



**Haringey** Council

**Agenda Item  
13**

**Report Status**

For information/note   
For consultation & views  
For decision

**Commissioning Unit**

**Report to Haringey Schools Forum – 8<sup>th</sup> July 2015**

**Report Title: Pathways to Support for 0-5 year olds with Special Educational Needs**

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**Purpose: To provide Schools Forum members with an update on support for preschool children with Special Educational needs and Complex Needs in Childcare Settings**

**Recommendations:**

1. That Schools Forum notes the contents of the report and the actions being undertaken by the Council

## 1. Introduction

- 1.1 The purpose of this paper is to provide an update to Schools Forum on the developing approach to provision of support for pre - children with emerging special educational needs and disabilities, and how this will be provided by Haringey Council and partner agencies.

## 2. Background

- 2.1 In September 2014 the Children and Families Act introduced reforms to the duties on supporting children with Special Educational Needs and Disabilities. The new duties on councils and partner agencies broadens the extension of legislative support to children with complex needs, ensuring that these children and their families have access to high quality family and child centred support from identification, which may be at birth, up to the age of 18 years. The duties can extend to the age of 25 years should the young people remain in education.
- 2.2 The reforms introduced the new Education Health and Care Plan (EHC plan) to replace the statement of special educational needs, but maintained the threshold of instigation of the EHC plan to be a complex and enduring **educational need**.
- 2.3 The description of what constitutes a special educational need or disability remains the same

. A disabilities is defined by the Disability Discrimination Act 1995 as

“....a physical or mental impairment which has substantial and long-term adverse effect on (the person’s) ability to carry out normal day to day functions”

Whereas a child is described as having a Special Educational Need (Section 312 Education Act 1996) if they have:

“a learning difficulty which calls for a special educational provision to be made for them. Children have a learning difficulty if they:

- a) Have a significant greater difficulty in learning than the majority of children of the same age: or
- b) Have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority

c) Are under compulsory school age and fall within the definition at (a) or (b) above and would do so if special educational provision is not made for them”

- 2.4 The average age of identification of children special educational needs is often within the first few years of accessing formal education. In Haringey this is 5.5 years. The general developmental of many children may not have significantly set them apart from peers in the pre school years, however the higher demands of a more formal learning environment tend to illuminate the needs of children who do not have social skills, attention and listening, fine motor and language skills sufficiently developed to allow them to engage in formal learning without support.
- 2.5 There is a cohort of children who present with additional needs at a much younger age, some from birth, and others whose needs emerge as their development appears to follow a different path in comparison with many children of a similar age in the pre-school years.
- 2.5 Key indicators of a long term special educational need may be demonstrated in the development of the child’s social communication skills, which may be delayed (like a younger child) or disordered (following a different pattern of development) These needs usually present alongside significantly delayed language development.
- 2.6 The incidence of delayed development, particularly in the areas of social skills and language skills is highly correlated with areas of increased deprivation (Waldfoegel and Washbrook 2010), with vocabulary levels at school entry being a high predictor of later academic achievement. The direct reason for delayed language development specifically is often not known, however development in children is affected by: maternal nutrition, drug and alcohol use during pregnancy, premature birth and quality of interaction between baby and parent in the first year of life. Babies born to mothers who have experienced extreme stresses during pregnancy or depression tend to develop at a slower rate than peers whose mother have not had the same experiences (Cummings 2009)
- 2.7 One of the challenges for Haringey is to be able to identify and provide appropriate support and provision for all children whose development is delayed, where there are also large proportions of the local population of children whose development is not progressing at a healthy pace. This support needs to be provided, whilst **also** identifying those

children whose needs require targeted and specialist interventions, due to an emerging complex and enduring special educational need or disability which is following a more unusual pattern of development.

- 2.8 Haringey aims to provide a range of levels of support for pre-school children with additional needs that will enable them to have a high quality pre-school experience. This support will be outlined through a range of banded offer of interventions, from Universal through to highly specialist and targeted.
- 2.9 The levels of support will vary according to the child’s level of needs and follow the child in their chosen pre- school provider.

3. **Pre- School Population of children with Special Educational Needs**

3.1 In 2012 Aiming High for Disabled Children introduced the concept of ‘Early Support’ for pre- school children with complex and enduring special educational needs. The children identified as requiring ‘Early Support’ include those who meet the following criteria:

- Significant chronic health difficulties (i.e. cardiac, tracheotomy, degenerative disease) that are limiting developmental experiences.
- Severe physical disability or severe sensory impairment.
- Severe or profound development delay.
- Social communication difficulties or ASD in the severe range (i.e. non-verbal or emerging verbal with limited social interactions)

In addition, the child needs to be receiving, or has been referred for, multi-agency input from 3 or more disciplines as outlined in the table below.

| <b><u>Health</u></b>                                   | <b><u>Other</u></b>                    |
|--|--|
| Physiotherapy  | HINTS worker                           |
| Speech and Language CDC                                | Social Worker Disabled Children’s Team |
| Speech and Language Early Years Occupational Therapist | Visually Impaired Service              |
| Dietician  | Hearing Impaired Service               |
| Children’s Community Nursing Team                      | Children’s Centre or Special school    |
| Clinical Psychologist                                  | Early Years inclusion team             |
| Consultant Community Paediatrician                     | Family Support workers                 |
| Hospital Consultant                                    | Autism Team                            |
|  | Educational Psychologist               |

3.2 The numbers of children identified with additional needs who are under 5 years and meet the Early Support criteria have been tracked by combining the information held by the Integrated Additional Services Panel (IASP) and the information held by the Early Years Inclusion Team and Educational Psychology. There is not one shared dataset of children across health education and social care services at this stage, and reports tend to vary from agency to agency depending on their perception of thresholds for a complex and enduring special educational need. The outcome combined is as follows:

Numbers of children with complex special needs:

| <b>Year</b> | <b>Numbers of children Pre-School with diagnosis of SEN</b> |
|-------------|---|
| 2012        | 104   |
| 2013        | 124   |
| 2014        | 125   |
| 2015        | 171   |

This is not a totally reliable measure as a part of the collation of data comes from the information sent after a child is seen at the Child Development Centre and a diagnosis of Autism is made. The rate of diagnosis is influenced by the capacity of an appropriately qualified team to carry out the appointments and reach an informed conclusion.

3.3 Nationally there is earlier identification and diagnosis by the health services of children with Autism, and locally there is an increase in reported incidence of children with Special Educational Needs at a pre-school and school age. Requests for assessment for a statement of special educational need (now EHC plan) are increasing year on year with 151 requested this year compared to 128 requested at this same time the year across the year groups. There is also an increase in requests for an EHC plan for children under 5, with 64 requests this year compared to 58 requests for a child under 5 years last year.

3.4 The types of presenting need vary highly for pre-school children with Special Educational Needs and Disabilities. The table below shows the main presenting areas of need:

| Type of Need   | Percentage of those identified as needing Early Support |
|--|---|
| Medical needs e.g. non orally fed                              | 14%   |
| Hearing Impairment   | 4%  |
| Diagnosis of Autism  | 11%   |
| Severe Delay/disorder communication and learning ( language +) | 68%   |
| Down Syndrome  | 3%  |

In general the children with medical needs have a clearer diagnosis from an early age e.g. primary hearing impairment, a syndrome or other profound physical needs. Whilst these children's needs are very high, they are not the main cohort of children. It can be difficult to diagnose Autism reliably in very young children until there has been some form of intervention to rule out other factors that may be influencing their behaviour and presentation, hence the large numbers of children who are identified as having a severe communication need without a more specific diagnosis.

3.5 The numbers of children referred for 'Early Support' in Haringey is increasing, with the result that numbers of children outstrips the 'Early Support' places available. In addition places have not always been available in the areas the families want to access child care. This creates the risk that pre-school children in Haringey with complex needs may not be able to access support in a flexible enough way to allow them to attend the child care setting of their choice, and they may not be able to access a 'held' place due to the demand on places either.

#### 4. **What are we doing to address this?**

4.1 We are establishing a descriptive banding system which will give a shared understanding of the likely needs that can be met by a Universal service, and a service for children with low, medium and high needs

4.2 We are identifying a range of training, advice and support that will be available that will support child care settings to meet the needs of children in each of these bands of need.

4.3 We are looking at what will be the financial support available to settings attempting to meet the needs of children in each of these bands, and

what this enhanced funding should be used for e.g. increased staffing levels or additional services

## **5. Summary of Likely Impact**

- 5.1 The banding systems will give a shared understanding across agencies of what should be provided for children within the Universal offer, and when additional resourcing will be drawn down to support the child. Bandings to be circulated by October 2015.
- 5.2 The support should be capable of being accessed where the children are attending childcare, and should be sufficient to support the child irrespective of whether an EHC plan is initiated or not. This will allow time for a child to have a high level of intervention at an early stage in their development, and may lead to resolution of some difficulties for children where their needs are fundamentally a delay in development. Thresholds for initiation of an EHC plan for those with a complex and enduring difficulty will therefore be clearer.
- 5.3 Key services for children with special education needs, such as Speech and Language Therapy, will need to change their delivery model for the pre-school children. The model needs to ensure that there is a high quality communicative environment for children who may have developmental delays and speech and language difficulties as a result of environmental factors, with access to broader enhanced and targeted support for children with a more complex and disordered pattern of communicative development. This will need to be addressed for April 2016.

## **6. Co-dependencies for this strategy**

### **Child Care Bill**

### **Early Help and Models of Intervention**