**North East Lincolnshire Council**

**Early Years Inclusion Fund Application**

**Individual Request**

|  |  |
| --- | --- |
| **Child:** |  |
| **School / Setting:** |  |

Completed applications should be returned by secure email to earlyyearsnelc@nelincs.gov.uk



**Request for INDIVIDUAL Early Years Inclusion Funding**

**Request for Inclusion funding for children from birth to school entry (4 years of age) with SEND and or complex medical needs.**

Most children’s needs should be met through universal provision, their key worker and small group intervention work. For children with significant and complex needs Inclusion funding can be used to support them within your provision.

Before making an application, please refer to the Inclusion Funding guidance notes and checklist of evidence.

If a child attends more than one setting a joint application should be made at the same time to ensure equity of funding.

If you are completing the settings form, please note the same children **CANNOT** be put on the individual form.

|  |
| --- |
| **Basic Information** |
| Name of Child: | Fred Bloggs | Date of Birth:Age in months: | 15/05/2036m |
| Address: | 23 Smartie Street  |
| Parental Responsibility (name): | Jo Bloggs Steve Bloggs | Relationship to the child: | Mother Father |
| Email Address: | Jo.Bloggs@internet.com |
| Gender: | M | Religion: | None |
| First Language: | English | Ethnicity: | British |
| GP name and address (& NHS number if known) | Dr Jones Medical centre |
| Hours attending EY setting: | 15 | Hours the child is entitled to: | 15 |
| Percentage of eligible sessions attended during the last term: | 95% | How many hours are you requesting for EYIF support? | 5 |
| Details of previous EYIF funding:  | Amount requested: 10 | EYIF CYCLE:(Please highlight & date when each cycle begins) |  Cycle 1 Cycle 2 May 23Cycle 3Final Review  |
| Amount granted: 5 |
|  |  |  |  |
|  |  |  |  |
| **Current Assessment (e.g. Birth to 5 / Dev Matters)** | **Date:**  | **May 23** |
| **CLL** | **PSED** | **PD** |
| Range 2 | Range 2  | Range 3 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Suggested Primary Need:****Please tick the box below where you feel the child has most difficulties.** | **Date:**  |  |  |
| **Communication and Language**  | **Sensory and/or Physical Needs**  | **Cognition and learning**  | **Social, emotional, and mental health difficulties**  |
| Social communication difficulties  | Speaking and listening  | Sensory | Physical  |  |  |

|  |
| --- |
| **Setting Information** |
| Name of Setting  | Sunshine day care |
| Address: | Green tree Lane, Woodland  |
| SENCO name: | Sarah Jones | Key worker name: | Lucy Smith |
| Name & Email to which the decision letter will be forwarded: | Sarah@sunshinedaycare.com |
| Telephone: | 0800909290 |
| Are Early Help Involved?Currently: Yes/NoPreviously (date) | Is this child looked after?Yes/No |
| Child in Need? | Yes/No |
| Child Protection Plan? | Yes/No |

|  |  |  |
| --- | --- | --- |
|  | **Currently** | **In the process:** |
| Two-year-old funding  | N | N |
| Eligible for extended hours (30 hrs) | N | N |
| An Education Health and Care Plan | N | N |
| DLA (Disability Living Allowance) | N | N |
| DAF (Disability Access Fund) date paid: | N | N |
| A referral made to Access Pathway (report to be included) | Yes/No Date: Jan 23  | Date: Awaiting Agreed: Yes/No |
|  | **Yes/No (List)** | **Date: May 23** |
| Have speech and language interventions been implemented e.g WELLCOMM, Language through Listening, other | * WELCOMM Screening tool used
* Language through listening group
 |  |
| WELLCOMM screening outcome: | Section 2: 12-17months |  |
| A referral made to SALT * Children’s centre
* NHS
 | Fred has completed language through listening @ the Children’s CentreAwaiting SALT appt |  |
| Does the child have: | Hearing loss: Yes/No | Vision loss Yes/No |
| Does the child have hearing aids? Yes/NoDoes the child have a cochlear implant? Yes/No | Are Ophthalmology/Orthoptist involved? Yes/No |
| Please List any other agencies involved e.g. Portage, Occupational Therapy etc:  | Portage  |

|  |  |
| --- | --- |
| **Additional resource required e.g. equipment, training, enhanced ratio**  | **Cost** |
| Makaton training for 3 members of staff  | £90 per delegate |
| Makaton training book  | £60 |
| 5 hrs adult intervention  | 10.42 x 5 = 52.10 per week x 12  |
|  |  |
| Total:  | £955.20 |

|  |
| --- |
| Child’s Family- strengths and needs  |
| Mum and dad are always open to asking and engaging with support given to them. They communicate well with nursery and keep them up to date with behaviour they see at home. Mum and dad have attended language through listening intervention and have supported the referral to speech and language therapy. Mum and dad can often find Fred’s behaviour challenging at home and they are keen to learn strategies and get support to help Fred manage his emotions. Mum and dad have begun implementing Makaton signs and visuals at home and they feel this is making an improvement to his communication. |

|  |
| --- |
| Child and Parent’s views and aspirations: |
| Mum and dad would like Fred to be able to communicate with them. We would like Fred to be able to understand why he becomes frustrated and be able to identify what he needs when he becomes frustrated. Mum and dad would like Fred to become toilet trained.  |

|  |
| --- |
| These are the things that are working well for me at the moment:  |
| Fred is beginning to show an interest in imitating Makaton signs when used by an adult.Fred has good attendance at nursery and has a good bond with his key worker.Fred has good levels of physical development and is able to run, jump, skip and climb independently.  |

|  |
| --- |
| These are the things that are not working well for me at the moment:  |
| Fred’s speech, language communication and interaction are significantly underdeveloped, he struggles to verbally communicate his needs and requests and uses repetitive words and learnt phrases.  Fred lacks self-care and his independent skills are significantly undeveloped, and he will often wander around at mealtimes. He can eat finger food independently; however, he cannot use cutlery to scoop his food. He is still in nappies and needs an adult for intimate care routines. Fred struggles to follow routines and needs visual supports to do this and can often become distressed which means he occasionally hits out at others |

**What level of support is being provided?** Please indicate the level of support **by adding the date** that this level was started or reviewed:

|  |  |  |
| --- | --- | --- |
|  | **Setting Support (reasonable adjustments)** | **Specialist support****(Who and attach any relevant reports)** |
| **Communication and Interaction** | WELLCOMM- march 23Makaton-April 23 | SALT referral made Portage 3 week sessions Access pathway referral made  |
| **Cognition and Learning** | All practitioners to be aware of the outcomes and work incidentally if opportunities arise. |
| **Social, Emotional and Mental Health Needs** | Quiet area (Dark tent) to help with zones of regulation.  |
| **Physical and Sensory Needs including Hearing Impairment, Visual Impairment and Multi-Sensory Impairment** | Linkage support for sensory equipment  |
|  |  |  |

Information should:

* be clear and specific;
* describe the needs of the child;
* describe the provision that may be required to meet needs;
* describe the outcomes that are intended to be achieved by the child receiving that provision;

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outcome Number** | **Intended Outcomes – what is the child intended to achieve?** |  **Intended provision- be specific, what is needed to meet the outcome?** | **How often and for how long?**  |  **Who will provide this support? (named post/person/people and agency)** | **Achieved/Not Achieved**  |
| **Communication and Interaction**  |  |
| 1. | Fred will imitate and begin to use up to 5 Makaton signs such as ‘stop, hello, outside, drink, more’  | * Makaton sign cards
* Staff training
* Sign of the week implementation
 | Sign intro @ beginning of week & all staff to use throughoutCompleted incidentally throughout the sessions. | Key worker/Nursery staff  | **Achieved**  |
| New outcome: | Fred will identify and use up to 7 Makaton signs ‘stop, hello, outside, drink, more, nappy, mummy/daddy’ | * Makaton daily intervention as part of Fred’s timetable
* Makaton sign cards displayed & shared with home
* Staff to consistently use the Makaton signs
 | Completed incidentally throughout the sessions | Key worker/nursery staff  |  |
| 2 | Fred will engage in a communication activity based on WELLCOMM \*Copying actions and gestures\* | Big book of ideas section 1.7Staff member to deliver intervention  | 10mins daily = 50mins per week | Key worker/nursery staff | Achieved  |
| New Outcome | Fred will engage in a communication-based activity (WELLCOMM) in a group of 2 for up 15 mins daily | Big book of ideas 2.8 using those important ‘first word’s’Adult and peer modellingSand timers  | 15 mins daily= 75mins per week | Key worker/nursery staff |  |
| **Cognition and Learning** |
| 1. | Fred will recognise 5 colours consistently by touch.  | * Colour matching activities
* Singing colour songs
* Sorting activities
* Craft table
 | Daily for 5 minutes. As direct teaching then CP activities available = **25mins** | Key worker to work directly for 5 mins per day / all staff encourage throughout the session through CP. | **Not Achieved**  |
| New amended outcome: | Fred will colour match the colours red and blue. | * Colour matching activities
* A variation of red and blue objects in different scenarios.
 | Daily for 5 minutes. As direct teaching then CP activities available =**25** **mins** | As above |  |
|  |  |  |  |  |  |
| **Social, Emotional and Mental Health** |
| 1. | Fred will use a real life object e.g nappy/coat/cup to indicate his readiness to transition or express a need.  | * Consistent use of the same objects throughout. All staff to be made aware that they respond immediately,

& express the want e.g. Take the cup and say “Fred wants a drink” / “Time for home Fred” / Fred needs new nappy” | Daily and times of transition  | All nursery staff Key worker  | Achieved  |
| New outcome: | Fred can accept the same transitional objects being given to him to express what is next | * Fred will accept nappy change when shown a nappy / will gesture yes or no for a drink when shown a cup etc.
 | Times of transition 10 mins per day = 50 mins per week | All nursery staff Key worker  |  |
| 2. | Fred will choose 1 of 2 places using a visual card to access when he is becoming dysregulated.  | * An adult to sit with Fred initially when becoming dysregulated.
* Quiet spaces for Fred to access such as sensory area or dark tent/under a blanket/behind a screen etc.
 | Initially adult take Fred there 2 mins before transition time and gradually introduce him to the final part of the transition e.g. just before tidying has finished etc to desensitise the experience. Then offer the choice of stay or go using the visuals for the spaces on offer. | All nursery staff Key worker – 5-10mins daily initially then as needed. | **Achieved**  |
|  |  |  |  |  |  |
| **Physical and or Sensory** |
| 1. | See SEMH target 2.  |  |  |  |  |
| 2. |  |  |  |  |  |
|  |  |  |  |  |  |
| **Independence** |
| 1. | Fred will begin to use a spoon during mealtimes with physical prompts from an adult.  | * Adult and peer modelling at meal times.
* Positive reinforcement
* Praise
 | 30 mins at mealtimes 3x day  | Key worker and additional nursery staffParents when mealtimes occur at home.  | **Achieved**  |
| New outcome: | Fred will increase the length of time he is able to sit and eat his lunch.  | * Use of timer to build up time he can sit – start at 1minute, then 1.5mins etc once 1min has been achieved.
* Fred has a choice of sit to eat at the table or sit in tent.
 | Daily Staff to supervise Fred. 30 mins per day =2.5hrs per week  | Key worker Additional nursery staff  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Date plan submitted:**  |
| **Declaration:**This grant will be used to provide additional resources to facilitate the inclusion of the above-named child in our setting. We understand the requirement to review the impact on the child’s progress towards the Outcomes identified in the Plan and that the money may be ceased if these conditions are breached. |
| **Signed: Date:****Name: Designation:**  |
| **Parent/Carer name:** **Signed: Date:** |

|  |  |  |
| --- | --- | --- |
| **Checklist** | **Included** | **Explanation if not included** |
| **Early Help Assessment/Plan/Access Pathway Referral/Plan** |  |  |
| **My Plan/Weekly evidence sheets** |  |  |
| **2yr Progress Check (within last 6m)** |  |  |
| **ASQ.SE/ ELIM/WELLCOMM** |  |  |
| **Tracking/Assessments** |  |  |
| **Specialist health Reports/Recommendations E.G Physio, OT, SLT, Paediatrics.** **Specialist Educational Reports/Recommendations E.G EP, Area SENDCos, CDC** |  |  |
| **Other (E.G Social Care)** |  |  |