How could we improve Early Years provision to prevent later underachievement (and cost)? Sue Sharp

In scope: Early identification and intervention for children with SEND

Out of scope:

Recommendation	Notes	Required	Cost
Designated Educational	Currently EPs only conduct statutory assessments for EY children.	EP time – one day per week	
Psychology time for Early Years	Identification and intervention of SEND in EYs would be improved by:		
	 including an EP in the EY Review Panel monthly multi-agency meeting; 		
	 including EP assessment in some CDC multi-disciplinary assessments; 		
	3. including an EP view during transition into YR (summer term)		
Increase Child	Re-shaping the current CDC 'Opportunity' group to become an	Multi-agency development work	neutral
Development Centre	assessment group (potentially increasing assessment places at CDC from	with CDC team	
Assessment Places and	current 10 per term to 22 per term), Current MDA to remain focused on		
outreach to localities	assessing social/communication difficulties/ SLD/ASD.		
	Greater use of outreach services (possibly including assessment sessions in localities/Children's Centres)		
Increase of COSI	Need identified at EY Review Meeting – number of children with	5 additional COSI places to be	
(Communication and	diagnosis of ASD increasing. Currently 15 on waiting list for Sept16 with	made available(2x half day	
Social Interaction) group	only 5 places on offer.	sessions)	
places and mainstream	Concerns raised by EY leaders and managers over lack of places and	Specialist outreach into	
outreach for children with	specialist outreach	mainstream settings for those not	
ASD	Children with a diagnosis of ASD would be accessing appropriate early	accessing a COSI place(1x half day)	
	intervention and developing social communication skills	Minimum 0.3 fte specialist teacher	

Re-start SaL advice clinics at Children's Centres	Waiting lists for initial SaLT appointments can be up to a year currently, in some areas of the County. The advice clinics gave parents earlier access to a SaLT – usually within 4-8 weeks. Appropriate ideas and strategies for intervention could be given. Referrals more appropriate (therefore fewer inappropriate referrals	SaLT (or SaLT assistant) 0.4 fte
Dovout Compart	increasing the waiting list)	Canacity for family support through
Parent Support	Concerns raised by EY leaders and managers about attachment /behaviour and lack of support for children and families unless at high	Capacity for family support through Children's Centres
Preventative	risk.	Cilidren's Centres
work/intervention with		Under-5's CAMHS service
families who don't meet	Increasing numbers of SPORT referrals for children with SEMH difficulties	PIP project (Making
the Families First criteria –	– often rejected as not seen as 'medical'	psychotherapeutic support
particularly in relation to	Currently offered Solihull or Triple P parenting courses, input to the home	available to all families who are
children with challenging	from Health Visitor Community Nursery Nurse or a Homestart volunteer.	struggling to form a secure
behaviour		attachment with their baby)