Early years, SEN and disability:

Likely features of effective practice

A report to the Department for Education

March 2020

Introduction

The Council for Disabled Children (CDC) and nasen were commissioned by the Department for Education (DfE) through its Voluntary and Community Sector grant scheme to carry out qualitative research into the features of effective local practice in identifying and supporting young children with special educational needs and disabilities. This work was carried out by CDC, nasen and the National Children's Bureau's research team, with CDC's partners in its broader EYSEND Partnership project: I CAN, the Communication Trust and Contact.

The aim of the work is to improve local practice by identifying and sharing what constitutes effective practice, illustrated by specific examples which include insights into how that practice came about and why it works. For the purposes of the research effective practice is defined as practice that:
- leads to improved outcomes for children with special educational needs and/or disabilities at the end of the Early Years Foundation Stage, or
- contributes to indicators linked to improved outcomes.

The objectives of the work are to:
- identify local areas that display effective practice
- explore how it works, how it was established and challenges overcome
- draw up some case studies for sharing with local areas, and
- collect and present information on how easy it was to find examples of different aspects of effective practice.

The approach draws on recent work by CDC and nasen working with I CAN, The Communication Trust and Contact, and, in particular, on:
- CDC work to raise awareness of SEN and disability in the early years and to develop and disseminate an early years SEN Toolkit with illustrative case studies of good practice amongst early years providers and local authorities in facilitating access and inclusion;
- work carried out by CDC in 2017-18 developing a new model to support the development of local strategies to improve access and inclusion for young children with SEN and disabilities;
- The EYSEND Partnership project in 2018-20 led by CDC, with nasen, The Communication Trust, ICAN and Contact. This builds on the earlier CDC project and combines an extensive training programme with targeted support to local strategies;
- work by nasen in 2017-18 developing a framework for a Level 3 Early Years SENCO award;
- nasen work in 2018-20, providing Level 3 training for Early Years SENCOs.

Early years, SEN and disability:

What works

Materials for local areas

This research report provides an analysis of a selection of examples of local practice identified as being effective in supporting children with special educational needs (SEN) and disabilities in the early years. 343 examples of effective practice were submitted in response to a call for evidence. After a careful selection process, further information was sought for 63 local examples. Subsequently detailed information on 29 examples was obtained through 17 survey responses and 14 interviews. There is an account of the methodology used, in Appendix 3.

The research:

- Identifies the key features of local practice nominated for being effective
- Explores how that practice works and the barriers to progress, and
- Provides some case studies illustrating effective practice for sharing with local areas.

What works and what are the barriers to progress?

When exploring the effective practice examples identified in our survey we considered what helped to make the practices effective, the barriers to progress and the impact of the practices on provision for children with SEN and disabilities.

This section draws out some common learning or lessons across examples of practice under each of five key themes:

- Staff skills and access to support and advice
- Special educational provision
- Joint working
- Transition into Reception Year
- Local leadership of SEN and disability in the early years

What works
The key factors that enabled effective practice, the 'enablers,' were:
- joint working
- successful communication
- committed practitioners
- committed leadership
- funding

Joint working
Local areas described joint working as both helping to develop effective practice and resulting from it, as this example from Ealing demonstrates:

'It's just good common sense to be working in a more integrated way and the Early Start service, working alongside health visitors so that we can identify those children really, really early from the developmental checks or even before, so that there's ideally a seamless support plan throughout until we can support that child into our then well-equipped Early Years providers.' (Interview, Ealing)

Successful communication
Successful communication was seen as important in getting early years settings, professionals, parent/carers and local leadership to engage in developing practice.

Some local areas hired external partners to do the marketing, some channelled all communication through one platform, some relied on information by word of mouth or social media. In all cases, the aim was for clear communication, tailored to different audiences. Keeping the channels of communication open once the practice was established was seen as beneficial. In Islington, for example, this included communication of quite technical data to a range of audiences:

> 'we can almost capture data for each individual child in relation to each individual setting. They can start to track their children more visually as well (…). Some will need it in a graph. Some will need it in all these different formats. We can meet the needs of all of our settings in the format that they are most familiar with.' (Interview, Islington)

Committed practitioners

If early years practitioners felt well informed and could see the value of the practice, they were generally more likely to engage. Enthusiasm spreads so the commitment of those involved in the practice helped create a broader environment of positive thinking and engagement, as seen in Bexley's training for SENCOs:

> 'They're very keen. They're keen to come to things; to train; and to develop their understanding. I think we've worked really hard to engage them in training and they feel more supported. It's just by raising their awareness that this is something that we're thinking about doing. We want to work with them!' (Interview, Bexley)

Committed leadership

Committed strategic leadership is needed to provide the impetus to implement practices across a local area, or sometimes at a regional or national level. Arepresentative of Dingley's Promise in Berkshire said:

> 'Your head of SEND is vital. That person can make things happen and you need to be really close to the head of SEND. I would also say it's worth making sure that the head of commissioning knows who you are, and head of Early Years.' (Interview, Dingley's Promise)

Funding

There was a wide range of funding models in the examples analysed in the research. Some had used government funding to set up programmes, some relied on local authority funding, some on funding from the NHS, and some had applied for external funding or drew on existing resources. A number of local areas worked with a combination of these, either through joint funding or by changing funders over the course of developing the practice. Being able to demonstrate impact clearly led directly to funding in Kingston and Richmond:

> 'the evaluation at the end of year one enabled myself and [my colleague] to go to our associate director for education and say, 'Look at the impact of this project, look at the scope of this project, look at the model, this was DfE funded, how about (…) funding round two?' (Interview, Kingston and Richmond)

Barriers to progress

The most widely reported challenges or barriers to progress in developing and maintaining effective practices were lack of:

- capacity
- funding
- communication

Some local areas also mentioned culture, lack of knowledge, a rise in demand for services, complexity of cases, and technical or practical issues as additional barriers to progress.

Capacity

The lack of capacity affected all levels, including strategic leadership and the work of practitioners. Early years settings are often busy places, sometimes with high staff turnover. The daily pressure of work made it difficult for some to implement new practices as illustrated by Islington:

> 'Having to keep the service running has been a tremendous challenge. We're staying afloat and we're getting there, but it's not been an easy journey really.' (Interview, Islington)

Funding

Along with constraints on capacity, lack of funding indicates that the current economic climate in local authorities had an impact on funding to implement, maintain and expand effective practices, as seen in Leicester City:

> 'Previously we've had funding around training, so we have been able to train up lots of people through the universal level course, and lots of people as an early language lead practitioner. What we haven't been able to do really is keep networking those early language lead practitioners, so I suspect in some settings that has slipped.' (Interview, Leicester City)

Communication

Local areas highlighted difficulties in making sure that early years practitioners and parent/carers heard about and engaged with the practices. In some cases, these difficulties were linked to the general lack of capacity and funding discussed above:

> 'marketing of the training continues to be difficult because we are a small charity and do not have a marketing department.' (Survey, Dingley's Promise)

Strategic communication with local authorities was mentioned as a challenge by some who had found it difficult to get strategic leaders to understand the reasons for and value of the practices.

Other factors

Challenges were in some cases linked to prevailing cultures in local areas - among local authorities and/or early years settings - which lead to some resistance to implementing new initiatives. Some interviewees felt that because early years provision was 'not statutory' some local authorities tended to give it lower priority than other children's services:

> 'trying to raise awareness and to raise priority within the local authority which can be frustrating when there's so much evidence and research that if we get early years right then we are solving problems earlier then we're not getting that crisis level later level. There's so much evidence around that. I think what's been important is in the last year that we've got the recognition at the senior leadership level.' (Interview, Bexley)

A lack of capacity or lack of knowledge of and training about SEN and disability was cited by some as a challenge when it came to engaging early years settings in developing practices:

> 'I think we have some concerns about the level of initial training of some practitioners with anything to do with inclusion or SEN.' (Interview, Bromley)

Several local areas reported an increase in demand for services and in the complexity of individual cases which added further pressure on capacity and funding. In some cases, increased demand was a

direct consequence of the success of the effective practice. In others, it appeared to be part of a wider tendency unrelated to the practice in question:

> 'we definitely have seen increased demand year-on-year. With not increased resources necessarily, so, therefore, that can be a difficulty. I don't think it's the Early Help Hub issue. As, in fact, they do help with early identification, which is what we want. It's positive.' (Interview, Cornwall)

Technical challenges identified by local areas related to finding affordable or accessible training venues, processes for obtaining formal accreditation for training, or getting access to Department of Work and Pensions data which had made it difficult to identify settings receiving Disability Access Funding.

Impact

The examples analysed here all had a positive impact on children and families; indeed, this was one of the selection criteria for the project.

Possibly because systematic impact measurement tends to be relatively resource intensive, only a few local areas examined and evaluated data at more than one point, and in more than one way, over the period of development or implementation of new practices. Kingston and Richmond had a comprehensive and systematic evaluation framework with three separate strands:

> 'One of them was carrying out setting audits so that we could understand what practice looked like over time. (…) The second one is rating practitioner confidence, so looking at what their confidence level looked like before attending a training session and then comparing it to how they felt after. And the third one was looking at child outcomes, so looking at the stage and age of development of children.' (Interview, Kingston and Richmond)

There were different ways of measuring and collecting data. The main methods focused on:
- take-up and adoption of practices
- outcomes resulting from the practice
- feedback from staff, parents and carers

Adoption of practices

In some cases, the take-up or adoption of the practice was an indication of its positive impact. For instance, many of the training courses offered as part of the practices were fully booked, and in some cases there were long waiting lists. Although increased demand could be a challenge, it was generally seen as a good indication that the practice was successful.

Outcomes

Some local areas had very precise data on outcomes. Dingley's Promise in Berkshire, for example, works in partnership with other professionals to provide a space for therapeutic activities, assessment or therapy, multi-professional meetings, early intervention for children, and facilitating transitions into mainstream settings. This practice has led to a greater proportion of children with SEN and disabilities to be included in mainstream settings - up from 30% in 2015 to 72% in 2019.

Some local areas measured the impact of practices on children's development while others gathered information that stressed positive outcomes without providing specific data. Leicestershire's survey response stated:

'More children are being identified early and referred to the early years panel.' (Survey, Leicestershire)

Some areas experienced a decline in the demand for other services, as a result of introducing different practices. The Early Years Alliance, who implemented a strategy to support children whose behaviour challenges, saw a reduction in the numbers of suspensions and exclusions and a reduction in demand for help line services:

'We used to have daily calls to our member help line about behaviour issues - this has reduced significantly.' (Survey, Early Years Alliance)

Feedback

Many of the examples examined used staff and parent/carer feedback to gauge the impact of the practices.

Feedback from staff could come from formal evaluation work, such as in Kingston and Richmond where the proportion of early years practitioners feeling confident about their practice moved from 58% to 98% as a result of attending training courses.

In Ealing, professionals and parents/carers attended joint training sessions:

'[participants are] generally very positive, generally learnt something they didn't know, can take something away on the day, particularly something quick when they can go and try straight away, have a better understanding of their child's needs or the child of the setting's need depending on who the audience is. Generally, the feedback across the workshops and the training is - I didn't know that, now I understand why the challenges are what they are.' (Interview, Ealing)

To secure feedback from parents and carers, some local areas surveyed parents and carers of children accessing services. Some collected feedback from parents and carers involved in implementing the practice, for example, through assessment boards. Others made observations on comments received, as in the Bexley example:

'We have anecdotal evidence that when we have parents move in from other boroughs they are absolutely over the moon.' (Interview, Bexley)

Practice examples – what does effective practice look like?

The five themes under which the 29 selected examples were organised provide a 'filing system', based on aspects of practice that have been identified as relevant to improving provision and outcomes for young children with SEN. Examples were not evenly distributed across the five themes, and there was some overlap between themes in a number of examples. In the original nomination of examples, the highest numbers of examples were submitted on staff skills and joint working; the selection of examples for more detailed analysis included 12 examples in Theme 1 and two examples in Theme 4. Examples were selected so that there were examples against each theme, and so that each region of the country was represented. The selection of examples is therefore not representative of the full range or level of activity in local areas.

Theme 1: Staff skills and access to support and advice

> ## Aspects of practice included:
>
> - SEND training and support across local authorities, for children who do not have an Education, Health and Care plan, including the training of setting SENCOs;
> - Training and support for settings in working with parents of young children with SEN and disabilities, including: discussions related to the identification of needs, and signposting to sources of support for parents;
> - Support and advice available to settings from area SENCOs, Educational Psychologists, hearing, vision and physical impairment services, speech and language therapy, and other specialist services such as Portage.

Within this theme, three broad areas of practice emerged from the examples:
- provision of training
- development and use of good practice toolkits
- training based award schemes

Training

Six of the examples are training programmes to equip early years practitioners and parent/carers with the skills needed for working with children with SEN and/or disabilities (Bexley, Cheshire East, Ealing, Early Years Alliance, Knowsley, Tameside). One of the areas recruited practitioners to be the setting lead for communication and language (Cheshire East).

Training was offered on a wide range of topics, including:

- curriculum differentiation and teaching strategies
- Portage
- sensory impairment,
- the Local Offer
- toileting
- stammering
- communication friendly nursery environments
- Makaton signing
- bilingualism

Ealing offers a comprehensive portfolio of training for practitioners and parents/carers:

> 'We run training for parents and we also run training for practitioners, all of which is free. We run training sessions for parents on a variety of different areas, one area is on autism and social communication difficulties and the speech and language therapy team run this five-hour training now (…) with the Early Start SEND and Inclusion team jointly. So that training focusses partly on speech and language and communication and then there's more of a focus holistically around the child of their toileting, their sleeping, their eating and problem solving with the parents if they need more support.' (Interview, Ealing)

Bexley runs specific SENCO training sessions and uses them as a platform to build networks, promote professional development, and offer general support on SEN and disability work in early years settings.

'They come and receive training, hear updates, have guest speakers. We run an educational psychology and SEN surgery at the beginning of each meeting.' (Interview, Bexley)

Meanwhile, Cheshire East provides the newly trained communication and language leads with follow-through bespoke support in their setting. The trainers, speech and language specialists, offer practical advice on implementation and suggest changes that make a difference for the setting.

Toolkits

Five local areas have developed toolkits, which focus on issues such as assessing, tracking and operating a graduated response (Bromley, Cheshire East, Kingston and Richmond, Lewisham, West Yorkshire).

Toolkits can equip practitioners to better support children with SEN and/or disabilities and ease the workload on other parts of the system. Developing them can entail a significant amount of work. In order to make this process efficient, Bromley combined new and existing resources to create a comprehensive and interactive toolkit for early years practitioners:

'We had a wealth of resources, and what we've been able to do is upload some of those advice sheets and resources with the toolkit, so that's something that practitioners can access on the bromley.gov website. So they can click on any of those parts in blue to access them, the document, there's reference there around behaviour, etc., or an idea sheet if they're not particularly familiar with surprise box activities or something.' (Interview, Bromley)

Cheshire East's 0-25 SEND Toolkit has been organised to outline the provision the local area expects to be in place in all educational settings, and provides an important tool in setting out the local offer. Early years settings get support to use the toolkit to best effect, enabling staff to be confident in using it and reducing reliance on 1-1 support

Some local areas provided specific training to practitioners to support early years settings in using toolkits effectively. West Yorkshire gave the following account of their toolkit and the training related to it:

'it's circulated every year when we do a mail out every September, so there's a new referral form for our service and our training offering the assessment tool kit is circulated again, there will have been changes over and staffing. So sort of core information is sent out year-on-year. Then in addition to that we offer training around this. So we do central training courses, but we also offer training bespoke in settings, because we're conscious that, actually that's the best place to do it.' (Interview, West Yorkshire)

Award schemes

Two examples are of award schemes that focus on training and support (Reading, Trafford). In Reading, part of the work to develop the award scheme was identifying the training needs of early years practitioners through audits conducted during the pilot stage:

'All staff in settings undertaking the award complete audits to identify areas of training need in regard to working with and identifying children with SEND.' (Survey, Reading)

Theme 2: Special educational provision

> Aspects of practice included:
>
> - A good understanding by settings of the provision that they are expected to make 'ordinarily available'; and what provision or services settings can expect to be provided by the local authority;
> - Widespread use of reasonable adjustments to remove barriers and include young disabled children;
> - good promotion by local authorities, and good use by settings of the Disability Access Fund and a focus by local authorities on using their SEN Inclusion Funds and Early Years Pupil Premium to improve outcomes;
> - The use of Education, Health and Care plans to deploy additional provision or funding and the engagement of parent/carers in the process;
> - How special school provision is used in the early years;
> - A good understanding by settings and local authorities of the impact and cost of different types of provision.

The examples for special educational provision relate to two main areas:
- special provision
- funding models

Special provision

Four examples from two local areas (Kingston and Richmond, Worcestershire) are of the development of special provision.

Two of these practices, one in each local area, focused on supporting inclusion of children with significant needs in mainstream settings, as demonstrated by the Worcestershire example:

> 'some children come through to [our nursery assessment class] at September and they do one term, some stay for two and some stay for the full year, and while they're with us they attend for six hours a week and that's in two three-hour blocks, so they either attend two mornings or two afternoons, so that's part of their 15 or 30 funded hours.' (Interview, Worcestershire)

In Kingston and Richmond, 12 Inclusion Hubs function as centres of excellence for SEN and disability in the early years. Practitioners in the Hubs received a comprehensive programme of training, focusing on social communication and Autistic Spectrum Conditions.

Both Worcestershire and Kingston and Richmond ran sibling and family support groups to explore autism, behaviour and communication. The groups support families in using strategies and activities to develop their children's skills at home.

Funding models

Two examples of practice demonstrated innovative use of funds to promote special educational provision (Bromley, Derbyshire).

Bromley used an underspend in Disability Access Fund (DAF) to employ an access officer whose role has been to improve uptake of the fund and provide support to settings to understand how DAF can be used.

Derbyshire streamlined the process of applying for Early Years Inclusion Fund and requesting Education, Health and Care needs assessments with support from parents/carers:

> 'Within Derbyshire County Council (DCC) most children 2-5 yrs with SEND are supported in mainstream by the Early Years Inclusion Fund. (…) Parents understand that within DCC specialist provision can only be accessed through the issuing of an EHCP. If a EYs setting, maintained by the LA or a PVI, is named as provision on the EHCP the EYs Setting will receive funding and resources for the child.' (Survey, Derbyshire)

Theme 3: Joint working

Aspects of practice included:

- A good understanding of the needs of the local population of young children;
- Health agencies informing their local authority of a child with SEN, and clear responses by the authority;
- Good support by health providers for settings with children with medical needs;
- The joint commissioning of speech and language therapy services and other services provided in the early years;
- Good work by settings and health visitors with parents, to provide an integrated review between the ages of 2 and 3.

Joint working was mentioned throughout the research as both a prerequisite for, and result of, effective practices in SEN and disability in the early years and appeared to some extent in almost all the 29 examples.

Seven of the examples focussed specifically on:
- assessments and referrals
- innovation in the 2-year health check
- innovation in work secondments

Assessments and referrals

Three examples were of multi-professional hubs that facilitated the systematic triage of cases to ensure appropriate referrals to services (Bexley, Cornwall, Derbyshire, Thurrock). In Cornwall:

> 'There's a team of professionals that work in the Early Help Hub, so that's health lead, education lead and social care lead. They receive the referrals in, and they triage the information to see what support is needed for that child or young person. Then they would make the referral to the individual service. It could be Family Support, part of the Early Help model, could be Inclusion Service. Lots of other services are involved.' (Interview, Cornwall)

In Bexley, the Child Development Coordination Service involves community paediatricians, occupational therapists, the children's nursing team, the local authority Early Years Team, social care, Portage, educational psychology, speech and language therapy, and the voluntary sector. The work of the service involves relevant professionals meeting face to face with parent/carers to discuss children's needs:

> 'All of the children under the CDCS are then regularly monitored and reviewed through a monthly business meeting. That's where the team gather to talk about their children on a

rolling programme. Then we also have monthly planning meetings. The planning meetings are for the child and their family. The focus is very much - the meeting is the family's meeting; they come with any pressures or concerns they might have for the team.' (Interview, Bexley)

Innovation in the 2-year health check

Examples were examined from two local areas (Derbyshire, Leicestershire).

Leicestershire used the check to conduct a 'deep dive' on information sharing where health professionals got the opportunity to access e-learning to support referral process .

In Derbyshire, 2-year checks were conducted as a three-way conversation with health visitors, early years practitioners and parent/carers linked to information around the 2-year check:

'Development of a 'hub' information depository, training for settings and easy access to professionals and developmental information.' (Survey, Derbyshire)

Innovation in work secondment

Cheshire East seconds health visitors and speech and language therapists into the Early Start Team so that all staff are aware of referral pathways and use good practice toolkits in their work.

Two specialist health visitors are assigned specifically to work with children with complex needs, identified from age 6 months onwards; their involvement in child-centred planning has led to earlier identification of needs and positive routes for children to access early education and childcare at 2 years. The seconded team of speech and language therapists and a teaching assistant deliver training and follow up with implementation support to the nominated communication and language leads from PVI settings.

Theme 4: Transition into Reception year

Aspects of practice included:

- A clear focus on the goal of successful and timely admission to Reception with age cohort;
- Good support from settings and services as children move into Reception;
- Timely assessments of Education, Health and Care needs and the development of EHC plans in respect of transition.

Two of the selected examples focussed on transition into reception year (Dingley's Promise, Durham). Both of them involve close collaboration between early years settings and schools in order to ensure children's needs are met during the process. The practices also take parent/carer concerns into consideration, trying to equip them with knowledge and confidence about what to expect from transition. In Berkshire, Dingley's Promise uses specialist early intervention in order to build wider inclusion. The inclusion process is based on three pillars: the child, the family and mainstream settings. As described by one of the people engaged with Dingley's Promise:

'The first step (focusing on the child) was to encourage our settings to look at shared provision for children with SEND, working closely with them to build strategies that would work in the mainstream, and then handing those over effectively to mainstream settings. (…) The second step was to address concerns from families who thought specialist [provision] was the best options for their children and had been told by other professionals that their children could

never succeed in the mainstream. (…) The third step was to develop the accredited Level 3 in Early Years Inclusive Practice, that we now deliver to practitioners in early years mainstream settings to help them work inclusively.' (Survey, Dingley's Promise)

Durham has implemented 'pre-emptive requests' - a formalised process where early years providers help provide evidence when schools make requests for SEND top-up funding. This practice helps schools as well as families during the often stressful time of transition and ensures the child's needs are met throughout the process:

'It means the child can make that transition to school, especially for those who do need a higher level of support with those support arrangements pretty much in place.' (Interview, Durham)

Both examples focus on transition into mainstream settings and support inclusion in both early years settings and schools. According to one interviewee, by supporting schools these practices address the wider issue of varying levels of knowledge and confidence when it comes to inclusion in reception year:

'I know is a national issue, you've got schools that are particularly strong in terms of they're really inclusive in terms of SEN provision and you've got some who are probably less experienced in supporting children with SEN and don't have the experience of supporting high numbers.' (Interview, Durham)

Theme 5: Local leadership of SEN and disability in the early years

Aspects of practice included:

- Strong understanding, engagement and support of senior leaders and elected members for early years and SEN and disability;
- Priority given to early identification and early intervention through policy and the deployment of resources;
- Strong joint working by local agencies to secure good outcomes;
- Monitoring of outcomes for children with SEN in early years.

Three examples focus on local leadership in SEN and disability in the early years (Islington, Leicester City, and Warwickshire) and in particular on the development of accreditation schemes and evaluation of data.

Accreditation schemes
Two of these examples relate to accreditation schemes:
- Talk Matters in Leicester (TMiL)
- Warwickshire Inclusion Kite-marking Scheme (WIncKS)

Both of these awards assess and recognise early years settings that go 'the extra mile' in the inclusion of children with SEN and disabilities.

TMiL focusses specifically on language and communication. WIncKS has a broader remit. Both schemes involve different professional assessment criteria, such as Leicester City's focus on positive relationships, practitioners' knowledge and skills, communication environment, and working in

partnership with parents. In Warwickshire, one of the people involved described the assessment process in the following way:

> 'The award isn't given lightly - settings have to demonstrate, not just through paperwork but in their practice, that they have universal provision that is inclusive across the whole setting so that's staff, environment, training, work with parents, everything. Then they also have to show what they do that is additional and different, what makes them special? What do they do that is over and above? We have some settings that get the award for a year and we review that because it may be that there are some action points that they're still working on or they may have a brand new member of staff that they're building up that expertise with. Other settings where it's quite established SEN practice, good inclusion, we give that for two years and then we review that process.' (Interview, Warwickshire)

Evaluation and data

In Islington, the focus is on evaluation and use of data. SENCOs must provide an evaluation of how funding has been deployed before receiving the last term of funding. They must provide evidence that their setting has supported the needs of the children with SEN and disabilities using Islington's graduated approach. This practice relies heavily on systematic collection of data, which is then used to calculate the level of funding:

> 'the data is then poured down and cleansed and then that populates a spreadsheet that then populates the agenda. We get some digest sheets through the descriptor of needs and matrix that helps us understand the amount of money in terms of profile of need of the child.' (Interview, Islington)

The three examples of local leadership demonstrate the importance of commitment from strategic leaders to ensuring that effective practices are integrated into processes, and guide practice across the local area.

Appendix 1: Case studies

Case Study 1: London Borough of Ealing: developing staff skills and improving access to support and advice

What does the practice involve?

The Early Start universal Speech and Language Therapy (SALT) team run regular free training sessions for a range of professionals, such as health visitors, private nursery staff, children centre staff and SENCOs, as well as parents and carers of young children with SEN and/or disabilities. Some sessions also offer support from Ealing's Parent Carer Forum and Contact a Family.

The programme includes training on autism and social communication difficulties. SALT and the Early Start SEN and Disability and Inclusion Team run a joint five-hour training programme for professionals and parents and carers which focuses on speech, language and communication and problem-solving with parents and carers on wider issues such as toileting, sleep, and eating. More in-depth workshops are also available on priority areas such as sleep, eating and feeding.

The teams run 1-1.5 hour training sessions on a range of topics, including talking, stammering, shy talkers, communication friendly nursery environments, supporting children with complex needs, Makaton signing, and bilingualism. Autism awareness training is provided for practitioners as well as training for SENCOs.

How long has the practice been in place?

The practice has been in place across the local area for 1-2 years.

What is the impact?

Pre/post questionnaires are gathered at all training sessions asking participants to measure their confidence and knowledge about the topic area on a 1-5 rating scale. The questionnaires also contain qualitative data. One of the people involved in implementing the training describes the feedback as:

> 'generally very positive, generally learnt something they didn't know, can take something away on the day, particularly something quick when they can go and try straight away, have a better understanding of their child's needs or the child of the setting's need, depending on who the audience is. Generally, the feedback across the workshops and the training is, I didn't know that, now I understand why the challenges are what they are'.

Ealing reports that there is good take-up of the training with all of the workshops consistently booked. This demonstrates the usefulness of the sessions and supports work to continue them and make them more widely available.

What helps to make the practice effective?

Joint funding by the local authority and the NHS has enabled commissioning of the Early Start SALT on a 10-year contract, ensuring sustainability over time.

Effective communication of aims, content and availability of the training sessions played a role in the high take-up and contributed to the positive feedback received. The local offer is updated with all the information in terms of the support and access to services so that parents and carers and practitioners are always up to date on what is available. The training is also advertised across the Borough on internal advertising platforms and recently on social media.

Good working relationships between different professionals have led to efficient joint working where the needs of children and families are considered and supported holistically:

> 'It's just good common sense to be working in a more integrated way and the Early Start service, working alongside health visitors so that we can identify those children really, really early from the developmental checks or even before, so that there's ideally a seamless support plan throughout until we can support that child into our then well-equipped Early Years providers'.

What have been the challenges or barriers to progress in establishing and maintaining the practice?

High staff turnover among private nurseries, the health visiting team, and the Early Start team means there is a continuous high demand that presents a challenge to maintaining sufficient capacity to deliver training programmes.

Early years practitioners may not always be released to attend training, or can sometimes attend training that is not wholly relevant to their specific needs. These issues are linked to capacity issues in early years settings, including high staff turnover which creates a constant need to fill the knowledge gaps among new staff.

The training is free to trainees and there have been some issues in finding sufficient free venues to run training activities. In practically all cases, the training is run in Children's Centres, which has had a positive impact on parent/carer attendance. But these centres are often over-booked.

Next steps

At the time of writing (March 2020) the current 10-year contract for the training programme was coming up for renewal. Decisions are expected soon on whether funding will be available for it to continue.

Case Study 2: West Yorkshire: developing staff skills and improving access to support and advice

What does it involve?

West Yorkshire has developed an 'Early years assessment tool and developmental journal' for use by early years practitioners which is widely used across the local area. It is based upon a range of materials including: Early Support Materials, Down Syndrome Assessment, Readiness for Learning, and Engagement Levels Scales.

The tool (accompanied by the journal) is designed to be used by early years practitioners with children who are working at lower levels of the Early Years Foundation Stage framework (EYFS), to track their learning and development. It helps with planning for the child's next steps in learning; it recognises progress; and is directly linked to the EYFS learning and development goals, complementing planning and assessment already undertaken by practitioners.

How long as the practice been in place?

The practice has been established for three years and is followed across West Yorkshire.

What is the impact?

The tool has been very well received by practitioners and is now widely used. It helps settings to be more inclusive of children who progress through the EYFS at a slower rate than their peers, and it recognises their development in a positive way:

> 'It really does pinpoint that [inclusivity], and I think in terms of mind set when settings can [...] see how easy it can be to actually track those small steps, that's really positive for them because [...], if you're working with a child day-in day-out and you feel like you're not bridging the gaps, because it's quite good, I think, for settings. Generally, I think we get a quite positive response to using it, once they've got it up and running, for lots of reasons.'

What helps to make the practice effective?

Developing and maintaining close relationships with early years settings has contributed to the success of the tool and helped to embed its use in local practice:

> '... one of the positive things that does come out of working with the settings quite closely and using the journal [...] and identifying universal need within the setting, is that, over a period of time, we built relationships with [settings] and supported them to embed some of that good universal practice [so that it] naturally becomes more of a graduated approach.'

Joined up working in the area, with close working relationships between health teams, SENCOs and children's centre managers, contributes to the continued effectiveness of the practice.

What have been the challenges or barriers to progress in establishing the practice?

The main challenges have been around staffing. There can be a high turnover of SENCOs, and some Children's Centres rely on agency staff which limits their capacity to develop professionally over time and build strong working relationships. A small minority of practitioners may also be held back by lacking a more general understanding of child development, or being resistant to learning to use new tools.

Capacity at the local authority can be an issue, making it difficult to keep track of all the settings. This is compounded by an increasing birth rate locally and reductions in local authority budgets:

'… one of the challenges we have, is that there are 740 PVI sector settings, and 30 something children's centres and 20 something school nurseries. There are six full-time equivalent area coordinators for the city.'

Next steps

The tool will continue to be used by all early years settings as it is fully embedded within local practice. It will be updated to reflect any changes in the curriculum and in response to feedback from practitioners. Training is now being delivered to settings and is to be expanded further:

'We've got more training coming up in the next term […] for the rest of the children's centres, with a view to everybody doing it next year. So it's been a step-by-step approach, but there's been a lot of support around that.'

Case Study 3: Cheshire East: developing staff skills and improving access to support and advice

What does it involve?

A new training and development offer to PVI settings, helping to develop communication and language lead practitioners

The strategy for developing staff skills and expertise in Cheshire East is well established, involving a local area SEND Board, a 0-25 SEND Toolkit across education, health and social care and training for staff.

In the early years, Cheshire East reorganised services to ensure a more effective multi-agency approach, enabling early identification of needs and an effective pathway into early years provision.

There are three key elements to the local area's approach to developing staff skills in the PVI sector
- The early years toolkit
- Child-centred planning
- Communication and language lead practitioners

The Toolkit

This is a comprehensive 0-25 Toolkit with a focused early years section where content is linked to the Early Years Foundation Stage.

The toolkit provides detailed guidance on how educational settings can identify children and young people with different types and levels of need and information on appropriate steps and strategies to support them. It provides clear information about when a request for an Education, Health and Care needs assessment, or specialist services, may be required.

Child-centred planning

Two health visitors are seconded to work within Early Years with a specific remit to take a lead role in coordinating support for families with a pre-school child with complex needs.

This means early identification for children in Cheshire, knowledge about children with complex needs from around 6 months, coordination of support required and forward planning for their needs through child centred planning meetings.

An example of how this relates to the PVI sector is the local area's approach to preparing settings for children. In the term before the child takes up their 2 year old entitlement of 15 hours provision the child spends time in the setting, attends for taster sessions for example, building up the confidence of their parents and the staff. The setting, Health Visitors and parents take this time to make reasonable adjustments, and identify resources or training requirements to ensure the setting is ready for the child.

This approach requires additional funding through a settling in grant as it is all about getting ready for the 2 year old entitlement.

Communication and Language lead practitioners

A Cheshire East Invest to Save project provides funding for an innovative model of communication and language training for early years practitioners in the PVI sector.

Invest to Save provided the funding for specialist staff to be seconded to improve skills in the PVI sector. Two experienced speech and language therapists and a teaching assistant provide a model of

training for early years settings that identify a practitioner to take on the role of communication and language lead. After this practitioner has attended the training, the speech and language therapists and teaching assistant provide implementation support to them.

The specialist team provide bespoke support for each practitioner, now identified as the communication and language lead, as they plan changes in practice for their setting. This is time limited and focused support within the PVI setting, enabling the specialist team to work with the practitioner on implementing the changes that work for their particular setting.

The training is currently available to PVI early years settings. Individual nurseries and pre-school settings apply to be involved, though some settings are actively encouraged to do so by the early years team.

How long has the practice been in place?

The overall strategic approach has been in place for some time, starting with a comprehensive 0-25 SEND Toolkit led by the SEND Partnership Board.

What is the impact?

The toolkit provides the strategic framework for all schools and settings in Cheshire East and this has helped to improve transitions from early years to schools.

Staff feedback has been positive with early years settings saying that the toolkit is accessible, provides helpful advice on recognising needs, approaches for supporting children with SEND, tracking and monitoring children's progress and links to further advice and information or specific programmes, such as Every Child a Talker.

The toolkit is used to support the graduated approach set out in the SEND Code of Practice 0-25 and for the development of *SEN Support* plans which set out the support to be made for children who have SEN and/or disabilities but do not require Education, Health and Care Plans

The child-centred planning, support of specialist health visitors and the use of settling in grants have made a difference to the take up of 2 year old places. The health visitors secure the confidence of parents and early years settings, tailoring some of the routine aspects of the Healthy Child Programme to the child's needs, for example, the parent questionnaire for the Progress Check at Two.

Settling in grants have enabled children to build up their attendance at a setting while the setting gets to know them:

> 'We describe it as the setting getting ready for the child, not the other way round.' (Early Start Manager, Cheshire East)

The training for communication and language leads is the most recent addition to the practice in Cheshire East. The follow up support provided for the practitioner is what seems to making the real difference. The specialist team are knowledgeable and experienced and well equipped to help the practitioner make changes and implement what is best suited to their individual setting. This is the key to success.

The Early Years team in Cheshire East can see overall improvements in practice in settings, not just in their approach to communication and language. Tracking children's outcomes through WellComm is routine, so Cheshire East plan to analyse the impact, comparing the progress of children in settings that have accessed the training and support in comparison to those not yet engaged.

What helps to make the practice effective?

This is not a stand-alone approach. The specific offer of communication and language training is part of an overall strategy for Cheshire East.

The follow through support is an important part of the approach, taking learning from training back to a setting and making effective changes is a daunting task but one that is much more successful when supported by one of the specialist team.

The learning has come from the implementation of the SEND Toolkit. This is helping to build the capability of all early years settings to identify and meet the needs of children who have SEN and/or disabilities by enabling them to obtain a fuller picture of their needs, have access to a range of approaches and strategies to meet those needs, and providing a means of applying for additional funds where necessary.

A team of consultants and outreach workers work with settings to support them to use the toolkit to best effect. The focus is on enabling all staff in settings to be confident in using the approaches set out in the toolkit. This is helping to reduce reliance on 1:1 support and improve early intervention.

What have been the challenges or barriers to progress in establishing and maintaining the practice?

Developing the 0-25 SEND Toolkit proved to be a mammoth task. The Toolkit needed to be sufficiently targeted to reach different sectors: from the early years, through schools to further education but at the same time have a consistent approach across all sectors and services. Developing the early years section to ensure that it was relevant to the PVI sector was an essential task.

Next steps

The Toolkit is now well established. There are plans to develop this model of setting based communication and language leads even further. The training and development was made possible by additional funding in Cheshire through the regional network. 'Invest to Save' provided the resource for the seconded speech and language therapists and teaching assistant. Cheshire East is considering how to ensure this can be an ongoing investment from existing early years funding.

Case Study 4: Boroughs of Kingston and Richmond: special educational provision

What does it involve?
Kingston and Richmond have 12 Inclusion Hubs across both boroughs; they are located in early years settings with strong inclusive practice.

In 2018, settings were selected to take part in an inclusion-focused project funded by the Department for Education (DfE). The Hubs received a comprehensive and enhanced programme to support the inclusion of children with significant needs, who may also be eligible for 30 hours early years and childcare provision. The programme included free training on a range of topics such as practical teaching strategies, educational psychology, assessing and supporting social and emotional competence, Portage, therapies (occupational therapy, physiotherapy), speech, language and communication needs, sensory impairment, and the Local Offer.

After the first year of building expertise within each hub, the programme focused on equipping them to cascade this learning and contribute to the development of skills across the early years sector in the local area. The Hubs are expected to share and disseminate inclusive practice by offering guidance and support to other settings, including on issues such as identifying lower level and/or emerging SEN, as well as recognising children with complex needs.

How long has the practice been in place?
All early years settings in the local area have been engaged in the practice for 1-2 years.

What is the impact?
The local area has evaluated the practice at the start, mid and end points of implementation, using an evaluation methodology with three strands:

(1) settings self-audited their practice at the beginning, middle and end of the implementation, giving themselves a score in different areas of practice; this allowed for a detailed understanding of what their SEN and disability practice looked like over time

(2) confidence levels of practitioners were measured before and after attending training sessions

(3) outcomes achieved by children were measured by looking at the stage and age of development of two children with SEN and or/disabilities from each setting

This systematic approach to evaluation enabled the project leaders to approach local leaders with evidence of impact to support a request for another year of funding after the DfE project funding stopped. Local leaders were open, proactive and very supportive of effective practice and, with the impact of the Inclusion Hubs model so clearly demonstrated, further resources were agreed.

An existing culture of joint working in Kingston and Richmond made it easier to facilitate the development of practice in SEN and disability in the early years which involved further joint working:

> '…we do a lot of joined-up working to try and ensure children don't slip through the net. I am not saying we're perfect, but we do have a lot of systems in place that do feel quite robust and they've got really good strong working relationships with health colleagues as well really.' (Early Years consultant for SEND, Kingston and Richmond)

What have been the challenges or barriers to progress in establishing and maintaining the practice?

A major challenge in establishing the Inclusion Hubs was the collection of evaluation data. Early years settings were often busy and would sometimes struggle to submit correct data on time. Finding the capacity to attend training sessions could also be a challenge for some settings.

Similar issues around capacity also affected other professionals such as therapists, sensory impairment teachers, Portage workers, and educational psychologists.

Early on, communication was undertaken solely by email. This was not completely effective and communication moved from email to a knowledge hub platform. This streamlined communication and ensured that emails, dates, venues, content and training material were all in one place and readily accessible.

There were some limitations to collection of data in the first year of the practice. As part of the continuation of the Hubs, measurement of child outcomes has been refined and expanded upon:

> 'in the second year we've decided to refine that data a little bit more and have a little bit more insight, so instead of just asking them to submit data on two children with SEND we've also asked them to submit data on two children who do not have SEND and so we can look at the gap and if it's narrowing. So hopefully this year we'll have a better understanding of what it's really doing and the impact it's having.' (Early Years consultant for SEND, Kingston and Richmond)

Next steps

The Inclusion Hubs will remain in place and continue to cascade learning, helping to develop skills within settings. Work is in train to raise awareness of the hubs so that more settings can access them, and on refining data collection and impact assessment.

The development of the hubs has led to other innovations in collaborative practice in early years, SEN and disability:

> 'we developed the Chat and Play model in children's centres to open it up to parents to say, you can meet with a speech and language therapist, educational psychology, someone from Portage, someone from OT, someone from physio, to talk about your child's needs. And we had the benefit of the lead practitioners from the children's centres attending those settings who'd had the whole of the hub training, the trainers who delivered the hub training, myself as well, and the parents coming together.' (Early Years consultant for SEND, Kingston and Richmond)

Case Study 5: County Durham: ensuring successful transitions from early years settings to Reception Year

What does it involve?

The local area has a well-established Early Years SEN and Disability Panel which provides access to High Needs funding for nursery age children accessing their early years education entitlement. It identified that while children were receiving their required additional funding in nursery, this was not always continuing as they made the transition to school.

A few years ago, they introduced 'pre-emptive requests' for top-up funding to support transition of children from nursery to school. The local authority supports the transition by working with the early years providers to provide some of the required evidence for their top up funding application before children begin school. This includes sharing the child's support plan and attending transition meetings.

How long has the practice been in place?

The local area's Early Years SEN and Disability Panel has been in place and supporting successful transitions to Reception Year across the local area for some time.

What is the impact?

Informal feedback has shown that the practice is having a positive impact on children's transition to school. One of those involved in establishing the practice described its impact:

> 'the year after we introduced it we had much less number of calls, the anxious calls from head teachers in those first few weeks of autumn term. We definitely had more positive feedback as well from parents.'

The practice supports teachers to prepare to meet children's needs from the beginning of school, which, in turn, helps them feel secure as they make the transition from nursery.

What helps to make the practice effective?

The effective joined up working in County Durham and the improved accessibility of early years settings were highlighted as keys to the success of the practice. The area has a very high take-up of Disability Access Funds (around 80%) demonstrating that most children who are eligible for support are able to access it. The different professionals and settings working in the area communicate effectively which supports early intervention for children who need it:

> '…we have really strong relationships with our health visiting service again in Durham. We've done quite a bit of work lately around the broader vulnerable children working and linking into strategic work on child poverty.'

What have been the challenges or barriers to progress in establishing and maintaining the practice?

Overall, establishing the practice was straightforward and did not require additional resources. However, in developing it, the local area recognised that some schools were less inclusive than others. Since the area's early years provision is so strong, some schools worried that they were not equipped to meet the needs of children moving into Reception and would not have the resources to do so. The local area worked hard to support schools that were reluctant to take children with SEN and/or disabilities and to ensure those worries were not realised.

Next steps

Now the practice is established the local authority plans to keep it going and better measure its impact. This will help to embed the practice locally and support a smooth transition to school for all children with SEN and/or disabilities. It will also help to empower teachers and schools to plan and prepare for meeting the needs of children with SEN and/or disabilities entering reception classes.

> 'What we were finding, […] last year or the year before, with the work that we were doing and the relationships we had with settings, we realised we were sitting with information last year in some areas where we knew, for example, that a school was going to have six children with autism going into one of their Reception classes just because we [knew] the children in that patch. We just want to formalise all of that now and put a framework around it so that we can help our schools, and give our parents that little bit more confidence that things are going to be in place.'

Case Study 6: Warwickshire: local leadership of SEN and disability in the early years

What does it involve?

Warwickshire Inclusion Kite-marking Scheme (WIncKS) is a quality assurance kite mark awarded for excellent inclusive practice. The award is celebrated annually. Early years settings submit evidence to a moderation panel of professionals and parents and carers. Award winners are required to demonstrate excellent universal provision and:

- Targeted, additional or different provision offered for children with SEN and disabilities
- Communication and partnership with families of children with SEN and disabilities
- An ethos and commitment to inclusion in written policies as well as daily practice

The scheme currently includes 54 early years settings spread across the local area. It is up to individual nurseries, pre-school settings and childminders to apply for the scheme. However, some settings are actively encouraged, either because the WIncKS team recognise they are already demonstrating good inclusive practice or because their involvement would secure greater geographical coverage.

WIncKS settings are encouraged to visit and learn from each other, and sometimes share practice with other settings that are not part of the scheme. Apart from the merit of improving and sharing practice, settings are incentivised to join the scheme with discounted training offers and reduced form filling for referrals.

How long has the practice been in place?

The Warwickshire Inclusion Kite Marking Scheme has been in place across the local area for 3 years.

What is the impact?

The widespread take-up of the scheme demonstrates its popularity across the local area. Apart from positive feedback from early years practitioners involved with WIncKS, there is anecdotal evidence from parents and carers about the positive impact the scheme has had on their children:

> 'All this unwavering positivity towards O* meant he thrived, made progress and was extremely happy and felt safe.' (Parent/carer of a child in a WIncKS setting)

What helps to make the practice effective?

The key factor is the commitment and enthusiasm of those involved, from practitioners to parents and, crucially, local leaders. At all levels, those engaged are dedicated to inclusion and the wellbeing of young children with SEN and disabilities. This shared commitment has led to a high degree of joint working among a wide range of professionals, which has contributed greatly to its success.

WIncKS is based on thorough research and a good understanding of the local context and background. The practice started out as a project based on a doctoral study on SEN and disability and inclusion in the early years. This gave an insight into the patterns of need and provision:

> 'We did a lot of postcode research about where the good practice is but also where it needs to be and looking at numbers of children, looking at the five different districts of Warwickshire and the socio-economic makeup. There was quite a lot of background research, but that research is probably being asked for anyway in local authorities.' (Strategic manager, Warwickshire)

What have been the challenges or barriers to progress in establishing and maintaining the practice?

Local leadership has been crucial to the success of the WincKS but, as in other local areas, it has required some effort to keep early years on the local agenda.

Some old habits and assumptions needed to be challenged and reassessed as the programme was rolled out across the local area:

> 'there were some questions about, 'Well, what if some settings then get all the children with special needs,' there was a few questions like that. Sometimes I got a little bit of resistance from some schools saying, 'If our local nurseries have got all these children with special needs we're going to get them all,' but those sorts of comments were few and far between.' (Strategic manager, Warwickshire)

Next steps

There are plans to maintain and expand the WIncKS scheme among nurseries, pre-school settings and childminders in the local area and to offer WIncKS settings additional specialist training and resources wherever possible in order to build on their expertise in SEN, disability and inclusion.

Appendix 1

The definitions of special educational needs and special education provision: sections 21 and 22 Children and Families Act 2014

Section 20: When a child or young person has special educational needs

(1) A child or young person has special educational needs if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her.

(2) A child of compulsory school age or a young person has a learning difficulty or disability if he or she—

(a) has a significantly greater difficulty in learning than the majority of others of the same age, or

(b) has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

(3) A child under compulsory school age has a learning difficulty or disability if he or she is likely to be within subsection (2) when of compulsory school age (or would be likely, if no special educational provision were made).

(4) A child or young person does not have a learning difficulty or disability solely because the language (or form of language) in which he or she is or will be taught is different from a language (or form of language) which is or has been spoken at home.

(5) This section applies for the purposes of this Part.

Section 21: Special educational provision, health care provision and social care provision
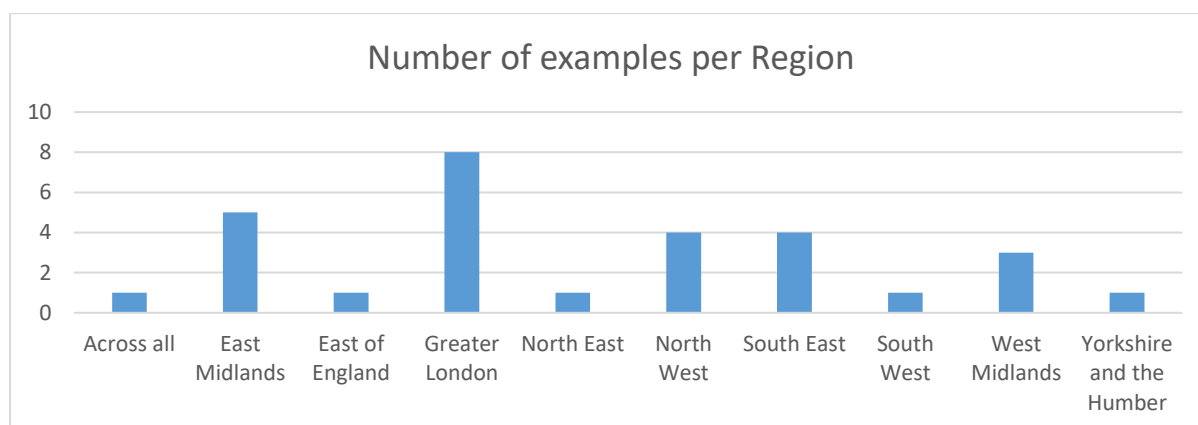
(1) "Special educational provision", for a child aged two or more or a young person, means educational or training provision that is additional to, or different from, that made generally for others of the same age in—

(a) mainstream schools in England,

(b) maintained nursery schools in England,

(c) mainstream post-16 institutions in England, or

(d) places in England at which relevant early years education is provided.

(2) "Special educational provision", for a child aged under two, means educational provision of any kind.

(3) "Health care provision" means the provision of health care services as part of the comprehensive health service in England continued under section 1(1) of the National Health Service Act 2006.

(4) "Social care provision" means the provision made by a local authority in the exercise of its social services functions.

(5) Health care provision or social care provision which educates or trains a child or young person is to be treated as special educational provision (instead of health care provision or social care provision).

(6) This section applies for the purposes of this Part.

Appendix 2: Examples of EYSEND practice

For this research we selected 29 examples of local practice identified as being effective in supporting children with special educational needs (SEN) and disabilities in the early years. The criteria used for selecting the examples included geographical spread, involved people, and thematic spread.
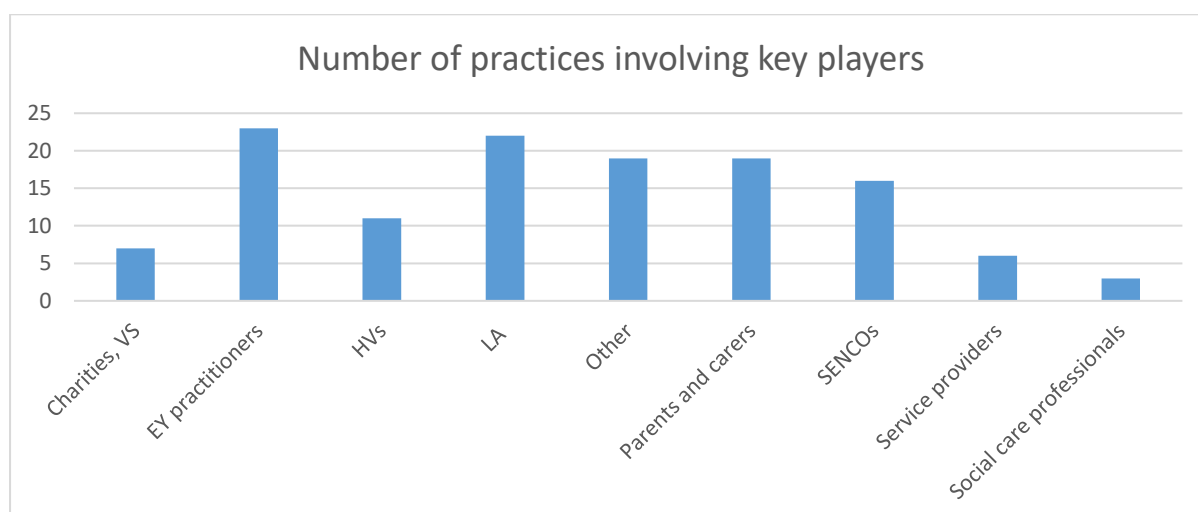
Geographic spread

The regions that provided the most examples were Greater London, the East Midlands, the Northwest and the Southeast. However, the selection was a result of available material and our assessment of this material, and the number of examples per region does not necessarily reflect the number of EY SEND practices taking place in each region.

Number of examples per Region

Region	Count
Across all	1
East Midlands	5
East of England	1
Greater London	8
North East	1
North West	4
South East	4
South West	1
West Midlands	3
Yorkshire and the Humber	1

Those involved

All of the examples included here involved a range of different agencies and professionals working together to implement the EY SEND practice in question. The players included in most examples were EY practitioners, Local Authorities and parents/carers. Overall, there were 33 different key players involved with the 29 practices.

Number of practices involving key players

Key player	Count
Charities, VS	7
EY practitioners	23
HVs	11
LA	22
Other	19
Parents and carers	19
SENCOs	16
Service providers	6
Social care professionals	3

Themes

The following themes were identified during the analysis as being relevant to improved outcomes for children with SEN and disabilities. The last set of themes (iii. Practice Themes) were set out in advance of the research to categorise the collection of background information – see Appendix 3).

i. Local area + respondent
- o   Region + LA
- o   Organisation
- o   Job title

ii. Effective practice
- o   Practice
- o   Involved people
- o   Impact
- o   Challenges
- o   Enablers
- o   Established-emerging
- o   Spread
- o   Length
- o   Future

iii. Practice themes
1. Staff skills and access to support and advice:
2. Special educational provision:
3. Joint working:
4. Transition into Reception year:
5. Local leadership of SEN and disability in the early years

Number of examples per theme
N=29

Theme	Number
1. Staff skills and access to support and advice	12
2. Special educational provision	6
3. Joint working	6
4. Transition into reception year	2
5. Local leadership of SEND in the early years	3
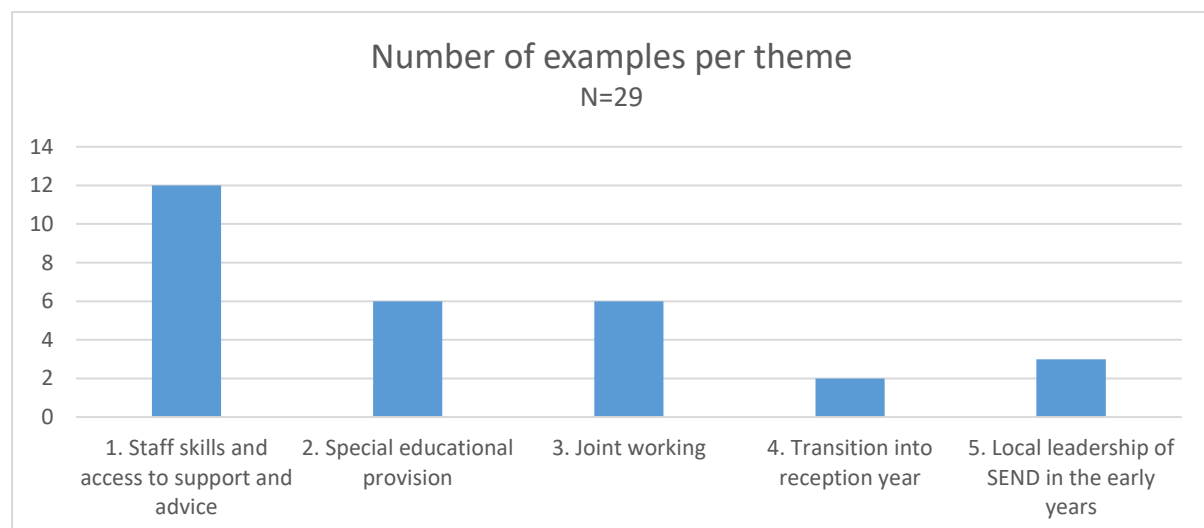
Appendix 3: Methodology

Between December 2019 and March 2020, NCB, CDC and nasen worked with the DfE to undertake qualitative research into effective practice in the early years for young children with SEN and disabilities.

The work was overseen through regular contact with the DfE and by a Steering Group that brought together key organisations and national agencies. The work was organised in three overlapping stages:
- Gathering evidence and selecting examples
- Data analysis
- Discussion of findings and development of materials

CDC and nasen were supported in the early and late stages of the work by the Partners in the EYSEND Partnership, I CAN, The Communication Trust and contact, and by the research team and consultants with specific expertise who, together, formed the Working Group. The main analysis and research stage was led by the NCB research team.

The work was co-ordinated with other DfE and DfE-funded work, for example the DfE Provider Survey and the Early Intervention Foundation's Best in Class project.

Gathering evidence and selecting examples

A framework was developed for the gathering of evidence of effective practice.

Effective practice was defined as practice that:
- leads to improved outcomes for children with SEN and disabilities at the end of the Early Years Foundation Stage, or
- contributes to indicators linked to improved outcomes.

These indicators included, but were not restricted to:
- increased take-up of the 15 hours and the extended offer;
- improved parental experience;
- improved data on children with SEN and disabilities, shared between agencies;
- skilled, confident and supported staff in early years settings;
- successful and timely admission to reception year.

Themes, relevant to improved outcomes, were identified and developed into a framework for the research. The themes and sub-themes are set out in Appendix 2.

Data collection, stage 1:

Between 11th December 2019 and 15th January 2020, a call for evidence was circulated through a wide range of networks, to identify examples of effective practice at a local area level. 343 nominations were received from a range of sources, including local areas, OFSTED and CQC reports, and EYSEND programme case studies.

- 120 (35%) examples of staff skills and expertise
- 59 (17%) examples of SEN provision
- 77 (22%) examples of joint working
- 43 (13%) examples of transition

- 32 (9%) examples of leadership
- 12 (4%) examples of other practice

On the basis of the available information, the Working Group put forward 71 examples to the research team for the qualitative research.

The selection of local areas for qualitative work was reviewed with the research team, and balanced as far as possible for spread across the country and across the themes and sub-themes. A total of 63 examples were put forward to the next stage. The framework for identifying effective practice was also reviewed.

In parallel, a wide range of background research was brought together by EYSEND Partners and consultants. This research is summarised in the first section of this report.

Data collection, stage 2:

The more detailed stage of the analysis of local practice was led by the research team. Survey tools and interview schedules were developed. The survey was designed to gather information about:
- the different contexts in which effective practice operates
- key features of the effective practice, including evidence of impact
- the challenges encountered in developing effective practice
- factors that support the development of effective practice
- its sustainability.

The survey was circulated to 47 local areas, some of which had provided several practice examples. 21 responses were received. Four responses had to be omitted, either because they were not relevant or because the respondent did not want to share the information, leaving 17 responses to be used in the analysis. Whilst the research team had hoped for a higher return rate, some of the submissions during stage 1 of the data collection were rich enough to allow further analysis. By going back to this information, the research team were able to incorporate a further analysis into the research.

Data collection, stage 3:

On the basis of the responses to the survey, the research team followed up with in depth face-to-face interviews in 14 local areas, to gather more detailed information. As far as possible, for the purposes of triangulating views, the interviews were carried out with at least two people in each local area. The interviews were planned for March and, as travel became restricted during the COVID-19 pandemic, virtual interviews were held rather than face-to-face. The pandemic also meant that Local Authority capacity was stretched, and a number of interviews had to be postponed or cancelled. Because of these last minute changes, the last interview was conducted less than 24 hours before the deadline. Given the challenging circumstances at the time of writing, getting the 14 interviews in place for the analysis was an achievement.

Data analysis

In the end, data was obtained about 29 examples of effective practice from 22 local areas and organisations:

No	Local Area or organisation	Background evidence (stage 1)	Survey (stage 2)	Interview (stage 3)	Submitted more than 1 practice example
1	Bexley	✓	✓	✓	No
2	Bromley	✓	✓	✓	Yes
3	Cheshire East	✓		✓	No
4	Cornwall	✓		✓	No
5	Derbyshire	✓	✓	✓	Yes
6	Dingley's Promise	✓	✓	✓	No
7	Durham	✓		✓	No
8	Ealing	✓	✓	✓	No
9	Early Years Alliance	✓	✓		No
10	Islington	✓	✓	✓	No
11	Kingston and Richmond	✓	✓	✓	Yes
12	Knowsley	✓			No
13	Leicester City	✓	✓	✓	No
14	Leicestershire	✓	✓		Yes
15	Lewisham	✓	✓		No
16	Reading	✓	✓		No
17	Tameside	✓			No
18	Thurrock	✓	✓		No
19	Trafford	✓			No
20	Warwickshire	✓	✓	✓	No
21	West Yorkshire	✓	✓	✓	No
22	Worcestershire	✓	✓	✓	Yes

All the data collected during stage 2 and 3 was imported into the Nvivo for qualitative, thematic analysis. Across the different data sources, a thematic framework was devised and refined throughout the analytical process. This led to a fine-grained analysis that highlighted the key features of effective practice and allowed for the identification of suitable case studies. The findings of the qualitative research form the body of these materials, with six case studies in Appendix 1, on pages 14-26.

Discussion of findings and development of materials

A combined Working Group and Steering Group met on March 12th to discuss the background research, the progress of the qualitative research, the early findings, and to plan the most useful format for bringing together and publishing the materials. It was agreed that the best way to progress was to organise the research thematically, within the framework developed during the analysis stage. The main audience was expected to be LAs and providers, with health agencies, parent support groups and specialist services also targeted. Because if the pandemic, subsequent discussion and consultation on drafts was by email and virtual meetings.

Themes in the analysis of effective practice

The following themes are identified as being relevant to improved outcomes for children with SEN and disabilities. These themes include, but are not restricted to:

1. Staff skills and access to support and advice:
- SEND training and support across LAs, for children who do not have an EHCP, including the training of setting SENCOs;
- Training and support for settings in working with parents of young children with SEN and disabilities, including: discussions related to the identification of needs, and signposting to sources of support for parents;
- Support and advice available to settings from area SENCOs, EPs, hearing, vision and physical impairment services, speech and language therapy, and other specialist services such as Portage.

2. Special educational provision:
- A good understanding by settings of the provision that they are expected to make 'ordinarily available'; and what provision or services settings can expect to be provided by the local authority;
- Widespread use of reasonable adjustments to remove barriers and include young disabled children;
- Related to that, good promotion by local authorities, and good use by settings of the Disability Access Fund and a focus by local authorities on using their SEN Inclusion Funds and Early Years Pupil Premium to improve outcomes;
- The use of EHCPs to deploy additional provision or funding and the engagement of parent/carers in the process;
- The use of special school provision in the early years;
- A good understanding by settings and LAs of the impact and cost of different types of provision.

3. Joint working:
- A good understanding of the needs of the local population of young children;
- Health agencies informing their LA of a child with SEN, and clear responses by the local authority;
- Good support by health providers for settings with children with a range of medical needs;
- The joint commissioning of speech and language therapy services and other services provided in the early years;
- Good work by settings and health visitors with parents, to provide an integrated review between the ages of 2 and 3.

4. Transition into Reception year:
- A clear focus on successful and timely admission into Reception with age cohort;
- Good support from settings and services as children move into Reception;
- Timely assessments of EHC needs and the development of EHC plans in relation to transition.

5. Local leadership of SEN and disability in the early years:
- Strong understanding, engagement and support of senior leaders and elected members for early years and SEN and disability;
- Priority given to early identification and early intervention through policy and the deployment of resources;
- Strong joint working by local agencies to secure good outcomes;
- Monitoring of outcomes for children with SEN in early years.

Acknowledgements