

Question 8: What steps should be taken to strengthen early years practice with regard to conducting the two-year-old progress check and integration with the Healthy Child Programme review?

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SNJ's response to Question 8

1. SEND provision, and indeed an EHCP, can start at birth, but this seems to have been overlooked. Intervention from birth can be improved by training and CPD modules for health visitors, hospital maternity ward staff, midwives, and GPs in the aspects of the Children and Families Act that relate to under 5s.
2. The NHS could create printed leaflets and sections on the NHS website informing parents of their rights if their child is born or diagnosed with a disability before the age of 5.
3. The level 3 SENCo qualification for early years settings is to be welcomed. However, it must be rolled out across the country as soon as possible and in the meantime, nurseries, pre-schools, and infant schools should be given training and signposting to easy-to-understand information about disabled children's rights to assessment and support. SEND should be included in early years BTEC courses so that what emerging needs can look like.

4. It should also be legally required that all paperwork be passed on at transition, including a SEND report if there are concerns
5. Family Hubs are a good idea but there are too few of them. The government's closure of so many Children's Centres was to the detriment of thousands of families and it is now starting to see this was a mistake. The problem is there are too few Hubs, and too many families will struggle to access them, especially if they have no car. While the areas chosen align with the EIAs, there are many other areas that have families living in deprivation - and this is growing thanks to Government policies. It seems that while one branch of Government is worsening families' situations, another is running behind mopping up the collateral damage.
6. SNJ Co-Director, Tania Tirraoro's daughter-in-law barely saw her named midwife and saw her health visitor twice in a year. She is a young, first-time mum, with health complications, living in a relatively affluent area. Tania's grandson developed an extreme milk allergy. The help available was pitiful and her daughter-in-law had to push to get it. Imagine if this was in a disadvantaged area (not an EIA) and the woman was less educated or capable? And if the child had undiagnosed autism?
7. Health visitors should also understand the early years aspects of the Children and Families Act. It is to be hoped that they understand emerging signs of neurodevelopmental conditions, but this knowledge must be emphasised in training. Ignorance is no excuse for breaking the law.
8. Many areas have had their portage services decimated in the last decade. This has had a devastating effect on families' access to support when they have a disabled baby or under 5. This should be investigated and reinstated - if you are also in an area with no Children's Centre or Hub, what then?
9. The Children's Review of Social Care made relatively few recommendations for disabled children. It mentions that "any new statutory requirements for social care input into EHCP assessments should also be aligned with the "review's proposals on Family Help". There are already statutory requirements for social care input but this is routinely ignored. This needs to be enforced for EVERY child - how is anyone to know what a child might benefit from without an assessment?
10. The suggestion that the Law Commission undertakes a review of the "patchwork" of the "outdated legal framework" for the social care of

disabled children, “to bring more coherence“ is to be welcomed - if not a long time overdue.

11. The CSCR recommendations on 16-25 transitions, particularly to adult social care, are also welcomed and should be implemented.
12. The proposal (and pilots) to create a Designated Social Care Officer, in the same way that there is already a dedicated medical officer is in both Green Paper and CSCR and is also to be welcomed.
13. Many of these ideas can be started immediately - they are uncontroversial and needed.
14. However, before investing in new primary research, please scope the existing decades of research and tonnes of good practice. And then, instead of creating new resources, examine and collate existing ones to make it easier for early years and schools to find and implement them. Once collated, you can then see if anything is missing.

Responses from parents/SNJ readers

NB: These views are those of parents for whom we have acted as a conduit for their response to the Green Paper. The views expressed from here are not necessarily those held by Special Needs Jungle.



1. I think it's a very good idea that there should be more SEND training for early years providers and nurseries. The current training for a school SENCO is to a high level and the current government proposals are that early years and foundation stage settings SENCOs will be given access to a level 3 qualification which is equivalent to an A-level. I do not believe this is a good enough qualification. All young children should have access to more highly trained SENCOs – perhaps across a few nurseries so an experienced person can spot and identify needs correctly.
2. However in reality most young people with SEND cannot be identified at this early stage. SEND identification typically peaks between 10 and 11 years old before gradually decreasing up to age 15. Support needs to be quick and responsive so young people can be referred to more specialist support to prevent issues from escalating.

3. So whilst it is good news that more investment is being made in SEND training for early years, what is needed is a more rounded teacher training offer, greater accountability across the system and reforms to public services (more investment so they are actually available to people and not chronically oversubscribed as they are at the moment).



1. Health visitor visits need to start from birth and continue monthly until the child is 6 months and then every 3 months. Health care visits should continue throughout a child's development on an annual basis and reports should be fully coordinated with social service care and the child's place of education. Developmental delays or concerns should be followed up with immediate interventions and effective support for the child and family. It should cease to be a box-ticking exercise with problems being pushed further down the road. It is not enough to train early years SENDCos by way of a 12-day course up to the equivalent of A Level standard. This clearly underestimates the level of expertise necessary to identify and understand the nature of early years development.
2. Whilst it is good that recognition of the importance of early years development has been raised in this report, it is not enough to simply provide training to one person such as a SENDCo in each setting. The main thing is that there should be sufficient resources to fund timely assessments and the necessary follow-up therapy needed where there are emotional or developmental needs or gaps to be filled. This requires all staff involved to be highly trained and for enough staff to be made available for the therapy and support to be provided in a regular and effective way. This should ideally be done by a SEND specialist organisation involving a team of different specialists that is independent of those providing the coordination of support within school settings. It needs to be objective and have adequate authority to instruct the school and SENDCo about how to make the necessary provision within the school.
3. Every school should have a full-time speech and language specialist and educational psychologist working within the school.
4. Although these proposals might seem expensive in the short term, it is much more likely to achieve long-lasting long-term results that will save the country in costs later on. The more work that can be done at this

stage in the educational careers of children the fewer social, health and crime problems there will be later. This early identification should go hand in hand with an ongoing identification of any emerging SEND as children go through the early years of primary school. The reason so many difficulties become apparent at the end of primary is that psychologically it is a watershed moment for the parents when SATS begin to shine an unavoidable light on the longer-term consequences of not addressing such difficulties. Teachers also can no longer explain away a child's difficulties and can no longer defer to another year what needs to be addressed immediately.

5. "Wrap-around support" should mean coordinated support from all services involved with the child's care from the beginning to the end of the school day and should include any necessary support out of lesson times and during after-school activities.
6. Coordination between health and social care should be a routine part of the work done by an independent SEND agency to inform all aspects of a disabled child's care and support for SEND within their school. As discussed before, this will only be effective if it functions independently of the LA or Education and Skills Agency providing the funding.



1. Health Visitors that are well qualified and able to visit more frequently would help early years identification. This requires a substantial investment in the Health Visitor programme with investment in training also. Speech and language therapists should be a regular part of the education programme and not just available for when there is a problem. Similarly, OTs should also be provided for regular checks on all children. SENCO qualifications should be mandatory for staff and training for all staff in the identification of early needs should also be mandatory. All children will benefit from this early observation particularly dyslexics who are often late to be spotted. SENCOs should not be allowed to practice without first passing the relevant high-quality training.



1. I would only echo the well-understood position that early identification of SEND is vital, and add that much more investment in pre-school identification needs to take place.