**Request for Early Years SEND advice, and guidance Early Years Inclusion Support Funding/Early Years Group Inclusion Support Funding & Early Years Specialist Equipment.**

This form should be completed by Early Years Settings, Health, or Social Care Professionals in partnership with parents/carers.

Consent from Parents / Carers **MUST** be obtained.

**Early Years Request for SEND advice and guidance**

Early Years practitioners can request SEND advice and guidance to enable them to fulfil their duties under the SEN Code of Practice, improve inclusive practice, and request advice in meeting a child’s individual SEN requirements.

The SEN Lead- Early Years and SEN Training & Development Advisor- Early Years will:

* Provide advice and guidance for staff in early years settings, so that they are better able to support the child.
* Provide training and development opportunities for early years providers.
* Work with a range of professionals to ensure a co-ordinated approach to supporting the child's learning needs.

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| **Early Years Request for SEND advice and Guidance** | |
| **Name of Organisation and Address:** |  |
| **Ofsted EY number:** |  |
| **Name and designation of the person making the request:** |  |
| **Locality Area:**  **(Please highlight)** | Bury East, Ramsbottom & Tottington  Prestwich, Whitefield & Unsworth  Radcliffe, Bury West & North |
| **Tel/Mob Numbers:** |  |
| **Email Address:** |  |
| **Please state what you would specifically like advice and guidance in relation to.** |  |
| **Please also attach any documentation that will support your request.**  **i.e.- Specific Ofsted requirements, SEND policies, and procedures, training/CPD requirements etc.** |  |
| **In the sections below we would like you to give us more detail regarding the following:** | | |
| What have you done already to improve your own practice/development? | | |
| Please also attach any documentation that will support your request.  i.e.- Improvement/development/action plans | | |
| **Please state what your desired outcomes from the advice will be?** | | |
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**Request for Early Years Short-term Inclusion Support Funding**

It is particularly important in the early years that there is no delay in making any necessary special educational provision. Early action to address identified needs is critical to the future progress and improved outcomes that are essential in helping the child prepare for adult life. All settings should adopt a graduated approach with four stages of action:

* Assess
* Plan
* Do
* Review

Settings can make a request for short term Early Years Inclusion Support Funding where they have exhausted all available resources and support. Funding is intended to support children with emerging needs for a time limited period only. Should these needs continue beyond the agreed timeline and/or needs escalate, you should consider whether involvement of other professionals and/or an EHC needs assessment is the appropriate route. Note: you do not have to have Educational Psychology or other professional involvement before you can apply for either the short-term Early Years Inclusion Funding or an EHC needs assessment. However, you will be required to demonstrate a good understanding of the child’s developmental needs and how you have applied the graduated approach.

TheEarly Years Special Educational Needs and Disability Inclusion Panel (EYSENDIP) will make the decision following a request for Early Years Inclusion Support Funding.

This request will provide the Panel with detailed information about a child’s individual needs and how you intend to meet those needs. Discussions with parents/carers are key to ensuring their observations and views inform the request and decision making. It is therefore important for practitioners to work in partnership with them and other specialists and professionals when compiling this information.

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| **Early Years Inclusion Support Funding** | | | | | | | | | | | | | |
| **Child’s Details** | | | | | | | | | | | | | |
| **Child’s Full Name:** | | | |  | | | | | | **Date of Birth:** |  | | |
| **Child’s Address:** | | | |  | | | | | | | | | |
| **Parent / Carer Name(s):** | | | |  | | | | | | | | | |
| **Contact Telephone Number(s):** | | | |  | | | | | | | | | |
| **Email Address:** | | | |  | | | | | | | | | |
| **Parent / Carer Address (if different to child)** | | | |  | | | | | | | | | |
| **Please tell us if any of these apply to the child:** | | | | | | | | | | | | | |
| Disability Living Allowance: | 2-Year-old Funded Place: | | | | Team Around the Family (TAF): | | Looked After Child: | | Child In Need Plan: | | | Child Protection Plan: | |
|  |  | | | |  | |  | |  | | |  | |
| **Setting Information** | | | | | | | | | | | | | |
| **Setting Name** | | |  | | | | | | | | | | |
| **Address** | | |  | | | | | | | | | | |
| **Telephone** | | |  | | | | | | | | | | |
| **Email** | | |  | | | | | | | | | | |
| **Date child started in the**  **setting** | | |  | | | | | | | | | | |
| **Session Information** | | | | | | | | | | | | | |
| **Nursery Entitlement 2-year funding 15 hours**  **Nursery Entitlement 3/4-year funding 15 hours universal entitlement**   |  | | --- | |  | |  | |  |   **Nursery Entitlement 3/4-year funding 30 hours extended entitlement** | | | | | | | | | | | | | |
| **Days attending** | | **Number of hours attending per day** | | | | | **Total number of hours attending per week** | | | | | | |
| **Disability Access Fund**  Is child the in receipt of child disability living allowance (DLA) and in receipt of 3/4 funding?   |  | | --- | |  |   **Settings who are including 3/4-year-olds eligible for the DAF will be entitled to receive a one-off payment of £800 per year. The DAF is not based on an hourly rate and is an additional entitlement**. | | | | | | | | | | | | | |
| **Setting SENCO:**  **Key person:** | | | | | | | | | | | | | |
| **Form completed by: Position:**  **Date:** | | | | | | | | | | | | | |
| **Information to support the request** | | | | | | | | | | | | | |
| **It is important that the Early Years Special Educational Needs and Disability Inclusion Panel have all the key information to support this application.**  **Please include the following:** | | | | | | | | | | | | | |
| **Parent Views** | | | | | |  | | **Reports from Professionals** from the last 12 months: (if applicable) | | | | |  |
| **Child’s Views** **(All About me)**– likely to be with support | | | | | |  | | **Speech and Language Therapist** (if applicable) | | | | |  |
| **Early Years SEND Profile** – completed by the child’s setting | | | | | |  | | **Paediatrician** (if applicable) | | | | |  |
| **Current Assessment information:**  This must show developmental difference as referenced in the SEND descriptors referenced in Appendix 3. The current assessment information must be collaboratively gained from the parent/carer.  **Evidence of developmental progress** to illustrate the progress that a child has made since being with the setting. | | | | | |  | | **Evidence of targeted interventions (Graduated Approach - Targeted Interventions document)** – completed by the child’s setting | | | | |  |
| **Copy of the Health Visitor 2-year-old developmental check** -(as part of the universal Healthy child Programme) and the setting’s EYFS 2-year progress check, (If child over 2 years) | | | | | |  | | **Occupational Therapist** (if applicable) | | | | |  |
| **TAF** information – completed with parents and professionals (if applicable) | | | | | |  | | **Physiotherapist** (if applicable) | | | | |  |
| **Story So Far** (if applicable) | | | | | |  | | **Other Professionals**  e.g., Specialist Teacher of VI or HI (if applicable) | | | | |  |
| **Please indicate the child’s Primary Educational Need:** | | | | | | | | | | | | | |
| |  | | --- | |  | |  | |  | |  |   **Cognition and Learning**  **Communication and Interaction**  **Social, Emotional and Mental Health**  **Physical/Sensory (please indicate if the child has visual or hearing impairment)**  **Any other needs:**  Please indicate further details of health or care needs, including any diagnosis already in place. | | | | | | | | | | | | | |
| **Specialist advice from professionals e.g., SALT/OT/HV/EP etc** | | | | | | | | | | | | | |
| **Please provide details of advice sought, how you have implemented this and the impact on the child** | | | | | | | | | | | | | |
| **Please provide details of why EY Inclusion Support Funding is required:** | | | | | | | | | | | | | |
| **(What are the needs/what have you tried/how you are unable to meet needs)** | | | | | | | | | | | | | |
| **Please state the expected outcomes for the child which the EY Inclusion Support Funding will support**  (Outcomes must be SMART – specific, measurable, achievable, realistic and time bound) | | | | | | | | | | | | | |
| **How do you intend to meet the outcomes?**  (What additional provision and strategies will you put in place to support the child’s outcomes?)  **Note:** Please do not just state 1:1 support – you will need to be more specific and detail the provision and support by type/duration/who by etc. | | | | | | | | | | | | | |
| **How will you review the impact of the additional funding?**  (How will you build in the APDR process/what impact measures will you put in place/how you will know when the outcomes have been achieved?) | | | | | | | | | | | | | |
| **How will you sustain the impact of the EY Inclusion Support Funding as part of your existing everyday practice?**  (Consider differentiation/involvement of external professionals/CPD etc.) | | | | | | | | | | | | | |
| **What is the child’s / family’s views or feelings about the child’s needs/outcomes they wish to achieve?** | | | | | | | | | | | | | |

**Request for Early Years Group Inclusion Support Funding**

Early Years Group Inclusion Funding will enable settings to provide enhanced support and undertake short-term targeted interventions with groups of three or more children who present with emerging or identified special educational needs or disability (SEND) and have similar outcomes.

Interventions should be **additional to and different from** ordinarily available provision (universal early years foundation stage (EYFS) provision).

Funding can be allocated to provide enhanced group support. This is a single application for the group of children. Providers cannot apply for group inclusion support funding if any of the children within the group have individual Inclusion support funding.

\*Please note in order to access group Inclusion Funding at least one child in the group **must** be eligible for 2, 3/4-year funding Nursery Entitlement.

Examples of interventions include:

* Speech and language interventions such as Elklan and implementation of SALT outcomes -following advice from a speech therapist for children with similar outcomes e.g., turn taking games, requesting activities, single word activities and developing attention skills.
* Following advice from Portage e.g., implementation of targets /outcomes from a support plan.
* SEMH interventions such as Emotion Coaching and Sunshine Circles which incorporate playful, cooperative, and nurturing activities to enhance the emotional well-being of children.

Settings **must** ensure they complete all parts of the form in order for this to be considered at the EYSENIF Panel

Please confirm you have permission from **all** of the children’s parents/carers to apply for funding: Yes/no

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| **Request for Early Years Group Inclusion Support Funding** | |
| **Setting Information** | |
| **Setting Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **Setting SENCO:**  **Key person:** | |
| **Form completed by: Position:**  **Date:** | |

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| **Children’s details** | | | | |  |
| **Child’s name** | **Date of Birth** | **Please bullet point a summary of each child’s needs** -refer to the child’s tracker/ evidence of need (3 or 4 main points) | **Any professionals involved?** (If so, please include any reports/advice) | **Sessions attended (days and hours)** | **In receipt of 2, 3/4-year funding Nursery Entitlement**. |
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| **Information to support the request** |
| **Please provide details of why EY Group Inclusion Support Funding is required:** |
| **What interventions are currently in place to meet the children’s needs**  **Note:** Please do not just state 1:1 support – you will need to be more specific and detail the provision and support by type/duration/who by etc.   * What do you do that is “additional to and different from” what you provide for all other children? * How have you adapted the provision/made reasonable adjustments to support the group of children? * What specific teaching programs (e.g., teaching activities to develop the children’s area of need that are above and beyond your universal offer) that you have implemented for the group of children? |
| **What additional provision/adjustments will funding enable you to put in place**   * Specify any programs of work/interventions you will use the funding to implement |
| **Impact**   * Anticipated /response to provision- what is working well/not working well * How do you anticipate positive outcomes for children following interventions |
| **How will you sustain the impact of the EY Group Inclusion Support Funding as part of your existing everyday practice?**   * Consider differentiation/involvement of external professionals/CPD and ordinarily available provision. |

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| **Funding rate** |
| **Bury have three bands of Early Years Inclusion Support Funding:**   * **Funding Band A** is specifically intended to support children/ groups of three or more children with emerging identified special educational needs who have not made progress despite targeted input at SEN support and should be used to provide additional support in order to promote continued progress and early intervention * **Funding Bands B and C** are expected to support children with high level and complex needs   **The financial details are shown below**   |  |  |  |  | | --- | --- | --- | --- | | **Universal & SEN Support** | **Band A** (Includes group Inclusion Funding) | **Band B** (Includes group Inclusion Funding) | **Band C** | | Delegated funding through EYFF, DAF, EYPP | **Based on 15- or 30-hours EY Entitlement** | **Based on 15- or 30-hours EY Entitlement** | **Based on 15- or 30-hours EY Entitlement** | | **Awarded at**  **£10 per session\* per term** | **Awarded at**  **£20 per session \*per term** | **Awarded at**  **£10 per hour per term** |   \*A session is defined as a 3-hour period; adjustments may be made for a child accessing stretched hours.  Where a setting makes a request for Group Inclusion Funding, they will be awarded one overarching payment.  The expectation would be that the setting manages this payment to support the range of needs for all identified children.  **Early Years Inclusion Support Funding is available during the financial year 1 April to 31 March Term time only.**  **Early Years Inclusion Support Funding cannot be backdated.** It will commence and terminate on the dates stated on your funding agreement. |

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| **Equipment Request** | | |
| **Name of Therapist** |  | |
| **Role of Therapist** |  | |
| **Item requested** | | **Cost** |
|  | | **£** |
|  | | **£** |
|  | | **£** |
|  | | **£** |
| **Total Cost** | | **£** |
| Please include the following: | | |
| **Therapist Report** (recommending specific equipment) | |  |
| **Quotes/Catalogue Pages** (for equipment) | |  |

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| **Submitting your request** |
| Please make sure that you allow enough time and complete your request fully:   * It is the applicant’s responsibility to ensure that the request and any additional evidence is submitted. * Once your request is fully completed, please email it to [EY.SEN@Bury.gov.uk](mailto:EY.SEN@Bury.gov.uk) * You will receive an automated email reply. This is confirmation that your request has been received. Please retain a copy in case of any queries. |

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| **Outcome of the Request** | | |
| **Next steps**  The SEN Lead Early Years will quality assure your request form and ask you to amend/ submit additional evidence if required.  All members of theEarly Years Special Educational Needs and Disability Inclusion Panel (EYSENDIP) will read and discuss your request and make informed decisions based on the evidence provided only. The panel meet on a fortnightly basis and will discuss the request at the next available panel.  **After the panel meeting**  The SEN Lead -Early Years will contact you to advise of the outcome of your request this will usually be within 2 working days of the date of the panel meeting, however during non-term time this may differ.  If your request is in relation to Early Years SEND advice, and guidance the outcome of the panel will be shared and offer of advice/guidance/training, including agreed hours of specific intervention and how this will be supported will be discussed.  If funding is agreed, you will receive a Funding Agreement from Early Years funding [earlyearsfunding@bury.gov.uk](mailto:earlyearsfunding@bury.gov.uk) stating agreed terms/dates/hours agreed.  If funding is not agreed, the panel will inform you of the reason. If you do not agree with the decision you can send in more details and ask the panel to reconsider your request.  If a request for Specialist Equipment is agreed the health professional will be notified, equipment ordered and delivered to the setting where possible. | | |
| **Processing of personal data** | | |
| TheEarly Years Special Educational Needs and Disability Inclusion Panel (EYSENDIP) will obtain your personal information for the following purpose(s):   * To monitor and evaluate the provision of Parent and Family support and services * To share with partner agencies where required so that support and services can be accessed by the parent, family, or child. * To identify the needs of parents, families, and children within the area   The Early Years Special Educational Needs and Disability Inclusion Panel (EYSENDIP) will only keep your personal information for as long as the law specifies or where the law does not specify this, for the length of time we would need to hold onto your personal information having regard to the purpose for which it was obtained, the nature of the information, industry practice and the all surrounding circumstances including historical.  The Early Years Special Educational Needs and Disability Inclusion Panel (EYSENDIP) core data protection obligations and commitments are set out in the council’s primary privacy notice at <https://www.bury.gov.uk/index.aspx?articleid=14237> Their service specific privacy notice provides additional privacy information at <https://www.theburydirectory.co.uk/kb5/bury/directory/advice.page?id=g-Q2zMGqvSs>  Information provided will need to be shared with other professionals and agencies, including health professionals, Educational Psychology, Social Care, and other teams within the Local Authority. This will only be done for the reasons above, and in line with the rules for Data Protection (GDPR)  I understand the information gathered will be stored and used for the purpose of deciding whether to provide Early Years Inclusion Funding, and/or in recommending other services to me.  If there is any individual or organisation who you would not wish information to be shared with, please give details below and a reason why:  Please sign below to acknowledge this information provided. | | |
| **Parent / Carer Name** | **Parent / Carer Signature** | **Date** |
|  |  |  |
| **Referrer Name** | **Referrer Signature** | **Date** |
|  |  |  |

**Once completed, please return all requests for Early Years SEND advice, and guidance, Early Years Inclusion Funding/Early Years Group Inclusion Funding & Early Years Specialist Equipment to:** [EY.SEN@Bury.gov.uk](mailto:EY.SEN@Bury.gov.uk)