

Services for Young Children Social Communication Toolkit For Parents



Children with social communication/interaction difficulties (including Autism) may have difficulties or differences in certain areas of development, including communication, interaction, sensory sensitivities and flexibility of thought.

Please find enclosed links to a range of advice and guidance, resources, websites and strategies that can be used to support children with communication and interaction difficulties.



Introduction

Having concerns raised that your child has a need identified because of a diagnosis of autism or social communication difficulties, or even wondering whether your child might have such needs, can be a time of mixed emotions.

Parents often feel that they are taking on a lot of information at once but also do not necessarily feel able to access the information they want. Some may be unsure where to start. Questions such as ‘why does my child do that?’, ‘How can I help my child?’ ‘What services are out there that can offer support?’ can be difficult to answer. The internet can sometimes produce information which is inaccurate and cause confusion or further worry.

The aim of this toolkit is to provide parents with reliable information and resources to help to point them in the right direction. It enables parents to access helpful information which has been well-evaluated. Parents can find information about social communication/interaction difficulties and autism itself.

There are strategies and resources which have been tried and tested and information about where to access training and support locally for your child. It has been put together by a range of professionals with a wealth of experience, working locally in Hampshire.

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Hampshire offer

Hampshire County Council offer a range of services for children with additional needs and their families. Please click the link below to access this information via our website and the local offer link within this web page.

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/specialneeds>

Who's who.

You may be invited to attend an appointment with any of the services listed below. We have added a brief explanation of why you may need the help from some of the services listed below:

GP – After consultation, your doctor may refer you to other services, please see below.

Health Visitor – Your health visitor would visit you at age related milestones and may refer your child to other services.

Therapy Services (Physiotherapy, Occupational, Speech and Language) – After referral (by a professional or parent), a therapist will assess your child if appropriate and plan next steps. These next steps will be discussed with you – speak to a member of the above teams for advice and support on 0300 300 2019.

Paediatrician – A paediatric appointment may be offered at your local hospital or clinic. This may result in ongoing appointments and reviews. The paediatrician may refer your child to further services, such as diagnostic services.

Inclusion Team – The Inclusion team may be able to offer a variety of support, through early years setting support (pre-school, nursery, and childminders).

Portage- Part of the Inclusion team. A Portage inclusion practitioner (PIP) can offer visits to your home and early years setting to support your child with educational and developmental needs.

Early Years Special Educational Needs Co-ordinator (SENCo) – Based in your child's early years setting, the SENCo will coordinate individual support for your child.

Educational Psychology – Your child may be referred to this service after being seen by other professionals. An educational psychologist will write a report for your child's Education health and care plan (EHCP).

Thomas Outreach Project worker- A Thomas Outreach Project (TOP) worker can offer support in the home and in your child's nursery setting. Your TOP worker will support your child into their first term in school.

Guide to finding an early years setting.

Deciding to look for an early years setting, whether it is a childminder, pre-school or nursery can be quite daunting, particularly if you feel that your child has additional needs. Hampshire has a range of providers with different hours of opening, a variety of premises and they all come in different sizes from home settings of just a few children to full day care with 90 children.

As your child's main educator and carer, you will already have an idea of what you are looking for in an early years setting. We have just listed some steps below that you might want to follow to help you to make the right choice.

Local offer info – The local offer page lists early years settings and the provision they make for children with additional needs:

<https://fish.hants.gov.uk/kb5/hampshire/directory/results.page?familychannel=6-1-1>

Ofsted- The Ofsted website lists all educational settings and you can enter your postcode and distance radius and you can read their latest inspections.

<https://reports.ofsted.gov.uk>

Go and visit the early years settings that you feel will be appropriate for your child. Viewing a variety of early years settings might be a good idea.

Speak to the Special Educational Needs co-ordinator (SENCo) within the early years setting. You may want to prepare some questions before meeting with them (see example questions on the next page).

Consider the environment, does it meet your child's needs. For example, size, acoustics, mixed age ranges, décor, outdoor area and general facilities.

Remember to arrange settling in sessions for your child before they start at the early years setting. This is individual for every child, for example some may need more settling sessions than others.

Example Questions to ask the Early Years setting

What is your settling in policy?

- Is this flexible and adaptable to the needs of my child?

Will my child have a designated person that I can talk to on a regular basis?

How do you organise your additional needs provision, can the curriculum be adapted to suit my child's needs?

Will my child have their own learning plan put in place? Please could I see an example plan?

Do your staff have experience with working with children who have social communication needs?

What visual supports do you have in the setting? How will these be used to support my child?

Do you use Makaton within the setting?

What training qualifications do your staff have (Autism Education Trust - AET training or THOMAS training)?

How do you work alongside other professionals and incorporate their strategies?

Could I see your special educational needs and disabilities (SEND) policy?

The next few pages will have examples of strategies that you can use to support your child at home. Please feel free to discuss these strategies with any of the professionals working with your child. They will be able to guide you as to which are most appropriate for your child.

Commentary play.

The adult gives undivided attention, watches, and names what the child is doing. For example, this may be running up and down (“running, running”) jumping on the spot (“jump, jump, jump”), building with bricks (“ building, building building”). If the child chooses to play with one thing repeatedly, for example pushing a car, the adult continues to name this e.g.,” pushing the car”. The pace and amount of language is adapted to the child’s development and needs.

The adult does not interfere with the play by making suggestions, directing the child’s attention, offering choices, asking questions, or interpreting what the child might want to do with the toys. This is hard to do and will take time and practise.

Some of the reasons you may want to use commentary:

1. It is non-threatening, providing predictable attention linked to the child’s interests, which aims to support the child to experiment with communication at his/her own pace.
2. In typical language/communication development, our first understandings are around words that are important for us to use, close and familiar and repeatedly said to us. By following the child’s lead, the play will be important to him/her and it will be familiar. It may well be very repetitive and therefore gives plenty of opportunity for word/activity links.
3. The commentary on what a child is doing gives the words as they are doing the action. It is concrete, in the ‘here and now’. No imagination is necessary.

Communication

Many children have difficulties with communication. The strategies and resources included below will help and support ALL children regardless of their needs. Using other methods to reinforce communication will help children to develop their language and interaction skills.

Children with social communication difficulties have differences in the way they communicate, understand and use language (<http://www.aetraininghubs.org.uk/wp-content/uploads/2014/05/EY-four-key-areas-of-difference.pdf>)

Communication basket- fill with everyday objects to use in communication or items of interest for you to explore with your child.

These are just a few examples:

You would take an item from the communication basket.
For example, the duck and bath puff, show them to your child and say, “bath time”.

A cup or a straw to indicate “drink”.

A fork or spoon to indicate “dinner time”.

Show the object and then say the word/s.



Links to support with communication.

Tiny happy people

The BBC have developed this site to help you to support your child's language development. There are some resources for helping children with additional needs.

<https://www.bbc.co.uk/tiny-happy-people/tips-and-advice>

Singing hands

Click on the link here to access the you tube clip:

[SingingHandsUK - YouTube](#)

ICan

ican.org.uk/i-can-talking-point/parents/

Makaton – Makaton is a simple sign language used to enable children with limited verbal skills to communicate. A good place to start is with the following signs:

Eat



to eat

Drink



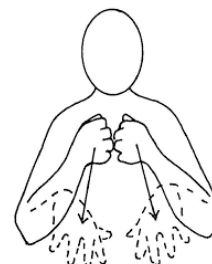
to drink

More



More

Finished



You could watch Mr Tumble together. See You tube link below:

<https://www.youtube.com/watch?v=flXsU4V0zz8>

Facebook link for Makaton: [@TheMakatonCharity](https://www.facebook.com/TheMakatonCharity)

Instagram link for Makaton: [#wetalkmakaton](https://www.instagram.com/wetalkmakaton)

Please visit the Makaton website for more signs and information:

<https://www.makaton.org/>

Modifying adult language

By gaining your child's attention and reducing the language used to the key words, you can have a big impact on the way that your child might use their speech and language skills.

The following information from the National Autistic society includes lots of valuable advice on how to support your child.

<http://www.autism.org.uk/about/communication/communicating.aspx>

Supporting Communication Top Tips for Parents

Gain the child's attention before giving an instruction – this can be done by calling their name, being face to face with them and making yourself the most exciting thing in the room!

Use visual and verbal prompts – including “Good listening”, “Good looking”.



Give clear instructions to avoid confusion – e.g., instead of saying “Put it over there” you could say “Put it on the table”.

Give children time to process information and think about their answers – at least 10 seconds!

Give positive and clear instruction – for example instead of saying “Katie stop running,” you could say “Katie walk” to make it clear what she needs to do

Be aware that children may interpret things that you say literally – e.g. “Go and wash your hands in the toilet”.

Accept all forms of communication – your child may point, gesture, look at something they would like. This is ok and we want to encourage them to do it more. Simply label what they are doing/pointing at or feeling using single words or short phrases (e.g., “Ball”). Make sure your child has a way to communicate with you throughout the day – this may be pictures, gestures, signs, or words.

Check that they have understood an instruction by watching what they do or asking them to repeat the instruction back to you.

Model language to your child to help them to learn words and how to respond (e.g., “You could say can I have a go?”)

Visual Support (can be photos shown on a mobile phone)

Objects of reference for communication

These are real objects that can be used to communicate an instruction, to support your child's understanding of what will happen next. For example, you may show your child a shoe or boot to indicate that you are going outside.



Now and Next or First and Then

This is a really good way of giving your child an instruction and to prepare them for a change in routine. Real photographs are the best representation of an object or situation. A good place to start when introducing this strategy is during your child's favourite activities, please see examples below.

This way of communicating is visually presented by using a now and next, or first and then board (see appendix for printable now and next board). Instructions are also given verbally as you show your child the pictures. This introduces the idea of a simple sequence of activities and can also be used to introduce the photos or symbols you choose to use with your child.

It is good to introduce this concept using activities your child enjoys and, in turn can support their ability to cope with change during activities that might not be as motivating or enjoyable.

You can print photographs and attach them to the board using Velcro or laminate the Now and Next boards and draw simple pictures using a white board pen.

For example, you would say, "Now car track, next bubbles."

Now

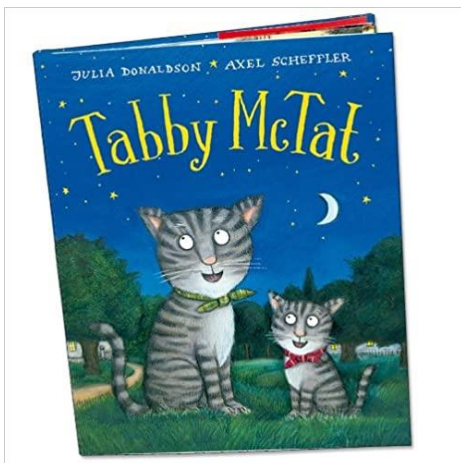


Next



For example, you would say, "First book, then Bed."

First



Then



Communicating choices using choice boards

Children with very limited verbal skills can become very frustrated. Not all children are able to communicate by pointing. Choice boards with a range of pictures kept in a place that is accessible to the child can help them to request things. If words are used by any supporting children or adults, this method will reinforce the knowledge of the word. Real objects can also be used-See communication basket.

Visual Timetables and Choice Boards

Once your child is comfortable using a now and next board this can be extended to other visual support aids, such as visual timetables and choice boards.

You may already be familiar with or may have come across visual timetables and choice boards when supporting your child to complete routines and activities. Please talk to your child's nursery/pre-school or professionals working with your child for further information on these strategies.

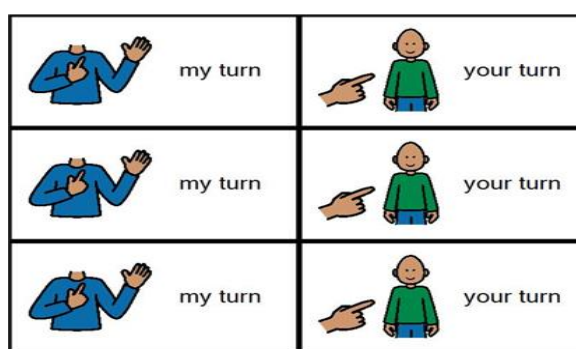
Visual timetables - A visual timetable is a sequence of symbols, pictures, photographs or objects that represent activities to show children the routine throughout the day.

Choice boards – A range of objects and activities in pictorial or symbolic form in which a child can select their own activities from a selection of two or more. Thus, encouraging choice making skills and independence when selecting activities.

Interacting

Children with social communication difficulties have differences in the way they interact, play and develop relationships. Your child might need you to show them how to interact with others. Turn taking/sharing or swapping are all good skills to teach your child through positive interaction.

Turn taking.



Taking turns can be a very difficult skill to learn. Your child will need adults to model the skill for them. You can also use picture cards like the ones above to reinforce the message.

Sensory Sensitivities

Many children with social communication needs have difficulties processing sensory information, such as, sounds, tastes, sights, or smells. This is sometimes known as sensory integration difficulties, sensory processing differences or experiencing sensory sensitivities. Children may be hypersensitive (over sensitive), for example, cover their ears in response to certain sounds, dislike the tastes/textures of certain foods etc. Some children may be hyposensitive (under stimulated or sensory seeking) and seek out messy activities, or have a frequent need for movement such as spinning or swinging etc.

There are many things that can help children who may be hypersensitive (over sensitive) such as use of ear defenders, low lighting/natural lighting, headphones with calming music, quiet 'calm,' areas (e.g., pop up tent with soft cushions), weighted blankets, stress balls or squeezing playdough. For children who may be under stimulated or sensory seeking give them movement breaks where they might like to swing, climb, jump, or spin. Using large gym balls, small weights, weighted blankets, weighted backpack, wall pushes, press ups or yoga might also be helpful.

Useful Sensory Resources:

Children with social communication difficulties have differences in taking in and making sense of sensory information:

(<http://www.aetraininghubs.org.uk/wp-content/uploads/2014/05/EY-four-key-areas-of-difference.pdf>)

Books/Guides:

Sensory and Motor Strategies by Corinna Laurie

Understanding Your Child's Sensory Signals by Angie Voss

Internet resources:

Sensory Differences Explained - <http://www.autism.org.uk/about/behaviour/sensory-world.aspx>

The Sensory Environment - <http://www.autism.org.uk/about/family-life/in-the-home/environment.aspx>

<https://asensorylife.com/index.html>

<https://www.youtube.com/watch?v=RbwRrVw-CRo> - Amazing Things Happen - by Alexander Amelines

Eating

Many children go through phases where they will eat something one week and then not on another week. When this happens, do not offer the food for a couple of weeks and then re-introduce it. Some children will prefer “dry” foods and will not want food with sauces or dips. Other children will find “dry” foods difficult to eat or swallow. Some children will eat toast but not bread because of the different textures.

Children may choose a diet which can be described as “beige”. This will generally include neutral-coloured foods for example chicken nuggets, pasta, toast, or crackers.

Children may not eat cooked vegetables but will eat raw vegetables. It is always worth trying the same food cooked or uncooked if this is an option.

Some children will choose very strong flavours for example curry or chilli and others will not like these strong flavours. They may have a sensitivity to the smell of some foods which will result in them refusing to accept some food.

Children sometimes struggle to move on from pureed foods and may gag for longer than is generally within their developmental stage.

Children can be slow to develop self-feeding skills and may be reliant on an adult to feed them beyond what is considered to be a normal age to be fed.

Food Exposure

All children need on average 10 exposures to a food before they are willing to accept the new food. For children with a social communication difficulty the number of exposures needed to a new food may be much higher.

All of our main senses are involved in eating and drinking, and this can at times be overwhelming for children with social communication difficulties as many have difficulty processing sensory information.

There are many steps to work through involving the different senses to get a child to enjoy eating a new food:

1. The child will tolerate the **SMELL** of food:
Being in the same room
Being on the table and then their plate

2. The child will **TOUCH** food:
With their hands
With their fingers
With their lips
With their mouth

3. The child will **TASTE** food:
By licking the food
By taking a bite

4. The child will **EAT** food:
By chewing and swallowing independently

Adapted from “Steps to Eating” by Kay Toomey, Ph.D., Denver, CO

Whatever difficulties your child may be experiencing, it is likely that these will be sensory needs. It is important that you regularly offer your child the opportunity to try new foods. They will often try them from your plate rather than their own. This removes the pressure for them to “just try”. It is, however, important that mealtimes are relaxed as heightened anxiety will make it more difficult for your child to eat.

Create a Positive Mealtime Experience

Things to try	Things to avoid
<ul style="list-style-type: none"> • Keep calm throughout the meal and pretend that you do not mind whether your child eats or not. • Keep mealtimes to a set time of between 15-30 minutes in length and then allow your child to move onto a new activity. • Involve your child in the selection and creation of meals without putting any pressure on the child to eat – this encourages positive play and exploration with food. • Praise and reward positive feeding behaviours (consider using stickers or blowing bubbles as an instant reward) • Offer 2 – 3 different foods in one sitting 	<ul style="list-style-type: none"> • Becoming visibly anxious and upset during a mealtime. • Never force your child to eat as this makes the problem worse. • Long mealtimes • Repeatedly prompting or coaxing your child to eat • Using food as a reward • Reacting to negative feeding behaviours – instead try and remain calm when this occurs and focus on modelling appropriate behaviour. • Offering portions which are too big on the child’s plate

Please do take your child to your GP if these difficulties are impacting their ability to eat and thrive as there may be a physical difficulty that may need a professional involved.

The two links below will give you some more information on eating.

www.childfeedingguide.co.uk

www.patientwebinars.co.uk

Transition –

Children manage transitions throughout the day. Children with social communication and interaction difficulties find transitions much more difficult. The times that problems may occur could be getting up and dressed, leaving the house, going to Nursery or school, visiting a new place or person. The list is endless. There are some organisations listed below that offer good advice for helping your child to manage transitions, particularly the transition from early years to school.

<https://www.autism.org.uk/advice-and-guidance/topics/behaviour/dealing-with-change/all-audiences>

- <https://www.autism.org.uk/advice-and-guidance/topics/transitions/england/starting-or-switching-school>

<https://www.autismeducationtrust.org.uk/shop/parents-guide/>

Positive behaviour management –

Children with social communication and interaction difficulties often struggle to regulate their own emotions. There are several ways that you can help your child to understand the feelings that they are experiencing and help them to regulate their behaviour. It is perfectly normal for children to have tantrums and meltdowns in their toddler years. For some children with a developmental delay, this stage may start later or go on for longer until they have reached the developmental ability to self-regulate.

Emotions-teach your child some of the basic emotions, sad, happy, and angry. Use simple short sentences to explain the feeling i.e. “I am happy that you gave me a crisp” use gestures and a wide smile plus words “I am smiling because I am happy” to indicate the meaning to your child. Once your child has mastered basic emotions you can then teach others.

Model positive behaviour- Show your child that sometimes things go wrong. “oh no! I have dropped all my sweets,”pick them up and put them back in the bowl and smile to show that it is ok.

Positive praise- Always label the positive behaviour i.e., “good teeth brushing” with a thumbs up gesture and a smile. Positive reinforcement means that you are likely to see the behaviour again.

Meltdowns- If your child is having a meltdown there are two things you can do. Distract and make them safe. If you know something will distract your child and stop the meltdown, use the distraction method. You know your child best and what will or will not work.

Make them safe- If your child is not going to be distracted and any form of discussion makes the meltdown worse, then just make sure that they are safe. You need to ensure that they cannot hurt themselves or others. For example, if your child is banging their head on the floor and distraction does not work, then put something soft under them or move them to a soft area e.g., sofa. Stay close by until the meltdown has subsided and to ensure that your child is not in any danger. Talking to your child whilst they are mid-meltdown is unlikely to reduce the severity or length of time and they will not be in a frame of mind to listen to you.

Talk to your child- Once the meltdown has subsided, use simple short sentences to describe what your child is feeling, “I can see that you were sad/angry because you dropped your sweets” lets pick them up, model what to do and praise them when they do it “good picking up”.

Sensory overload-See Sensory sensitivities above. Children will sometimes display unwanted behaviour because they have reached sensory overload. Knowing your child and their tolerance levels for sensory stimulation will help you to understand when this might happen. Ensure that other adults in their lives understand the signs too.

Withdraw/retreat- Some children will hide or withdraw instead of facing a difficult situation. As above, model the appropriate behaviour for them and talk through the situation i.e. “I can see that you are scared of the noisy Hoover” Lets switch it off and sweep up instead.

Useful strategies – <https://www.autism.org.uk/advice-and-guidance/topics/behaviour/distressed-behaviour/all-audiences>

There is always a reason for very young children to display difficult behaviours. It is so important that you recognise what has triggered the outburst and help them to learn self-regulation techniques. This might be retreating to a quiet space until they are able to manage the world again or needing a deep cuddle to help them to self-regulate. At times, you will get it wrong, learn from that and try something different next time. Trial and error and learning from your child will enable you to support them through this very tricky stage in their lives.

Sleep

Learning to sleep is a skill, and for some children learning a new skill can take time and they need more support.

Sleep can be affected by different things e.g., sensory needs, medication, and self-regulation.

Waking in the night- normal sleep cycles mean children wake between 3-6 times. If you need to attend to them during the night, it may be due to a **sleep prop**.

Common sleep props- parents, drinks, TV, lights, dummies

Self-settling- if your child falls to sleep with certain objects and in certain conditions at the beginning of the night, when they wake during the night, they will find it difficult to settle back to sleep without them. It is important to teach them to self-settle.

Bedtime Routine- a bedtime routine is important it teaches your child that daytime is finishing, and nighttime is starting, try to choose a routine that suits your child. It should include, in this order.

1. Physical play
2. Meal
3. Play time!
4. Quiet play – no screens (off 1hr before bedtime)
5. Drink and snack
6. Bath/shower
7. Story/song time
8. Say goodnight!



Listed below are some common reasons for sleep difficulties or night waking:

Room temperature – too hot to too cold? Ideal bedroom temperature is between 16-18 C

Bedding- is your child kicking covers off and waking because they are cold? Consider double duvet tucked under mattress, or sleep suit.

Noise- is there noise inside or outside the home that may be disturbing your child? Some children may have sensory issues and can be sensitive to sounds, what may seem quiet to you could be very loud to them.

Light- is the room dark enough? Melatonin (sleep hormone) is produced when a room is dark, use black out blinds and make sure no screens are on

Over stimulating bedroom- child gets out of bed and plays with toys? Bright colours? TV? Computer games? You will need to consider creating a calm and restful place to sleep.

Comfort- is their bed comfortable? Is the too big, too small, lumpy mattress? Is your child wet or soiled? This could cause your child to wake.

Hunger- make sure your child has a snack as part of bedtime routine, especially if they have an early evening meal.

Lack of understanding of day and night- some children do not pick up in environmental cues that indicate daytime is ending and night-time is starting. Consistent routines and visual timetables can help.

Lack of routine- good and consistent bedtime routines will improve your child's sleep pattern.

Getting up too early- anything before 6am is considered night-time. If your child wakes treat it as a night waking.

Pain- Is your child in pain? Teething? Limb pain? Headache? You can seek advice from your medical professional or GP if the pain is caused by a physical difficulty or medical condition.

Medication- is your child on medication that maybe impacting on their sleep? Or do they have to be woken to be given medication which is disturbing their sleep? Check with medical professionals if unsure.

Toileting-

Every child is unique and different and will gain bladder or bowel control at different times to their peers. On average a child is ready to potty train between eighteen months and three years old.

Your child might be delayed in gaining bowel and bladder control. To decide if they might be ready for this step, ask yourself the following questions.

Do they indicate that their nappy is wet or soiled by taking it off or pulling at it?

Are they taking an interest in other children using the toilet?

Is their nappy dry for long periods of time (for example 2 hours)

The following two websites provide information on helping your child with toileting.

You can also speak to your Health Visitor.

- Bladder and Bowel association

<https://www.bbuk.org.uk/children-young-people/children-resources/>

- Eric website

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

Family services information Hub (FISH)

The family services information hub has information for parents/carers. You can access information about early years settings and childcare, family support, leisure activities and play and employment and training and education for adults.

Please access the family services information hub through the link below:

<https://fish.hants.gov.uk/kb5/hampshire/directory/home.page>

Parent platform for support

The parent platform has been created on the Families Information Services Hub (FISH) to enable parents to start some activities at home whilst they are waiting for support from the Portage Team. There are a few short films and activity sheets plus some additional, helpful resources. Please access these resources and films on the link below:

[Portage - Parent Support Platform | Family Information and Services Hub \(hants.gov.uk\)](#)

Who to Contact for Further Support

Services for Young Children Inclusion Team – Portage and setting Support

<https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/childcare/developmentconcerns>

Phone: 01962 847070

Email: childcare@hants.gov.uk

Educational Psychology - [Educational Psychology | Hampshire County Council \(hants.gov.uk\)](#)

Educational psychology- Phone 01962 846398 Email HIEP.Enquiries@hants.gov.uk

Childrens Therapy Service – Solent’s local occupational therapy, physiotherapy and speech and language therapy departments - <http://www.solent.nhs.uk/page-service.asp?fldArea=16&fldMenu=0&fldSubMenu=0&fldKey=719>

Children’s Therapy Service Telephone Advice Line – speak to a member of the above teams for advice and support on 0300 300 2019



By phone

By email or accessing our websites





Now and Next Template To print and use.

<p>Next</p>	
<p>Now</p>	

