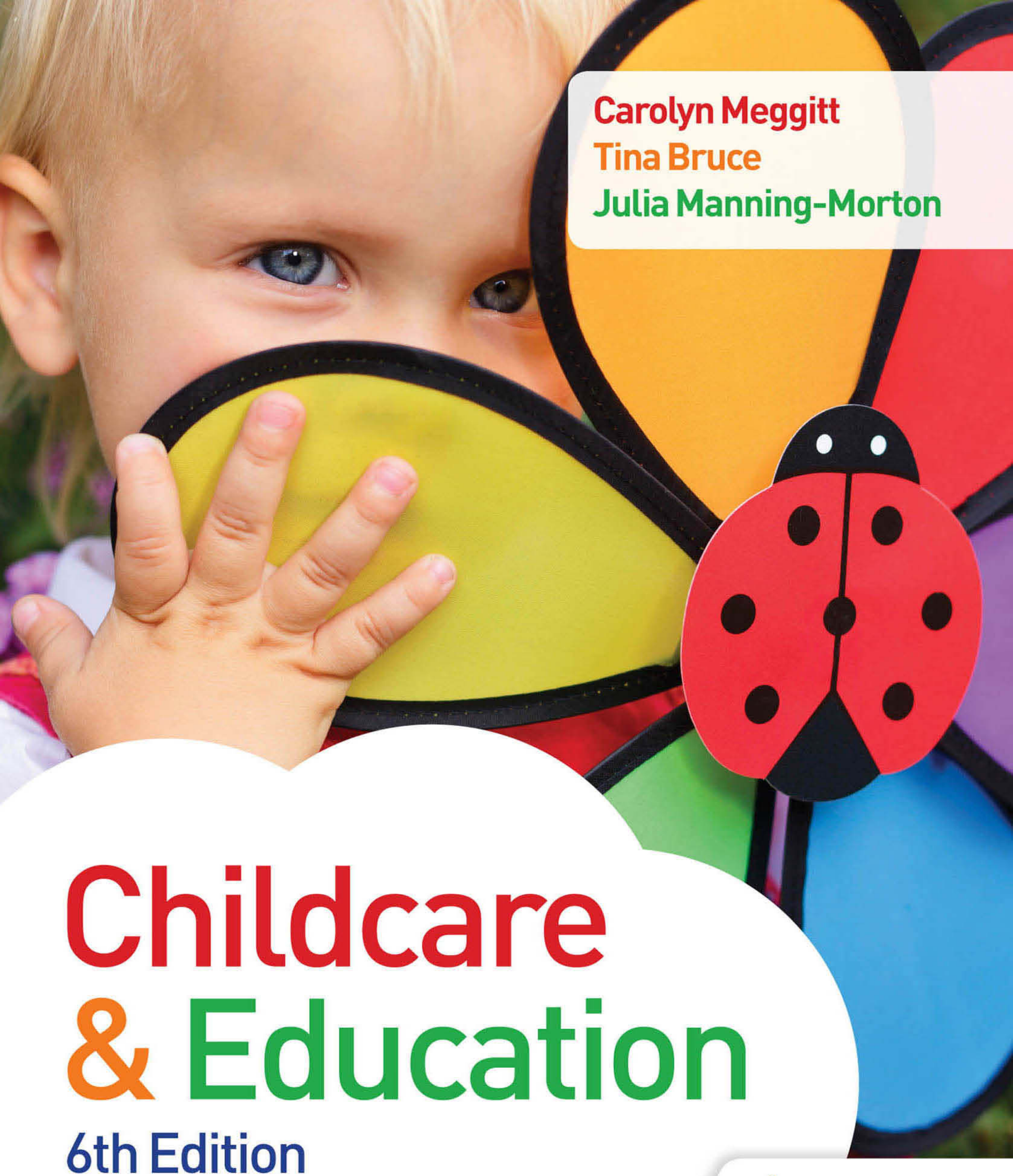

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Childcare & Education

6th Edition

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Chapter 2

Children with special needs and disabilities

Early years practitioners have an important role in identifying any special needs a child might have, supporting that child and their family and liaising with other professionals, and being an advocate for the child. This chapter discusses the issues that practitioners need to consider in terms of the legal requirements and their own attitudes to disability. It suggests that settings should consider the model of working with children with disabilities that they use and how they develop inclusive practice and provision. An overview of some specific disabilities and learning difficulties is given with useful resources for practitioners to access to develop their understanding further.

What are special needs, disabilities and impairments?

Children with special needs and disabilities are not an easily defined group. Some have a disability such as Down's syndrome that also means that they have special educational needs (SEN); other children may be defined as having a disability under the Equality Act (2010) due to a health condition such as diabetes but not be considered to have SEN. However, children with more significant SEN, including those who have a statement, or an Education Health and Care plan (EHCP), are more likely to meet the definition of disability in the Equality Act (Stobbs 2015).

The Equality Act (2010) says that a person has a disability if they have:

> *a physical or mental impairment and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.*

- 'Long-term' means that the condition has lasted for 12 months, is likely to last for at least a further 12 months, or is lifelong.
- A 'physical or mental impairment' includes learning difficulties, mental health conditions, medical conditions and hidden impairments such as specific learning difficulties, autism, and speech, language and communication impairments.

The Special Educational Needs and Disability Code of Practice: 0–25 years (SENCoP) (DfE 2015) states that a child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

So a child may have a specific learning need such as dyslexia, giftedness or a lifelong learning disability such as an **autistic spectrum disorder** (see page 20 for definition). On the other hand, a child might have a special need for a short period of time – for example, a child who has periods of hearing loss caused by glue ear, when fluid builds up in the middle ear.

This means that the definition of what is considered a disability is wider than is often thought, and that there is often an overlap between having a disability and a special educational need but not always. This puts considerable responsibility on early years practitioners to observe children carefully and to be in good communication with parents and other professionals to ensure that they identify, understand and provide appropriately for each child's needs.

Despite some improvement in social attitudes to disability, people with disabilities still experience a great deal of discrimination and prejudice. It is therefore very important to reflect on how we think about people with disabilities, starting with the terms and labels we use.

Three terms have already been used in this chapter that need to be clarified:

Impairment

Impairment is the loss or limitation of physical, mental or **sensory function** (see page 20 for definition) on a long-term or permanent basis. Often children are described as having a hearing impairment rather than a hearing disability. A criticism of this term, though, is that it focuses attention on the child's disability as a set of problems rather than seeing the whole child (Dickins with Denziloe 2004).

Learning disability

People who have a learning disability have difficulties with learning and find it particularly hard to understand new and complex information, and to develop new skills. A learning disability is a lifelong condition that is usually present from birth, although it may not become apparent until a child fails to reach particular developmental milestones. Examples of learning disabilities include delayed speech or a major difficulty with social interaction.

Learning difficulty

Learning difficulty is a term used to describe any one of a number of barriers to learning that a child may experience. It is a broad term that covers a wide range of needs and problems – including dyslexia and behavioural problems – and the full range of ability. Children with learning difficulties may find activities that involve some kinds of thinking and understanding particularly difficult, and many need support in their everyday lives as well as at school.

Theory and theorists: models of disability

Dickins (2014, pp. 44–5) describes three main ways of understanding disability:

1. The moral or religious model: not all individuals who hold religious beliefs will think like this but it is a view that still influences negative attitudes to people with disabilities today.

   This is the idea that disability is a punishment for evil behaviour. Societies in which this model is prevalent are much more likely to feel that people with disabilities and their families should be stigmatised and avoided.
2. The medical model: the medical model of disability sees disability as a 'problem' which we must 'treat'. It focuses on the impairment or condition; seeing the child as deficient or lacking, and the role of the professional as curing, alleviating or reducing the condition to fit into society. Obviously, alleviating pain, discomfort or difficulty is important but only focusing on treating the disability means that the child is not celebrated as a whole person, and the child may be seen as 'faulty' or a 'failure', particularly where a disability is lifelong so cannot be 'cured'.
3. The social model: in this model there is a distinction between impairment and disability; it emphasises that people are 'disabled' by the social context in which they live. It is the physical and social barriers that society creates that are regarded as the disabling factors, so the 'problem' is located outside the sphere of children with disabilities and their families. This model of disability is intrinsic to the inclusive approach as it is the only model that encourages us to accept and value children whatever their differences. The social model has been adopted by the World Health Organisation and now underpins much of current thinking and developments.

KEY TERMS

Disability – Under the Equality Act 2010, a person has a disability if they have a physical or mental impairment, and if the impairment has a substantial and long-term negative effect on their ability to perform normal day-to-day activities.

Autism spectrum disorder (ASD) and **autism** are both general terms for a group of complex disorders of brain development. These disorders are characterised, in varying degrees, by difficulties in social interaction, verbal and non-verbal communication and repetitive behaviours. See p. 32 for more information on ASD.

Sensory function – The extent to which an individual correctly senses skin stimulation, sounds, proprioception, taste and smell, and visual images.

Giftedness: The National Association for Gifted Children (NAGC) defines giftedness as the following:

> *Gifted individuals are those who demonstrate outstanding levels of aptitude (defined as an exceptional ability to reason and learn) or competence (documented performance or achievement in top 10% or rarer) in one or more domains.*

Think about ideas

Models of disability

It is important to think of each child as an individual, rather than making an assumption based on a label. Children are more alike than they are different. Every child needs to:

- feel welcome
- feel safe, both physically and emotionally
- have friends and to feel as if he or she belongs
- be encouraged to reach his or her potential
- be celebrated for his or her uniqueness.

In other words, children are always children first – the disability or special need is secondary.

Think about a child you know with a disability or special educational need. How do you ensure that the needs listed here are met?

Figure 2.1 Children are always children first – the disability or special need is secondary.

Causes of disability

There are three main causes of disability:

1. **Congenital** causes – a gene anomaly leads to a disabling condition such as Down's Syndrome or Cystic Fibrosis.

   Genetic counselling is available for anyone with a child or other member of the family with a chromosomal anomaly, and chromosome analysis is offered in early pregnancy. Genetic counselling advises family members about the consequences and nature of the disorder, the probability of developing or transmitting it, and the options open to them in management and family planning.
2. **Developmental** causes – something goes wrong when the baby is growing in the womb; the first three months (the first trimester) of a pregnancy are when the foetus is particularly vulnerable.

   At this time, disabilities can be caused by infections such as **Rubella** potentially causing deafness, blindness and learning disability, or through ingesting substances that can harm foetal development such as the drug Thalidomide (which led to babies being born with limb deformities in the 1960s) or illegal drugs or excessive alcohol intake (which can lead to **Foetal Alcohol Syndrome (FAS)**).

   Alternatively, something may go wrong during birth, leading to conditions such as **Cerebral Palsy** or Erb's Palsy.
3. **Environmental** causes – severe neglect and abuse can lead to learning difficulties in children, and dangerous or toxic environments can lead to illness and injury that might be long-term. Illness and accidents can affect anyone throughout life, whether it is through the aging process and losing our sight or hearing abilities or through an accident or illness that causes disability; almost all of us will have some life experience of disability at some point.

KEY TERMS

Rubella – Also called German measles or three-day measles, this is a contagious viral infection best known by its distinctive red rash.

Foetal Alcohol Syndrome (FASD) – This is a group of conditions that can occur in a person whose mother drank alcohol excessively during pregnancy. Problems may include an abnormal appearance, short height, low body weight, small head, poor coordination, low intelligence, behaviour problems, and problems with hearing or seeing.

Cerebral Palsy – The general term for a number of neurological conditions that affect movement and coordination.

Disability and discrimination

Anyone with a disability forms part of a group whose particular needs may not be adequately recognised or taken into account. Having a different appearance, way of communicating or behaving can lead to people with disabilities being treated differently and unequally.

The following attitudes are commonly encountered by people with disabilities:

- **Stereotyping** – a term used when certain characteristics of any given group are applied to all the individuals within that group; for example, a common stereotype of children with Down's syndrome is that they are always cheerful, placid and affectionate.
- **Hostility** – this may take the form of loud comments being made about the person with disabilities or aggression towards them. It is often a result of people's fear of the unknown.
- **Invasion of privacy** – certain physical characteristics evoke such strong feelings that people often have to express them in some way. Physical differences can make the bodies of people who have disabilities objects for public comment.
- **Dependency** – the assumption of dependency can lead people to try to be helpful without being asked. This invades the privacy of the disabled person's life – for example, helping a blind person across a road that he or she did not want to cross.
- **Being patronised** – this means people talking or directing questions to the disabled person's able-bodied companions, rather than to the person with the disability, as if the person with the disability would not be able to understand what was being said; this attitude is summed up by the famous patronising phrase, 'Does he take sugar?'

Early years settings and schools must not discriminate against children with disabilities, the families of children with disabilities, or against parents or carers with disabilities. They must not treat children with disabilities less favourably, and they must make reasonable adjustments for them. They must supply adapted equipment – for example, large-print books – where appropriate and must not charge extra for any such adaptation. Prejudice towards people with disabilities is not innate but learned, so the early years practitioner's role in modelling and promoting positive attitudes towards disability is crucial.

Special educational needs

With reference to inclusive practice, the EYFS framework makes it clear that all providers have a responsibility:

> *to ensure that diversity of individuals and communities is valued and respected and that no child or family is discriminated against. Settings need to provide individualised opportunities based on each child's needs, particularly those related to ethnicity, language and disability.*

Current legislation in relation to inclusive practice is discussed in Chapter 1, including new legislation introduced in 2014 relating to children with SEN and disabilities.

Provision and support for children with disabilities and their families

The legislation and procedures in relation to disability and SEN are frequently updated and changed, so reference should always be made to the most recent legislation and policy documents.

The Special Educational Needs and Disability Regulations 2014 specify the requirements that all local authorities must meet in developing, publishing and reviewing their 'local offer' to children and families. The purpose of the local offer is to enable parents and young people to see more clearly what services are available in their area and how to access them. The offer will include provision from birth to 25 years, across education, health and social care.

SENCoP (DfE 2015) is the statutory guidance for organisations who work with and support children and young people who have SEN or disabilities. It sets out all the terminology, processes and procedure that must be followed.

About 7 per cent of children in schools and early years settings have a disability, and about 20 per cent will have a special educational need of some kind at some time during their education. The SENCoP (DfE 2015 p.142) assumes that 'the majority of children and young people with SEN or disabilities will have their needs met within local mainstream early years settings' but that where the child might need special provision in relation to their educational, health and/or social care needs, the local authority, in partnership with the child, parents and setting, will assess the child's needs and put an EHCP in place. This EHCP replaces the previous 'statement of special needs'. (See p. 28 for more information).

Professionals involved in the care of children with disabilities

The Special Educational Needs Co-ordinator (SENCO) in a setting has responsibility for coordinating SEN provision. Early years settings in group provision arrangements are expected to identify an individual to perform the role of SENCO, and childminders are encouraged to do so, possibly sharing the role between them where they are registered with an agency.

The SENCO is responsible for:

- ensuring that all practitioners in the setting understand their responsibilities to children with SEN and the setting's approach to identifying and meeting SEN
- advising and supporting colleagues
- ensuring that parents are closely involved throughout and that their insights inform action taken by the setting
- liaising with professionals or agencies beyond the setting.

(SENCoP, DfE 2015)

An Education, Health and Care Plan (EHCP) may mean that there are potentially many professionals involved with the child and the family. This may include:

- family doctors (GPs)
- health visitors
- dieticians
- physiotherapists
- occupational therapists (OTs)
- community nurses
- speech therapists
- play specialists
- play therapists
- clinical psychologists
- educational psychologists
- Portage outreach workers (advisers specially trained in understanding child development)
- special needs teachers
- special needs support assistants
- social workers.

In practice, while the involvement of a range of professionals can provide families with a great deal of expertise, it can also be overwhelming. Families can sometimes find that they are offered lots of different advice by different people. They may also find themselves having to repeatedly tell the same story about their child's birth, early difficulties, tests and their findings, for example. The lead professional or SENCO has a crucial role in coordinating the team of professionals to avoid this happening. However, working across professional disciplines of education, health and social care is often a major challenge.

The main place for families to access support, advice and early intervention for a child up to five years old with a special need or disability will be the local children's centre. Children's centres offer parents access to a multi-professional team. This includes easy access to specialist services, such as speech and language therapy and child psychology, who are experts in speech and language development or in the mental states and functioning of children. The centre's Family Support Service can also help parents with issues such as applying for benefits to support them in caring for their child with the disability, finding suitable housing, and linking up with voluntary and statutory agencies that offer support. The children's centre will have links with the local Children's Services team and with the specialist health teams to support children with disabilities.

Parent partnership services

The Parent Partnership Scheme (PPS) is a statutory service that offers the following support:

- information, advice and support for parents of children and young people with SEN
- putting parents in touch with other local organisations
- making sure that parents' views are heard and understood – and that these views inform local policy and practice.

Some parent partnerships are based in the voluntary sector, although the majority of them remain based in their LEA (Local Education Authority) or Children's Trust. All parent partnerships, wherever they are based, work separately and independently from the LEA; this means that they are able to provide impartial advice and support to parents. For more information, visit the IASS Network (Information, Advice and Support Services Network) website at http://www.iassnetwork.org.uk/.

Every Disabled Child Matters (EDCM)

Every Disabled Child Matters is a campaign to make sure that children with disabilities and their families get the same rights as everyone else. The aims of the campaign are for children with disabilities and their families to:

- have the same rights as everyone else so that they are fully included in society

- get the services and support they need to live their lives in the way they want
- stop living in poverty
- receive education that meets their needs
- have their say about services for disabled children.

The Early Support Programme

Early Support is an integral part of the delivery of the EYFS for babies and young children under five with disabilities or emerging SEN. It helps staff in early years settings to identify impairments early and to work in partnership with families and other services to provide the best possible care and support for young children with disabilities. An important part of the Early Support programme is the Family File, which the family holds. The Family File:

- is used by the professionals and the family together, to plan appropriate support to be provided for the child
- informs the family about the different professionals they may meet and what their role is
- explains how the different health, education and social services can provide support
- allows parents and carers to share information about their child with the professionals they meet, without having to say the same things to every new person
- provides information about sources of financial support and childcare.

Under the provisions of the Children and Families Act 2014, there is a new graduated approach to supporting children with SEN, called SEN support. Information on SEN support is available in the SENCoP, starting at paragraphs 5.36: this is available at https://www.gov.uk/government/publications/send-code-of-practice-0-to-25.

Including children with disabilities: mainstream or specialist provision?

There are views both for and against inclusion of children with disabilities and special needs in mainstream education. Some people believe that:

> *inclusion has the potential to become our most powerful tool in changing society's attitudes towards disability and combating the injustices and inequalities that result.*
>
> **(Dickins 2003:19)**

Others, including parents, argue that mainstream provision cannot meet their children's needs. So a dual system is being maintained, which may become a two-tier system which segregates those children with more severe and complex needs and those whose behaviour is perceived as challenging.

Comparing mainstream schools and schools for children with special needs

In a school for SEN:

- Staff need to be careful to concentrate on the child as a whole person and not on their disability only. When the latter happens, it narrows the child's experiences. Concentrating on disability means concentrating on what children find difficult to do, rather than being positive and thinking about all the things that the child can do.
- The curriculum might become rather rigid and be based on exercises, instead of equipping the children to make choices and decisions, and to become autonomous or independent learners. For example, schools for hearing-impaired children used to concentrate on language teaching in a narrow curriculum, with little art, play, dance, science, and so on. All the effort went into getting the children to talk, read and write. In spite of this emphasis on language and literacy, few children reached a reading age of above nine years (the reading age required to read tabloid newspapers).

Reflecting on practice

Inclusion or specialist provision?

Winnie (six years) had a range of disabilities, including severe learning difficulties, visual and hearing impairment, and difficulty in sitting. Her parents valued joining a parents' group run by the staff of the special school. All the parents had children with similar disabilities. This gave them support. The equipment in the special school was geared to Winnie's needs, and the staff were specialists trained to work with children like Winnie.

The children were visited regularly by children from the local primary school, and they would go on outings together. Winnie lived at home and went to school daily.

- What do you think are the advantages and disadvantages for Winnie in going to a school for SEN?
- Think about a mainstream setting you know well. What do you think it might be like to be a child with a disability in this service?
- What would the setting need to provide well for child with either a physical disability like a sight or hearing impairment or a learning difficulty like Down's syndrome or an ASD?

- It may be difficult to arrange for the children to meet children who do not have a disability. This can mean that children begin to imitate mannerisms from each other, leading to added difficulties.

In a mainstream school:

- Staff need to consider different problems – for example, a child might be very lonely if he or she is the only child in the school with a hearing impairment. It is very important to help children to make friends in this setting.
- It is also very easy to underestimate what the child can do. It is essential for practitioners to have high enough expectations of children with SEN in mainstream settings.
- There might not be any expert teachers who know about the particular disability that the child has. Even if expert teachers do visit, their visits may be irregular and infrequent, which makes it hard to get the information that is needed in order to help the child.
- It is very important to be up to date with current legislation and policy guidance and to bear in mind generally expected levels of achievement for children. Practitioners should find ways of helping children with SEN to move towards this, or to do as much as they can.
- Sometimes children with disabilities are overprotected and are not expected to manage things that they could do with a little encouragement.
- It is very important to establish links with voluntary organisations that may be able to put children with similar disabilities in touch with each other. For example, there are summer camps where children who attend mainstream schools can come together and enjoy each other's company.

Providing well for children with disabilities and SEN in early years settings

Over the years, a significant amount of research has shown how good early years education and care can be particularly beneficial for children with SEN and their families. An example of this is the Effective Provision of Pre-School Education (EPPE) project, which found that high-quality early years education and care reduced levels of SEN (Sylva et al. 2004). Some of the reasons for this are:

- support for the child and family
- early assessment and support
- planning ahead.

Support for the child and family

Support for the family

Having a baby who has a disability in any way will have social, psychological and financial implications for the family and affect the way the family functions. Each family is unique in the way that it reacts initially and adjusts in the long term, but when a mother gives birth to a baby who has a disability or an additional need, she may experience feelings of guilt – 'It must be because of something I did wrong during pregnancy' – or even of rejection, although this is usually temporary. This is sometimes not helped by the reactions of medical staff, family and friends who may emphasise the difficulties rather than celebrate the child's birth.

Common reactions of parents to having a child with disabilities include:

- A sense of tragedy – parents who give birth to a child with a disability experience complex emotions. They may grieve for the loss of a 'normal' child, but they have not actually been bereaved. They still have a child with a unique personality and identity of his or her own. Relatives and friends can be embarrassed if they do not know how to react to the event, and their awkward response can leave parents feeling very isolated at a time that is normally spent celebrating.
- A fear of making mistakes – sometimes there is an over-reliance on professional help. If the disability seems like the most important aspect of the child's personality, parents may believe that only a medical expert can advise on the care of their child. The reality is that the parent almost always knows what is required for their child. A great deal of what the child needs is not related to his or her disability in any case.
- Being overprotective – a desire to cocoon the child can be counterproductive (have the opposite or desired effect). The child needs to be equipped for life and can only learn by making mistakes. In addition, siblings may resent the child with disabilities who may be seen as spoilt or never punished.
- Exercising control – parents may take freedom of choice away from the child, so disempowering him or her. Parents and carers often dictate where and with whom the child plays, thus depriving him or her of an opportunity for valuable social learning.

It can be very stressful to look after a child with SEN. Part of that stress can be caused by isolation – a fear of taking a child to group activities, or even out to the shops or the park, perhaps because of the reactions of other people. An early years setting or a school can provide a welcoming, friendly community where the parents can feel confident that their child is safe, and can enjoy the company of other children and appropriate stimulation.

Early years settings can also provide considerable help through early identification of SEN. Sometimes parents are unaware that their child's development is delayed compared to other children of the same age, especially in the case of their first or oldest child. On other occasions, parents may have felt that 'something is not right', but have either been anxious about sharing their worries, or have talked to other professionals but not been fully understood. Sometimes a child can present as developing well during a check-up, but have difficulties in less structured environments or when in the company of other children. Early identification means that the child can be helped while still very young; in many cases, prompt help early on can prevent or minimise later difficulties.

When working with a child who has special needs and disabilities, it is important to respect the child's family and the ways they have developed to manage the difficulties that will certainly have arisen in their lives. With sensitivity, you can often help families to feel more confident about their child being with other children. You may need to use a great deal of tact and diplomacy to encourage parents to allow their children to take some risks, and to be exposed to the usual daily life in an early years setting or school.

Support for the child

In an inclusive setting, children with disabling conditions will be celebrated and accepted as they are, and practitioners will encourage self-acceptance and a positive self-image and identity in them. The notion of inclusion is based on the idea that we will ultimately benefit as a society when people with disabilities are enabled to fully participate and contribute (Dickins 2014). This is different to integration, which emphasises the ways in which a child can be brought into the community. Inclusion sees the child already as part of the community, but needing additional help within it.

Inclusion is about access for people with disabilities in its widest sense – not just about physical access to buildings, vehicles, education, health care, leisure facilities and employment, but to be part of the community as a whole. To develop their own self-worth, people with disabilities need to have the same opportunities, services and facilities that are available to other people. Excluding children with disabilities from everyday experiences that are the norm for most children can lead to a lifetime of segregation. In addition, if children lack contact with people with disabilities it can lead to fear and ignorance of those who seem 'different'.

Look, listen and note

Observe a child with a disability or special educational need in a setting. Note down:

- How is the child's positive sense of self supported?
- How are their friendships nurtured?
- Are they enabled to access all aspects of the curriculum and the environment, including visits?
- How do practitioners talk to all the children about this child's disability and other disabilities?
- How are issues of dis/ability woven into the curriculum?

The SENCoP (DfE 2015) stipulates that all children should have access to a broad and balanced curriculum and that practitioners should have ambitious expectations of children whatever their previous attainment.

Ensuring the setting meets the needs of children with disabilities

It is necessary to make sure that both indoor and outdoor areas of the early years setting are arranged so that children with disabilities can take full part in activities. This might involve:

- providing ramps for wheelchairs
- making sure the light falls on the practitioner or adult's face, so that a child wearing a hearing aid is able to lip-read and a child with a visual impairment can use any remaining eyesight to see facial expressions
- having a tray on the table so that objects stay on the table and a child with a visual impairment or difficulties with motor control does not 'lose' objects that fall off
- having the opportunity to learn sign languages (e.g. British Sign Language and Makaton). See Moving on section for more detail on these.

To help children with a special need or disability to feel included, you should consider the following:

- Your displays – do these include images of children and adults with disabilities? If you are making a display about transport, for example, you could include an image of an adult with a disability getting onto an accessible bus.
- Your layout and organisation – is there enough space for a child to negotiate or move around the tables and equipment, if they have a difficulty

Figure 2.2 In an inclusive setting, children with disabling conditions will be enabled to access all aspects of a broad curriculum

with their mobility? Are displays low-glare, so they can be seen by people with a visual impairment? (Laminated sheets, for example, can be very hard to read.)

- Your organisational culture – do you use Makaton and visual symbols as a matter of course? Do you think carefully about where you position children at group time, taking account of needs like hearing impairment, visual impairment and language delay? Do leaflets and other forms of information make it clear you are welcoming to children with special needs and disabilities?
- Your resources – do you have dolls and small-world play equipment which represent different disabilities, for example, people with hearing aids, people in wheelchairs? Do your books have stories that include children with disabilities, or do you only have books about a particular disability?

Advocacy, empowerment and listening

Advocacy is when another individual takes on the responsibility of speaking out on behalf of a person to ensure that their views are heard and that they receive all the rights that they are entitled to. In the UK, the Children Act 1989 Act (later updated in 2004, see Chapter 4, p. 76 for more information) makes social services departments responsible for providing for children with special needs, according to the definition given above. The concept of advocacy is enshrined in the Act. It recognises that children in the category 'disabled' are the least likely to grow up to be able to speak for themselves – that is, to recognise their own needs and to know how to achieve their potential. Therefore, they need an advocate. Usually the advocate is an adult care worker who acts as a spokesperson for the person 'in need'.

The concept of empowerment is closely linked to advocacy. In the case of children with special needs, the adult advocate should undertake activities with the child that will empower (or enable) the child to make his or her own wishes known. This includes helping with communication, giving the child choices and developing the child's decision-making skills.

These strategies are part of the Young Children's Voices Network project at the National Children's Bureau. This project promotes listening to children in the early years. The network supports local authorities in developing good practice so that young children's views may inform policy and improve early years services. They define listening as:

- an active process of receiving (hearing and observing), interpreting and responding to communication; it includes all the senses and emotions and is not limited to the spoken word
- a necessary stage in ensuring the participation of all young children, as well as parents and staff, in matters that affect them

- an ongoing part of tuning in to all young children as individuals in their everyday lives
- sometimes part of a specific consultation about a particular entitlement, choice, event or opportunity.

(Clark 2011)

The project emphasises that the reasons for listening to young children with disabilities are the same as the reasons for listening to all children, but that there are issues for children with disabilities that make listening particularly important.

For example, children with disabilities:

- are subject to a much higher degree of adult intervention, and their scope for making day-to-day choices and decisions is often severely limited
- are more likely to be subject to various kinds of assessment procedures and less likely to be involved in the process
- are more likely to be excluded from consultation processes because these are often based on written and spoken language
- are supported by parents and staff who are more likely to see their roles as advocates rather than listeners
- are more likely than other children to have contact with multiple carers who lack the skills to understand their communication system.

(Dickins 2011)

Dickins (2011) emphasises that, although some new skills and techniques might be useful, it is most often practitioner's attitudes and fears that get in the way of listening to young children with disabilities. She gives the following advice to practitioners:

- Show interest in everything the child has to say, using your judgement later on to draw out the information you actually need for future planning.
- Give children time and try not to interrupt or finish sentences.
- Do not attempt to fill every silence.
- When the child has finished talking, sum up what he or she has said and reflect it back, for example, 'It sounds like you felt very angry when Tommy took your ball away.'
- Do not feel that you have to have an answer or a solution for everything.
- Acknowledge the feelings that are being expressed and give them validity.
- Avoid closed questions that leave you open to a yes/no answer ('Are there things you like at nursery?'); use open-ended questions instead ('Tell me some of the things you like about nursery.').
- Make eye contact and get down to the child's level (but bear in mind that some children, for example those with autism, find eye contact very difficult).
- Remember that 'why?' questions can sound like an accusation.
- Talk respectfully to children; they know when they are being patronised.
- Be honest if you do not know something.
- If you make a mistake, apologise.

(Dickins 2011)

Early assessment and support

Early years settings and schools provide a place for children's development to be assessed and monitored, and for specialist programmes to be developed. Assessment processes for children with disabilities and their families can be a difficult experience and should be approached with sensitivity and respect and in close partnership with parents.

Education, Health and Care Plans, and Individual Education Plans

Where an early years setting wants to offer additional support for a child as a result of identifying a special educational need, this must be discussed and agreed

Guidelines for good practice

Creating an effective EHCP

Individuals matter because each of us can influence a group's efforts towards more equality.

- ✔ It is important to remember that, first and foremost, each child is entitled to a broad, balanced and stimulating curriculum. In the early years, this means a curriculum planned around the EYFS, with the commitments to play, learning outdoors and relationships. For this reason, you would not plan in a way that was so focused on the child's targets that there was no time for play.
- ✔ Plans exist to give extra help, not to take children away from the main opportunities to learn and socialise with their peers. You would not plan for the child to be so frequently removed from the main group that it was impossible to form relationships and friendships.
- ✔ Plans should build on the child's strengths as well as addressing difficulties. If all the focus is on what the child finds hard, life might soon become a struggle and the child might become rather demoralised. A careful balance of enjoyment and challenge is called for.
- ✔ Plans should be clearly written and not too long. No one can remember eight different targets in the middle of a busy day with the children.

Guidelines for good practice

Children with disabilities and their families

Provision and the setting

- ✔ Make reasonable adjustments to ensure that children (and practitioners/adults) with special needs and disabilities can participate in all activities and aspects of life.
- ✔ If a child is coming into your setting who has difficulty walking and uses a standing frame, you would need to:
    - ✔ think about whether there is enough space between the tables and equipment
    - ✔ consider where you will store the frame when it is not being used
    - ✔ consider how you will help the child to access any activities that are normally at floor-level, such as block play or a train set.
- ✔ Good early years practice includes offering children a broad and balanced curriculum, with both indoor and outdoor play opportunities. You need to think about how you can help all children to access this broad curriculum.
- ✔ If a child's parent uses a wheelchair and wants to come on a trip, you should check the accessibility of the venue and the transport you are using to get there, and make plans to ensure the parent can come in the same way as any other parent.
- ✔ It is unlawful to say that 'you cannot meet a child's needs' without any investigation of the necessary adaptations.
- ✔ Ensure that you have checked with parents/carers about any allergies or reactions that the child may have to resources/equipment in the setting, for example playdough or shaving foam.

Supporting the child

- ✔ Always encourage independence. Ask how the child wants to do things – let him or her make as many choices as possible.
- ✔ Try to imagine yourself in the child's situation. How would you like to be helped?
- ✔ Always be patient with children, particularly if communication is difficult or time-consuming.
- ✔ Try to anticipate the child's feelings. Having one's most intimate needs attended to by a stranger can be embarrassing.
- ✔ Show awareness of a child's personal rights, dignity and privacy; never allow other children to poke fun at a child with a disability.
- ✔ Develop good listening skills. Non-verbal communication is just as important as what you say.
- ✔ An open-minded and non-judgemental attitude is important, as is a warm, friendly manner.
- ✔ Praise effort rather than achievement. Provide activities that are appropriate to the child's ability, so that he or she has a chance of achieving.
- ✔ Make an effort to involve the child with other children. For example, teach all the children Makaton so that they can communicate with each other. If you are using a visual timetable, use it with all the children. Explain special needs to children: 'If you want to ask Jamal to play, use this Makaton sign because he finds it hard to understand words.' See Moving on section for more information on Makaton.
- ✔ Guidelines for behaviour should be the same for all children but with understanding of (not excuses for) a child's disability.

Supporting the family

- ✔ Support the child's parents or carers to enable them to provide a lifestyle that is as fulfilling as possible.
- ✔ Know what sort of difficulties might be experienced by the family of a child with a special need or disability. Work in a team to support the whole family; for example, by helping the child and taking time to listen to the parents and respond to their ideas.
- ✔ Understand that offering families choices and helping children with disabilities to participate fully is more helpful than showing sympathy or feeling pity.

KEY TERM

Transition – Times of change; they are part of everyday life and take place from the earliest years. Children make transitions from home to setting, within settings and from early years setting to school.

with the child's parents first. Then an EHCP needs assessment will be arranged.

This is a process for identifying and putting into place additional support for children who need, or are likely to need, more support than is available through SEN support. An EHCP identifies educational, health and social needs and sets out the additional support to meet those needs including specified outcomes for the child. The plan should enable the child to progress in their learning and, as they get older, prepare them for adult life.

Individual Education Plans (IEPs), although no longer required (as there will be an EHCP), can be a good way to promote discussion between parents and professionals, for the benefit of the child. An IEP can help parents feel that something is being done to help their child, and ensure that support is offered in a consistent way at home and in the early years setting or school. In inclusive early years settings and schools, supporting children with SEN is a team approach, not the responsibility of just one person. Although one member of staff may take the lead in supporting the child, having sole responsibility can soon become overwhelming and can also limit the child, who may feel tethered or bound to that person. A team approach balances individual and intensive support, with opportunities for the child to enjoy free-flow play (see Chapter 17) and move autonomously around the setting.

A good EHCP or IEP:

- builds on the specialist knowledge that parents have about their own children
- promotes a consistent, team approach in the early years setting or school
- has a small number of targets or goals for the child to work towards
- has targets that are specific enough to be reviewed.

Planning ahead

By seeing the child's strengths as well as difficulties in a group setting, possible future needs in school can be anticipated and planned for. If a child can start nursery or reception with appropriate additional support, equipment and plans, school will start off on a sound footing. It is at times of **transition** (see page 29 for definition) that practitioners will be in a position to act as an advocate for the child and their family.

Approaches to supporting different kinds of disability and special educational need

It is not possible to list all possible types of SEN, so here we look at those that practitioners may encounter more frequently in settings. However, as the information we can discuss here is limited, practitioners will always need to research the disability of a child in their care, finding out information from parents, other professionals and from specific reading.

It is also not always possible to put a child clearly into a single category. Many children will have needs that cross over one or more of the categories described below. Children will also have specific areas of strength in addition to their special needs.

Figure 2.3 Use of technology can help children to access learning in different ways.

Areas of development affected by disability

Communication and interaction

Most children with SEN have difficulties in one or more of the areas of communication, interaction and speech. A child might show a delay in his or her speech and language. Other children might have a speech difficulty – for example, a stammer or unclear speech – but understand language perfectly well. They might, therefore, understand what you say to them, but have difficulties in replying to you. Children who have difficulties with communication and social interaction might have features from the autistic spectrum. Hearing difficulties and specific learning difficulties like dyslexia and dyspraxia (see p. 36 for more information) also fall into this category. Children with severe or complex difficulties in this area of development may have only a small number of words they can use. They may use a system of communication to help their spoken language such as Picture Exchange Communication System (PECS), discussed below (augmentative communication), or they may use a system of communication instead of spoken language (alternative communication).

Cognition and learning

Children with difficulties in this area will find it difficult to understand new concepts, solve problems and learn skills. Children with moderate difficulties in this area will need additional support to develop their learning, possibly including additional time, repetition and practical experiences. Children with a specific difficulty include those with dyslexia (see p. 36 for more information), who have a specific difficulty learning to read, write and process some types of information, and those with dyspraxia, who have difficulties planning and coordinating sequences of actions. Children with severe or complex difficulties in their cognition and learning will need considerable help to develop early concepts like full and empty, over and under. Their play may stay at the level of sensory exploration, without moving into pretend or role play. Their communication is likely to be functional – for example, making a need known, like hunger – without the use of language for thinking.

Behaviour, emotional and social difficulties

Children with these difficulties may present as withdrawn, anxious and isolated; disruptive, aggressive and behaving in disturbing ways; lacking in concentration and hyperactive; and having difficulties in their social development – for example, around sharing attention, regulating their emotional state when in a group or cooperating with others.

Sensory and/or physical needs

Sensory difficulties can range from the profound and long-term – for example, being deaf or registered blind – to lower levels of visual and hearing impairment, which are sometimes temporary – for example, glue ear. Physical impairments can arise from physical causes – for example, lung disease might lead to a child being oxygen-dependent. They can also arise from neurological causes like cerebral palsy, which is usually caused by the failure of part of the brain to develop, leading to a loss of control over certain muscles, posture or balance.

Some children with sensory or physical needs can access most or all of their learning with appropriate support – for example, a deaf child might go to a school where BSL is used, and develop language and learning differently, but just as well as a child who can hear. Children who are blind or have visual impairments might use some or all of Braille, equipment to magnify print and pictures, and computer software that reads text out loud. Other children may have a combination of profound sensory and physical needs, with significant effects on their development.

Medical conditions

Some medical conditions can affect children's learning. The child's condition may cause him or her to become quickly tired, or may lead to frequent absences for treatment. Examples include childhood leukaemia or chronic lung disease. Other medical conditions, such as asthma or diabetes, may be adequately managed by taking medication and do not need to cause significant interference in the child's development and learning.

Different types of disability and SEN

Cerebral palsy

There is no cure for cerebral palsy (see page 21 for definition). It is a non-progressive condition, which means that it does not become more severe as the child gets older, but some difficulties may become more noticeable.

Therapy can help children with cerebral palsy. Physiotherapists, occupational therapists (individuals who support individuals to engage in daily activities) and speech therapists often work very closely together to devise a treatment programme that will meet the needs of both the child and the family. As the nature of cerebral palsy varies immensely, the therapy is adapted to the needs of the individual child.

Find out more about cerebral palsy at www.scope.org.uk or search online for 'SCOPE'.

Visual impairment

The picture of total darkness conjured up by the word 'blindness' is inaccurate: only about 18 per cent of blind people in the UK are affected to this degree; the other 82 per cent all have some remaining sight. In the UK there are just over one million blind and partially sighted people, of whom 40 per cent are blind and 60 per cent are partially sighted (or have a visual impairment).

More than 55 per cent of children who have visual impairments in education attend mainstream schools alongside sighted children. About 5 per cent attend schools for children with a visual impairment. The other 40 per cent are children who have special needs in addition to their visual impairment, and attend schools that are resourced for these additional needs – for example, schools for children with profound and multiple learning difficulties.

Think about ideas

The Royal National Institute of Blind People (RNIB) has produced an excellent booklet, Focus on Foundation, which offers practical advice on the inclusion in early years settings of children who are blind and partially sighted.

Find out more about people who are blind or have visual impairments at www.rnib.org.uk or search online for 'RNIB'.

Guidelines for good practice

Working with children with a visual impairment

✔ Help the child to develop all the senses – encourage exploration of materials by touch, smell and taste, allowing for plenty of time. Listening is especially important for a child with a visual impairment as a way of finding out what is going on. Babies and toddlers may seem still and uninterested; when in reality they are listening out for every sound. Remember to communicate the warmth that you would convey with a smile, with a warm tone of voice; and when the child smiles, show your warmth through words or touch.

✔ Help language development – much language development ordinarily depends on being able to see. Children see objects and hear the names of objects in daily life. You can help a baby or child with a visual impairment by naming items every time the child uses or explores them. This might include clothes, bottles, cups, cutlery and toys. But remember that all children need uninterrupted time to play and explore – do not overwhelm the child with words. Finger and other action rhymes are a fun way to associate movements and body parts with words. Audio books with interesting sound effects can be a good way into stories.

✔ Encourage exploratory play – touching and feeling objects can be scary. Encourage and soothe the child. You can introduce messy play with tiny dabs of substances, first on fingertips, and slowly building up until you judge the child is ready to dip a finger into the wet sand or shaving foam.

✔ Encourage movement – it is important to create good open spaces for babies to crawl and toddle in. Older children need opportunities to move freely inside and outside.

✔ Encourage looking – nearly all babies and young children with a visual impairment have some sight. Shiny and sparkly objects and light toys can be used to stimulate the child's vision. Hold things close to the child in good light and give plenty of time. Children's eyes will not be damaged by sitting close up to computers and televisions.

✔ Help develop independence – starting to eat solid foods is an important part of every child's development, but it is frustrating too, and all the more so for a child with a visual impairment. It is good to allow plenty of time for the child to feel food and not to worry too much about mess. A bowl or plate resting on a non-slip mat is helpful, as it is difficult to manage when things keep moving around. You will need to judge the balance between allowing for experimentation and exploration and the need for the child to eat something without becoming too frustrated.

✔ In early years settings, good natural lighting, without too much glaring artificial light, makes for the best possible environment. Well-ordered and uncluttered storage systems, and plenty of space in areas for play, will help the child with a visual impairment to get used to where things are and operate more independently. These approaches will help all children to find the setting or school an ordered and relaxing environment.

Hearing impairment

Deafness is often called 'the hidden disability', as it may not be outwardly apparent that a person has a hearing impairment. As with total blindness, total deafness is rare and is usually congenital (present from birth).

About 900 babies are born in the UK every year with a permanent hearing loss. New technology has transformed the process of early identification and treatment of babies with a hearing loss. A special computerised system called the otoacoustic test detects the sounds that the healthy ear itself makes in response to sounds.

The Newborn Hearing Screening Programme means that all babies are now screened in hospital. Following the introduction of this programme, the average age when a child is identified as being deaf is now three months. Before the universal screening of newborn children, the average age for identification was 20 months. This is a significant advance, because an important part of the sensitive period for the development of communication and language is in the first two years of life.

Recent research has shown that many children who do not have any kind of hearing impairment have difficulties in tuning in to language and picking out words from other background noises. These children will also be helped a great deal if you follow the advice given above. This is a typical example of how inclusive practice is good for many children, not just those with a special need or disability.

You can find out more about people who are deaf or have a hearing impairment at www.actiononhearingloss.org.uk formerly RNID.

Autistic spectrum disorders

Autism is a disability that disrupts the development of social interaction and communication. Children are affected in many different ways by autism, which is why we use the term 'autistic spectrum'. The most

Guidelines for good practice

Working with children with a hearing impairment

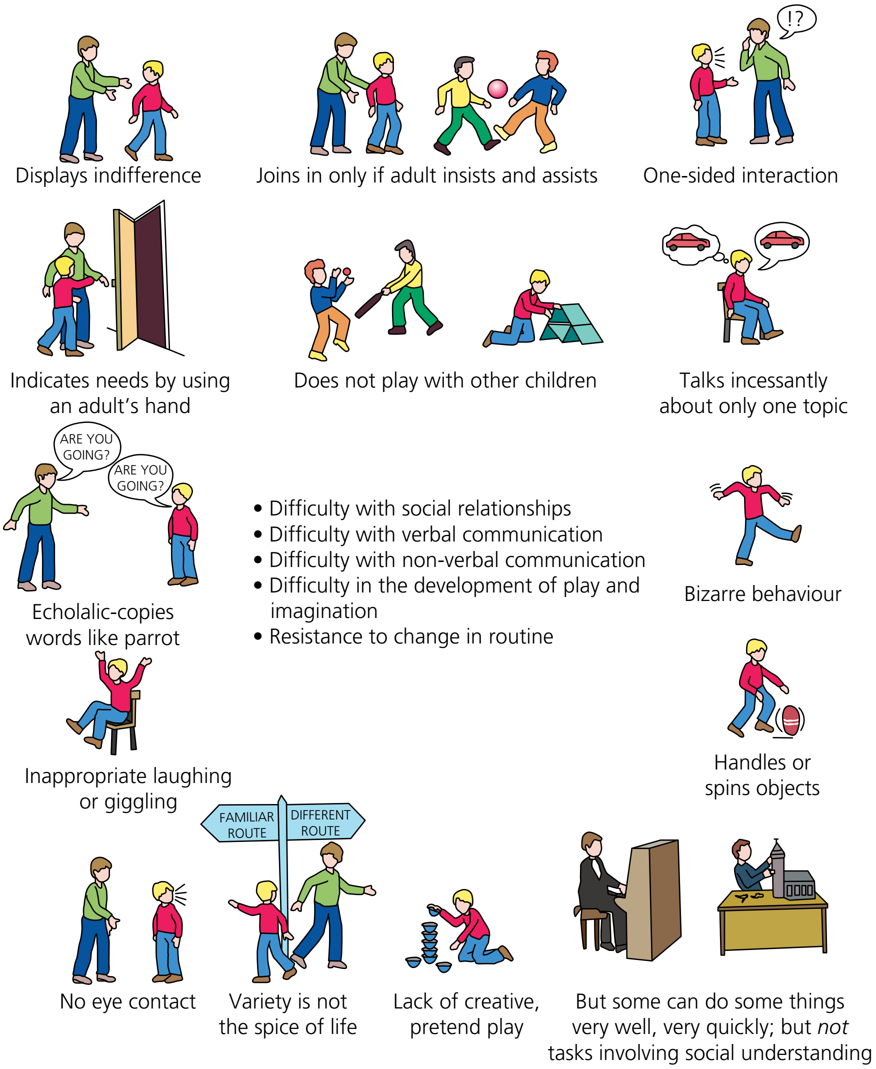
- A baby with a hearing impairment may not show the 'startle' reaction or reflex to a loud noise; this is evident shortly after birth.
- A baby of about four months will visibly relax and smile at the sound of his or her mother's voice, even before he or she can see her; if the baby does not show this response, there may be some hearing loss.
- If babbling starts and then stops after a few weeks, this is often an indication of hearing loss.
- A child with hearing loss will be much more observant and visually aware than a hearing child – be aware that the child may respond to the ringing of doorbells and telephones by reading the body language of those around them and reacting appropriately.
- Toys that make a lot of noise are still popular, because children can feel the vibration, even if they cannot hear the sound; children may also dance to music for the same reason.
- A child with a profound hearing loss may still react quite normally, even turning round in response to someone's approach, since they may be using their other senses to compensate for the loss of hearing – for example, they may notice a smell of perfume or see the reflection of the person in a window or other reflective surface.
- Use your well-developed observational skills to detect hearing loss. If you do think there is a problem, refer it to the parent if you are a nanny, or to your line manager or teacher in a nursery or school.
- During activities, cut down on background noise – for example, from the radio or dishwasher. Use carpets, rugs and pillows to absorb excess sound.
- Make eye contact before you start to speak. A gentle tap on the shoulder will usually get a child's attention.
- Talk in a normal voice – do not shout. Use gestures and facial expressions to clarify your message.
- Provide headphones for music recorders or set up a special area where a music recorder can be played at a higher volume.
- Teach children to use gestures and sign language – for example, Sign along, Makaton or BSL.
- Encourage children to talk about what they are doing. Ask open-ended questions (questions that require a detailed answer), which will encourage children to practise using language.
- Use stories, songs and finger-play to enhance language development.
- Encourage dancing to music; children will feel the vibrations and enjoy the chance to express themselves.
- Provide children with visual cues – for example, label shelves with a picture of toys to make tidying away easier. Use pictures to illustrate the steps of a recipe during cooking activities.
- Find out how to look after hearing aids and how to protect them from loss or damage within the school or nursery – for example, sand and dirt can damage them.
- Be aware that early diagnosis and treatment can make a significant difference to the language development and learning potential of a child with a hearing impairment.
- Special training for staff – for example, in language acquisition, and in using BSL is recommended.
- If a child wears a hearing aid, it is important to remember that the aim of all hearing aids is to amplify or intensify sounds but in amplifying sounds, distortion also increases. Children wearing hearing aids in early years settings and schools may hear a loud din of background noises, which can be very stressful.

seriously affected children have profound learning disabilities and delayed language, and will need intensive support and care. At the other end of the spectrum, children with **Asperger's syndrome** may manage the intellectual demands of schooling very well, although they will still find aspects of social interaction and communication difficult.

Early years settings and schools can be difficult places for children with an ASD. A lot of early learning is based on language and play, two areas of great difficulty for a child with an ASD. The noise and amount of visual stimulation from displays and boxes of equipment can quickly become overwhelming. In this context, a child with an ASD might gain some feeling of security by rigidly following the same sequences of activity, or repeating the same action over again. While it is important not to deprive a child under stress of actions that provide some comfort, constant repetition is not the basis for successful development and learning, and the child will need

KEY TERM

Asperger's syndrome – People with Asperger's syndrome have difficulties with social communication, social interaction and social imagination. There are diagnostic differences between conditions on the autism spectrum. Sometimes people may receive a diagnosis of autism or ASD, high-functioning autism (HFA) or atypical autism instead of Asperger syndrome.



- Difficulty with social relationships
- Difficulty with verbal communication
- Difficulty with non-verbal communication
- Difficulty in the development of play and imagination
- Resistance to change in routine

Figure 2.4 Some characteristics of a child with autism

Guidelines for good practice

Working with children with an autistic spectrum disorder

✔ **Visual learning is stronger than language-based learning or learning through exploratory play** – putting things into symbols really helps children with an ASD. A visual timetable, showing the main sequence of events and routines in the day, can help the child to understand what is going to happen next. Symbols that the child can pick up or point to, in order to make choices and express preferences, will aid early communication.

✔ **Reduce visual stimulation** – keep displays and labels orderly: pictures all over the windows and labels at jaunty angles can be visually overwhelming. Have some places with blank walls, which can be calming.

✔ **Keep everything as clear and consistent as you can** – while for most children a sudden announcement of a trip or a special activity is fun, for many children with an ASD such changes in routine are very scary. As far as possible, keep routines consistent and alert the child when something is about to happen by using symbols or the visual timetable. When something new is coming up, try to prepare the child as much as you can. You might have a symbol that means 'a change', or be able to use a photograph to signal what is going to happen. Use as few words and as few symbols as possible: communicate clearly and briefly.

✔ **Show how things work** – a child with an ASD can be helped when adults show, step by step, how to put Lego bricks together, or model pretending to eat in the home corner. Allow plenty of time and encourage the child to copy you.

✔ **Introduce new things slowly** – sensory play can be very difficult. Start with just a very brief attempt, and introduce materials in small amounts in areas of low distraction. To encourage sand play, for example, start in a quiet zone, without any children, and encourage the child to touch a small amount of sand on a tabletop or on the floor.

skilled and sensitive support to interact with others and to extend his or her interests.

Read the Early Support guides at www.education.gov.uk and search for 'Early Support'.

Find out more about people with autistic spectrum disorders at www.nas.org.uk or search online for 'NAS'.

Speech and language difficulties

Children with a speech and language impairment have difficulties with:

- talking (expressive language)
- understanding (receptive language)
- both of the above.

More than one million schoolchildren in the UK have a speech and language difficulty of some sort. For some, this is a delay – their language is developing, but more slowly than usual. In some cases, this may be connected with a hearing impairment, such as glue ear, in early childhood. For others, with a language disorder, the difficulty may be more complex. They may know lots of words, but may get words in the wrong order and have difficulties understanding and taking part in conversations. Often, speech and language disorders are associated with other special needs, like autism.

KEY TERM

Dysphasia – A language disorder marked by difficulty in being able to speak, and sometimes also in understanding speech, due to brain disease or damage.

Yet another group of children has a specific difficulty with language, sometimes called dysphasia. These children do not stammer or lisp, and are not autistic. Their general intelligence is often average or above. Their language impairment is specific or primary – not the result of any other disability.

The cause of delayed speech and language may be environmental – to do with the amount of opportunities the child has had to communicate and talk with others from an early age.

Speech and language difficulties can also be caused by a health problem or by delayed physical development. This can be due to dyspraxia (difficulty in planning and making the movements which produce speech; see below) or delayed muscle development in the mouth, lips, tongue and palate.

The Every Child a Talker (ECAT) programme sought to support language development for all children, with an emphasis on those who may be at risk of language delay. As learning becomes increasingly language-based

Guidelines for good practice

Working with children with delayed speech, language and communication

- ✔ Evaluate your early years setting – find out where the most communication takes place. Which are the areas of least communication? Think about how you could act on your findings – for example, if there is almost no talk in the computer area, you might need to think about programmes and activities that require children to collaborate and talk together. If it is too noisy to talk in the block area because it is right by the door, you could move it or make it quieter by using curtains or other sound-absorbing barriers. ECAT can help you here, with the section on assessing the environment to identify what they call 'talking hotspots (places where adults and children engage in conversation or where children talk to each other). Remember that some children communicate best when outdoors, or when you take them out to the shop or on the bus – it does not all happen indoors.
- ✔ Careful consideration and assessment – regularly record children's language and include what they say in your observations, or use audio or video recordings. Compare what they are saying with the expected levels of development (see Chapter 5). Identify which children need extra help with communication from you and the other staff.
- ✔ Work closely with your local speech and language therapy service and early years advisory team – often they are only too pleased to come and offer training and development.
- ✔ Observe each other – what strategies encourage children to talk? How can the whole team build on the good practice you observe? If there is a high level of trust among staff, you could video each other listening to and talking with children. There is more guidance on this in the ECAT programme, together with some helpful case studies.
- ✔ If you are concerned about a child's development in this area, talk to the parent about your worries – sometimes children are very quiet and uncommunicative in nursery or school, but good communicators at home with family and friends. Think about how you can make the child feel more confident. If the difficulties are similar, recommend a referral to speech and language therapy for further checking.

when children move through primary school, it is important to offer this help early.

But remember that the following are not signs of a language delay or communication difficulty:

- Speaking little in nursery, because the child may be learning English as an additional language, for example.
- Speaking in a different accent or using a different dialect to most other children or adults in the early years setting or school.
- Having a different pattern of communication to that which is expected or usually valued by staff and other professionals. Remember that some children are not good at answering direct questions, for example, because the pattern of communication in their home may be more about discussing things together.

To find out more about speech and language difficulties, search for 'Every Child a Talker' and you will find a range of useful documents.

Developmental dyspraxia

Dyspraxia is developmental disorder of the brain resulting in messages not being properly transmitted to the body. It affects at least 2 per cent of the population in varying degrees, and 70 per cent of those affected are male. Dyspraxia is a specific learning difficulty; this means that it does not affect a person's overall intelligence or ability in general, only specific aspects. Children with dyspraxia can be of average or above intelligence, but are often behaviourally immature. They try hard to fit in with the range of socially accepted behaviour when at school, but often throw tantrums when at home. They may find it difficult to understand logic and reason. Dyspraxia is a disability, but, as with autism, those affected do not 'look' disabled. This is both an advantage and a disadvantage. Sometimes children with dyspraxia are labelled as 'clumsy' children. Such labelling is very unhelpful.

The Dyspraxia Foundation has further information: http://www.dyspraxiafoundation.org.uk/about-dyspraxia/

Dyslexia

Dyslexia is another specific learning difficulty, with particular impact on the child's language.

There are many children who will fit into some, or most of the categories that define dyslexia. It is important to offer children continued support, to observe closely, to work with parents and to involve a specialist – for example, an educational psychologist – if necessary. Early years practitioners should avoid jumping to conclusions or applying a label to a child prematurely.

The British Dyslexia Association (BDA) describes the indicators of dyslexia in the young child: www.bdadyslexia.org.uk

Attention deficit hyperactivity disorder

Attention deficit hyperactivity disorder (ADD/ADHD) is another specific learning difficulty. Children with ADHD show problems with focusing their attention and, at the same time, hyperactivity. If the difficulties generally present on their own, the child probably does not have ADHD. Some children may appear hyperactive in early years settings and schools because they need to move around to learn: in response to long carpet times and circle times, they may become fidgety and frustrated. Others may have poor capacity to direct their attention because they have experienced neglect in early childhood – for example, no one has interacted with them regularly, so they have not become used to focusing their attention.

The cause of ADHD is not known, but there is some evidence to suggest that a pattern of hyperactivity is inherited. There may also be a biological cause, perhaps due to a slower metabolism of glucose by the brain. Treatment may be by a stimulant medication (usually Ritalin), which often has an immediate improving effect on the child's behaviour but is a controversial treatment. Arriving at the correct dosage for the individual takes time and a high degree of cooperation between the parents and other professionals. It is generally agreed that medical treatment on its own is not an appropriate response to ADHD, and should be combined with therapeutic input:

For example:

- art therapy
- occupational therapy or counselling for older children
- a programme to help with managing behaviour, setting clear limits, helping children anticipate difficulties and find their own ways of coping – for example, taking a moment or two out, or engaging in something calming
- sometimes lifestyle changes – for example, watching less television, spending less time on computers and electronic games, taking more exercise, and eating more healthily.

Behavioural, emotional and social difficulties

Behavioural, emotional and social difficulty (BESD) is classed as a special educational need; in many cases, a child with a BESD will also be considered to fall within the remit of the Equality Act 2010. This means that the child must not be treated less favourably than others, and that reasonable adaptations must be made to support the child's inclusion in an early years setting or school.

BESD covers a very wide range of special needs, including:

- conduct disorders – where a child has difficulties following instructions and keeping to rules
- hyperkinetic disorders – for example, attention deficit disorder or ADD/ADHD
- other syndromes – for example, Tourette's, which can cause a child to have vocal tics (repeating the same words, echoing words or compulsive swearing) and physical tics (continual eye-blinking and throat-clearing, for example)
- other disorders – for example, anxiety, school phobia (being afraid to go to school), self-harming or depression.

Some children will have a medical diagnosis, but this is not necessarily the case.

As with many special needs, BESD can be prompted by a difficulty that is within a child or, equally, by environmental, cultural or family factors. For example, a child who has been shouted at and physically hurt by his or her parents may respond by behaving in an aggressive way towards others, and may have little self-control and resort swiftly to violence. A child may present with a severe conduct disorder in an early years setting where there is a degree of structure that the child is not developmentally ready for. The difficulties might then recede in a setting where there is a clear and firm management of behaviour, together with opportunities for children to play, make choices, and to move freely inside and outside.

There are more children diagnosed with BESD in socially deprived areas, and there are many more boys diagnosed with BESD than girls. BESD which results in difficult or aggressive behaviour is the most likely to be noticed, so it is important for practitioners also to consider the needs of anxious and withdrawn children, and those who are nervous or phobic about coming into early years settings and schools.

Guidelines for good practice

Working with a child with BESD

- ✔ Develop a positive relationship with the child, following the principles of the key person approach.
- ✔ Ensure that your policy and practice in managing children's behaviour combines an approach which takes account of children's different rates of development, while setting clear boundaries for all children and helping them to learn self-discipline.
- ✔ Think about how you can reduce the number of people who intervene when the child's behaviour is difficult. If a child is constantly told off by a range of staff, behaviour is unlikely to improve. The child is likely to respond with further negativity and difficult behaviour. Behaviour management should be coordinated by the key person, in the context of a positive relationship.
- ✔ As a team, decide together what behaviour you can ignore, and what behaviour is unsafe or unacceptable in all cases. Work consistently and remember that improvement is likely to be in small steps.
- ✔ Help other children to be assertive in the face of aggressive or bullying behaviour, but remember that it is ultimately the adult's responsibility to ensure that children feel safe and secure.
- ✔ Develop a positive relationship with the child's parents. By working together, you can help the child effectively. Parents will have valuable information and ideas to share with you, regarding the triggers and causes of their child's difficult behaviour and emotional outbursts. But if they feel that they are being 'told off' for the child's behaviour, the relationship will quickly deteriorate. If you are giving the parent feedback on the child's day, carefully consider time and place. No parent wants to be told of their child's difficult behaviour in the corridor or in public; and remember that you are giving feedback and seeking the parent's cooperation, not offloading the stresses of a difficult day.
- ✔ Work closely with specialist services – educational psychology and Child and Adolescent Mental Health Services (CAMHS). You cannot meet the child's needs on your own.
- ✔ If the child's difficulties arise in part, or mainly, from family or environmental circumstances, you will need to work collaboratively with a range of professionals using the Common Assessment Framework (CAF), and you may need to make a referral to Children's Social Care if you think the child is in immediate danger. CAF is an early help inter-agency assessment. It offers a basis for early identification of children's additional needs, the sharing of this information between organisations and the coordination of service provision.
- ✔ All staff need time to talk about the difficulties the child presents, and the child's key person will need particular support.

Legislation relating to children with special needs and disabilities

For legislation relating to children with special needs and disabilities, see Chapter 1, pages 3–5.

Think about ideas

Find out more about helping children in the EYFS with behavioural, emotional and social difficulties: search online for 'Inclusion Development Programme: Supporting children with Behavioural, Emotional and Social Difficulties' or http://www.sebda.org. SEBDA have produced a Well-being Toolkit in partnership with the Nurture group Network: www.nurturegroups.org

Moving on

Techniques that support all children

To create inclusive environments and to support listening to young children with disabilities together with all children, it is useful to enhance the ways in which you communicate with children in your setting.

Makaton

Makaton is a set of signs that are used to support spoken language. Unlike BSL, Makaton is not a language in itself. The Makaton vocabulary is a list of over 400 items with corresponding signs and symbols, with an additional resource vocabulary for the UK national curriculum. The Makaton Charity publishes a book of illustrations of the Makaton vocabulary. Most signs rely on movement as well as position, so you cannot really learn the signs from the illustrations. Also, in many signs, facial expression is important. If a child at a school or nursery is learning Makaton, the parents should be invited to learn too. The Makaton Charity will support schools and parents in this, as they know that everyone involved with the child must use the same signs.

See http://www.makaton.org.

Picture Exchange Communication System (PECS)

The PECS begins with teaching children to exchange a picture of a desired item with a teacher, who immediately honours the request – for example, if the child wants a drink, he or she will give a picture of 'drink' to an adult, who directly hands the child a drink. Verbal prompts are not used, thus encouraging spontaneity and avoiding prompt dependency. The system goes on to teach discrimination of symbols and how to construct simple 'sentences'. Ideas for teaching commenting and other language structures, such as asking and answering questions, are also incorporated. It has been reported that both pre-school and older children have begun to develop speech when using PECS. The system is often used as a communication aid for children and adults who have an autistic spectrum disorder.

See http://pecs-unitedkingdom.com.

Objects of reference

Some children are unable to associate a symbol – for example, a picture or sign – with a real thing in the world. In order to help their communication, adults can use 'objects of reference'. This will often start with encouraging the child to make a choice between two real objects. For example, you might say to a child, 'Do you want an orange?' and show the orange, then withdraw the orange from sight and say, 'Do you want an apple?' and show the apple. You would then repeat and follow up an indication of choice – for example, pointing or looking. So if a child made a movement when you showed the apple, you would then give the child a piece of apple.

It is important to follow through consistently, so that the child experiences this or her communication leading to a choice. In time, this will allow the child to start expressing choices.

Objects of reference may be developed into a larger system – for example, you might have a display that shows a small amount of sand in a jar (sand play), a cup (drink/snack), a Lego brick (construction play) and some grass (outdoor play). By pointing to the appropriate object, the child can make a choice about what he or she wishes to do next.

See http://www.communicationmatters.org.uk.

Think about ideas

Research the three approaches identified above and make a plan for introducing one into your setting. Discuss the benefits with your colleagues or study group.

The use of a sensory curriculum for profound needs

All teachers differentiate the framework/curriculum (that is, they provide different learning experiences) in order to meet the range of needs in their class. Children who are multisensory-impaired are likely to need the curriculum differentiated individually, because each child's combination of hearing impairment, visual impairment, other disabilities and learning characteristics will be different.

Some settings have a multisensory room which provides opportunities for children with a wide range of special needs. This room features a variety of lights, smells, sounds and touch sensations which help to stimulate each sense. Staff need to be trained in the use of a sensory room so that it works optimally for each child.

Further reading, weblinks and resources

Dickins, M (2014) *A – Z of Inclusion in Early Childhood.* Maidenhead: OUP / McGraw Hill Education.
Roffey, S and Parry, J (2014) *Special Needs in the Early Years: Supporting Collaboration, Communication and Co-ordination.* Oxon: Routledge.
Wall, K (2011) *Special Needs and Early Years: A Practitioner Guide.* London: Sage.

Department for Education

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

British Dyslexia Association (BDA)

The BDA is a national charity working for a 'dyslexia-friendly society' that enables dyslexic people of all ages to reach their full potential.
www.bdadyslexia.org.uk

Department for Children, Schools and Families

The National Strategies Early Years, 2010, *Inclusion Development Programme Supporting Children with Behavioural, Emotional and Social Difficulties: Guidance for Practitioners in the Early Years Foundation Stage.* London: DCSF Publications
www.foundationyears.org.uk/eyfs-statutory-framework

The Dyspraxia Foundation

A national charity supporting children and adults with Dyspraxia.
www.dyspraxiafoundation.org.uk

Early Support

An example of good practice can be found here:
https://www.gov.uk/government/publications/a-partnership-approach-to-early-help-for-families-in-need-of-support

Equality Act 2010

This Act brings together all the legislation which makes it illegal to discriminate on the grounds of sex, gender, race, sexuality, age or disability.
http://www.legislation.gov.uk/ukpga/2010/15/contents

Every Child a Talker (ECAT)

The ECAT programme supported children's communication and language by focusing on developing an enabling environment and encouraging early years practitioners to listen to children and engage in conversation with them. The programme documents are now archived but can be accessed here:
http://webarchive.nationalarchives.gov.uk

National Autistic Society (NAS)

The NAS aims to champion the rights and interests of all people with autism, and to provide individuals with autism and their families with help, support and services.
www.nas.org.uk

Royal National Institute of Blind People (RNIB)

The RNIB is the UK's leading charity offering information, support and advice to over two million people with sight loss.
www.rnib.org.uk

Action on Hearing Loss formerly (RNID)

Action on Hearing Loss is the new name of RNID and is the largest charity in the UK offering a range of services for people who are deaf or have a hearing impairment, and providing information and support on all aspects of deafness, hearing loss and tinnitus.
www.actiononhearingloss.org.uk

Scope

Scope is a charity that supports people with disabilities and their families. Its vision is a world where people with disabilities have the same opportunities as everyone else. Scope specialises in working with people who have cerebral palsy.
www.scope.org.uk

SEBDA: Supporting the Social, Emotional and Mental Health of our Children and Young People.

SEBDA is a charitable organisation (registered charity number 258730), which exists to promote excellence in services for children and young people who have social, emotional and behavioural difficulties.
http://www.sebda.org

References

Clark, A., 2011, *Listening as a way of Life*, London: National Children's Bureau, The Young Children's Voices Network. Available at: http://www.ncb.org.uk/media/74018/an_introduction_to_why_and_how_we_listen_to_very_young_children.pdf.

Department for Education, 2015, *The Special Educational Needs and Disability Code of Practice*, available at: www.gov.uk/government/publications.

Dickins, M., with Denziloe, J., 2004, *All Together: How to Create Inclusive Services for Disabled Children and their Families. A Practical Handbook for Early Years Workers*, London: National Children's Bureau.

Dickins, M., 2011, *Listening to Young Disabled Children*, London: National Children's Bureau, The Young Children's Voices Network. Available at: http://www.ncb.org.uk/media/74018/an_introduction_to_why_and_how_we_listen_to_very_young_children.pdf.

Dickins, M., 2014, *A–Z of Inclusion in Early Childhood*, Maidenhead: Open University Press/McGraw-Hill Education.

Smith, C. and Teasdale, S., 2003, *Let's Sign Early Years: BSL Child and Carer Guide*, Bolton: Co-sign Communications.

Stobbs, P., 2015, *Disabled Children and the Equality Act 2010: What Early Years providers need to know and do, including responsibilities to disabled children under the Children and Families Act 2014*, London: Council for Disabled Children/ NCB.

Sylva, K., Melhuish, E.C., Sammons, P., Siraj, I. and Taggart, B., 2004, *The Effective Provision Of Pre-school Education (EPPE): Final Report*, London: DfES/Institute of Education, University of London.