

**09 Childcare practice procedures**

**09.13 Identification, assessment and support for children with SEN**

We have regard for the Special Educational Needs and Disability (SEND) (DfE and DoH 2015) which states that local authoritiesmust ensure that all early years providers that they fund in the maintained, private, voluntary and independent sectors are aware of the requirement on them to meet the needs of children with SEN and disabilities. When securing funded early education for two, three- and four-year-olds local authorities should promote equality and inclusion for children with disabilities or SEN; this includes removing barriers that prevent access to early education and working with parents to give each child support to fulfil their potential. During the Covid outbreak we will review and update children’s SEN support plans more frequently to ensure their progress and well-being.

The term SEN support defines arrangements for identifying and supporting children with special educational needs and/or disabilities. We are required to offer appropriate support and intervention and to promote equality of opportunity for children that we care for. Children’s SEND generally falls within the following four broad areas of need and support:

* communication and interaction
* cognition and learning
* social, emotional and mental health
* sensory and/or physical needs

Graduated approach

Initial identification and support (identifying special educational needs)

* Ongoing formative assessment forms part of a continuous process for observing, assessing, planning and reviewing children’s progress.
* Children identified as having difficulty with one or more area of development should be given support by applying some simple strategies and resources. This takes the form of:
* the key worker completing 9.13a SEN Support: Initial record of concern form.
* SENCO then discusses concerns identified with the key worker and has an initial conversation with parents/carers and if relevant any other setting that the child attends.
* As a result of this a graduated approach support plan and one-page profile is generated and shared with all staff and parents/carers, as well as any other setting that the child attends.
* This is then reviewed every 3 months.
* For most children application of some simple differentiation approaches will be enough to build confidence and help the child develop, If despite applying differentiated strategies a child continues to struggle and is showing significantly more difficulty with learning than their peers or has a disability which requires specific adjustments, early years inclusion may be applied for and a SEND play support plan (IEP) will be written and shared with all relevant people.

Observation and assessment of children’s SEN

Where a child appears to be behind expected levels, or their progress gives cause for concern, practitioners should consider all the information about the child’s learning and development from within and beyond the setting.

* Information can be collated from formal checks such as the progress check at age two, observations from parents and observation and assessment by the setting of the child’s progress.
* When specialist advice has been sought externally, this is used to help determine whether or not a child has a special educational need (SEN).
* The child’s key person and SENCo/Manager use this information to decide if the child has a special educational need.
* If the decision is that the child does have a SEN and the parents are not already aware of a concern, then the information is shared with them. Once parents have been informed, they should be fully engaged in the process, contributing their insights to all future actions for their child.

**Planning intervention**

* Everyone involved with the child should be given an opportunity to share their views. Parents should be encouraged to share their thoughts on the child’s difficulties and be involved in the decision as to what will happen next.
* A first intervention option may be to carry on with applying differentiated support and to review the child’s progress at an agreed date. If the child’s needs are more complex, then the decision maybe to go straight ahead and prepare 09.13b SEN Play support plan: Includes parents aspirations, child’s voice and SMART targets.
* 09.13b SEN play support plan: described below, ensures that children that are identified, or suspected of having a SEN will receive the right level of support and encouragement with their learning and development as early as possible.

**Involving the child**

* The SEND Code of Practice supports the rights of children to be involved in decisions about their education.
* Inclusion of children with SEND helps build self-confidence and trust in others.
* Ascertaining children’s views may not be easy, a range of strategies will be needed.
* Accurate assessment helps identify children’s strengths and possible barriers to learning.
* The key person and setting manager/SENCo work in partnership with parents and other agencies to involve the child wherever appropriate.
* Children are involved at appropriate stages of the assessment and to their level of ability.
* Establishing effective communication is essential for the child’s involvement.

**SEN play support plan**

* 09.13b SEN play support plan, should show what support is required to help achieve outcomes for the child and detail the frequency of these interventions and who will apply them and with what resources. (This is also recorded on the staff intervention overview sheet)
* A review date (at least termly) should be agreed with the parents so that the child’s progress can be reviewed against expected outcomes and next steps agreed.
* A copy of the plan is stored in the SEN fileso thatany other member of staff or an inspector looking at the file will see how the child is progressing and what interventions have been or are being applied.
* If a child requires specific medical interventions during their time in the setting, 04.2a Health care plan form should also be completed and integrated into the general plans to ensure the child’s medical needs are known and safely met.
* The play support plan can be used to aid further support such as a statutory Education Health and Care (EHC) Assessment, and/or development of an EHC plan.

**Drawing up a SEN play support plan**

* If external agencies are already involved at this stage, then they should also be invited to help decide on what appropriate interventions are needed to help meet outcomes for the child. The SENCo/setting manager should take the lead in coordinating further actions including preparation of the support plan and setting short-term targets.
* Where there are significant emerging concerns (or an identified special educational need or disability) targeted action plans are formulated that relate to a clear set of expected outcomes and SMART targets.
* 09.13b SEN play support plan, highlights areas in which a child is progressing well; areas in which some additional support might be needed and any areas where there is a concern that a child may have a developmental delay (which may indicate a special educational need or disability). It describes the activities and strategies the provider intends to adopt to address any issues or concerns.
* Planned intervention should be based on the best possible evidence and have the required impact on progress with longer-term goals covering all aspects of learning and development and shorter-term targets meeting goals.
* The plan should focus on the needs of the child, the true characteristics, preferences, and aspirations of the child and involvement of the parents with a clear set of targets and expected outcomes for the child. Effective planning at this stage should help parents and children express their needs, wishes, and goals:
* focus on the child as an individual and not their SEN label
* be easy for children to understand and use clear ordinary language and images, rather than professional jargon
* highlight the child strengths and capacities (One page profile)
* enable the child, and those who know them best, to say what they have done, what they are interested in and what outcomes they are seeking in the future (one page profile)
* tailor support to the needs of the individual
* organise assessments/meetings to minimise demands on families
* bring together relevant professionals to discuss and agree together the overall approach

**Record keeping**

If a child has or is suspected of having a SEN, a dated record should be kept of:

* the initial cause for concern and the source of this information, (the progress check at age two and/or outcomes of previous interventions). 09.13a SEN play support plan: Initial record of concern form can also be used for this purpose drawing information from other sources
* the initial discussion with parents raising the possibility of the child’s SEN
* the views of the parents and other relevant persons including, wherever possible, the child’s views;
* the procedures followed with regard to the Code of Practice to meet the child’s SEND e.g. SEN action plan, referrals to external agencies and for statutory assessment
* evidence of the child’s progress and any identified barriers to learning
* advice from other relevant professionals; and all subsequent meetings with parents and other persons and any subsequent referrals

Records may include

* observation and monitoring sheets
* expressions of concern
* risk assessments
* access audits (01.1b)
* health care plans (including guidelines for administering medication)
* SEN play support plans
* meetings with parents and other agencies
* additional information from and to outside agencies
* agreements with parents
* guidelines for the use of children’s individual equipment; Early help CAF referrals
* referral to the local authority identifying a child’s special educational needs and request for statutory Education, Health, Care (EHC) needs assessment; and a copy of an EHC plan

**Seeking additional funding/enhanced/top up**

If the child’s needs cannot be met from within the setting’s core funding, then it will be at this point that the evidence collated will be used to apply for top up/enhanced funding from the local authority’s inclusion fund. If a new or existing child is disabled, then the setting should check if the family is in receipt or have applied for Disability Living Allowance. If so, the setting will be able to apply to their local authority for the local Disability Access Fund.

#### Statutory education, health and care (EHCNA) assessment and plan

**Statutory assessment**

* If a child has not made progress, then the next steps may be for the child to undergo an Education, Health and Care Needs Assessment.
* If a child is under compulsory school age, the local authority will conduct an EHC needs assessment if they consider that the child’s needs cannot be met within the resources normally available to the early years setting.
* Children aged under age two are eligible where an assessment has indicated that the child is likely to have SEN which requires an EHC plan when they reach compulsory school age.
* When a child’s needs appear to be sufficiently complex, or the evidence suggest specialist intervention then the local authority is likely to conclude that an EHC plan is necessary
* The local authority should fully involve the parent and must seek advice from the setting in making decisions about undertaking an EHC assessment and preparing an EHC plan.
* Settings should prepare by collating information about the child’s SEND including:
* documentation on the child’s progress in the setting
* interventions and support provided to date
* evidence of external agency assessment, support and recommendations
* parental views and wishes (and where appropriate those of the child)

The information will then be submitted to the local authority to allow them to accurately assess the child in the context of the support already given.

* The local authority mustinform the child’s parents of their decision within six weeks of receiving a request for an assessment and give its reasons for their decision. If the local authority decides to conduct an assessment, it must ensure the child’s parents are fully included right from the beginning and are invited to contribute their views. If the local authority subsequently decides not to conduct an assessment it must theninform the parents of their right to appeal that decision, of the requirement for them to consider mediation should they wish to appeal.
* If the local authority decides that a statutory EHC plan is not necessary, it mustnotify the parents and inform the provider, giving the reasons for the decision. This notification musttake place within 16 weeks of the initial request or of the child having otherwise been brought to the local authority’s attention.
* If the decision following an assessment is to compile an EHC plan the local authority should consult collaboratively with the parents in the preparation of the plan ensuring that their views and their child’s preferences are taken into account and that plans describe positively what the child can do and has achieved to date.
* Plans are evidenced based and focus on short term outcomes and long-term aspirations for the child including family and community support. Parents have the right to request a particular provision for their child to be named within their EHC plan.
* If an early years setting is named, the local authority must fund this provision. They cannot force a setting to take a child and can only name the provision in the EHC if the setting agrees.
* Local authorities should consider reviewing an EHC plan for a child under age five at least every three to six months. Such reviews would complement the duty to carry out a review at least annually but may be streamlined and not necessarily require the attendance of the full range of professionals, depending on the needs of the child. The child’s parents mustbe fully consulted on any proposed changes to the EHC plan and made aware of their right to appeal to the Tribunal.

**External intervention and support**

Where external agency intervention has been identified to help support a child with SEND then this intervention should be recommended in writing by a suitably reliable source such as a speech and language therapist, paediatrician or educational psychologist.

**Further guidance**

Special Educational Needs and Disability (SEND) (DfE and DoH 2015) [www.gov.uk/government/publications/send-code-of-practice-0-to-25](http://www.gov.uk/government/publications/send-code-of-practice-0-to-25)

Ready, Steady, SENCO (Pre-school Learning Alliance 2018)