

# *Spilsby Playgroup*



## ***SEND – Identification, Assessment and Support Policy***

**2024**

## **Identification, assessment and support for children with SEND**

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

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

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

### **Graduated Approach**

Initial identification and support (identifying special educational needs)

- Ongoing formative assessment forms part of a continuous process for observing, assessing, planning and reviewing children's progress.
- Children identified as having difficulty with one or more area of development should be given support by applying some simple strategies and resources.
- For most children application of some simple differentiation approaches will be enough to build confidence and help the child develop, SEN Support: Initial record of concern form can be used for this purpose (Appendix 1).
- If despite applying differentiated strategies a child continues to struggle and is showing significantly more difficulty with learning than their peers or has a disability which requires specific adjustments, then the key person should raise a concern with the setting's SENCo and manager and the child's parents.

### **Observation and assessment of children's SEN**

Where a child appears to not be at expected levels, or their progress gives cause for concern, educators should consider all the information about the child's learning and development from within and beyond the setting.

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

### **Planning intervention**

- Everyone involved with the child should be given an opportunity to share their views. Parents should be encouraged to share their thoughts on the child's difficulties and be involved in the decision as to what will happen next.
- A first intervention option may be to carry on with applying differentiated support and to review the child's progress at an agreed date. If the child's needs are more complex, then the decision maybe to go straight ahead and prepare SEN support: Action plan (Appendix 2) with detailed evidence-based interventions being applied straight away and simultaneously external referrals made.
- If relevant, then the child should be appropriately included in development of the action plan but only at a level which reflects their stage of comprehension.
- SEN support: Action plan (Appendix 2) described below, ensures that children that are identified, or suspected of having a SEN will receive the right level of support and encouragement with their learning and development as early as possible.

### **Involving the child**

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

- Establishing effective communication is essential for the child's involvement.

### **SEN action plan**

- SEN support: Action plan, (Appendix 2) should show what support is required to help achieve outcomes for the child and detail the frequency of these interventions and who will apply them and with what resources.
- A review date (at least termly) should be agreed with the parents so that the child's progress can be reviewed against expected outcomes and next steps agreed.
- A copy of the plan is stored in the child's file so that any other member of staff or an inspector looking at the file will see how the child is progressing and what interventions have been or are being applied.
- If a child requires specific medical interventions during their time in the setting, Health care plan form should also be completed (Appendix 3) and integrated into the general plans to ensure the child's medical needs are known and safely met.
- The action plan should provide an accessible summary of the child's needs, which can be used if further assessment is required including a statutory Education Health and Care (EHC) Assessment, and development of an EHC plan.

### **Drawing up a SEN action plan**

- If external agencies are already involved at this stage, then they should also be invited to help decide on what appropriate interventions are needed to help meet outcomes for the child. The SENCO will take the lead in coordinating further actions including preparation of the action plan and setting short-term targets.
- Where there are significant emerging concerns (or an identified special educational need or disability) targeted action plans are formulated that relate to a clear set of expected outcomes and stretching targets.
- SEN support: Action plan (Appendix 2), highlights areas in which a child is progressing well; areas in which some additional support might be needed and any areas where there is a concern that a child may have a developmental delay (which may indicate a special educational need or disability). It describes the activities and strategies the provider intends to adopt to address any issues or concerns.
- Planned intervention will be based on the best possible evidence and have the required impact on progress with longer-term goals covering all aspects of learning and development and shorter-term targets meeting goals.
- The plan will focus on the needs of the child, the true characteristics, preferences, and aspirations of the child and involvement of the parents with a clear set of targets and expected outcomes for the child. Effective planning at this stage should help parents and children express their needs, wishes, and goals:

- focus on the child as an individual and not their SEN label
- be easy for children to understand and use clear ordinary language and images, rather than professional jargon
- highlight the child strengths and capacities
- enable the child, and those who know them best, to say what they have done, what they are interested in and what outcomes they are seeking in the future
- tailor support to the needs of the individual
- organise assessments to minimise demands on families
- bring together relevant professionals to discuss and agree together the overall approach
- If the child fails to make progress and multi-agency support is sought, then it is at this point that Early Help/CAF assessment should be considered.

### **Record keeping**

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

- the initial cause for concern and the source of this information, (the progress check at age two and/or outcomes of previous interventions). SEN support: Initial record of concern form (Appendix 1) can also be used for this purpose drawing information from other sources
- the initial discussion with parents raising the possibility of the child's SEND
- the views of the parents and other relevant persons including, wherever possible, the child's views;
- the procedures followed with regard to the Code of Practice to meet the child's SEND e.g. SEND action plan, referrals to external agencies and for statutory assessment
- evidence of the child's progress and any identified barriers to learning
- advice from other relevant professionals; and all subsequent meetings with parents and other persons and any subsequent referrals

Records may include

- observation and monitoring sheets
- expressions of concern
- risk assessments
- access audits (Appendix 4)
- health care plans (including guidelines for administering medication)
- SEN action plans

- meetings with parents and other agencies
- additional information from and to outside agencies
- agreements with parents
- guidelines for the use of children's individual equipment; Early help CAF referrals
- referral to the local authority identifying a child's special educational needs and request for statutory Education, Health, Care (EHC) needs assessment; and a copy of an EHC plan

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

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

Statutory education, health and care (EHC) assessment and plan

### **Statutory assessment**

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

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

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

### **External intervention and support**

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

### **Further guidance**

[SEND Code of Practice: 0 to 25 years](#) (DfE and DoH 2015)

Appendix 1:

## Spilsby Playgroup

### SEN Support: Initial record of concern form

Name of child:

DOB:

\_\_\_\_\_

\_\_\_\_\_

Name and role of person recording concern:

Date:

Nature of concern:

Observation notes  
(detail evidence here):

Parents informed of concern and their views are known?

Yes

No

Notes:

Curriculum differentiation applied?

Yes

No

Notes  
(detail when and how)

Other adjustments made?

Yes

No

Notes  
(detail when and how)

Next steps



Appendix 3:

## Spilsby Playgroup

### SEN Support - Action plan

**Date:**

**My name is:**

**This is Me!**

*IMAGE OF CHILD*

**My DOB is:**

**I can:**

- 
- 

**I would like to:**

- 
- 

**This is what is important to me:**

- 
- 

**I can't do everything I like because:**

- 
- 

**My parents/carers think:**

- 

**My key person thinks:**

- 

**I receive help from:**

- 
- 

**I already have this help from my setting:**

- 
- 

**I would like to try this activity**

- 

**When and where?**

- 

**With whom?**

- 

**With what?**

- 

**The outcome should be:**

- 

**I may also like to try to**

- 

**When and where?**

- 

**With whom?**

- 

**With what?**

- 

**The outcome should be:**

- 

**My parents/carers will help me by:**

- 

**We will look at my plan again on:**



**Action plan - Recording Sheet**

**Name of child:**

**Key person:**

**Planned objective:**

**Date:**

**Activity:**

**Outcomes:**

**Persons present:**

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| Date: | Activity: | Outcomes: | Persons present: |
|-------|-----------|-----------|------------------|
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**Notes:**

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**Action plan - Review sheet**

**Name of child:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**People present at this review:**

**Planned objectives:**

**Outcome (setting):**

**Outcome (home):**

**Next steps:**

### Appendix 3:

## Health care plan

*Please note that this form must be used alongside the individual child's registration form which contains emergency parental contact and other personal details.*

|  |  |
|--|--|
| <b>Name of Child</b>                                 |  |
| <b>Date of Birth</b>                                 |  |
| <b>Child's address</b>                               |  |
| <b>Contact information for family or main carers</b> |  |
| <b>1.Name</b>  |  |
| <b>Relationship to child</b>                         |  |
| <b>Contact numbers</b>                               |  |
| <b>2. Name</b>                                       |  |
| <b>Relationship to child</b>                         |  |
| <b>Contact numbers</b>                               |  |
| <b>Medical diagnosis, condition or allergy</b>       |  |
|  |  |
| <b>Clinic or Hospital contact</b>                    |  |
| <b>Name</b>  |  |
| <b>Phone no.</b>                                     |  |
| <b>GP/Doctor</b>                                     |  |
| <b>Name</b>  |  |
| <b>Phone No.</b>                                     |  |

**Describe medical needs and give details of symptoms**

**Risk assessment completed?**

**If no, please state why?**

**If yes please include details here**

**Date completed:**

**Daily care requirements e.g. before meals/going outdoors**

**Describe what constitutes an emergency for the child and what actions are to be taken if this occurs**

**Name/s of staff responsible for an emergency situation with this child**

**Parent/carer and person completing this form must sign below to indicate that the information in this plan is accurate and the parent/carer agrees for any relevant procedures to be carried out**

|                        |           |      |
|------------------------|-----------|------|
| Parent's name          | Signature | Date |
| Key person's name      | Signature | Date |
| Setting Manager's name | Signature | Date |

For children requiring lifesaving or invasive medication and/or care, for example, rectal diazepam, adrenaline injectors, Epipens, Anapens, JextPens, maintaining breathing apparatus, changing colostomy or feeding tubes, approval must be received from the child's GP/consultant, as follows:

I have read the information in this Individual Health Plan and have found it to be accurate.

|                        |  |       |  |
|------------------------|--|-------|--|
| Name of GP/consultant: |  | Date: |  |
| Signature:             |  |       |  |

**Review completed (at least every six months)**

|                        |           |      |
|------------------------|-----------|------|
| Parent's name          | Signature | Date |
| Key person's name      | Signature | Date |
| Setting manager's name | Signature | Date |

**Copies circulated to:**

Parents

Child's personal records (with registration form)

GP/Consultant – if required



**Appendix 4:**

**Access audit form**

| +Checked Area   | Evident    |           | Comments/Action i.e. further |
|---|------------|-----------|------------------------------|
|   | Yes        | No        |                              |
| <b>Approach to the building</b>   |            |           |                              |
| Are there disabled parking facilities?  |            |           |                              |
| Are kerbs lowered?  |            |           |                              |
| Is the entrance gate wide enough for wheelchair users?  |            |           |                              |
| Are there orientation landmarks for visual impairment?  |            |           |                              |
| Is the route clearly signed?  |            |           |                              |
| Are support rails/resting platforms provided on inclines?   |            |           |                              |
| Are all surface coverings, even and non-slip?   |            |           |                              |
| Are pathways clear of obstructions?   |            |           |                              |
| Are all areas adequately lit?   |            |           |                              |
| Do steps and handrails accompany ramps?   |            |           |                              |
| Are steps suitable and highlighted for differentiation?   |            |           |                              |
| Are resting platforms available and highlighted?  |            |           |                              |
| Are all surface coverings, even and non-slip?   |            |           |                              |
| Is there adequate lighting at the front and on the route to the building?                           |            |           |                              |
| <b>Entrances</b>  | <b>Yes</b> | <b>No</b> |                              |
| Is there an entry phone and/or a doorbell and is at a reasonable height for wheelchair users?       |            |           |                              |
| Is there a level or flush threshold?  |            |           |                              |
| Are doors easy to open and doorways wide enough for all users to pass through and clear door swing? |            |           |                              |

|   |            |           |  |
|---|------------|-----------|--|
| Are glazed doors marked for safety/visibility?  |            |           |  |
| <i>Door close mechanism appropriately adjusted (to ensure they do not close too quickly)?</i>                         |            |           |  |
| Door control (handle/knob) at a suitable height/clearly located and easy to use?                                      |            |           |  |
| Information on welcome board in a range of formats and at an appropriate height to suit varying needs?                |            |           |  |
| Is the entrance signposted and easy to find?  |            |           |  |
| <i>Is the route to the destination clearly marked?</i>  |            |           |  |
| If applicable, is the doormat in a good condition and flush with floor?   |            |           |  |
| If an induction loop is fitted, is it working?  |            |           |  |
| Can people either side of the door be seen?   |            |           |  |
| Are surfaces non-slip?  |            |           |  |
| Is lighting adequate?   |            |           |  |
| <b>Inside the building</b>  | <b>Yes</b> | <b>No</b> |  |
| Are all floor surfaces suitable?  |            |           |  |
| Are the acoustics of the building suitable for adults with hearing impairments?                                       |            |           |  |
| <i>Are there colour and tonal contrast to help distinguish fixtures and fittings from surfaces, walls and floors?</i> |            |           |  |
| <i>Is there a disabled WC facility no further than one floor away from the room being used?</i>                       |            |           |  |
| Handrails available at varying heights in the WC?   |            |           |  |
| Support rails available in relevant areas?  |            |           |  |
| Is the environment free from unnecessary noise?   |            |           |  |

|   |  |  |  |
|---|--|--|--|
| Audible, manual and mechanical alarm systems supplemented with visual and verbal warnings?  |  |  |  |
| Are all areas in the building wide enough for adults using mobility equipment to manoeuvre? |  |  |  |
| Internal lobbies/doorways sufficient for manoeuvring?                                       |  |  |  |
| Fittings fixed without dangerous edges?   |  |  |  |
| Control of natural/artificial light to avoid glare/silhouettes and is lighting adequate?    |  |  |  |
| Clutter-free travel routes (coats, bags on floor)   |  |  |  |
| Door control (handle) suitable height/clearly located and easy to use?                      |  |  |  |