for a comfortable amount of time. Individualised timetables

Cognition and learning

What we might see	What we might do
<p>Difficulties with learning:</p> <p>e.g. despite appropriate differentiation, child makes inadequate progress over time</p>	<ul style="list-style-type: none"> • Assessment through teaching to identify the areas of need in consultation with the child • Clear and simple instructions, breaking down longer instructions and giving one at a time • Visual timetable • Visual cues and prompts • Give time before response is needed • Shared next steps with parents to support at home • Tune into the interests of the child to engage them in their learning
<p>Generalised learning difficulties</p> <p>e.g. Difficulties across some of the areas of learning but with some areas of strength</p> <p>Children with an uneven profile of skills and attainment</p>	<ul style="list-style-type: none"> • Adjustment, modification and differentiation of provision • Scaffold learning to enable the child to become increasingly independent • Support to manage self-esteem and self-worth – celebration of strengths, reinforcement of success
<p>Difficulty with engagement</p> <ul style="list-style-type: none"> • Limited sensory exploration of the environment • Lack of curiosity in exploring provision • Limited interest in peers play • No evidence of specific interests • Limited representation of their experiences, of role play or imaginative play • Reluctance to explore new areas of provision 	<ul style="list-style-type: none"> • Ensure opportunities are reinforced through a multi-sensory approach, for example • Cue children into engaging, including gestures, saying their name, visual objects of reference, or physical touch • Model and extend play using commentary to engage and reinforce language • Have objects which promote open ended play • Ensure teaching and provision meets the needs of children who are developmentally working at an earlier stage than their chronological age • Develop a 'copy box' that has two sets of play equipment that are of interest to the child. Follow the child's lead and copy and name what the child does using the same equipment alongside the child

<ul style="list-style-type: none"> • Avoids challenges or risk taking 	
<p>Limited motivation</p> <ul style="list-style-type: none"> • Difficulty maintaining concentration • Limited involvement in play • Reluctant to 'have a go' and persevere 	<ul style="list-style-type: none"> • Start from the child's interests and motivations and incorporate these into provision • Transfer child's interests into other areas of provision, such as a child who likes trains can be encouraged by books with trains, trains in the paint or dough, etc • Develop motivation to listen through songs, music actions and visual prompts • Use 'ready ... steady ... go ...' to engage children and develop concentration and anticipation • Develop confidence in areas the child is reluctant to explore through the practitioner being a co-explorer, modelling play in those areas
<p>Difficulty applying thinking skills</p> <ul style="list-style-type: none"> • Difficulty making choices • Limited transferring or applying of skills to different contexts • Using the same strategy to problem solve • Limited perseverance with problem solving • Not retaining and building upon key skills • Inflexible approach in their play 	<ul style="list-style-type: none"> • Create and embed opportunities for high levels of repetition, revisiting, reinforcing and consolidating skills and learning experiences • Use a point of reference for key events and routines, such as a cup for a drink, a nappy for changing time, etc • Slow down the pace of instructions and information and ensure they are broken down into small steps with reduced language. Give children time to process and then respond to this (10 seconds) • Backward chaining – break the task down into chunks, the child completes the last part to gain success, then works backwards to complete the task Backward Chaining Information Sheet (nhsggc.org.uk)

Social, emotional and mental health

What we might see	What we might do
Anxiety in busy unpredictable environments	<ul style="list-style-type: none"> • Preparation for change of activity or routine, such as verbal/visual cues • Small group / 1 to 1 tasks and activities • Calm learning environment • Clear communication of expectations • Regular mentor support, including adults or peers • Visual timetable to be used in setting • Use timers to support child to see when transitions are due to happen • Individual timetable • Provide safe spaces for child to use if overwhelmed

Difficulties participating and presenting as withdrawn or isolated	<ul style="list-style-type: none"> • Encourage child’s participation in areas of confidence – e.g. are there parts of the curriculum that they find easier to manage than others that can be used to develop confidence in • Find out about child’s interests and plan opportunities for engagement in these within the provision • Support child to build relationship with preferred child/children in small group/1:1 activities • Offer opportunities to take responsibility for looking after something/someone to build confidence
Displaying challenging, disruptive or disturbing behaviour	<ul style="list-style-type: none"> • Understand the basis for the behaviour e.g. family circumstances, history • Helping the child to find strategies for self-regulation e.g. breathing techniques, safe spaces • Consideration of the timetable, routines and transitions during the day • Ensure transition handover between rooms is thorough and gives time for child to familiarise themselves with new surroundings • Ensure any professionals involved meet to discuss strategies • Risk assessment • Communication with home/family e.g. what is going on at home, other agencies involvement? • Regular review of plan • Whole setting approach to support strategies – consistency • Managing Physically Challenging Behaviour in Young Children training (see provider page)
Anxiety / depression Self-harming Eating disorders	<ul style="list-style-type: none"> • Explore physical symptoms that are medically unexplained • Unpicking the behaviours – negative and positive behaviours – what lies behind them? e.g. family circumstances, changes in home situation • Multi-professional approach - are other agencies involved e.g. GP, Healthy Families Team, Children’s Centre • Looking at the history, has the behaviour changed - when? • Work with parents/carers to understand the wider picture • Activities that are stress reducing e.g. games, dance, colouring, gardening, animals, forest school
Attachment Difficulties (including Attachment Disorder)	<ul style="list-style-type: none"> • Ensure a nurturing ethos across the setting to encourage positive relationships are built between staff/child • Ensure staff have accessed training on the impact of attachment difficulties and how they can help • Liaise with parents and carers for shared understanding • A good transition between rooms/to other settings to ensure relationships are built before start date

	<ul style="list-style-type: none"> All Staff to be trained and aware of any child with attachment difficulties and how to respond to them
Uncooperative or defiant	<ul style="list-style-type: none"> Look for patterns and triggers to identify what may be causing behaviours Use positive language to re-direct, reinforce expectations e.g. "I like the way you..." Provide strategies for self-regulation – breathing techniques, safe spaces Limited choices to engage and motivate Visual timetable and use of visual cues i.e. sand timers to support sharing
Presenting as significantly unhappy or stressed	<ul style="list-style-type: none"> Identify and build on preferred learning styles Consider reasons for behaviours – changes in home situation Safe place/quiet area in the setting Work with parents/carers, to ensure consistency between the home and setting
Patterns of non-attendance	<ul style="list-style-type: none"> Work with parent /carer, to identify barriers to attendance Consider possible safeguarding concerns
Low level disruption or attention seeking behaviours	<ul style="list-style-type: none"> Differentiated use of voice, gesture and body language Focus on reducing anxiety and thereby behaviours – does child need a comforter/sensory resource to help engage? Positive reinforcement of expectations through verbal and visual prompts Safe space/quiet area in the setting for child to use
Difficulty in making and maintaining healthy relationships	<ul style="list-style-type: none"> Encourage relationships by supporting child to play in small groups/1:1 A range of differentiated opportunities for social and emotional development e.g. buddy systems, friendship strategies, circle times Use stories to talk about positive relationships

Sensory and / or physical needs

Physical needs

What we might see	What we might do
Weak gross motor skills <ul style="list-style-type: none"> Difficulty moving around the setting Difficulty transitioning between and 	<ul style="list-style-type: none"> Different muscles work in different positions so vary the positions babies lie and are supported in Promote a range of positions for play and engagement, such as tummy time, propping on forearms, reaching for toys, kneeling, four point kneeling, rolling, sitting with legs outstretched, sitting and reaching behind, moving from sitting on a block to standing, moving from squatting to standing,

<p>holding different positions</p> <ul style="list-style-type: none"> • May appear weaker or seem to have difficulty coordinating their movements 	<p>cruising to standing, standing at furniture, sitting cross legged</p> <ul style="list-style-type: none"> • Build in regular rest breaks • Provide experiences which provide body awareness, such as 'Head, shoulders, knees and toes', 'Dingle Dangle Scarecrow', 'Round and round the garden', etc • Parachute games which require different ways of travelling and body positions • Yoga positions, e.g. Cosmic Kids Yoga on YouTube • Ensure a range of opportunities to develop physical skills, such as obstacle courses of different heights, walking along lines, different textures for walking on the full foot barefoot (wood, sand, carpet, mud, etc), jumping activities, travelling in different ways and navigating spaces, balancing activities such as , rockers, balance boards and balance bikes
<p>Weak fine motor skills</p> <ul style="list-style-type: none"> • Difficulty grasping or gripping • Difficulty manipulating objects and handling tools 	<ul style="list-style-type: none"> • Create mark making opportunities in a range of positions, such as standing up, lying down on backs or tummies, kneeling, etc • Use a variety of tools and surfaces for mark making, such as large and small brushes, feathers, paint, mud, squeeze bottles, shaving foam, etc. • Have a range of opportunities for threading, such as dowels, wooden spoons, washing line, laces • Have a range of activities to develop squeezing, pinching, rolling and squashing materials, such as dough, baking activities, bubble wrap, pegs, tennis balls with slits to squeeze and post materials to 'feed' the tennis ball buddy, tweezers, tongs • Holding tools to play musical instrument, bang sticks on pans, etc
<p>Problems with unilateral and bilateral (2 handed) play and hand- eye coordination</p> <ul style="list-style-type: none"> • Difficulty drawing, mark making, cutting, dressing, feeding, threading, banging blocks or construction activities, etc • Difficulties crawling, walking, climbing stair, riding a scooter or trike, etc 	<ul style="list-style-type: none"> • Explore musical instruments by drumming using two hands, alternate hands, using shakers in one hand / both hands / use alternately • Have a range of activities to develop mark making and manipulating material by squeezing, pinching, rolling and squashing materials, such as dough, baking activities, bubble wrap, pegs, tennis balls with slits to squeeze and post materials to 'feed' the tennis ball buddy, tweezers, tongs • Provide a range of threading and construction activities to encourage using both hands • Activities using sand and water to encourage digging, filling and pouring to develop bilateral strength and coordination • Activities to develop rolling and throwing, such as a bean bag into a hoop, rolling a ball at skittles, etc • Scooping and spooning – spooning materials into a container held in the other hand

<p>Difficulty in crossing the midline (the 'line' from the top of the head down to the feet)</p> <ul style="list-style-type: none"> • Difficulty with sitting cross legged, scratching the opposite elbow, intersecting lines to draw a cross • Difficulties crawling, walking, climbing stairs, riding a scooter or trike, etc 	<ul style="list-style-type: none"> • Using scarves, mark making equipment, etc to make whole arm and shoulder movements in a variety of directions • Providing objects that pull apart or bang together, such as Duplo or stickle bricks, click together resources, banging bricks together, etc • Clapping and action games and songs, such as 'Pat-a-cake' and 'Two Little Dickie Birds', clapping to pop bubbles, etc • Games to catch light objects such as balloons, feathers, soft balls and scarves • Activities which require using two hands, such as musical instruments which need two hands, e.g. drums, triangles, cymbals, and snipping or cutting with scissors, holding the paper in the other hand • Threading and lacing activities • Passing a bean bag or balloon from one hand to the other, including around the body
<p>Poor body awareness</p> <ul style="list-style-type: none"> • Difficulty knowing where your body is in space without using your vision, e.g. how high to lift your leg when climbing stairs • May appear clumsy, be cautious when moving, fearful with their feet of the ground, seek deep pressure or be rough with their peers / toys 	<ul style="list-style-type: none"> • Use of action songs and games to gain body awareness, such as 'Head, shoulders, knees and toes' and 'Simon says' • Playground equipment to practise climbing and balancing, such as slides, climbing frames, trampolines, swings, balance boards, etc • Yoga, such as Cosmic Kids on YouTube • Pushing and pulling activities
<p>Difficulties with managing their age appropriate self-care needs</p>	<ul style="list-style-type: none"> • Break down tasks and identify the sequence of actions and skills required to complete them • Backward chaining – break the task down into chunks, the child completes the last part to gain success, then works backwards to complete the task Backward Chaining Information Sheet (nhsggc.org.uk) • Use visual sequences, rhymes or songs to prompt and guide the child through the sequence • Create opportunities to regularly revisit and practise these skills

Sensory needs

What we might see	What we might do
Sensitivity to sensory stimuli	<ul style="list-style-type: none"> • Consideration to the environment e.g. noise, room temperature, visual stimuli, proximity • Flexible approach to transitions, e.g. between rooms and indoors to outdoors • Safe space for the child to go to
Physical sensitivity including hyper and hypo responses and possible Sensory Processing Disorder (SPD)	<ul style="list-style-type: none"> • Staff to work together with other professionals to share strategies and advice to support the child's sensory diet • Staff training through CPD, including Sensory Processing training
Sensory processing difficulties <ul style="list-style-type: none"> • Constantly moving, impulsiveness or restless • May be sedentary, easily upset or emotional outbursts • May be sensitive to noise, touch, movement, smell, taste, or busy environments 	<ul style="list-style-type: none"> • Movement – have regular movement breaks where the child can move their whole body, wobble cushions to allow for a sense of movement while the child is sitting, a box of fiddle toys to manipulate, squash and squeeze • Heavy work / proprioceptive activities – pushing and pulling, for example pushing equipment outside, digging or sweeping up, carrying and moving heavier items, such as outdoor resources. Having a tight space filled with cushions that the child can squeeze into or stretchy Lycra to pull and twist can also be calming • Tactile / touch – have a range of multi-sensory resources, such as sensory baskets and also messy play activities, including dry, wet, sticky and gooey materials • Taste – expose to a variety of messy play food activities, plan meals to gradually introduce different foods • Smell – be aware of the smells in the environment which the child likes / dislikes and how you can support the child with this, e.g. opening windows. You can gradually expose to different smells, such as scented dough, guess the smell games, smells on scarves or materials • Auditory / hearing - be aware of the sounds in the environment which the child likes / dislikes and how you can support the child with this, e.g. switching off equipment that makes noises, use of ear defenders, etc. Complete an audit of the sounds you can hear in your environment. You could expose children to different sounds, such as having toys which make a sound in response to pressing buttons or keys, you could go for a 'sound walk' to listen to and identify environmental sounds, play games with instruments, etc • Visual – have a range of resources with contrasting colours, e.g. books, glitter in coloured water, sensory

	<p>bottles, light boxes, torches, fluorescent resources, etc</p> <ul style="list-style-type: none"> • Oral motor activities – provide a range of different snacks, such as crunchy, chewy, and soft, blowing bubbles or blowing through a straw for paint blowing or blow football, etc. • Sensory retreats – regular time for withdrawal in a quiet darker space
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Visual impairment

What we might see	What we might do
Visual impairment	<ul style="list-style-type: none"> • Staff to work together with other professionals to share strategies and advice to support the child • Talking books and apps • Mobility / cane training
<p>Possible reduced vision or vision deteriorating</p> <ul style="list-style-type: none"> • Holding objects very close or far away to see them • Squinting • Finds it difficult to locate objects in a familiar environment • Accident prone • Missing when reaching for objects • Rubbing eyes / flickering eyes • Turning or tilting head when using eyes • Looking above, below or off to the side of an object • Having difficulty correctly identifying faces or objects 	<ul style="list-style-type: none"> • Discuss observations with parents – has the child had a recent sight test? If so, has there been any deterioration since the last test? Do they need to contact their GP? • All staff to know and understand the type of vision loss the child has • Ensure Health and Safety risk assessments are in place • Assess the environment for suitable lighting appropriate to the child's needs

<ul style="list-style-type: none"> • Not responding to non-verbal instructions • Difficulty finding pictures on a page • Poor hand / eye co-ordination • Having trouble identifying colours • Having trouble seeing in poor light • Re-occurring headaches 	
<p>Inconsistent use of prescribed glasses</p>	<ul style="list-style-type: none"> • Work closely with parents to ensure that the child has their glasses in setting and that all staff know when the child should be wearing their glasses • Points to consider if the child is not wearing their glasses – Are they comfortable and the correct size? Are they being worn correctly? Discuss this with parents and encourage to seek advice from orthoptics
<p>Difficulty accessing play and learning experiences</p>	<ul style="list-style-type: none"> • Describe / give a commentary on what you and others are doing • Embed regular routines with warnings of change • Provide a familiar, safe and secure place to play • Encourage independent exploration of a familiar environment • Give the child time to explore new toys and activities • Take care not to over protect as this may form a barrier between them and others • Provide visually stimulating experiences and resources • Plan for multi-sensory provision and a hands-on kinaesthetic learning approach, including treasure baskets, sensory boxes, toys with good contrasts of colours, noises, textures, light, and cause and effect
<p>Difficulty accessing and navigating the environment</p> <ul style="list-style-type: none"> • Brushing against walls when walking • Running into objects • Difficulty walking on uneven surfaces • Tripping over obstacles 	<ul style="list-style-type: none"> • Environmental audit by a qualified member of the vision support team • Ensure that the environment is clutter free and the layout is consistent to enable the child to become familiar with the areas of provision and become increasingly independent • Bespoke risk assessment that identify control measures that keep the child safe • Consider where to place personal belongings so that the child can access them with increasing independence • Keep glare to a minimum using blinds and curtains • Provide verbal commentaries when moving around the setting

<ul style="list-style-type: none"> • Walking or stepping hesitantly • Going up and down stairs slowly and cautiously • Missing objects by over or under reaching • Feeling for objects 	<ul style="list-style-type: none"> • Have consistent routines which promote anticipation and familiarity • Talk about sounds in the environment and link to experiences or locate the sound source
<p>Difficulties when accessing visual information / print</p>	<ul style="list-style-type: none"> • Intersperse short spells of visual activity with less visually demanding activities • Give 1:1 demonstrations or verbal commentary • Consider positioning when in groups – they may need to sit closer / further back depending on the needs of the child • Ensure a range of mark making media is available • Have real objects which can be handled wherever possible • Create an environment where the child can take control of their own learning, support independence and self-confidence
<p>Child misses non-verbal cues such as facial expression</p>	<ul style="list-style-type: none"> • Consider the distance you are from the child when communicating • Develop and embed a language rich environment • Teach, model and reinforce communication skills to the child and their peers • Promote good listening skills to all children, reinforcing looking at the person who is talking in group time • Provide quiet spaces for supporting communication • Use props and resources to support the senses when sharing stories and use stories with predictable and repetitive language • Use songs and action rhymes to communicate instructions, to follow routines and support transitions from one place to another • Check the child's understanding by asking open ended questions and give the child the opportunity to process the information and respond • Chunk language and give clear instruction one at a time • Scaffold language by responding to what the child says, adding one or two words

Hearing impairment

What we might see	What we might do
Hearing impairment	<ul style="list-style-type: none"> • Child to sit at the front of the other children with clear view of the practitioners' face and any visual material used. Instructions delivered clearly and at an appropriate volume • Check that the child has heard and understood what has been said, particularly when delivering new information or instructions; and/or using unfamiliar vocabulary • Repeating / rephrasing pertinent comments made by other children • Be aware the child may use lip-reading and visual clues to support their hearing. Ensure that they are face on when you are giving instructions. • Try not to move around the room whilst talking. • Visual reinforcement (pictures and handouts), to support learning • During activities, repeat comments from other children to ensure they have been heard • Words spoken on an audio/visual recording may need a person to repeat what is being said. Carpeting, soft furnishing, rubber feet on the table and chair legs etc. will reduce noise • Seat away from any source of noise e.g. window • Encourage good listening behaviour: sitting still, looking and listening • Encouraged to ask when not sure what to do • Provide a quiet learning environment, particularly for specific listening activities • All staff who work with a CYP with HI should be made aware how best to support in the setting. Adults working directly with child with HI to have appropriate training i.e. British Sign Language (BSL) • Visual timetable and use of visual cues i.e. sand timers to support sharing • Talking books to encourage and support speech and language communication • Staff to work together with other professionals to share strategies and advice to support the child BSL Training
Difficulty tuning in and sustaining attention	<ul style="list-style-type: none"> • All staff to know and understand the type of hearing loss the child has • Review the setting in terms of the listening environment Improving listening conditions Reducing background noise (ndcs.org.uk) • This resource may be useful to make staff aware of environmental barriers to good listening

	<p>https://www.ndcs.org.uk/information-and-support/childhood-deafness/what-is-deafness/what-does-hearing-loss-sound-like/</p> <ul style="list-style-type: none"> • Create good listening conditions by reducing background noise, minimising echoes, closing windows to reduce outside noise and communicating in a style that meets the individualised learning needs of the child • Ensure that when sitting the child is in a position where they can see the adult and other children • When speaking to the child ensure that you are within two metres and try to communicate at eye level, speaking clearly and trying not to shout, whisper or cover your mouth • Give the child opportunity to process this information and to respond. Repeat if necessary • Cue the child into listening using visual prompts and physical touch prompts if necessary • When using visual support allow the child time to move between watching your face and the visual support to ensure they have time to process both • Regularly check hearing equipment is working
Difficulty understanding verbal information	<ul style="list-style-type: none"> • Develop and embed a language rich environment, supporting verbal language with visuals and signing where required • Reinforce spoken language with appropriate communication support in line with the child's communication needs • Use visual timetables and visual sequences to communicate daily routines • Share books which reinforce vocabulary, especially selecting books which are repetitive and predictable. Support this with props, expressions, actions and signs • Chunk language and give instruction one at a time, giving the child time to process this information • Develop opportunities for the child to learn through observing and modelling their peers
Difficulty communicating their thoughts and needs	<ul style="list-style-type: none"> • Work closely with parents and carers to share methods of communication and develop consistency • Scaffold language by echoing back a child's language and adding one or two new words • Model language by talking through what you are doing • Support children to use their own communication skills within the provision • Teach peers some key words and phrases in the child's method of communication to allow them to communicate with the child in the provision
Difficulties acquiring new vocabulary	<ul style="list-style-type: none"> • Use photo diaries. These can be used to describe and recount the day with pictures / photos and text

	<p>which can then be shared repeatedly in the setting and home to reinforce and extend vocabulary</p> <ul style="list-style-type: none">• Pre-teach vocabulary where appropriate to support the child to access provision / new experiences• Create regular opportunities to revisit and reinforce learning to embed this language
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APPENDIX 1: WORKING WITH PROFESSIONALS, 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 within their day to day work with children. The collaboration between these professionals and parents is essential to improving outcomes for individual children, and in the early identification of any interventions needed.

Nottinghamshire SEND Local Offer

The Local Offer is an extensive resource that brings together useful information across education, health and social care within one website where you can find information, advice and guidance and a range of provider services listed who support children and young people with SEND.

[SEND Local Offer | Notts Help Yourself](#)



Ask Us Information Service

Information, advice and support for children and young people with a disability as well as their families or carers.

Children and young people with a special educational need (SEND) or disability in Nottinghamshire and their families can access a range of impartial information, advice, and support.

The service aims to help families to access information, advice and support from education, social care, and health services as part of the Ask Us Nottinghamshire network.

The Ask Us Nottinghamshire network contains:

- Ask Us Education (formerly Parent Partnership Service)
- Specialist SEND information (from Nottinghamshire County Council services)
- Specialist Children's Social Care information (from Nottinghamshire County Council)
- Ask IRIS (a magazine)
- Children's Development Centre Information Service (provided by Health)
- Family Information Service (FIS).

How to get in touch

Call 0300 500 8080 and talk to an adviser who can provide relevant information or signpost and connect you to more specialist support or advice

Website: <https://askusnotts.org.uk>

Small Steps Service Nottinghamshire

Small Steps is a service providing early support and evidence-based interventions to families of children and young people displaying behaviours that cause concern or challenge.

Support will be available where there is no formal diagnosis of ASD or ADHD, but where behaviours maybe of concern and for families of children and young people diagnosed with ASD and/or ADHD.



How to refer someone to this service

Small Steps is through professional referral only, the referral is the initial starting point on the concerning behaviours pathway when a further referral to a paediatrician may be required. However, if there is a 'red flag' e.g. regression or severe development delay with a child you can refer straight to the GP. Referral to the small steps service requires a 'Getting to know me form' to be completed with the parents and signed by a parent. Evidence of a tier 1 intervention (Healthy Family Team or childcare/education setting) and the reason for referral must be given on this form for the referral to be accepted by small steps.

Who to contact?

Information and Support Line for Parents and Professionals: 01623 404345 Monday to Friday 10.00am-2.00pm

Secure e-mail not-tr.small.steps@nhs.net

Getting to know me form available at: [Concerning behaviours multi-agency pathway | Nottinghamshire County Council](#)

Speech and Language Therapy

How to refer someone to this service

Nottingham Children's Speech and Language Therapy Service has an open referral system. Any key person in the child's life can refer if the child's legal guardian has given permission.

The Speech and Language Therapy Service receives referrals from many different people, including parents and carers, teachers, SENCOs, GPs, paediatricians, health visitors, nursery nurses, social workers.

To make a referral, complete and send our [referral form \[docx\] 197KB](#) and [referral checklist \[doc\] 197KB](#) (if you wish to print out the referral form and complete it by hand, please use this version: [referral form for printing \[pdf\] 279KB](#))

Please be aware if you use the referral form you must complete all boxes and attach a completed referral checklist, or the form may be sent back to you.

For general enquiries please contact the SPA (Single Point of Access) 0300 123 3387

Speech and language therapists work with children who have difficulties with speech, communication and language, 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.

Other support offered by the Speech and Language Therapy Service.

Nottinghamshire Language for Life strategy provides advice to support children in learning to talk and to communicate to the best of their ability. Their website contains useful information to support practitioners in settings to develop children's language.

Website: [Language for Life \(nottinghamshirehealthcare.nhs.uk\)](http://Language for Life (nottinghamshirehealthcare.nhs.uk))

Nottinghamshire Children's Centre Services

A Children's Centre is a place, or group of places, where local families with young children can go and enjoy facilities and receive support that they need. Sometimes support may be offered in the home. The facilities and activities are designed especially for parents expecting a baby, or those with a child under 5 years old.

Children's Centre workers are fully trained to deal with individual needs a child might have, and they work with many partners to ensure they can support families in whatever area they need.



How to access Children's Centre services

All families can access Children Centre Services where they have lower level needs. Families can also be referred into the service using an [Early Help Assessment Form](#) process is provided through the Early Help Unit:

- telephone: 0115 804 1248
-
- email: early.help@nottscc.gov.uk.

To find out more and what Children's Centre's are available near you, please go to the Children's Centre Services website:

[Children's Centre Service | Nottinghamshire County Council](#)

Healthy Family Teams

This service brings together care provided by Specialist Public Health Practitioners - Health Visitors and School Nurses and their teams to support all children, young people and families in Nottinghamshire.

Each team of Specialist Public Health Practitioners and support staff has responsibility for a small area of Nottinghamshire and work across the whole 0-19 year's age range, they are known as 'Healthy Family Teams' which mirror the areas currently covered by our Children's Centre services

Healthy Family Teams are based in local health centres or children's centres and work closely with local GP practices, early year's settings, schools, midwives, children's centres, social care, specialist services for children with disabilities, CAMHs and other services in each area to ensure that parents, children and young people get the support they may need at the time they need it.

This service is available to any family living in Nottinghamshire with a child between 0-19 years old, expectant mums, and young people up to the age of 19 years attending Nottinghamshire schools.

[Healthy Family Teams are part of the Healthy Families Programme \(nottinghamshirehealthcare.nhs.uk\)](http://nottinghamshirehealthcare.nhs.uk)

Access to services

The Healthy Family Teams will visit families and young people in their own homes, at school, children's centres and other appropriate community venues. The teams also offer advice and support over the phone or via text using ChatHealth, for Young People aged 11-19 years (and ChatHealth for parents starting and we provide bookable appointments at Healthy Family sessions. They offer drop-in sessions for young people in all secondary schools.

Notts Help Yourself

If you work with local people, or need information yourself as a resident of Nottinghamshire, then www.nottshelpyourself.org.uk is the best place to start.

This website is designed to help people find information about a whole range of organisations and services including:

- * activities, groups and events in your local community
- * childcare providers
- * support for children and young people aged 0 – 25 with a special educational need and / or a disability
- * health and social care information and support for adults and children
- * workplace health schemes.

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Healthy Family Teams Contact Details

Advice Line

0300 123 3387 (OPTION 4)

ChatHealth

TEXT ONLY 07507 329952 (11-19 YEAR OLDS)

Parentline

TEXT ONLY 07520 619919

Health for U5s

WWW.HEALTHFORU5S.CO.UK

Family Nurse Partnership

01623 484829

Health for Kids

WWW.HEALTHFORKIDS.CO.UK

Health for Teens

WWW.HEALTHFORTEENS.CO.UK

www.nottinghamshirehealthcare.nhs.uk/healthy-family-teams



If you need help using this directory or would like to contact us for more information, please get in touch with one of our friendly advisors using the details below:

Telephone: 0300 500 80 80

If you are Deaf or can't speak on the phone, contact us using [Relay UK](#). Download the Relay UK app or using your existing text phone prefix our dedicated text Relay number with the Relay UK code (18001).

Contact us using Relay UK: **0115 977 4050**

Email: enquiries@nottsc.gov.uk

We are open Monday – Friday 8:00am – 6:00pm.

Schools and Families Specialist Services (SFSS)

The SFSS service is aimed at children and young people aged from birth to nineteen with complex special educational needs and/or disabilities, their families and staff in the early year's settings and schools they attend.

A team of specialist teachers and teaching assistants work with children and young people with a range of complex SEND in the home for pre-school children, and/or early years settings. They provide specialist assessments and interventions, including services for children and young people who are deaf, visually impaired, autistic, or have cognitive learning difficulties.

The service comprises of four teams:

The Early Years Team (supporting children with special educational needs and disabilities from 0 - 7 years (Key Stage 1)).

The Communication and Interaction Team

The Cognition and Learning Team

The Sensory Team

Direct referrals are accepted from parents and professionals for children with complex SEND below school age e.g. from Early Years settings or health visitors.

Who to contact:

For Early Years SFSS - 0115 804 1232

For the Communication & Interaction, Cognition & Learning or Sensory Teams - 0115 854 6464

The Early Help Unit

The Early Help Unit provides information and advice and will signpost professionals and families on to non-County Council services, as well as accepting referrals on behalf of Nottinghamshire's County Council early help services.

- **Specific elements of this service include Children's Centre:**
Universal services including play sessions, health support, & opportunities to train and volunteer

- More focused support with: challenging behaviour; communication difficulties (Home Talk Programme); mother's mental health needs; diet & nutrition; domestic abuse; housing and debt issues.
- Parenting programmes & interventions including: Strengthening Families; Incredible Years

Early help interventions:

- Are for children and young people who are not at immediate risk. Those at immediate risk should be referred to the Multi-Agency Safeguarding Hub (MASH)
- Will be led by a key worker or lead professional who will co-ordinate the services involved with the child or young person and their family
- Are time limited (3 to 6 months)
- Involve an holistic assessment being completed with the child, young person and their family leading to an action plan
- Are reviewed regularly with the child / young person and family

To access services offered by Children's Centres (where the details of the local Children's Centre is not known), please complete the online Early Help Assessment Form [Revised Early Help and Assessment Form \(EHAF\) | Nottinghamshire County Council](#) All requests will need to evidence that consent has been provided by the child, young person, parent or carer. If you are not using the secure e-mail address (early.help@nottscc.gcsx.gov.uk) please ensure all confidential information sent by e-mail is password protected.

In addition, the Early Help Unit will provide information and advice for children, young people, families and professionals on early help services in Nottinghamshire and advise on the completion of the Early Help Assessment (EHAF) and hold a register of completed EHAF's

Telephone: 0115 8041248

Nottinghamshire Multi-Agency Safeguarding Hub (MASH)

The MASH deals with new safeguarding concerns, where someone is concerned about the safety or well-being of a child or adult and has significantly improved the sharing of information between agencies, helping to protect the most vulnerable children and adults from harm, neglect and abuse.

The MASH receives safeguarding concerns from professionals such as early years practitioners, teachers and doctors as well as members of the public and family members. For those concerns that meet the threshold for Social Care involvement, representatives from the different agencies in the MASH and outside will collate information from their respective sources to build up a holistic picture of the circumstances of the case and the associated risks to the child or adult.

The MASH incorporates a telephone hotline providing advice and guidance for professionals with concerns about a child or vulnerable adult. This will help improve the quality of information provided and reduce the number of inappropriate referrals.

Professionals with a safeguarding concern

You can contact the MASH team in one of the following ways:

- telephone: 0300 500 80 90
- fax: 01623 483295
- email: mash.safeguarding@secure.nottsc.gov.uk
- online form: [concerned about a child](#)
- online form: [concerned about an adult](#)
- post: MASH, Piazza, Little Oak Drive, Sherwood Business Park, Annesley Nottinghamshire, NG15 0DR.
- Website: <https://www.nottinghamshire.gov.uk/care/safeguarding/childrens-mash>

MASH Opening hours: Monday to Thursday: 8.30am to 5pm, Friday: 8.30am to 4.30pm

APPENDIX 2: AREA SENCO CONTACT DETAILS

Bassetlaw:

Sally Henderson sally.henderson@nottsc.gov.uk

Mansfield:

Vanessa Crane vanessa.crane@nottsc.gov.uk

Lyndis Stolc lyndis.stolc@nottsc.gov.uk

Ashfield:

Kerri Baker kerri.baker@nottsc.gov.uk

Newark & Sherwood:

Sarah Johnstone sarah.johnstone@nottsc.gov.uk

Rachael Homewood rachael.homewood@nottsc.gov.uk

Gedling:

Julie Sutherland julie.sutherland@nottsc.gov.uk

Broxtowe:

Claire Saville claire.saville@nottsc.gov.uk

Helen Akehurst helen.akehurst@nottsc.gov.uk

Rushcliffe:

Nicky Palmer nicky.palmer@nottsc.gov.uk

Helen Akehurst helen.akehurst@nottsc.gov.uk

APPENDIX 3: LINKS TO OTHER DOCUMENTS AND ASSESSMENT TOOLS

[NCC Early ID Toolkit](#)

[NCC Prime Areas Progress Tracking Tool](#)

[NCC 2 Year Progress Summary \(linked to Birth to Five Matters, 2021\)](#)

[NCC EAL Assessment Tool](#)

[NCC 2 Year Progress Summary \(linked to Development Matters, 2021\)](#)

APPENDIX 4: LINKS TO TRAINING

- **NCC Early Years Education and Childcare training**

[Early years education and childcare training | Nottinghamshire County Council](#)

- **National Association for Special Educational Needs (NASEN)**

[Home page | Nasen](#)

- **Anna Freud National Centre for Children and Families**

[Training and Research | Child Mental Health Training | Anna Freud Centre](#)

APPENDIX 5: GLOSSARY

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
AAC	Alternative and Augmentative Communication strategies
BSL	British Sign Language
CAMHs	Child and Adolescent Mental Health Service
CP	Child Protection
CPD	Continuing Professional Development
CYP	Child/Young Person
DfE	Department for Education
EAL	English as an Additional Language
EHAF	Early Help Assessment Form
EY ID	Early Identification Toolkit
EYST	Early Years Specialist Teacher
ECS	Early Childhood Services
EHCP	Education, Health and Care Plan
ENT	Ear, Nose and Throat Department/Service
EP	Educational Psychologist
EPS	Educational Psychology Service
HI	Hearing Impairment
HFT	Healthy Family Teams
IEP	Individual Education Plan
LA	Local Authority
LAC	Looked after child
MASH	Multi-Agency Safeguarding Hub
NCC	Nottinghamshire County Council
OFSTED	Office of Standards in Education
OT	Occupational Therapist
PSHE	Personal, Social, Health and Economic education
SFSS	Schools and Families Specialist Service
SALT	Speech and Language Therapist

SEAL	Social and Emotional Aspects of Learning
SEND	Special Educational Needs and Disability
SENCO	Special Educational Needs Coordinator
SMART targets	Specific, Measurable, Agreed, Realistic and Time limited
SPD	Sensory Processing Disorder