



Early Years Good Practice Guidance for SEND

Early Years Advisory Teacher/SENCos







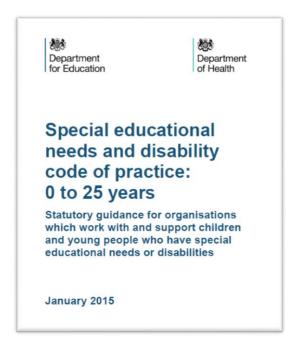


The code of Practice outlines a graduated response to meeting children's needs

The graduated approach should be led and co-ordinated by the setting SENCo working with and supporting individual practitioners in the setting and informed by EYFS materials, the Early Years

Outcomes guidance and Early Support resources.

(Code of Practice 2015 5:45)



https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/3 98815/SEND Code of Practice January 2015.pdf

Early Years Good Practice Guidance for SEND

Contents

- Introduction to the Early Years Graduated Response
- Initial Record of Concern
 - Early Years SEND Monitoring
 - Differentiated Activities
- Early Years SEND Support Paperwork
 - Early Years Individual SEND Support Record
 - Early Years SEND Support Provision Plan (Assess, Plan, Do, Review)
 - Early Years Individual SEND One-Page Profile (Passport)
- Request for Involvement (Early Years Advisory Teacher/SENCo's)
- Early Years SEND Inclusion Fund (EY SEND IF)
 - Early Years SEND IF Information
 - Early Years SEND IF Referral Form
 - Early Years SEND IF Review of support
- Education, Health and Care Needs Assessment
 - EHCNA Guidance and Request Form (August 2018)
- Appendices
 - Good Practice Triangles
 - Risk Assessment
 - ABC Monitoring
 - Template of Transition Letter
 - Template for Transition Meeting
 - Provision Plan and Review Examples

Introduction to the Early Years Graduated Response.



Specialist (Wider Support from External Agencies)

Completion of EHCNA

Specialist (Wider Support from External Agencies)

Referral to EY SEND IF

Continue with cycles of Assess, Plan, Do, Review. Follow strategies recommended by external agencies.

Targeted (Wider Support from External Agencies)

Child will have an **Early Years SEND Support Provision Plan** - will have more than one cycle of Assess, Plan, Do, Review.

Liaise with external professionals; HV, SALT, Strengthening Families Service.

Complete **Request for Involvement Form** – EYAT/SENCo

Continue with cycles of Assess, Plan, Do, Review. Follow strategies recommended by external agencies.

Possible referral to EY SEND IF

Access T&W LOCAL OFFER

Targeted (Early Years Setting Support)

Follow the graduated approach (Assess, Plan, Do, Review)

Discuss child's needs with the parents and complete Initial Record of Concern

(IROC) and Early Years Individual SEND Support Record. Add child's name to

SEND Monitoring Details

Plan individual outcomes for child with SEND through differentiation

At this stage some children may need an **Early Years SEND Support Provision Plan.**Review progress every 6 weeks.

Universal (Early Years Setting Support)

Follow the graduated approach (Assess, Plan, Do, Review) – see Good Practice Triangles – Quality First Teaching.

Key person to liaise with setting SENCO and raise any concerns.









| EY Setting Nursery budget | | Wider Support and/or funding from External Agencies Local Authority involvement via Top-up funding mechanism | | | | |
|--|--|---|---|---|--|--|
| Monitoring/ IROC | SEND Support | SEND Support | EYSENDIF | EHCNA/EHCP | | |
| Despite providing daily opportunities through the Universal Offer available for all children the progress of the child causes concern Meet/ discuss concerns with parents. Complete Monitoring/ Initial Record of Concern (IROC) section of EY SEND Paperwork share with parents Monitor child over time limited period collecting evidence: observations, tracking, Liaise with Setting SENCo Differentiated activities sheet to be completed and activities implemented with child. If after completing cycle of Assess, Plan, Do, Review concerns remain through setting's Graduated Response then | Complete Individual SEND Provision Plan for child with SMART targets and detailing strategies, interventions to be implemented 6 Weekly/ Half-Termly Review of Child's SEND Provision Plan using Cycles of Assess, Plan, Do, Review completed leading to next targets/ priorities through evaluation of progress/ support offered to child If after completing cycles of Assess, Plan, Do, Review lack of progress/ no progress CAN be evidenced through setting's Graduated Response then | Request for Involvement form to be completed obtaining support / observation from EYAT/SENCo Implementation of recommendations, strategies and interventions detailed by EYAT/SENCo included on child's SEND Provision Plan and worked towards regularly 6 Weekly/ Half-Termly Review of Child's SEND Provision Plan using Cycles of Assess, Plan, Do, Review completed leading to next targets/ priorities through evaluation of progress/ support offered to child If after completing cycles of Assess, Plan, Do, Review lack of progress/ no progress CAN be evidenced through setting's Graduated Response then | After sufficient time to allow for EYAT/SENCos recommendations to be implemented and if sufficient Graduated Response CAN be demonstrated by setting then a referral can be made for additional funding from LA if required 6 Weekly/ Half-Termly Review of Child's SEND Provision Plan using Cycle of Assess, Plan, Do, Review completed leading to next targets/ priorities Evaluation must show how additional top-up funding has been used and the impact (EYSENDIF Review form) and Review observation and visit from EYAT/SENCo for monitoring purposes | o After following Graduated Response, applying Cycles of Assess, Plan, Do, Review with support from EYAT/SENCo and additional funding via EYSENDIF if more extensive support and funding is required then an Education, Health & Care Needs Assessment (EHCNA) can be completed as long as setting CAN evidence involvement and impact from advice sought from wider agencies through their comprehensive Graduated response/ paperwork | | |

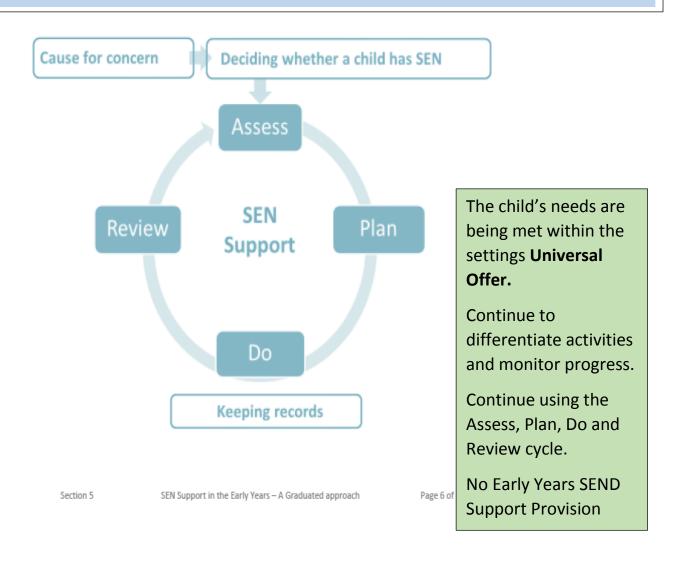
UNIVERSAL Inclusive quality first teaching for all

It may look like this:-

A child who you may have concerns about and who is receiving Quality First Teaching and differentiated activities. This is the first time they are part of the Assess, Plan Do Review cycle.

No Early Years SEND Support Provision Plan at this stage.

SEND Support: A Graduated Response in the Early Years



TARGETED Additional interventions to enable children to work at age-related expectations or above UNIVERSAL Inclusive quality first teaching for all

Or it may look like this:

This is a child who has been

Do, Review cycle a number

through the Assess, Plan,

of times, still requiring

differentiated activities.

This child is not making

Key person will be liaising

with setting SENCo to raise

expected progress.

concerns.

SEND Support: A Graduated Response in the Early Years

Cause for concern Deciding whether a child has SEN Assess SEN Review Plan Support Do **Keeping records** Section 5 SEN Support in the Early Years - A Graduated approach Page 6

Targeted (Early Years Setting Support)

Follow the graduated approach
(Assess, Plan, Do, Review)
Discuss child's needs with the
parents and complete Initial
Record of Concern (IROC) and
Early Years Individual SEND
Support Record. Add child's
name to SEND Monitoring
Details

Plan individual outcomes for child with SEND through differentiated activities sheet.

At this stage some children may need an Early Years SEND
Support Provision Plan.

Review progress every 6 weeks.

TARGETED Additional interventions to enable children to work at age-related expectations or above UNIVERSAL Inclusive quality first teaching for all

SEND Support: A Graduated Response in the Early Years

SEN Support in the Early Years - A Graduated approach

Keeping records

Targeted (Wider Support from External Agencies)

Child will have an Early Years
SEND Support Provision Plan

- will have more than one cycle of Assess, Plan, Do, Review.

Liaise with external professionals; HV, SaLT, Strengthening Families Service.

Complete Request for Involvement Form – EYAT/SENCo

Continue with cycles of Assess, Plan, Do, Review.
Follow strategies recommended by external agencies.

Possible referral to EY SEND IF

Access T&W LOCAL OFFER

Targeted (Early Years Setting Support)

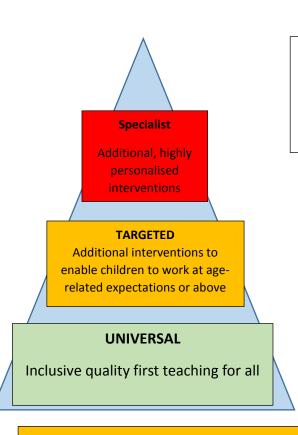
Follow the graduated approach (Assess, Plan, Do, Review)

Discuss child's needs with the parents and complete Initial Record of Concern (IROC) and Early Years Individual SEND Support Record. Add child's name to SEND Monitoring Details

Plan individual outcomes for child with SEND through **differentiated activities** sheet.

At this stage some children may need an Early Years SEND Support Provision Plan.

Review progress every 6 weeks.



Review.

Strengthening Families Service.

SEND IF

Access T&W LOCAL OFFER

SEND Support: A Graduated Response in the Early Years

Cause for concern Deciding whether a child has SEN Assess SEN Review Plan Support **Targeted (Wider Support from External Agencies)** Child will have an Early Years SEND Support Provision Plan - will have more than one cycle of Assess, Plan, Do, Do Liaise with external professionals; HV, SALT, Complete Request for Involvement Form – EYAT/SENCo **Keeping records** Continue with cycles of Assess, Plan, Do, Review. Follow strategies recommended by external agencies. If expected progress is not made, consider referral to EY

SEN Support in the Early Years - A Graduated approach

Specialist (Wider Support from External Agencies)

Referral to FY SEND IF

Continue with cycles of Assess, Plan, Do, Review. Follow strategies recommended by external agencies.

Evidence of graduated response demonstrates lack of/limited progress over time

Consider completion of **EHCNA** Request paperwork, possibly leading to an EHCP being issued

Initial Record of Concern (IROC)

- Complete this form if you have any concerns about a child's development
- The form must be shared with parents/carers and their comments recorded and signed
- You can use this form for any child within the setting, regardless of whether they are eligible for their Nursery Education Grant (NEG) Funding
- Record the child's strengths and interests and reasons for concern
- Record the child's name on your **SEND Monitoring Details** format (overview sheet)
- Identify differentiated activities to address areas of concern and complete a
 Differentiated Activities Sheet
- Review progress in 6 weeks
- If you are still concerned then either continue to observe or begin Early Years
 Individual SEND Support Record
- If you are no longer concerned then there is no need for any further paperwork.
 However, keep the child's name on the SEND monitoring list, continuing to review progress periodically
- Some children may start at your setting with professional reports from external agencies e.g. Speech and Language Therapy, Occupational Therapy, Physiotherapy, Telford Child Developmental Centre.
 - These children will be recorded at EY SEND Support on your monitoring sheet









| <u>Setting:</u> | Date: | | | | |
|---------------------------------------|---|--------|--|--|--|
| Name of child | | | | | |
| Date of birth | Age | | | | |
| Number of sessions attending this set | tting | | | | |
| Does the child attend another | If yes, name of setting and number of days/hours | | | | |
| setting – Yes or No | | | | | |
| | | | | | |
| Strengths and interests | | | | | |
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| | mmunication & Interaction, Cognition & Learning, Social, Emotional and Mental H | ealth, | | | |
| Sensory and/or Physical Needs. | | | | | |
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| Declaration and discussion | | | | | |
| Background information and discussion | on with parents/carers | | | | |
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| | | | | | |
| | | | | | |
| Parents/carers signature: | Date: | | | | |
| | | | | | |
| SENCo signature: | Date: | | | | |
| Intended Review Date: | | | | | |
| | | | | | |

SEND Monitoring Details

- This is an overview list showing the children in the setting who have been identified with SEND
- Add on a child's details to the list when you begin to keep records of your concerns or have reports from outside agencies. You will need to have parental consent to do this
- This overview provides evidence that you are monitoring children's progress and development
- Review the list regularly (at least every 6 weeks) and make sure that all details are up to date. A child's name can be removed from the list if there are no longer concerns about their learning and development. This is designed to be a working document which will reflect the fluid nature of children's developmental needs

SEND Monitoring Details (Overview)







| Name of Setting: | | | SENCo: | | | | | |
|------------------|------------------|--|--|--|-----|--------------------------------|--|--|
| Name of Child | Date of Birth | Area of Need: Communication and Interaction Cognition & Learning Social, Emotional and Mental Health Sensory and/or Physical Needs | Stage of Support IROC/SEND SUPPORT/EY SEND IF/EHCNA/EHCP | | END | Comments/Assessment Dates etc. | | |
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Differentiated Activities







| EYFS area/s of learning to address: | |
|--|-------|
| Differentiated activities: | |
| | |
| | |
| Outcome of review: | |
| | |
| Actions/Next Steps: (tick appropriate box) | |
| No further concerns | |
| Move to SEND Support | |
| Continue differentiated activities | |
| Manager/SENCO signature: | Date: |
| Parent/Carer signature: | Date: |

Early Years Individual SEND Support Record

- This record should be completed alongside the **Initial Record of Concern** (IROC).
- This provides a continuous record of the individual child/ the stage of SEND support and professional involvement.
- This record should always be kept up to date. For example each time the child is seen by a professional the details are logged on the form. Similarly, any paperwork completed/received should be logged on the record.
- This record will provide 'at a glance' chronological evidence of a graduated response to the child's needs.
- You will need to gain parental permission to start this record. Parents MUST be involved to agree this information is kept and opportunities to contribute. They will need to sign the record.
- Start a file for each individual child, containing the child's SEND Support documents, which can then be added to over time.
- At this stage some children may need an **Early Years SEND Support Provision Plan** to show the setting is making provision that is <u>additional to</u> or <u>different from</u> that made for the other children.







Early Years Individual SEND Support Record

| Child's Name | :: | D.o.B: | | Setting: | | Date of admission: |
|--------------|-----------------------------------|----------------|-------|---|-------------|--------------------|
| Key Person/S | Supported By: | | | Area/s of Concern: (ti | ck appropri | ate box) |
| Stage of Sup | port: | Tick | Date: | Communication & Inte | eraction: | |
| IROC/Monito | ring | | | Cognition & Learning: | | |
| SEND Suppor | t | | | Social, Emotional and | Mental Hed | alth: |
| SEND Suppor | t with EYSENDIF | | | Sensory and/or Physic | al Needs: | |
| EHCNA | | | | | | |
| ЕНСР | | | | | | |
| Attendance | pattern: | | | Medical Information: | | |
| Parent/Care | Signature: | | | SENCo Signature: | | |
| Date: | | | | Date: | | |
| Date: | Contact/Involvement (Professional | name and role) | 1 | Documentation/Evidence (e.g. Report, target Plan, Letter, parental | Actions/ No | otes: |
| | | | | comment): | | |
| | | | | | | |

Early Year SEND Support Provision Plan

Complete an Early Years SEND Support Provision Plan as follows:

- Assess Through observation of the child, tracking of progress and discussion with colleagues and parents, identify up to three areas of development which require intervention and support to enable the individual child to progress. Consider what the child finds difficult.
- Plan Consider and agree desired long term outcomes. What does the child need to
 achieve or be able to do over the next 6-12 months? Use guidance/recommendations
 and suggested outcomes from external agencies (if available). Ensure parents have
 the opportunity to discuss, contribute to and agree outcomes, and sign the forms.
 Outcomes can be shared between home and setting.
- From these long-term outcomes, determine smaller, more achievable steps to work towards, as **short term outcomes**. What does the child need to achieve or be able to do over the next 6 weeks? Use guidance/recommendations and suggested outcomes from external agencies (if available).
- The outcomes must be:
 - **S** Small (Specific)
 - **M** Measurable
 - **A** Achievable
 - **R** Realistic
 - T Time related
 - **A** Agreed
- **Do** Consider actions and interventions required for the child to achieve the set outcomes. What resources, strategies and adult support will be needed? Ensure that these are consistently delivered as stated in the plan. All practitioners should be aware of the plan and their role in supporting the child. Observe, and collate evidence of the child's achievements over the agreed time period.

- **Review** Set a date with parents for reviewing the outcomes and the child's progress towards achieving these (6 weeks)
- Parents/Carers must be involved with every review. Invite them to a meeting to discuss progress. If they are unable to attend, documents must be shared with them and their signatures obtained.
- Review progress towards the outcomes set:

Achieved - If the child has achieved the targets then set new ones.

Partially achieved – Outcomes showing a small measure of progress could be repeated, but with a change of focus.

Not achieved – This may be due to unrealistic outcomes. Consider whether further simplification is required, or different provision.

- Agree outcomes and complete a new SEND Support Provision Plan. Set another review date (usually 6 weeks)
- You can complete as many cycles of assess-plan-do-review at SEND Support as required, in order to meet the learning and developmental needs of the child.
- If the child has made expected progress and you are no longer concerned about the child's development, then you may decide to close the SEND Support Record. The Record needs to be confidentially stored and passed on to the next setting when the child leaves (with parental consent). Continue to monitor the child's learning and development.
- If you are more concerned about the child's development then you **may** consider completing a **CAF** (Common Assessment Framework) to identify appropriate external agencies for support (e.g. Strengthening Families Service, Early Years Advisory Teacher/ SENCo, SaLT, Health Visitor/GP).
- For advice and observation from your designated Early Years Advisory Teacher/ SENCo, please complete a **Request for Involvement** form.

Early Years SEND Support Provision Plan







| Child's Name: | DoB: | Setting: | Plan Number: Plan Start Date: Plan Review Date: | |
|--------------------------|------|---|---|--|
| Key Person/Supported By: | | Area of Concern (please indicate): Communication & Interaction, Cognition & Learning, Social, Emotional and Mental Health, Sensory and/or Physical Needs. | | |

| ASSESS | PLAN | DO | | | REVIEW |
|--|---|--|--------------|---------------------------------------|--|
| What does the child | Objective/ What is the desired short term | What actions/ Interventions are | = | | Has the desired short term |
| find difficult? | outcome? SMARTA Targets | What resources/strategies are What is the type of provision? | = | p) | outcome been achieved? |
| What is the desired long term outcome? | | Actions/interventions/ Provision and strategies | Delivered by | Frequency & Duration of support | Achieved (A) Partially achieved (PA) Not achieved (NA) |
| 1. | | | | | A PA NA Comments: |
| | | | | | |
| 2. | | | | | A PA NA |
| | | | | | Comments: |
| | | | | | |
| | | | | | |

| 3. | | | | | A PA NA |
|---|--|-------------|----|--|-----------|
| | | | | | Comments: |
| | | | | | comments. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Parental Contribution/v | views: | | | | |
| , | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ACTIONS / NEVT STERS. | | | | | |
| ACTIONS/ NEXT STEPS: | | | | | |
| Cease EY SEND Support | :/monitor child's learning and developme | nt | | | |
| | | | | | |
| Maintain at FY SEND Su | ipport/ New plan required | | | | |
| Thankan at 2. 52.15 Support, 1101 plan required | | | | | |
| 5 6 1 | (5) | | | | |
| Referral to outside agei | ncy (Please specify): | | | | |
| | | | | | |
| EHCNA Request | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Manager/SENCO signat | ture: | Dat | e: | | |
| Parent/Carer signature | :: | Dat | e: | | |

SEND One Page Profile (Passport)

- It is good practice to complete this in conjunction with the early Years SEND Support Provision Plan.
- This provides an 'at a glance' profile of the individual child.
- This is useful to share with other professionals who may come into contact with this child.
 - For example, if there is a new practitioner coming into the room who has not worked with this child; this Profile/Passport would provide the necessary information to work effectively in supporting the child.
- It is good practice to update this Profile/Passport at key transition points or when significant changes occur. It is **not** necessary to update this Profile/Passport each time an Early Years SEND Support Provision Plan is reviewed/agreed.
- This Profile/Passport is useful evidence which will be needed if completing an Early Years SEND Inclusion Fund (EY SEND IF) referral or an Education Health Care Needs Assessment (EHCNA), as appropriate

| Child's Name: | | SEND One-Page Profile | Settings LOGO. | |
|----------------------------|------------|--------------------------------|-------------------------|--|
| D.O.B: | PHOTOGRAPH | (Passport) | | |
| Setting: | | Key Person: SENDCo: | Date of Update: | |
| Access Arrangements: | | I would like you to know that: | I find it difficult to: | |
| • | | • | • | |
| | | • | • | |
| | | • | • | |
| | | • | • | |
| | | | | |
| It would help me if you co | uld: | I will help myself by: • | | |
| Additional support: | | | | |
| • | | | | |
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Early Years SEND Support Provision Record

- This can be completed with the Early Years SEND provision Plan and the One Page profile.
- It is a document to record when the activities take place showing the evidence and impact which can be used to complete the Provision Plan Review.
- This form can be available in the room to Practitioners working with the child. Just the initials of the child can be used. This will enable the form to be a working document showing what the child can do with support from an adult or independently.

Early Years SEND Support Provision Record







| Child's na | me: | Setting: | | |
|------------|----------------|----------|----------|------------|
| Date | Outcome/ Focus | Activity | Comments | Next Steps |
| | • | • | | • |
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REQUEST FOR INVOLVEMENT

EARLY YEARS ADVISORY TEACHER /SENCos

Please complete all sections

| Setting/ School: | Date of referral: | | | |
|---|---------------------------|--|--|--|
| Name of Class Teacher / Nursery Key Worker: (DELETE AS APPROPRIATE) | | | | |
| Contact person (at the setting)/ Name & Designation: | Telephone: | | | |
| Name of Child: (BLOCK CAPITALS) | Date of Birth: | | | |
| | Age at referral: | | | |
| Name of Parent/Carer(s): | Telephone: | | | |
| Home Address: (INCLUDING POSTCODE) | | | | |
| Pattern of Attendance: (INCLUDING DAYS/TIMES AND TOTAL NUMBER C | OF HOURS ATTENDED WEEKLY) | | | |
| Date of Admission: | | | | |
| Does the child attend any other setting? YES/NO If YES- Name | ne of setting: | | | |

| Gender: | Ethnicity: | Home Language: |
|---|---|----------------|
| Medical information: | Sight: | Hearing: |
| Child in Care: YES/NO (DELETE AS APPROPRIATE) | Is a Common Assessment Framework (CAF) in place: YES/NO | |
| Child Protection Plan: YES/NO (DELETE AS APPROPRIATE) | (IF YES PLEASE SUBMIT COMPLETED PAPERWORK) | |

| Professional Agency Involvement: Is the child known to the following services? |
|--|
| SaLT: YES/NO |
| |
| (IF YES PLEASE GIVE NAME OF SPEECH & LANGUAGE THERAPIST) |

| | Early Help & Support: YES/NO | | |
|----|------------------------------|--|--|
| | (IF YE | ES PLEASE GIVE NAME OF PRACTITIONER/WORKER) Contact details: | |
| | Othe | ASE GIVE NAME OF HEALTH VISITOR AND GP PRACTICE) PIT: ASE SPECIFY) | |
| F | lome | context: (PLEASE GIVE DETAILS OF CURRENT FAMILY SITUATION INCLUDING SIBLINGS) | |
| ar | e pric | complete the following sections giving as much relevant information as possible. Requests pritised by identified concerns. If insufficient information is provided you will be asked to additional information | |
| F | Reasc | on for request/Areas of concern: (Give details in all of the areas that apply) | |
| | 1) | Communication and Interaction | |
| | 2) | Cognition and Learning | |
| | 3) | Social, Emotional and Mental Health | |
| | 4) | Sensory and/ or Physical Needs | |
| | | | |

| Current Attainment levels | | | | |
|---|---------------------------|--------------------------|--------------------|---------------------------|
| Date of Assessment | i: | | | |
| Personal, Social & Emotional Development | Communication & Language | Physical Development | Literacy | Mathematics |
| Self-confidence and | Listening & Attention | Moving & Handling | Reading | Number |
| Self- Awareness | | Months | | |
| Months | Months | | Months | Months |
| Making Relationships | Understanding | Health & Self-care | Writing | Shape, Space & Measure |
| Months | Months | Months | Months | Months |
| Managing Feelings and Behaviour | Speaking | | | |
| Months | Months | | | |
| | | | | |
| Child's strongths/ In- | terests: (e.g. social in | toraction play skills | vocabulary) | |
| | torooto. (o.g. ooolar iir | tordottori, play okillo, | vocasalary) | |
| | | | | |
| | | | | |
| SEND Status: (PLEA | ASE INDICATE WHICH S | TAGE THE CHILD IS AT | _) | |
| Initial Record of Concern (IROC): SEND Support: Education, Health & Care Needs Assessment (EHCNA): | | | | |
| , | | , | | |
| Strategies and Support provided to date: (Please indicate what you have already tried/ provided that is 'different to' and 'additional from' the provision for other children attending e.g. differentiated support, one to one time, environmental adaptations, interventions) | | | | |
| Strategy/Intervention: | | Evaluation/Ir | Evaluation/Impact: | |
| Otrocto molleto e e el | | F 1 C | | |
| Strategy/Intervention | 1: | Evaluation/Ir | npact: | |
| Strategy/Intervention: | | Evaluation/Ir | mpact: | |

| What support is being requested? | |
|---|---|
| | |
| | |
| | |
| Parent/ Carer (s) comments: | |
| | |
| | |
| | |
| | |
| Early Years Advisory Teachers/SENCos are always pleased to assessments and you can indicate below if you would like the se | |
| YES NO | J J |
| I give my consent for my son/ daughter to be observed/ assesse Teacher/SENCo. This consent covers all future contact. | ed by the Early Years Advisory |
| I understand that: | |
| Telford and Wrekin Council (T&WC) collect personal info T&WC to provide support services which will benefit me a That my/my family's personal information will only be shat services to enable these services to be provided to me/m T&WC may also share my/my family's personal information or other public bodies as required by relevant legislation | as an individual and/or my family red internally between Council y family |
| For further information please visit www.telford.gov.uk/terms | |
| SENCo Signature: | Date: |
| Parent/Carer(s) signature: | Date: |

Telford & Wrekin Council will not share any of your personal data with external organisations, unless required to do so by law. However, for further details on the council's privacy arrangements please view the privacy page on the council's website page

Please return to:

EarlyYearsSENDSupport@telford.gov.uk

Alternatively you can send it by post to:

Lisa Seymour

Early Years and Childcare Team Leader Early Years and Childcare Team School Performance and Development 6A Darby House Lawn Central Telford TF3 4JA

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Early Years SEND Inclusion Fund

Information and Documents

www.telfordsend.org.uk



Early Years SEND Inclusion Fund (EY SEND IF)

- Before considering a referral to EYIP the setting must contact the designated Early Years Advisory Teacher/SENCo/Consultant for advice and to arrange an observation of the child.
- Following the observation by the designated EYAT/Consultant and subsequent discussion complete the Early Years Inclusion Panel referral form to request additional support.
- The Early Years Inclusion Panel meets once every half term so that decisions can be made and funding, or mentor support, may be allocated for the next half term.
- Referrals need to be submitted <u>at least 5 working days</u> before the panel meets.
- Any referrals that arrive late will be deferred until the next meeting of the Panel.
- You will need to show evidence of a graduated response and submit copies of recently reviewed provision plans (last 2) alongside the referral form and any other <u>relevant</u> information e.g. Professional reports that you feel will help the Panel to make their decision.
- Consider whether completing a CAF/TAC with parent(s)/carer(s) would be beneficial.

Why does Telford and Wrekin have an Early Years Inclusion Fund?

Early Education and Childcare Statutory Guidance for Local Authorities places a requirement on local authorities to establish an Early Years SEN Inclusion Fund to support 3 and 4 year olds with emerging SEND. The purpose of the fund is to further assist providers to implement strategies to support children's learning and development.

By law, all providers must have arrangements in place to support children with SEN and/or disabilities (SEND). These arrangements should include a clear approach to identifying and responding to SEND. Where a setting identifies a child with SEND they must work in partnership with parents and carers to implement any support that the child needs. Most children with additional or special educational needs and/or disabilities will not require special resources or enhanced staffing to be successfully integrated into settings; indeed most settings meet the additional needs of their children very well. However, some children with more complex needs may benefit from enhanced provision or additional resources for a period of time.

What is the Early Years Inclusion Fund Panel?

The Early Years Inclusion Funding Panel is a meeting of Local Authority and Health Professionals including Advisory Teachers, Speech and Language Therapist and Portage Home Visitor who have expertise in special educational needs within the Early Years. It has been developed for all Early Years Settings in Telford and Wrekin in order for them to access additional funding to support children who attend their settings with special educational needs.

Settings must work with parent/carers, children and young people in a person centred way, including parents in the application and review process.

Which children can be discussed at the Early Years Inclusion Fund Panel?

- Children of preschool age attending private, voluntary & maintained early years settings including childminders.
- Children in the toddler phase of nursery who access the Talking Twos Childcare offer.
- Where funding is being requested for a child they must attend a setting in Telford and Wrekin.
- The child will have significant barriers to learning that require support above what is already allocated through the setting's universal offer.
- Funding is allocated to the individual child, if the pupil moves setting the funding is transferred if appropriate.
- If a child has an Education, Health and Care plan in place then they cannot be discussed at the panel.

What happens at the Panel?

Once an application has been accepted the request will be taken to the next available panel. Panels are run 6 times a year, usually two weeks before a school holiday. The information received is considered and a decision is made as to whether funding is agreed. The members of forum understand that all information shared about your child is to be kept confidential. Where members feel there is a conflict of interest, for example they are aware of the child outside of work, then they will leave the panel while the child is being discussed.

Where funding is not agreed the setting will be given some next steps to consider. If may be that the setting are asked to continue to follow recommendations from an advisory teacher or the portage home visitor. When the setting are making an application for the EY Inclusion Fund they must talk to you so you know what they are asking for.

What support can funding be used for?

- Requests need a clear rationale and based on specific outcomes.
- This may include, but not limited to, support services, therapy, positive play and or EY practitioners to provide specific learning programmes.

- Support must be appropriate for the child to meet the individual child's identified needs.
- •Settings must record the provision they put in place using an EY Inclusion Fund Provision Plan (EYIFPP).

How are parents/carers, children and young people involved?

Parents and carers should be involved in the whole process. Settings should talk to you about the support already in place and what they are proposing when requesting support from the Inclusion Funding Panel.

Settings will consult with parents and carers on the proposed support requested. You should contribute to and have a copy of the EY Inclusion Fund Provision Plan that is put in place.

The form for parents/carers, children and young people should be filled out in a person centred way.

How is support from the EY Inclusion Fund requested?

Settings can apply using the templates and forms they have been provided with.

Settings are expected to involve parents/carers and children before, during and after the application. Your views are recorded and returned with the application.

Settings will feedback the outcome of the panel with you. Where funding is agreed this will be available to settings within 14 working days.

Settings must review the EY Inclusion Fund Provision Plan (EYIFPP) with parents/carers before the date funding is due to cease.

Allocation of funding is early support; therefore support should start immediately after it has been provided to settings.

Who to contact?

If you think your child would benefit from the support contact your setting's Special Educational Needs Coordinator (SENCo) or Manager who will be able to provide further information.

If your child is accessing the funding and you feel support is not appropriate you can talk to the SEND team within the Local Authority who are able to advise you on 01952 567407 or alternatively you can talk to IASS (Independent Advice Support Service) on 01952 457176



Early Years Inclusion Funding (EYIF) REQUEST FORM

PART A

| SETTING DETAILS | |
|--|--|
| Setting submitting request: | |
| Date of admission into setting: | Sessions attending and Timings: |
| Does the child attend any other setting? | Yes \square No \square , if so, where? |
| Is the child accessing the Talking Twos entitlemen | t? Yes □ No □ |
| Is the child accessing the 30hrs childcare entitlement CHILD'S DETAILS | ent? Yes □ No □ |
| Surname: | First Name: |
| Date of Birth: | Sex: M □ F □ |
| Address: | |
| Postcode: | |
| PARENTAL DETAILS | |
| Name: (Parent/Carer) | Name: (Parent/Carer) |
| Address: (if different from pupil) | Address: (if different from pupil) |
| | |
| Postcode: | Postcode: |





| Brief summary of why the request is being made. This should focus on a brief description of the needs of the child and information about what you have Done already to support the child or young person. Please include details of the support/advice provided by the Early Years Advisory Teacher EYAT. | | | |
|--|---|--|--|
| | | | |
| Description of need | | | |
| order of prevalence from 2 to | o 4, where appropriate. = secondary need etc.) Yo | | other areas of need in rank area of need that does not |
| Cognition and Learning | Communication and Interaction | Social, Emotional and Mental Health | Physical/Sensory/Medical |
| Learning | interaction | and Mental Health | |
| Showing primary area of Moderate learning Difficulties Specific learning | f need. Speech and language difficulties Autistic Spectrum | Social difficulties Emotional | using a ranging order with 1 Physical difficulties Visual impairment |
| difficulties Severe learning difficulties Profound and | Disorder Social communication difficulties | difficulties Mental health difficulties ADD/ADHD | Hearing impairment Medical difficulties |
| multiple learning difficulties | | | |
| SOCIAL SERVICES IN | NVOLVEMENT | | |
| Is the pupil known to S | ocial Services? Yes | □ No □ | |
| Is the pupil in care? | Yes [| □ No □ | |
| Name of Social Worke | r: Are | ea: | |
| If the pupil is a Child | in Care, please attach evi | idence that the Social W | orker has been consulted |

about this submission.





| NB: FOR A CHILD IN CARE THE AP CONSENT OF THE SOCIAL WORKE | | ROCESSED WITHOUT THE |
|---|--------------------------------|------------------------------------|
| * Has the pupil had a CAF/Early Help | (Single Assessment): Yes □ | No □ |
| If Yes, please involve the relevant wor | ker/service in planning. | |
| | | |
| PART B | | |
| Please specify the band being reque | ested (Please circle) | |
| Band A | Band B | Band C |
| Briefly describe what the setting will required over and above that already poutside professionals you have been v | provided. This should be bas | ed on recommendations of the |
| You are required to submit the follo | wing EVIDENCE when requ | esting EYIF: |
| Description of graduated approfrom outside agencies. | each to date including referen | ce to support and written feedback |
| Progress over time and current for children of the same age. | level of attainment and how | that compares to the expectation |
| Proposed Early Years Inclusion | n Fund Provision Plan (EYIFI | PP) |
| Parent and child views and how | w they have been involved in | the process. |
| Submission Checklist - Please ensurequest for EYIF funding: ☐ Completed EYIF Request Form ☐ Completed EYIFPP ☐ Completed cycles of Assess, Plan, ☐ ☐ Completed Parent/Carer Views ☐ Copies of current assessments and Physio, SIS, CAMHS, SALT | Do, Review (Description of g | raduated approach) Target Plans |





PART C

| Setting declaration | |
|--|---|
| The contents of this referral have been sharAll parts of this form have been completed in | · |
| This form has been completed by: | |
| Name: | Job Title |
| Signed (Owner / Manager): | Date: |
| Signed (SENCo): | Date: |
| Parental/carer consent | |
| Please tick: | |
| ☐ I confirm that my child's educational setting fully informed in the decision to refer my child | has discussed this request with me and I have been to the Early Years Inclusion Funding Panel. |
| ☐ I understand that: <u>Privacy Notice under the Data Protection Act (</u> | General Data Protection Regulations from 26th May 2018) |
| advice and support to be provided and to mee Families Act 2014. We need to collect this inf | nal Identifiable Information to enable the best possible the statutory requirements under the Children and formation in order to consider your request for Early Years eing processed under DPA – Schedule 2 (2a) (GDPR 2018 |
| organisations unless required to do so by law. Wrekin Council and partners agencies (Depart | Presonal Identifiable Information collected with external However, this information will be shared within Telford & timent of Education, NHS, Schools/settings, and Early uncil's privacy arrangements please view the privacy page rd.gov.uk/terms |
| Signed: (Parent/Carer) | Date: |
| Signed: (Parent/Carer) | Date: |

Please return this form electronically to <u>SENDandinclusion@telford.gov.uk</u>

Early Years Inclusion Panel
SEND Team
Education, Corporate Parenting and Inclusion
Telford & Wrekin Council
6B Darby House
Telford TF3 4JA







Child's Name

Appendix 2

EARLY YEARS INCLUSION FUND PROVISION PLAN (IFPP)

Date of Birth

| | | | ļ |
|---|-------------------------------|----------------------------|--------|
| School/Setting | | | |
| SENCo | | | |
| EY Inclusion Funding | g (EYIF) Request (Pleas | se circle) | |
| Band A | Band | В | Band C |
| Amount agreed | (Please complete after confir | mation of funding from par | nel) |
| Start Date | | Review Date | |
| | | | |
| Summary of special | educational needs | | |
| | | | |
| | | | |
| | | | |
| | | | |
| OUTCOMES | | | |
| What are the expected outcomes that xxx will achieve over the next 12 months. | 1. | | |
| | 2. | | |





| 3. | | | | |
|-----------------------------------|-----------------|-----------------|----------|-----------|
| | | | | |
| (Please add as many | | | | |
| outcomes as required) | | | | |
| | | | | |
| Details of provision/Intervention | on to meet | Grouping | Duration | Session |
| outcomes | | (Ratio) | Duration | Frequency |
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| Parent / Carer's view | | | | |
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| D. W. T. | | | | |
| Pupil's views | | | | |
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| Chaff we are hear was a series of | | 4h a 10 0 0 | | |
| Staff member responsible for | or completing t | ine pian | | |
| Name: | Designation: | | Date: | |





Appendix 3

EY Inclusion Funding – PARENT/CARER VIEWS

You are being asked for your views because the setting are requesting support from the Early Years Inclusion Funding Panel for your child. The views recorded below will be submitted along with the settings request. You should receive a copy of all information that the setting submits.

| Child's name: | DOB: |
|--|---|
| Has the setting informed you about why th Funding Panel | ney are requesting support from the EY Inclusion |
| YES/NO | |
| Have you received a copy of the informati Funding Panel | on guide for parent/carers about the EY Inclusion |
| YES/NO | |
| Please provide a description of your child difficulties. | now including their strengths and areas of |
| What do you think is working well at the m | noment? |
| Do you have any services outside of the s | etting that are helping you at the moment? |
| Is there anything else you would like to tel | ll us about your family? |
| | |
| Signed: | |
| _ | |
| PRINT NAME: (Parent/Carer) | Date: |









Review of Early Years Inclusion Panel Support

- In the Notification of Decision letter you will be informed of the start and end dates of funding or support (usually an academic term) if this has been allocated. This will include child's next EYIP review date and the date for the review form to be returned.
- When the child's inclusion funding review is due you may be contacted by your Early Years Advisory Teacher/SENCo to arrange a date to discuss the child's progress.
- If support is awarded through Early Years Inclusion Panel (EYIP) a 'Review of Inclusion Panel Support form' will need to be completed with a current Target Plan attached and returned <u>at least 5 working days</u> prior to the EYIP meeting. Failure to submit the review form will result in the child not being discussed at the panel and a loss of funding or support.
- The information on the form will contribute to the panel's decision as to whether funding/mentor support will continue or cease.
- Should funding/mentor support continue, you will need to complete this form again for each identified period/review.

Return forms to:

Early Years Inclusion Panel SEND Team Education, Corporate Parenting and Inclusion Telford & Wrekin Council 6B Darby House Lawn Central Telford TF3 4JA

Email: <u>SendandInclusion@telford.gov.uk</u>

Contact: Jamie.Sault@telford.gov.uk

Tel: 01952 567407





Review of Inclusion Panel Support

| Child's Name D.O.B | |
|--|--|
| Setting Pattern of attendance: | |
| Number of hours allocated or mentor support | |
| Name of support worker and | |
| Key Person | |
| Distribution of support hours through the week | |
| Graduated approach | |
| How have support hours been used? | |
| What impact on the child's development has the support had? (refer to reviewed targets, observations,) | |
| Next steps/ further needs Is there a specific programme to be followed? | partinged analysted approach (aggreet Target Plan), signed |
| Diagram attack avidance of a c | antining and distant an angle of large at Tayant Diam's signed |

Please attach evidence of a continued graduated approach (current Target Plan), signed and dated by the parent(s)/carer(s).

Signed (SENCo): Date:

Education, Health Care Needs Assessment Information

Guidance, Request Form and Criteria can be accessed at:

www.telfordsend.org.uk



Appendices

- Good Practice Triangles
- Risk Assessment
- ABC Monitoring
- Template of Transition Letter
- Template for Transition Meeting
- Provision Plan and Review Examples (to follow)

Early Years Inclusion Panel; Individual 1:1 planned support in order for the child to access the provision and make progress within EYFS

If the communication and language difficulty is affecting progress within the EYFS Contact EY LSAT for further observation and assessment (receptive, expressive). Follow recommendations and produce individual short term outcomes – review 8 weeks

Specific individual programmes (Listen with Lucy, Time to Talk); Further discussion with parents; Referral to other agencies (Speech and Language therapy, possible referral to Paediatrician – through HV); Close working with setting SENCO/Key person; Plan individual outcomes for the child and record on SEN paperwork

Differentiated learning opportunities planned through analysis of child's response to quality first teaching; Enhanced communication friendly spaces; targeted ECAT/ELKLAN; toddler talk/baby babble; purposeful observation and assessment – Liaise with setting SENCO; further discussion with parents; Visual supports; link with HV to discuss 2 yr check responses;

Quality First Teaching: Individual planning; Promote child's strengths, interests and independence; Access to high quality learning environment; EYFS tracking; Discussions with parents; Access to training; Communication friendly space; ECAT/ELKLAN/Toddler Talk/Baby Babble; Adapted provision; 2yr/3yr Grant funding; 2yr old check

septional support

Applicable to FEW children

Exceptional support

Lots of additional support

Applicable to SOME children

Some additional support

Applicable to all children

No additional support

VOICE OF THE CHILD -

PERSON CENTRED PLANNING

MDA Assessment; follow recommendations from **EP** and Health

Early Years Inclusion Panel; Personalised 1:1 planned support in order for the child to access the provision and make progress within EYFS; Possible **Inclusion Mentor support**

Plan individual outcomes for the child and record on SEN paperwork; Close liaison with parent/carers; consistent with strategies; possible CAF/TAC implementation; Referral to external agencies (EY LSAT, SALT, OT); follow recommendations

Differentiated learning opportunities planned through analysis of child's response to quality first teaching; Liaise with setting SENCO; Link with CAFLS support worker to plan strategies. Positive behaviour strategies; Note ABC behaviour; staff access training on supporting children's emotional development and positive behaviour management approaches; look at the nursery environment and make any adaptations – see sensory processing booklet (OT)

Quality first teaching including opportunities for promoting child's emotional and social development; Access to high quality learning environment; EYFS tracking; Discussions with parents; Access to training; Communication friendly space; ECAT/ELKLAN/Toddler Talk/Baby Babble; Early years practitioner (key worker) identified as child's setting-based attachment figure. Consistent boundaries and emotionally responsive approach at home and in the setting. Promote child's strengths, interests and independence. Community and family support. Signpost to children's centre services - Family Connect.

Applicable to FEW children

Exceptional support

Lots of additional support

Applicable to SOME children

Some additional support

Applicable to all children No additional support

| Telford & Wrekin C O U N C I L Date: | Risk Assessment of: Name: D.O.B. Review date: | Business Unit/School: Risk Assessment No: | | | Carried | out by: | | |
|---------------------------------------|---|--|-------------------------------|-----------------------------------|-------------|-------------|------|--|
| What are the dangers/hazards? | Who might be harmed and how? | What are we already doing? | Risk rating L,M or H | What further action is necessary? | By whom? | By when? | Done | Revised Risk rating L, M or H |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| Signatures | |
|-----------------|-------|
| Key Person: | Date: |
| SENCo: | Date: |
| Parents/Carers: | Date: |

Behaviour Monitoring Sheet

| Name: |
|-------|
|-------|









| Date | Time Began | Time Ended | Behaviour | Trigger [If any] | Action | Other comments |
|------|---------------|---------------|-----------|------------------|--------|----------------|
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| Date: |
|---|
| Ref: (child's name) |
| D.O.B: |
| Address: |
| Invites to (amend to whoever is appropriate) |
| Parents: |
| Health Visitor: |
| SALT: |
| T&W Learning Support Advisory Teacher: |
| Receiving School: |
| Dear |
| (Name of setting) would like to invite you to a transition meeting on (Date and Time). |
| The meeting will be held at address above. |
| |
| (Child's name) has currently been receiving Early Years Inclusion Panel support. We would like to |
| offer you the opportunity to discuss how this support has been used and how to best support the |
| child as they move from one setting to another. |
| |
| Yours sincerely, |
| |

(Add setting letter head /LOGO as appropriate)

Transition Meeting Record

| Transition Meeting for: | D.O.B: | Date of meeting: | |
|-------------------------|---|------------------|--|
| Current Setting: | Area/s of Need | :t | |
| Key Person: | Level of Need: [Highlight/ Circle as appropriate] Record of Concern/SEND Support/ ECHNA/ EHCP | | |
| | Early Years Inclu | sion Support: | |
| Receiving School: | Due to start ne | ext setting: | |
| Class teacher: | | | |
| SENCo: | | | |
| n attendance: | | | |
| Apologies: | | | |
| Notes: | | | |
| | | | |
| | | | |

Action Plan

| <u>ACTIONS</u> | By Who? | By When? | <u>Done</u> |
|----------------|---------|----------|-------------|
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