

"Ordinarily Available" In Worcestershire Early Years Settings

Effective from 1st September 2014

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Ordinarily Available in Worcestershire Early Years Settings

This document explains the special educational provision Worcestershire County Council (WCC) expects to be made Ordinarily Available to all children within Early Years Settings, through a graduated response of support and intervention. It will assist settings in developing a consistent approach in their provision for children with SEN and Disabilities (SEND). It will also help parents and carers to understand the support that their child will receive during their early years.

All children with special educational needs and disabilities have a minimum entitlement to Ordinarily Available provision, regardless of which setting they attend. Some settings will need to make adaptations to their present practice if they are to meet the expectations of Ordinarily Available provision.

This document also sets out the inclusion funding that is received by Early Years Settings, for children who are accessing the Nursery Education Sessions. The funding, known as the Inclusion Supplement is the Local Authority's contribution towards the additional costs associated with providing educational support for children with SEN and Disabilities, a duty detailed in the Equality Act 2010.

A similar document is also available for children of statutory school age.

This document should be viewed as good practice guidance which settings are expected to work towards, in addition to the existing documents below:

- Revised Statutory Framework for the Early Years Foundation Stage 2014 (EYFS)
- Revised Special Educational Needs and Disabilities Code of Practice 2014 (SEND CoP)
- Worcestershire Inclusion Policy
- Equality Act 2010

Local Offer

This document will be published as part of WCC's Local Offer, which sets out in one place information about all the provision that is available for children and young people in Worcestershire who have a special educational need or disability (SEND). The local offer will cover:

- Support available to all children and young people with SEND from universal services such as early years settings, schools and colleges
- Targeted services for children and young people with SEND who require additional short term support over and above that provided routinely as part of universal services
- Specialist services for children and young people with SEND who require specialised, longer term support.

Special Educational Needs and Disabilities Code of Practice (2014)

All early years settings must be working to the revised SEND Code of Practice by 1st September 2014. This document highlights the changes in the code including:

- Terminology of Early Years Action/Early Years Action Plus replaced by the Graduated Response
- The process of differentiated provision, from the normal entitlement to the highest level of SEND support
- Education, Health and Care Plans (EHCP) to replace Statements of SEN for children whose needs may not be met within the Ordinarily Available provision.
- Continued emphasis on including parents/carers and the child in discussions concerning support put in place.

Inclusion Supplement within the Early Years Single Funding Formula (NEF Sessions)

WCC provides free early education for some eligible two year olds and all three and four year old children within Worcestershire.

Childcare settings that offer the Nursery Education Funding (NEF) are entitled to receive an Inclusion Supplement up to the maximum 15 hours and the funding will be split between all settings the child attends. However please note that specialist provision will automatically receive the 15 hours 'Inclusion Supplement' if the child attends for 15 hours. No further funding will be available to other settings in these instances.

The Inclusion Supplement is based on the level of provision required to meet the children's needs, and is categorised in the descriptors of SEND (pg. 10 – 26). This section has information that should be shared with parents, containing the types and regularity of activities we would expect to be in place.

The Inclusion Supplement should contribute towards:

- Additional staffing required to support children in the setting with additional needs
- Staff applying the strategies and interventions
- Time spent on planning for children with special needs and disabilities
- Appropriate specialist resources and private services.

The way in which you are supporting the child must be discussed with parents and carers, for open and transparent partnership working, and for them to understand the level of support their child should be receiving. Parental consent for accessing the inclusion supplement is included within the NEF Parent Declaration Form (included in Appendix 2).

Please note that an allocation of the Inclusion Supplement to an individual child in the Early Years is not linked to financial support received once at statutory school age.




Funding is also available to support children who are not accessing their NEF sessions, either in Early Years settings or in Out of School or Holiday provision. Please see the Funding Flowchart in Appendix 3.

Monitoring of Inclusion Supplement

All settings must be able to evidence the level of provision/need of the children during NEF and Inclusion Team visits. Evidence can include Individual Support Plans, Individual Education Plans, provision maps, and developmental checks. Whilst settings can decide how the funding is spent (e.g. staffing, resources, SENCo non-contact time) they will be closely monitored on the **impact** of their support to the child or children. If no appropriate impact is evidenced, WCC will request evidence of appropriate spend, and may decide to withhold funding.

Good provision mapping (see page 8) and the tracking of the outcomes of any interventions offered to the children will ensure that settings have this evidence at hand. Settings are no longer required to upload evidence each term; the monitoring will take place during routine Inclusion Team visits and as part of the annual 30% NEF audit of settings.

The monitoring forms have been included for your information:

<p>STAGE 1 Monitoring Form:</p>  <p>STAGE 1 Monitoring Form.docx</p>	<p>STAGE 2 Monitoring Forms:</p>  <p>STAGE 2 - Inclusion Supplement Finance S</p>  <p>Stage 2 Monitoring Letter to Setting.doc</p>
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What is a special educational need?

All children learn and develop at different rates and have areas of strength and interest, and areas of weakness. A child may have a special educational need if, despite appropriate activities, and differentiated planning and support, they continue to experience a greater difficulty than their peers in learning and developing skills. **It is important to distinguish between children with SEN and those children who are underachieving but who can and will catch up.**

A child has an identifiable SEND if their needs are such that the provider must put in support that is additional or different to what is normally available to all children in the setting, as defined in 'Development Matters in the Early Years Foundation Stage.

Areas of Special Educational Need

Children may have needs in more than one of the following categories:

Communication and Interaction:

- Speech, Language and Communication Needs (SLCN)
- Autistic Spectrum Disorder (ASD)

Cognition and Learning:

- Specific Learning Difficulty (SpLD)
- Moderate Learning Difficulty (MLD)
- Severe Learning Difficulty (SLD)
- Profound and Multiple Learning Difficulty (PMLD)

Social, mental and emotional health:

- Emotional and Social Development (ESD)

Sensory and/or Physical:

- Visual Impairment (VI)
- Hearing Impairment (HI)
- Multi-sensory Impairment (MSI)
- Physical Disability (PD)

A child may have needs which span two or more categories, for example a child with a hearing loss may also experience difficulty interacting with their peers. Each child should be considered holistically, so that all their needs can be identified. Please also consider the environment of your setting, as this may be impacting on their learning.

Any needs identified should be prioritised so that targets and provision can be focused upon achieving measurable progress. All approaches and support detailed in the descriptors of SEN should be made in collaboration with those professionals who support the child (internal to the setting and external professionals if appropriate), and in full partnership with their parents/carers.

Although settings are advised to look to the future and think more in terms of two groups - 'underachieving and less experienced learners' and 'children with a closely defined special educational need or disability', this document identifies six groups of children and the provision they should receive in Worcestershire (see pages 10-26 for full details):

- Normal Entitlement
- Graduated Response 1
- Graduated Response 2
- Graduated Response 3
- Graduated Response 4
- Exceptional Early Years Funding

Provision Maps

Crucially settings should ensure that all of the above vulnerable learners are on a provision map.

For a provision map to be effective it must cross reference the educational provision within a setting with the progress made by the child, in order to evaluate whether the additional provision has had an impact.

Advice and guidance on introducing Provision Maps into your early years setting can be provided by the Inclusion Team and more detailed information can be found on the Specialist Guidance and Assessment Early Years Inclusion web pages on the following link:

<http://www.worcestershire.gov.uk/cms/early-years-and-childcare/information-for-providers/inclusion-equality-and-diversity/sen-information-and-resources.aspx>

Individual Provision Maps/Education Plans

A high quality provision map will be appropriate evidence of planning and progress for children on Graduated Response 1. However when IPM/IEPs are used at Graduated Response 2, 3 or 4 and for the few early years children with an Education, Health and Care Plan, they must include;

- the short term measurable targets set for or by the child
- the teaching/support strategies to be used
- the provision to be put in place
- when the plan is to be reviewed
- success/exit criteria (i.e. when child has made adequate progress on developmental levels)
- outcomes, recorded when the IPM/EP is reviewed
- signature of parent/carer

The IPM/EP should only record what is **additional to** or **different from** the differentiated curriculum in place for all children or that which is the 'normal entitlement'. The documents have been provided below:



Step 4 Individual Planning.docx

How should success be measured?

Children and their needs are individual. Appropriate progress is therefore also individual and has to be defined by success in meeting appropriately challenging SMART targets over time. Some children will successfully meet highly appropriate challenging targets but the nature of their special educational need may mean that the gap between their attainment and that of their peers widens over time.

Settings are advised to refer to 'Development Matters in the Early Years Foundation Stage.'

For children on Graduated Response 2, 3 and 4 the Early Years Inclusion Team recommends that settings use the Early Support EYFS Tracking documents. Settings are not required to complete all 4 areas with all children, only the areas where children are significantly delayed. The documents have been provided below:



EYFS Early Support 2013-onwards All are

These should be used to support the **Early Years Foundation Stage Progress Check at 24-36 Months**, when all Early Years practitioners **must** review progress at age 2 for every child within Early Years settings in full consultation with their parents/carers. It should also help inform the Health Visitor check at this stage in the child's life. The summary of the check must highlight:

- Areas that the child is progressing well in
- Areas where additional support might be required
- A focus on areas where there is a potential developmental delay
- A description of the activities and strategies to be put in place at home and in the setting.

Pre-school Forum

The Pre-School Forum is where representatives from multiple agencies discuss the individual needs of children who have special educational needs and co-ordinate the support that is offered to them. Health professionals and specialist support agencies are responsible for referring children to the Pre-School Forum in the main. Referrals are always made with parental consent and in liaison with Early Years settings.

The main aims of the Pre School Forums are:

- To co-ordinate the involvement of education and health professionals for children who may need close monitoring.
- To clarify the nature of children's additional needs.
- To identify and plan for children who may benefit from additional support both in their pre-school/nursery setting and as they enter school. This will include identifying children who are eligible for the Exceptional Early Years Funding Inclusion Supplement.
- To identify the small number of children with complex needs who would benefit from the provision of additional assessment prior to School entry to inform their allocated school or for whom an Assessment for an Education, Health and Care Plan is necessary in preparation for when they enter school at statutory school age.

It is imperative that Early Years practitioners keep accurate records on the children's development and the interventions put in place to support them, as this paperwork may be used by the LA during the latter processes of Statutory Assessment or the creation of an **Education Health and Care Plan**.

For independent information and advice on the Pre-School Forum please contact the SEND Information, Advice and Support Service Worcestershire, formally known as Worcestershire Parent Partnership on the web link below: <http://www.worcestershire.gov.uk/cms/parent-partnership.aspx> or visit the following website for more information: <http://www.worcestershire.gov.uk/cms/special-educational-needs/information-for-parents.aspx>

Transition into New Settings/Schools

Every child's transition should be personalised and tailored to meet their individual needs and the 'Early Years Transition Toolkit – Making the Unfamiliar Familiar' should be used as a best practice guide for all children. The toolkit also provides guidance on the targeted activities for children with additional needs, those that are above and beyond that which is normally available for all children.



60855 Transition
Toolkit v4.pdf

Parents/carers should also be actively involved in their child's transition package, and any specialist service attached to the child will be able to provide advice and guidance on supporting the child's transition.

Descriptors of SEND

How should the descriptors page be used?

The descriptors are set out in the tables that follow. They indicate provision that the LA expects settings to make for children in the Early Years Foundation Stage – that which is Ordinarily Available in the Early Years to all children – whatever the level of need.

For each group of children detailed information is given about the LA's expectations, in terms of;

- Level and description of difficulty
- Assessment, planning and review
- Environment, adaptations and equipment
- Examples of strategies and early learning activities
- External agencies and resources

The descriptors are not an exhaustive list. We do not expect a child to have all the needs listed in each category, in order for them to be eligible. The child's primary area of delay should indicate the type of provision that will meet their needs.

An easy to use table highlighting all levels of need 'EYSFF Overview of Levels of Provision and Needs' can be found on page 27.

The following table illustrates the amount of funding awarded to each level of need per hour of Nursery Education Funding. **Please note that the new levels of funding will be referred to as Graduated Response 1,2,3,4 and these reflect the former categories of Early Years Action / Plus:**

Ordinarily Available			
Level of Provision		EYSFF Inclusion supplement Per hour/per child (max 15 hours)	2 Year Old Funding
Normal entitlement for all children		NEF hourly rate	Please note that an automatic supplement for EYA and EYA+ Low has been included within the 2 year old hourly rate.
Early Years Action	GRADUATED RESPONSE 1	NEF hourly rate + £0.14	
Early Years Action Plus Low	GRADUATED RESPONSE 2	NEF hourly rate + £0.74	
Early Years Action Plus Medium	GRADUATED RESPONSE 3	NEF hourly rate + £1.44	
Early Years Action Plus High	GRADUATED RESPONSE 4	NEF hourly rate + £2.70	NEF hourly rate + £2.70
NEW LEVEL	EXCEPTIONAL EARLY YEARS FUNDING	NEF hourly rate + (£2.70 GR4 + £3.60) £6.30	NEF hourly rate + (£2.70 GR4 + £3.60) £6.30

The different levels of Graduated Response have been separated in Appendix 2 (page 2) and we recommend that they are printed out as leaflets to support parents and carers in understanding the level of support settings will be putting in place for their child.

Predicting your Inclusion Supplement for the Term

It is important for settings to predict the level of inclusion supplement they will receive prior to the start of a term; in order to employ any additional staffing required to support all the children with special needs within your setting. In order to predict the funding your settings will receive for a term practitioners will need to have the following information:

1. Identified children and their level of need/provision (including 2 year olds) accessing Graduated response 3&4.
2. The number of NEF hours (up to a maximum of 15) they will be eligible for in that term

Use the grid below to predict your settings inclusion supplement for the following term.

Level of Provision/Need	No. of children in each category	(A) Total No. of NEF hours for these children in the term	(B) Inclusion Supplement to be paid per hour	(C) TOTAL AMOUNT
Graduated Response 1			£0.14	
Graduated Response 2			£0.74	
Graduated Response 3			£1.44	
Graduated Response 4			£2.70	
Exceptional Early Years Funding			(£2.70 + £3.60) £6.30	
TOTAL INCLUSION SUPPLEMENT:				

Multiply the figure in column (A) by the hourly rate in column (B) which will indicate the amount to be received for each category of provision/need.

Total all amounts in column (C) to calculate total predicted amount of Inclusion Supplement.

An excel spread sheet/calculator is available for you to calculate your inclusion supplement.



Early Years Inclusion
Supplement Predictor

Receiving the Inclusion Supplement for a Term

The inclusion supplement predictions will be based on the children in your setting that you are already aware of. However many children's needs will not emerge until part way through the term.

When you complete your NEF Actuals on the Provider Portal, you will be required to indicate the level of provision and need of all children with additional needs within your setting, from Graduated Response 1 upwards. As the Portal opening is mid-way through the term, this allows you to add any children whose needs have emerged over the first part of the term. If you have identified a level of need past this point, a 'Change Request' form can be completed and funding will be adjusted in the following term's budget.



Change Request
Form EYSFF.doc

Further to the basic information requested on all children in your setting you will be required to add the following information from the drop-down choices:

- Level of need and the level of provision the children require (Graduated Response 1,2,3,4, Exceptional)

When you receive your statement the amount you will receive per named child will be displayed for your information. Your predicted inclusion supplement should match the actual amount if all the children and their level of need/provision are the same.

Whilst settings can decide how the funding is spent (e.g. staffing, resources, SENCo non-contact time) they will be closely monitored on the **impact** of their support to the child or children. If no appropriate impact is evidenced, WCC will request evidence of appropriate spend.

NORMAL ENTITLEMENT DESCRIPTORS

Compatible with 'Development Matters in the Early Years Foundation Stage' i.e. that which is ordinarily available to all children. Most children will be able to participate in the normal entitlement available in settings and make progress within the Early Learning Goals but some may need some support through effective interventions and support within the early years setting.

All early years settings have a duty under the Equality Act 2010 to be inclusive. Therefore all children with an emerging or identified special educational need are entitled to access the EYFS through the provision offered by each setting. There is an expectation that settings will manage the majority of lower level needs themselves – this is described as the 'normal entitlement available to all children' within settings. This will include children who are underachieving and/or are less experienced learners (for many reasons) but who do not have a special educational need and whose needs are met within normal practice.

Children making slower progress may include those for whom English is an additional language (EAL), but it should not be assumed that children have special educational needs just because their progress is slower than others. These children who are making slower progress will need carefully differentiated learning opportunities to support their development, together with regular and frequent monitoring of their progress.

All early years settings should already have the following in place:

- A Special Educational Needs Coordinator (SENCo), with a recommended minimum NVQ Level 2 qualification, and working towards a level 3. This person should have additional training and knowledge in matters of SEN including:
 - The SEN Code of Practice
 - The Role of the SENCo
 - Behaviour Management
 - Speech and Language
- Where a chain of provision exists, WCC recommends that a SENCo is based in each setting.
- Special Educational Needs (SEN) Policy-WCC recommends that a behaviour policy is also in place.
- Well-developed systems for observational assessment. Settings need to evaluate the effectiveness of the learning environment and support strategies being used with the child and make changes to enable them to learn and develop more effectively. This includes the provision of differentiated learning opportunities.



Development-Matters.pdf

Information on the Early Learning Goal can be found in the following document; "Developmental Matters."

Early years providers are able to signpost families for additional support through the Early Help strategy. Early Help is an integrated 0-19 local 'offer' designed to support families as early as possible to nip difficulties in the bud, and prevent the issues from escalating. Early Help aims to empower families to regain control of their circumstances without further LA support.

<http://www.worcestershire.gov.uk/cms/family-advice-and-support.aspx>

FUNDING: NEF Hourly Rate only (No Inclusion Supplement)

Description of Child

Play, Cognition and Learning Characteristics	Social, Mental and Emotional Health	Communication, Language and Interaction	Physical Development	
			Physical Development and Medical	Sensory Visual and Hearing
<p>Where a child's skills in one or more areas of learning are between 3 and 6 months below the norm for that developmental age group.</p> <p>Concentrates for only a very short period of time.</p> <p>Continuous use of multisensory activities needed to reinforce learning and provide meaningful experiences.</p> <p>Exploration through play – preference and schemas developing which might be of limited variety.</p>	<p>Plays alongside, rather than with other children.</p> <p>Predominantly ego-centric – theory of mind/ability to empathise with others gradually emerging at later stages.</p> <p>Emotional literacy and awareness of feelings gradually developing through play, stories and use of language.</p> <p>Picks up on feelings/behaviours of others – e.g. tone of voice, body language etc. which might affect behaviour.</p> <p>Difficulty sharing, taking turns or accepting support from adults.</p> <p>Child follows simple everyday rules and routines that are clearly set out and frequently reinforced by staff.</p>	<p>Difficulty in speaking to adults outside the family.</p> <p>Immature speech sounds.</p> <p>Requires repetition, slow pacing of language and use of key words.</p> <p>Following simple instructions.</p>	<p>Less agile than might be expected for children at child's age.</p> <p>Eye-hand coordination slowly developing at a slower rate than would be expected for age.</p> <p>Laterality (left or right preference) not firmly established.</p> <p>Not reliably toilet-trained and has occasional accidents.</p> <p>Difficulty dressing and undressing independently.</p> <p>Chronic (everyday) medical condition that requires regular medication during the day e.g. mild asthma</p>	<p>History of conductive hearing loss.</p> <p>Temporary mild hearing loss (no hearing aids).</p> <p>Recently prescribed glasses and needs to be encouraged to wear them.</p> <p>Patching/treatment for squints.</p>

Interventions, Strategies and External Agencies – Normal Entitlement

Stories:

Short, well-illustrated and read with enthusiasm by adult / use of props/story sacks etc. / story group kept as small as staffing resources allow. Repetitive phrases for children to join in with.

Instructions:

Repeated and accompanied by clear and concise gestures/visuals prompts, wait 10 seconds to allow child to process and repeat, if necessary, using exactly the same instruction (do not rephrase).

Adults:

To join in with an activity the child has selected and play alongside / to support turn taking, possibly in group games.
Be receptive and give time to children having difficulties speaking or who need time to understand and process.
Give children time and opportunity to build relationships with key person and peers.

Positive Language:

To use praise and positive reinforcement immediately when warranted.
Say what you want the child to do rather than what you don't want e.g. 'Walk' or 'walk nicely' rather than 'don't run'.

Behaviour Strategies:

Model positive behaviour and recognise positive behaviour in others to illustrate expectations.

Group work:

Within key person groups / for planned activities / according to themes identified within learning and development plans.
Plan to support at their emotional age of development.

Environment:

Acoustically friendly environments / visually friendly environments/structured and organised to include a quiet space.

Resources:

Use pictures for labels and picture/visual timetables.
Plan for adults to participate in imaginative play activities to support and extend play.
Make arrangements for drug administration in line with health and safety policy.
Provide accessible changing facilities and staff available to deal with accidents.
Focussed support for all children delivered in small groups (5-6 children) throughout the day.
Ratio's required for registration maintained throughout the day. In settings where practitioners are given breaks, the head/manager should make appropriate arrangements to ensure that the staffing levels are maintained.

Further guidance:

ECERS / Every Child A Talker (ECAT)/Speech Language and Communication Pathway (SLCN)

<http://www.worcestershire.gov.uk/cms/speech-language-communication.aspx>

External Agencies:

No external agencies will be involved with individual children at this stage (except in Worcestershire all Looked after Children will be possibly supported or monitored, regardless of level of need.)

Graduated Response 1

The Revised SEND Code of Practice (2014) is quite clear about how settings should differentiate between children who are underachieving and need to catch up, and children with a more specific special educational need which would justify the setting putting them on to 'Graduated Response.'

For a setting to decide that a child may have a special educational need and needs to be supported at Graduated Response 1, there must be a strong indication that they requires support which is "additional to" or "different from" the differentiated educational provision made generally for children of their age – the normal entitlement available to all children, as set out in the EYFS.

Children on GR1 will generally be expected to catch up with the appropriate support, and should not automatically move up to Graduated Response 2. Please do not mistake underachieving children for those with a genuine special educational need.

Individual Education Plans or Individual Support Plans are no longer required for children at Graduated Response 1, as long as there is a good quality provision map in place that cross references provision with progress of the children.

No specialist agencies will be involved at this stage.

FUNDING: NEF hourly rate + 14p per hour Inclusion Supplement (max: £2.10 p/week)

The funding is a **contribution** towards the SEND provision the child will require.

We would expect to see children receiving at least one individual or group activity per sessions. It should be planned and focused on the specific area of delay.

It is common for children on Graduated Response 1 to learn through group activities, where positive role models in their peer group can aid their development.

Some settings who have high numbers of children receiving the Inclusion Supplement will be able to use the funding to contribute towards additional staffing at key times: to support the activities and children.

A referral might have been made to an agency like Speech and Language Therapy, but the children are not receiving individualised targets from them but may be on the waiting list. They may be attending Walk In Talking Sessions at a Children Centre.

Other interventions are detailed below in the strategies and interventions section.

Description of Child – GRADUATED RESPONSE 1

Play, Cognition and Learning Characteristics	Social, Mental and Emotional Health	Communication, Language and Interaction	Physical Development	
			Physical Development and Medical	Sensory Visual and Hearing
<p>Minor developmental delay on entry:</p> <p>6 – 12 months delay – see Development Matters section of EYFS.</p> <p>Slow progress with language acquisition, early learning, play and personal independence skills.</p>	<p>Difficult to settle on entry into session over a number of weeks – seeks frequent reassurance of adult contact, tearful, wanders etc.</p> <p>Lack of concentration but generally appropriately behaved and able to sustain relationships with supportive adults.</p> <p>Sits for a much shorter length of time than peers. E.g. busy box or other adult led activity used at 'group activity time'.</p> <p>Disrupts play of other children by snatching, wanting to take over, sabotaging play e.g. persistent knocking down/breaking up of toys etc.</p> <p>Unable to take turns/share.</p> <p>Lacks confidence – holds back, reluctant or refuses to participate. Diverts attention by behaviour.</p> <p>Withdrawn, uncommunicative – tends to play alone, and reluctant to engage with adults. (Overly compliant/controlled.)</p> <p>Limited awareness of others.</p> <p>Reluctant to explore objects or try new activities.</p> <p>Accidents more than once a week and may occasionally soil.</p>	<p>Speech incomprehensible without a supporting context.</p> <p>Difficulty following or understanding instructions and everyday language without a visual reference.</p> <p>Immaturity in socialisation – looks towards adults rather than peers.</p> <p>Difficulties with communication and interaction e.g. selective mute, some social and communication difficulties or possible difficulties relating to attachment.</p> <p>Poor oromotor skills (difficulty in using lips, tongue and jaw) which affect enunciation of sound.</p> <p>Fluency difficulties.</p>	<p>6-12 months delay in fine and gross motor development.</p> <p>Difficulties with sequencing, visual and/or auditory perception, coordination.</p> <p>Delay in achieving continence – accidents more than once weekly.</p> <p>Difficulties (more than others at this age) dressing self.</p> <p>Difficulties (more than others at this age) cutting up food/feeding self, drinking from a cup.</p> <p>Physical impairment may require some special equipment, but needs little intensive support.</p> <p>Difficulties with spatial awareness or social proximity.</p>	<p>History of conductive hearing loss.</p> <p>Family history of visual loss.</p> <p>Minor visual loss (squints)</p> <p>Minor hearing loss with no aids prescribed.</p> <p>Developing awareness of possible indicators of sensory differences (i.e. tactile sensitivity, sensitive to sound or visual stimuli.)</p>

Interventions, Strategies and External Agencies – GR1

INTERVENTIONS AND STRATEGIES:

Additional support arrangements which may include:

- Increased use of visual support timetables, or 'now and then' prompts
- Assessment and monitoring by key person, supported by the SENCo (Early Support tracking to be used in area of delay.)
- Use the 'next step' to plan learning experiences.
- Advice from SENCo and external agency on strategies to be put in place (e.g. Speech and Language Therapy or SENCO Support Advisor)
- Differentiated curriculum to support targets
- Flexible approaches to whole curriculum planning
- 1 small group activity or individual activity per session, planned and timed appropriately at the level of development of the child
- Minor adaptations and/or equipment e.g. non-slip surfaces for extra help in playground
- Training for staff on general SEN issues
- Children may require additional support to settle in to the setting, with home/setting diaries
- Staff should consistently apply their behaviour management policies, in liaison with parents/carers

A PROVISION MAP or an Individual Provision Map/Support Plan should be used for children on GR1, which demonstrates what the setting is doing in terms of additional interventions for the child or group of children. These should be reviewed twice termly.



Step 2a Graduated
Response 1.doc

E.G. Children demonstrating inappropriate behaviours could benefit from the following strategies:

- Rewards and praise systems
- Golden rules set with all children
- Consider emotional needs of the child
- Choosing boards

Resources:

Inclusion Development Programme

<http://webarchive.nationalarchives.gov.uk/20110202093118/http://nationalstrategies.standards.dcsf.gov.uk/search/inclusion/results/nav:46335>

Speech Language and Communication Pathway (SLCN)

<http://www.worcestershire.gov.uk/cms/speech-language-communication.aspx>

Strategies would include; reducing language / eye contact / time to understand request and respond / positive language

External Agencies:

Generalised advice and/or consultation with: SENCo Support Advisors (SSA), Speech and Language Therapy via Walking Talking sessions, Social Workers and/or Family Support Workers and Integrated Service for Looked After Adopted Children.

GRADUATED RESPONSE 2

If a child continues to make little or no progress over a term and there is evidence the child is falling progressively behind the majority of children of the same age, despite receiving individualised support on Graduated Response 1, then advice should be sought from external support agencies.

Agencies may include; Local Authority or external specialist services, Health organisations including Occupational Health, Speech and Language therapists and Learning Support Team (who will not be involved unless referred via Pre-School Forum).

In maintained Local Authority nurseries, although teaching assistants may deliver some of the programmes written or advised by external agencies, it is still the responsibility of the Early Years class teacher to ensure all children, including those at Graduated Response 2, 3 and 4, are making good progress. This is the responsibility of the SENCo and manager in PVI early years settings.

Alternatively the child may have sensory or physical needs that require additional specialist equipment, or regular advice, or visits by a specialist agency.

It may be appropriate for children at Graduated Response 2 to be referred to the pre-school forum. Please see page 7 for a full explanation of the forum and its procedures.

FUNDING: NEF hourly rate + £0.74 per hour Inclusion Supplement (max: £11.10 p/week)

The funding is a **contribution** towards the SEND provision the child will require.

We would expect to see children receiving at least two individual or group activities (if appropriate) that are planned and focused on the specific area of delay of the individual child, per session.

Some settings who have high numbers of children receiving the Inclusion Supplement will be able to use the funding to contribute towards additional staffing at key times: to support the activities and children.

External agencies will be involved and should liaise with the setting to provide strategies and interventions for the setting to work on with the individual child.

Other interventions are detailed below in the strategies and interventions section.

Description of Child – GRADUATED RESPONSE 2

Play, Cognition and Learning Characteristics	Social, Mental and Emotional Health	Communication, Language and Interaction	Physical Development	
			Physical Development and Medical	Sensory Visual and Hearing
<p>Developmental delay on entry:</p> <p>12-18 months delay – see Development Matters in EYFS' and/or assessments by relevant professionals.</p> <p>Expressive and receptive language delayed by more than 12 months - see Development Matters in EYFS and/or assessments by relevant professionals.</p> <p>Reinforcing and modelling by adult does not result in child engaged with learning activities e.g. completing an inset puzzle, putting teddy to bed, rolling a car along the floor etc.</p> <p>Does not retain concepts over time e.g. size, colour etc.</p> <p>Ability to learn concepts, but difficulty with the understanding</p>	<p>Separation difficulties e.g. attachment, which persists throughout the session (crying, distressed, clingy) and persist for more than half a term and is severe compared to peers. Child who is unable to regulate emotions, needing adult intervention.</p> <p>Social immaturity for their age affecting appropriate independence or interpersonal skills.</p> <p>Significant reluctance to engage with routine and activities by withdrawal or exhibiting challenging behaviour.</p> <p>Inappropriate behaviours that require: -calming strategies -specific behaviour programmes</p> <p>Needs adult support to sustain concentration and build relationships with peers.</p> <p>Anxiety expressed through behaviour that creates a barrier to learning.</p> <p>Unusual habitual behaviours e.g. rocking, mouthing, hiding, inappropriate preoccupation with bodily fluids.</p> <p>Attachment to key carers not securely established.</p> <p>Difficulty in coping with changes to routine or unfamiliar transitions.</p>	<p>Little or no speech.</p> <p>Disordered expressive language e.g. word order including severe phonological difficulties/delay i.e. production of sound as identified by a speech and language therapist.</p> <p>Significant difficulty with understanding spoken language as identified by a speech and language therapist.</p> <p>Actively withdraws from engagement and does not seek out others – e.g. averts eyes, does not respond to name, solitary play, often seeks out own space.</p> <p>Significant difficulties in processing information, specifically verbal information.</p>	<p>Not achieving continence – accidents almost daily. Needs frequent, individually timed reminders.</p> <p>Delay with physical coordination as identified by relevant professional's e.g. occupational therapist, physiotherapist, mobility officer etc.</p> <p>Physical impairment required some special equipment e.g. needs some adult support to follow up/supervise.</p> <p>Adults may need training in specialist areas.</p> <p>Ambulant (unstable or slow movements) requiring support and interventions.</p> <p>Occasional wheelchair user.</p> <p>Dressing/feeding difficulties.</p> <p>Child wears splints needing occasional intensive support e.g. PE</p>	<p>Associated speech and language difficulties.</p> <p>Mild to moderate hearing impairment e.g. hearing aids fitted.</p> <p>Hearing in one ear.</p> <p>Mild to moderate visual loss.</p> <p>Significant difficulty with sensory processing.</p>

Interventions, Strategies and External Agencies – GR2

IPM/IEP targets set informed by external advice and reviewed every 6-8 weeks.

Additional support arrangements which may include:

- Integral use of visual timetables incorporating objects of reference, picture exchange systems etc.
- Increased differentiation of activities/material to support specific targets.
- Staff training on specific SEN issues.
- Direct teaching sessions.
- Regular supervision and individualised and consistent behaviour management approaches, including behaviour management plan.
- IEP or IPM should be in place, including specific targets for the child received from specialist agencies.
- Risk Assessments and Healthcare plans may be in place, including an audit of the environment to ensure safe passage around the setting.
- Specialist equipment may be required to support children with Physical Disabilities.
- Behaviour management plan or an Individual Support Plan, in agreement and liaison with parents/carers, should be in place for children with individual challenging behavioural.
- Thought should be given to group sizes, and more individualised work is expected at this level.
- Work on emotions and support to gain positive relationships with peers
- At circle time the child may need adult support to maintain concentration, and this should be built up slowly over time and incorporate reward system.
- All activities should be supported with visual prompts and size of the group at circle time should be carefully considered.

Resources:

Individual visual timetables and behaviour support materials / Specific environmental adaptations for sensory needs / Specialist ICT equipment to ensure curriculum access (maintained nursery provision) / Radio hearing aid systems for children with hearing impairment, access to quiet working spaces, clear signage aid/ Additional supervision to ensure health and safety of all children and adults is maintained / EYFS Early Help supporting information.

External Agencies:

Team Around the Child (TAC) meetings would be appropriate to encourage a consistent approach.

Support and advice from some of the agencies below may be involved to inform on-going, more intensive, specific child programmes:

Speech and Language Therapy / Specialist Nursery Language Provision / Nursery Plus / Special School Nursery Provision / Physiotherapy and Occupational Health / Hearing Impaired and Visual Impaired Team / Physical Disabilities Outreach Team / Complex Communication Difficulties Team / Portage Team / Integrated Specialist Support Service / Integrated Services for Looked After and Adopted Children / Mobility Officer, Educational Audiologist

GRADUATED RESPONSE 3

The child's level of need will be progressively more delayed and significant than at GR2.

Alternatively the child may have sensory or physical needs that require additional specialist equipment, or regular advice, or visits by a specialist agency.

It will be appropriate for children at Graduated Response 3 to be referred to the pre-school forum. Please see page 7 for a full explanation of the forum and its procedures.

FUNDING: NEF Hourly Rate + £1.44 p/hour Inclusion Supplement (max: £21.60 p/week)

The funding is a **contribution** towards the SEND provision the child will require.

If appropriate we would expect to see some additional staffing put in place to support the child at key times throughout the session. The support should be intensive during the play session when the appropriate opportunity arises (e.g. intensive interaction etc.) The children may need more support and following basic routines and interactions with peers.

Children at this level may not be able to cope with individualised activities, so careful planning is required to support their development and needs, which will be required for approximately half of the session.

External agencies will be involved and should liaise with the setting to provide strategies and interventions for the setting to work on with the individual child. TAC meetings should occur regularly to ensure a consistent approach and strategies should be reviewed for effectiveness.

The funding may be used for non-contact SENCo/Key Worker time e.g. attendance at meetings, planning, producing resources, if there is adequate progress in the child. There is a high level of paperwork required at this level (for supporting Pre School Forum etc) and also meetings with parents/carers should be more regular.

Other interventions are detailed below in the strategies and interventions section.

Description of Child – GRADUATED RESPONSE 3

Play, Cognition and Learning Characteristics	Social, Mental and Emotional Health	Communication Language and Interaction	Physical Development	
			Physical Development and Medical	Sensory Visual, Hearing and Multi-sensory
<p>Child is functioning at more than 18 months – 26 months below their chronological age in essential milestones – see 'Development Matters of the EYFS' and/or assessments by relevant professionals.</p>	<p>On-going presentation of behaviours as exemplified below, despite planned intervention (over at least a 6-9 month period) as set out in EYA+ IEP/IMP's.</p> <p>Frequent inappropriate behaviours requiring positive physical interventions (Team Teach training required.)</p> <p>Some danger to self, others and/or property (which may be attributed to visual loss).</p> <p>Little regard for consequences to health, well being and education of self and others at all times, including social times.</p> <p>No regard for physical boundaries (runs away).</p> <p>Limited responses to calming/nurturing strategies, and needing adult support to regulate emotions.</p> <p>Inability to co-operate with peers or engage with learning environment.</p> <p>Excessive/unusual responses to ordinary situations.</p> <p>Very withdrawn, distressed e.g. little or no communication or interaction with</p>	<p>Severe language delay of more than 18 months – 2 years below their chronological age as determined by SaLT despite planned intervention at EYA+ (over a period of at least 6 months) or a Teacher of the Deaf/Hearing Impaired.</p> <p>Significant language impairment as determined by SaLT despite planned intervention at EYA+ (over a period of at least 6 months) e.g. dyspraxia of speech or a Teacher of the Deaf/Hearing Impaired.</p> <p>Effective communication involving non-verbal communication (i.e. body language).</p> <p>Delayed language development due to visual impairment.</p> <p>Communication difficulties, limited functional language and echolalia (uncontrollable repetition of words.)</p> <p>Autistic Spectrum Condition 'working to diagnosis' (over at least a 6 month period) characteristics including: -social communication difficulties</p>	<p>Child may need position changing regularly and may need adult support during an activity.</p> <p>Ambulant (unstable or slow movements) accidents requiring attention. Possibly non-ambulant.</p> <p>May have medical condition that is preventing on-going access to the curriculum e.g. moderate to severe epilepsy or some physical impairment to a degree where Health Service involvement would need to be specified and where setting staff need to provide high levels of intervention (Health Care Plan to be in place.)</p> <p>Medical toileting problems (e.g. 3 accidents per session) requiring close adult supervision and training and requires continual monitoring and intervention e.g. external agencies provide specific advice for toileting support.</p>	<p>Severe/profound hearing impairment requiring hearing aids and possible Radio Aid system.</p> <p>Moderate to severe visual loss.</p> <p>Dual sensory loss.</p> <p>Support needed in acquiring mobility and independence skills.</p> <p>Significant stress experienced in busy environments.</p>

	<p>peers.</p> <p>Child who demonstrates 'emotional shut-down' at times of high anxiety.</p> <p>Excessive need for reassurance/contact from an adult.</p> <p>Severe attachment difficulties.</p>	<p>-processing delay -inflexibility -sensory issues</p> <p>Needs enhanced communication system, e.g. signing.</p> <p>Possible attachment difficulties – a history of early trauma.</p>		
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Interventions, Strategies and External Agencies – GR3

Preschool Forum reviews the child regularly and IEP/IPM reviewed every 6-8 weeks by practitioners.

Strategies:

- Additional support available to increase ratios for intensive support and interventions.
- Opportunities for intensive support/teaching, including from outside agencies (e.g. Hearing Impaired team)
- Intensive support is required for Personal, Social and Emotional development (e.g. self-esteem and positive relationships.)
- Intensive support is required to manage basic hygiene and personal needs.
- Significant attention to the provision and maintenance of a range of personal equipment.
- Manual handling and hoist training for staff where applicable.
- Team Teach training (i.e. Positive Physical Intervention) may be appropriate at this stage.
- All staff should be aware of the child's issues to ensure consistent application of strategies across the session.
- Health Care Plan and Risk Assessment should be in place for children with medical needs.

Resources:

All previous resources and Teacher of the Multi-sensory Impaired.

External Agencies:

Opportunities to follow specialist programmes and approaches advised by external professionals - additional to GR2 list;

Learning Support Team, SEN Improvement Advisor, Child Development Centre, Umbrella, Children and Mental Health Services (CAMHS) Communication Skills Advisor.

GRADUATED RESPONSE 4

The child's level of need will be progressively more delayed and significant than at GR3.

Children at GR4 will be very complex and may be known to multiply agencies, and the majority will be offered specialist provision either at a specialist nursery or language unit.

It will be appropriate for children at Graduated Response 4 to be referred to the pre-school forum. Please see page 7 for a full explanation of the forum and its procedures.

FUNDING: NEF Hourly Rate + £2.70p/hour Inclusion Supplement (max: £40.50 p/week)

The funding is a **contribution** towards the SEND provision the child will require.

If appropriate we would expect to see additional staffing put in place to support the child throughout the majority of the session. The support should be intensive during the majority of the play session. The children may need more support in following basic routines and interactions with peers.

Children at this level may not be able to cope with individualised activities, so careful planning is required to support their development and needs.

External agencies will be involved and should liaise with the setting to provide strategies and interventions for the setting to work on with the individual child. TAC meetings should occur regularly to ensure consistent approach and reviewing strategies for effectiveness.

The funding may be used for non-contact SENCo/Key Worker time e.g. attendance at meetings, planning, producing resources, if there is adequate progress. There is a high level of paperwork required at this level (for supporting Pre School Forum etc) and also meetings with parents/carers should be more regular.

Other interventions are detailed below in the strategies and interventions section.

Description of Child – GRADUATED RESPONSE 4

Play, Cognition and Learning Characteristics	Social, Mental and Emotional Health	Communication, Language and Interaction	Physical Development	
			Physical Development and Medical	Sensory Visual and Hearing, Multi-sensory
As before.	<p>Episodes where extreme aggression is a danger to self and others.</p> <p>Very aggressive to staff and/or peers.</p> <p>Positive physical Interventions required (Team Teach training in place.)</p> <p>No response to calming strategies.</p> <p>Totally withdrawn and uncommunicative.</p> <p>Diagnosed severe attachment disorder.</p>	<p>Speech and language disorders severely affecting:</p> <ul style="list-style-type: none"> -vocabulary -phonology -social interaction/communication -understanding <p>Working towards diagnosis of autism.</p> <p>Extremely severe communication difficulty.</p> <p>Regular episodes of challenging behaviour endangering self and others.</p> <p>No spoken language.</p>	<p>Non-ambulant, unstable, unpredictable or restricted movements with potential secondary problems e.g. muscle spasms, soreness to joints.</p> <p>Entirely dependent for all self care needs.</p> <p>Moving and handling needs.</p>	<p>Dual sensory loss/complex need.</p> <p>Visual or hearing loss resulting in severe impact on:</p> <ul style="list-style-type: none"> -social communication skills -difficulties in accessing cognitively appropriate learning and development activities - difficulties in emotional development. <p>Adapting the learning environment to take account of problems with glare, visual clutter, contrast, poor acoustics and the need for tactile cues.</p> <p>Significant difficulties relating to sensory perception, impacting on social and emotional well-being (e.g. won't eat in setting, significant sleep difficulties.).</p>

Interventions, Strategies and External Agencies – GR4

IEP/IPM's reviewed every 6-8 weeks.

Statement/Education Health Care Plan reviewed every 6 months if in place.

Adult:

Significant support is required for child throughout 15 hours NEF to support all aspects of development.

Access to specialist staff from health or education.

Alternative augmented communication.

Interactive sessions.

Manual Handling issues and training for staff specific to child.

Strategies will be very individual to the child, due to their complexity.

External Agencies:

In addition to ones previously mentioned; frequent input from Health Services, including assessment at Child Development Centre/Specialist Nursery Assessment Unit.

EXCEPTIONAL EARLY YEARS FUNDING

In order to intervene at the earliest stage of a child's life to support their development, an Exceptional Early Years Funding category has been created to support the most complex children in the county. Children must meet the eligibility criteria below. The level of need will be confirmed by the Early Years Inclusion Funding Panel and settings must adjust the level of need on the Provider Portal once this has been agreed.

If parents/carers are considering whether to delay or defer entry into school for matters of SEND then we would recommend that they discuss this with an Area SENCo or other professional working with their child, so that all implications of the decision are considered. The WCC policy for delayed entry has been attached for your information. A flowchart has also been created for professionals and parents/carers to support this decision making process:



2008-02-26 Policy on
delayed and accelera

WCC Policy on Delayed and Accelerated Transfer



Delayed entry into
school.docx

Flowchart on Delayed/Deferred Entry into School

FUNDING: NEF Hourly Rate + £6.30 p/hour Inclusion Supplement (max: £94.50 p/week)

We would expect to see:

One to one staffing put in place for 15 hours to work directly with the individual child.

Regular discussions with parents and carers and sharing of successful strategies for consistent approach in all environments.

Specialist agencies should be involved and be providing strategies and interventions for setting to follow.

Regular TAC meetings with all relevant professional and parents/carers.

Appropriate paperwork and tracking information completed to support the Statutory Assessment process.

Regular feedback to Professionals and Parents to aid discussions at Pre-School Forum.

Significant activities to support the child's transition into school using the Transition Toolkit.

The decision of whether a child meets the criteria for the Exceptional Early Years Funding will be made by the Early Years Inclusion Funding Panel, and must be supported by the chair of the Pre-School Forum.

General criteria ALL TO BE PRESENT	Specific Criteria AT LEAST ONE TO BE PRESENT	Use of additional funding	Process
Child must be attending an Ofsted Registered Provider or have an EHC Plan that supports education in the home.	The child has deferred entry into Reception and demonstrates an exceptional level of need over and above that which is available via the EYSFF Inclusion Supplement Graduated Response 4.	Funding is provided in the main to increase staff ratios so that the named child receives intensive interventions for the NEF hours claimed. This will always be up to a maximum of 15 hours per week, term time only. Settings are encouraged to use the funding creatively to support the child's progress.	Early Years Settings must complete the 'Exceptional Early Years Funding' application form for consideration at the Early Years Funding Panels. The application MUST be supported by the chair of the Pre-School Panel.
Child must be known to the Pre-School Forum and the application must be supported by the chair.	The child has delayed entry into Reception for a term or terms and demonstrates an exceptional level of need over and above that which is available via the EYSFF Inclusion Supplement Graduated Response 4.	Funding should also contribute towards the time spent on planning for the child with special needs and disabilities, and appropriate specialist resources. (Not inclusive of equipment provided by the PD Outreach teams.)	The Early Years Inclusion Team will liaise with the Early Years Settings to inform them of the outcome of Exceptional Early Years Funding application.
Child must be eligible for the Nursery Education Funding	The child has an Education Health Care Plan / Statutory Assessment in place or is the process of having an EHC plan written		Settings will adjust the level of need on the Provider Portal to reflect the agreed level of need.
Child must be eligible for and be in receipt of the Graduated Response 4 Inclusion Supplement.	The child would benefit from accessing specialist nursery assessment provision (not including Language Units) as recommended by the Pre-School Forum, whose parents have opted to access mainstream provision.	The interventions should be as advised by specialist agencies and should be recorded by the setting via an Individual Education Plan or Individual Provision Map.	Payments will be made either as an adjustment in next terms budget or within the Actual Payment run, dependant on the date of the decision.
			The Early Years Inclusion Team will monitor the use and impact of the funding provided, following the monitoring process set out on page 5.

(Appendix 1) EYSFF - Overview of Levels of Provision and Levels of Special Needs

Level of Provision & Funding	Length of delay	Support & Staffing requirements	Known to PSF	Specialist External Agencies	SMEH	CLD	PD	VI/HI
GR1 £0.14 Top Up per NEF hour	6-12 months	1 planned small group activity or 1 planned individual activity per session.	NO	No Specialists Only universal support from EYCS Inclusion or ISL if child Looked After	Difficulties settling in. Lack of concentration. Disrupts others frequently (can't share, take turns, isn't aware of peers). Lacks confidence.	Can't understand speech without context. Immature socialisation. Difficulty with following instructions, communication, fluency and using mouth for speech	Delayed self-help Difficulties cutting foods etc. Specialist Equipment used without support	Minor hearing or visual loss. No aids used.
GR2 £0.74 Top Up per NEF hour	12-18 months	2 planned small group activities or 2 planned individual activity per session.	YES (if child meets criteria)	EYCS SSA or Portage SaLT Health (OT, Physio) PD Outreach ISSS ISL	Persistent attachment & separation difficulties. Social immaturity. Behaviour plan in place. Unusual habits. Difficulties with changes in routine. Adult support for concentration.	Little or no speech. Diagnosed expressive language disorder. Significant difficulties processing verbal instructions. Actively withdraws.	Incontinent. Diagnosed co-ordination feeding, and stability issues. Specialist equipment & staff training.	Assoc. S&L Mild to moderate VI/HI. Significant difficulties in sensory processing.
GR3 £1.44 Top Up per NEF hour	18 months - 26 months	Intensive support required for approximately half of the session	YES	Ed Psych, SEN IA CDC CASBAT CAMHS Communication Skills Advisor	Persistent behaviours & PPI required. Some danger to self/others /property. Very withdrawn & distressed No interaction with peers. Unusual/excessive responses and 'shuts down'	Severe attachment diff. Diagnosed severe delay or language impairment Delay due to HI/VI Communication difficulties requiring systems. Possible ASD	Support req. Possibly non ambulant. Diagnosed medical condition including toileting.	Severe or profound VI or HI. Dual sensory loss. Experience of stress.
GR4 £2.70 Top Up per NEF hour	18 months – 26 months or more	Intensive support required for majority of the session	YES	CDC Assessment Unit or Specialist Nursery Assessment Unit	Extreme aggression to peers/self/adults. PPI in place. Can't calm. Totally withdrawn. Diagnosed severe attachment disorder.	Diagnosed disorders. 'Working to diagnosis' of autism spectrum No spoken language.	Diagnosed non-ambulant disability. Extremely dependent on adults.	Complex VI or HI; sig. impact. Sensory perception Adaptations.
EXCEPTIONAL EARLY YEARS FUNDING £6.30 Top up per NEF Hour								
Please see page 26 and appendix 2 for Application Form								

(Appendix 2) Flowchart for Claiming Inclusion Supplement/Funding

Child attends childcare setting who has needs that require more support than that which is normally available to all children.

Is the child accessing the Nursery Education Funded Sessions?

YES

Complete the Inclusion Supplement Calculator prior to the start of term to predict what your setting will receive for the term. Please include information on 2, 3 and 4 year olds accessing NEF. This is for your settings information only, and should be used to ensure you have spent the Inclusion Supplement throughout the term in an appropriate manner. **Please note contributions for 2 year olds on Graduated Response 1 & 2 are included within the hourly rate and should not be included.**



Early Years Inclusion Supplement Predictor

When entering child specific information during your EYSFF Actuals on the Provider Portal, please indicate the children's Code of Practice level. The Provider Portal will be able to record 2 year old information from September 2014.

Ensure parent has completed the Privacy Notice and the new Parent Declaration Form (which includes consent to apply for the Inclusion Supplement.) This is required once a year, unless changes to their hours are made.



5. Privacy Notice - 2014.pdf



Please have both forms available during monitoring visits, as parents **MUST BE MADE AWARE** that funding is being claimed to support their child.

Evidence of level of need will be required to be kept on file at the setting, as they may be asked to produce evidence as part of routine Early Years Inclusion Team visits or as part of the NEF Auditing Process.

Payment will be made by the finance team on the rates shown on the next page. For a full schedule of payment dates please see next page.

EXCEPTIONAL EARLY YEARS FUNDING ELIGIBLE CHILD

If you feel that a child in your setting meets the criteria (page 22) for the Exceptional Early Years Funding please complete the application form.



Exceptional Early Years Funding Application

NO

Child is under 3 and not accessing NEF

Complete application form 0-3 non NEF



Applications will be considered by a panel and awards made on the same rates as the EYSFF Inclusion Supplement shown below, and a contract will be issued. Payment will be made alongside NEF actuals, or adjusted in the next term.

Child is attending out of school or holiday provision

Complete application form 'Out of School and Holiday Provision'



funding application 2014-15 OOS and Ho

Applications will be considered by a panel and awards made on an individual basis, and a contract will be issued.

If you wish to **CHALLENGE** the amount of Inclusion Supplement received then please complete the attached form.



Challenge Form.docx

Ordinarily Available

Level of Provision		EYSFF Inclusion supplement Per hour/per child (max 15 hours)	2 Year Old Funding
Normal entitlement for all children		NEF hourly rate	Please note that an automatic supplement for EYA and EYA+ Low has been included within the 2 year old hourly rate.
Early Years Action	GRADUATED RESPONSE 1	NEF hourly rate + £0.14	
Early Years Action Plus Low	GRADUATED RESPONSE 2	NEF hourly rate + £0.74	
Early Years Action Plus Medium	GRADUATED RESPONSE 3	NEF hourly rate + £1.44	
Early Years Action Plus High	GRADUATED RESPONSE 4	NEF hourly rate + £2.70	
NEW LEVEL	EXCEPTIONAL EARLY YEARS FUNDING	NEF hourly rate + (£2.70 + £3.60) £6.30	NEF hourly rate + (£2.70 + £3.60) £6.30

For a step by step guide on using the Provider Portal and Uploading Application Forms to Edulink please see attached document:



Submitting SEN applications.docx

For full guidance on entry dates for NEF and Inclusion Supplement:



Deadline dates for NEF.pdf

For 0-3 Non NEF Children and Challenge to Inclusion Supplement funding criteria:



funding criteria discretionary fund 201

For Out of School and Holiday funding criteria:



Out of school and holiday provision - Inc

For all funding panel meeting dates:



Inclusion Team Funding Deadlines 20

Parent Leaflets on Funding levels:



Parent leaflet



Parent Leaflet



Parent Leaflet -



Parent Leaflet -



Parent Leaflet -



Parent Leaflet -

NORMAL ENTITLEMENT GRADUATED RESPONSE GRADUATED RESPONSE GRADUATED RESPONSE GRADUATED RESPONSE EXCEPTIONAL EARLY

(Appendix 3) Glossary of Terms

Graduated Response or Differentiated Provision	A step by step approach where more support and expertise can be brought in to help the setting to support the development of a child.
Holistically	Where the child's needs are looked at in the whole, i.e. not just in one specific area.
Inclusion Supplement	The Local Authorities financial contribution to childcare settings to support the inclusion and educational provision of children with additional needs.
Individual Education Plans	The paperwork that is used to detail the individual strategies (activities and support) that will be used to support an individual child's development. They set out clear achievable targets to work to, which are reviewed regularly with staff and parents/carers.
Individual Provision Maps	
Multi-Sensory Impairment	Where a child has difficulty in both sight and hearing. http://www.ncb.org.uk/media/875200/earlysupportmulti-sensoryimpairmentsfinal2.pdf
Normal Entitlement	The provision (activities and support) that all childcare settings have in place to support all children in attendance.
SENCo	Special Educational Needs Coordinator – the staff member in the setting who has responsibility for supporting all staff to provide appropriate activities and support for children with SEND.
SEND	Special Educational Needs and Disabilities
SMART targets	When an activity to support development is written in a way which is Specific, Measurable, Achievable, Relevant and Time-bound. http://www.worcestershire.gov.uk/cms/pdf/Writing%20SMART%20targets%20for%20IEP's%20and%20provision%20maps%20presentation%20PDF%A20383%20KB.pdf
Statutory School Age	The age when children must attend school by law; the term after their fifth birthday.
Transition	When a child moves from one setting to another, or from one room to another. This is a time that needs careful planning for children with SEND. Commonly referred to when children move into reception or school.

USEFUL WEBSITES:

Contact a Family	http://www.cafamily.org.uk/
Early Support	http://www.ncb.org.uk/early-support
Early Years Inclusion Team	http://www.worcestershire.gov.uk/cms/early-years-and-childcare/information-for-providers/inclusion-equality-and-diversity.aspx
Glossary of Terms: Professional Roles	http://www.ncb.org.uk/media/875176/earlysupportinformationpeopleyouameetfinal.pdf
Integrated Services for Specialist Support	http://www.worcestershire.gov.uk/cms/specialist-teaching-services/integrated-specialist-support.aspx
SEN Services	http://www.worcestershire.gov.uk/cms/special-educational-needs.aspx
SEND Information, Advice and Support Service Worcestershire	http://www.worcestershire.gov.uk/cms/parent-partnership-service.aspx Formally the Parent Partnership Service
Speech, Language and Communications Pathway	http://www.worcestershire.gov.uk/cms/speech-language-communication.aspx