

Appendix 1. Referral criteria for EYSEN Support.

Client group

Children aged 0-5yrs who have significant cognitive difficulties or are likely to develop these before the age of five.

Aim of the service

To improve the educational attainment of young children with significant cognitive delay through early intervention by:

- assessing skills
- agreeing and setting learning outcomes
- using teaching strategies and approaches that suit the child's individual learning style
- working in close partnership with parents/carers, practitioners and teachers, empowering them to support the child
- providing training to parents and practitioners
- working effectively with others, as part of *the team around the child*
- providing regular reports about the child's progress, within service guidelines and the requirements of the Code of Practice for Children with SEN
- Promoting the successful transition and inclusion of the child into an appropriate early years setting, or school.

Referrals to the EYSEN team are made by early years support application to Matlock SEN and then on to the Early years Panel. Referral form can be downloaded from the Local Offer.

Referrals for EYSEN Specialist teaching advice to settings must show evidence of the Graduated response

Separate referral forms are used to refer to the Derbyshire Portage Service.

Appendix 2. Working Principles within the EYSEN Service

Specialist Teachers and Portage Home Visitors ensure that children make progress by:

- assessing skills within an appropriate framework, namely the Early Years Foundation Stage Curriculum which underpins all future learning and supports the EYSENS in planning activities and experiences that help children to make progress in their development and learning
- striving to remove or reduce barriers to learning
- using and advising on teaching strategies and approaches that suit individual learning styles
- agreeing, with others, challenging long and short term targets for children
- promoting the successful inclusion of all children into appropriate early years settings or schools
- providing regular reports about each child's educational progress, within service guidelines and the requirements of the Code of Practice for Children with SEND
- working in close partnership with parents / carers, so that they can develop their own skills in order to help their children to learn
- working in close partnership with Practitioners, so that they can develop their own skills in order to support children with additional needs
- working effectively with others as part of the Team Around the Family.

Multiagency Working

The EYSENS recognises and embraces the necessity to be proactive in its approach to joint working (both at a casework and strategic level) and has established ways of working collaboratively with other agencies including the following:

- The Educational Psychology Service
- The Support Service for Special Educational Needs
- The Support Services for Deaf and Hearing, Visual and Physical Impairment
- The Early Years Improvement Service
- The Disability Inclusion Service
- Speech and Language Therapists
- Physiotherapists
- Occupational Therapists
- Health Visitors
- Children's Centre Workers
- Social Workers
- Paediatricians
- Local Inclusion Officers

Where possible members of the EYSENS liaise with colleagues from other services to ensure that individual responsibilities and visit patterns are created in the best interests of the family and to ensure that there is no duplication of work.

EYSEN Clinic Report for academic year 17-18

The aims of the Clinics remain in line with the original vision statement 'To support parents, colleagues in health and education who have a query relating to the progress or development of an Early Years Foundation Stage child who lives in Derbyshire to widen the range/ quantity of EYFS children the EYSEN service are able to support within current staffing limits (*not necessarily meeting EYFS criteria*)'

Procedures/ In Year Developments

The Clinic email address is now the primary forum whereby support can be requested. The base phone numbers are no longer on the clinic flier. All EYSEN staff have been required to record their clinic contact with non-caseload children/ nurseries, on the clinic sheets and have been shown how to do this. The amount of entries by the EYSENS staff does not reflect the full extent of the clinic style enquires – as not all EYSEN staff are inputting these on the database.

Each clinic now has a code when logged – which reflects both the date of the request, a number indicating which request it was on that day (in the case of multiple requests) and also the staff members initials who dealt with the request.

The EYIO team have become involved in the clinic support during this academic year. Support from this team began formally in May following a period of briefing and ICT measures that were put into place. In the period May-Aug 4 clinic enquiries were dealt with through the EYIO clinic team members. The period for July is omitted due to JG not being able to locate the online file. IT services cannot locate the file and have gone back to the end of July to see if the file existed on 29.7.18 – but it didn't. A significant amount of time in July was spent on clinics and a calculation using averages has been used to quantify the truest picture in terms of the data for the 17-18 year. SCRIPTS have been developed to address specific issues that arise routinely. Alongside these scripts there are folders of documents to circulate. At a purely qualitative data/ observational level the SCRIPTS do save time per enquiry when feeding back information. Some enquiries can now be dealt with via email, with less need for a call back.

Awareness raising:

Our service was included in the DCC EY newsletter – but not in every issue as a default.

Ongoing awareness raising at EY SEN Networks/ EYSENS training as a default.

The number of Colleagues/ parents etc accessing clinics are as follows:

392 enquiries for 11 months (plus estimated average total for July =39 –due to actual data irretrievable on the ICT system) = 432 enquiries in total for year 17-18

NHS staff: Doctors – 3, Health Visitors – 33, Speech and Language Therapists – 2 , Other NHS staff including O.T./ Physio/ Community Nurses/ neo natal nurses - 3

School Staff from Maintained settings – 49, Staff from **Non-Maintained** settings – 219, Children's Centre Workers/ MAT team/ DCC other - 48

Family Members – 20

Childminders – 13

Non DCC council staff - 2

During the academic year 16-17 we had 161 clinics during the same period.

Clinic requests included support with:

- IEP planning
- Behavioural programmes issues including disruptive behaviour, obsessive behaviour, bed wetting, shy behaviour/ withdrawn behaviour/ biting
- Speech and language issues,
- Delay in EYFS areas
- Sensory processing needs
- Referral forms for other DCC/ NHS services
- ETAEYS/ EHCP support
- Support regarding specific disorders such as FAS, DS, ASC
- My SEND Learning Programme Support
- Requests for training in specific areas
- Requests for specialist assessment places
- Advice regarding other, non-high block funding streams eg. DAF

Support/ Feedback from Clinics encompassed:

- Modelling use of EY descriptors for IEP plans/ intervention
- Use of SEN handbook
- Use of section 18 of handbook in particular which relates to promoting positive behaviour
- Provided leaflets as scaffold to advice
- Supported with referrals to DCC EYSENS /E.P's, and sensory services
- Signposted to parent help groups/ charities/ CC's
- Provided DCC/ NHS referral forms
- ETAEYS support

- Support for settings implementing the SEND Learning Programme

Actions for 2018-19

Scripts with links to evolve this year, and these shall be completed by the whole clinic team – with the EYIO tea starting with the ECM/ ECT assessments and materials being altered in the first instance, and JG looking at the links to the Inclusion Budget forms. Although these shall need addressing again when the Local Offer changes.

Local Offer does need to be kept up to date in terms of the information included. A prompt to do this was required from EYSEN regarding the EY Inclusion Budget forms in Sept 2018.

Leaflets to be made into one page information sheets minus the photographs – for ease of circulating via clinics/ ease of printing for settings. HOS is interested to look at the information in the descriptors to make sure that the service have strategies/ leaflets (or equivalent fact sheets) for the strategies advocated within the EY descriptors. JG particularly notes that we could do with information about how to implement SITT time, and the related outcomes for these. Jg would be happy to evolve these with specific specialist EYSEN team members (eg. Sensory – LA, DR Downs Syndrome, PMLD - RB) within an agreed format. For example – outcomes for strategy – what the practitioner would do?

Record the settings that request support and possibly share this information with EYIO's so that they can target settings/ send clinic flier not currently accessing support.

HOS has requested inclusion of Clinic information in EY DCC Newsletters to EY settings.

EYSEN aim to record all SEN enquiries dealt with by EYSEN members that are not caseload children. This requires recording on database by all EYSEN staff as appropriate.

Include the setting/ individuals name in the first column of the data sheets so that enquiries can be located with ease by a third person within the EYSENS team if required.

Delete emails from the inbox once they had been included into the database. Clinic team members to look within the SPAM inbox as occasionally enquiries are going to that box – possibly due to DCC security measures

Appendix 4

5.1 ASSESSMENT-

National Progression Guidance (NPG) is advice given to schools focusing on the use of attainment and progress data where learners are working below expected levels. The Department for Education's progression guidance document is designed to help schools identify the sort of targets that they should be setting based on the level of the pupil. The NPG is based on pupils making progress through P scale levels and the NPG is quick to point out that P scales do not relate to the EYFS framework; therefore the two are not compatible. P scales are not an appropriate assessment or monitoring tool for young children and there is no equivalent national tool for our youngest learners who have SEND. Therefore the EYSENS is unable to compare the progress of its children against national expectations in the same way that some school based services are. The NPG points out that age and prior attainment are the starting points for developing expectations of pupil progress. The EYSENS holds data for all its children which shows that they make progress dependent on their age, circumstances and previous attainment; members of the team demonstrate this using the EYFS small steps profiles which they have designed and sell nationally.

There are fourteen EYFS small step profiles in total:

- A specific areas overview
- A prime areas overview
- Birth –11months: specific areas
- 8–20 months: specific areas
- 16-26 months: specific areas
- 22-36 months: specific areas
- 30-50 months: specific areas
- 40-60 months: specific areas
- Birth – 11 months: prime areas
- 8–20 months: prime areas
- 16-26 months: prime areas
- 22-36 months: prime areas
- 30-50 months: prime areas
- 40-60 months: prime areas

The curriculum areas included in the profiles relate directly to the EYFS curriculum;

Prime areas:

- Communication and Language: **Understanding**
- Communication and Language: **Speaking**
- Communication and Language: **Listening and Attention**

- Personal, Social and Emotional Development: **Making Relationships**
- Personal, Social and Emotional Development: **Self Confidence and Self Awareness**
- Personal, Social and Emotional Development: **Managing Feelings and Behaviour**
- Physical Development: **Gross Motor**
- Physical Development: **Fine Motor**
- Physical Development: **Health and Self Care**

Specific areas:

- Literacy: **Reading and Writing**
- Maths: **Number, Shape, Space and Measure**
- Understanding the world: **People and Communities, The World and Technology**
- Expressive arts and design: **Exploring and Using Media and Materials, Being Imaginative**

Across the profiles there are 130 small steps of progress recorded in each of the curriculum areas. The steps are used to guide the development and measure the progress of all children and young people.

In addition to the EYFS curriculum, and if appropriate, the EYSENS use a variety of other assessment materials. These materials have been designed with specific groups of children in mind, for example, children with Autism Spectrum Disorder or children with Profound and Multiple Learning Difficulties. This ensures that teaching is relevant and that it is possible to record and celebrate all areas of children's development throughout the early years. Assessment materials other than EYFS are only considered if it is difficult to track a child's progress through EYFS. A maximum of two assessment tools will be used with each child.

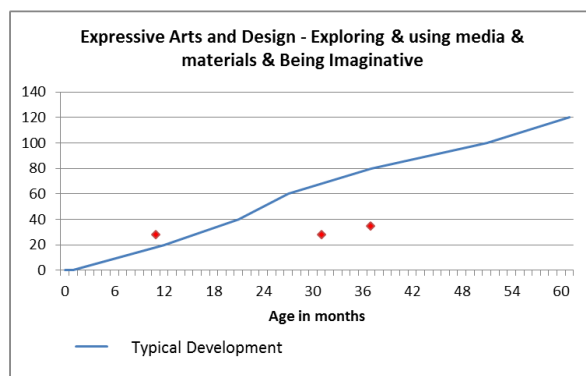
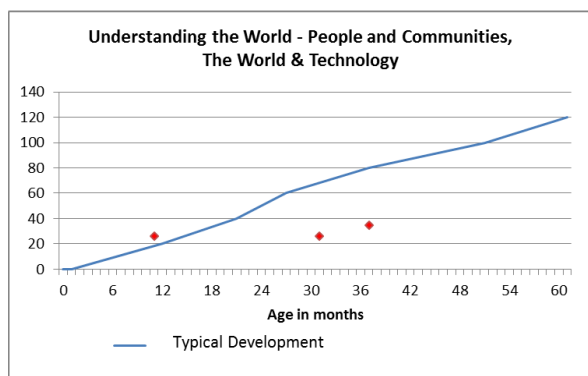
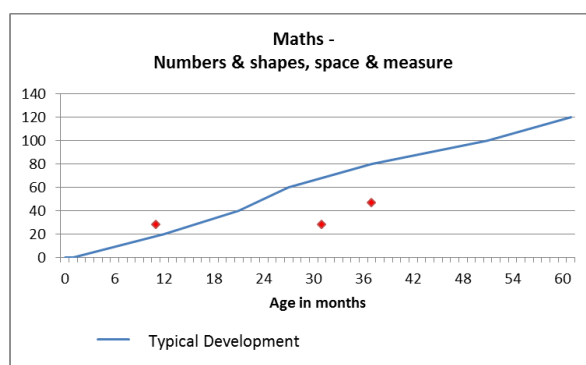
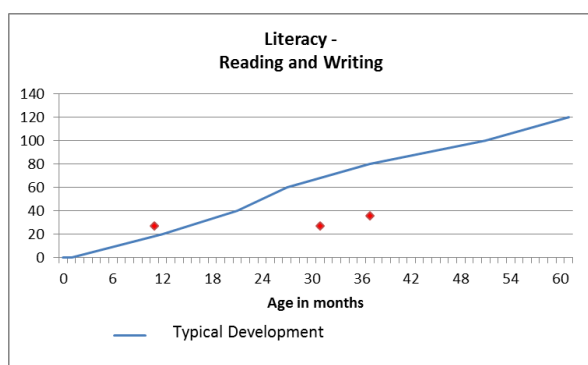
Other assessment materials used by the service are: Quest for Learning, Sensory Integration Profile (SIP), Observational Profile, Developmental Journal and Teaching Talking. EYSENS staff will decide which assessments are relevant, and use the appropriate 'Assessment and Tracking' form. As with the EYFS assessment and tracking form, any additional forms are filled in on a six monthly basis.

Appendix 5.

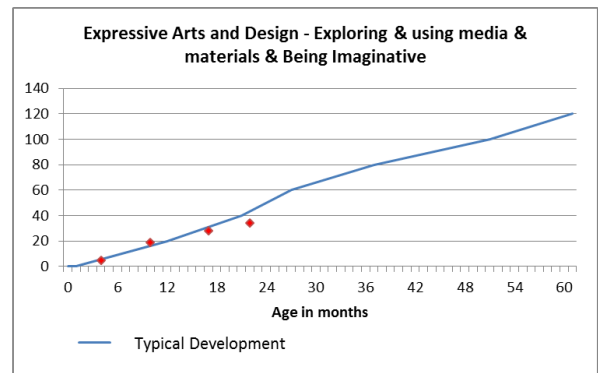
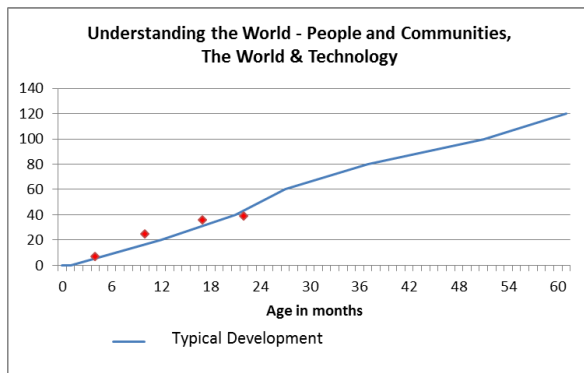
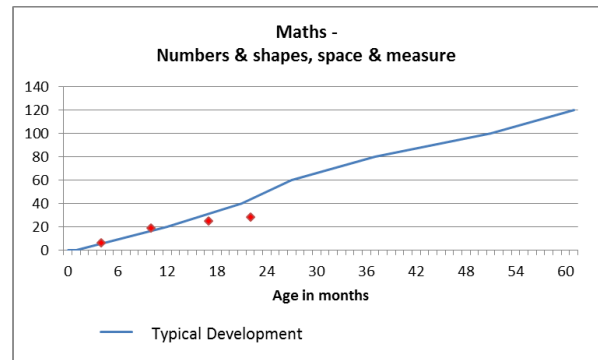
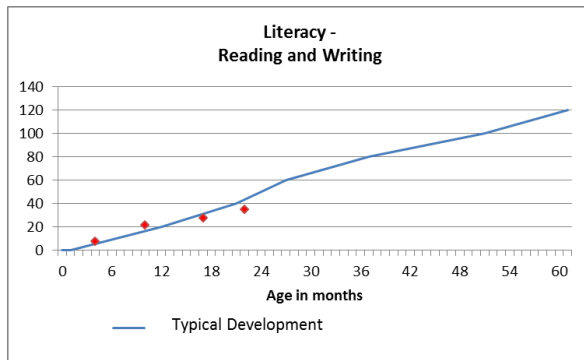
Examples of children's progress (EYFS Small Steps)

Appendix 5 includes examples of 4 children's progress. The blue line shows progress anticipated for a normally developing child. Red spots indicate progress at 6 month intervals. Each graphs shows significant delay but continued progress by the children

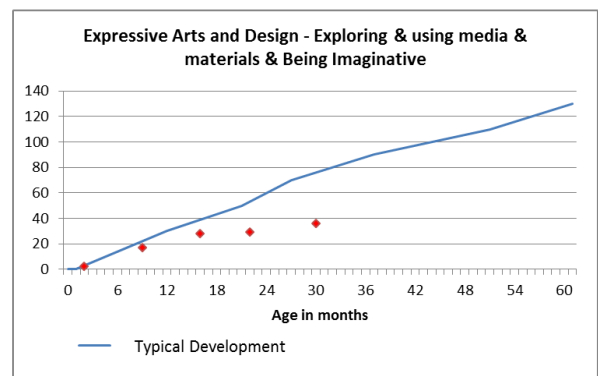
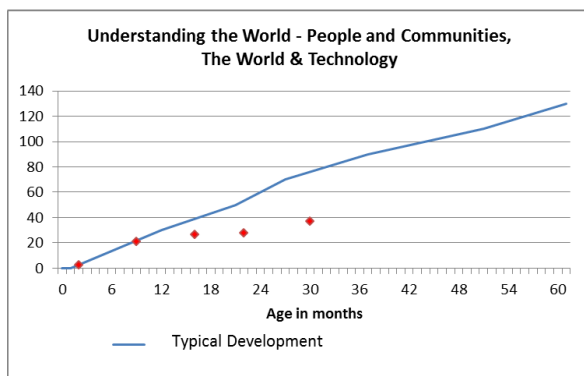
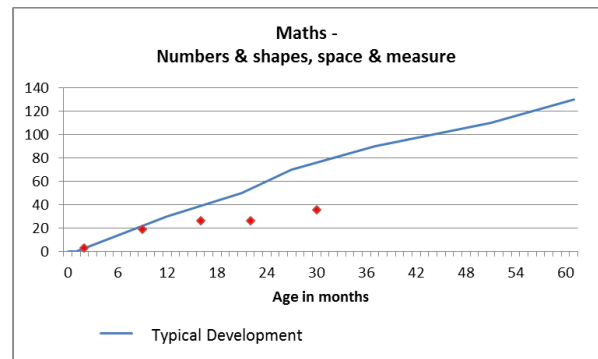
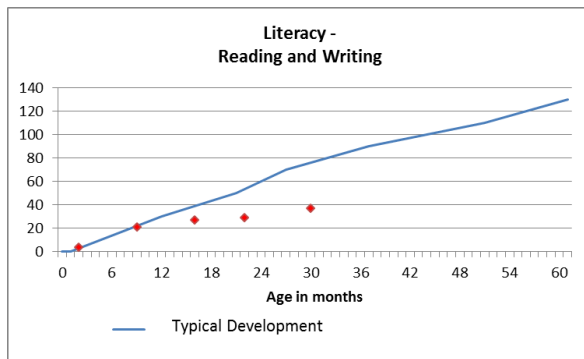
Child 1.



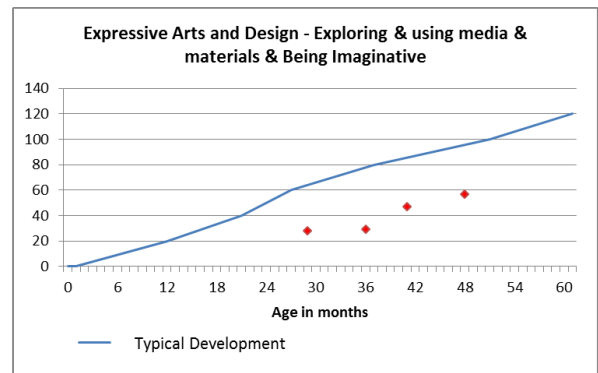
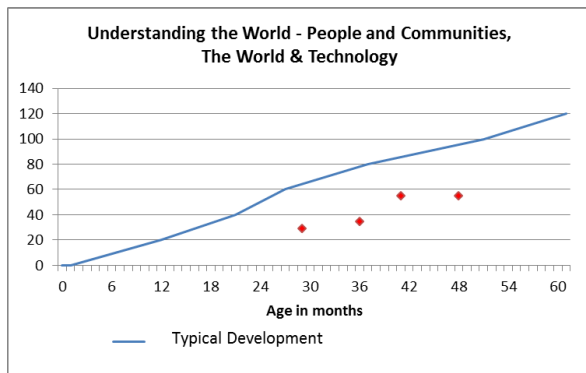
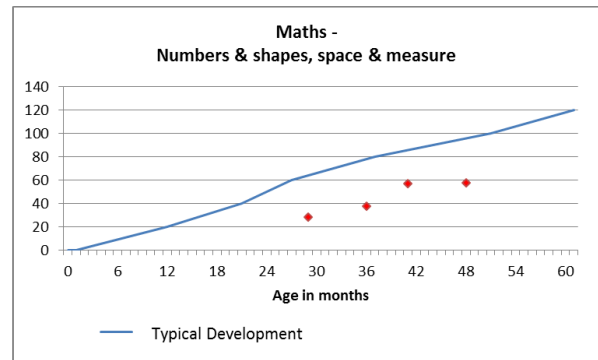
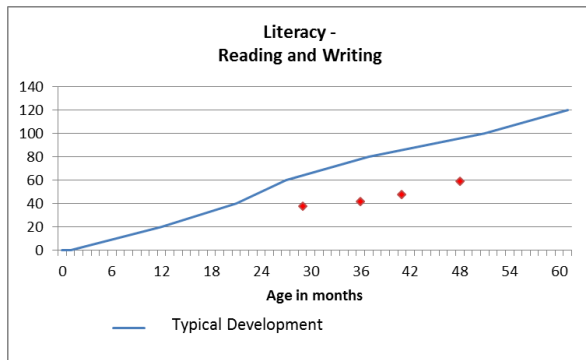
Child 2



Child 3



Child 4



Appendix 6. Setting Evaluation data.

Regarding timeliness of support.

a) I would have liked support earlier

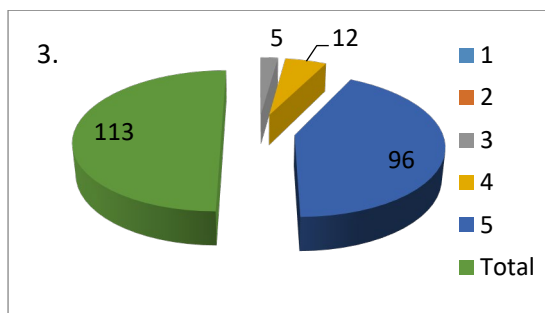
19

b) Yes, just right

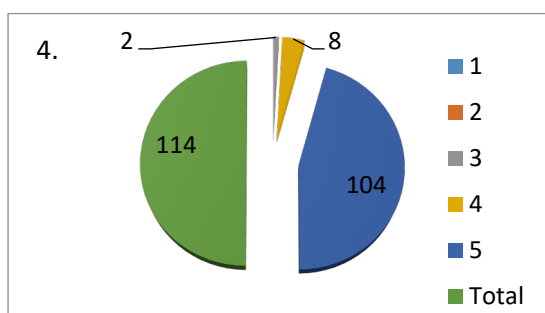
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c) The support was too early

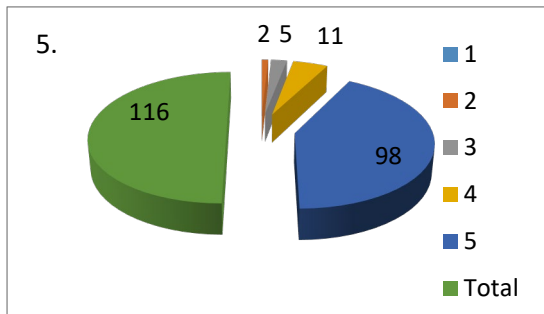
3. How well has our service worked with other services involved with the child?



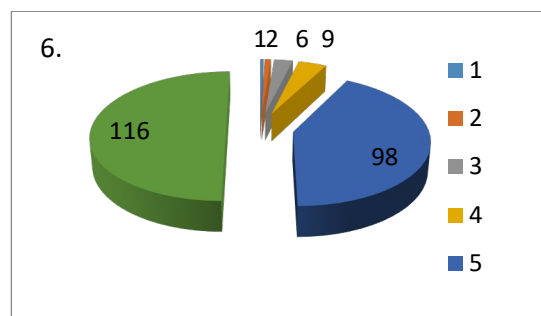
4. How well did we contribute to meetings?



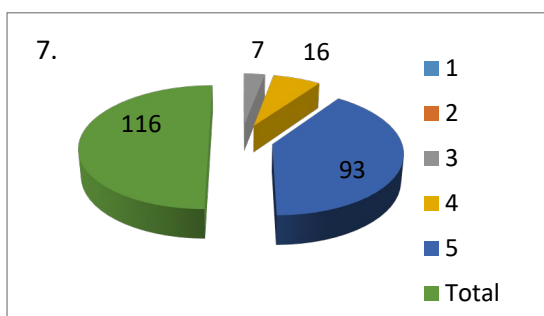
5. How well were you kept informed about what was happening?



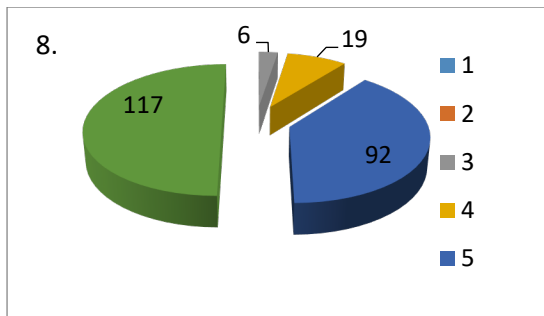
6. How well did you feel your views were valued?



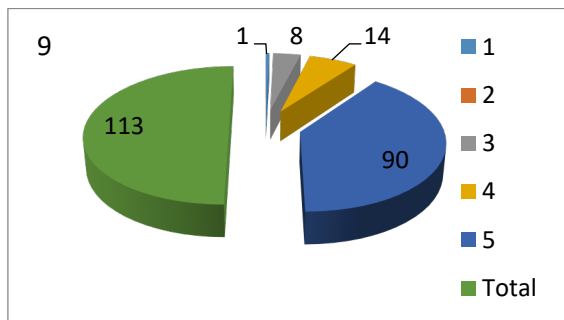
7. How much has the child benefitted from our involvement?



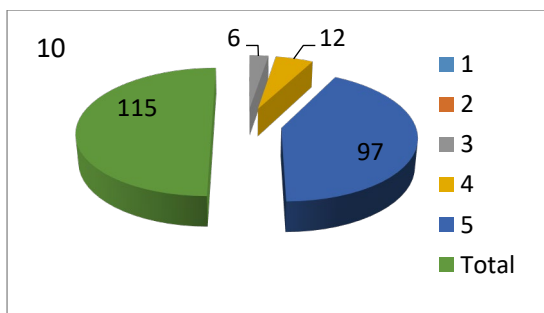
8. How much has your setting benefitted from our involvement?



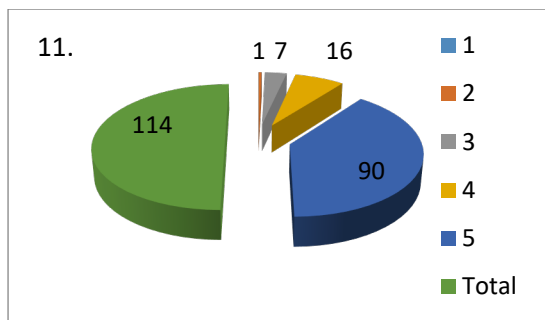
9. How Involved did you feel in planning the activities/strategies for the child?



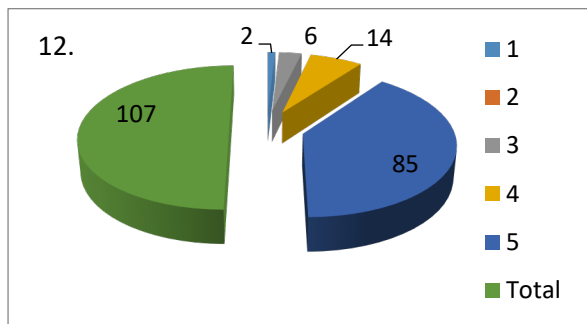
10. Was time given to discuss the child's needs and ways of helping?



11. Did the activities suggested help the child to make progress?



12. Did the transition arrangements for the child meet his/her needs?



Appendix 7: Parent Evaluations

1. Did the service become involved at the right time? (*tick one box*)

- a) I would have liked support earlier
- b) Yes, just right
- c) The support was too early

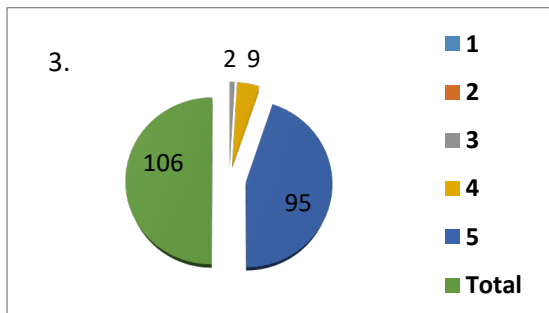
14
81

2. Were visits/contacts frequent enough? (*tick one box*)

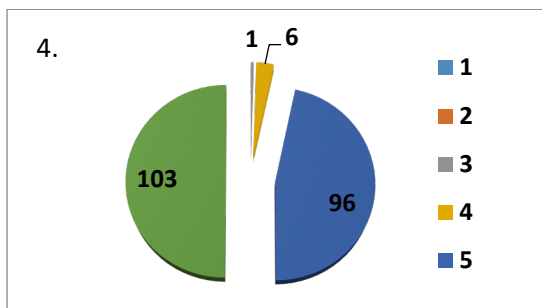
- a) I would have liked more visits/contacts
- b) Yes, just right
- c) I would have liked less visits/contacts

4
91

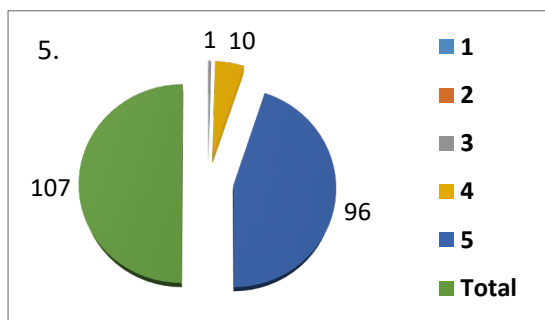
3. How well has our service worked with other services involved with your child?



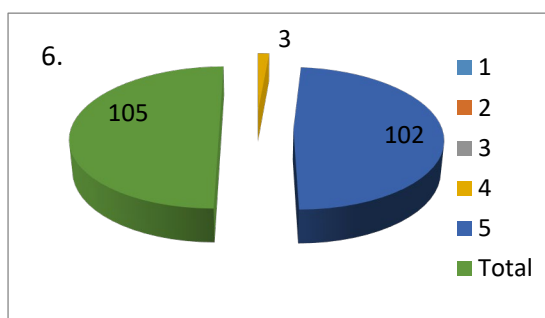
4. How well did we contribute to meetings?



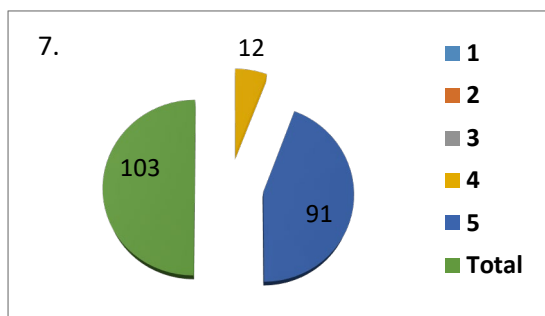
5. How well were you kept informed about what was happening?



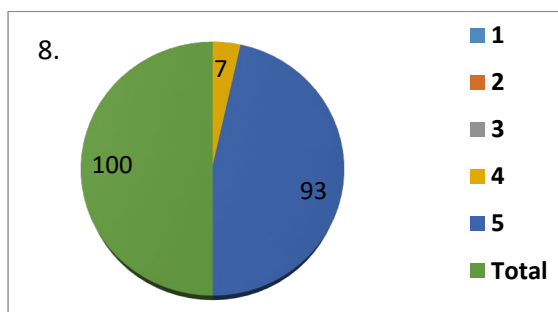
6. How well did you feel your views were valued?



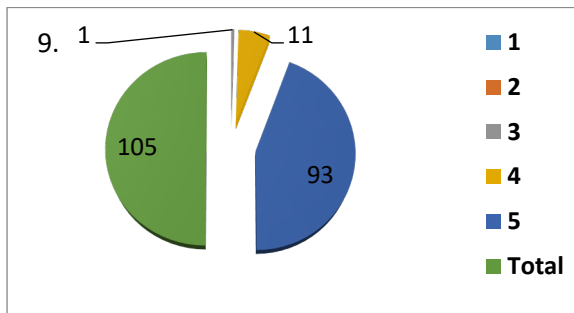
7. How well did your child benefit from our service?



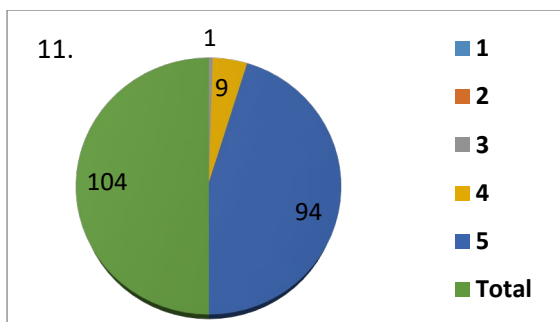
8. How much have you benefitted from our involvement?



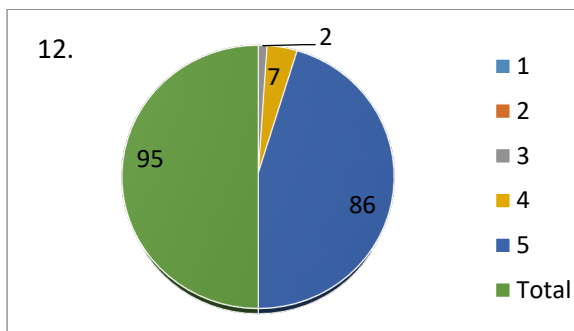
9. How involved did you feel in planning the activities/strategies for your child?



11. Did the activities suggested help your child to make progress?



12. Did the transition arrangements for your child meet his/her needs?



Appendix 10

EYSENST Service Level Agreement guidance

Urgent needs of child or training commitments may influence any of the following SLA's.

Transitions between levels to be discussed at 1:1 case reviews every half term; teachers may move children's SLA's between these meetings if confident or if consulted with EYSEN manager.

For children attending 2 or more settings copies of visit records should be distributed by ST. For these children visiting will be alternative to each setting unless different by prior arrangement.

Please promote both bespoke and directory training to support visits, especially the Early Strategies Course.

One or more of the criteria might be met at each SLA.

Level 1: Visits are every 4 weeks or less frequent.

- ST has completed Initial assessment. LT Learning Outcomes written and shared with setting and parents
- Child moving towards possibility of no longer meeting service criteria, ie monitoring for another 3 months.
- ST may attend reviews
- ST is confident that settings are complying with advice and strategies for child
- ST identifies that Small Steps Tracking needs updating
- Child's attendance infrequent or absent due to serious illness
- Teacher may consult with settings via the telephone if requested.

Level 2: Visits average every 4 weeks.

- ST has established LT Learning Outcomes set up through initial assessment or review reports
- ST attends reviews
- ST work focuses on modelling strategies to leave with key worker
- ST gives further strategy advice and signposting

Level 3: visits every 3-4 weeks.

- ST Transition visits and meetings replace any other visits
- ST facilitates ETAEYS applications and evaluations- replaces standard visit
- ST needs to advise setting due to high level of child's need. Primarily around significant behaviour/sensory/transition
- Discussion with parents cannot be facilitated in meetings or nursery visits. ST chooses, or is asked to make home visits primarily regarding children with significant and complex needs.
- ST is receiving child on transition from DPS
- Child attends setting over longer periods- up to 30hours

- ST needs to attend TAF meetings

Level 4: visits every 2-3 weeks.

- ST deems the child is at risk of exclusion
- ST is competing initial assessment – may want to visit home in addition to setting.
- ST is facilitating settings first ETAEYs application
- ST needs to attend Safeguarding mtgs.
- ST models strategies during visits for inexperienced key worker
- Settings has never received EYSEN service

Please note: it is the Specialist Teacher's responsibility to check weekly their children data base.

We are no longer in position to ever be 'full'. The SLAs create the flexibility to accommodate new referrals, but ST must check weekly for new referrals in order to do this.

Children transferring to a ST from PHV will appear in italics on your data base with the expected start date for nursery. Please liaise with PHV regarding transition although in quick transfers both parents and settings should understand that we may not be able to respond immediately. The child's name will appear on the ST data base and removed from the PHV once the child is in nursery.

K Waring HOS July 2018