

Special Educational Needs *in practice*

REVISED EDITION

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This book is dedicated to my beautiful son Jaycen who makes me beam and fills my heart with love and pride.

Illustrated by Cathy Hughes

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The role of the SENCO: an introduction



The updated Special Educational Needs Code of Practice sets a requirement for all early years settings, including approved childminding networks, to either employ a member of staff or train an existing one as special educational needs coordinator (SENCO). Whilst the organisation of this role may differ among settings, it is a mandatory and very important role with major implications for all areas of early years provision.

The overall responsibility of the SENCO is in monitoring and coordinating the implementation of the Code of Practice within the setting, so if you have just been employed or appointed as SENCO, what is expected of you and who can you turn to for advice? The following headings provide a summary of the areas you will need to give consideration to first of all.

The Code of Practice and policy for special educational needs

The first thing you will need to do is make sure you are familiar with both the Code of Practice (see page 70) and your setting's special educational needs policy.

The Code lays down a statutory obligation to ensure that an up-to-date SEN policy is implemented in the running of each group, and you will be responsible for overseeing the operation of this policy. Assuming this policy is

appropriate, you will need to make sure that all staff members are aware of the policy and what is expected of them, that it is being carried out and review progress.

You may need to organise a staff training session to explain the policy further and check understanding amongst the staff team. With support from the staff you work with, you will then be in a position to assess how the policy is actually being implemented.

Coordination of provision for children with special educational needs

Whilst staff working directly with individual children with special needs will be supporting them and observing and assessing their progress, you should support them in making assessments of need and ensure all known information is collected from a variety of sources. This may involve liaison with outside agencies, including those already involved with the child, and will always involve liaison with the parents. You will need to make sure that parents understand your involvement and arrange and review meetings with the child and everyone involved each term.

It is important that staff understand they are required to keep records of children's progress, noting concerns, and these will provide valuable information when you liaise with staff to produce Individual Education Plans (IEPs) and plan relevant provision for the child.

Support for individual children and their families

You will need to work closely with the child's early years worker and parents to decide upon the action to be taken and to plan relevant teaching strategies. It is important that you provide information to parents on the advice and services offered by your local authority and Early Years Development and Childcare Partnership (EYDCP).

In-service training and information

As SENCO, you will be expected to provide relevant training for your staff team. This does not, however, need to be delivered solely by you. The Early Years Development and Childcare Partnership plays an important part in supporting and training both SENCOs and early years staff, providing opportunities for individuals to develop skills and knowledge, helping them to provide support to staff in assessing and providing for children with special educational needs.

Funding should be available to help partnerships in training and providing area SENCOs who will offer support and guidance to setting SENCOs - so you will not be alone!

Additional support for the SENCO

Do not feel you should know everything immediately! It will be useful to draw up lists of relevant local and national contacts. Some local authorities compile their own SEN directories.

Contact experts for advice, or to provide staff training and make sure you go to all relevant training sessions.

The role of the SENCO is an important, demanding one, requiring commitment and a willingness to train and to be trained. You will probably have been chosen because of your interest and enthusiasm for the role, probably coupled with previous experiences and an understanding of children with special educational needs. Through this challenging role, you will be able to pass on your knowledge and understanding to others and provide a greatly enhanced service to children with special educational needs and their families.

Sue Fisher,
early years training consultant.

For more information see page 80 for Developing A Special Needs Policy, page 5 for Developing Inclusive Practice, page 15 for What Is Portage and Page 75 for Early Years & Early Years Action Plus.

Be Aware of Confidentiality!

The revised SEN Code of Practice (4.28) directs all SENCO's to Section 14 of the SEN Toolkit with regard to care and protection of 'sensitive' documents. Section 14 states that "confidentiality about certain issues must be considered". In line with the Data Protection Act 1998 be aware that documents such as IEPs and Child Information Records can contain personal and medical information.

All documents relating to a child should be:

- treated sensitively
- not left around
- stored securely
- not removed from the setting without the SENCO's permission
- shredded when finished with (after required archiving period)

All staff involved with such documents should be briefed/trained on Data Protection and how sensitive or confidential documents should be stored/signed in-out.



Down's syndrome

The human body is made up of cells. Each cell is like a tiny factory, which makes the materials needed for growth and maintenance of the body. Contained within each cell is a set of 46 chromosomes (23 pairs), half of which come from the person's mother and half from the father. The chromosomes carry the genes that are inherited from a person's parents.

What is Down's syndrome?

Down's syndrome is a condition that occurs at or around the time a baby is conceived. Most people with Down's syndrome have an extra copy of chromosome 21 in every cell, making 47 in all. It is not yet known what causes this to happen. However, it is something that occurs in all races and all social classes. It is known that the chance of having a baby with Down's syndrome is higher in older mothers, although, because more babies overall are born to mothers in the 25- to 30-year-old age group, the majority of babies with Down's syndrome are born to 25- to 30-year-old women. We do know that, in the vast majority of cases, Down's syndrome is not passed down from generation to generation.

The presence of the extra chromosome has the effect of disrupting the growth and development of the baby. Quite how much effect the extra chromosome has varies from person to person, although all people who have Down's syndrome have a certain degree of learning disability.

People with Down's syndrome are as different from each other as any other unrelated members of the population. Like the rest of us, they get all their genes from their parents, so they look and act much more like members of their family than someone else with Down's syndrome. Their abilities and skills, strengths and weaknesses are just as variable as they are amongst the rest of us.

It is important not to make generalisations about people with Down's syndrome, but to look at each person as an individual.

How common is Down's syndrome?

In every 1,000 live births, one baby will be born with Down's syndrome. That is about 600 babies every year in the UK.

Diagnosis

In most cases, it becomes clear quite soon after birth that the baby has Down's syndrome. Doctors and midwives are usually alerted by certain signs that are more common among babies with Down's syndrome than among other babies. For example, if doctors detect a heart disorder it may alert them to the possibility of Down's syndrome because about 40 per cent of babies with Down's syndrome also have a heart problem. Diagnosis can be confirmed by a blood test to analyse the chromosomes.

It is important to stress that it is not possible to tell how disabled a child will be at this early stage. The number of physical characteristics of Down's syndrome a child has bears no relation to his or her degree of developmental delay.

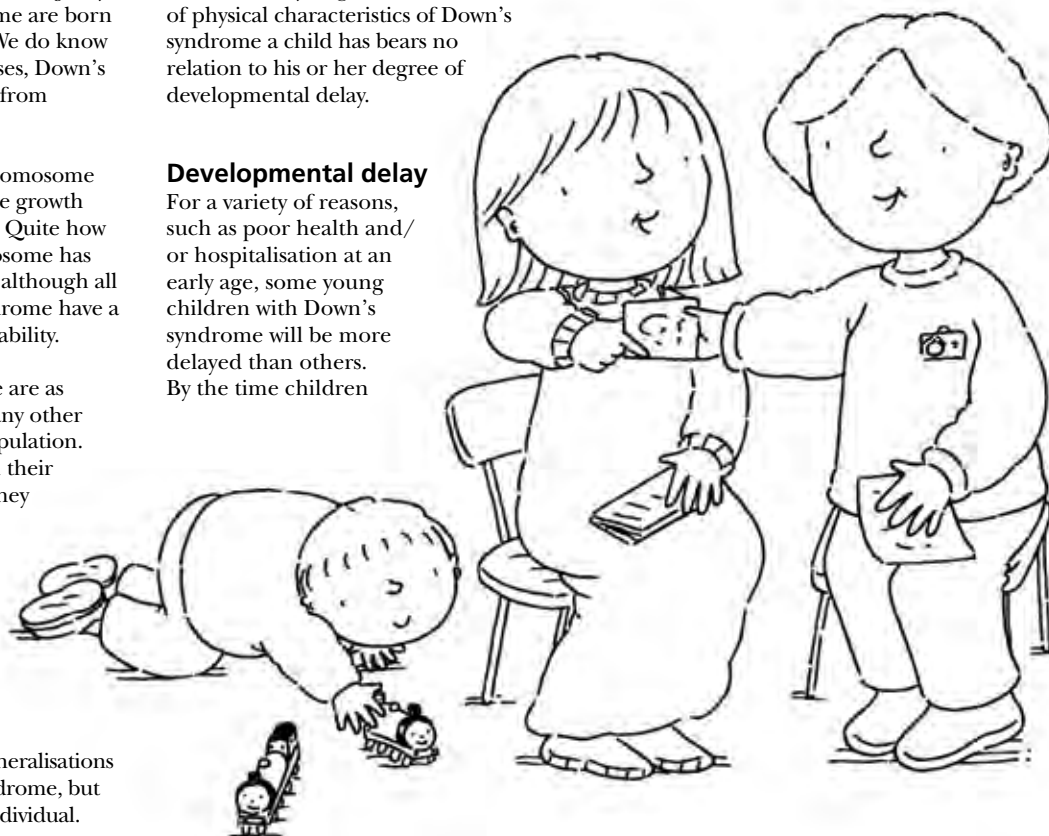
Developmental delay

For a variety of reasons, such as poor health and/or hospitalisation at an early age, some young children with Down's syndrome will be more delayed than others. By the time children

reach three or four, it may be apparent that they are not as advanced as their ordinary peers. Nowadays, most young children with Down's syndrome will have benefited from an early intervention programme (sometimes known as Portage) designed to help them gain the skills that other children learn naturally. Such programmes can be encouraging to parents who feel they can be actively involved in promoting their child's development. An early intervention worker will help parents to teach their child by breaking down tasks into small manageable steps. In some areas of the country, Portage is available from the age of six months; in others it starts later.

Speech and language delay

Speech and language difficulties are common in young children with Down's syndrome. Most children will be under



the care of a speech and language therapist who will give parents and carers (including early years workers) guidelines on how to encourage the speech and language development of the child according to an individual programme.

Common health problems

Children's development can be delayed because of health problems that are more common in Down's syndrome.

Hearing

Many children with Down's syndrome have hearing problems caused by a condition called glue ear, which can be a consequence of repeated upper respiratory infections such as colds, or infected or enlarged adenoids. The fluid in the ear becomes thick like jelly and cannot drain away and hearing is affected. This can happen in all children but it is more frequent in children with Down's syndrome. Glue ear can cause deafness, infection, pain, delayed speech development, and temporary behaviour problems. Glue ear can be successfully treated, but early years workers need to be aware that the effects of hearing impairment can be reduced by a few simple steps outlined below:

- Always give the child plenty of time to respond to anything you have said - they will get frustrated if you start saying something new before they have had time to respond to the first thing you said. (This applies to most children with Down's syndrome whether or not they have any degree of hearing loss.)
- Try to face the child when speaking to them.
- Don't shout but speak clearly.
- If the child does not understand, don't just repeat what has been said but try to rephrase it.
- Make sure the child is paying attention before you start speaking.
- Give the child lots of visual clues - signs and gestures - to help them understand what you are saying.
- Keep your hands and any visual aids away from your mouth.
- Don't use exaggerated lip movements.

Vision problems

Some young children with Down's syndrome need glasses to correct their vision and, just as with other children who wear glasses, you may need to make

sure that the child does wear them when necessary.

Lack of muscle tone

Many babies with Down's syndrome have poor muscle tone and tend to be 'floppy'. In most cases, this improves as the child grows. However, it can contribute to delay in learning how to run, skip, throw and catch (gross motor skills) and affect the development of skills such as writing (fine motor development). Most children will master these skills eventually, but may take longer than their peers to do so. Many young children with Down's syndrome will have regular physiotherapy sessions either at home or at a child development centre. These sessions are designed to give parents exercises to do with their children to help them achieve particular skills.

Monitoring development

The developmental progress of children with Down's syndrome will usually be monitored by staff at the local child development centre. In the early years, parents are often offered extra support by a specialist health visitor or a social worker who is able to keep them informed of facilities for children with special needs in the area.

How to cope with questions about difference

Pre-school children in general tend to accept differences in colour, behaviour and so on much more readily than older children might. Most of the time, if children in a group ask questions about a child being different, it will be enough to point out that we are all different - 'You have blonde hair but Jessica has black hair'. The Down's Syndrome Association (see box) has a list of recommended reading books for children which deal with issues of difference.

Relationships with parents/carers

Most parents of a child with Down's syndrome will have become experts on their child's condition and needs. They need to feel that their views and knowledge are being respected and taken into account. Communication is the key to successful inclusion and many potential problems can be avoided by both parties keeping the other informed. It may be helpful to remember that a child with Down's syndrome is a child first and foremost and that his or her condition is secondary.

Sarah Rutter,
Information Manager,
The Down's Syndrome Association.

See page 26 for more information on Emotional Literacy and page 17 for Art Therapy, Sensory Play and Play Therapy and Relaxation Techniques and page 5 for Developing an Inclusive Practice.

Organisations to contact

Your Local Authority

The Down's Syndrome Association
The Down's Syndrome Association has an information service and also a number of advisers it can call on for specific information about such things as speech therapy, medical and behaviour problems.

Existing policies

Newly appointed SENCOs should find that their setting already has a special needs policy. In this situation, it is good practice to conduct an audit. A good starting point would be to assess the success of your existing policy in terms of supporting the children with special educational needs in your setting. All staff members should be involved in this. Assess how effective the policy is in practice by giving thought to the following areas:

The effectiveness of the systems in place for admission of all children, including those with special educational needs

The systems in place for the identification of special educational needs

- How accurate are these?
- Are staff confident and aware?
- Current provision for children with special educational needs.
- How effective are the Individual Education Plans in supporting children?
- Is the graduated approach being used correctly?
- Have reviews taken place? If so, have parents and other specialists been consulted/attended?
- How effective is the curriculum offered and systems of planning for differentiating needs of all children?

Systems for observation and assessment of attainment and progress for all children

- Are these used and adapted to support the learning of children with differing needs?

Relationships with specialists and other agencies

- What links have been developed and how successful are these in practice?



Partnership with parents

- How involved are they and how happy do they seem, both with the service offered and with their child's progress?

Effectiveness of staff training

- Have staff attended relevant training? If so, how has this benefited them and the setting?
- Has knowledge gained been shared to improve understanding and practice?

Complaints procedure

- Have any complaints been received about any area of the special

educational needs provision? If so, did the systems in place support a successful outcome?

If after carrying out this process, you and your staff team are confident that your policy is effective in providing for the needs of children with special educational needs within your setting, you do not need to produce a new policy. However, you may need to update it to fulfil the requirements of the Code of Practice and to continue the process of monitoring and reviewing.

Sue Fisher,
early years training consultant.