

Section C Appendices

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Appendix EY 1: Gateshead Early Years SEND Local Offer (Education)

As a local authority we have statutory duties to support your child if they have been identified with a special educational need or disability.

We offer to:

- identify and assess needs of pupils with Special Educational Needs / Disability (SEND) and provide appropriate provision for your child.
- provide high quality support and service delivery to schools
- improve accessibility to curriculum, premises and written information for pupils with SEN and disability
- develop co-ordinated multi-agency provision
- plan strategically with schools and other significant partners to develop systems for monitoring and accountability for SEND
- keep LA arrangements for SEND provision under review
- promote high standards in education for pupils with SEND
- provide independent consultation service for parents/carers of pupils with SEND

Every child with SEND should have their needs met and as far as possible within a mainstream setting with access to a broad balanced curriculum. Within Education services in Gateshead we offer a variety of services and support to make this possible for your child.

Early years settings / schools are expected to apply the above principles to their everyday policies, practices and procedures. Settings and schools are also specifically required to appoint a Special Educational Needs Coordinator (SENCO) and have a special educational needs or inclusion policy in place.

What is the progress check at age two?

The Early Years Foundation Stage (EYFS) requires that parents and carers must be supplied with a short written summary of their child's development in the three prime learning and development areas of the EYFS: Personal, Social and Emotional Development; Physical Development; and Communication and Language; when the child is aged between 24-36 months.

The EYFS sets the standards for development, learning and care of children from birth to age five. All registered early years providers are required to follow the framework from September 2012. The progress check has been introduced to enable earlier identification of development needs so that additional support can be put into place.

How / when might your child be identified with Special Educational Needs?

Once an early years practitioner identifies your child needs extra support and help / has a special educational need, discussion will need to take place with the SENCO in your child's school / setting. You should be informed at an early stage and the school / setting should recognise that your knowledge and views are valuable in supporting planning and allowing them to take responsibility for your child's needs and learning.

Meeting the needs of all children is normally achieved through the teacher's / practitioners knowledge of each child's strengths, skills and abilities to provide each child with appropriate access to the EYFS curriculum. If it is considered that your child needs help beyond that which is normally available through differentiation or your child needs interventions that are

additional to and different from those normally provided as part of the EYFS curriculum, then they may contact the Local Authority for extra support and guidance.

What does it mean when your child is identified as having Special Educational Needs?

The term 'special educational needs' (SEN) has a legal definition, referring to children who have learning difficulties or disabilities that make it harder for them to learn or access education than most children of the same age.

Research has shown that identifying children's support needs early is vital if children are to thrive. Early intervention enables parents and professionals to put the right approach in place quickly

Practitioners are encouraged to identify issues early and put in place good support for children to help them to achieve their potential. Help will usually be provided in their mainstream early education setting or school, sometimes with the help of outside specialists

What services are available within Education to support my child?



Where can I go for advice and support regarding appropriate childcare provision?

Early Years and Childcare Service

Early Years and Childcare Service offer support to you and your child by:

- Helping you find appropriate childcare provision
- Supporting childcare settings, to ensure that the needs of all children are met. This can include advice and support and loan of equipment
- Liaising with other agencies to ensure the needs of individual children are met.

**Contact Brenda Graham Tel: 0191 4335135 brendagraham@gateshead.gov.uk
Tyne View Children's Centre Teams Children's Centre Rose Street Gateshead Council
NE8 2LS**

Family Information Service

Gateshead's Children's Family Information Service provides information and advice about childcare and early years services to parents and carers, children and employers.

**Contact Gateshead Family Information Service Tel: 0191 4335118
www.gateshead.gov.uk/familyinfo fis@gateshead.gov.uk
Tyne View Centre, Rose Street, Teams, Gateshead. NE82LS**

Where can I go for further support for my child?

Early Years Area SENCOs.

The Early Years Area SENCOs are a team of specialised teachers who act as consultants to ensure that your child is fully included within their setting/school.

The support they offer includes:

- Observation of your child and advice given on strategies to support your child.
- Supporting early years settings and schools on the early identification and intervention of children with SEN
- Training, supporting and monitoring SENCOs in PVI settings
- Working with yourself and multi disciplinary colleagues to support the inclusion of your child
- Supporting practitioners with referrals to appropriate agencies.
- Promoting inclusive practices within early years settings and schools
- Representing the Local Authority on a variety of multi agency working groups

The Early Years Area SENCOs operate on a non-referral basis and their support can be accessed by contacting your child's health visitor, setting or school.

**Contact Jean Thompson or Melanie Vincent on 0191 4338661
jeanthompson@gateshead.gov.uk melanievincent@gateshead.gov.uk**

Dryden Centre, Evistones Rd, Low Fell, Gateshead. Tyne and Wear. NE9 5UR

The Early Years Inclusion Team

The Early Years Inclusion Team are a team of specialist teachers and teaching assistants that can support you and your child by providing:

- Specialist advice, support and assessment for your child
- Liaise with yourself and multi disciplinary colleagues
- Provide assessment and advice for your child
- Support to schools in developing individual education programmes for your child
- To provide advice around transition for schools and settings.

The Early Years Inclusion Team operate on an open referral system. They accept referrals from parents, professionals or schools/settings to the Early Years Inclusion Team Referral Panel.

**Contact Sheila Ogden Tel : 0191 433 8756 sheilaogden@gateshead.gov.uk
Dryden Centre, Evistones Rd, Low Fell, Gateshead. Tyne and Wear. NE9 5UR.**

Portage

The Portage service is a self-help home teaching scheme for parents of babies and children under five with special educational needs. A trained Portage visitor comes to the home and together with the parent/s work on an activity with the child. Activities focus on things parents would like the child to achieve. The home visitor is trained to devise an individual weekly programme for the child, and the emphasis is on giving parents control and ensuring the success of the child.

The portage team operate on an open referral system. They accept referrals from parents, professionals or schools/settings to the Early Years Inclusion Team Referral Panel.

**Contact Sheila Ogden Tel : 0191 433 8756 sheilaogden@gateshead.gov.uk
Dryden Centre, Evistones Rd, Low Fell, Gateshead. Tyne and Wear. NE9 5UR.**

What happens if my child needs further support and assessment?

The Early Years Assessment Team

The Early Years Assessment Team are a specialised team of a teacher and two teaching assistants, The team work in PVI settings and schools with children aged 2-5 for an intensive period of up to 12 weeks.

The team:

- Offer assessment and support for children from 3 to 5 years within their own setting who are experiencing significant barriers to their development and learning and a more intensive assessment is needed in order to establish the most appropriate learning environment.
- Establish and develop a partnership with parents in supporting children with special educational needs.
- Offer coordinated, holistic and multi-agency assessments, interventions and reviews.
- Developing effective strategies to enable the child to access their education in an inclusive environment.

- Liaise with parents and practitioners to develop appropriate action plans, including individual education and family support plans. .
- Develop and support transition arrangements
- Facilitate access to other services and agencies

Referrals are made by professionals already working with your child to the Early Years Assessment Panel.

Contact Jane Higgin Tel@ 0191 4410123 janehiggin@gateshead.gov.uk
Gibside School, Burnthouse Lane, Whickham, Tyne and Wear. NE16 5AT

Educational Psychology

Educational Psychologists advise parents, schools and Local Authority on children's special educational needs and play a key role in the statementing process. They can help your child by offering:

- Individual and group work for children
- Support and advice for parents; at times forming a bridge between home and school by listening to and exploring their concerns
- Inclusion and equal opportunities
- Special Educational Needs
- The transition process
- Behavioural issues

Most referrals are made by schools and settings to the service directly. However, parents may refer directly to the service.

Contact Angela Foley Tel : 0191 433 angelafoley@gateshead.gov.uk
Dryden Centre, Evistones Rd, Low Fell, Gateshead. Tyne and Wear. NE9 5UR.

What happens if my child needs specialist provision?

After a period of assessment and support from the services above, it may be recommended that your child would benefit from an assessment or placement in a specialist provision within Gateshead. Yours and your child's views of parents and child will always be sought and taken into account

Specialist Early Years Provision

In Gateshead, we offer the following Early Years Specialist Provision:

Additional Resourced Mainstream Schools (ARMS) - there is currently provision for Foundation Stage Children at St Wilfrids RC Primary (Nursery and Reception – Complex Learning Difficulties), Bill Quay Primary and Washingwell Primary (Reception children with Autism Spectrum Condition (ASC) diagnosis), High Spen Community Primary School Hearing Impairment Bede Primary (Behavioural, Emotional and Social Difficulties) Brandling Primary (Reception children with Language Difficulties) and Swalwell Community Primary School (Physical Difficulties)

Gibside School - Gibside School offers Nursery and Reception class placements for children with severe learning difficulties and ASC. Placement at Gibside is usually following a Statement of Special Educational Needs, although they offer a small number of assessment places within the Early Years.

Referral for specialist provision is by professionals working with your child through the Special Educational Needs Provision Panel.

For further information please contact Deborah Mason 0191 4333575
deborahmason@gateshead.gov.uk Gateshead Civic Centre Regent Street Gateshead
NE8 1HH

NEED A GLOSSARY OF TERMS / ABBREVIATIONS OR WILL THIS BE FOR WHOLE DOCUMENT?

Appendix EY 2: National Curriculum assessments Early Years Foundation Stage Profile Handbook 2013: Special Educational Needs assessment reference

3. Inclusion

The EYFS Profile is an inclusive assessment, capable of capturing a wide range of children's learning and development outcomes. For some children, the processes of observation and assessment present a particular challenge to practitioners, which must be addressed for attainment to be accurately judged and recorded. This challenge applies both to

- Understanding how some children might demonstrate attainment at the level expected at the end of EYFS; and
- How to capture the attainment of children whose development is judged to be at the emerging level.

3.1. Children with special educational needs and disability

The range of special educational needs and disability (SEND) is diverse and includes physical, emotional, sensory and learning needs.

For children with SEND the setting will develop additional relationships with other professionals. It is vital that communication between all professionals and the child's parent is strong so that a clear picture is gained of the child's learning and development.

Observational assessment is the most effective way of making judgements about all children's learning and development. Depending on their special educational need, children will demonstrate their learning and development in different ways. Practitioners observing the child involved in day to day activities must take account of the following:

- Where any item in the EYFS Profile contains the word 'talks' or 'speaks' children can use their established or preferred mode of communication; and
- The need to be alert to the child demonstrating attainment in a variety of ways, including eye pointing, use of symbols or signs.

Any adaptations children use to carry out their activities, such as mobility aids, magnification or adapted ICT and equipment, should be employed so that practitioners come to know all children at their most capable.

Where a child's learning and development does not yet meet the description of the level expected at the end of the EYFS for an individual ELG, the outcome will be recorded as emerging. Further information is available in the Development matters guidance, which is available from the Department's website at www.education.gov.uk/eyfs. The child's learning should be described in relation to these earlier developmental statements. Practitioners should also record details of any specific assessment and provision in place

for the child, and use this comprehensive record as a basis for discussion with parent/carers and to support planning for future learning. This will ensure that parents and carers have

a clear, rounded picture of their child's development and are informed about additional support and future activities.

Appendix EY 3: Legislative changes / implications

Data source for all the following: Department for Education Indicative Draft: The (0-25) Special Educational Needs Code of Practice

- P38: Key points at which SEN may be identified:

From birth to two - Many of the more complex needs, developmental and sensory, are identified at birth. Early health assessments, such as the hearing screening test which is used to check the hearing of all new-born babies, enable the very early identification of a range of medical and physical difficulties such as spina bifida and cerebral palsy, and sensory impairments, such as vision and hearing and deaf-blindness. Health services, including paediatricians, the family's general practitioner, and health visitors, work with these families, and support them in understanding their child's needs and working on their behalf to ensure they can access early support. Where the health services anticipate that the child will have SEN when they start school, they can refer early to education services, so that families can start receiving educational advice, guidance and intervention.

There are several forms of support and provision for this age group. Examples are:

- Early Support is a programme underpinned by a set of principles that aim to improve the delivery of services for disabled children, young people and their families. It enables services to coordinate their activity better and provide families with a single point of contact and continuity through key working.
- Portage is a home-visiting educational service for pre-school children with additional support needs and their families. It is based on the principle that parents are the key figures in the care and development of their children and offers a carefully structured system to help parents become effective teachers of their own children. Parents and children receive regular home visits from their Portage visitor.
- Educational psychologists or specialist teachers such as a teacher of the deaf or visual impairment, or an early years support worker. These specialists may visit families at home, their role being to support parents and the child, answering questions, discussing communication, clarifying needs, and offering practical support.

Through early years providers - As part of their practice, providers will plan and offer activities which help the child reach their full potential. While children develop at their own pace, if a child's progress in any prime area (personal social emotional development, communication and language, physical development) gives cause for concern, practitioners must discuss this with the child's parents and/or carers and agree how to support the child. Practitioners must consider whether a child may have an SEN or disability which requires

specialist support. They should link with, and help families to access, relevant services from other agencies as appropriate.

Progress check at age two - Practitioners must review the progress of 2 year olds and provide parents and/or carers with a written summary of their child's development in the prime areas. The summary must identify strengths and where there is a concern that a child may have a developmental delay (an indication of SEN or disability). If there are concerns, or an identified SEN, practitioners should develop a targeted plan to support the child's learning and development. Professionals should be involved as necessary. If a child moves settings between the ages of two and three, the progress check must be undertaken where the child spends most time.

[Note: From 2015] The integrated review - As part of the Healthy Child Programme, health visitors currently check 2 year old children's physical development. The Government is committed to implementing a single integrated review from 2015. The integrated review will identify the child's progress, strengths and needs and enable appropriate intervention and support for children and their families, where progress is less than expected

Assessment at the end of the Early Years Foundation Stage Profile (EYFS Profile) - In the final year of the Early Years Foundation Stage (EYFS) in which the child reaches five and no later than 30 June in that term, the EYFS Profile must be completed for each child. The Profile provides a picture of a child's progress against expected levels and their readiness for Year 1. The Profile must reflect: on-going observation; all relevant records held by the setting; discussions with parents and carers, and any other adults whom can offer a useful contribution. It must inform plans for future activities and identify any additional support needed.

- P43: Additional SEN Support in Early Years Providers:
 - Early education practitioners working with children should monitor and review the progress and development of all children to differentiate between children who need support to catch up with their peers and those who need Additional SEN Support involving a more tailored approach to address a specific SEN, which is impacting on their ability to learn and develop.

- P47: Early education for two-year-olds from lower income families.
 - The Government has made a commitment to extend the duty to cover more children from September 2014, to around 40% of two year olds.
 - This section will be updated once eligibility criteria for 2014 have been published in spring 2013. One of the criteria proposed in the recent Government consultation was that, from September 2014, a two year old would be eligible for 570 hours of funded early education if they have a current statement of special educational needs, an Education, Health and Care plan or they attract Disability Living Allowance (DLA)

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Appendix EY 5: Comparative table of percentage of children achieving a good level of development at EYFS

	% no SEN					% at SA plus					% with Statement				
	2008	2009	2010	2011	2012	2008	2009	2010	2011	2012	2008	2009	2010	2011	2012
Gateshead	53	48	55	58	60	11	6	7	9	6	0	0	x	x	x
Sunderland	49	58	65	67	70	8	19	14	13	18	0	0	x	x	x
Sunderland / S Tyneside / Durham average	45	54	59	61	64	11	18	19	18	18	1	6	#DIV /0!	#DIV /0!	5
North East	52	56	60	64	66	13	18	21	21	22	4	4	3	3	4
England	53	56	60	63	68	14	15	18	21	23	4	4	5	5	5

Notes:

Percentages are of the total number of pupils with a valid result for every achievement scale

Figures do not include children in private, voluntary or independent schools no longer in receipt of funding

All pupils and regional totals for 2007-2009 data are rounded to the nearest 10

x denotes figures suppressed to protect confidentiality (i.e. low enough numbers that individual pupils could be identified)

Data source:

DfE Statistical First Release: Early Years Foundation Stage Profile Attainment by Pupil Characteristics in England, 2011/12 (published 21 November 2012) - reference ID SFR30/2012

Appendix EY 6: Gateshead Early Intervention and Prevention Strategy 2013-2016

Gateshead Prevention and Early Intervention Strategy



Gateshead Prevention and Early Intervention Strategy 2013-2016

As approved by Gateshead Children's Trust Board
5th February 2013

Foreword

I have great pleasure in introducing Gateshead's Prevention and Early Intervention Strategy.

It sounds so obvious doesn't it? Stopping problems happening, and then tackling them as early as possible just makes sense. Leaving them to get worse can't be right both because the eventual outcomes are almost inevitably going to be worse, and because it costs much more to try and put things right later.

That approach is at the heart of this new strategy.

We have made significant changes to the way we support families, and to how we deliver our statutory social care responsibilities in recent years. We now need to look again at those functions which support children and families where there are lower levels of need, and where we can make a big difference by tackling issues earlier.

We identified early intervention as a key element in Children Gateshead, our plan for children young people and families in Gateshead. We have also prioritised early intervention and prevention as a key 'system improvement' in Active, Healthy and Well Gateshead, our new health and wellbeing strategy.

Prevention and early intervention are not new, but it is becoming clear that we need to review and revise our approach, and in here we set out our proposals for how we think things need to work, and how we will resource them.

This strategy sets out a new approach, and a clear way of working. We intend to transform our approach, and put prevention and early intervention at the heart of our approach.

I invite you to join us in making this happen. It is too important to fail.

Clr Angela Douglas

Cabinet Member for Children and Young People and
Chair, Gateshead Children's Trust

Executive Summary

This strategy sets out a refreshed approach to prevention and early intervention in Gateshead.

It covers the following:

- Definitions of prevention and early intervention and why there is such a focus on them within services for children, young people and families.
- The role of prevention and early intervention within the framework for supporting children and young people. The strategy sets out clearly what we plan to do, and how we intend to work, with an increasing emphasis on the value of early intervention and the activities and programmes we intend to pursue.
- What we plan to do, including a clear statement of how we will work, using the Common Assessment Framework as the approach which links prevention and early intervention to more specialist services, and our commitment to a Lead Practitioner model to ensure that services are coordinated around the needs of families
- How we will resource our activity and measure our progress. The strategy includes a clear outline of resources we are investing in early intervention and the outcomes we are seeking from this intervention.

Introduction

This is a new statement of Gateshead's approach to prevention and early intervention.

We have a firm commitment to early intervention in Gateshead. This is set out in: Children Gateshead, our plan for children, young people and families:

Early intervention and prevention: We need to shift the balance of provision towards early identification of issues and away from seeking to solve problems when it may be too late. We recognise that there will always be a need for specialist services and that there are families where specialist intervention and support are necessary, however by identifying issues earlier and providing appropriate support we would look to ensure that problems do not become entrenched.

It also forms a key element in Active, Healthy and Well Gateshead, our Health and Wellbeing Strategy: Make the most of available resources to secure better, higher quality services – shift more investment towards prevention, early intervention and community provision.

This strategy sets out how we will implement an approach based on prevention and early intervention strategy in Gateshead.

The drivers of change: what is causing us to develop this strategy and think fresh about prevention and early intervention?

1. An increasing recognition that a focus on early intervention and in particular the application of evidence based programmes can make a significant contribution to better outcomes for children and families. This is now well established, evidenced and tested.
2. Whilst there is a desire therefore to shift resources to support early intervention and prevention, in practice there is also increasing pressure for more specialist and acute services. Finding the right balance, and understanding the costs and benefits of investment in early intervention must lie at the heart of our approach.
3. The changes in the way we work and in particular the changes in operating processes in the Council caused by the establishment of the Family Intervention Team, and the subsequent introduction nationally of the Troubled Families programme. This type of concentrated focus on new ways of working with families in most need, mean we also need to look at how well we are working to support those children and families with lower levels of need.
4. A need to ensure a strong early intervention focus as part of the Active, Healthy and Well Gateshead Strategy – to contribute to the objective of integrated commissioning approaches which place evidence based practice at the heart of future public health commissioning.

The purpose of this strategy

This strategy sets out:

1. What we mean by prevention and early intervention
2. Why these are important
3. How we are going to deliver against these objectives

What do we mean by prevention and early intervention?

What we mean by prevention

Prevention: preventing problems occurring by building resilience and reducing risk factors

Prevention is essentially a broad set of universal support which aims to increase the protective factors and decrease the risk factors facing children, young people and families.

It refers to the complex mix of individual, family, community and factors which combine to keep individuals safe and well, and for any problems or concerns to be tackled informally and quickly, without the need for more specialist support.

Public services often refer to 'universal or open access' services, which are available to all, and which can provide advice, guidance and low level support to families when they need it. This is often about single issue problems and can often be resolved through information, talking to someone or attending a training course or open access programme. There is usually no referral route, or detailed collection of information on outcomes for individuals but there may be information collected on numbers attending or accessing courses or programmes, and data on wider population outcomes is measured – public health programmes such as immunisation

Examples of preventative services include:

- Health visitors and the range of advice and support provided to families
- Children's Centres and their programmes
- Schools and the management of low level attendance or behavioural issues
- Open access youth provision such as youth clubs or wider activity such as leisure centres and libraries
- Immunisation programmes

What we mean by early intervention

Early intervention: putting in place action to address an issue as soon as possible to stop things getting worse.

Gateshead Prevention and Early Intervention Strategy

Early intervention is about stopping problems escalating. It relies on early identification of difficulties and early action which is targeted and evaluated. It can involve intensive intervention or lighter touch support, and is usually based on a clear support plan, with identified actions, responsibilities and outcomes, which is then reviewed. Early intervention is a form of targeted activity, with a specific action being put in place to address a specific issue or combination of issues. It therefore forms part of a continuum of activity in supporting families.

A summary of the types of issues, responses and activities relating to prevention and early intervention is outlined below:

	UNIVERSAL PREVENTION	VULNERABLE EARLY INTERVENTION
Headlines	Services available to all children, young people and families	Additional support needed Usually delivered in existing settings based on initial identification
What's happening for these families?	They are broadly able to cope, but sometimes need additional help, and so access often open access services	Issues around early identification of additional educational needs or disabilities Some development needs Potential issues around school attendance or behaviour Early signs of neglect Potential / risk of NEET Low levels of health need Risk of alcohol / drugs / criminal activity
Type of responses	Largely contained in individual settings or potentially through advice and support	Needs identified and plans put in place, usually based on a Common Assessment Framework and Team Around the Family approach
Assessment and evidence	No formal assessment usually undertaken	CAF Early Years assessment Health Visitor assessments Individual education plans in schools
Interventions available	Needs are usually met by individual settings and families Universal parenting offer Resilience approach CAMHS Tier 1 advice and support	Short term 1:1 support Targeted parenting programmes Prevention programmes CAMHS (Tier 2) – targeted, sometimes group, work
Who delivers	Children's Centres Early years settings Health Visitors Schools Youth Service Colleges Increasing focus on VCS to deliver	School support staff Behaviour services Children's Centres and parent outreach workers Area teams and workers Health Visitors Voluntary and community sector Mental health workers

Why is this important?

The idea of prevention and early intervention is therefore a simple one: by working together with children and families we can prevent issues occurring and deal with them more effectively when they do.

*The growing interest in early intervention as a policy issue reflects the widespread recognition that it is better to identify problems early and intervene effectively to prevent their escalation than to respond only when the difficulty has become so acute as to demand action. It is better for the individuals concerned, their families and society more broadly; it avoids a lot of personal suffering, reduces social problems and generally, it costs less than remedial action
(C4EO, Grasping the Nettle)*

Interest nationally is growing in an evidence base for early intervention, and in particular a need to demonstrate effectiveness in order to produce cost savings in more specialist and acute services. Early intervention is not a one-off fix, but needs to be a sophisticated, highly targeted process and approach - a way of working with specific outcomes. Establishing what works best at local level, providing effective return on investment, is critical and long-term.

It is estimated nationally that if the number of offences by children and young people was reduced by 1%, it would generate £45 million in savings to households and individuals per year. Statistics highlight intergenerational cycles: daughters of teenage parents are three times more likely to become teenage mothers, and 65% of sons with a convicted father go on to offend themselves. Inequality also impacts; a child living in poverty is more likely to have poorer health, lower attainment and less earning potential.

So, why don't we intervene early enough?

If it is widely accepted that significant savings can be made through effective early intervention, in the long-term, why is there not a bigger focus on early intervention? There are three main barriers to early intervention approaches:

1. Benefits are not necessarily accrued to the organisation that invests. For example, effective early intervention approaches in the early years by health visitors which address issues such as social and emotional wellbeing do not produce savings to that budget, but may result in future savings to educational support or youth offending budgets.
2. It is hard to prove what hasn't happened, or to demonstrate causality. It is not always easy to prove the impact of a specific intervention, as it is often being delivered alongside a number of other programmes.
3. The benefits from early intervention may take many years to be fully realised and costs may increase initially – it is difficult to create the space for investment in early intervention at a time of increasing pressure on more specialist and statutory services both in terms of budgets and increasing demand.

A Gateshead model for prevention and early intervention

This section sets out our approach to prevention and early intervention. It covers:

- Our key principles
- An overall model
- An outline of our key design principles in the model

Our key principles

The following principles underpin our approach, and have been drawn from the C4EO Grasping the Nettle work:

1. **Prevention** is preferable, and there continues to be a need for universal, or open access services which can support children, young people and families, in a non-stigmatising and non-judgemental way. Removing all preventative services is not an option, though the way they are delivered, and by whom, does need to change, and the Council in particular will deliver less preventative services in future.
2. **Co-design and engaging young people, parents and communities:** there is a significant body of evidence that a greater emphasis on engaging and involving parents, families and communities in developing solutions, works. This may be through programmes such as community mentoring / peer support / coaching to work with families and parents and avoid the stigma of statutory involvement. We will therefore develop this type of approach as part of our strategy.
3. **Early years and the best start in life:** early intervention in the early years is critical, and done well can bring the most significant benefits – investing earlier to save earlier is better and cheaper than taking remedial action. Child development and language skills are especially critical in developing school readiness.
4. **Identification:** We need the best approach possible to identifying where additional help is needed, assessing this and communicating across agencies in a consistent way. The Common Assessment Framework is the basic means of achieving this and will be employed across education, health and social care functions. CAF and TAF form one of the key elements in the Council's Indicators of Need document which acts as a guide to issues and responses for children in need, including in need of protection.
5. **Integrated approaches:** there should be an integrated approach to services and support, with clear responsibilities in place for lead professional roles, and effective sharing of information to avoid delay and disjointed approaches. There are opportunities for multi-agency working and co-location to underpin this approach.

An overall model

Using these principles, our model is based on:

1. an effective **universal** approach which creates an environment that identifies risk and need, and promotes resilience in children and their families. Universal / open access services continue to provide an essential element in the overall approach, and more focus should be placed on reducing the stigma of service delivery by the public sector through new models of coproduction with families. This means we will gradually reduce the amount of preventative activity directly provided by the Council and will focus more on community development approaches which work closely with families to develop peer support; mentoring and family volunteer models.
2. **Identification and early warning** is critical, so our preventative services and organisations need to be able to spot signs of trouble or distress in families and understand how this will be addressed. We will have clear ways of sharing information and joint working based on the Common Assessment Framework and the Team Around the Family approach
3. a clear **rationale for action** which is based on:
 - a. tackling causes not symptoms
 - b. intervention before escalation
 - c. Investing earlier to save earlier
 - d. Increasing protective factors, decreasing harm factors
4. a commitment to **effective case management approach**, and Team Around the Family rather than complex referral routes between services. Our whole approach will be based on case management. We will identify a lead practitioner / case worker to provide the continuity and consistency in support. Wherever possible families will have a choice of case worker. We will employ the Gateshead Indicators of Need framework to be clear about levels of support and intervention required.
5. a range of **effective, targeted services** which are based on evidence of what works, but which are personalised and flexible in response to need, and are based on evidence of what works. We will focus our investment on a more sophisticated analysis of causes, and will systematically analyse the evidence for particular approaches in developing our programmes
6. an approach based on **accelerating improvements** in key outcomes – evidencing achievement through outcomes based accountability;
7. a **reduction in the demand** for more specialist services, leading to real cost savings for reinvestment
8. A commitment to **evidence, insight evaluation and review – a constant process of testing and refining**. We will give greater focus than ever before on outcomes, testing our interventions through an outcomes based accountability process. This means we will systematically apply programmes based on evidence of what works, and we will ensure a greater clarity on outcomes not outputs. The outcomes we will use will be consistent with those in the Health and Wellbeing Strategy and Children Gateshead and are outlined in more detail on page

Gateshead Prevention and Early Intervention Strategy

9. A strong **commissioning** model based on a co-production approach which works with young people, families and providers
10. Overall **better outcomes for children, young people and families** with the key high level outcomes in the Children Gateshead outcomes framework.

Turning priorities into action: our ten priorities for implementation of prevention and early intervention

We want this strategy to make a real difference, and to focus our efforts on a number of specific priorities which we will pursue and which the Children’s Trust Board will monitor.

This section outlines how and where we will intervene to implement our strategy. It also outlines how this will be delivered and where the resources will come from

1	We will clarify the Gateshead model of support and embed this into future training programmes. We will standardise terminology and increase understanding of our integrated, whole systems approach. We will refresh our commitment to CAF and TAF
	Funded by Council resources Coordinated by Children’s Commissioning Service
2	We will invest further in case management , through further investment into lead practitioner, key worker and coordination roles. We will transfer management information on CAF and TAF to Care First as a single early intervention database
	Funded by Families Gateshead, Early Intervention Grant and Dedicated Schools Grant High Needs Block Delivered by Children’s Commissioning Service
3	We will review a range of public health interventions to ensure that prevention and early intervention approaches are built into future commissioning. This will include sexual health; substance misuse; healthy weight; health visitor and school nursing services.
	Funded by Public Health funding Delivered by Public Health, Children’s Commissioning Service and Clinical Commissioning Group
4	We will work particularly with schools to ensure that we have an effective and integrated approach to integrated assessment, intervention and planning. This will focus on SEN, emotional difficulties and behaviour and attendance
	Funded by Council resources and DSG Delivered by schools, Children’s Commissioning Service and Education Gateshead
5	We will develop a ‘mentoring and maintenance approach’ for 2013/14 co-designed with the voluntary and community sector. This will form a key part of our family support model and will develop an early intervention approach as well as providing support for families ‘stepping down’ from more intensive interventions.
	Funded through Families Gateshead Programme and Early Intervention Grant Commissioned by Children’s Commissioning Service

Gateshead Prevention and Early Intervention Strategy

6	<p>We will refresh and implement a new approach to parenting which is clear about the support available, how to access it and how it fits within our broader family support activity</p>
<p>Funded by Early Intervention Grant Delivered by the VCS and Child and Family Support</p>	
7	<p>We will systematically collate evidence around existing early intervention programmes and develop pilot programmes for 2013/14. At this stage we anticipate that this will include:</p> <ol style="list-style-type: none"> 1. Family Nurse Partnership 2. Evaluation and further application of Triple P 3. Implementation of a pilot Roots of Empathy programme 4. Multi Systemic Therapy 5. Functional Family Therapy
<p>Funded through Families Gateshead Programme, Gateshead Council Public Health and Early Intervention Grant Commissioned by Children’s Commissioning Service and Educational Psychology Service</p>	
8	<p>We will implement a case management approach as part of the new arrangements for an integrated Special Educational Needs and Disability Service</p>
<p>Funded through DSG High Needs Block Managed by Children’s Commissioning Service</p>	
9	<p>We will commission a new CAMHS Tier 2 service which provides an evidence based targeted intervention service to support children and young people with mild to moderate mental health and emotional wellbeing issues</p>
<p>Funded through Gateshead Clinical Commissioning Group Commissioned by Gateshead Council Public Health</p>	
10	<p>We will introduce a new approach to the delivery of support by the Councils’ Children and Families Support Service, focusing on:</p> <ul style="list-style-type: none"> • A new specification for the Youth Service, including a clear offer for intensive working with young people, and a clear model for open access / universal provision • A clear specification for early years, developed jointly with the Clinical Commissioning group to ensure a new vision and delivery framework for early years. This will include models for the future operation of children’s centres and the roll out of the entitlement to free education for disadvantaged 2 year olds
<p>Funded by Gateshead Council Delivered by Gateshead Council Children and Families Support Service</p>	

Gateshead Prevention and Early Intervention Strategy

Gateshead's approach to supporting children, young people and families: our framework for support

Level of intervention	Universal - prevention	Vulnerable – early intervention	Complex – multi agency approaches	Acute and statutory
Headlines	Services available to all Level 1 of Gateshead Indicators of need	Additional support needed Usually delivered in existing settings based on initial identification Level 2 on indicators of need	Complex cases require multi agency response and coordination Mental health concerns Level 2 on indicators of need	Child protection concerns At risk of LAC or LAC Acute mental health concerns Level 3 on Indicators of need
What's happening for these families?	Broadly able to cope, but sometimes need additional help	SEND Low level attendance Some development needs Potential / risk of NEET Low levels of health need Risk of alcohol / drugs / criminal activity	School exclusion or persistent absence Disability / SEN Chronic health needs Offending Drugs Sexual health issues	Chronic behaviour Absence from school Child protection concerns
Type of responses	Largely contained in individual settings	Needs identified and plans put in place, usually in individual settings but could require lead practitioner / TAF model	Team around the family Handover from social care lead Lead professional and coordination	Child protection plans LAC / care plans TAF led by social workers(?)
Assessment and evidence	No formal assessment	CAF Early Years assessment(s) Health Visitor	CAF and specialist assessments eg SEN, continuing care,	Initial and core assessments Child protection arrangements
Interventions available	Needs are met by individual settings and families Universal parenting offer available (mellow parenting?) Resilience approach CAMHS Tier 1 Children's Centres Early years settings Health Visitors Schools Youth Service Colleges Increasing focus on VCS to deliver	Short term 1:1 support Evidence backed programmes Parenting (Triple P) Prevention programmes Agreed CAMHS (Tier 2) School support staff Behaviour Children's Centres Area teams and workers Health Visitors	Targeted Long term Multi agency Intervention Specialist CAMHS (Tier 3)	Specialist CAMHS Statutory interventions – social care, YOT Intensive Intervention Specialist interventions (MST, FGC etc) Social workers
Who delivers			Family Intervention Team Intensive interventions	

How will we measure progress?

We are not developing a separate framework for measuring outcomes for this strategy.

Our key shared outcomes are included in the Children Gateshead plan, and are also be included in the Health and Wellbeing Strategy.

Strategic priority	Outcome we are seeking	Indicators – how will we measure
Safeguarding and supporting families	Children are safe	LAC numbers reducing Child Protection Plans reducing Nos of families achieving good outcomes
Starting and staying healthy and safe	The best start in life	Infant mortality rates Rates of breastfeeding Low birth weight Maternal smoking prevalence Hospital admissions unintentional / deliberate injuries to under 5s
	Staying healthy	Healthy weight Smoking prevalence Physical activity rates
	Positive approach to risk taking	Entrants to Youth justice system Under 18 conception rate rate of hospital admission for alcohol related harm Nos of young people in treatment for drugs and alcohol
	Emotional health	Self reported from surveys including bullying (Health Related behaviour Questionnaire) Rates of hospital admissions as a result of self harm
Poverty	Free from poverty	Child poverty rates Working age people on out of work benefits reduced
Attainment	Good academic performance	GCSE attainment
	Progression to higher education	Transition data
	Narrowing the gap	SEN performance Services for disabled children LAC attainment
	Attendance and behaviour	Reduced exclusions Reduced absence

Delivery and resources

We are developing this strategy at a time of reducing public sector resources.

Our focus is therefore on targeting our resources on the implementation of this model, and in a way which gives us the best possible chance of achieving successful outcomes.

The Children's Trust Board will own this strategy and will monitor its implementation. Each activity will be led by a lead officer and will report through the Children's integrated Commissioning Team into the Children's Trust Board. This will also ensure accountability through to the Health and Wellbeing Board.

Resources, staffing and non staffing, have been identified to implement each of our ten priorities for 2013/14. This will form the basis of a delivery plan.

We are not asking partners for additional resources, but for commitment. Our model is based on collaboration and cooperation, and in the consistent use of the Common Assessment Framework as the gateway to early intervention.

We are deliberately producing this strategy to the same timeline as the Health and Wellbeing Strategy.

Annex A

Evidence backed early intervention programmes

Conception to school

- Curiosity Corner (as part of Success for All)
- Incredible Years
- Multidimensional Treatment Foster Care
- Nurse Family Partnership
- Success for All
- Parent Child Interaction Therapy (PCIT)
- Breakthrough to Literacy
- Community Mothers
- High/Scope Perry Pre-School
- Parents as Teachers
- Triple P

Primary school

- Incredible Years
- Promoting Alternative Thinking Strategies (PATHS)
- Reading Recovery
- Success for All
- Parent–Child Interaction Therapy (PCIT)
- Breakthrough to Literacy
- Caring Schools Communities
- Cooperative Integrated Reading and Composition
- Good Behaviour Game
- Olweus Bullying Program
- PALS
- Quick Reads
- The Reading Edge
- Roots of Empathy
- Triple P

Secondary school

- Functional Family Therapy
- Incredible Years
- Multidimensional Treatment Foster Care
- Multisystemic Therapy
- Success for All
- Olweus Bullying Program
- Parenting Wisely
- Read 180
- Roots of Empathy
- Triple P

education**Gateshead**
raising achievement

 **Gateshead**
Council

**An audit report of children with SEND
in early years settings and schools in
Gateshead.**

September 2012

DRAFT

**An audit report of children
with SEND in early years
settings and schools
in Gateshead.**



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- 2. School data and analysis**
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- 4. Recommendations**

Appendix 1 – PVI setting data

Appendix 2 – School data

Appendix 3 – School census data

An audit report of children with SEND in early years settings and schools in Gateshead.



1. PVI data and analysis

Background

A questionnaire was sent out to all PVI settings in Gateshead to provide data on SEN children in the Borough. 81% of settings (35 out of 43) responded). Data was collected regarding the number of children, gender, national curriculum year group, primary type of need and stage on the Code of Practice, on roll during the academic year 2011-2012. For the purpose of this audit information was also collected on children that illustrated early concerns to assist in the process of early identification and future planning in Gateshead.

Legislation and National Context

The SEN Code of Practice (2002) replaced the five stages with Early Years Action, Early Years Action Plus and Statements of SEN. The national data used for the purpose of this report reflects this. All national data quoted is from Schools Census data in *Statistical First Release SFR 14/2012 Department for Education*. Any comparisons that are made within this report between national and Local Authority data are therefore adjusted not to include those children for which there are early concerns. For the purpose of these report early concerns is before children are registered at Early Action.

Local Context and Findings

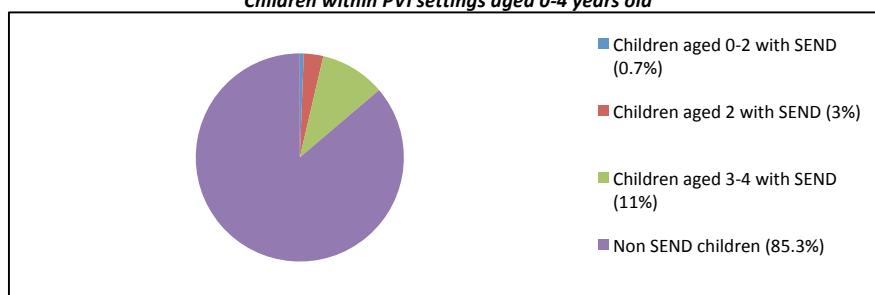
This analysis is representative of 2444 (aged 0-4 years old) children in PVI settings in Gateshead (509) aged 0-2, 544 aged 2 and 1391 aged 3-4

Out of the responses received, 14% of children (337) were registered as having SEND (from Early Concern through to Statement). 174 (52%) of these children were identified as having early concerns with the remaining 163 (48%) at Action, Action Plus, Statutory or Statement.

The following table gives data from the School Census 2012 for pupils in all schools:

	Total Number of pupils	Pupils with Statements	Pupils without statements
England	8,178,200	226,125 (2.8%)	1,392,215 (17%)
NORTH EAST	391,315	11,185 (2.9%)	69,730 (17.8%)
Gateshead	29,215	753 (2.6%)	4594 (15.7%)

Children within PVI settings aged 0-4 years old



The national data from the Schools Census Data 2012 gives the incident of SEND without a statement in Maintained Nurseries as 12.3% and those with a statement as 0.8%. This data does not include the Early Concern Stage.

The data collected from Gateshead PVI settings gives the incident of SEND (Action, Action Plus and Statutory) without a statement in EYFS school settings as 6% and those with a statement as 0.3%. National data gives the incident of pupils without a statement as 5.5% in Nursery and with statements in Nursery as 0.2% and for those

A further 7% of children are identified as having early Concerns within Gateshead PVI settings.

The data collected illustrates that pupils with SEND are more prevalent in the aged 3-4 range and least so in pupils aged 0-2.

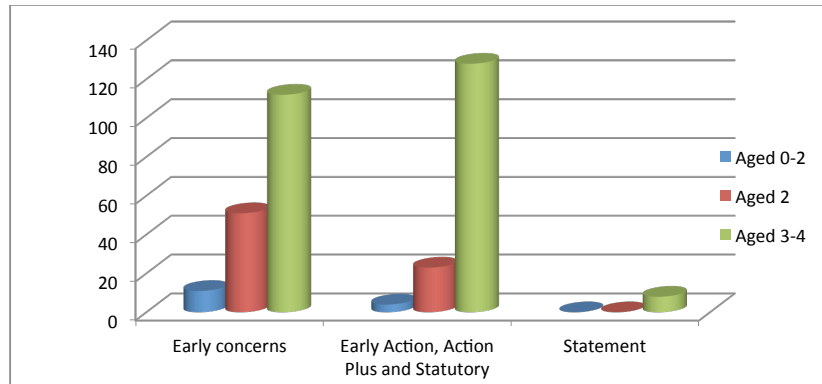
Data and stage of identification and intervention

Number of children within SEND in PVI settings in Gateshead by gender, age and stage of identification and intervention.

	Early Concerns			Early Action, Action Plus and Statutory			Statement		
	Boy	Girl	Total	Boy	Girl	Total	Boy	Girl	Total
Aged 0-2	8	3	11 3%*	3	1	4 1%*	0	0	0 0%*
Aged 2	41	10	51 15%*	18	5	23 7%*	0	0	0 0%*
Aged 3-4	67	44	111 33%*	93	35	128 38%*	6	2	8 2%*

**Prevalence of pupils with SEND by age and stage of identification and intervention. % of total number of children identified with SEN.*

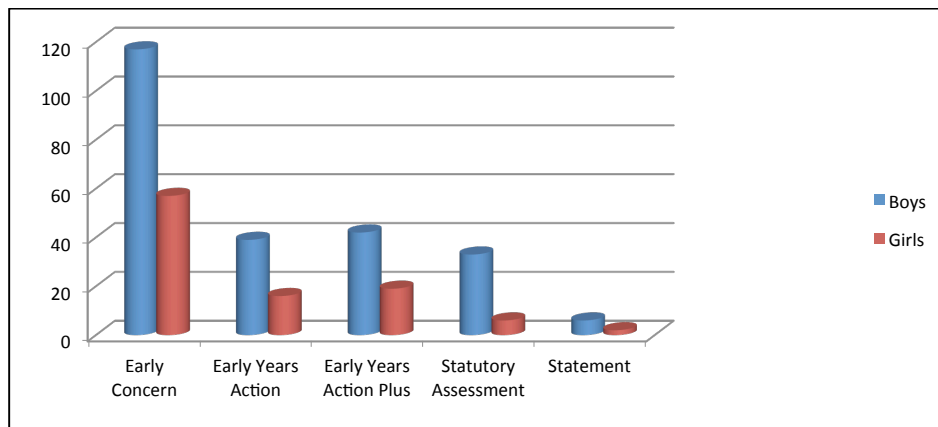
Number of children within SEND in PVI settings in Gateshead by gender, age and stage of identification and intervention.



Data and Gender

Number of children with SEND in PVI settings by gender and stage of identification and intervention.

	Boys	Girls	Total	% of total number of children with SEND in Gateshead PVI settings	% of total number of children in PVI settings in Gateshead
Early Concern	117	57	174	52%	7%
Early Years Action	39	16	55	16%	2%
Early Years Action Plus	42	19	61	18%	2.5%
Statutory Assessment	33	6	39	12%	1.5%
Statement of SEN	6	2	8	2%	0.3%



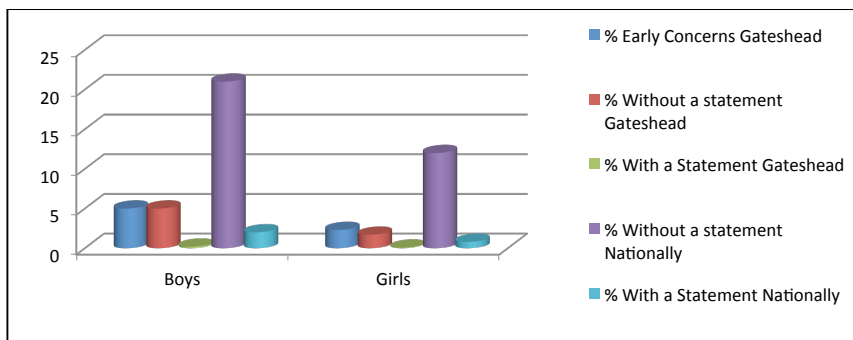
Out of the total number of children registered with SEND in PVI settings in Gateshead, 70% (237) were boys and 30% (100) were girls. This is in line with national trends.

The incidence of Early Years pupils with statements of SEN in Gateshead PVI settings is 0.2% (6) for boys and 0.08% (2) for girls. The incidence without statements (Early Years Action / Action Plus/Statutory) for boys is 5% (114) and 1.7% (41) for girls.

National data also highlights that the incidence of pupils with statements in all schools is much higher for boys (2.0%) than for girls (0.8%). Similarly, the incidence of pupils with SEND without statements was higher for boys (21.8%) than for girls (12.2%) nationally.

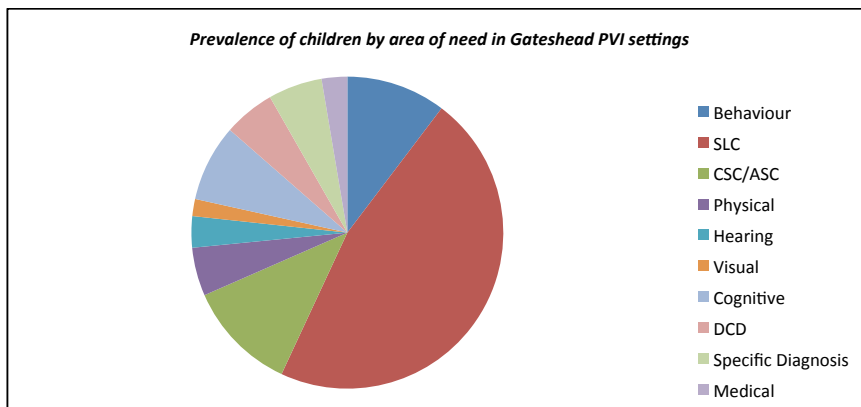
In Gateshead further 5% (117) boys and 2.3% (57) have been identified as having early concerns.

Percentage of pupils by gender registered as having SEND with and without a Statement within Gateshead PVI settings and Nationally.



Data and Area of Need

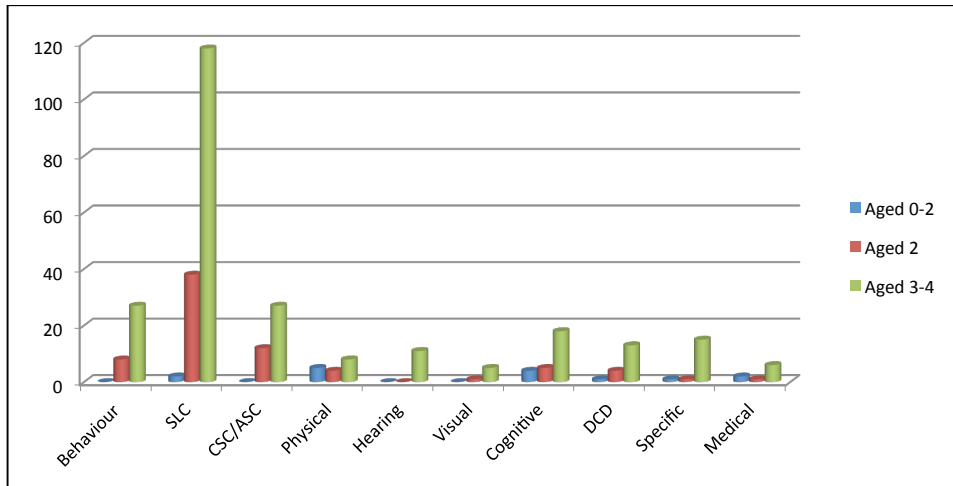
National data illustrates that in state funded primary schools the three most frequent types of need were Speech, Language and Communication Needs (21.9%), Moderate Learning Difficulty (22.7%) and Behaviour, Emotional and Social Difficulties (18.6%). Data from the foundation stage in Gateshead PVI settings highlights the same pattern, with these areas being the most frequent area of need.



Prevalence of children with SEND by area of need (Early Concerns, Early Action, Action Plus, Statutory, Statement) in Gateshead PVI settings.

	Aged 0-2	Aged 2	Aged 3-4	Total	% of total number of children registered with SEND in EY Gateshead schools
Behaviour	0	8	27	35	10
Speech, Language and Communication	2	38	118	158	47
Complex, Social Communication /ASC	0	12	27	39	12
Physical	5	4	8	17	5
Hearing	0	0	11	11	3
Visual	0	1	5	6	2
Cognitive	4	5	18	27	8
Developmental Coordination Difficulties	1	4	13	18	5
Specific Diagnosis	1	1	15	17	5
Medical	2	1	6	9	3

Prevalence of children with SEND by area of need (Early Concerns, Early Action, Action Plus, Statutory, Statement) in Gateshead PVI settings.

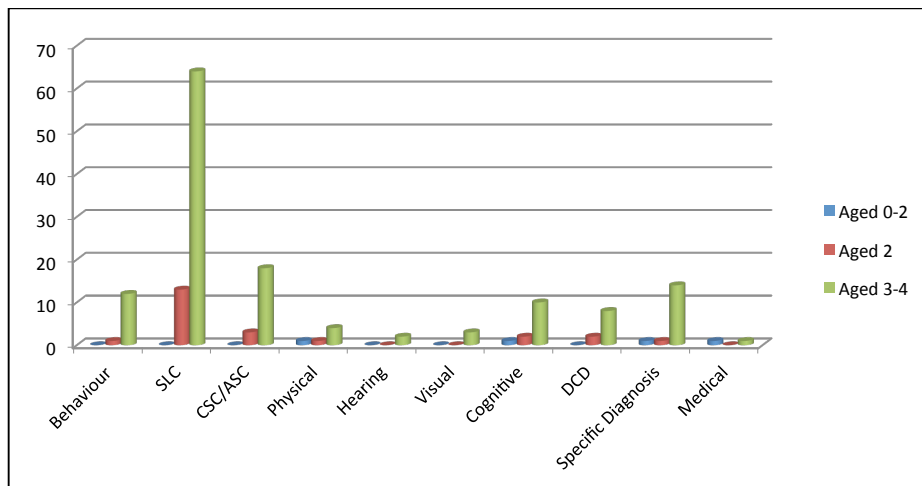


The following data does not include those children identified as having early concerns to allow for comparisons to be made to national trends.

Prevalence of children with SEND (Early Action, Action Plus, Statutory and Statement in Gateshead PVI settings).

	Aged 0-2	Aged 2	Aged 3-4	Total	% of total number of SEND EY children in Gateshead PVI settings	National % total number of SEND children in all schools
Behaviour	0	1	12	13	8	18.6
SLC	0	13	64	77	47	29.1
CSC/ASC	0	3	18	21	13	7.4
Physical	1	1	4	6	4	4
Hearing	0	0	2	2	1.2	2.3
Visual	0	0	3	3	1.8	1.3
Cognitive	1	2	10	13	8	21.8
DCD	0	2	8	10	6	No data
Specific Diagnosis	1	1	14	16	10	9.5
Medical	1	0	1	2	1.2	No data

Prevalence of children with SEND (Early Action, Action Plus, Statutory and Statement in Gateshead PVI settings).



An audit report of children with SEND in early years settings and schools in Gateshead



2. Schools data and analysis

Background

A questionnaire was sent out to all primary schools with EYFS provision in Gateshead to provide data on children within the borough. 61% of schools (41 out of 67) schools responded. Data was collected regarding the number of children, gender, national curriculum year group, primary type of need and stage on the Code of Practice, on roll during the academic year 2011-2012. For the purpose of this audit information was also collected on children that illustrated early concerns to assist in the process of early identification and future planning in Gateshead.

Legislation and National Context

The SEN Code of Practice (2002) replaced the five stages with Early Years Action, Early Years Action Plus and Statements of SEN. The national data used for the purpose of this report reflects this. All national data quoted is from Schools Census data in *Statistical First Release SFR 14/2012 Department for Education*. Any comparisons that are made within this report between national and Local Authority data are therefore adjusted not to include those children for which there are early concerns. For the purpose of these report early concerns is before children are registered at Early Action.

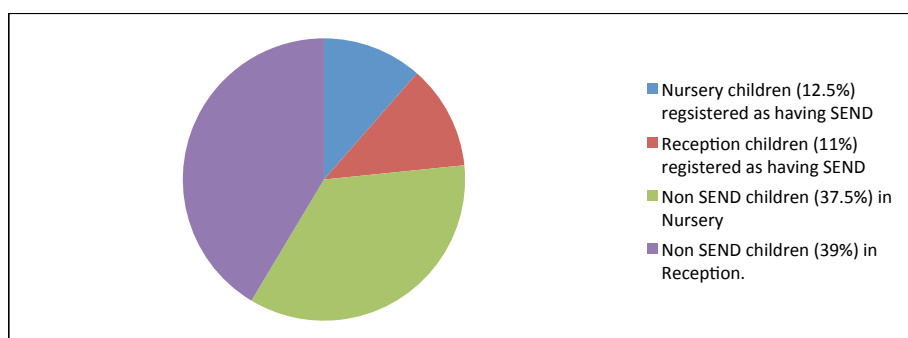
Local Context and Findings

This analysis is representative of 2741 children in school EYFS settings in Gateshead (1279 children in Nursery provision and 1462 in Reception classes). Out of the responses received, 23% of children (641) were registered as having SEND (from Early Concerns through to Statement), 57% (364) of these children were identified as having early concerns with the remaining 43% (277) at Action, Action Plus, Statutory or Statement.

The following table gives data from the School Census 2012 for pupils in all schools:

	Total Number of pupils	Pupils with Statements	Pupils without statements
England	8,178,200	226,125 (2.8%)	1,392,215 (17%)
NORTH EAST	391,315	11,185 (2.9%)	69,730 (17.8%)
Gateshead	29,215	753 (2.6%)	4594 (15.7%)

Percentage of children within EYFS school settings in Gateshead.



The national data gives the incident of SEND without a statement in all schools in England as 17% and those with a statement as 2.8%. This data does not include the Early Concern Stage.

The data collected from Gateshead schools gives the incident of SEND (Action, Action Plus and Statutory) without a statement in EYFS school settings as 9% (260) and those with a statement as 0.6% (17 children).

National data gives the incident of pupils with statements in Nursery as 0.2% and Reception as 0.8 % and for those without a statement 5.5% in Nursery and 9 % in Reception. In Gateshead the incident of pupils with statements in Nursery in school settings is 0.5% and 0.7% in Reception and for those without a statement 10% in Nursery and 9% in Reception.

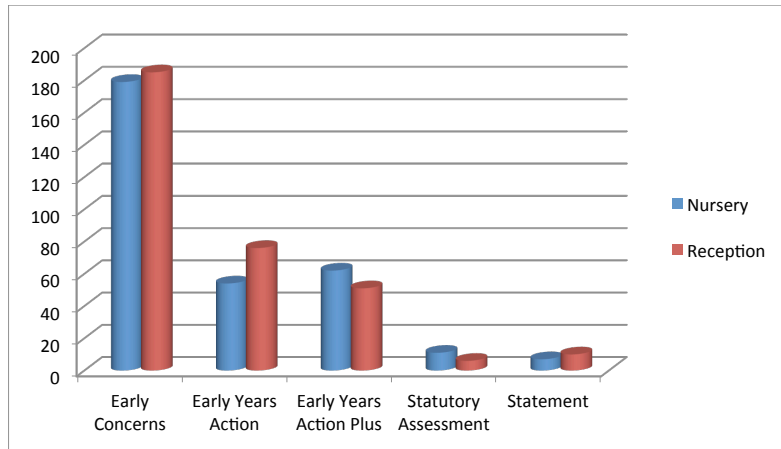
A further 13% (364 children) of children are identified as having early Concerns within Gateshead EYFS school settings.

Data and stage of identification and intervention

Number of children with SEND in EYFS school settings by age and stage of identification and intervention.

	Nursery	Reception	Total	% of total number of children with SEND in EYFS school settings in Gateshead	% of total number of children in EYFS school settings in Gateshead
Early Concerns	179	185	364	57	13
Early Years Action	54	76	130	20	5
Early Years Action Plus	62	51	113	18	4
Statutory Assessment	11	6	17	2.5	0.09
Statement of SEN	7	10	17	2.5	0.09

Number of children within EYFS school settings in Gateshead by age and stage of identification and intervention.



Data and Gender

Number of children with SEND in Early Years settings by gender and stage of identification and intervention.

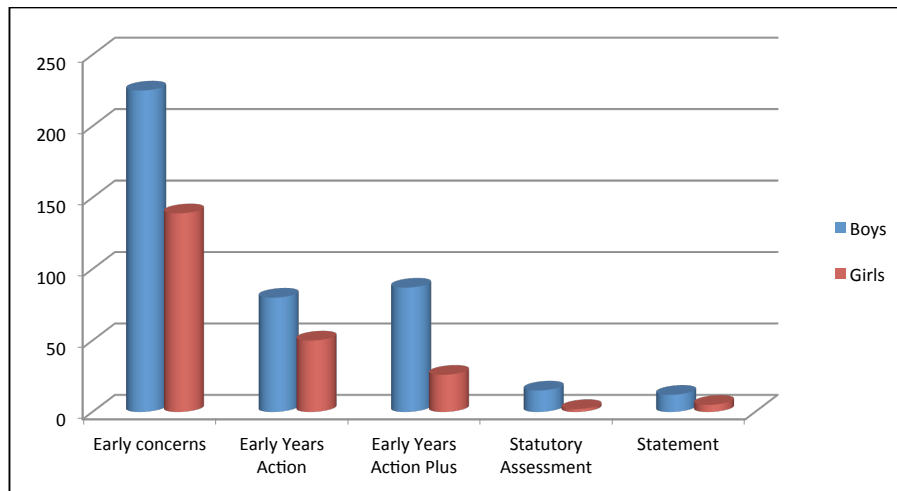
	Boys	Girls	Total	% of total number of children with SEND in Gateshead EYFS schools	% of total number of children in Gateshead EYFS schools
Early Concern	225	139	364	57	13
Early Years Action	80	50	130	20	5
Early Years Action Plus	87	26	113	18	4
Statutory Assessment	15	2	17	2.5	0.6
Statement of SEN	12	5	17	2.5	0.6

Out of the total number of children registered with SEND in Gateshead, 65% (419) were boys and 35% (222) were girls. This is in line with national trends.

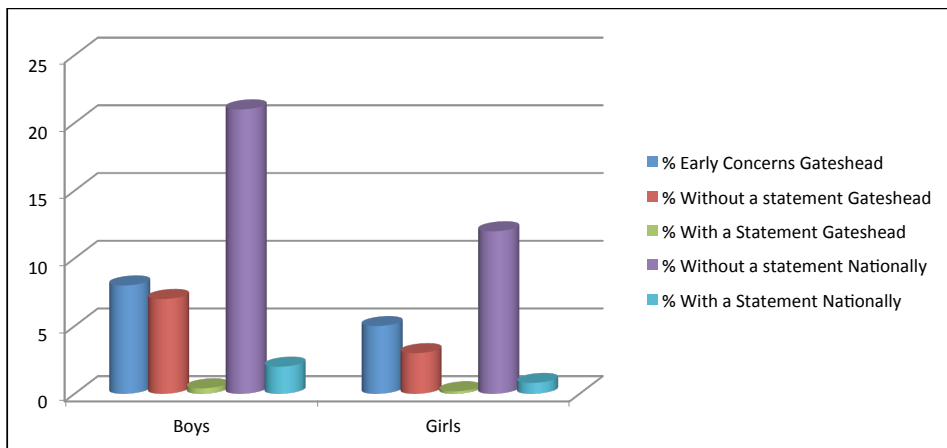
The incidence of Early Years pupils with statements of SEN in Gateshead schools is 0.4% (12) for boys and 0.18% (5) for girls. The incidence without statements (Early Years Action / Action Plus/Statutory) for boys is 7% (182) and 3% (78) for girls.

National data also highlights that the incidence of pupils with statements in all schools is much higher for boys (2.0%) than for girls (0.8%). Similarly, the incidence of pupils with SEND without statements was higher for boys (21.8%) than for girls (12.2%). In Gateshead a further 8% (225) boys and 5% (139) have been identified as having early concerns.

Number of children within EYFS school settings in Gateshead by gender and stage of identification and intervention.

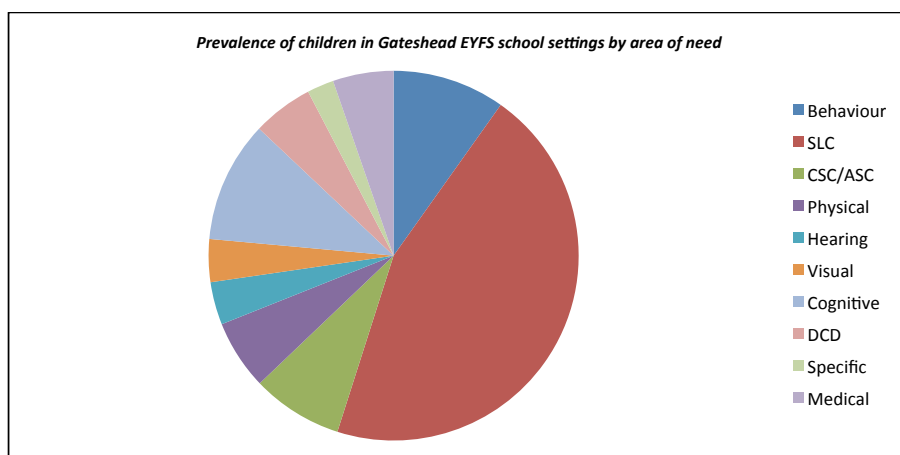


Percentage of pupils by gender registered as having SEND with and without a Statement within Gateshead EYFS school settings and Nationally.



Data and Area of Need

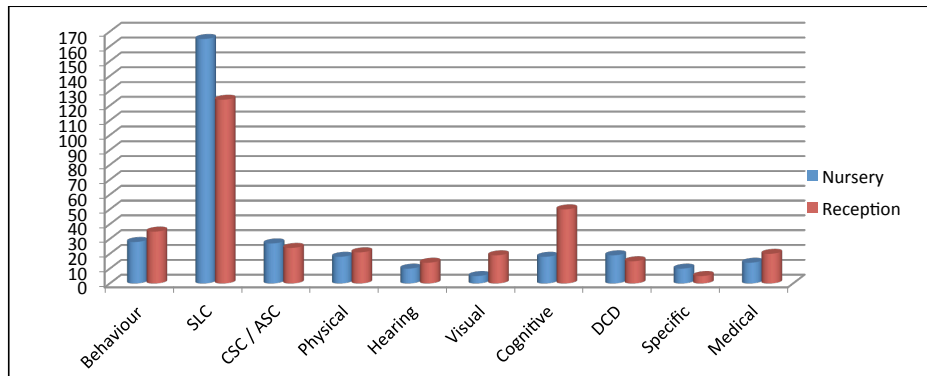
National data illustrates that in state funded primary schools the three most frequent types of need were Speech, Language and Communication Needs (21.9%), Moderate Learning Difficulty (22.7%) and Behaviour, Emotional and Social Difficulties (18.6%). Data from the early years foundation stage in Gateshead schools highlights the same pattern, with these areas being the most frequent area of need.



Prevalence of children by area of need and age with SEND (Early Concerns, Early Years Action, Early Years Action Plus, Statutory and Statement) in Gateshead EYFS school settings.

	Nursery	Reception	Total	% of total number of children registered with SEND in EY Gateshead schools
Behaviour	28	35	63	10
SLC	165	128	293	45
CSC/ASC	27	24	51	8
Physical	18	21	39	6
Hearing	10	14	24	4
Visual	5	19	24	4
Cognitive	18	50	68	11
DCD	18	12	30	5
Specific Diagnosis	10	5	15	2
Medical	14	20	34	5

Prevalence of children with SEND (Early Concerns, Early Action, Action Plus, Statutory, Statement) in Gateshead EYFS school settings.

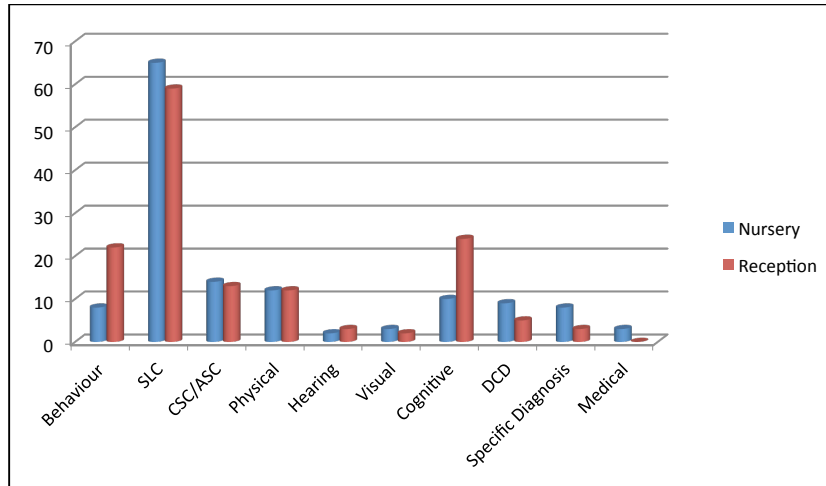


Prevalence of children by area of need and age with SEND (Early Years Action, Early Years Action Plus, Statutory and Statement) in Gateshead EYFS school settings.

The following data does not include those children identified as having early concerns to allow for comparisons to be made to national trends.

	Nursery	Rec	Total	% of total number of SEND EY children in Gateshead schools	National % total number of SEND children in all schools
Behaviour	8	22	30	11	18.6
SLC	65	59	124	45	29.1
CSC/ASC	14	13	27	10	7.4
Physical	12	12	24	9	4
Hearing	2	3	5	1.5	2.3
Visual	3	2	5	1.5	1.3
Cognitive	10	24	34	12	21.8
DCD	9	5	14	5	No data
Specific Diagnosis	8	3	11	4	9.5
Medical	3	0	3	1	No data

Prevalence of children by area of need and age with SEND (Early Action, Action Plus, Statutory and Statement in Gateshead EYFS school settings.



An audit report of children with SEND in early years settings and schools in Gateshead.



3. Summary

- In Gateshead there a total number of pupils of 29,215 in all schools and settings (Nursery, Primary, Secondary and Special).
- 5347 (18.3%) of these pupils are registered as having SEND (Action, Action Plus, Statutory and Statement)
- In Gateshead Early Years settings and schools 978 pupils aged 0-5 were highlighted as having SEND (Early Concerns, Action, Action Plus, Statutory and Statement).
- 538 children were highlighted as having Early Concerns and a further 440 as Action, Action Plus and Statutory and Statement).
- 90 of these children registered were aged 0-2 years old.

Therefore, 8% * of all children registered with SEND in July 2012 in Gateshead schools and settings are in the Early Years or 1.2 % * of the total school population. (*This percentage does not include children aged 0-2 and for those children for which there are early concerns). A further 8.9%* of all children registered with SEND or 1.7% of the total school population are registered as having early concerns. (*This percentage does not include children aged 0-2)

The figure for pupils with SEND in Gateshead in the Early Years Foundation Stage are slightly lower than the national averages (Action, Action Plus, Statutory and Statement) although there are high number of children being identified as having early concerns. Data from PVI settings illustrates that pupils with SEND are more prevalent in 3-4 range and less so in the 0-2 aged range. The number of two year olds identified with SEND is likely to increase because of the increased funding for two year old free nursery education and the introduction of the two year old check by practitioners under the new EYFS framework.

Over half the children being highlighted as having SEND are early concerns. i.e pre early action. This poses the question are practitioners in Gateshead being over cautious in identifying children at Early Years Action and are they good at the early identification of needs?

Gateshead has similar patterns to national trends in that Behaviour, SLCN and ASC/CSC are the most common areas of need amongst SEND pupils. However in Gateshead the incidence of pupils with SLCN and ASC/CSC is higher than national statistics. However only 38% of those children at the statutory or statement stage are those identified as SLCN/ASC, suggesting that needs are being met at Early Years Action/Plus. This could be due to the input and work of the EYIT and EYAT whose caseload is predominantly with this group of children.

Gateshead is lower than national averages in the area of behaviour. This may be due to practitioners correctly registering a child's primary need in the Early Years, rather than looking at the behaviour of the child in isolation.

In the area of gender, Gateshead is line with national trends as nearly twice as many boys to girls being identified as to having SEND.

Between 2012 – 2015 pupil numbers of children aged less than 5 years old in maintained nursery and state funded primary schools are projected to increase by 8%. By 2019 these numbers are projected to be 13% higher than 2012. This will impact on the numbers of children being identified with SEN (*OSR 15/2012 Statistical Release-National Pupil projections: Future trends in Pupil Numbers*).

The numbers of children receiving Nursery Education Grant identified with SEND in this audit are much higher than those collected in the national census data for Gateshead (see appendix 3).

An audit report of children with SEND in early years settings and schools in Gateshead.



4. Recommendations

Recommendations

- For the Local Authority to work with settings and schools and examine the children being identified as having early concerns. To ensure that these children are being correctly identified at the correct stage.
- To support settings and schools in accurately completing schools census data correctly.
- As a Local Authority to continue to work with settings and schools to raise the achievement of boys.
- To continue to target a proportionate amount of resources to Gateshead Early Years PVI settings and schools given that this audit has illustrated that practitioners have identified 18.3 % of children as having SEND.
- As Speech, Language and Communication / ASC is the most common primary need in the Early Years in Gateshead, to consider targeting resources, support and training in this area.
- To continue to use the Early Years Assessment Team predominantly with pupils identified as having needs in the area of behaviour, SLCN and CSC at Action and Action Plus stage.
- To monitor the number of two year old children being identified with SEND following the two year old check.
- To examine the implications of initiating Education, Health and Care plans in the Early Years and collection of data in the future.
- To consider the need and usefulness of the need for a primary/secondary data analysis.