Collaboration between local areas across a region has enabled it to identify the most challenging priorities for action. Better use of data has improved planning and commissioning of services for the future and a focus on assessing the impact of support has identified effective approaches for improving outcomes for children with special educational needs and/or disabilities.

The North West Special Educational Needs and Disability Regional Network is comprised of twenty three local areas. Membership includes local authority strategic and operational SEND and social care leads, Designated Medical and Clinical Officers, Clinical Commissioning Groups, Parent Carer Forums, Schools and Early Years Leads, Educational Psychology, Post-16 Further Education, SENDIASS, Youth Offending Teams and Children and Young People’s Participation Groups.

The network conducts a rapid response survey each year and achieves a 100% response rate from local areas. The survey collects information about progress in implementing the Children and Families Act 2014 special educational needs and disability reforms, the aspects of the reforms that are proving the most challenging, areas of strength, local networks and groups, areas of interest for a regional or sub-regional approach and support that might be helpful. The network has a regular newsletter and a website (https://www.nwsend.network)

The network identified early years as an early priority.

The North West regional network has a strong history of partnership working built upon its Early Support Network. The early years element of the network takes an action learning set approach where a member or members present a challenge, problem or issue and others question constructively to challenge perceptions, assumptions, views and understanding and share knowledge and experience, leading to insight, understanding and ideas for action. Actions are then tested out in the work context and results brought back to the group so it can consider what worked and what didn’t and why. This enables learning to be recognised and celebrated and conclusions to be drawn so that learning is defined from experience and new knowledge can be integrated into practice. Traditionally, this approach involves around six to eight people but in the North West they scaled up activity so that all twenty three local areas were involved.

The network involved the Council for Disabled Children (CDC) at an early stage and a one day event was held for early years services, early years settings, SEN and disability teams, and health services to support the regional network in identifying
strengths and areas for development. The CDC’s self-review tool developed from this work.

The network identified two key priorities:

- collecting, managing and using data across services and using data to improve planning and commissioning of services to meet future needs; and,

- focusing resources on approaches and interventions that contribute to improving outcomes for children and families.

Activity

Local areas in the network are taking forward a wide range of activity in relation to these priorities, for example:

- Cheshire East has developed a best practice toolkit ‘Are you ready for me now I’m two?’ This supports a comprehensive approach to identifying needs, multi-agency working and enabling children to be ‘school-ready’.

- Trafford has run taster sessions in early years settings for parents in deprived areas

- Greater Manchester – ten local authorities share best practice and common principles, for example, an agreement about cross-border funding that funds families regardless of where they live to make it easier for families to access places across the area; this involves joint marketing messages and collaborative working to make better use of resources

- Rochdale has a strong focus on data and information to improve identification of need and training and development

Learning

The involvement of LuCID –the Economic and Social Research Council international centre for language and communicative development (http://www.lucid.ac.uk/- brings a sharp focus to the region’s drive to assess the impact of services and support on children’s outcomes. Researchers from the Universities of Lancaster, Liverpool and Manchester are working with local areas to help them design effective interventions in child healthcare, communicative development and early years education. They have built technology to help monitor children’s language development and carried out research to uncover relations between language development, language environment and children’s socio-cognitive and processing skills from birth to school readiness. They are disseminating evidence-based information to health and education practitioners and communicating research evidence to families and the wider public.
As part of their involvement with the North West region, LuCiD researchers worked with Sefton’s School Readiness Team to assess the impact of language boosting in nursery settings. The study *How effective is language and communication training in early years settings?* showed that a language boosting environment in early years settings was one of the most effective things that could be done to improve children’s life chances. The study tested the effectiveness of early years practitioner training in language and communicative development by looking at how practitioners implement the techniques they have learnt. Video recordings were made of practitioners interacting with children in their nurseries, one to one, and these were coded for the incidents of language boosting behaviour they produced. Practitioners were provided with a checklist to test their knowledge of how to promote children’s development.

Results showed that language and communication training is effective in increasing practitioners’ knowledge and the number of language-boosting techniques they used when interacting with children. However, it was concluded that it may not be necessary to train all practitioners to be language and communication experts in order to create communication friendly nurseries. Practitioners who had not received any formal training themselves used more language boosting techniques if they were working in a nursery that had a Language Champion on site. So the Language Champion model, in which Language Champions receive extensive training that they then take back to cascade to the rest of their team, seems to be an effective one.

In Stockport researchers looked at how the amount of ‘complex language’ used by caregivers and teachers predicted children’s abilities to use complex language a year later and contributed to the local area’s Early Years Continuing Professional Development conferences, training and workshops.

The involvement of academic researchers with multi-disciplinary teams with complementary expertise provides ‘grit in the wheel’ to support reflective practice and use of evidence and supports evaluation of interventions and their impact.

**Next steps**

The network has a strong focus on gathering evidence of impact and all local areas are expected to do this. Examples include:

- Cheshire East - as part of its integrated review for two to two and a half year olds, the local area is linking discretionary funding for two year olds to the Ages and Stages Questionnaire
- Wigan - deployment of accredited early years SENCOs who use data effectively to inform action has led to a reduction in the number of requests for support and fewer children arrive at school without having their needs identified. There are more seamless transitions with support in place and training for staff in advance. Children’s progress is tracked and targeted support workers monitor the impact of support
- Bury – use of the CDC early years self-review tool has supported preparation for Ofsted/CQC inspection and this contributed to its early years provision receiving positive comments from inspectors.

Areas for development

Across the local areas in the network there is variability in processes used to identify children who have or may have SEND. In some areas all partner agencies do not work together effectively. Sometimes there is a lack of involvement from health after children’s needs have been identified; the emphasis is on needs being identified at an early age but children are not regularly monitored to check progress. Training and development to build skills and expertise in identifying and supporting children with SEND is variable between local areas, particularly in respect of Health Visitors.

Success factors - what’s the magic?

The success of the network rests on:

- Communication, co-ordination and follow up! Promoting attendance and following up with non-attendees

- Getting the right people in the room - monitoring sign up

- Differentiated opportunities / groupings – sometimes the local area, other times professional or other groupings will work best

- People with influence – leadership buy in helps to sustain progress

- Joint working – good personal relationships between Head of Health and Education and good succession planning.

For more information email eysend@ncb.org.uk