

## EARLY YEARS INCLUSION FUND - Request Form

Please complete ALL sections of the form. If your form is incomplete it will not be considered.

Please complete ALL sections of the form – panel members do not have sight of any previous forms submitted. If your form is incomplete it will not be considered. In order to process your request for funding we need some basic information about the child and about your setting. We also need to understand the extent of the child’s difficulties, why you are requesting funding and what you are doing to provide appropriate support for the child.

### 1/ Setting Details

Name of School/ Setting/ Provider:	
Address:	Name and Position of Contact Person:
Post Code:	
Email Address:	Contact phone number:

### 2/ Child Details

Name of Child:	DOB:
Child’s Address	Postcode:
Home language:	

### 3/ Please tell us about any previous requests for funding you have made

Year e.g. 2020	Term e.g. Autumn Term	Banding e.g. No EYIF, Low, High

**If you have previously received EYIF please tell us how that money has been spent**

**What was the funding used for?**

This is a new request – we are planning ahead as Safya has Multiple Needs

**Tell us about the progress the child has made since your last request**

N/A

**What area of need do you want to use the funding to support the child with moving forward?**

Safya will need a high level of 1:1 support to meet her complex needs. We want to be able to provide the best support we can as parents have found it difficult to find a setting that is right for her.

**4/ Contextual Questions** (Please circle and provide details where requested)

Does the child live in Derby City?	Yes/ No	When did the child start in your setting?	Date
Is the child receiving their Funded Early Education Entitlement (and/or extended) in your setting ?	Yes/ No 15 hours	Does the child have a Graduated Response File or similar? We are in the process of gathering information prior to Safya starting so that this will be immediately started	Yes/ No
Is the child in receipt of DLA? If YES answer 3b	Yes/ No	Does the child have an Education Health and Care Plan? Indicate at what stage if appropriate – request made/stage 1 or 2/draft plan/final plan	Yes/ No
Have you requested Disability Access Funding for the child?	Yes/ No		

**5/ Type of Special Educational Need**

Please indicate the most significant or primary need for the child using a 1. and where appropriate their secondary need with a 2. If you are not sure please refer to the SEND Categorisation of Need document. If you are not sure please leave this section blank. If you tick one of the boxes with an asterisk (\*) please provide supporting evidence e.g. doctors letter/ report

Autism Spectrum Condition * <b>only indicate here if child has an official diagnosis of ASC</b>		Moderate Learning Difficulties		Physical Difficulties *	
Behaviour, Emotional, Social Difficulties		Speech, Language and Communication Needs		Severe Learning Difficulties	
Hearing Impairment *		Profound and multiple learning difficulties *	<b>1</b>	Visual Impairment *	<b>2</b>
Other:					

## 6/ Description of Concerns

Include diagnosis, nature and extend of delay, specific difficulties etc.

Safya is 3 and is due to start our nursery in September. The family have only been in Derby for a few months. Home language is Urdu. Both parents speak English as well

Safya has a number of medical diagnoses (listed on the attached Paediatrician letter) following a premature and traumatic birth. She requires an adult to meet all of her needs and provide her with experiences during the day

Safya is at high risk of aspiration - she must not be given food or drink orally. She takes all of this via her gastrostomy, which has recently been inserted following the use of NG feeds. She also has her medications through her gastrostomy, including her epilepsy medication. Whilst she is at nursery Safya will require at least 1 feed during her longer sessions. These feeds reportedly take 30-45 minutes.

Safya has specialist equipment at home. In nursery she will need seating (as advised by the Occupational Therapist and Physiotherapist) to maintain good posture when accessing activities and experiences at nursery. When she is in her seating Safya can move her hand to touch items on her tray. She mainly moves her right hand and needs encouragement and prompting to use her left hand as this tends to remain curled close to her body

We will provide Safya with daily floor time so that we can incorporate some of her Physio exercises into the session. She will need 2x15 minutes during the day. If the nursery is busy we might need to take Safya into the sensory room to do this but will try and do it in the room so that other children can join Safya on the floor in play whilst it is happening so that she can socialise and engage with others.

Safya will need support to access the outside area. It is freely available to children for most of the session if they want to go out but she will need to be moved by an adult from inside. If Safya is to play on the floor (on a mat) outside then she will need 2 adults to move her from the equipment to the floor and back again.

We have been told that Safya has some level of visual impairment. We still have to discuss this with involved professionals. She responds best to bright lights and colours in a darkened room. Parents tell us that she has a bubble tube at home that she enjoys watching. When the room is dark she can track the movement of a torch or light up toy.

Safya enjoys music. If she is upset she will still and calm to her favourite music. When she is happy she smiles when she hears certain music. She likes others to sing to her and stroke her hands and arms. She will turn her head slightly and move her eyes to look towards voices that she recognises.

### 7/ Age and stage of development

Please use an appropriate assessment tool for the child's needs e.g. *Teaching Talking EYs Profile, PIP, ICAN progression tool, milestones, Bsquared Early Steps,*

Area of Development e.g. play and social development	Age & stage (of development) e.g. 6-9months	Name of Assessment Tool used
Physical Skills	0-6 months	GL Assessment Early Years profile (completed with parents at a meeting)
Self help skills	0-3 months	
Hand-eye coordination	0-3 months	
Play and social development	0-6 months	
Communication	0-6 months	

**8/ Professionals involved and other agencies** (name and job title) - please send copies of professional reports, visit records, letters etc

(Name) - Speech and Language Therapist for feeding

(Name) – Dietician

(Name) - KITE team

(Name) – Epilepsy nurse

(Name) – Physiotherapist

(Name) – Occupational Therapist

(Name) – Senior Health Visitor, Disability

(Name) – Community Health Visitor

(Name) – Early Intervention Team

(Name) – Paediatrician

(Name) – Social Worker

(Name) – Visual Impairment Team

Home Start

Continuous care team

Rainbows Hospice

(Please make sure you include information if there are Safeguarding concerns/Child in Need/ Social Worker involved. Also whether there has been an Early Help Assessment completed and whether it is still active with regular meetings)

**8/ A Graduated Response** - What steps have you already taken to support the child's inclusion in your setting?

e.g. child voice, family views/ involvement, outcomes and targets, interventions and additional support, meetings and file log, inclusion and wellbeing

(the following are just suggestions that relate to the needs of the child in this example)

We have had several meetings including with parents, Occupational Therapist and Speech Therapist prior to Safya's start date in September. We have already discussed Safya with The Early Intervention Team to ensure we have appropriate support and strategies in place. We have a care plan in place (a copy is included with this request) ready for her starting and parents understand that they need to let us know if there are any changes. We have information about the physiotherapy support that we need to provide for Safya within the session. We have ourselves funded 2 members of staff to attend training for Safya's Gastrostomy feeding.

Safya has come for several visits where one of her parents have stayed with her initially and then left her with us whilst they stayed on site. We have more visits planned where Safya will stay with nursery staff before fully starting nursery in September but this can only happen once all training has been signed off and any equipment is in place

(You might want to add if the family are an Asylum Seeker family or from another Country. Include what language the family use and whether they will understand or speak any English or will need interpreting support)

**9/ Environmental factors** - Please describe the environment in which the child is/ or will be in and let us know about any issues with the environment – particularly any **health and safety issues**

e.g. number of children, age of children, size of the room, staffing ratios

Safya will be within a 1:4 ratio in the room and will need a high level of adult support to be able to attend nursery. She will initially attend in the room with children aged 2-3 where there will be more space and staff will also have easier access to the under 2 room and its equipment as well as the small sensory area that we have at our nursery. This area has easier access to the outside area also. If Safya were to be in the room with 3 and 4 year olds it would be more difficult for her to access the resources that she needs. We would like Safya to be in the room with the 2 year olds who will interact with her rather than in

the under 2's room that whilst will be developmentally at her level they will provide her with less interaction opportunities – she loves others talking and singing to her.

Safya will need moving in and out of her specialist equipment during the session so that she can have some floor time as well. Two adults will be required to do this as Safya is larger than many 3 year olds. This will also be the same when Safya needs to have her nappy changed.

During her Gastrostomy feed Safya will need an adult with her at all times. The adult will also need to ensure that she is in a safe space from other

children whilst being fed.

**10/ Staff training needs** – If you feel your staff need some training in order to meet this child’s needs please describe it here

We still need the epilepsy training from Safya’s named nurse and this will be completed before starting nursery.

Staff will need to be shown how to use Safya’s equipment when it arrives. We will need to know how to safely lift and move her.

We have had support from The Early Intervention Team to ensure we have everything in place before Safya starts but will need continued support to be able to meet Safya’s needs and identify appropriate targets and activities as we have not had a child with such complex needs in our nursery before

We will need help to understand how Safya communicates with others and how we should communicate with her.

Although we have a sensory room we have not used it with a child with complex needs and would like to understand how we can best use this resource to support Safya’s development

**11/ Benefit/ Impact** - What do you anticipate will be the benefit/ impact for the child if we agree additional funding?

We want to ensure that Safya accesses her nursery entitlement. We plan to start Safya with shorter sessions and build up to the times shown in section 12. We have a timetable in place but this may move more quickly or more slowly depending on how Safya manages in the nursery and whether parents feel comfortable with the support we provide

Receiving funding will enable Safya to engage in positive experiences at nursery that she hasn’t had the opportunity to take part in at home. We hope this will help her to extend some skills she already has and develop some new ones.

We want parents to build up a trust in us so that they get some support with meeting Safya’s needs by bringing her to nursery regularly.

**12/ Days and hours the child attends the setting**

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours child attends
	e.g. 9.00-12.00					

<b>Hours I attend the setting</b>	9.00 – 15.00	9.00 – 15.00	9.00 – 12.00			
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### 13/ Additional support is needed for the following Activities

<b>Activity</b>	<b>Every day? Or times of the day</b>	<b>I need adult support to</b>	<b>Why</b>
<i>Arriving at nursery</i>	9.00-9.15am	<i>Help me build my confidence and reduce anxiety when I arrive as there are a lot of other people and children around me at the same time</i>	<i>I find it hard to come in with a crowd of people and I feel lost when I don't have someone to greet me individually</i>
Arriving at nursery and getting ready to go home	Yes	Communicate with who has brought me to nursery to make sure my daily needs are met. To help me move into nursery in my specialist buggy and then move me from this to the floor or specialist seating. This will be in reverse at home time so that whoever collects me knows how my day has been	I'm not physically able to do these things myself
Physio activity	Yes x 2	Carry out my physio exercises as set out by my physiotherapist	I need to do my physio activities every day so that my muscles don't get too tight and so that I learn how to use and move my limbs.
Meal times	Yes – dinner and snack times	Receive my gastrostomy feed as set out in my care plan	I can't tolerate food or drink orally due to high risk of aspiration
Sensory room	Yes	Access the sensory room to support my visual skills	I see some things better when they are bright in a darkened room
Activities	Yes	Access activities and experiences in supported seating or on the floor and outside that are appropriate to my level of need	I'm not physically able to access activities independently. I need adult support to be taken to activities or have them brought to me. I can use my hands better at some activities when I am in my seating.



Completed by (name/ job title):

Date:

Manager/ Head Teacher

Date:

signature: forms must be signed additionally by  
the Manager/Head

*Please return the completed form to the Specialist Teaching and Psychology Service by email to: [stepsadmin@derby.gov.uk](mailto:stepsadmin@derby.gov.uk) or by post to STePS Admin, Business Support, 2<sup>nd</sup> Floor, The Council House, Corporation Street, Derby, DE1 2FS*

Please keep a copy for your records

**Privacy Notice** *Personal data provided will be stored and processed by the Specialist Teaching and Psychology Service for the purpose of providing support to the child/young person identified. This support will help to ensure the child/young person's needs are fully understood (Children and Families Act 2014); any barriers to learning are removed or minimised; the child/young person has access to their educational entitlement (Equality Act 2010, Human Rights 1998) and the child/young person has the opportunity to achieve and maintain a reasonable standard of development (Children Act 1989). We may share this information with other Council departments, schools in Derby (if appropriate), Medequip, Guide Dogs for the Blind and health colleagues working for the NHS. For further information about how your personal information will be used, please visit [www.derby.gov.uk](http://www.derby.gov.uk) where you can see a full copy of our privacy notice. Alternatively you can request a hard copy from – [stepsadmin@derby.gov.uk](mailto:stepsadmin@derby.gov.uk)*