



Special Educational Needs and Disability Policy

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Community Social Workers	How to contact Children's Social Care Worcestershire County Council
Local Authority Designated Officer	01905 846221 (or via the FFD)
Date of last review	January 2021
Policy adopted by Pinvin Community Preschool committee	January 2021
Pinvin Community Preschool current Policies and Procedures: Safeguarding and Child Protection; Health and Hygiene; Safety and Suitability of Premises; Environment and Equipment; Suitable People; Information and Records (including GDPR); Self-regulation in the Early Years; Equality and Diversity; SEND in the Early Years; The Role of the Early Years Educator; Covid-19 Response.	

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Introduction

The term SEND is used if a child or young person has a Special Educational Need and/or Disability.

A child or young person of compulsory school age is said to have SEND if they:

1. have a significantly greater difficulty in learning than the majority of others of the same age
2. have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

Children with SEND may need extra help or support, or special provision to allow them to have the same opportunities as other children of the same age.

Disabilities

Many children and young people who have SEN may also have a disability. A disability is described in law as 'a physical or mental impairment which has a long-term (a year or more) and substantial adverse effect on their ability to carry out normal day-to-day activities.'

The Equality Act 2010 contains more information about what a disability is and what should be done by early years providers, schools, colleges, other educational settings and local authorities to support children and young people with a disability.

[Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/36364/equality-act-2010-guidance.pdf)

Anyone may become disabled - suddenly through accident, or gradually through illness, and some people are disabled from birth. Whatever a person's disability, there are a range of different support options available that can help a person to maintain their independence.

Worcestershire county council holds information on a range of different services and support options available. [Disabilities | Worcestershire County Council](http://www.worcestershire.gov.uk/disabilities)

Our Commitment

At Pinvin Community Pre-school we are committed to having robust arrangements in place to support children with SEND. These arrangements include a clear approach to identifying and responding to any developmental concerns. Through early identification we can make effective provision to improve the long-term outcomes for all children, ensuring high aspirations and expectations for all. Our commitment to work with parents and families will help reduce frustrations, and ensure their views are central to the support put in place.

This policy will be reviewed regularly by the SENCO and relates to;

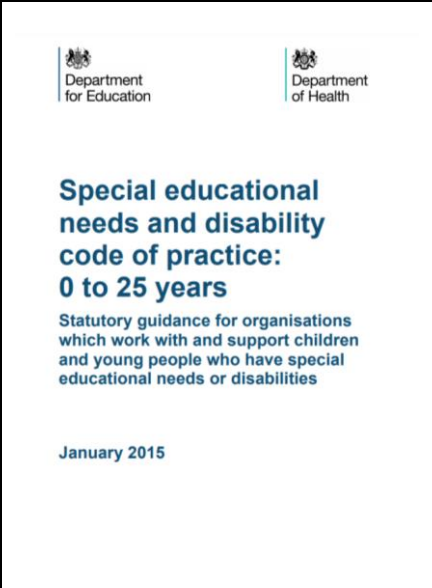
The SEN/D Code of Practice 2015

Children's and Families Act 2013

Equality Act 2010

The Early Years Foundation Stage Statutory Framework (2017)

SEND Code of Practice (2015)

	<p>The SEND Code of Practice is statutory guidance for organisations that work with and support children and young people with special educational needs and disabilities. It sets out duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations, and it applies to England.</p> <p>SEND Code of Practice January 2015.pdf (publishing.service.gov.uk)</p>
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The Department for Education have also published a guide for parents and carers

[Advice template \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

Children and young people with SEN may need extra help because of a range of needs. Paragraphs 6.27 – 6.35 of the 0-25 SEND Code of Practice set out four areas of SEN:

Communicating and interacting – for example, where children and young people have speech, language and communication difficulties which make it difficult for them to make sense of language or to understand how to communicate effectively and appropriately with others.

Cognition and learning – for example, where children and young people learn at a slower pace than others their age, have difficulty in understanding parts of the curriculum, have difficulties with organisation and memory skills, or have a specific difficulty affecting one particular part of their learning performance such as in literacy or numeracy.

Social, emotional and mental health difficulties – for example, where children and young people have difficulty in managing their relationships with other people, are withdrawn, or if they behave in ways that may hinder their and other children's learning, or that have an impact on their health and wellbeing.

Sensory and/or physical needs – for example, children and young people with visual and/or hearing impairments, or a physical need that means they must have additional ongoing support and equipment.

Some children and young people may have SEN that covers more than one of these areas.

Other factors - We have an awareness of other factors that may impact progress and will make reasonable adjustments so these children's needs are met, and their development protected;

- English as additional language (EAL)
- Children looked after
- Parents in the services or away from the home for extended periods due to work or prison

Vulnerable learners

It is important to identify vulnerable learners in the setting so we can ensure their needs are met and we are ensuring our provision and curriculum is accessible to all. There is no clear definition of a vulnerable learner and we must be careful how this term is used; however, a child may be at a disadvantage if they are/have;

Summer born Eligible for free school meals A medical need

Have special educational needs and/or disability Born prematurely

2-year-old funded A pattern of poor attendance Gypsy Roma Traveller

Involvement of Social Care

Born prematurely

The current Covid-19 pandemic places every child into the vulnerable category. UNICEF UK published document ‘Children in lockdown: what coronavirus means for UK children

Snapshot on the effects on children’s rights;

1. The child’s right to an education is at risk as schools and settings remain closed, or open just for remote learning. There are alarming disparities in access to resources and support at home, likely to further entrench and widen gaps in educational attainment between groups of children.
2. More children in the UK will face food insecurity as job losses and debt take their toll on family finances and access to sources of emergency food is under pressure from loss of donations and volunteers.
3. New-born and older children’s access to healthcare will reduce, as services are stretched, limited or avoided, potentially storing up future long-term health problems for children.
4. Anxiety and stress from staying at home, coupled with removal of coping mechanisms and reduction in support services is a worrying amalgam for children living with mental health difficulties.

5. Thousands of children are at increased risk of abuse in their homes and online as pressure and tensions increase, online supervision decreases, and predators seek to take advantage of the situation.
6. Across the board, the voices of children and young people have been absent from decisions made about their lives. They have not been consulted about the impact such decisions will have on them and their future and have yet to be addressed directly by the UK Government.

[Unicef-UK-Children-In-Lockdown-Coronavirus-Impacts-Snapshot.pdf](#)

Our Responsibilities

We have a duty to identify and support children with SEND, or whose vulnerability may impact their development. In our duty we are committed to;

- ✓ Focusing on high expectations and improved outcomes.
- ✓ Co-operating with the local authority to review available local provision
- ✓ Having arrangements in place to identify and support children with SEND.
- ✓ informing parents and the local authority where a child has, or probably has, SEND, reviewing children's development and progress and notifying parents.
- ✓ Working in partnership with parents to establish and support the needs of children with SEND.
- ✓ Adopting a graduated approach to SEND provision with four stages of action: assess, plan, do, review.
- ✓ Ensuring that there is a qualified educator designated as SENCO.
- ✓ Ensuring that there is sufficient expertise and experience to support children with SEND.

The Role of the SENCO

The early years SENCO has a key role in supporting colleagues and coordinating the response of the setting to children with SEND.

The Early Years SENCO role involves:

1. ensuring all practitioners in the setting understand their responsibilities to children with SEND and the setting's approach to identifying and meeting SEND needs
2. advising and supporting colleagues
3. ensuring parents are closely involved throughout and that their insights inform action taken by the setting
4. liaising with professionals or agencies beyond the setting.

Ensuring all practitioners in the setting understand their responsibilities to children with SEN and the setting's approach to identifying and meeting SEN

The Early Years SENCO will:

- work with the manager of the setting to regularly review the SEND policy and practice within the setting and agree how it will be implemented.
- be responsible for the day-to-day operation of the setting's SEND policy, and for coordinating provision across the setting.
- implement SEND support and the graduated approach of: assess, plan, do, review to meet the outcomes identified for the child
- support individual practitioners in implementing the approach for individual children.
- meet the requirements for record-keeping in a way that supports a participative decision-making process.
- draw on a range of sources, including the views of the child, supported by reliable evidence of effectiveness, to inform their advice and support to colleagues on different approaches to improving children's progress.

Advising and supporting colleagues

The Early Years SENCO will:

- support practitioners to assess their skills and competencies, identify any gaps and implement next steps in professional development.
- ensure all practitioners in the setting understand:
 - their responsibilities to children with SEND
 - how to work actively and effectively within the Assess Plan Do Review SEND support in Early Years cycle.
 - the setting's approach to identifying and meeting SEND
 - how the setting: responds to any cause for concern and identifies and responds to special educational needs.
 - how the setting works in partnership with parents to identify a child as having SEND.
 - how the practitioner and the SENCO agree, in consultation with the parent and the child, the outcomes they are seeking for the child.
- identify and use training and other sources of support available to help explain the duties to colleagues.
- link with others who have a role in supporting the development and delivery of training both for individual settings and on a wider basis.

Ensuring parents are closely involved throughout and that their insights inform action taken by the setting.

The Early Years SENCO will:

- make sure parents receive the information, advice and support that they need in order to participate in the SEND decision-making process.
- ensure parents are closely involved throughout and that their insights inform action taken by the setting.

- involve parents in the discussion of any early concerns, in identifying any SEND, and agreeing:
 - the outcomes being sought for the child
 - the interventions and support to be put in place
 - the expected impact on progress, development, behaviour
 - date for review

Liaising with professionals or agencies beyond the setting

The Early Years SENCO will:

- understand the local offer, including the provision that the Local Authority expects to be available from providers of all relevant early year's education.
- understand the support available including:
 - education
 - health and social care services for children with SEND
 - services assisting providers to support young children with medical conditions
 - childcare for children with SEND
 - services providing parents and children with information, advice and support on SEND
 - support groups who can support parent carers of disabled children.
- link with the local authority to liaise over individual children and links on wider strategic issues such as securing sufficient expertise and experience on SEND locally
- understand how funding supports settings in meeting children's SEND
- Liaise with professionals or agencies beyond the setting, including, but not limited to;
 - SEND support or learning support services including 'local offer'
 - support services or specialist teachers
 - therapies such as speech and language therapy, occupational therapy and physiotherapy

- support available to parents to aid their child's development at home
- independent Advice and Support Services (IASS)
- local voluntary agencies that provide support to children and their families
- social care services
- area SENCO, inclusion officer, or equivalent where available.

Effective practitioners reflect on their own practice and undertake continuous professional development.

The Early Years SENCO will:

- understand:
 1. own responsibilities to children with SEND, their carers/parents
 2. the setting's approach to identifying and meeting SEND
 3. how to determine reliability of evidence of the effectiveness of provision
- assess own skills and competencies, identify any gaps and next steps in professional development.
- Identify and use training and other sources of support to address own developmental needs.
- Keep up to date with meeting the settings needs.

The Local Offer

Worcestershire Children First is the company responsible for delivering children's services across the county of Worcestershire. These services include children's social care, education, early help and fostering.

The company is 100% owned by Worcestershire County Council and delivers its children's services on behalf of the local authority working with partners across the

county to ensure children, young people and families receive the best possible service.



Vision: Worcestershire to be a wonderful place for all children & young people to grow up.

Mission: Supporting children and young people to be happy, healthy and safe.

Values: Children at our heart, value family life, good education for all, protection from harm.



The SEND code of practice (2015) places statutory duties on local authorities to develop and publish a local offer setting out the support they expect to be available for local children and young people with SEND.

In essence:

- local authorities must publish a local offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area with SEND, including those who do not have EHC plans

- it must include provision in the local authority's area and provision outside the local area that the local authority expects is likely to be used by children and young people with SEND for whom it is responsible.

The local offer has two key purposes:

1. To provide clear, comprehensive, accessible and up-to-date information about the available provision and how to access it.
2. To make provision more responsive to local needs and aspirations by directly involving children and young people with SEND, parents and service providers in its development and review.

A list of what must be included in the local offer can be found in section 4.30 of the Code. [SEND Local Offer | Worcestershire County Council](#)

Preschool Forum

If a child has a special educational need, they may be referred to a pre-school forum. These forums meet in Kidderminster, Redditch and Worcester and will discuss the needs of the child. The forum is made up of a range of professionals to include paediatricians, Area SENCO, speech and language therapists, physical disability team, and representatives from special and mainstream schools.

The forum is able to discuss the child and give recommendations for further support which may include a specialist placement.

Before a preschool forum meeting the Area, SENCO will contact the setting for levels of development for the child(ren) to be discussed and a short report on their progress or further concerns. This information is sensitive so must be sent through the Secure Children's Services Portal. [Login \(worcestershire.gov.uk\)](#)

Normally this will be children who access GR3, GR4 or Exceptional Early Years Inclusion Funding. Children at GR2 should only be referred where there is evidence that additional specialist intervention is required (e.g., Early Years Language Class).

[Early Years Settings How to make referrals to the Preschool Forum oct 20 20.pdf](#)

Early Years Inclusion Team

Children who are known to Worcestershire Pre-school Forum will be offered support as part of the core (free) offer, and referrals will be received via the Pre-school Forum. The settings SENCO will work closely with the inclusion team in monitoring levels of development and putting targets and strategies in place.

[Early years inclusion A to Z of resources - Worcestershire Children First Education Services](#)

Early Identification of SEND

The SEND Code of Practice section 5.14 states; Parents' early observations of their child are crucial. Children with more complex developmental and sensory needs may be identified at birth. Health assessments, such as the hearing screening test, which is used to check the hearing of all new-born babies, enable very early identification of a range of medical and physical difficulties. Health services, including paediatricians, the family's general practitioner, and health visitors, should work with the family, support them to understand their child's needs and help them to access early support.

On entry to the setting, we will work with parents to gain a good understanding of the child's development, from birth to the present day. This knowledge allows us to identify any developmental delays and put targeted support in place.

Two-year-check

The SEND Code of Practice (Section 5.23) states: When a child is aged between two and three, early years practitioners must review progress and provide parents with a short-written summary of their child's development, focusing in particular on communication and language, physical development and personal, social and emotional development. This progress check must identify the child's strengths and any areas where the child's progress is slower than expected. If there are significant emerging concerns (or identified SEN or disability) practitioners should develop a targeted plan to support the child, involving other professionals such as, for example,

the setting's SENCO or the Area SENCO, as appropriate. The summary must highlight areas where:

- good progress is being made
- some additional support might be needed
- there is a concern that a child may have a developmental delay (which may indicate SEN or disability)

Daily Observation and Assessment

The SEND Code of Practice 5.28 states: Where a child appears to be behind expected levels, or where a child's progress gives cause for concern, practitioners should consider all the information about the child's learning and development from within and beyond the setting, from formal checks, from practitioner observations and from any more detailed assessment of the child's needs.....All the information should be brought together with the observations of parents and considered with them.

At Pinvin Community Pre-school we regularly review and assess children's development as part of our normal practice and adherence to the Early Years Foundation Stage (2017). Every 6 weeks key persons will gather their evidence on key children and discuss this with their line manager. From the discussions the child's developmental levels will be agreed and any concerns discussed.

Normal Entitlement

The Local Authority provides guidance on the provision and support they expect all children to receive. This is referred to as the normal entitlement. It sets the baseline of practice within all early year's settings; i.e., that which should be made available to all children, regardless of need, and delivered through the Early Years Foundation Stage.

Before additional funding can be sourced to support children with SEND, we must ensure we are meeting our normal entitlement good practice guidelines.

Please see Appendices for normal entitlement good practice guidance.

Early Support Tracker

If we are concerned that a child is not making adequate progress, we would use the Early Support Tracker to assess where they are developmentally. The tracking sheets are linked to the EYFS and should be used to track children with developmental delays (in place of the Developmental Matters). The documents break down each stage of development into smaller, more achievable steps, allowing practitioners to record and celebrate small steps of progress and identify next steps. The document covers different areas of need; communication, physical, personal, social and emotional development, and thinking.

As this document is just a magnified version of the EYFS we are able to use this for all our children without parental consent. However, we are committed to working closely with parents so would in most circumstances gain consent at this stage.

[Early years inclusion A to Z of resources - Worcestershire Children First Education Services](#)

This purpose of consent is so the setting can gain some additional support and advice from the early years inclusion team to ensure we are meeting the needs of the child.

Graduated Response

Where a child is identified as having SEN, we are committed to take action to remove barriers to learning and put effective special educational provision in place. This is known as the graduated approach and ensures the child is receiving the most appropriate level of support. Before a child can be placed on graduated response cycle, we must have written parental consent.

The Graduated Response Cycle

This 4-part cycle increases in detail and frequency to identify the best way of securing adequate progress for all children.

Assess: In identifying a child as needing SEND support, the key person, working with the setting SENCO and the child's parents, will have carried out an analysis of the child's needs. This initial assessment should be reviewed regularly to ensure that support is matched to need.

Plan: Where it is decided to provide SEND support, and having formally notified the parents, the key person and the SENCO should agree, in consultation with the parent, the outcomes they are seeking, the interventions and support to be put in place, the expected impact on progress, development or behaviour, and a clear date for review.

Any related staff development needs should be identified and addressed. Parents should be involved in planning support and, where appropriate, in reinforcing the provision or contributing to progress at home.

Do: The child's key person, remains responsible for working with the child on a daily basis. With support from the SENCO, they should oversee the implementation of the interventions or programmes agreed as part of SEND support. The SENCO should support the practitioner in assessing the child's response to the action taken, in problem solving and advising on the effective implementation of support.

Review: The effectiveness of the support and its impact on the child's progress should be reviewed in line with the agreed date. The impact and quality of the support should be evaluated by the practitioner and the SENCO working with the child's parents and taking into account the child's views. They should agree any changes to the outcomes and support for the child in light of the child's progress and development. Parents should have clear information about the impact of the support provided and be involved in planning next steps.

This cycle of action should be revisited in increasing detail and with increasing frequency, to identify the best way of securing good progress. At each stage parents should be engaged with the setting, contributing their insights to assessment and planning. Intended outcomes should be shared with parents and reviewed with them, along with action taken by the setting, at agreed times.

[64729 SEND Graduated Response Within Worcs Report WS03 \(1\).pdf](#)

Provision Map

The SEND Code of Practice (2015) states;

6.76 Provision maps are an efficient way of showing all the provision that the school makes which is additional to and different from that which is offered through the school's curriculum. The use of provision maps can help SENCOs to maintain an overview of the programmes and interventions used with different groups of children and provide a basis for monitoring the levels of intervention.

The settings SENCO produces a whole setting provision map which identifies all children who require support above the 'normal entitlement' of the Early Years Foundation Stage Statutory Framework (2017).

Individual Provision Map (IPM)

We complete an individual provision map for all our children on graduated response levels 1 to 4. The IPM format we use details historical information regarding the child, and any other agencies involved. It will also include current targets for the child. The IPM is reviewed and updated as the developmental needs change and as new targets are shared.

Before an IPM is reviewed by the SENCO and key person, a review sheet, must be completed with the parents detailing progress made, and the impact of strategies used. Parents are encouraged to add their own comments to support partnership working and transparency in the support given to the child both internally and externally.

When placing children on the provision map, we must determine their level of need;

Graduated Response 1 (GR1)

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 require 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.

At Pinvin Community Pre-school we are committed to providing children with at least one individual or group activity per session. 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. 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.

Graduated Response 2 (GR2)

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).

It may be appropriate for children at Graduated Response 2 to be referred to the pre-school forum.

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. 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.

Graduated Response 3 (GR3)

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.

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.

Additional 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.

Team around the Child meetings (TAC): Where there are a number of professionals working and supporting a child the SENCO will be responsible for co-ordinating 'team around the child' meetings. This is where professionals involved in the child's care come together, along with parents to discuss the child's progress and future support. This helps to ensure effective partnership working and to clarify parents' concerns or questions in a supportive environment. These meetings are minuted so all involved understand their responsibilities and actions required.

Graduated Response 4 (GR4)

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 multiple 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.

If appropriate additional staffing should be 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.

Additional 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.

SEND Funding

For children who are identified as having a special educational need we are able to access inclusion supplement funding. This is claimed through the normal nursery education funding (NEF) portal and must be used to support the implementation of specific interventions as detailed on the individual or whole provision map.

GR1	GR2	GR3	GR4
£0.20 top up per nursery education funded hour.	£0.90 top up per nursery education funded hour.	£1.60 top up per nursery education funded hour.	£2.86 top up per nursery education funded hour.

If a child is not receiving NEF the setting can challenge this with appropriate evidence. [Challenge and 0 to 5 Non NEF funding Criteria.pdf](#)

Exceptional 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.

Funding: NEF Hourly Rate + £6.30 p/hour Inclusion Supplement (max: £94.50 p/week for 15 hours, £189 p/week for 30 hours)

Expectations if in receipt of exceptional funding;

- ✓ One to one staffing support or intervention in place 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.

[Early Years GR4 Challenge Funding criteria.pdf](#)

Please note the use of this funding will be monitored by the Early Years Inclusion Team.

Disability Access Fund

A new SEN/D funding stream has been introduced and is available for early years settings to apply for. It totals £615 and will be a one-off payment for 3- & 4-year-olds accessing NEF who are in receipt of Disability Living Allowance (DLA).

The Disability Access Fund (DAF) supports the full inclusion of children with SEN/D within early years provision and is a contribution towards the reasonable adjustment's settings must make to include children with SEN/D. The fund can also be used to help with building capacity within settings; for example, training, specific inclusion resources etc.

Eligibility criteria for DAF 3 & 4-year-old will be eligible for DAF if they meet the following criteria:

- ✓ the child is in receipt of child disability living allowance (DLA) and;
- ✓ the child receives free early education

Note: Children attending primary school reception classes are NOT eligible for DAF funding.

[DAF and DLA guidance.pdf](#)

Identifying eligible children

We are responsible for identifying eligible children through speaking to parents in order to find out who is eligible for the DAF. If a child is splitting their free entitlement across two or more providers, the payment is made to the setting of the parents' choice. The advice of the Local Authority is that the parent should nominate the main setting. This setting will be where the Local Authority will pay the DAF for the child.

Applying for DAF

To apply for DAF parents, need to state they are in receipt of disability living allowance (DLA) on the annual parental declaration form. This needs to be sent along with a copy of the DLA form through to early years funding via the Children's Services Portal. The DAF will be received alongside the actual payment in the term in which it was applied for.

What is Disability Living Allowance?

Disability living allowance is the main benefit paid to a parent or carer for children with a specific condition (including an illness) or registered disability. It helps families meet the increased costs associated with child's additional needs or disability and it comes in two parts;

A care component: Many children with additional needs can have increased care and supervision needs at home, to ensure the child's needs are met and their safety is not compromised. It is paid on a 3-tier rate – with the children requiring the highest level of supervision and care receiving the top tier. Children must be over 3 months old to apply, unless the child has a terminal illness (where they can apply from birth.)

A mobility component: A child may require support with their mobility due to their disability and this component is paid on a 2-tier rate. The highest rate is for children with significant walking difficulties, visual impairments or behavioural issues.

Children are eligible for this from the age of 3.

The lowest rate is for children who need additional supervision when they are outside of the home and children are eligible for this from the age of 5.

Do the children need a diagnosis? Children will not always receive a diagnosis of their special need or disability prior to entering school, and therefore a diagnosis is not required to access DLA. Parents (and associated professionals) will need to provide evidence of the child's needs.

How will we know if a child is eligible for DLA? We would advise parents to seek advice from a health professional who is supporting their child. Parents are able to apply independently if they feel their child's needs are significant and that they meet the criteria. [Disability Living Allowance \(DLA\) for children: DLA rates for children - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/disability-living-allowance-dla-for-children)

Transition to School

The SEND Code of Practice states:

SEND support should include planning and preparing for transition, before a child moves into another setting or school. This can also include a review of the SEND support being provided or the EHC plan. To support the transition, information should be shared by the current setting with the receiving setting or school. The current setting should agree with parents the information to be shared as part of this planning process.

At Pinvin Community Preschool we offer an extensive transition program. This will involve meetings with the feeder school teachers, SENCO and DSL. We begin this process early into the Spring term and involve parents every step of the way. For children with SEND we make personalised transition programs so the process is as smooth as possible and centres around the child's needs.

[Transition Toolkit-Worcestershire-County-Council.pdf \(bdsip.co.uk\)](https://www.bdsip.co.uk/Transition_Toolkit-Worcestershire-County-Council.pdf)

Delayed Entry to School

Delayed entry and transfer, involves a decision to keep or place a pupil in a younger year group than that of his or her age-group peers. Many children start school the September after their 4th birthday. However, by law, parents of summer born children (children born between 1st April to 31st August) are able to request that their child delay entry to the reception class to the September after their fifth birthday, effectively in the year group below their chronological age group.

A child with SEND may also be delayed entry if they are, significantly delayed in their social and emotional development and are unable to establish adequate relationships with their peer group and is at risk of isolation. A decision to delay entry to school should not be taken lightly and should be in the child's best interests. Such decisions will be made in partnership between the Area SENCO, pre-school forum, receiving school and parents. **Please note the parent still needs to apply for the school place so it can then be delayed.** [School Admissions - Policies and Appeals Information | Worcestershire County Council](#)

Education Health Care Plan

The majority of children with SEND will have their needs met within local mainstream early years settings. However, there may be justification for an Education Health Care Assessment (EHCA) which may lead to an Education Health Care Plan (EHCP) where;

- the child is failing to make progress following the graduated response assess/plan/do/review cycles
- and the special educational provision required to meet the child's needs cannot reasonably be provided from the resources normally available to their setting through the local offer.

The EHC assessment is a detailed look at the child's special educational needs and Disabilities (SEND) and the support he or she may need in order to learn.

Worcestershire Children First is responsible for carrying out the need's assessments under the Children and Families Act 2014.

An EHC plan brings the child's education, health and social care needs into a single, legal document. The child must have special educational needs to be eligible for a plan. The purpose of an EHC plan is to make special educational provision to meet the special educational needs of the child, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood.

Please note: An EHCP will not be written where there is not sufficient evidence of the child's developmental progress.

Expected progress for a child with no SEND is one step per term attended and typical progress is **three steps across three terms**.

[Early years SEND | SEND Education Provision | Worcestershire County Council](#)

Complex Health Needs

Pinvin Community Pre-school is fully committed to our duties under the Equality Act 2010. We will never discriminate against, harass or victimise disabled children, and we will make reasonable adjustments, including the provision of auxiliary aids and services for disabled children, to prevent them being put at substantial disadvantage.

Before a child with complex needs starts at Pinvin Community preschool we will consider 6 main factors to ensure we are fulfilling our commitment and providing the very best early years' experience for all children;

1. Policies and admissions
2. Partnerships with parents
3. Health care plans and risk assessments
4. Team around the child meeting's (TAC)
5. Training and insurance
6. Funding and staffing

Policies and Admissions: We have detailed policies and procedures across a range of early years themes which are put in place to ensure we are non-discriminatory and protect all children's safety and welfare. These include;

Safeguarding and Child Protection; Health and Hygiene; Safety and Suitability of Premises; Environment and Equipment; Suitable People; Information and Records (including GDPR); Self-regulation in the Early Years; Equality and Diversity; SEND in the Early Years; The Role of the Early Years Educator; Covid-19 Response.

Within all our policies we recognise that children with medical conditions are entitled to a full education and have the same rights of admission to the setting as other children. However, in line with our safeguarding duties, we must ensure that children's health is not put at unnecessary risk from, for example, the Covid-19 pandemic. Therefore, we would work with parents to determine if attendance would be detrimental to the health of that child or others. **Policies and Procedures remain under constant review to ensure we are fulfilling our statutory duties.**

Partnership with Parents: On starting the setting parents will be invited to access information on our curriculum intent, daily routines, and how we support child development, especially children with SEND. This is mainly through our welcome and registration packs. Parents would be requested to look through our policies and procedures which are available electronically on the preschool website; www.pinvinpreschool.org. We would also signpost parents of children with SEND to the local authority where they can access SEND information, advice and support.

Health Care Plans and Risk Assessments: We develop individual health care plans for any child who may need medical intervention. The plan provides clarity of what needs to be done and by whom, and what to do in an emergency situation in regards to the child's health. Dependant on the needs of the child the plan will be written by the child's key person, SENCO, parent, and if required medical professional. The plan will be reviewed 6 monthly or as and when treatment changes as per medical professional instruction.

Pinvin Community Preschool will assess the risks to the individual child with complex health needs, in the same way we would risk assess an activity or a room in the provision. By identifying risks to the child, we can then put steps in place to reduce these. The risk assessment will be written with the parents and shared at the TAC (team around the child) meeting where other professionals will have the opportunity to input into this.

Team around the Child meetings (TAC): Prior to a child starting we would arrange a TAC meeting held in the setting. The TAC meeting is an opportunity to establish up to date information about the child's health needs through good communication between the parents, ourselves and all outside agencies involved. In most cases we will use the health care plan as a discussion agenda. We would also use this time to share the child's individual risk assessment.

We recognise the importance of having clear targets and goals for the child and the TAC meeting allows us to share progress and discuss areas of development for the child with the wider team so these can be agreed and placed on the child's individual provision map.

Training and Insurance: Prior to a child with complex health needs starting, we would establish whether there is any specific training required to meet the needs of the child. We would also inform the insurer to establish if a certificate is required as proof of training.

Funding and Staffing: Prior to a child with complex health needs starting, we would ensure we have applied for inclusion supplement funding so we are able to best support the child. This additional funding will be allocated to either;

- Increasing staff ratio
- Training to support the child
- Resources to support the child
- Additional Inclusion / private outside agency time
- Paying for staff out of ratio time to work on targets or paperwork for the child.

As a setting the SENCO, manager and registered person will regularly review this policy and the procedures within it to ensure we are fulfilling our statutory duties.

Complaints about SEND provision

Our setting believes that children and parents are entitled to expect courtesy and prompt, careful attention to their needs and wishes. We welcome suggestions on how to improve our setting and will give prompt and serious attention to any concerns about the running of the setting. We anticipate that most concerns will be resolved quickly by an informal approach to the appropriate member of staff. If this does not achieve the desired result, we have a set of procedures for dealing with concerns. We aim to bring all concerns about the running of our setting to a satisfactory conclusion for all parties involved.

Please see our Information and Records policy which details our Complaints procedure. [Pinvin Pre School - Policies and Procedures](#)

External support

We recognise that there is a wealth of information and support that our setting can source to support the children in our setting. Detailed below are some of our most used external experts that we use to support our SEND provision.



ERIC exists to give every child and teenager with a bowel or bladder condition the support they deserve to enjoy a life free from shame, isolation and fear.

This website is aimed at all parents to support any issues with toileting. [ERIC](#)

SMILE (Sensation Movement Interaction in Life Experiences) provides a multi-sensory environment for calming relaxation and sensory stimulation. It is for the benefit of children with a variety of difficulties including those with profound and multiple disabilities and their siblings. Based in Malvern.

[SMILE – ARCOS](#)



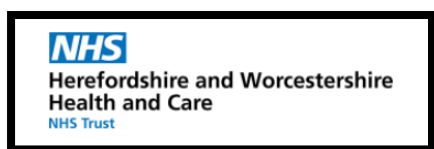
Outreach: The Vale of Evesham School provides outreach support to Early Years settings in the Evesham /Persore area. We support settings in developing strategies to meet the needs of pre-school children with a wide range of additional needs. Outreach staff visit settings for 6 to 8 weeks on a weekly basis and work alongside setting staff to model strategies, trial resources and proactively problem solve issues. We also offer bespoke training and opportunities to visit our nursery setting. Outreach support is available free of charge for children known to the South Worcestershire Pre-school forum.



Council for Disabled Children: We believe education is a fundamental human right. Success in education may look very different for different children, but we believe the progress and achievement of all children must be valued equally and celebrated. [Welcome to CDC | Council For Disabled Children](#)



Nasen (National Association for Special Educational Needs) is a charitable membership organisation that supports all education practitioners by providing relevant Continuing Professional Development and Learning (CPDL), resources, advice, information and much more to enable staff to meet the needs of all pupils including pupils with learning differences. [Welcome to nasen](#)



Speech and language therapists work in partnership with children, their families and other professionals in a variety of friendly setting including;

- **Children Centres:** Every centre has a named speech and language therapist, regular talking walk-in sessions and therapy groups
- **Child development centres:** Speech and language therapists are part of the team
- **Schools:** Every mainstream school has a named speech and language therapist who visits.

[I'm worried about a child's speech or language | Worcestershire Health and Care NHS Trust \(hacw.nhs.uk\)](#)

Consent to support letter

Date:

Dear parent / carer,

..... (name of setting) would like to gain some support and advice from the early years inclusion team to ensure that the practice in the early years setting is meeting the needs of your child
..... (name of child.)

We want your child's experience at our early years setting to be of the very best quality and want to ensure that we develop our practice for the benefit of every child.

Your views as a parent/carer are very important to us and therefore a member of the early years' inclusion team will be happy to talk to you, either on the phone or in person. Please let us know if you would like us to plan for this on their first visit.

We have also provided you with an inclusion team parent leaflet that explains the role and functions of the team.

I agree for
(childcare setting staff member) to contact the early years inclusion team.

Parent's/carer's signature:

Date

Please retain the consent form in the child's folder as proof of consent.

Worcestershire Children First Early Years Inclusion
Worcestershire County Council
County Hall, Spetchley Road, Worcester, WR5 2NP
Inclusion contact number: 01905 843099

We take your privacy seriously and in accordance with the General Data Protection Regulations. The information you have given us will be used to support your child's development and will not be processed for any other purpose, after which it will be securely disposed of. Information on how WCF use personal data can be found in our privacy policy
<http://www.worcschildrenfirst.org.uk/privacy>

Normal entitlement - good practice guidelines

Environment

Descriptors	Never	Sometimes	Often	All the time	Actions
Meet the needs and interests of individual children & support their developmental level rather than their chronological age.					
Materials and resources are easily accessible and clearly labelled with the picture and symbol.					
There is enough space for children to sit and move comfortably.					
There are quiet well-defined areas for individuals and small groups.					
Background noise is minimal (e.g. radio or TV not on all day).					
There are areas within the setting where visual distractions are minimised.					
Routines, instructions or changes are supported with objects, pictures or photographs e.g. visual timetable is used.					
Waiting time for children between activities is kept to a minimum.					
Quiet areas are available for story time that are less visually distracting.					
There are stimulating and interesting resources that extend and develop play.					



Descriptors	Never	Sometimes	Often	All the time	Actions
Favourite stories are read and reread to children using story.					
Sacks or visually interesting props e.g. lift the flap books, pop up books.					
Work is done in partnership with parents.					
Regular and consistent routines.					
Encourage independence and self-confidence.					
Position themselves where they can easily make eye contact.					
Tune into child's focus and model language and use visuals to support.					

Practitioners

Descriptors	Never	Sometimes	Often	All the time	Actions
Are sensitive to the needs of all children e.g. on arrival or if particularly shy or EAL children.					
Watch and see what children do first before intervening.					
Join in with the children's play inside and out.					
Facilitate shared play and turn taking where age appropriate e.g. small group work.					



Descriptors	Never	Sometimes	Often	All the time	Actions
Use a range of non-verbal communication, including gesture and facial expressions, to aid the spoken word.					
Use a range of visuals e.g. real objects, photographs/pictures or symbols.					
Gain children's attention before speaking. e.g. use child's name to gain attention first.					
Vary the voice to make it interesting for children particularly at story times and singing activities.					
Give children time to respond e.g. "The ten second rule" and repeat using the same instruction.					
Respond positively to children's communication attempts, including non-verbal communication.					
Uses more comments than questions/instructions.					
Comment on the child's actions e.g. "you've made a lovely red train!"					
Use language matched to the child's language level e.g. shorter sentences or one-word labelling.					
Encourage turn taking in conversation e.g. Time to talk or use listening friend such as Lola.					
Model appropriate communication behaviour e.g. avoids talking over children's heads.					

Descriptors	Never	Sometimes	Often	All the time	Actions
Accept child's language and model back the correct form e.g. child says: "I goed to the shop", and adult says "how lovely – you went to the shop".					
Help their language develop by expanding on children's utterances e.g. child says "car"! Practitioner says, "car goes fast!"					
Use simple repetitive language during everyday activities. E.g. Routine Rhymes and finger rhymes.					
Give opportunities for children to ask their own questions.					
Use open ended questions that invite conversation and encourage reasoning rather than yes/no answers.					
Break complex sentences, including instruction, down to manageable chunks.					
Actively support children in solving their problems and disputes.					
Give opportunities for children to use their first language					
Make time throughout each day to say rhymes as well as sing with individuals along with groups of children.					
Children included in the decision making.					
Model/discuss/demonstrate appropriate social interaction with peers supported by resources such as picture, books, emotion dice, dolls etc.					

Descriptors	Never	Sometimes	Often	All the time	Actions
Generally, support songs and stories with actions, objects or puppets.					
Link children's spoken language with written language.					
Provide manageable, appropriate activities according to the developmental age of the child, rather than the age.					
Appropriate developmental level. E.g. 4-piece peg puzzle needed instead of 24-piece floor puzzle.					
Support children to follow boundaries and expectations of the setting. E.g. Golden rules (no more than 4).					
Use strategies to avoid conflict e.g. distraction/choices/targeted adult support for activities such as tidy up time and mat time.					
Always use positive reinforcement and positive language e.g. "Molly, good walking" rather than "Molly, don't run".					
Praise and reward always used for both groups and individuals.					
Effectively observe children and use observations to plan children's next steps.					
Key person tracks child's development against EYFS. (EYFS early support if applicable).					
Give the children prior warning to a change.					
Agreed strategies and procedures in place.					

Descriptors	Never	Sometimes	Often	All the time	Actions
Clear, reasonable & consistent limits.					
1:1 time with key person with consistent strategies if identified. E.g. emotional support.					
Turn – taking opportunities.					

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 Vision and Hearing
<p>Where a child's skills in one or more areas of learning are between 3 and 6 months below the average 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 emphasise 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>

Other interventions are detailed below in the strategies and interventions section.				
Description of Needs – GRADUATED RESPONSE 1				
Play, Cognition and Learning Characteristics	Social, Mental and Emotional Health	Communication, Language and Interaction	Physical Development	
			Physical Development and Medical	Sensory Vision and Hearing
<p>Minor developmental delay on entry: 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, vision 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 vision loss.</p> <p>Minor vision 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>

Description of Needs – GRADUATED RESPONSE 2				
Play, Cognition and Learning Characteristics	Social, Mental and Emotional Health	Communication, Language and Interaction	Physical Development	
			Physical Development and Medical	Sensory Vision and Hearing
<p>Developmental delay on entry: 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:</p> <ul style="list-style-type: none"> • calming strategies • specific behaviour programmes <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 professionals 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 vision loss.</p> <p>Significant difficulty with sensory processing.</p>

Other interventions are detailed below in the strategies and interventions section.				
Description of Needs – GRADUATED RESPONSE 3				
Play, Cognition and Learning Characteristics	Social, Mental and Emotional Health	Communication, Language and Interaction	Physical Development	
			Physical Development and Medical	Sensory Vision and Hearing
Child is functioning at more than 18 - 26 months below their chronological age in essential milestones - see 'Development Matters of the EYFS' and/or assessments by relevant professionals.	<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, wellbeing and education of self and others at all times, including social times.</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 vision 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:</p> <ul style="list-style-type: none"> • social communication difficulties • processing delay • inflexibility • sensory issues <p>Needs enhanced communication system e.g. signing. Possible attachment difficulties - a history of early trauma.</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 vision 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>

Local Inclusion Fund - 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
Graduated Response 1 (GR1) £0.20 top up per Nursery education funded hour	6-12 months	1 planned small group activity Or 1 planned individual activity per session.	NO	No Specialists Only universal support from: Early Years Inclusion Health Visitor	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.
Graduated Response 2 (GR2) £0.90 top up per Nursery education funded hour	12-18 months	2 planned small group activities or 2 planned individual activity per session.	YES (if child meets criteria)	SaLT Health (OT, Physio) PD Outreach Virtual Schools	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.



Level of Provision & Funding	Length of delay	Support & Staffing requirements	Known to PSF	Specialist External Agencies	SMEH	CLD	PD	VI/HI
Graduated Response 3 (GR3) £1.60 top up per Nursery education funded hour	18 months - 26 months	Intensive support required for approximately half of the session	YES	Educational Psychologist, SENCO Support Advisor, Area SENCO Child Development Centre CAMHS Specialist Language Unit	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.
Graduated Response 4 (GR4) £2.86 top up per Nursery education funded hour	18 months - 26 months or more	Intensive support required for majority of the session	YES	As above Child Development Centre 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 £6.30					Please see separate criteria (see link below)			

<http://www.worcestershire.gov.uk/WCFEducationServices/info/31/early-years-inclusion/67/early-years-inclusion-z-resources/3>



Early Years GR4 Challenge Funding Criteria

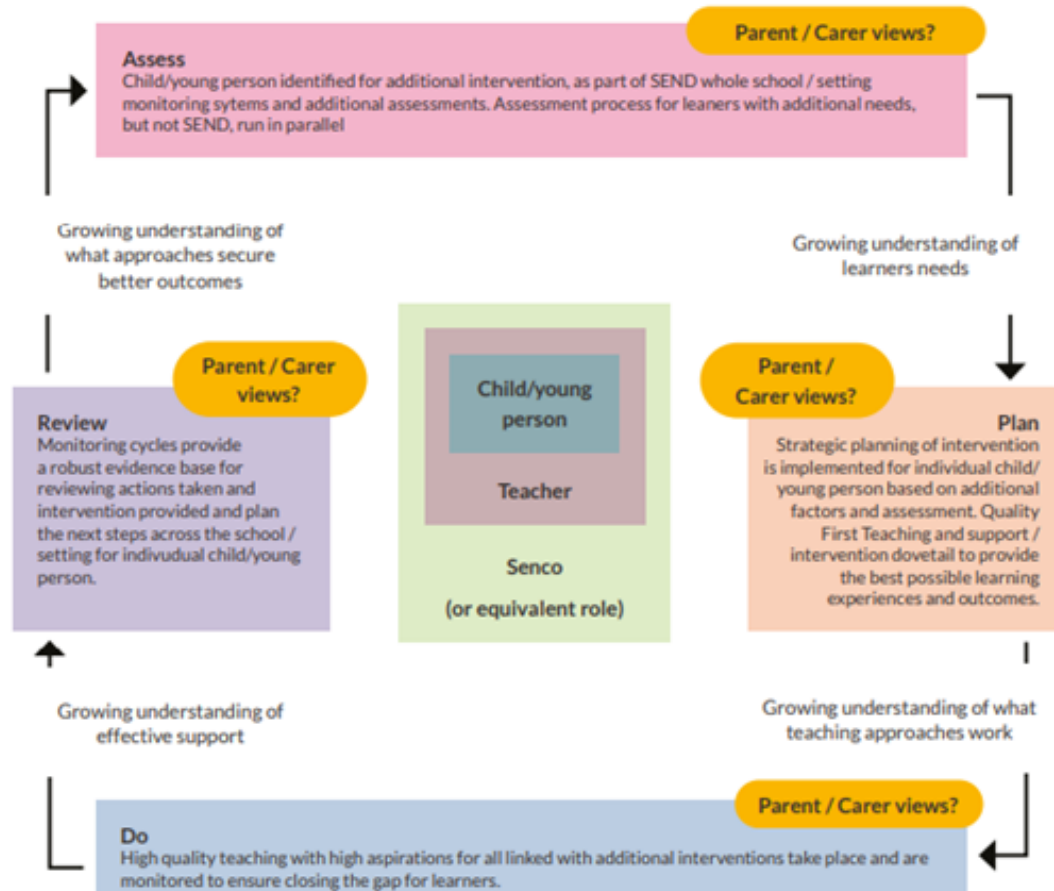
- Child **must** be in receipt of GR4 Funding and termly monitoring form required
- **Must be in place:** The setting must demonstrate that one to one staffing has been put in place (or will be put in place) for the named child for the following hours. (Staff rota's demonstrating additional staffing when child attends.)

% of Funding to be awarded	Must be in place: 15 hours Entitlement	Must be in place: 30 hours Entitlement	EYFS Early Support Level: 0 to 2-year olds	EYFS Early Support Levels 3- and 4-year olds	Impact on setting / level of staffing (e.g. behaviour requiring intensive support)	Type of Specialist Provision Attended
100%	All of the NEF hours attended e.g. up to 15 hours	All of the NEF hours attended e.g. up to 30 hours	0-11 in all 4 areas	0-11 months in at least 2 areas	Setting Positive Coping/Support Plan is in place due to significant behaviours that are impacting on all children and potential attendance	Split placement with Nursery Assessment Unit / Nursery Plus
75%	11.25 hours	22.5 hours	0-11 in at 2 or 3 areas 8-20 in all 4 areas	0-11 months in at least 1 area 8-20 in at least 3 areas	Child has significant health/Physical Disabilities needs that require a high level of staffing to administer support and medication	Specialist Language Unit. Percentage awarded based on ES level
50%	7.5 hours	15 hours	0-11 in 1 area 8-20 in 2-3 areas	8-20 in at least 2 areas	Child has significant health/Physical Disabilities needs that require a high level of staffing to administer support and medication	Specialist Language Unit. Percentage awarded based on ES level
25%	3.75 hours	7.5 hours	8-20 in 1 area	8-20 in at least 1 area	Child has significant health/Physical Disabilities needs that require a high level of staffing to administer support and medication	Specialist Language Unit. Percentage awarded based on ES level

Please note children in receipt of 0-5 non-NEF will be funded to a maximum of 15 hours for the academic year – based on the return of termly monitoring forms.

Further support is available by calling the Early Years Inclusion helpline on 01905 843099 or by visiting the [Early Years website \(opens in new window\)](#)

Individual Child/young person 'Assess, Plan, Do, Review'



Complex health care plan

Name of setting	
Child's full name	
Date of birth	
Child's full address	
Medical diagnosis or condition:	

Child's family contacts

1 st parent / guardian's name		Contact phone number	
2 nd parent / guardian's name:		Contact phone number	
Family / friend emergency contact name		Contact phone number	

Child's health professional contacts

Consultant's name		Contact phone number	
G. P's name		Contact phone number	
1 st therapist's name		Contact phone number	
2 nd therapist's name		Contact phone number	
Social worker's name		Contact phone number	
Other name		Contact phone number	

Child's daily requirements

Describe the child's medical needs:	
Daily equipment needs:	
Daily continence needs:	

Daily medication needs:	
Known allergies:	

Child's emergency medication and care

What constitutes an emergency for the child	
Signs the child will display to indicate an emergency:	
Symptoms the child will display to indicate an emergency:	
General action to take if emergency occurs: i.e. name of person responsible in emergency, duty to carry out	
Additional action to take if emergency occurs: i.e. name of medication, dosage, time of administration	
Follow up care required for the child:	

Child's other specific requirements

Training required of staff for care of child:	
Expertise required of staff for care of child:	
Name of person compiling health care plan:	
Date of completion:	

Parent/ Guardian's consent and signature

- I, the child's parent/guardian, consent to the above instructions and procedure being carried out in the setting for my child.
- I consent to the information in this health care plan being shared with others.
- I agree the health care plan reflects my child's current health care needs.
- I agree to notify the setting SENCO immediately if my child's needs alter or change so they health care plan may be updated and reviewed sooner than 6 months.

1 st parent / guardian's name		1 st parent / guardian's signature		Date of signature	
2 nd parent / guardian's name		2 nd parent / guardian's signature		Date of signature	

Health care professional's agreement and signature

- I agree this health care plan reflects the child's current health needs.
- I agree this health care plan is correct and should be used as a direct instruction and procedure for the setting staff to carry out medication and care for the child.

Health care professional's name		Health care professional's job role	
Health care professional's signature		Date of health care professionals' signature:	

Settings agreement and signature

I agree to follow this health care plan in the setting to care for the child's needs and to ensure all staff in the setting use this health care plan for the child.

Setting's representatives name		Setting's representatives signature		Date of signature	
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Health Care Plan (HCP) to be reviewed every 6 months

If child's needs alter/change setting to be immediately notified by the child's parent/guardian and the health care plan to be immediately reviewed.

Date of review	No Changes – HCP still current? Y / N	Changes to be made – HCP to be deleted? Y / N	Signed by:	Date:
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