

Manchester Local Offer

Ordinarily Available Provision

**for children and young people with
Special Educational Needs and Disabilities (SEND)**

**A Guide for
Early Years Providers
in Manchester**

FINAL DRAFT

Reference: ‘early years setting’ is used throughout this document to refer to any private nursery or day care provider, child minder or school nursery

SECTION A

A.1 What is the Local Offer?

All local authorities are expected to publish a Local Offer, a directory of all activities, opportunities and services available across the city for children and young people with SEND from 0 – 25yrs. Please follow the link to go straight to the Local Offer <http://www.manchester.gov.uk/sendlocaloffer>

Local Authorities must make clear their expectations about universal help and support for those with additional needs. This document clarifies Manchester’s expectations of its early years providers.

A.2 What do we mean by ‘Ordinarily Available Provision’?

Manchester is an inclusive city: it is expected that the vast majority of children will have their needs met by universal and mainstream services through an ethos of best practice and reasonable adjustments in line with the SEND Code of Practice (DfE Jan 2015) which states, para 6:15, that

“A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that **ordinarily available** to pupils of the same age.”

Ordinarily Available Provision is the range of activities, opportunities and strategies that are offered as basic good practice to meet a range of additional needs without the need for a formal diagnosis or specialist support.

A.3 What are Manchester’s expectations?

It is expected that

- early years settings adhere to the EY (Early years) Framework when planning the delivery of provision and developing stringent policies and procedures
- early years settings will promote equality of access for all children in their care
- early years settings will have a robust assessment system in place supported by strong record keeping
- settings will actively work with parents and carers as a key aspect of good practice, with clear and regular communication giving parents a voice and ensuring that the child is at the heart of the process
- the child will have a voice: a child may express themselves using their voice, or in other ways. Behaviour is a communication and practitioners will have an active curiosity about what a child is trying to communicate to them
- multi-agency working is embedded so that practitioners and parents have the benefit of expert professional advice and support when a child already has an identified need or when a need becomes apparent
- practitioners will actively seek out training to maintain skills and knowledge as part of their ongoing CPD (continuing professional development)

A.4 What about children who do need support?

It is important to be aware that learning for young children is not linear, but incremental; that children develop at different rates depending upon a variety of factors. For instance, experienced practitioners will know that children will not be able to begin to write until they have had many opportunities for gross motor activity; some children will appear to lose acquired skills as they learn new skills. It is also the case that external factors can hinder or affect the ability to learn, such as the arrival of a new baby, moving house or moving to a new setting. These needs may be short lived, but children experiencing any difficulties will need support to build resilience. It may also be the case that young children will need a specific and/or specialist intervention, such as activities for speech and language issues. Again, the interventions may be short lived as the child makes progress. The graduated response should be embedded into everyday planning: practitioners will instigate the process of assess, plan, do, review: assess the needs, plan for support, implement (do) the

support and review to monitor the impact. This may be all that is needed as in the majority of cases, children will settle once their needs are met, and begin to make good progress without the need for further action. However, despite interventions and support, a child may still experience difficulties. At this point further action may be needed. This is signposted throughout the document by use of an asterisk *.

A.5 The Ordinarily Available Provision Document

The Manchester Ordinarily Available Provision document describes the range of support, strategies and activities, that is available in early years settings, to young children with additional needs without the need for a formal diagnosis or specialist support: what is available as part of the basic good practice in the setting. The overarching approach is one of inclusion: a good Early Years practitioner teaches a child from wherever they are on their developmental journey, and this includes those who may have additional needs.

It has been developed in collaboration with Early Years professionals, practitioners, health colleagues, parents, Information Advice and Support Officers and educational psychologists, and was facilitated by Philippa Stobbs and Chris Webb from the Council for Disabled Children.

The document must be read in the context of the SEND Code of Practice and alongside the Manchester Matching Provision to Need Tool 0 – 5yrs. It complements the Early years Framework and Development Matters.

Early Years settings and nurseries, including child minders, are expected to use this document to support children with additional needs in their settings.

It describes the different types of support that should be available for young children in Early Years settings, including child minders, and school nurseries. It is not an exhaustive list, but it provides samples of best practice while signposting to sources of further information and support.

This guidance will be a valuable resource for parents and carers of young children with additional needs.

Essential supplementary sources of information are included at the end of the document.

SECTION B

This section gives more detailed information for supporting young children in each of the categories of need, as described in the Code of Practice. Again, this is not an exhaustive list, but it will offer prompts to what should already be happening in the setting as well as signposting to further advice and support.

*Please discuss concerns with parents/carers and signpost to GP to raise possible concerns regarding hearing, if appropriate (for more guidance see section B6)

B. 1 Communication and Interaction

The majority of young children are eager communicators and seek active interaction with those around them. However, some may struggle using language to make themselves understood, and find interaction problematic. A communication friendly environment will offer ongoing support – visuals, picture cues, sound cues, simple signing – as well as offering many opportunities for a child to practise alongside an adult with other children. Start where a child is and extend their development from the point at which they are confident. Giving a child the opportunity to communicate in ways other than with language is enormously helpful to their self-esteem and wellbeing. The following offers some key strategies for opportunities to practise language skills.

Stage of development	Need - What you see	Provision - What you do	Useful Resources
22-36	<p>No imaginative play evident. Not yet using common objects for their purpose e.g. brush, phone, cup.</p> <p>Difficulties imitating actions/words/not yet copying others. *</p> <p>Adults have difficulty understanding words the child uses (child currently not making themselves understood to familiar adults). *</p> <p>Difficulty understanding and following short instructions</p>	<p>Adult models object purpose. Role play set up to include common objects for all children to model</p> <p>Action rhymes and songs often repeated. All staff use the same label/name for objects. Use less language and emphasise key words.</p> <p>Adult acknowledges sounds child makes and models appropriate words. Adult uses commentary as child plays. Use objects of reference/photos /pictures.</p> <p>Consistent use of language from all staff team. Repeated short phrases/single words and prompts accompany instructions. E.g.</p>	<p>Regular opportunities for role play with and without an adult.</p> <p>Song bags – bags with small items to signify particular songs.</p>

	<p>So far cannot point to named people, objects or body parts. *</p>	<p>pointing, modelling or taking child to complete instruction Action rhymes and games to label people and objects. Regular repetition of naming objects/people. Opportunity to choose a named object (from 2?)</p>	
30-50	<p>Only familiar adults may understand child's speech. *</p> <p>Pronunciation of sounds in words not clear. *</p> <p>Currently using single words rather than two words together. *</p> <p>Unable to join in or recall familiar songs and rhymes. *</p>	<p>Objects of reference, pictures/photo cues.</p> <p>Regular repetition of familiar sounds. Repetition of naming objects/people. Encourage repetitively looking at picture books/stories.</p> <p>Adult plays alongside child and extends one-word utterances.</p> <p>Encourage repetitive singing of rhymes and songs. Follow child's interest and sing linked rhymes. E.g. wheels on the bus if interest is vehicles or movement.</p>	<p>Relevant objects to signify actions/activities.</p>
40-60	<p>Vocabulary limited and not yet including prepositions. *</p> <p>Needs lots of support to maintain attention and concentration during an adult led activity for 5 to 10 minutes</p> <p>Not ready to link sounds to letters. *</p>	<p>Follow child's lead to favourite areas of play e.g. Small world/construction/ outdoor area and introduce prepositional language</p> <p>Use sand timer/clock /bell to signal end of attention time. Use child's choice of reward. Repeat.</p> <p>Sound/object matching e.g. nursery rhymes (Old McDonald) Sound lotto/Listening walks</p> <p>Now and next board. Timelines. Model second instruction and support child to copy.</p>	<p>Visuals to signify time – end and start of an activity.</p> <p>Recordings of everyday sounds/sounds in the local environment/of familiar people/animals</p>

	<p>Can follow a one-step instruction, needs help to understand a 2-part sequence or two step instruction</p> <p>Uses short phrases alongside non-verbal gestures to communicate. *</p>	<p>Matching/sequencing games etc. to build memory skills</p> <p>Repeat phrase and extend with another word.</p>	
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B.2 Cognition and Learning

Cognitive development in young children involves the progressive building of attention - thinking, working things out, remembering and making connections; all things that children learn as they make sense of the world around them. In very young children this could be learning that happens when you repeat an action, push a button, or make a sound in a particular way. Later on, often cognition and learning difficulties apply to reading, writing and number work, but also short-term memory and problem solving. A specific difficulty may only affect one or two of these areas so it important to be aware of a child's strengths while pinpointing the site of a specific difficulty. It may point to dyspraxia, dyscalculia or dyslexia.

Stage of development	Need - What you see	Provision - What you do	Useful Resources
22-36	<p>May not yet understand cause and effect</p> <p>Danger awareness emerging but inconsistently</p> <p>Reciprocal communication difficulties. Does not yet verbally indicate need or physically show an adult what they need. Also has difficulty</p>	<p>Play with cause and effect toys e.g. press button toys such as 'Jack in a box'. Ensure that purposeful actions and sounds from a child are met with a consistent response</p> <p>Consistent continuous response to dangerous actions/situations. Managed approach to the introduction of risk (taking appropriate risks often 1:1 with adult)</p> <p>Regular risk assessments in place. Use of visual prompts and consistent language throughout the setting to denote danger.</p>	<p>Toys with buttons, levers, switches etc</p>

	<p>understanding/processing verbal instruction. *</p> <p>May not yet engage in imaginative play</p> <p>Needs lots of support and encouragement to be ready to learn/attend to an activity</p>	<p>Objects of reference. Visual routines, now and next, signing.</p> <p>Take imaginative play to an area or activity child enjoys. Set up parallel imaginative play with an adult. Use a copy box (two of each item for adult to model and child copy)</p> <p>Engage in anticipation games with adults – peek-a-boo, tickle games, ready go.</p> <p>Use quiet areas to for 1:1 play. Offer an 'Interest box' containing objects/toys that spark child's curiosity-use as calming tool or reward for engagement.</p>	<p>Build up a set of novelty items – different hats, masks, wigs, toys that are kept apart to stimulate interest and engagement.</p>
30-50	<p>Not yet recognising and or naming familiar objects/people. *</p> <p>Not yet giving meaning to marks made</p> <p>Not yet recognising symbols as numbers or letters. Not yet naming a colour as a colour (may not be correct colour)</p> <p>Unable to understand basic concepts such as same/different.</p> <p>Not yet following routines independently.</p>	<p>Objects of reference, pictures/photo cues.</p> <p>Child's own 'all about me' photo book Ask parents for names of familiar objects at home (EAL or child's own sounds for objects/people)</p> <p>Regular repetition of naming objects/people.</p> <p>Opportunity to choose a named object (from 2)</p> <p>Encourage and model mark making using lots of mediums. Model naming mark making –Give choice of /suggest label. Use photographs, real objects to 'draw'.</p> <p>Exploring numbers, letters, and colours in the environment/daily routine. Introducing each concept individually. Continual assessment of 'gaps' in knowledge</p> <p>Objects of reference/Visual cues</p>	<p>Language friendly environment activities.</p> <p>Provide collections of items of the same colour or groups of a certain number for children to recognise and explore.</p>

	Plays alone, no interest in peers/others	Set up parallel play/buddy system with adult support.	
40-60	<p>Currently little recall of recent activity/experiences.</p> <p>Not yet associating familiar sounds with actions or objects. (Sound-symbol correspondence) *</p> <p>Categorising, sequencing and sorting objects may be confusing or of no interest.</p> <p>Difficulty in planning and organising thoughts ideas and routines independently</p> <p>May not yet understand how things work. e.g. toys with buttons, levers, and moving parts. Turning toys on and off.</p>	<p>Use of photographs/stories to recall events. Home/setting diary. Objects of reference linked to experiences e.g. conkers from the park</p> <p>Sound/object matching e.g. nursery rhymes (Old McDonald) Sound lotto. Sound bags. Listening walks. Repetition of familiar sounds.</p> <p>Matching/sequencing games with small choice initially.</p> <p>Visual timelines.</p> <p>Offer a range of technical and construction toys. Model one action/concept at a time.</p>	<p>Photos from home/daily activities</p> <p>Recordings of everyday sounds/sounds in the local environment/of familiar people/animals.</p> <p>Construction sets – Duplo, Lego, wooden bricks, or cardboard boxes/found objects</p>

B. 3 Physical/Medical

Research into child development confirms what experienced professionals already know: that little children need to have lots of opportunities to run, climb and jump before they are able to hone fine motor skills or even pay attention in a learning environment. (Best JR, Effects of physical activity on children's executive function: contributions of experimental research on aerobic exercise Dev.Rev 2010; Piek J, Dawson L, Smith L, *et al* The role of early fine and gross motor development on later motor and cognitive ability. Hum Mov Sci 2008). However, children develop at different rates and reasonable adjustments need to be made to ensure children are fully included in activities at their own ability. This might mean having adapted scissors or chunky pencils readily available as part of the basic provision. With lots of opportunities to practise, and lots of encouragement, a child will make progress. If progress does not happen, there may be an underlying difficulty.

Stage of development	Need - What you see	Provision - What you do	Resources
22-36	<p>Needs support with fine motor skills such as: grasping objects with a full hand grasp or pincer grasp.</p> <p>beginning to manipulate simple toys, for example turning, pressing, pushing or pulling turning pages of a book by around 24 months</p> <p>stacking 4 cubes in a tower by around 24 months</p> <p>drawing a single line by around 25 months, (holding implement in any grasp)</p> <p>Needs support with self-care needs such as:</p> <p>finger feeding or using a single implement to eat</p>	<p>Hand over hand when needed, adult to correctly position child's hand when not grasping objects effectively. Offer adapted resources and /or a range of resources. This may include resources of other sizes, shapes and textures. Encourage interest in and handling of a range of books such as board books and textured books. Adult to model page turning, allowing child to complete a page turn adult has begun.</p> <p>Hand over hand when needed. Stack a range of alternative objects such as cups or cones or connecting construction toys. Use Velcro or 'blu tac' (with supervision) to ensure blocks stay in position.</p> <p>Use a range of mark making activities and implements both indoors and out. Encourage large arm movements Adapt resources where needed</p> <p>Use a consistent approach agreed with parents when working on independence</p> <p>Hand over hand, take finger food to mouth. Support child's elbow to guide finger food to the mouth. Try different sized spoons with different width handles and grips and guide to the mouth holding the end of the spoon.</p>	<p>A variety of mark making and writing/drawing tools of different sizes.</p> <p>Trays of cornflour, custard powder mixed with water to shaving foam, for mark making practise (the marks do not stay so a child can make as many mistakes as they want</p> <p>Work on specific fine motor skills in play - https://theimaginationtree.com/40-fine-motor-skills-activities-for-kids/ https://handsonaswegrow.com/fine-motor-skills-activities/</p> <p>Printable Skill books from LDA – https://www.ldalearning.com/product/cognition-and-learning/motor-coordination/teaching-resources/fine-motor-skills/aemt1003</p>

	<p>Drink from a cup when held by an adult initially.</p> <p>to assist with dressing (for example, putting arms through holes)</p> <p>Needs support with large movement skills such as:</p> <p>walking up and down stairs 2 feet to a step technique, with or without a hand rail (by around 24 months)</p> <p>Running safely, stopping and starting with ease (by around 24 months)</p> <p>jumping 2 footed on the spot (by around 30 months).</p> <p>climbing on and off furniture (by around 24 months). sitting on a small tricycle and propelling it forwards using feet on the floor (24+ months) Medical Needs in addition to expected health needs. *</p>	<p>Play with dough and tools for cutting, pinching & stabbing e.g. small children’s cutlery. Empty and fill sensory materials using scoops and spoons</p> <p>Two handled lidded cups at first, then try a range of cups and a small amount in an unlidded cup.</p> <p>Encourage dressing up play Use backward chaining</p> <p>Use the outdoor equipment for practise and any stairs within the setting supported by an adult. Practise stair skills using the lower three steps for practice. Go up the stairs together while holding both hands.</p> <p>Provide fun activities and games you can do with the child to further develop their balance and coordination.</p> <p>Engage with appropriate health professional (health visitor, community Nurse etc.) as appropriate.</p>	<p>Backward chaining with dressing - https://www.chop.edu/news/helping-your-child-be-more-self-reliant-backward-chaining</p> <p>The following community sessions/clubs for young children can be helpful:</p> <ul style="list-style-type: none"> • Tumble tots/gym clubs aimed at pre-schoolers • Dance classes • Ball skills clubs • Music and Movement clubs • Swimming • Soft play
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<p>30-50</p>	<p>Needs Support with fine Motor skills such as:</p> <p>Using scissors, holding the paper and cutting in one place needs adult support</p> <p>Threading laces through three holes or three beads onto a lace by around 37-42 months</p> <p>drawing a horizontal line and circle by 25-30 months</p> <p>Needs an adult to close buttons or to put on or remove small items of clothing (by around 42 months)</p> <p>Needs support with large movement skills such as: Walking up and down stairs; either 2 feet to a step (24+ months) or a step through technique (36+ months).</p> <p>Easily climbing on and off nursery apparatus (30+ months).</p>	<p>Try adapted scissors LDA scissor skills printable book Fine motor skills activities</p> <p>Use coloured, chunky beads to thread onto laces. Laces with a stiff binding at each end are easier to handle. Use animal lacing cards for engagement.</p> <p>Offer daily opportunities for mark making. Using a variety of drawing tools and materials will keep a child's interest: chalks, pastels, brushes, pens, pencils etc on card, newspaper, cardboard boxes, magazines catalogues etc</p> <p>Have dolls and teddy bears that children can dress and undress: make it a focus for the day asking the children, what is the weather and what should teddy wear to go out?</p> <p>The following activities for young children can be helpful: Using outdoor/playground equipment such as balancing beams, stepping stones, wobbly bridges, climbing frames and slides. Playgrounds are a great place for children to develop balance and coordination skills</p> <p>Outdoor play such as stepping-stones, walking on grass/uneven ground/sand/ slopes. Bike riding with a parent bar and stabilisers.</p>	<p>adapted scissors https://peta-uk.com/product-category/scissors/</p> <p>LDA scissor skills printable book - https://www.ldalearning.com/product/cognition-and-learning/motor-coordination/cutting-skills/cutting-skills/aemt00565</p> <p>An outdoor space that offers a variety of play opportunities: if possible, a slope, a bike track/path, places to climb, equipment to climb over and under, target practise with hoops/balls/beanbags, wheeled toys – tricycles/bikes/scooters/wheelbarrows /prams/buggies</p>
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	<p>Jumping off a small step 2 footed (30+ months).</p> <p>Navigating obstacles and corners whilst running (36+ months).</p> <p>Kicking a ball with force (36+ months).</p> <p>Riding a tricycle using pedals (36+ months).</p> <p>Standing on one foot for 3-5 seconds (48+ months).</p>	<p>Obstacle courses such as balancing, walking along lines, stepping in and out of objects, stepping up and down. Carrying, pushing and pulling different size toys during play.</p> <p>Fun and games for balance and coordination skills such as wheelbarrows, kicking balls, stomping on bubbles to pop them, playing on a trampette.</p> <p>It is important to ensure your child has well fitting, supportive shoes: they need to be taken to have their feet measured regularly.</p>	
40-60	<p>Needs support with Fine Motor skills and with movements that need a lot of control, including mark making and writing, construction toys and using cutlery.</p> <p>Needs support to: draw a square by around 49-54 months</p> <p>build/copy a pyramid of 6 blocks by around 49-54 months</p>	<p>Provide regular opportunities for practise indoors and outdoors</p> <p>Use adapted resources and hand over hand prompts.</p> <p>Range of media and materials to practise mark making such as chunky crayons, chalk, finger paint and shaving foam, water and large brushes.</p> <p>Tea sets outdoors as well as indoors.</p> <p>Use different sized tweezers to pick up 'found' objects outside such as small figures, fir cones, seashells etc</p>	<p>Fine motor activity cards - https://www.sensorydirect.com/fine-motor-skills-fun-deck.html</p>

	<p>cut out a square by around 49-54 months</p> <p>connect dots using a straight line by around 49-54 months</p> <p>hold a pencil in a tripod grip by around 49-54 months</p> <p>fold a piece of paper in half (55 months)</p> <p>Need support to understand self-care and personal hygiene such as:</p> <p>recognising when to wipe nose, wash hands or use the toilet.</p> <p>require adult support to stay safe Needs support with large movement skills such as:</p> <p>Walking or running alone up and down stairs, one foot to a step, in adult fashion by around 48 months</p> <p>Standing, walking and running on tip toes by around 48 months</p>	<p>Repetition of adult prompting child to meet own self care needs. Modelling hand washing etc. action rhymes and games to model self-care actions, such as washing the doll/teddy</p> <p>Risk assessments. Continuous observation. Social stories</p> <p>The following activities for young children can be helpful: Using outdoor/playground equipment such as balancing beams, stepping-stones, wobbly bridges, climbing frames and slides. Playgrounds are a great place for children to develop balance and coordination skills</p> <p>Outdoor play such as stepping-stones, walking on grass/uneven ground/sand/ slopes. Bike riding with a parent bar and stabilisers.</p> <p>Obstacle courses such as balancing, walking along lines, stepping in and out of objects, stepping up and down.</p>	<p>Life skills advice - https://www.falkirk.gov.uk/services/social-care/disabilities/docs/young-people/Life%20Skills%20for%20Little%20Ones.pdf?v=201906271131</p>
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	<p>Skilfully navigating corners and obstacles by around 48 months Climbing ladders and trees by around 48 months</p> <p>Showing increased skill in ball games, throwing, catching, bouncing and kicking etc. including use of a bat by around 48 months</p> <p>Standing on one foot for 8-10 seconds and hops on preferred foot by around 60 months.</p>	<p>Carrying, pushing and pulling different size toys during play.</p> <p>Fun and games for balance and coordination skills such as wheelbarrows, kicking balls, stomping on bubbles to pop them, playing on a trampette.</p> <p>It is important to ensure your child has well fitting, supportive shoes: they need to be taken to have their feet measured regularly.</p>	
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B. 4 Social, Emotional and Mental Health (SEMH)

It is important for adults to recognise behaviour as a communication and to try to understand what it means. Encourage staff to ask, what is this child trying to communicate? A healthy curiosity will help you find out more about the child’s situation: has something changed – a new baby, parental friction, loss, a new home? Is there a pattern to this behaviour – at the start of every day, to avoid an activity, at dinner time? Speaking to parents in a calm non-judgmental way and asking them to work with you to help their child, will give more insight into behaviours. Keeping a log at the setting, and at home if possible, will identify patterns or triggers, causes for the behaviour. Using positive reinforcement – praising the child when they are playing well or sharing – gives the child attention they may crave and may solve the underlying issue. However, there may be another need that requires further investigation: it is possible there may be a physical reason – eg a hearing loss.

Stage of development	Need - What you see	Provision - What you do	Resources
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<p>22-36</p>	<p>Frustrations leading to outbursts exceed expected developmental stage. *</p> <p>May not recognise or communicate own need and emotion so expressed in behaviours.</p> <p>Inappropriate awareness of others around them. Either little or no engagement with those around them or hyper awareness of presence of others causing distress.</p>	<p>Offer calm spaces. Key person to hand to offer consistent management of behaviours. Whole staff team approach to behaviour management.</p> <p>Key person bonds with child and recognises different sounds and behaviours expressed. Supports child by naming needs. Emotion symbols/spoons. Objects of reference, pictures/photo cues.</p> <p>Set up parallel play/buddy system. Copying games/ action rhymes</p>	<p>Whole setting approach to positive behaviour management</p> <p>Access to a small space/room away from the busy environment – this might be a screened off area within the room.</p> <p>Emotion cards or cushions.</p> <p>Items that can be kept for use as objects of reference.</p> <p>Boardmaker or other symbol maker software that can be printed out.</p>
<p>30-50</p>	<p>Adults may not understand what child is expressing</p> <p>Play is solitary, not yet taking turns or involving others in play</p> <p>Following routines and understanding boundaries needs adult support</p> <p>Needs help and encouragement to maintain attention and concentration.</p> <p>Shows little interest in or may be resistance to new things/changes</p>	<p>Objects of reference, pictures/photo cues. Regular repetition of naming objects/people.</p> <p>Set up parallel play/buddy system. Adult directed turn taking games with one other child.</p> <p>Visual timetables. Whole staff team approach to behaviour management.</p> <p>1:1 short sessions of play with key person. Short books and stories. Use of reinforce/reward for completed activities.</p> <p>Now and Next. Introduce new things one at a time. Support transition from activity to activity, room to room etc.</p>	<p>Objects of reference, sets of photos/picture cues</p> <p>Visual timetable cards/pictures/photos, Velcro</p> <p>Coloured card and Velcro for Now and Next boards</p>

40-60	<p>Not yet able to engage with peers on a joint theme or show interest in others in interactive games.</p> <p>Needs prompts to show affection</p> <p>Little or no understanding of imaginative play</p>	<p>Use child's own interest as a starting point. Buddy with others of similar interests.</p> <p>Emotion symbols/books and stories. Staff model.</p> <p>Stories/books/props/puppets/small world play/role play. Adult and child led.</p>	<p>Stories and cards showing a variety of emotions</p> <p>Puppets or toys to use in story telling</p> <p>Small world figures and scenarios eg hospital, school, home etc</p>
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B.5 Visual Impairment (VI)

Impact and approach:

Even a mild vision impairment can adversely affect all aspects of a child's learning and development.

It is therefore essential that the setting takes appropriate steps to minimise impact.

Where a child has a known visual impairment (**not fully corrected by wearing glasses**) you should receive specific advice and support from the Manchester Sensory Support Service (MSSS) - please use the contact details below at the earliest opportunity.

The setting should be welcoming to children with a visual impairment and the environment and methodologies should be inclusive of visual needs with or without a visually impaired child on roll.

Expected Ordinarily Available Provision in MCC early year settings for children with visual impairment:

All settings should have the following in place:

- If children are prescribed glasses, they are kept clean. Staff recognise the importance of encouraging a child to wear their glasses and introduce a reward system if necessary.
- Well organised and clutter free environment to enable children to move as independently as possible.

- Good lighting conditions. Lighting that is sufficiently bright, even and consistent across the area and not pooled. Use of blinds if required to reduce glare.
- A visually stimulating environment that includes interesting things for babies and young children to look at, listen to and explore.
- Good quality toys in working order including those requiring batteries and complete puzzles/games/books/sensory baskets stored in consistent orderly way to enable children to independently access them.
- Toys and books with good colour contrast and/or tactile attributes that will encourage use of appropriate senses.
- Quiet area available for individual/small group work
- Good listening conditions, minimising background noise.
- Objects/songs of reference used to cue children into the routines of the day.
- Setting promotes self-help and independence skills in a proactive and planned manner.
- Learning displays are clear and at children's eye level. Encourage children to approach them to view clearly.
- Consideration given to child's optimum positioning for activities/tasks.

It is also important that the setting is aware of signs and symptoms that a child may have a visual impairment. Where these are observed the setting should first:

- Share the concerns with the settings SENCO.
- A member of staff should discuss their concerns with parents/carers.

Parents/Carers should be advised to arrange for their child to be seen by an optician, or community orthoptist (GP can facilitate this). They will make a referral to Manchester Royal Eye Hospital if appropriate. The setting should check the outcome of this with parents/carers.

Signs and symptoms that a child MAY have a visual impairment include:

- Not visually motivated or engaging in play with toys, books, pictures or mark making.
- Holding things close or getting closer themselves to view things.
- Not aware of incidental learning around them e.g. from wall displays
- Struggles to find objects or people readily.
- Bumps into things especially in unfamiliar environments.
- Not making eye contact.
- Missing non-verbal cues e.g. facial expression and gestures in communication.
- Delayed language, social and self-help skills.
- Problems with naming colours.
- Pace of learning slower than expected.
- Poor hand/eye co-ordination.
- Reduced attention span.
- Finds visual tasks more tiring/demanding, or complains of headaches or eye discomfort.
- Discomfort in bright light - screws up eyes, blinking, rubbing eyes.

If a child has a diagnosis of visual impairment the setting should also ensure:

- All staff in the setting are made aware of the child's visual impairment (VI) and follow advice provided by MSSS.
- Risk assessment is completed by the setting in liaison with MSSS.
- Staff use consistent language when working directly with a child with VI.
- Liaison with MSSS, providing access to child for assessment, observation, and other support as needed.

- A small area is available to store any specialist equipment if required.
- At least one member of staff attends free MSSS VI Awareness training delivered around the principles of good practice. (More specific training is also delivered for SENCOs in Early Years settings).
- Visual condition and reasonable adjustments for vision to be outlined on learning profile/learning journey. The Developmental Journal for Children with Visual Impairment may be used to monitor child's progress and development of their functional vision (MSSS to provide advice).

A mainstream setting should be able to accommodate the needs of the most severely visually impaired child, including those who need to use non-sighted methods to learn and engage with the world. For a child with a diagnosed visual impairment, ongoing support, advice and training will be available from MSSS.

Settings can seek further advice regarding additional funding if appropriate (see below – Section C).

Contact for support and advice:

Manchester Sensory Support Service:

Tel: 0161 445 0123

or email sensoryadmin@lancasterian.manchester.sch.uk

Settings can seek further advice regarding additional funding if appropriate (see below).

B6 Hearing Impairment (linked to B1, Communication and Interaction)

Impact and approach:

All levels of hearing loss, including a mild hearing loss in one ear, can adversely affect all aspects of a child's learning and development. It is therefore essential that the setting takes appropriate steps to minimise impact.

Where a child has a known hearing impairment you should receive specific advice and support from the Manchester Sensory Support Service (MSSS). Please use the contact details below at the earliest opportunity.

The setting should be welcoming to children with a hearing impairment. Therefore, the environment and methodologies should demonstrate good practice relating to hearing needs with or without a hearing-impaired child on roll. Good practice for a child with a hearing impairment is good practice for all.

Expected Ordinarily Available Provision in MCC early year settings for children with hearing loss:

All settings should have the following in place:

Nursery staff should speak clearly and ensure they are visible to children at all times.

Staff should have the light source on their face **not** behind them. For example, **not** standing with their back to the window or sun.

Acoustically optimal listening conditions in general room, for example areas of the nursery to be carpeted.

Quiet area available regularly for small group work.

Good lighting in the nursery at all times to enable pupils to see adults faces and lip patterns.

Sitting in a position for children to see adults in all activities

Managing and minimising background noise as much as possible, especially during language and listening activities.

Access to visual aids, natural gesture and good facial expression to support communication and understanding of everyday routines and activities.

Ensuring glasses are worn by children who need them.

It is also important that the setting is aware of signs and symptoms that a child may have a hearing loss. Where these are observed the staff in the setting should:

- Share these concerns with the setting's SENCO.
- A member of staff should discuss their concerns with parents/carers.

Parents/ carers should be advised to take their child to the GP, who will make a referral to the audiology department if appropriate. The setting should check the outcome of this with parents/carers.

The signs and symptoms that a child MAY have a hearing impairment include:

- Ignoring their name being called.
- Having a very poor attention span.
- Being exceptionally tired, particularly later in the day.
- Being very dreamy or distant in group settings.
- Being disruptive in group times.
- Not following simple instructions and watching others for guidance on what is expected of them.
- Impaired speech production of certain sounds.
- Not speaking or communicating with others.

If a child is diagnosed with a hearing loss;

- Nursery staff to follow bespoke MSSS advice.
- All staff in the setting to be made aware of the child's hearing loss and any related equipment by the nursery SENCO.
- Wearing optimally working equipment (hearing aids or implants) at all times, if appropriate.

- Risk assessment to be produced by the setting on management of hearing aids, when being worn by the child. This should include: batteries must be kept safely out of children's reach and the setting should check with parents/carers that battery safety locks are fitted and working on hearing aids.
- Staff to check equipment daily and troubleshoot problems immediately and report faults to parents and MSSS technicians.
- Spare batteries and testing kit from home, to be used in the nursery.
- At least one member of nursery staff to attend MSSS training.
- Hearing loss and related language needs to be included on learning profile/learning journal.

A mainstream setting should be able to accommodate the hearing needs of all children with a hearing-impairment. If a child is diagnosed by the audiology department, as having a hearing loss, ongoing support, advice and training will be available from MSSS. Settings can seek further advice regarding additional funding if appropriate (see below – Section C).

Contact for support and advice:

Manchester Sensory Support Service:

Tel: 0161 445 0123

or email sensoryadmin@lancasterian.manchester.sch.uk

Settings can seek further advice regarding additional funding if appropriate (see below).

HEALTH VISITING SERVICE (HVS)

Overview of the service:

Health Visitors are registered nurses with specialist qualifications in child and family health. Every family with a child under the age of four and a half years old has a health visitor who works to improve the health and well-being of families across Manchester. The Health Visitor's role is to offer information and support to families through the early years, from pregnancy and birth to primary school. This includes:

- Home visits to all newborn babies and families new to the area.
- Antenatal visits
- Healthy Child drop-in sessions.
- Health and development reviews at two months, nine months and two years
- Screening using tools such ASQ and Wellcomm
- Extra support visits
- Specialist health visitors to support with infant feeding, midwifery liaison, newborn screening, Special educational needs & Disability and specialist case planning

Expected Ordinarily Available Provision in MCC Early Years Settings: Health Visiting Service (HVS)

- Know the Health Visitor (HV) Team linked to your setting – if you are not aware who this is, contact your local health centre
- Carry out Early Help assessments where there is an issue, but you are unsure of the cause – include the HV in discussion
- Encourage the uptake of integrated reviews at 9mths and 2yrs
- Request further ASQ -3 and ASQ:SE-2 assessments from HV for those identified children
- Lead on team around the child meetings where necessary
- Actively seek further advice and support by making referrals to the Specialist HV and other health practitioners as needs are identified

SECTION C

C.1 What funding is available for early years settings?

There are a number of additional sources of funding available that can be used to support individual children and raise the quality of childcare.

C.1a Early Years Inclusion Funding All local authorities are required by the DfE to have an Inclusion Fund for 3- and 4-year olds with SEND who are accessing their early education entitlement. Please note that **4-year olds in reception class are not eligible**. Manchester will also consider exceptional applications for 2-year olds.

Early Years Inclusion Funding promotes the inclusion of children with SEND within a mainstream setting. It should be used to support the use of effective early intervention strategies and activities to develop a child's learning and development outcomes within an Early Years Setting/School.

Early Years Inclusion Funding is in addition to existing resources and should be used to provide additional support ie over and above what is already available in the setting.

Early Years Inclusion Fund should only be applied for when the setting has identified the child's needs and are clear about approaches and strategies they have already used and that they intend to use to support the child to make progress towards identified outcomes. Settings should be clear about how this provision is above and beyond that which is ordinarily available within the early years setting and exceeds the expectations for reasonable adjustments.

Applications for Early Years Inclusion Funding form part of the graduated approach. It is therefore expected that settings will have a range of evidence identifying the child's needs and the steps that they have taken as part of their everyday practice, reasonable adjustments and SEN Support already in place. Settings will use the Matching Provision to Need Tool and the Manchester Ordinarily Available provision documents as guides.

Requests will be considered by a panel and outcomes fed back to individual settings.

RHOSEY support settings in identifying and responding to children's individual needs. Contact your lead RHOSEY worker for additional support.

Additional information and how to apply – www.manchester.gov.uk/sendlocaloffer

C.1b Disability Access Fund The Disability Access Fund (DAF) is funding for early years settings that provide places for any 3- or 4-year-olds who receive [disability living allowance \(DLA\)](#). The setting is eligible to receive [disability access funding](#), which is £615 per child per year (4 year olds in reception class are not eligible).

DAF payments could be spent on equipment, resources, training or making reasonable adjustments to the setting, supporting access and inclusive practice. Providers can use this funding for the benefit of an individual child or for the benefit of all children attending the setting. This funding can support a setting to meet their duties under the Equality Act 2010

RHOSEY support settings in identifying and responding to children's individual needs. Contact your lead RHOSEY worker for additional support.

Additional information and how to apply – www.manchester.gov.uk/sendlocaloffer

Follow the link to find other sources of income for early years providers:

<https://www.gov.uk/government/publications/early-years-business-sustainability-guides-for-providers/extra-sources-of-income-for-early-years-providers>

SECTION E

Advice, information and support

DfE supported professional guidance is available, through the SEND Gateway (NASEN) www.nasen.org.uk

The Council for Disabled Children has described what it expects to see in “Universal Inclusive Practice” in the early years.

<https://councilfordisabledchildren.org.uk/help-resources/resources/sen-and-disability-early-years-toolkit>

Checklist for Effective targeted intervention can be found on the NASEN website: membership log in is required. www.nasen.org.uk

Multi-agency support for pupils whose needs extend beyond SEND and relate to community or family support, is coordinated through an **Early Help**

Assessment <https://hsm.manchester.gov.uk/kb5/manchester/directory/directory.page?directorychannel=1-12>

Help and support Manchester – provides local information in regards to supporting children with SEND

<https://hsm.manchester.gov.uk/>

Rodney House Specialist Support School – provides

- Outreach for school nurseries across the whole of Manchester, providing advice, support and guidance on inclusion
- **RHOSEY (Rodney House Outreach Service for Early Years)** – provides advice and support to families and Early Years settings (not schools) on supporting little children with additional needs. RHOSEY also runs groups for families based on a particular focus, ie sensory, social communication etc

<https://www.rodneyhouse.manchester.sch.uk/outreach>

Sure Start – local Sure Start centres offer a variety of support resources including:

- Incredible Years parenting course for those with children aged between 2 – 4yrs. This is co-delivered by Early Years Outreach Workers (EYOW) with CAPS (see below)
- Early Years Communication and Language Pathway - Wellcomm screening / PCI (Parent, child interaction groups) Early identification of communication and language needs. Package of support through home visits delivering intervention with parents.
- REAL - Raising Early Achievement in Literacy - REAL offers families a series of home visits and literacy events, providing opportunities for parents and children to get involved in enjoyable activities that support early literacy development – with books, rhymes, signs and mark making (early writing). In Manchester our Sure Start Children’s Centre’s (SSCC) will be working in partnership with schools to identify children and families who would benefit from REAL. The SSCC Early Years Outreach Worker (EYOW) have received training in REAL from the National Children’s Bureau.
- Transition - Encourage all EY Settings to use the transition packs developed in partnership with QA and Schools, to complete transition passports with parents and arrange transition visits with primary schools.
- Transition - Some Children's Centre do ready for school courses / stay and play sessions in partnership with primary schools.

Children & Parents Service (CAPS)

CAPS is a multi-agency, targeted service working with psychological issues in children under 5 years related to the child’s social, emotional and behavioural development; and/or parent-child relationships. Any frontline professional can speak to CAPS for advice and we may suggest a referral to CAPS when difficulties haven’t responded to routine interventions and are causing significant distress within the family home. CAPS accepts self-referrals from parents as well as referrals from any health, social care or education professionals; and offers evidence-based group and individual interventions.

A Graduated Approach

SEN support should arise from a four-part cycle, known as the graduated approach, whereby earlier decisions and actions are revisited, refined and revised, leading to a growing understanding of your child’s needs, and of what supports your child making good progress and achieving good outcomes
<https://hsm.manchester.gov.uk/>

SEN and disability in the early years: A toolkit/resource to support the high quality inclusive practice for all children

<https://www.foundationyears.org.uk/files/2015/06/Section-3-Universal-inclusive-practice.pdf>

CDC – the Council for Disabled Children provides a range of resources to support the implementation of the SEND reforms. They have information available in regards to resources/training/parents etc <http://www.councilfordisabledchildren.org.uk>

NASEN – the National Association for Special Educational Needs – has a SEND Gateway, providing free access to high quality information, resources and training on SEN and disability. Video resources on the SEND Gateway consider the way in which practitioners can provide personal care.

<https://www.sendgateway.org.uk/>

SEND code of practice: 0 to 25 years

Guidance on the special educational needs and disability (SEND) system for children and young people aged 0 to 25, from 1 September 2014.

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

SEND: guide for early years settings

A guide for early years settings on the support system for children and young people with special educational needs and disability.

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

The Early Years Foundation Stage (EYFS) sets standards for the learning, development and care of your child from birth to 5 years old. All schools and Ofsted-registered early years providers must follow the EYFS, including childminders, preschools, nurseries and school reception classes.

<https://www.gov.uk/early-years-foundation-stage>

Development Matters outlines typically developing progress from birth to 5yrs. It includes suggestions for activities and opportunities to support development at each stage. It is available as a free download by following this link

<https://www.early-education.org.uk/development-matters-early-years-foundation-stage-eyfs-download>

The official home of UK legislation <http://www.legislation.gov.uk>

The Equality Act

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/315587/Equality_Act_Advice_Final.pdf

Autism Education Trust helps ensure that autistic children and young people receive an education that enables them to fulfil their aspirations and engage in society as active citizens. There are resources available to support you. <https://www.autismeducationtrust.org.uk>

The Communication Trust – provides a range of resources, including “including Communication Checklists “Making your place great for Communication” and Communicating the Code” which provides additional information in relation to children and young people with speech, language and communication needs, to support practitioners to implement the SEN Code of Practice. <https://www.thecommunicationtrust.org.uk>

The **Dyslexia Specific Learning Difficulties Trust** (The Dyslexia-SpLD Trust) provides a number of resources to support schools and other education providers, as well as parents <http://www.thedyslexia-spldtrust.org.uk>

The Inclusion Development Programme – a part of the Government’s strategy to improve outcomes for children with SENs and first outlined before the current SEN Code of Practice and recent reforms. It provides a suite of materials aimed to support and to increase their knowledge and skills in working with children and young people with a range of SENC. With information provided through on-line DVD presentations, supported by written guidance, the areas of SEMH, Autism, SLCN and Dyslexia are covered at primary and secondary level, with all except Dyslexia covered for the Early Years foundation stage. <https://www.idponline.org.uk>

The Downs Syndrome Association has a section on its website for professionals covering stages of education from early years to further education. <https://www.downs-syndrome.org.uk/for-professionals>

NATSIP (the National Sensory Impairment Partnership) provides a range of information to support the learning and development of children and young people with hearing and/or visual impairments from early years to post 16. <https://www.natsip.org.uk>

The RNIB has a professionals' area where it provides guidance on teaching and learning for blind and partially sighted children from early years to young adults. <https://www.rnib.org.uk/services-we-offer-advice-professionals-education-professionals/guidance-teaching-and-learning>

The NDCS (the National Deaf Children's Society) has a professional's area where it enables the downloading of professional resources for those working with deaf or partially hearing children and young people <https://www.ndcs.org.uk>

SCOPE provides a support and information resource for teachers and other professionals as well as promoting and facilitating links between teachers. <https://www.scope.org.uk>

Pdnet is an online network for those supporting learners with physical disability, enables the sharing of a range of professional resources to support the learning and education of children with physical disabilities. <https://pdnet.org.uk/>

OFSTED Statutory guidance to settings <https://www.gov.uk/government/collections/early-years-childcare-registering-with-ofsted>

Early years foundation stage profile: exemplification materials ... children's development at the end of the early years foundation stage (EYFS) <https://www.gov.uk/government/publications/eyfs-profile-exemplification-materials>