

Supporting Children with Special Educational Needs and Disabilities in the Early Years

Haringey's Inclusion Funding for 2, 3 & 4-year olds

Guidance and information for providers of the free early education entitlement for children aged 2,3 &4.

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Section One: Introduction

The purpose of this document is to provide information to all providers of the free entitlement for 2, 3 and 4 year olds in Haringey, fulfilling a requirement from the Department for Education (DfE) that the Local Authority has a published Inclusion Fund for all 3&4 year olds and explains how special educational needs (SEN) support for mainstream early years providers is funded.

Haringey Council provides access to the free early education offer for all children aged 3 and 4 years old and some eligible 2-year olds across the borough. For many young children, accessing their entitlement is straightforward and requires no more than their parents/carers being able to identify local provision suitable for their children's needs. For other children, they may have existing or emerging needs, additional support will need to be put in place, in order for them to gain the full benefit of a high-quality early education offer. In this document, we set out how we will make provision for special education needs and disabilities within Haringey's Early Years Offer.

DfE specify that additional support for children with more complex, high needs will be provided from the High Needs Block of the Dedicated Schools Grant (DSG). In Haringey this happens via a number of Early Support Places in a selection of Haringey Children's Centres and Nursery Schools across the borough as well as additional 'top up' funding which can be claimed by all Haringey Early Years Providers.

By introducing the approach set out in this document, we are aiming to support those settings providing the free entitlement to offer a range of support for children with additional needs, enabling them to have a high-quality pre-school experience. This document outlines a tiered range of interventions, from universal through to highly specialist and targeted. The levels of support available will vary according to a child's level of needs and follow the child in their chosen early education provider.

This document makes explicit the support and interventions we would expect to be available for any child within a mainstream universal early year's provision and should be viewed as good practice guidance. Details of the support, training and funding available to providers are outlined in key sections of this document and should be reviewed alongside the key documents and information below:

Haringey's SEN Commissioning Strategy 2015-2018

Haringey's Accessibility Policy (in draft)

Haringey's SEND Local Offer

Childcare Act 2006

Childcare Act 2016

Equality Act 2010

Early education and childcare, Statutory Guidance for local authorities 2017

Early education & childcare, Operational Guidance for local authorities and providers, April 2017

Section Two: Background and Context

A child has an identifiable SEN if their needs are such that the providers must put in support that is additional or different to what is normally available to all children in the setting as defined in 'Development Matters in the Early Years Foundation Stage'. The SEN Code of Practice distinguishes children with SEN from those children who are underachieving but who can and will catch up when given additional support and all early year's settings should be differentiating between these types of support needs.

Where a child is identified as having a SEN, settings should take action to remove barriers to learning and put effective special educational provision in place. This involves using the Assess, Plan, Do, Review cycle, with the support and guidance of the SENCO and specialists who might be involved, whilst engaging parents/carers in the process.

This document provides descriptions of some of the behaviours and characteristics of children, levels of need and provision within the thresholds below:

Universal Low Medium High

These descriptors act as guidance for practitioners so they are able to identify needs and the point at which additional funding and support can be accessed. It is important to note that these are indicative descriptors and should be considered alongside an analysis of individual children's learning needs, levels of independence and social environment

Principles

The approach set out in this document is underpinned a number of key principles:

All children residing in Haringey and attending a mainstream early year's provision should be able to access the normal entitlement if they are eligible

Equity and transparency for all children

Consistent approach across all providers

Building capacity and empowering practitioners

Early Support

Haringey Council has an established Early Support Programme which aims to bring existing services together to provide a better coordinated service to families who have babies or children with complex health needs or a disability. The programme is available to children who are:

- under 5 and who have complex health needs or a disability
- over 5 who are new to the borough and have a disability
- over 5 who develop a disability following an accident or illness

Through the Early Support Programme, professionals work with families to plan services to meet their children's individual needs. It encourages regular multi-agency planning meetings and reviews with families. These meetings enable families to get together with professionals to discuss their involvement and plan for the future.

A number of places in Children's Centres have been earmarked and additionally funded to meet the needs of these children. The numbers of children referred for these 'Early Support' places is increasing in Haringey and places have not always been available in the areas the families want to access early education. The approach we are outlining in this document aims to increase the opportunities for pre-school children in Haringey with complex needs to access support in a flexible way to allow them to attend the early education setting of their choice.

In addition to the above the Government in its the Early education and childcare statutory guidance has established that local authorities will be funded to provide a Disability Access Fund aimed at supporting access for children with more complex needs who are attending a provider for 15 or 30 hours a week. This fund is an annual one-off payment made to providers to enable the inclusion of those 3 & 4-year-old children that have higher level of identified needs and attract Disability Living Allowance.

Portage

For those children who are under 5 years old and not attending an Early Years setting, Haringey has set up a Portage Service, a home visiting service for pre-school children with additional needs.

Eligibility criteria similar to those for the Early Support programme are used for the Haringey Portage Service, i.e.:

- 1. The child lives in the Borough of Haringey.
- 2. The child is under 5 and has complex health needs or a disability from one of the following groups:
 - Neurodisability (i.e. cerebral palsy, chromosomal and genetic conditions and syndromes)
 - Neurodevelopment disorders (i.e. autism)
 - Severe physical and/or learning difficulties/developmental delay
 - Profound and multiple disabilities
 - Severe sensory impairment (blind or deaf)
 - A degenerative illness or complex and severe health problems that are life limiting
- 3. The child is receiving or has been referred for multi-agency input from 3 or more disciplines.

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Section Three: Special Educational Needs and Disabilities (SEND) Thresholds Summary

The descriptors in the summaries below have been written to support you in identifying which level of support a child requires. It is important that you are already looking at how you are able to adapt your usual practice to meet individual children's needs. Children whose needs are within universal and low threshold descriptors will receive support from the setting's resources as appropriate. The descriptors are indicative, and you should note that a child need not exhibit all the behaviours described to be considered in need of support.

3-4-year olds Universal

Description of Child: Most children will be able to participate in the normal entitlement available in settings and make progress, but some may need additional interventions and support within the early years setting.

Play, Cognition and Learning Characteristics	Personal, Social and Emotional Development	Communication, Language and	Physical Development		
Learning Gharacteristics	Бечеюринен	Interaction	Physical Development and Medical	Sensory: Visual and Hearing	
Minor developmental delay on entry: 6 – 9 months delay – see Development Matters section of EYFS. Concentrates for only a very short period of time Continuous use of multisensory activities needed to reinforce learning and provide meaningful experiences Exploration through play – preference and schemas developing which might be of limited variety	Predominantly ego-centric – ability to empathise with others gradually emerging Difficulty sharing, taking turns or accepting support from adults Difficult to settle on entry into session over a number of weeks – seeks frequent reassurance of adult contact, tearful, wanders etc. Sits for a much shorter length of time than peers Disrupts play of other children by snatching, wanting to take over, sabotaging play Withdrawn, uncommunicative – tends to play alone, and reluctant to engage with adults Anxiety expressed through behaviour is a barrier to learning	Inconsistent at answering simple questions (what, where, who) Joins words into short phrases to express self Speaks fluently but occasionally repeats words or syllables Speech is understood by family but not always by other adults	Less agile than might be expected for children at child's age. Not reliably toilet trained and has occasional accidents. Difficulty dressing and undressing independently. Common (everyday) medical condition that requires regular medication during the day e.g. mild asthma Difficulties (more than others at this age) cutting up food/feeding self, drinking from a cup Physical impairment may require some special equipment, but needs little adult support	History of conductive hearing loss Temporary/mild hearing loss (no hearing aids) Recently prescribed glasses and needs to be encouraged to wear them Patching/treatment for squints	

3-4-year olds

SEN support (low)

Description of Child: Most children will be able to participate in the normal entitlement available in settings and make progress but some may need additional interventions and support within the early years setting.

Play, Cognition and Learning Characteristics	Personal, Social and Communication, Language and Emotional Development		Physical Development	
Loanning Grandotoriono	Zinonai zovojepinom	Interaction	Physical Development and Medical	Sensory: Visual and Hearing
Developmental delay on entry of 9-12 months – see Development Matters in EYFS' and/or assessments by relevant professionals	Separation difficulties e.g. attachment, which persists throughout the session (crying, distressed, clingy), may persist for more than half a term and is	Moderate delay in understanding and/or using spoken language as identified by an SLT Speech is not fluent with words or syllables often repeated	Difficulties with sequencing, visual and/or auditory perception, coordination	Moderate hearing impairment e.g. hearing aids fitted
	severe compared to peers	(stammering)	Delay with physical coordination as identified by relevant professionals	Moderate visual loss
Reinforcing and modelling by adult results in some child engagement with learning activities e.g. completing an inset puzzle	Child who is unable to regulate emotions, needing adult intervention	Speech is unclear and often not understood by family members	e.g. occupational therapist, physiotherapist Unstable or slow movements requiring support/ interventions	Moderate difficulty with sensory processing
Ability to rote learn concepts, e.g. size, colour, numbers but difficulty with applying the understanding	Reluctance to engage with routine and activities by withdrawal or exhibiting challenging behaviour			
	Inappropriate behaviours that require: -calming strategies - specific behaviour programmes			

Description of Child					
Play, Cognition and Learning Characteristics	Personal, Social and Emotional Development	Communication, Language and	Physical Development		
Loaning Onaraotoriotios	Emotional Severophicia	Interaction	Physical Development and Medical	Sensory: Visual and Hearing	
Child is functioning at 12 months – 18 months below their chronological age— see Development Matters of the EYFS' and/or assessments by relevant professionals	Frequent inappropriate behaviours requiring positive physical interventions Some danger to self, others and/or property No regard for physical boundaries (runs away) Child is unable to regulate emotions even with adult support Very withdrawn, distressed e.g. little or no communication or interaction with peers Unusual habitual behaviours e.g. rocking, mouthing, preoccupation with bodily fluids	Significant language delay of 12-18 months in understanding and/or using spoken language as identified by an SLT Limited functional language, may be using some effective nonverbal communication with single words developing Disordered pattern of language development may be emerging	Physical impairment required some special equipment e.g. needs some adult support to follow up/supervise Unstable or slow movements sometimes causing accidents requiring attention Medical condition that is limiting a child's ability to access to the curriculum e.g. moderate to severe epilepsy or diabetes Persistent toileting problems requiring close adult supervision Eating and drinking difficulties requiring a modified diet e.g. thickeners	Severe hearing impairment requiring hearing aids and possible Radio Aid system Moderate to severe visual loss	

3-4 year olds

SEN support (high)

Description of Child

Children are likely to need high level of additional support due to:

Significant chronic health difficulties (i.e. cardiac, tracheotomy, degenerative disease) that are limiting developmental experiences.

Severe physical disability or severe sensory impairment.

Severe or profound development delay.

Social communication difficulties or ASD in the severe range (i.e. non-verbal or emerging verbal with limited social interactions)

Play, Cognition and Learning Characteristics	Personal, Social and Emotional Development	Communication, Language and	Physical Development	
Learning Gharacteristics	Emotional Development	Interaction	Physical Development and Medical	Sensory: Visual and Hearing
Child is functioning at more than 18 months or more below their chronological age – see 'Development Matters of the EYFS' and/or assessments by relevant professionals.	Episodes where extreme aggression is a danger to self and others - positive physical interventions required Totally withdrawn and uncommunicative. Diagnosed with severe attachment disorder	Emerging intentional communication No functional communication system in place Non-verbal/ emerging verbal language in the context of social communication difficulties/autism in the severe range	Non-mobile or restricted movements with potential secondary problems e.g. muscle spasms, soreness to joints Entirely dependent for all self-care needs Significant eating and drinking difficulties e.g. gastrostomy fed. Complex health needs e.g.tracheostomy	Dual sensory loss/complex need. Registered blind or profound hearing loss.

2-3 year olds Universal

Most children will be able to participate in the normal entitlement available in settings and make progress but some may need additional interventions and support within the early years setting.

Play, Cognition and Learning Characteristics	Personal, Social and Emotional Development	Communication, Language and	Physical Development	
Learning Gharacteristics	Emotional Development	Interaction	Physical Development and Medical	Sensory: Visual and Hearing
Beginning to link short	Predominantly egocentric –	Using a range of single words but	Less agile than might be expected	History of conductive
sequences of play e.g. stirring	ability to empathise with others	use of 2-word phrases emerging	for children at child's age	hearing loss
food in pot, then feeding to doll	gradually emerging	Needing some additional support	Slower to become aware of toileting	Temporary/mild hearing
Able to engage independently	Difficulty sharing, taking turns or	(e.g. gesture) to understand	and to develop other self-care skills	loss (no hearing aids)
in play activities for increasing	accepting support from adults.	instructions which are not related	compared to peers	
periods of time, but requires		to a familiar routine		Recently prescribed
adult support to extend	Difficult to settle on entry into		Common (everyday) medical	glasses and needs to be
learning opportunities	session over a number of weeks	Speech is usually understood by	condition that requires regular	encouraged to wear
Forly / beginning stores of	- seeks frequent reassurance of	family but not always by other	medication during the day e.g. mild	them
Early/ beginning stages of maintaining attention in	adult contact, tearful, wanders etc. Anxiety expressed through	adults	asthma	Patching/treatment for
presence of distractions; able	behaviour is a barrier to learning		Physical impairment may require	squints
to re-focus attention with adult	benaviour is a partier to learning		some special equipment/ resources	
support				

2-3 year olds SEN support (low)

Most children will be able to participate in the normal entitlement available in settings and make progress but some may need additional interventions and support within the early years setting.

Play, Cognition and Learning Characteristics	Personal, Social and Emotional Development	Communication, Language and	Physical Development		
Learning Characteristics	Emotional Development	Interaction	Physical Development and Medical	Sensory: Visual and Hearing	
Engaging in early pretend play – e.g pretending to drink from a cup; may be relating pretend play items to others	Separation difficulties e.g. attachment, which persists throughout the session (crying, distressed, clingy), may persist for more than half a term and is	Moderate delay in understanding and/or using spoken language as identified by an SLT	Delay with physical movements and or coordination as identified by relevant professionals e.g. occupational	Moderate hearing impairment e.g. hearing aids fitted	
Accesses play activities independently, but needing adult support to extend learning experiences through play	severe compared to peers Child who is unable to regulate emotions, needing adult intervention	Speech is unclear and often not understood by family members	therapist, physiotherapist	Moderate visual loss Moderate difficulty with	
Copies adult actions e.g. in songs Focuses on own activities	Reluctance to engage with routine and activities by withdrawal or exhibiting challenging behaviour	Can understand a range of familiar single words		sensory processing	
independently; needs support to maintain attention during adult-led activities	Withdrawn, uncommunicative – tends to play alone, and reluctant to engage with adults	Can use single words to express, request or label but not yet joining words together			

Play, Cognition and Learning Characteristics	Personal, Social and Emotional Development	Communication, Language and	Physical Development	
Learning Characteristics	Emotional Development	Interaction	Physical Development and Medical	Sensory: Visual and Hearing
Explores new experiences using senses e.g mouthing/smelling	Frequent inappropriate behaviours requiring positive physical interventions Some danger to self, others and/or property	Significant language delay of 12- 18 months in understanding and/or using spoken language as identified by an SLT	Physical impairment required some special equipment e.g. needs some adult support to follow up/supervise	Severe hearing impairment requiring hearing aids and possible Radio Aid system
Recognises the function of some everyday objects e.g cup, brush, book	No regard for physical boundaries (runs away. Child is unable to regulate emotions even with adult	Limited functional language, may be using some effective non- verbal communication with single words developing	Unstable or slow movements sometimes causing accidents requiring attention	Moderate to severe visual loss
Needs individual adult support to engage in play and group activities e.g. singing	support Very withdrawn, distressed e.g. little or no communication or interaction with peers	Some emerging understanding of a few single words Needs adult support to interact	Medical condition that is limiting a child's ability to access to the curriculum e.g. moderate to severe epilepsy or diabetes	
Able to attend to motivating activities for short periods of time; needs support to extend learning opportunities	Inappropriate behaviours that require calming strategies or - specific behaviour programmes	effectively with peers	Eating and drinking difficulties requiring a modified diet e.g.thickeners	

2-3 year olds SEN support (high)

Children are likely to need high level of additional support due to:

- Significant chronic health difficulties (i.e. cardiac, tracheotomy, degenerative disease) that are limiting developmental experiences
- Severe physical disability or severe sensory impairment
- Severe or profound development delay

Social communication difficulties or autism in the severe range (i.e. non-verbal or emerging verbal with limited social interactions)

Play, Cognition and Learning Characteristics	Personal, Social and Emotional Development	Communication, Language and	Physical Development	
		Interaction	Physical Development and Medical	Sensory: Visual and Hearing
Unable to access toys/equipment independently	Episodes where extreme aggression is a danger to self	Very little or no intentional communication	Non-mobile or restricted movements with potential secondary problems	Dual sensory loss/complex need
Not using toys for their intended purpose (e.g banging	and others – positive physical interventions required	Nonverbal	e.g. muscle spasms, soreness to joints.	
book on table)	Withdrawn and uncommunicative.	Reduced response to communication from others	Entirely dependent for all self-care needs	Registered blind or profound hearing loss
Responds to sensory stimuli/fleeting attention	Behaviours indicating severe attachment difficulties.	Not able to follow simple instructions/ routines in context	Significant eating and drinking difficulties e.g. gastrostomy fed	
	Significant difficulties relating to others		Complex health needs e.g. tracheostomy	

Section Four: Interventions and Strategies

All children will access learning through the EYFS, differentiated to meet individual needs as appropriate. This section includes some examples of interventions and strategies for you to consider when a child's development is causing concern. Please note that the application of the interventions and strategies suggested below is incremental i.e. starting from 'universal' and moving up to 'high' for any child.

Universal: Interventions and Strategies

Role of adults:

Join in with an activity the child has selected and to follow their lead/model/ play alongside to support turn taking, possibly in group games.

Be receptive and give time to children having difficulties expressing themselves or who need time to understand and process.

Give children time and opportunity to build relationships with key person and peers.

Using opportunities to encourage vocabulary development through labelling, choice making, modelling words or phrases through gestures or visual prompts as appropriate.

Plan to support children at their emotional age of development.

Engage with parents to share and encourage their participation in the activities outlined above.

Stories, songs and rhymes:

Short, well-illustrated and read with enthusiasm by adult / use of props/story sacks etc. / story group kept as small as staffing resources allow.

Repetitive phrases and gestures for children to join in with.

Positive Language:

Use praise and positive reinforcement immediately when warranted.

Say what you want the child to do rather than what you don't want e.g. 'Walk' rather than 'don't run'.

Use short phrases.

Model positive behaviours and recognise positive behaviours in the child and others to illustrate expectations.

Environment:

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

Additional sup	oport arrangements may include:
Increased use	of pictures for labels and picture/visual support timetables, or 'now and then' prompts
Assessment ar	nd monitoring by key person, supported by the SENCo
Advice from SE	ENCo on strategies
Differentiated o	curriculum to support targets
Flexible approa	aches to whole curriculum planning
Minor adaptation	ons and/or equipment e.g. non-slip surfaces for extra help in playground
Training for sta	off on general SEN issues
Sign posting to	parenting support, to join local library or local Children's Centre

SEN Support (Low): Interventions and Strategies

SEN Support Plan:

SEN Support Plan is devised and reviewed every 6-8 weeks and involving parents/carers. At every review, consider impact of interventions and whether modification or continuation is appropriate. During any review, consideration will need to be given to whether specialist advice is required, ensuring that referrals to other agencies are timely.

Additional support arrangements may include:

Consultation with an external agency e.g. Speech and Language Therapy Service telephone advice

Integral use of visual timetables.

Increased differentiation of activities/material to support specific targets.

Staff training on specific SEN issues.

-Individualised and consistent behaviour management approaches.

Key person leads coordinated planning for the individual child.

Regular discussions with parents take place.

One page profile for the child summarising strengths and support needs to share with staff, parents, and to be used during transition.

Specific environmental adaptations for sensory needs.

SEN Support (Medium): Interventions and Strategies

SEN Support Plan:

SEN Support Plan is reviewed every 6-8 weeks with parent/carer. Where specialist advice has been sought, the SEN Support Plan is informed by the advice and recommendations of the specialists involved.

Additional support arrangements may include:

Specialist advice via Area SENCos.

Visits to support and advice from outside agencies (e.g. Hearing Impairment team).

Tailored training for setting (e.g. specific medical needs) or signposting to relevant training available outside the setting.

SEN Support (High): Interventions and Strategies

SEN Support Plan:

SEN Support Plan is reviewed every 6-8 weeks with parent/carer and is informed by the advice and recommendations of the specialists involved. For a child aged 3-4 years, consider requesting an EHC needs assessment if appropriate, in preparation for transition to reception class in school.

Additional support arrangements may include:

Access to specialist staff from health or education.

Alternative augmented communication.

Section Five: Training and Support

Tier	Resources	CPD Training	Access to advice and support	External agency input
Universal entitlement	Resources provided by setting	Early Years Quality Training Offer		
SEN support (low)	Resources provided by setting	As Universal plus Haringey Education Inclusion Service Training Offer Markfield Training for Professionals Speech & Language Therapy Service Training	Area SENCo telephone advice Speech and Language Therapy Service telephone advice	
SEN support (medium)	Funding – Dedicated School Grant (DSG) High Need Block	As low plus Autism Interest group Training for staff and parents on managing sensory behaviours (by OT service)	Resource for targeted support for individual children – one term at a time + review	Speech and language therapists Area SENCos Occupational Therapists
SEN support (high)	Funding - Dedicated School Grant (DSG) High Need Block	As universal, low and medium	Resource for targeted support for individual children – one term at a time + review	Educational Psychologists Consider applying for EHC assessment in preparation for transition to school

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Setting's training requirements in relation to children with medium/high level needs can be discussed with specialist teams involved.

Section Six: Funding

Settings in Haringey offering the free early education entitlement will be able to draw down additional funding in the form of an SEN supplement paid through the EYSFF. The amount paid will depend on the level of support required by an individual child to ensure that their needs can be met by the setting and the offer they access is making a positive contribution to their learning and development. The funding provided is attached to individual children.

SEN supplement funding will only be available for 2, 3 & 4 year olds according to the following parameters:

- On a term time basis
- For 15 hours per week for 3 & 4 year olds accessing free 15 hours entitlement
- For 15 hours for eligible 2 year olds
- For 30 hours per week for those children who are 3&4 year olds and are eligible for the 30 hours free Childcare Offer.

SEN supplement funding cannot be claimed for children who are of Reception age but have delayed their entry to school. Additional funding for these children needs to be accessed through an EHCP.

The Disability Access Fund is only available for 3 & 4 year olds according to the following parameters:

- The child needs to be claiming Disability Living Allowance (DLA)
- The payment is one off in each financial year
- The payment can be claimed by the setting ONLY once a financial year (April to March) for each individual child
- The payment does not follow the child if they move to another setting
- If a child is taking up the free entitlement across two or more providers, the parent MUST state which provider will be claiming the DAF (see page 26 below)

The table below sets out the hourly SEN supplement rate paid at medium and high levels of need.

Supporting Children with Special Educational Needs and Disabilities in the Early Years

A. Top Up Funding

INCLUSION	FUND RATES
Level of Need: 3-4 year olds	Top-up Funding Rate
Medium support	£1.95 per hour (3-4 yr olds), £2.61 (2-3 yr olds)
High support	£6.91 per hour

B. Disability Access Fund

DISABILITY ACCESS FUND	
3-4 year olds (DLA)	One off payment
Annual amount per child per setting	£615.00 per annum

The funding can be used for:

- Buying in training
- · Services for individual children e.g. training and advice
- Small pieces of equipment
- Enhanced staffing or individual time

Any setting accessing top-up funding will need to ensure that they can demonstrate that they have provided the appropriate level of support and that this is having a positive impact on the individual children the funding has been allocated to. Monitoring of the outcomes for children support through the SEN supplement will be facilitated by a termly review process. A provider will be asked to complete and submit the Early Years Top-up Funding – Termly Review form

If a child who receives top up funding moves setting to another Haringey provider, the top up funding will be transferred with them. The new setting will be responsible for reviewing the impact of the funding in order for it to be renewed for the following term.

Section Seven: Procedures – application and payments for Inclusion Funding

- 1. Top up funding requests can be made by the setting or by professionals working with the child.
- 2. All requests for Top-up funding must include:
- 3. Completed Request for Top-up funding form available on the Haringey Local Offer
- 4. (http://www.haringey.gov.uk/children-and-families/local-offer/0-4-year-olds-early-years/early-years-inclusion-fundingsettings)
- 5. Early Years Support plan, (where possible reviewed) in line with the Code of Practice- graduated approach. Recent professional reports (if available).
- 6. Request to be emailed to: IASP@haringey.gov.uk
- 7. All requests will be considered by the Integrated Additional Services Panel.
- 8. Settings will be informed in writing of the decision with a copy sent to the parent.
- 9. Settings receiving the funding must send the Early Years Top-up Funding Termly Review form to IASP@haringey.gov.uk at the end of every term in order to renew the funding.
- 10. For children attending split placements, the funding will be split based on the hours the child spends in each setting. The setting where the child spends the majority of the time is responsible for completing the termly review. If the child's time is split equally then the setting which requested the funding should review its impact.
- 11. IASP will review the information contained in the Early Years Top-up Funding Termly Review form and decide whether funding will be continued or ceased
- 12. Settings and parents will be informed in writing of any decision to cease the funding
- 13. There is no formal process of appeal. Settings can re-submit applications with additional information, if appropriate.
- 14. Children with an Education Health & Care plan (EHCP) cannot access Top Up Funding beyond the half term in which the EHCP becomes final. They access funding from their EHCP. For children in deferred or delayed entry Reception places funding will need to be funded through an EHCP if needed.
- 15. All children attending settings in Haringey and meeting the criteria are eligible for this funding whether they live in or out of borough. Children attending settings outside of the borough cannot access this funding from Haringey but will need to access this from the Local Authority in which the setting is based.

Funding Payment

Panel decisions will be sent to EY Commissioning team by the IAS panel and Providers will receive payment through termly cash flow based on the dates specified below

Terms	Submission deadlines for applications	1st half term funding starts	2nd half term funding starts	Funding received by the setting through cash flow on a termly basis:	Setting deadline for Review to be sent to IASP
Autu mn Term 2020	17/07/2020	01/09/2020		27/11/2020 (PVIs),	4/12/20
	16/10/2020		2/11/2020	15/12/2020 (Schools)	19/3/2021
Sprin g Term 2021	4/12/2020	01/01/2021		15/3/2021 (Schools)	19/3/2021
0 , – (1	3/2/2021		22/02/2021	26/03/2021 (PVIs)	9/7/2021
Sum mer 2021	19/03/2021	15/04/2021		25/06/2021 (PVIs),	9/7/2021
	19/5/2021		07/06/2021	15/08/2021 (Schools)	3/12/2021

Inadequate Settings

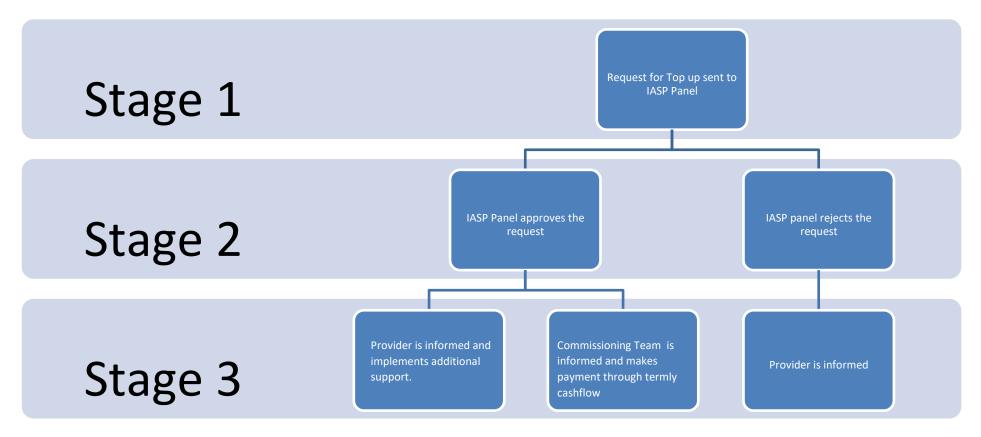
Where a setting has received an Inadequate Ofsted Outcome, the Local Authority will provide notice and commence the process for withdrawal of funding as soon as possible.

Any queries should be sent to:

<u>IASP@haringey.gov.uk</u> (applications and decisions) <u>earlyyearsprovider@haringey.gov.uk</u> (payments)

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Process flowchart:



DAF validation & payment process

Parent completes parental agreement form and submits proof of DLA to the Provider

The Provider sends the parental agreement form and the proof of DLA to the EY Commissioning Team using the inbox EarlyYearsProvider@haringey.gov.uk

The Local Authority will validate the request

The provider will receive a one-off payment in line with the usual termly payments to all providers

A list of all termly DAF claims will be sent to the IASP panel for data collection and monitoring purposes