

# Supporting Children with Special Education Needs and Disabilities (SEND) In Their Early Years



## A review by the Children, Young People and Learning Policy Overview Committee

**Councillors on the Committee:** Jane Palmer (Chairman), Nicky Denys (Vice Chairman), Dominic Gilham, Becky Haggar, Allan Kauffman, John Oswell, Jan Sweeting, Judith Cooper and Kanwal Dheer. Anthony Little (Roman Catholic Diocesan).

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## Contents

	Pages
<b>Chairman's Foreword</b>	3-4
<b>Summary of recommendations to Cabinet</b>	5
<b>Background to the review</b>	6-8
<b>Evidence and Witness Testimony</b>	9-16
<b>Findings and Conclusions</b>	17-20
<b>Terms of Reference</b>	21
<b>Witness and Committee Activity</b>	22
<b>References</b>	23

## Chairman's Foreword

### **‘Supporting Children with Special Education Needs and Disabilities (SEND) In Their Early Years’**



On behalf of the Children, Young People and Learning Policy Overview Committee, I am pleased to present this report detailing the identification, intervention and transition processes in place for children with SEND in their early years.

Statistics from the Department for Education (DfE) in 2015 showed that there were more than 1.3 million children in England identified as having special educational needs. Every child is unique and has their own characteristics, personality, strengths and weaknesses. In fact, children from all backgrounds, family settings, cultures and ethnicities may have special needs. There is, however, a clear goal of ensuring that all children are given access to the same opportunities to integrate and transition to society comfortably.

It is not important how SEND develops in this review, but how it is identified, the methods of intervention available and how statutory bodies and the Council support the transitions in different settings. The purpose of this review was to consider how children with SEND had their needs identified and to understand and explore the current interventions in place to address these needs. This was notwithstanding the significant work already undertaken by the London Borough of Hillingdon and other partners to engage with parents and children with SEND.

The findings by the Committee acknowledge and recognise the work undertaken by the Council

to support its residents. The review identifies an area which can be improved to strengthen the position for parents of children with SEND, including improving the area of communication.

Finally, I would like to offer sincere thanks to all the witnesses who helped the Committee to gather evidence, either by attending a Committee meeting or by attending the witness sessions that took place at children's centres.

Their contributions to the Committee have been valuable and have enabled the Committee to undertake a full and thorough review of this topic.

**Councillor Jane Palmer**

**Chairman of the Children, Young People & Learning Policy Overview Committee**

## Summary of findings & recommendations to Cabinet

Through the witnesses and evidence received during the detailed review by the Committee, Members have agreed the following recommendations to Cabinet:

<p><b>1</b></p>	<p><b>That Cabinet welcome the good collaboration between the Council and partners to work together in support of children with SEND.</b></p>
<p><b>2</b></p>	<p><b>Identification, Intervention and Transitions:</b></p> <ul style="list-style-type: none"> <li><b>a. That Cabinet notes the findings of the Children, Young People and Learning Policy Overview Committee that shows the importance of transition from the early years provision to the next stage.</b></li> <li><b>b. That officers continue to review the effectiveness of the tools used to support early identification.</b></li> <li><b>c. That officers monitor the effectiveness and timeliness of interventions; enabling families to have timely access to high quality interventions whilst ensuring best value for money.</b></li> </ul>
<p><b>3</b></p>	<p><b>That officers further develop and promote communication channels such as the local offer; with a view to ensure that parents are well informed and aware of the opportunities available to them.</b></p>
<p><b>4</b></p>	<p><b>That the outcomes and work of children's services in relation to SEND are monitored by officers, the Cabinet Member and Policy Overview Committee.</b></p>

## Background to the review

The Committee was provided with a background to the review, which included information on the definition of SEND, current support offered and legislation in this area.

### Definition of SEND

The Committee was informed that SEND was short for “special education needs or disabilities”. It covered a wide range of conditions which generally meant that a child required extra support in their learning. The conditions varied in degree and nature, and included: conditions impacting thinking and understanding, physical or sensory difficulties and difficulties with speech and language along with other areas that can affect a child's behaviour or ability to socialise, reading and writing and concentration levels.

### Current support to children with SEND

It was noted that the London Borough of Hillingdon had high ambitions for children and young people including those with special educational needs and disabilities (SEND). There was a long history of developing inclusive early years provision for children with SEND within the Borough.

The range of early years provision in Hillingdon comprised three early years settings, 81 private, voluntary, independent settings (private, voluntary and independent settings include full day-care nurseries, playgroups or sessional care & nurseries within independent schools). This provision included;

- full day care
- sessional care
- early years centres and childminders.

The Committee was informed that there were currently 305 registered childminders in Hillingdon.

An inclusive early years setting would adapt to enable a child with SEND to fully participate and access play and learning opportunities with their peers. Training and support was provided to enable settings to meet their legislative requirements and develop quality inclusive services.

The Committee welcomed the Children and Families Act 2014 and the associated guidance that required local authorities to *'ensure that there is sufficient expertise and experience amongst local early years providers to support children with SEN' recognising that 'a pupil has Special Educational Needs where their learning difficulty or disability calls for special educational provision, that is provision different from or additional to that normally available to pupils of the same age.'*

Private, voluntary and independent settings within the London Borough of Hillingdon were

supported by the Council's Inclusion Team in developing quality inclusive provision; this team fulfilled the role of the area Special Education Needs Coordinator (SENCo) and provided training and support to settings to enable them to include children with a range of additional needs and disabilities. These settings along with nurseries and reception classes in maintained schools all delivered the Early Years Foundation Stage (EYFS), the statutory framework for children aged 0 - 5 years.

Health visitors were highly trained specialist community public health nurses who played an important role in the identification of children who may have SEND and the provision of support for these families. They implemented the healthy child programme, a national government initiative with the aim of *'improving the health and wellbeing of children, as part of an integrated approach to supporting children and families.'*

Community Paediatricians saw patients aged 0 - school leaving age, who were resident in Hillingdon (with the exception of Hillingdon residents registered with an Ealing GP), and who had one or more of the following conditions: development delay or long term conditions, disabilities and complex health needs, epilepsy, cerebral palsy, chromosomal disorders, neuromuscular conditions, children with neurodevelopment concerns such as social and communication difficulties, autism spectrum disorder, developmental coordination disorder and babies who were identified as medically high risk at birth.

The Council's Sensory Intervention Team provided support to families of children, whose needs were identified soon after birth, for example following the hearing screening test. The Committee was informed that children and young people with sensory needs could require very specialist support at different points in their lives. Evidence showed that early intervention could make a significant difference to their progression.

All of these services worked in collaboration to support the process of identification and subsequent interventions to support early learning for children with SEND.

## **Legislative Context**

The Committee was provided with information on the legislative context of SEND.

The Children and Families Act was given Royal Assent in March 2014 and brought about the most significant reforms to the statutory framework for Special Education Needs and Disabilities (SEND) for 30 years. These changes to the law implemented a new system seeking to help children and young people aged 0 to 25 with SEND. More specifically, the changes aimed to provide a system that is:

- Person centred;
- Outcome focused;
- Delivered through a co-ordinated and integrated model of support; and
- Inclusive of families in planning and decision making.

Under the Children and Families Act 2014, SEND children with complex needs were being transitioned to education, health and care plans (EHCPs), which operated until they were 25

years old. The aim of EHCPs was to put more emphasis on personal goals and to describe the support a young person would receive while they were in education or training.

The Children and Families Act 2014 sought to improve life chances for those with SEND encouraging those working with children and young people with SEND to consider outcomes such as gaining employment, living as independently as possible, being part of the community, having friends and good health from the early years.

Reforms were made in an attempt to simplify the system and it was thought that the reforms would put children and parents at the heart of the system. Following the passing of the Act, the reforms were implemented gradually and came fully into force on 1 September 2014. In Hillingdon, the Council has embraced the reform agenda by working with partners to develop its approach and practice in accordance with the legislative changes and the Special Education Needs and Disabilities Code of Practice which provides statutory guidance for organisations working with children and young people with SEND.

The legislation required services in the 'local area' to work together to identify, intervene and improve outcomes for children and young people with SEND.

## Reasons for the review

Members of the Committee recognised that children grow and develop more in their first five years than at any other point in their development. It was also widely understood that effective early intervention could lead to improved outcomes for all children including those with SEND.

The Committee wholly endorsed the Department for Education's notion that:

*'Every child deserves the best possible start in life and the support that enables them to fulfil their potential. Children develop quickly in the early years and a child's experiences between birth and age five have a major impact on their future life chances. A secure, safe and happy childhood is important in its own right. Good parenting and high quality early learning together provide the foundation children need to make the most of their abilities and talents as they grow up. (Statutory framework for the Early Years Foundation Stage (EYFS) DfE, 2012.)*

The Committee wished to make sure every child with SEND in Hillingdon had access to the best start in life. To that end, it was proposed that the review considered the effectiveness of the early identification, interventions and subsequent transitions into the maintained sector (schools) for children 0 - 5 years old with SEND. In particular, Members wished to examine the Council's implementation of the SEND Code of Practice and the EYFS statutory framework.

By looking at the measures undertaken by the Council and calling on an array of witnesses including parents, Members considered they would also be in a good position to review how young children with SEND are supported to integrate well within society, interact with other children and develop the skills required for their age.



## Evidence and witness testimony

### Evidence gathering

In order to explore the Council's current position in relation to supporting children with SEND in the early years provision, the Committee undertook a series of three witness sessions and reports were produced for these sessions. These sessions received evidence presented by a number of Council officers and witnesses (parents, children and other education and health care practitioners). These witnesses provided a first hand perspective from their experiences on the front line. They set out the current situation, arrangements in place, views on the support provided and areas that might be improved.

A full breakdown of witnesses who provided evidence to the Committee can be found at the end of the report, alongside the review's Terms of Reference. The Committee was extremely grateful to those who gave their time to present at the witness sessions and, without exception, the Committee was both encouraged by and in admiration of the outstanding work that was being done across the Borough to meet the needs of this group of residents.

The Committee heard evidence on the following three areas:

#### **KEY STAGES**

##### **identification**

**how children are identified by healthcare practitioners...**

##### **interventions**

**what interventions processes are in place...**

##### **transition**

**how are transitions supported to the next stage...**

## Identification

As mentioned earlier, every child is unique and they develop and progress at their own pace. Early identification is key in supporting the child and ensuring that they have access to the relevant services. The Committee heard evidence that the Early Years Foundation Stage (EYFS) required all those who work with young children to be alert to emerging difficulties and to respond early. This included concerns raised by parents and children. All early years providers are required to have arrangements in place to identify children with SEN or disabilities (which includes childminders).

The Committee was told that if a health body was of the opinion that a young child had, or probably had, SEND they must inform the child's parents and bring the child to the attention of the local authority. Locally the early notifications from health were received by the Early Support Team, who contact the family and, where appropriate, offered Early Support key working or portage home visiting support.

<p><b>0 -2 age range</b></p>	<p>The Committee was informed that children with more complex developmental or sensory needs may be identified at birth. Parents may raise concerns about their child's development with their child's health visitor, GP, child's nursery or at a Children's Centre. Health bodies working with the family should support them in accessing relevant support and assistance.</p>
<p><b>2 year olds</b></p>	<p>National Government had introduced two development checks when children are between the ages of two and three to support the early identification and intervention for children who may have emerging concerns or an identified SEN or disability.</p> <p>For children attending a setting (PVI setting or childminder), early years practitioners must review progress and provide parents with a short written summary of their child's development when a child is aged between two and three. This summary should focus on communication and language, physical and personal, social and emotional development. Where there are significant emerging concerns, practitioners are required to develop a co-ordinated plan to support the child.</p> <p>Health visitors carried out a further screening as part of the Healthy</p>

	<p>Child Programme; in Hillingdon they used a tool called the Ages and Stages Questionnaire (ASQ and where appropriate the social emotional ASQ) to structure these checks.</p> <p>The 'Progress check at age two' and the 'Healthy Child Programme two-year review' together formed the integrated review.</p>
<p><b>3 - 5 age range</b></p>	<p>It was explained to the Committee that 89% of three and four year olds in Hillingdon attended some form of early years' provision. The EYFS framework set standards that all Ofsted registered providers must meet. This included ongoing assessment of children's progress. As well as the more formal checks, early years' practitioners working with children should monitor and review the development and progress of all children during the early years.</p> <p>During this period, health visitors provided a range of services which include the handover of all families from Health Visitor to School Nurse and information sharing to inform the school entry assessment.</p>

The Committee heard evidence from the Head of Children's Services and Operations in Hillingdon at Central and North West London NHS Foundation Trust. The Committee was informed that the health visiting service comprised of a number of teams including health visitors, community staff nurses, nursery nurses and administrative. This service was provided to children aged 0-5 and staff worked closely with children's centres, social and other healthcare professionals to make early identification.

The Committee was told that health visitors provided the mandated reviews as prescribed in national policy (Healthy Child Programme). These start during the prenatal period with the first review being offered on or after twenty eight weeks of pregnancy followed by a new birth visit within 14 days. Some of the services offered also included antenatal contact between 28 - 32 weeks of pregnancy assessing family needs, home visits 10 - 14 days after birth, health reviews for children between eight months to a year and child health drop ins. Later, a 6 - 8 week review is offered for the mother, father and child which includes a maternal mood assessment, assessment of progress in maternal mental health and ongoing support with breastfeeding. The one year review assesses physical, emotional and developmental needs within the family context; supporting parenting with information about attachment development, monitoring growth, health promotion, accident prevention, healthy eating and oral health, along with

immunisation recommendations.

Speech and language therapists provided community based assessment opportunities - 'Small Talk' sessions which children and families can be referred to. At these sessions, the speech and language therapist will advise the family if the child requires a referral to speech and language therapy. They will also signpost them to other groups such as Language for Life or Attention Hillingdon.

It was reported by the Council's Inclusion Team Manager, Disability Services that the Council supports families and children. The services provided by the Council fell into two broad categories that focused on different areas. The first category, training, support, information, advice and guidance services, provided specialist training to teachers and early years practitioners on tools that would enable detailed assessments or observation directly informing the identification of skills, abilities or special education needs and disabilities (SEND). The second category links with other services involved working with advice and guidance for referral routes, Children's Centre staff, early years practitioners, SEND Team and CAMHS. The third category involved shared pathways.

The Committee heard from an Advanced Practitioner (provides training and support to other nurseries) / early years practitioner - South Ruislip Early Years Centre. It was explained that there were a number of tools to support the early identification of children's needs, which included a tool called WELLCOMM (speech and language tool resource kit) which contained specific activities linked to each stage of development. There was a speech language and communication folder which provided tip sheets for parents and advice for staff- this information was shared with schools, children's centres, GPs and health visitors. Another identification method used was the two year progress checks (requirement of the EYFS) in which health visitors carry out the healthy children programme screening between the ages of 24 and 30 months.

Some of the areas that worked well included training staff at the early years stages. The types of training received included ELKLAN speech and language support, promoting positive behaviours training, training in making learning visible and five to thrive. It was emphasised that building relationships with parents led to better relations long term.

The Committee also had regard to the evidence from a doctor in a child development centre that worked closely with children with SEND. The doctor worked as part of a local paediatric community service offering support to children with additional needs by providing multidisciplinary assessments and interventions. Children were assessed by relevant professionals before being allocated to a care pathway to maximise their developmental, social, emotional and educational potential. The doctor explained that the Child Development Centre

offered child and family centred holistic care. He gave details about identification, intervention and transition methods. In relation to identification the doctor advised that the types of intervention methods offered by the child development centre included:

- Antenatal - providing advice for families to have antenatal assessments if they had another child with a condition that could be diagnosed antenatal, for example, Down Syndrome.
- At birth - maternity staff identifying concerns at an early stage.
- Clinic attendance - children attending child development centre clinics for medical assessments as part of statutory assessments and other developmental conditions were identified.

## Intervention

*'Where a setting identifies a child as having SEN they must work in partnership with parents to establish the support the child needs.'* (DfE 2015)

The Committee bore in mind that research has shown that early intervention improves outcomes for children. In the Committee's view, it was therefore particularly important to provide timely special educational provision. Early action to address identified needs was crucial to ensuring progress and improving outcomes, thus linking each stage.

Locally, there was a history of health practitioners and the local authority working together to improve outcomes for children with SEND. There have been a number of initiatives which have led to better coordinated services for young children and their families in the London Borough of Hillingdon. These included:

- Pathways for children with social communication difficulties. Shared pathways had been developed and interventions were being delivered by speech and language therapy.
- A Speech and Language pack was co-produced by health and the local authority and provided to PVI settings, schools, GPs and children's centres. This supported communication, shared good practice and provided resources and a structure for sharing key messages about ways to promote children's communication with families, settings and schools.
- 'Language for life' sessions were held in children's centres for families of children who were showing signs of, or at risk of, language delay. The sessions focused on skilling up parents and carers to support their child's communication development.

The recent CQC/Ofsted local area inspection letter commended this and other forms of early intervention within the Borough; 'Parents and carers of young children under five value the high-quality support they receive from professionals. The portage service and speech and

language therapy service are particularly well thought of. The 'Attention Hillingdon' programme, which has been rolled out in around 80 early years establishments, has been very successful in improving outcomes. This programme involves activities designed to improve children's focus and attention skills. Leaders check that the programme is delivered effectively, and grade providers to reflect the improvements made.'

### **Interventions in nurseries and schools**

The Committee heard from a Specialist Resource Provision/Assistant Head Teacher at Hayes Park School and an Early Years Foundation Manager. The ability to refer to speech and language therapy services, seek advice and support from the Local Authority Inclusion team and the Early Years Team, links with Charville children's centres and improved guidance for emergency funding and exceptional funding, including early access funding were areas that worked well in Hayes Park School. These were all forms of external support offered to the school.

The Committee was informed that the following processes worked particularly well in that school:

- internal "raising the concern" processes
- in-class strategy support plans
- early identification through language link
- screening in reception for all children
- speech screening
- information sharing on the Behaviour Watch system

There were clear processes in place, such as the ability to be able to identify children with SEND and evidence gathering at an early stage. Witnesses explained that the SENCo at the school had devised a plan explicitly stating what was needed and how the action should be undertaken by teachers. There were also SEND drop in sessions which were useful for staff and parents.

Another area that worked well was Nurture Groups, which were classes of between six and 12 children or young people in early years. There were six principles of Nurture and as the children learnt academically and socially they developed confidence, became responsive to others, learnt self respect and took pride in behaving well and in achieving. Parental engagement was also key to success with morning coffee sessions being offered, support groups, parent reading classes and planners being used to communicate and create a home school link.

Areas of potential recommendations included: the ability to be able to make direct referrals to Occupational Health (as it can only be done by the GP), increased links between EYFS settings and health visitors for hard to reach parents, specific support for independent nursery settings to

begin the education health care applications process before the child started school, increased guidance and support for parents in regards to self care and mechanisms for engaging parents better through online forums.

The witnesses also confirmed that the main barriers for families taking summer school offers were language barriers. There was also a need to develop a good relationship of trust and sharing information as parental engagement was significant. The significance of communication was key in this process and this was strongly emphasised to the Committee. The clear pathway for funding had made it easier and costs were managed through prioritisation. An inclusion network was being developed to share good practice amongst schools.

The Committee also heard from a Nursery Manager from a private voluntary school. The systems in place at 4street Nursery for interventions for young children with SEND were described to the Committee and these areas included: Attention Hillingdon, Playing and Learning to Socialise (PALS) Social Skills Programme, WELLCOMM, High quality nursery provision and Five to Thrive. It was confirmed to the Committee that the nursery received a huge amount of support from the Council's Inclusion Team.

Areas that worked well were children being identified early with appropriate interventions put in place, relationships being built with parents from an early stage, providing timely and relevant information to the parents, tracking the progress against the EYFS with individual development plans and close working with other professionals.

Early planning for transitions was important to ensure that the best strategies were put in place for later stages, face to face meetings built and maintained relations between parents and professionals.

There was an emphasis placed on children that fell below the radar because of lack of parental engagement. There was always a worry of financial pressures, particularly with some of the new initiatives being introduced.

### **Interventions provided by health practitioners**

In relation to intervention methods at child development centres, the expert doctor witness explained that interventions were provided by child development centre therapy services.

## Transitions

The Committee was informed that effective transitions for children support their well being and enable continuity of learning. A transition in the early years can happen for many reasons, this can cause many changes for the child. Transition may be when the child first begins a setting, moves rooms throughout a setting as they become older, leaving a preschool to begin school and finally leaving the EYFS to begin year one. These transitions need to be managed sensitively for all children including children with SEND. Depending on when a child begins an early years setting and the size of the setting, these transitions may happen more or less frequently.

Child development centre therapists visited nurseries and schools to observe children and provide appropriate support to education staff. Some Members of the Committee met with parents that had children with SEND. A key theme raised from the meetings was better communication about the services which were offered to them and between key health workers. Communications between services and parents was also indicated as a significant area by the Cabinet Member for Education and Children's Services, who attended as a witness.

It was confirmed to the Committee that settings should have policies and procedures in place to support all practitioners in preparing children and parents for a transition in the early years. This may involve various pieces of paperwork such as sending over learning journals, development tracking sheets, and current 'all about me' forms. Many early years settings offer trial sessions where a child can stay and play in the new environment and begin building relationships with their new key person. A SEND transition may be more complex due to the number of people involved in the child's care and the additional needs they have. It is good practice to arrange a meeting involving the parents, previous key person and new key person to discuss any additional needs. The meeting should share the changes that will happen such as to the routine, the support that is already in place, what support needs to continue and the expectations or concerns that anyone has. This is a great way of information sharing and ensures that the child's transition is as smooth as possible.



## Findings & Conclusions

After considering the evidence heard, the Committee discussed recommendations on whether there were areas that could be improved to better support children with SEND. Appreciating the significant work already undertaken, the Committee was satisfied that there was already a good amount of work being undertaken by the Council, and therefore wanted to highlight this positive work. It also made recommendations on areas that could be strengthened.

### Collaboration

Throughout the course of the review, the Committee heard evidence that many different practitioners, teams and health services were involved in the three stages of identification, intervention and transition. The Committee heard evidence regarding the positive work already being undertaken. This included work in relation to the identification processes at an early stage such as child development centres working with midwives to risk assess. Nurseries working with parents and SENco to devise proper learning plans for children. This was highlighted specifically with regard to the process for intervention in nurseries and schools and the close working with the Council's Inclusion team and early years team, and also the close working with children's centres. This assisted children and parents to seek support from relevant sources. The Committee commended this positive work and therefore suggested:

1

**That Cabinet welcome the good collaboration between the Council and partners to work together in support of children with SEND.**

### Identification, Intervention and Transition

Throughout the course of the evidence, it was no doubt to the Committee that the steps taken in a child's early life impacted on later stages. It wholly endorsed the DoE's notion that:

*'Delay at this stage can give rise to learning difficulties and subsequent loss of self esteem, frustration in learning and to behaviour difficulties. Early action to address identified needs is*

*critical to the future progress and improved outcomes that are essential in helping children prepare for adult life.'* (DoE Sept 2014).

In the Committee's view, the early years stages in a child's life were a period of rapid change. For a child with SEND, the impacts of the change were increased and had more of an influential effect at a later stage. The Committee considered that it was therefore particularly important that any needs were identified early and the appropriate interventions put in place to enhance children's development.

It was recognised that high quality early education improves health and promotes development and learning. The Committee heard evidence that, in Hillingdon, the Inclusion Team worked with early years settings to develop high quality inclusive provision; providing specific guidance and support in meeting identified children's needs. This support included workforce development. The range of interventions available to support settings in meeting children's needs included:

- Playing and Learning to Socialise (PALS) Social Skills Programme
- Attention Hillingdon - a group designed to develop children's attention and listening skills with a focus on developing shared attention

All of these initiatives worked together to ensure that children with SEND had their needs identified from an early stage, the appropriate interventions were in place to support the child's transition to the next settings.

The Committee bore in mind that were already processes in place in schools, nurseries and health centres to ensure that children had access to the most relevant support and help. These processes ranged in variety from having in depth guidance for parents, shared information amongst health institutions and carrying out progress checks. Statistics put before the Committee also showed that key performance indicators were being met in relation to mothers receiving first face to face antenatal contact with health visitors, children receiving a 12 month review by the time they were 12 months and children receiving their 2-2.5 year review. Areas where key performance indicators were not being met included the total number of maternal mood reviews undertaken and learning visits undertaken.

The Committee concluded that the support to children with SEND provided by the Council was of good value, to a high standard and to be commended to Cabinet. However, there were still areas that could be improved to ensure that the current tools in place were effective in the changing climate and were providing the best value for money.

On that basis, it is recommended that:

## 2

### Identification, Intervention and Transitions:

- a. That Cabinet notes the findings of the Children, Young People and Learning Policy Overview Committee that shows the importance of transition from the early years provision to the next stage.
- b. That officers continue to review the effectiveness of the tools used to support early identification.
- c. That officers monitor the effectiveness and timeliness of interventions; enabling families to have timely access to high quality interventions whilst ensuring best value for money.

## Communication Channels

Although it is clear that Hillingdon has already made some good progress in identification, intervention and transition with children with SEND, from the evidence considered by the Committee, it was also clear that there was scope for improvement in relation to communication between parents and healthcare institutions.

The Committee recalled evidence it heard from witnesses that language barriers sometimes made it difficult to communicate about matters relating to SEND. Another potential difficulty was consistent communication amongst different healthcare professionals who were involved in a child's care. Witnesses explained to the Committee that parents were not always aware of the options that were available to them. For example, parents needed more information about areas such as the Local Offer.

In the Committee's view, communication with parents of SEND was crucial. It was important to create strong partnerships and relationships based on trust and confidence. Communication needed to be in depth detailing all aspects of a child's development, progress and concern. It is important for all parents and institutions to be working off the same page and this is where shared information comes into significant play. This is particularly important during the transition stage. The Committee bore in mind the evidence it heard from the parent witness session that they were also not always aware of the opportunities available and also not up to date about their child's health and needs. Based on the evidence of witnesses, some of the suggestions to improve communication may include a central resource accessible by all healthcare professionals that detail information in a central location. Alternatively, leaflets could be provided

to make parents aware of all the options available to them in terms of the Local Offer.

The Committee emphasised that effective and open communication was the key in achieving outcomes and happy children and families, particularly when managing transitions into different settings. This would also allow parents to develop confidence in services offered, sometimes when the topic of discussion were of a sensitive nature.

The Committee therefore recommended:

**3**

**That officers explore other forms of communication channels with a view to ensure that parents are well informed and aware of the opportunities to them.**

## SEND outcomes

In common with other local authorities, the Council has implemented the changes introduced with the reforms in statutory legislation. It has worked closely with partners to ensure that children with SEND have appropriate identification, intervention and transition support, The Committee acknowledged that there is positive amount being undertaken and has identified an area for development, whilst remaining in its remit. For these reasons, it is suggested that the Committee, along with the Cabinet Member, monitors the outcomes and work of children's services in relation to SEND. This could involve a progress report later in 2018 and, if appropriate, further consideration as part of the Policy Overview Committee's future work programme.

**4**

**That the outcomes and work of children's services in relation to SEND are monitored regularly by officers, the Cabinet Member and Policy Overview Committee.**

## Terms of Reference of the review

**The following Terms of Reference were agreed by the Committee from the outset of the review:**

Chapter 5 of the Code of Practice sets out the actions early years providers should take in relation to identifying and supporting children with special educational needs and disabilities. It is therefore proposed that the review uses this section of the code of practice as the terms of reference for the review process with particular reference to enabling committee members to gather and consider evidence in order to:

1. To understand how children 0 - 5 with SEND have their needs identified early with particular regard to vulnerable children;
2. Understand how early years providers and support services work together to improve outcomes for children with SEND;
3. Use qualitative and quantitative data to better understand the impact of support and interventions for children with SEND;
4. Understand the role specialist services play in meeting the needs of children with SEND in early years settings;
5. Understand of how parents with children with SEND are supported;
6. Understand how SEND support in the early years is funded; and
7. To understand how continuity and learning for children 0-5 with SEND are supported during periods of transition.

## Witnesses and Committee activity

The Committee received evidence from the following sources and witnesses:

<p><b>Witness Session 1 -</b> <b>27 September 2017</b></p>	<ul style="list-style-type: none"> <li>● Zoe Sargent (Head of Children’s Services, Central and North West London) (health - CCG)</li> <li>● Tirzah Bagnulo, Inclusion Team Manager, Disabilities Service</li> </ul>
<p><b>Witness Session 2 -</b> <b>18 October 2017</b></p>	<ul style="list-style-type: none"> <li>● Councillor David Simmonds CBE - Deputy Leader and Cabinet Member for Education and Children's Services</li> <li>● Dr Ahmed - Member of staff from the child development centre</li> <li>● Elaine Caffery - Nursery Manager who also sits on the schools forum</li> <li>● Jo Moody - Advanced Practitioner (provides training and support to other nurseries) / early years practitioner - South Ruislip Early Years Centre</li> <li>● Janna Murphy - Specialist Resource Provision/Assistant Head Hayes Park School</li> </ul>
<p><b>Witness Session 3 -</b> <b>9 November 2017</b></p>	<ul style="list-style-type: none"> <li>● Some Members met with around five - six parents with children with SEND and obtained the child and family perspective.</li> </ul>

## References

Supporting SEND transitions through the Early Years (2015). Available at <http://www.earlyyearsprofessionals.com/eyc/latest-news/supporting-send-transitions-through-the-early-years/>

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Children with special educational needs and disabilities (SEND). Available at: <https://www.gov.uk/children-with-special-educational-needs>

Communication with parents of SEND children is crucial. Available at: <http://www.earlyyearsprofessionals.com/eyc/send-support/communication-with-parents-send-children-crucial/>

Access and waiting times in children and young people's mental health services. Available at: [https://epi.org.uk/wp-content/uploads/2017/09/EPI\\_Access-and-waiting-times\\_.pdf](https://epi.org.uk/wp-content/uploads/2017/09/EPI_Access-and-waiting-times_.pdf)

People give up: the crisis in school support for children with special needs. Available at: <https://www.theguardian.com/education/2017/sep/05/crisis-in-support-for-sen-children-ehc-plans>

New special educational needs statistics show children in England still waiting for support. Available at: <http://www.autism.org.uk/get-involved/media-centre/news/2017-05-25-new-special-education-stats.aspx>