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# Inclusive provision for children with SEND in the Early Years to promote belonging



**SEND**  
Special Educational  
Needs and Disability

 [www.cornwall.gov.uk/togetherforfamilies](http://www.cornwall.gov.uk/togetherforfamilies)

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# Introduction

This document describes the arrangements that should be put in place for children with special educational needs and disabilities (SEND) in the early years within Cornwall Council. It should be read alongside and in the context of The Early Years Foundation Stage Statutory Requirements and Profile, The SEND Code of Practice, the Equality Act, The Graduated Response in the Early Years Foundation Stage and Cornwall Council's Funded Early Education Entitlement (FEEE) guidelines.

## The document should support:

- Quality inclusive practice
- A person-centred approach
- Consistent standards of good practice across all settings
- An effective partnership with parents/carers
- Early intervention and the graduated approach to meeting children's individual needs
- Management teams, SENDCos and practitioners in developing and implementing good practice
- Decision making to ensure effective support including, where appropriate, additional special needs inclusion funding (SENIF)

## There is an expectation that all early years settings in Cornwall will provide the following:

- An inclusive Local Offer
- A warm welcome for all children and their families
- An effective partnership with parent/carers ensuring both the parents and child's voice is at the centre of all decision making (UNCRC article 12)
- Practitioners who have a good understanding of child development
- Practitioners who advocate for the best interests of the child (UNCRC article 3)
- High quality teaching, provision and appropriate learning opportunities for all children, whatever their individual needs (UNCRC article 28,29)
- A manager who understands and can lead on the SEND and disability responsibilities of the setting
- A trained SENCO
- Guidance for parents on where to access additional support e.g. **Early help - Cornwall Council**
- Practitioners who have a good understanding of the Equality Act and the graduated approach described in the Code of Practice

- An inclusive, accessible and available SEND policy that describes the setting's arrangements for the identification of SEND and the provision that will be put in place.
- Practitioners who have an understanding of the importance of Children's right **Rights-based practice in the Early Years - Children's Parliament** ([childrensparliament.org.uk](http://childrensparliament.org.uk))
- A multi-agency approach to supporting children and families
- A Two-year-old check
- A robust and transparent assessment system that tracks progress and support early identification of need
- Practitioners who have a good understanding of how to keep children safe in education
- A safe environment for children to play, learn, and thrive ensuring that Cornwall is a brilliant place to be a child and grow up.

## Our Vision

Our vision is for all children and young people in Cornwall to be healthy and safe, to have good opportunities to achieve and to improve their lived experience. Our core aim is to build resilience in children and families and the capacity to overcome their own difficulties for the remainder of their lives:

In Cornwall, we believe that every child should access and enjoy their rights, have the opportunity to reach their potential and that children are best supported to grow and achieve. Parents and carers are usually the best people to understand their child's needs and asking for help should be seen as a sign of parents being responsible. It is also important

for parents to know and understand that under the United Nations Convention of the Rights of the child, governments must support parents by creating support services and giving parents the help they need to raise their children (article 18, UNCRC)

United Nations Convention on the Rights of the Child, 1989  
**UN Convention on the Rights of the Child - UNICEF UK**

## Funding

Funding may be available if the child needs extra support e.g. Disability Access Funding (DAF) **Disability Access Fund | Care and Support in Cornwall** for children in receipt of Disability Living Allowance (DLA) **Disability Living Allowance (DLA) for children: Overview - GOV.UK** ([www.gov.uk](http://www.gov.uk)) and special educational needs inclusion funding (SENIF) **Cornwall Services for Schools** for children who need extra support to ensure their wellbeing and inclusion (see link)

## Parents

Governments must support parents by creating support services for children and giving parents the help they need to raise their children. (UNCRC Article 18)

## Early Help Hub

The Early Help Hub is the “front door” to a range of early help services led by Cornwall Council and Cornwall Foundation Trust.

Staff in the Early Help Hub will help to decide whether the child/young person and their family are eligible for support and which services are the most appropriate, this is usually in discussion with the requester and the child/young person and family.

## Family Hubs

Cornwall’s Family Hubs support the delivery of flexible local services for children, young people and their families (pre-birth-19 years and up to 24 years with an additional need). Our Family Hubs work in partnership with a range of agencies and provide an opportunity for a wide variety of services to meet with children and families in their own communities. This includes universal screening and preventative services, and more targeted early help services delivered by Early Help Locality Teams. Tailored place-based approaches allow Family Hubs to reflect local needs and strengths. This approach builds on the capacity and resilience of the community and supports strong relationships between professionals working in the area and between professionals and the community. Some Family Hubs are co-located with Early Years providers, Child Development Centres, CAMHS and other health professionals

To provide feedback about this document that will inform its future development please email [eyis@cornwall.gov.uk](mailto:eyis@cornwall.gov.uk)





# Section 1 High Quality Provision

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

The following would be expected:

- A broad and balanced EYFS curriculum which meets all statutory requirements.
- Reasonable adjustments for children covered by the Equality Act (2010), such as flexible grouping, adaptations to policies and ensuring disability access.
- An identified Key Person– to act as first point of contact, meet on a regular basis with parent/carers, discuss/review targets/social difficulties, coordinate support, build on successes.
- Differentiated learning for children with a range of learning needs.
- Practitioners meet the individual needs of all children by delivering personalised learning, development and care.
- Daily opportunities to work in small, structured and adult initiated, group situations where distractions can be minimised.
- A written SEND Offer and Policy.
- An adopted graduated approach so as to be able to provide specific help to individual children.
- A clear policy for promoting positive behaviour that is consistently applied by all practitioners across the setting.
- When appropriate, Individual Educational Plans and programmes to support positive behaviour, which are frequently monitored, evaluated and reviewed.
- A SENDCo in line with the current SEND Code of Practice: 0-25 years (5.52 – 5.54).
- Regular and up to date training to ensure that all practitioners are able to confidently meet the range of learning needs of children within their early years provision.
- Close partnerships with parents; providing clear and accurate information.
- Suitable arrangements for collaborative working with parents and professionals, social care, schools and health to ensure children benefit from integrated provision.

## The importance of play in teaching and learning

**‘Every child has the right to rest, relax, play and to take part in cultural and creative activities.’**

**The Convention on the Rights of the Child: The children’s version | UNICEF**

Early Years Foundation Stage framework

**[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/974907/EYFS\\_framework\\_-\\_March\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf)**

1.14

- ‘Play is essential for children’s development, building their confidence as they learn to explore, relate to others, set their own goals and solve problems.
- Children learn by leading their own play, and by taking part in play which is guided by adults’.

1.15

‘In planning and guiding what children learn, practitioners must reflect on the different rates at which children are developing and adjust their practice appropriately. **Three characteristics of effective teaching and learning** are:

- playing and exploring - children investigate and experience things, and ‘have a go’
- active learning - children concentrate and keep on trying if they encounter difficulties, and enjoy achievements
- creating and thinking critically - children have and develop their own ideas, make links between ideas, and develop strategies for doing things.’

**<https://www.earlyyears-matters.co.uk/eyfs/a-unique-child/play-learning/>**

## The Importance of Play

Play underpins the EYFS. It also underpins learning and all aspects of children's development. Through play, children develop language skills, their emotions and creativity, social and intellectual skills. For most children their play is natural and spontaneous although some children may need extra help from adults. Play takes place indoors and outdoors and it is in these different environments that children explore and discover their immediate world. It is here they practise new ideas and skills; they take risks, show imagination and solve problems on their own or with others. The role that adults have is crucial. Adults provide time and space and appropriate resources. These might include clothes, boxes, buckets, old blankets that will inspire play and fire children's imaginations. They observe play and join in when invited, watching and listening before intervening. They value play and provide safe but challenging environments that support and extend learning and development.

<https://www.education-ni.gov.uk/articles/play-matters>

The right to play and leisure is an intrinsic entitlement of childhood (Article 31, UNCRC). Play is a natural and universal drive in childhood. It is an essential element and contributory factor to supporting children's physical and emotional well-being, growth, learning and development. Play can support children's creativity and cultural awareness. Play can be structured, non-structured, formal and non-formal. Through play children explore the world around them and learn to take responsibility for their own choices.





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# Section 2 SEND Support

Through the assessment process some children will be identified as having needs that are ‘additional to and different from’ and they will require special educational provision. Special Educational Needs and Disability (SEND) support describes the arrangements that are additional to and different from the high-quality teaching that is already provided ensuring a child with a disability has the right to live a full, healthy and decent life with dignity and, as far as possible, independence and to play an active part in the community. (UNCRC article 23, 24)

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

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

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

All practitioners must attend relevant SEND training in a timely fashion to both develop further their understanding of children’s needs and to ensure children can access the right support at the right time. For any training enquiries please contact [earlyeducationtraining@cornwall.gov.uk](mailto:earlyeducationtraining@cornwall.gov.uk)



The graduated approach

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

## Communication and Interaction

What it might look like	Strategies to support
<p><b>Interacting</b></p> <p>The child struggles to interact with or play with adults and other children.</p> <p>The child may play alongside others but shows little awareness in initiating communication or responding to communication from others.</p> <p>The child prefers to be on their own or may actively avoid social contact.</p>	<p><b>Interacting</b></p> <ul style="list-style-type: none"> <li>• Link with other services or workers outside of the setting to find out child's likes, dislikes, communication behaviours and motivators. The child may have a 'communication passport' to describe these.</li> <li>• Children at the very early stages of developing their interaction will benefit from Intensive Interaction see <b>Intensive Interaction Quick Guide</b>.</li> </ul> <p><b>Activities to encourage interaction and turn taking with an adult:</b></p> <ul style="list-style-type: none"> <li>• songs and rhymes where the adult notices and responds to the child's reactions and anticipation</li> <li>• Peek a boo</li> <li>• Play 'where's (favourite toy) hiding'. For e.g. hide teddy under a blanket say, 'where's teddy?' then show the child the teddy and make the teddy tickle them.</li> <li>• Wear a silly hat or put something on top of the adult's head and get the child to pull or adult can shake it off their head</li> <li>• People games - play tickling games or chase</li> <li>• Bang a drum together the bigger the drum the better – copy what the child does</li> <li>• Use other musical instruments such as bells, shakers or maracas and copy what sounds the child makes</li> <li>• Use foil blankets to scrunch up and make sounds</li> </ul>

What it might look like	Strategies to support
	<p><b>Activities to encourage turn taking in play:</b></p> <ul style="list-style-type: none"> <li>• Follow the child's lead in play. Set aside time to play alongside the child, observing their play and joining in by copying their actions and sounds. At first the aim is for the child to accept the adult playing alongside and then joining in their play. Watch to see what the child wants to do/ play with.</li> <li>• If the child has not chosen toys, sit opposite them and copy their actions or sounds. When the adult has copied the child a number of times try to incorporate pausing into the game, to encourage the child to anticipate and wait for their turn. If copying actions, label whose turn it is, for example, 'Jake's turn', 'Emma's turn'.</li> <li>• If the child has chosen a toy, initially spend time watching them. If the child involves the adult in any way, for example by looking, try and join in with the child's play by quickly having a turn in their game and saying whose turn it is. Try to increase the number of times the adult is able to have another turn.</li> </ul> <p><b>Once the child has the idea of taking turns try to develop this into other games:</b></p> <ul style="list-style-type: none"> <li>• Build a tower of bricks or stacking cups. Take turns to add bricks to the tower. Have fun knocking it over.</li> <li>• Jumping or repeating other actions together</li> <li>• Roll a ball or a car to each other. Increase the amount of time the child will sit to take turns.</li> <li>• Take turns to post pictures or shapes or to put in a piece of an inset puzzle</li> <li>• Skittles or fishing games</li> <li>• Copying games - take turns to copy each other's sounds/words/funny faces/actions etc for e.g. ahh, beep, babble and facial expressions.</li> <li>• Hiding games - take turns to hide and find favourite toys under cushions, beds, chairs etc.</li> <li>• Music games - use shakers, drums, pans and wooden spoons to take turns making noises. Encourage the child to wait for their turn. Have fun making loud and quiet sounds</li> </ul>

What it might look like	Strategies to support
	<ul style="list-style-type: none"> <li>• Support the child to take turns or play with another child (who has good social interaction skills) using familiar people play games, e.g. Ready, steady, go and simple, rapid turn-taking games</li> <li>• Extend their skills to interacting and taking turns within a group by gradually increasing the number taking turns.</li> </ul>
<p><b>Social Communication</b></p> <p>The child struggles to use spoken language and non-verbal communication to interact with adults and other children.</p> <p>The child struggles to understand social situations, follow social rules and respond to social cues.</p> <p>The child struggles to understand other people's feelings and intentions.</p> <p>The child struggles to manage transitions and changes in routine.</p> <p>The child insists on "sameness" e.g. likes a rigid routine and repetitive play.</p>	<p><b>Social Communication</b></p> <ul style="list-style-type: none"> <li>• Use strategies above plus:</li> <li>• Explicitly teach social rules through modelling what behaviour is expected in certain situations.</li> <li>• Explicitly name emotions and help the child to recognise and begin to understand the feelings and thoughts of others</li> <li>• Name and describe other people's non-verbal communication, including facial expression, body language, tone of voice e.g. I think Eddie is excited because they are jumping up and down.</li> <li>• Create clear and consistent routines and support visually. Use objects of reference, picture cue cards showing photographs or symbols, traffic lights, spot timers, now and next boards, visual timetables alongside spoken words to help the child understand what is happening. See <b>Intensive Interaction Quick Guide</b>: objects of reference, picture cue cards, traffic lights. Be consistent in how these cues are used with the child across the setting.</li> <li>• Create opportunities for 1:1 quiet time with an adult or time with an adult and a small group of children for adult to model play and interaction skills</li> <li>• Use social stories to teach and reinforce appropriate social behaviour in specific situations, e.g. taking turns on the trikes, asking another child for a toy, putting your hand up at carpet-time. Social stories need to be matched to the child's level of language development so the child is able to understand the social story.</li> </ul> <p>(NB Children with social communication difficulties may have echolalia- this means they often repeat noises, words and phrases that they have heard without understanding the meaning of what they are saying. See section below on understanding spoken language).</p>



What it might look like	Strategies to support
<p><b>Attention and Listening</b></p> <p>The child struggles to listen and pay attention in a 1:1 situation and in groups.</p> <p>The child may appear to ignore the adult, struggle to sit still, talk when should be listening,</p> <p>The child does not appear to know what to do and can have difficulty following instructions.</p> <p>The child may only concentrate on one thing, are easily distracted, do not settle with one activity but tend to flit from task to task.</p>	<p><b>Attention and Listening</b></p> <ul style="list-style-type: none"> <li>• Create a good listening environment, e.g. provide appropriate areas in the room to support speaking and listening skills, i.e. a quiet, distraction free area</li> <li>• Reduce distractions. This might include removing other toys. Remove background noise such as music, noisy toys or noisy screens</li> <li>• Use auditory or visual cues to gain the children’s attention at transitions in routines, e.g. songs, traffic lights, music at tidy up time.</li> <li>• Consider the most appropriate place for the child to sit depending on their needs. Sit the child close to or directly opposite an adult at listening times</li> <li>• Keep listening times short and interactive</li> <li>• Teach good attention and listening behaviours, e.g. Learning to Look and Listen in the Early Years</li> <li>• Provide paired and small group story times</li> <li>• Get down to the child’s level if the adult can.</li> <li>• Get the child’s attention before giving an instruction or asking a question.</li> <li>• Use simple sentences. Break down instructions into smaller parts.</li> <li>• Talk about listening – “ooh, listen to the clock!”, “I hear the birds singing!”</li> <li>• Use lots of praise such as “good listening!”</li> <li>• Watch the child to see what interests them and follow their lead. Join in with what they are doing.</li> <li>• If using a toy, play with one toy at a time in many different ways to keep their interest. Don’t be concerned about using the toy in a different way from usual. Using the toy in an unusual way might just be the thing to keep the child’s attention.</li> <li>• Keep activities short and stop when the child loses interest.</li> <li>• Keep play exciting by using tone of voice and facial expression.</li> </ul>

What it might look like	Strategies to support
	<ul style="list-style-type: none"> <li>Using pauses during play can build in an element of anticipation. For example, pausing before 'go' in 'ready, steady, go' games, and waiting for the child to indicate that they want the next step to happen.</li> <li>Try to get the child to the end of an activity even if it only lasts a few seconds. For games with a definite end point encourage the child to complete the final step, even if the adult does the rest of it, for example, adult does most of a jigsaw and child puts the last piece in.</li> </ul>
<b>Understanding spoken language (receptive language)</b>	<b>Understanding spoken language (receptive language)</b>
<p>The child struggles to understand what they have been asked to do.</p> <p>The child may rely on visual cues from routines or watching others to understand what they are expected to do.</p> <p>The child struggles to respond appropriately to questions. They may repeat back words when asked a question, not respond or give an unrelated answer.</p>	<ul style="list-style-type: none"> <li>Ensure that all adult language and instructions are matched to the child's level of understanding:</li> <li>If the child is not yet understanding spoken words use objects of reference, picture cue cards showing photographs or symbols, signs or gestures and/or traffic lights alongside spoken words to help the child understand what is happening. See <b>Quick Guides objects of reference, picture cue cards, traffic lights</b></li> <li>Be consistent in how these cues are used with the child across the setting. Adults to always say key spoken words alongside when showing the child visual cues.</li> <li>If the child is understanding spoken words, keep instructions short, 'chunking' information into shorter, more manageable amounts: e.g. "go and get your coat and then wait by the door" could be broken down into "get your coat" and then "wait by the door".</li> <li>Make sure adult has the child's attention before giving an instruction</li> <li>Allow time for the child to process information, waiting at least 10 seconds for the child to respond</li> <li>If the child doesn't understand the instruction, then repeat it using the same words and if they are still not understanding then simplify the instruction or add more visual cues. If this doesn't work show the child what to do</li> </ul>

What it might look like	Strategies to support
	<ul style="list-style-type: none"> <li>• If the child is understanding spoken key words about their routines introduce a now/next board to help them transition from one activity to another. See the <b>Quick Guide Now/Next</b></li> <li>• If the child is age 3, understanding some spoken words and can sit and listen to an adult activity for a short time use the Communication Progression Tool age 3 or the <b>Quick Guide Working with Key Words</b> to Support Children to Process instructions and Information.</li> <li>• Ask questions at the right level for the child's understanding e.g. 'what' questions are easier to understand than 'how' and 'why' questions. Avoid asking lots of questions. See <b>Quick Guide Levels of Questions</b> to work out appropriate questions to ask for child's level of understanding.</li> </ul> <p><b>Help child to develop their understanding of spoken words by:</b></p> <ul style="list-style-type: none"> <li>• Commenting on what the child is doing or looking at that moment. Keep language simple and repetitive and emphasise key words.</li> <li>• Remember to comment using verbs (doing words) and concepts (descriptive words) as well as the names of objects.</li> <li>• Routines are critical opportunities for children to develop their understanding of spoken words. Keep routines clear and consistent and repeat the same words and phrases over and over again so the child learns to understand the words.</li> <li>• <b>Where a Speech and Language Therapist is involved follow all advice provided.</b></li> </ul>

What it might look like	Strategies to support
<p><b>Communicating and Talking (expressive language)</b></p> <p>The child is using a lot fewer words to communicate than expected for a child their age.</p> <p>The child may use some gesture alongside vocalisations, may use only a handful of spoken words, may not be putting any words together or may talk in very simple sentences.</p> <p>The child struggles to ask for things they want or don't want, comment on what is happening or ask questions.</p>	<p><b>Communicating and talking (Strategies to promote communication)</b></p> <ul style="list-style-type: none"> <li>• Create opportunities for the child to communicate by observing how the child is playing and communicating, watch for signs of interest or enjoyment and wait for them to initiate communication. The child's initiation of communication may be a look, a gesture, an attempt at a spoken word or a spoken word. Make sure the adult responds to the child's communication. This is easier to do when the adult's face is at the same level as the child.</li> <li>• Model language: Think about what the child might say if they could. For instance, if the child has no words or is using very few single words, then model using a single key word e.g. "Train!". If the child has several single spoken words or is starting to put words together model using 2/3 words. For example "train is stuck". Comment on what the child is looking at or interested in at that time.</li> <li>• Interpret: Say back to the child what it is that you think they may have said</li> <li>• Expand: Take what the child has said and add one extra piece of information. For e.g., if child says "Train!" expand it so that child experiences language at one level higher e.g. "Yeah, the train crashed"</li> <li>• Recast: Take what the child has said and model it back with more accuracy. For e.g. if child says, "Train go bridge", say, "Yes! The train's going over the bridge!"</li> <li>• Increase opportunities for the child to need to communicate See <b>Quick Guide Choices, Changes and Challenges</b>.</li> <li>• Repeat familiar songs then pause and wait for the child to fill in the missing word.</li> <li>• Repeat simple words during turn-taking activities in the 'Interaction' section above and pause to give the child the opportunity to repeat the word.</li> <li>• If the child uses gesture but very few spoken words, adults to use gesture and Makaton signs alongside adult's own speech. This will encourage the child to do the same to help them get their message across.</li> </ul>

What it might look like	Strategies to support
	<ul style="list-style-type: none"> <li>Ask questions that the child is able to answer e.g. ‘what’ questions are easier for a child to respond to than ‘how’ and ‘why’ questions. Avoid asking too many questions. See <b>Quick Guide Levels of Questions</b> to work out appropriate questions to ask for child’s level of language.</li> </ul> <p><b>Helping children move from single words to combining words:</b> Children only combine words once they have the vocabulary to do so. Children first learn nouns (names of people, objects or places). To put words together they also need: social words (hello, bye bye), requesting words (please, more, again), verbs (pull, run, eat, sleep), early pronouns (mine, me, you) and concepts (in, out, off, small, cold, slow).</p> <p><b>Help the child to learn some verb or concept words by:</b></p> <ul style="list-style-type: none"> <li>Using verbs and concepts words to comment on what is happening or what the child is interested in as part of daily activities.</li> <li>Using a gesture alongside the verb or concept when possible.</li> <li>Using Focused Words: Choose 2-4 words to focus on. Adult to model and emphasise the word in a short simple phrase e.g. ‘push the car, push the car, push it again’. Model the word at least five times during for e.g.: snack, pretend play, book reading and tidy up time. Create opportunities for child to copy saying the word by pausing after adult says the word to see if child copies. Put a list of the words on the wall and record each time child copies adult saying the word and when child says it spontaneously. See <b>Quick Guide Focused Words</b>.</li> <li>Verb e.g: bite, break, bump, clean, close, cry, dance, drive, fall, go, help, jump, open, pour, pull, push, run, sleep, stop, wash</li> <li>Concept e.g: up, down, big, dirty, hot, cold, wet, fast, long, full, empty</li> </ul>



What it might look like	Strategies to support
	<ul style="list-style-type: none"> <li>• Take any opportunity around the pre-school to point out action words. Say the action word 4 times before asking the child to copy. For example in the sand pit say, 'Alfie's digging, digging... Alfie's digging a hole....he's digging a hole' emphasising 'digging'. Then say 'Alfie's .....and pause expecting the child to fill the gap. If the child doesn't fill the gap, then repeat again.'</li> <li>• Sing the song 'this is the way we....brush our hair/ jump up and down/ eat our apple etc' emphasise and act out the verb as you sing the song</li> </ul> <p><b>Specific activities to try for children who will sit and attend to an adult led activity:</b></p> <ul style="list-style-type: none"> <li>• Put some animal toys in a bag and play 'hello' and 'goodbye' games. Take each animal out of the bag in turn and say for e.g. 'hello cow' as you take the cow out of the bag. Put the animals back in the bag and say for e.g. 'goodbye cow' and wave as you put it back in.</li> <li>• Have a bag and a selection of objects e.g. cup, hairbrush, toothbrush, soap, book, car, food wrapper. Ask child to put hand in bag and see if they can name the object by feeling it in the bag. Take it out and say or ask what you do with the object and adult/ child act out the action.</li> <li>• Play games where adult acts out an action and the child has to name it</li> <li>• Use picture cards and ask child to name/post/ turn over and name the action on the card etc</li> <li>• Make photocards of the child doing action words e.g. painting, washing, running, jumping etc. Stick in a book to look through and name or post/ match</li> <li>• Category sorting activities. Use real objects, photos or pictures and sort into categories for e.g. animals, food, clothes and transport. For e.g. put 3 vehicles and 3 plastic food items in a bag. Take out of bag one at time and sort into a 'food' box or 'transport' box. Build up to doing with more categories and using pictures. Talk about what we do with the categories e.g. we eat foods, we ride on vehicles etc</li> </ul>

What it might look like	Strategies to support
	<ul style="list-style-type: none"> <li>• <b>Books:</b> use familiar repetitive stories that the child likes e.g. We're Going on a Bear Hunt, Dear Zoo, Owl Babies. Repeat the book over and over again using the same words and actions to build up anticipation as to what happens next. Use prompts, puppets or a simplified version of the words if these help maintain the child's attention. Once the child becomes familiar with the story create opportunities for them to complete the story by pausing and waiting for them to fill in what happens next.</li> <li>• <b>Pretend play:</b> Pretend play is a critical skill underpinning language development. Encourage the child to develop their pretend play skills by modelling activities that they see in their daily routines such as mealtimes, getting dressed, going to bed or bath times. Model and comment on the play using simple repetitive language.</li> <li>• If the child has been introduced to an alternative form of communication such as Makaton, a communication board or Picture Exchange Communication System (PECS) follow all advice and strategies from the professionals involved.</li> <li>• <b>Where a Speech and Language Therapist is involved follow all advice provided.</b></li> <li>• If the child is age 3 use the Communication Progression Tool age 3 to identify what areas of expressive language the child needs to develop.</li> <li>• <b>Routines</b> are critical for children to develop their sentences and storytelling. Keep routines clear and consistent and repeat the same words and phrases over and over again so the child learns to use the words. Once the child is familiar with routines and using spoken words associated with routines ask them to tell you what happens next before doing it.</li> </ul>

What it might look like	Strategies to support
<p><b>Speech</b></p> <p>The child's speech is very unclear and difficult to understand.</p> <p>(NB do not confuse unclear speech with a language difficulty. Children should be regularly putting 2 words together by 2 ½ or talking in short sentences by 3 years. If children are not able to do this, then it is likely they have a language difficulty alongside their speech sound difficulty. See ideas to support language in above sections).</p>	<p><b>Speech</b></p> <ul style="list-style-type: none"> <li>• Encourage child to persist to get their message across and to feel confident as a communicator:</li> <li>• Listen carefully to what the child is saying. This is easier if the adult is down at the child's level.</li> <li>• Interpret or 'translate' what the child has just said and repeat it back to them. This gives the child a clear speech model and confirms that they have been listened to.</li> <li>• Use natural gesture or signs alongside adult's own speech. This will encourage the child to do the same to help them get their message across.</li> <li>• Do not ask a child to repeat a word more clearly or slowly or repeat the word after an adult. This will not improve clarity it will lead to frustration.</li> <li>• Do not draw attention to a child's speech errors or correct a child's speech by saying, for example, 'it's not a dun it's a sun'.</li> <li>• If adult is unable to understand what the child has said:</li> <li>• Encourage the child to show or take adult to what they are talking about.</li> <li>• Make a 'best guess' and say the word/s back to them. It is important to guess rather than say nothing at all. The child will soon let you know if it is right or wrong.</li> <li>• Keep guessing - if the adult persists then the child will persist.</li> <li>• As a last resort use distraction onto another topic or activity.</li> <li>• Children with unclear speech can be particularly difficult to understand when they are talking about something outside of the 'here and now'. A home /pre-school diary will provide information about what the child may be attempting to relate.</li> <li>• <b>Where a Speech and Language Therapist is involved follow all strategies and advice provided by them.</b></li> </ul>

What it might look like	Strategies to support
	<ul style="list-style-type: none"> <li>• Use a speech sound development chart to identify sounds the child can say and sounds they are having difficulty with. Remember that the sound may not be in the child's home language. See Speech and Language UK speech sounds fact sheet:</li> <li>• <b>speech-sounds-factsheet.pdf (speechandlanguage.org.uk)</b></li> <li>• Play games which encourage playful sounds e.g. transport or animal noises. These activities can be done in pairs or small groups.</li> <li>• Play listening and auditory discrimination games</li> <li>• Play what can you hear or what does that sound like games</li> <li>• Work on concepts associated with speech sounds: Same / different- Say or make two sounds and ask the child to tell you if the two sounds are the same or different. Long/ short- Say or make a sound and ask the child to tell you if it was a long or short sound. Do the same with noisy or loud/ quiet sounds.</li> <li>• Clap in a simple sequence and then ask the child to copy the sequence. Try fast, slow, stop-starts to make it fun and encourage good listening.</li> <li>• Play 'Simon Says' or create games where, for example, the child runs when they hear one sound, and jumps when they hear another. Make up different actions and do in a group.</li> </ul>

## Cognition and Learning - Learning Difficulties (LD)

SEND Code of Practice

6.30 Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation.

What it might look like	Strategies to support
<p>The child may present with delays in all areas of the EYFS including understanding, thinking, problem solving and retaining information, concepts and skills as well as difficulties in:</p> <ul style="list-style-type: none"> <li>• Attention and listening</li> <li>• Understanding</li> <li>• Speaking</li> <li>• Self-help skills</li> <li>• Making links between different areas of learning and generalising to everyday experience</li> <li>• Visual, practical and physical learning</li> <li>• Early literacy and writing skills</li> <li>• Early mathematical skills</li> <li>• Sensory processing</li> </ul>	<ul style="list-style-type: none"> <li>• Offer increased opportunities for pre-teaching, repetition and reinforcement of skills.</li> <li>• Use a small steps approach to teaching new things.</li> <li>• Take the child into a calmer, quieter environment if necessary so they can focus more for specific activities.</li> <li>• Give the child sufficient thinking time before response is expected- wait and then wait just a little more.</li> <li>• Provide sensory breaks in learning for children who have sensory needs and may not be able to attend for longer periods</li> <li>• Give children short achievable tasks to develop attention skills with a clear start and a clear finish e.g. inset puzzles, building a tower with a set number of bricks, threading with a set number of beads.</li> <li>• Make use of spot timers so the child knows how long they are expected to remain on task or how long before it is their turn, use 'now-next' boards, e.g. to encourage a child to attempt and/or attend to a new or less preferred activity; motivate them by using the words 'now x (less preferred activity) ...next y' (preferred activity). Use objects or photos/symbols to illustrate this. Use the same language every time you use the board.</li> <li>• Have daily opportunities for adult supported paired or shared play and turn-taking activities e.g. joint construction modelling, painting together, taking turns to press a pop-up toy etc. Model how to play together and use clear language to support e.g. 'my turn...your turn'.</li> </ul>



What it might look like	Strategies to support
	<ul style="list-style-type: none"> <li>• Extend the child's play, initially by joining them at play and copying their actions (see 'Communication and Interaction').</li> <li>• Use clear and simple instructions breaking down longer instructions and giving one at a time. Use visual clues alongside.</li> <li>• Use individual and small group interventions</li> <li>• Use a backward chaining approach, i.e. rather than expect the child to complete the whole activity, encourage them to complete the last part so that they feel success.</li> <li>• Ensure that children have easy access to sensory equipment that they require, e.g. wobble cushions, fidget toys, ear defenders, and weighted blankets</li> <li>• Physically support the child using hand on hand support</li> <li>• Use child's interests to focus their attention and consider ways to develop toys/resources that key into these areas of interest to develop other skills- e.g. books or puzzles related to characters.</li> <li>• Be open to areas of particular strength in relation to concrete knowledge for instance number or letter awareness and consider how to use that to develop other less developed skills- e.g. counting all the chairs before sitting for lunch.</li> <li>• Reflect on what close observation and tracking tells you about what they learn and how they learn as well as the next steps that need to be planned for.</li> <li>• Use your understanding about their Play Schemas – what fascinates them to plan activities and opportunities that support them to make the next step in their learning.</li> </ul>

## Social Emotional and Mental Health needs (SEMH)

The behaviour that you see may be due to one or more of the following factors:

- Difficulties with learning
- Difficulties with communication
- Difficulties with interaction
- Mental Health challenges e.g. anxiety
- Physical difficulties or conditions that are undiagnosed
- Specific disorders e.g. ASD or ADHD
- The effects of trauma, abuse or neglect
- Attachment difficulties
- Environmental factors such as housing or family circumstances

These behaviours may start suddenly, happen often, be intense and enduring as well as volatile and are likely to affect the child's learning.

**Supporting children with SEMH needs comes with additional safeguarding considerations; talking about emotions with staff, parents/carers and children can lead to disclosures and these should be dealt with in line with the setting's safeguarding policies and procedures. Additionally, any risk assessments and support plans should be kept up to date to ensure that adults and children are kept safe from harm.**

What it might look like	Strategies to support
<ul style="list-style-type: none"><li>• A child who presents with greater social and emotional difficulties than most other children of their age which show themselves in ways such as:</li><li>• Being withdrawn or isolated</li><li>• Being disruptive and/or aggressive</li><li>• Being unable to control or express emotions appropriate to their age</li><li>• Difficulties in interacting with children and/or adults</li></ul>	<ul style="list-style-type: none"><li>• Use close observation of the child to assess the most suitable quiet space for them to go to when they are worried or anxious. Help the child to know where this place is so that they learn to go there themselves.</li><li>• Use individualised 'Social stories' to help children learn a specific behaviour in social situations.</li><li>• Use photos and pictures to talk to the child about and label feelings and to check in with the child e.g. asking, 'How do you feel today?'</li><li>• Label emotions explicitly 'I can see that you look cross Suki, how can I help?'</li><li>• Spend extra time observing the child to identify triggers and patterns of particular behaviours as well as times when the child is behaving 'well'.</li></ul>

What it might look like	Strategies to support
<ul style="list-style-type: none"> <li>Difficulties in attending to activities/tasks (some children may at a later stage receive a diagnosis of attention deficit hyperactive disorder, ADHD, this is generally not diagnosed in the early years)</li> <li>Being overly compliant</li> </ul>	<ul style="list-style-type: none"> <li>Use timed observations (e.g. observing the child at regular intervals) and A(antecedent) B(behaviour) C(consequence) charts to describe the behaviour clearly and note what happened before and after.</li> <li>Use emotion coaching strategies to support children to learn how to self-regulate their emotional responses.</li> <li>Use 'now and next' language, 'Now coat on, next outside'.</li> <li>Ensure that all staff are aware of the effects of childhood trauma and attachment difficulties.</li> <li>Use transitional/comfort object from home to help the child feel secure, particularly going from one activity or place to another.</li> <li>Draw up and implement an individualised emotional support plan and risk assessment.</li> <li>Use enhanced behaviour communication systems between home and setting.</li> <li>Use appropriate tools such as The Boxall Profile to design the most effective package of support for the child.</li> </ul> <p><b>Parent voice</b></p> <p>It is important to remember that children with SEMH difficulties may present with significantly different behaviours in an Early Years setting compared to their home setting. It is vital that parent/ carers are listened to, and their experiences understood and factored into any support and interventions offered to the child.</p>

## Physical and Sensory: Hearing Impairment (HI)

A hearing impairment (HI) is an impairment that affects a child's ability to access auditory information (speech and sounds around them). HI can be in one or both ears and can be mild, moderate, severe or profound. A permanent or long-standing HI would have an impact on a child's attention & listening, language and communication and access to learning.

What it might look like	Strategies to support
<p>A hearing loss is significant when a child:</p> <ul style="list-style-type: none"> <li>• Has hearing loss which is not aided</li> <li>• Has a fluctuating hearing loss</li> <li>• Requires audiological equipment to support their listening e.g. hearing aid/s, cochlear implant, FM radio systems, etc.</li> <li>• Has difficulty adapting to environments with high levels of background noise.</li> </ul>	<ul style="list-style-type: none"> <li>• Adapt the nursery surroundings to provide a suitable listening environment e.g. a quiet space for 1-1 listening activities, keeping the level of background noise lower when speaking to the HI child. Advice to the setting from the Hearing Support Team on room acoustics in accordance to the child's audiological needs.</li> <li>• Use relevant audiological (hearing) equipment e.g. hearing aids, cochlear implants, radio systems, following the advice provided by the specialist teacher.</li> <li>• Implement the child's educational advice provided by the specialist teacher e.g. strategies to support attention, listening and language development e.g. checking equipment, being near to the child when speaking to them, modelling language by rephrasing, carrying out listening/ language activities planned by the Hearing Support Team</li> <li>• Liaise with specialist teachers to support nursery staff to understand the impact of the child's hearing loss on communication, language, learning and social interaction skills.</li> <li>• Liaise with specialist teachers to support to the child to become independent in their use of audiological (hearing) equipment through training, regular checks and monitoring.</li> <li>• Liaise with specialist teachers around support that can be offered in the form of training, planned group work and 1:1 support.</li> <li>• Use individual and small group interventions to promote attention and listening skills, understanding, speaking, social interaction skills, alternative communication skills, such as signing (Makaton/BSL)</li> <li>• Ensure that staff attend relevant training e.g. 'Supporting children with hearing loss' run by the Hearing Support Team</li> </ul>

## Physical and Sensory: Visual Impairment (VI)

Visual Impairment (VI) is an impairment of sight and is likely to have an impact on the child's general development and means of access to learning. A child may wear glasses, but this will not fully correct their vision .

What it might look like	Strategies to support
<p>The VI is significant when the child needs:</p> <ul style="list-style-type: none"> <li>• Enlarged text on trays, displays, board work etc. or pre-braille skills/activities.</li> <li>• A curriculum that is provided via touch.</li> <li>• Constant supervision for health and safety.</li> <li>• Additional support with social skills.</li> <li>• Additional opportunities to practise skills.</li> <li>• A child with a VI may have difficulties with:</li> <li>• Learning and physically developing at the same pace as their peers.</li> <li>• Making links between differing areas of learning.</li> <li>• Physical tiredness.</li> <li>• Making and maintaining relationships.</li> <li>• Managing their equipment and physical safety.</li> <li>• Early literacy and pre-writing skills.</li> <li>• General self-confidence and self-esteem.</li> <li>• Fully engaging with their environment</li> </ul>	<ul style="list-style-type: none"> <li>• Adapt the nursery environment to take account of sources of light, to avoid glare and visual clutter etc. Blinds at windows may be necessary.</li> <li>• Use relevant equipment, e.g. specialist IT equipment, patches, modified toys or books following the advice provided by the specialist teacher.</li> <li>• Implement the child's educational advice provided by the specialist teacher.</li> <li>• Provide consumable materials, e.g. braille paper, and other tactile resources e.g. collage items</li> <li>• Build visual fatigue rest breaks into the day and a shaded outdoor area as appropriate.</li> <li>• Regular liaison with the VI team to support the child and practitioners to understand the impact of the child's vision loss on the child's communication, language and learning.</li> <li>• For the child to become independent in their use of any additional or modified equipment through training, regular checks and monitoring. Support will be offered to settings by the VI team</li> <li>• Use individual and small group interventions to promote attention and listening skills, understanding, speaking, and social interaction skills.</li> <li>• Give opportunities to generalise speech and language skills taught as part of individual/small group programmes.</li> <li>• Provide a quiet space/ workstation for individual instruction.</li> <li>• Planning shared with the specialist teacher so that resources to be obtained or modified are in time for the activities planned. A multi-sensory approach to the curriculum is needed.</li> </ul>



## Physical and Sensory: Physical (Phy)

Physical impairments in a young child may need adaptations to the EYFS curriculum and environment.

What it might look like	Strategies to support
<p><b>The child may have difficulties with:</b></p> <ul style="list-style-type: none"> <li>• Motor skills and spatial skills leading to problems moving around the setting.</li> <li>• Gross motor movement; difficulties in 'planning' movement resulting in awkward and clumsy body movements</li> <li>• Sitting up/sitting still due to weak core strength; delayed / immature body awareness and balance.</li> <li>• Making transitions from one position to another.</li> <li>• Running, jumping, skipping, kicking, throwing, catching, etc.</li> <li>• Fine motor movements shown by e.g. delayed pincer grip and poor manipulation of items due to delayed hand strength.</li> <li>• Handling tools, e.g. scissors, tongs, paint brush pens.</li> </ul>	<ul style="list-style-type: none"> <li>• Run Early Years Fun Fit program. Training for this can be accessed via Physical and Medical Needs Advisory Team.</li> <li>• Follow advice from professionals such as occupational therapist (OT) and physiotherapist on making reasonable adjustments to the nursery environment, such as rise and fall changing beds ramps, height adjustable furniture, grab bars, door handles and more availability for floor play space.</li> <li>• Make sure areas are well-organised with clear routes and, ensuring the safe movement around the setting e.g. by reducing/moving obstacles</li> <li>• Adapt and simplify activities to support the development of fine and/or gross motor skills such as the use of alternative equipment e.g. training scissors, range of sizes of pens, crayons and brushes, smaller bikes and trikes and accessible outdoor equipment</li> <li>• Provide significantly more time for completing tasks if needed, e.g. consider whether the child should start earlier</li> <li>• Think carefully about timetabling activities and the location of rooms e.g. downstairs rooms for groups of children where there is a child with physical needs</li> <li>• Support the use of low-tech aids and equipment recommended by health professionals, e.g. a range of seating positions such as side sitting and back support and additional resources such as correctly sized furniture and seating wedges according to the child's needs.</li> </ul>

What it might look like	Strategies to support
<ul style="list-style-type: none"> <li>• Spatial awareness resulting in positioning mark making on paper and difficulties forming letter shapes. They may also have difficulties navigating around objects and people and with queuing/standing in a line.</li> <li>• Oral/verbal dyspraxia e.g. difficulty in eating, dribbling, sounds and speech production, organising thought into spoken words phrases and sentences</li> <li>• Fatigue – the child may tire more easily than peers.</li> <li>• Socialising due to mobility and access</li> </ul>	<ul style="list-style-type: none"> <li>• Take account of tiredness and muscle fatigue and make time for free play or rest breaks after focused activities. Observe closely for any signs of fatigue during the day.</li> <li>• Promote exercises and activities to strengthen upper body, hands and fingers e.g. posture, warm-ups, dough disco, hand exercises and massages, including those recommended by relevant specialists – enhanced opportunities, differentiated for the child</li> <li>• Assess the child’s learning and physical needs (e.g. observations, play-based assessment, checklists) leading to an appropriately targeted intervention programme; this should be planned in partnership with the child and their family and as advised by an outside agency.</li> <li>• Follow individual programmes of physical and self-help skills as advised by relevant specialists, such as an Occupational Therapist to access training and medical support for children with complex care needs, if appropriate</li> <li>• Make sure staff are trained in Moving and Handling and position changes, e.g. from chair to standing frame, if appropriate relevant health professional will advise such as physio or OT</li> <li>• Ensure staff members and child have enough time and space to complete Moving and Handling tasks as required.</li> <li>• Ensuring they can access play areas and have opportunities to engage in shared activities with their peers – this may need to be facilitated by staff.</li> </ul>

## Supporting a child with medical needs

Further guidance for children with medical needs can be found in the documents ‘Supporting Children at School with Medical Conditions’ DfE (2015) and ‘Managing Medicines in School and Early Years Settings’ (see link). Children may experience ill health at some point during their time in education and others may have an ongoing medical condition that that potentially impairs their ability to access education.

What it might look like	Strategies to support
<p><b>Terminology</b></p> <p><b>Acute</b> – conditions which are severe in onset e.g. broken bones, asthma attack</p> <p>Chronic – long-developing conditions which are persistent or long-lasting often applied when a disease lasts longer than 3 months e.g. osteogenesis imperfecta (brittle bones)</p> <p><b>Life-limiting/life-shortening</b> - conditions for which there is no reasonable hope of cure and from which children or young people will die. Some children might live into early adulthood, but their life will be shortened as a result of the diagnosed condition. Some of these conditions cause progressive deterioration increasing a child’s reliance on parents and carers</p> <p><b>Life- threatening</b> - conditions which curative treatment may be feasible but can fail, such as cancer.</p>	<ul style="list-style-type: none"> <li>• Identify a link from your setting who parents/carers can contact when necessary and vice versa. Parent/carers know their child best and they can provide lots of information around the child’s medical needs (do not rely on this information – ensure you have written details from medical professionals when completing risk assessments/PEEPS/Health Care Plans.)</li> <li>• Think child first – don’t focus on the medical condition and forget the child as a person</li> <li>• Find out which professionals are working with the child so contact can be made and advice sought</li> <li>• Access training and medical support for children with complex care needs. Ensure enough staff are trained in case of absence/staff leaving.</li> <li>• Follow medical plans as advised by medical professional e.g. individual protocols for epilepsy emergency procedures.</li> <li>• The setting will need to write an Individual Health Care Plan for any children who have medical needs. This will be informed by information from medical professionals and the child’s family but completion and of this document and its implementation needs to be done by the setting and reviewed regularly e.g. termly or when there has been a change.</li> <li>• Store medicines safely in a locked cupboard. Medication needs to be in the correct packaging and have the child’s name on, a current date and clear instructions and dosage. Instructions need to be checked. When administering medicines two people need to witness and record amount given, and time administered. Ensure you have read the document ‘Managing Medicines in Schools and Early Years Settings’.</li> </ul>

What it might look like	Strategies to support
	<ul style="list-style-type: none"> <li>• Communicate with parent/carers regularly; a communication book will help you record events, questions and observations which can be passed between home and setting.</li> <li>• Look for signs of tiredness/fatigue and have a plan in place to support this.</li> <li>• Prepare the other children about what to expect and how to act if appropriate</li> <li>• If the child is absent for long periods, try the 'panda in my seat idea' to help maintain the visibility of the child with their friends. The panda has a backpack which can be used to hold notes from friends which can be taken regularly to the child.</li> <li>• Be aware of the impact of a chronic illness on other members of the family</li> </ul>

## Useful links for professionals

**SEND code of practice: 0 to 25 years - GOV.UK ([www.gov.uk](http://www.gov.uk))**

**SEND: guide for early years settings - GOV.UK ([www.gov.uk](http://www.gov.uk))**

**The graduated response in Early Years Foundation Stage ([cornwall.gov.uk](http://cornwall.gov.uk))**

**SEND in the early years - Cornwall Council**

**Keeping children safe in education - GOV.UK ([www.gov.uk](http://www.gov.uk))**

**Working together to safeguard children - GOV.UK ([www.gov.uk](http://www.gov.uk))**

**Allegations against people who work with children - Cornwall Council  
Cornwall Services for Schools**

**Rights-based practice in the Early Years - Children's Parliament ([childrensparliament.org.uk](http://childrensparliament.org.uk))**

**Early help - Cornwall Council**

**Children's speech and language therapy | Cornwall Partnership NHS  
Foundation Trust ([cornwallft.nhs.uk](http://cornwallft.nhs.uk))**

**Speech and Language UK: Changing young lives**

**Health visiting and school nursing - Cornwall Council**

**Special Educational Needs Inclusion Fund | Care and Support in  
Cornwall**

**Virtual Ring Binder : Headstart Kernow**

**Early Years | Nasen**

## Useful links for parents

**Virtual Ring Binder : Headstart Kernow**

**Parents and Carers Wellbeing Series : Headstart Kernow**

**Parent Carers Cornwall**

**Home - SEND IASS - Cornwall ([cornwallsendiass.org.uk](http://cornwallsendiass.org.uk))**

**SEND Local Offer | Care and Support in Cornwall**

**Early help - Cornwall Council**

**Your child and you age 2 to 5 years - Cornwall Council**

**Children's language development and parenting advice - BBC Tiny  
Happy People**

**Parent toolkit | Ambitious about Autism**

**Learning to talk | 3 to 5 years | Start for Life ([www.nhs.uk](http://www.nhs.uk))**

# Contact us

For advice and guidance please email us at:

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Or call us on:

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