

## Knowsley Early Years and Education System (EYES) Portal Inclusion Support User Guide





**PLEASE NOTE** – Before completing an inclusion support request form, please ensure that you have a signed parent consent form. Also please ensure that you have already started the graduation response and that a differentiation action plan has been completed as a minimum. If these documents are not attached to the request form, then your request will be rejected. Inclusion support requests are only actioned as part of this process and is not a starting point. You will need to contact your QA officer for initial support for joint observations etc.

This is the link to the Establishment Portal to request Inclusion Support: https://establishmentportal.knowsley.gov.uk/web/portal/pages/home

If you have not used the establishment portal before, you will need to request access and register using your setting email address.

| Secure login - step 1   | <u>สายหากเกม</u> ารถอบ  |
|---|---|
| New to Establishment Portal Live? <u>Register for an account here</u> or use the bur<br>Already using Establishment Portal Live? Sign in below. | tton below.   |
| Existing users  | New users<br>If you're new to Establishment Portal Live, sign up for an<br>account here |
| Please enter your email address<br>Password   | Register for new account  |
| Please enter your password<br>For additional security, we will confirm your account by sending an authentication code to your email address.    |   |
| Submit Cancel Eorgotten password2   |   |

Once logged in click on 'Help and Funding', then 'Request inclusion support'

| Knowsley Council  | Home Top Menu Test Early Years  Help & funding Family Information Service Your account | Early Years Dummy Setting | * |
|---|--|---------------------------|---|
| Help & fu<br>Make an application f<br>Apply for SEN par<br>Make a request for in<br>Request inclusion | ▲ Jo Clarke  | ng.                       |   |

Complete the details below about the person requesting the support. We are getting the forms updated but in the meantime please add your name in the First Name field and setting name in the Last Name field.

|   |                                      |                   |                           | 0% complete |
|---|--------------------------------------|-------------------|---------------------------|-------------|
| 1 | About you and the child              | ABOUT YOU AND     | THE CHILD                 |             |
| 2 | More about the child                 | About You         |                           |             |
| 3 | Child's Primary Area                 | Title             |                           | ~           |
|   | of Need                              | First Name *      | oL                        |             |
| 4 | Early Years Setting /<br>Childminder | Last Name *       | Clarke                    |             |
| 5 | Involved<br>Professionals            | Email *           | jo.clarke@knowsley.gov.uk |             |
| 6 | Information to<br>Support the        | Home Telephone    |                           |             |
|   | Application                          | Work Telephone    |                           |             |
| 7 | Supporting<br>Documentation          | Mobile Telephone  |                           |             |
| 3 | Summary                              | Preferred Contact | Portal                    | ~           |
| ) | Submit                               | Method *          |                           |             |

Preferred contact method – if you want to be notified about the status of the application then email may be the best option as you will need to log into the portal to check on the status of the request otherwise.

Complete the information about the child and click 'Next.

| About The Child         |            |         |
|-------------------------|------------|---------|
| First name *            |            |         |
| Last name *             |            |         |
| Date of birth *         | dd-mm-yyyy | <b></b> |
| Gender *                |            | -       |
| Address                 |            |         |
| House number<br>or name |            |         |
| Postcode *              |            |         |
| Find address            |            |         |
|                         |            | Next →  |

More information to be completed about the child. Click 'Next'

## MORE ABOUT THE CHILD

| Ethnicity      | • |
|----------------|---|
| Religion       | * |
| First Language | • |

An Education, Health and Care Plan is a formal document detailing a child's learning difficulties that is issued by your local authority, following a statutory assessment.

| ⊖ Yes      |
|------------|
| $\odot$ No |
|            |
|            |
|            |
| ○ Yes      |
| $\odot$ No |
|            |
|            |
|            |
|            |

← Previous

Next 🗲

You will then need to select the Prime Area of Need and the Band relates to what level the child is on

| HILD'S PRIMAR           | Y AREA OF NEED      | 13 /8 Complete |
|-------------------------|---------------------|----------------|
| Primary Area of<br>Need | Physical Impairment | ~              |
| Band                    | Band 1              | ~              |
| g Band 1 differentiat   | ion                 |                |
| Band 2 targeted sr      | nall group support  |                |
| Band 3 SEN multi        | agency support      |                |
| Band 4 EHCP in m        | ainstream provision |                |
| Band 5 EHCP in sp       | ecialist provision  |                |

Please click on 'Next' then mark which sessions the child attends:

## Apply for inclusion help

| About you and the child > 2 More about the child | EARLY YEAR           | RS SETTING | e which sessions t | NDER<br>he child attends | 38% complete     |
|--|----------------------|------------|--------------------|--------------------------|------------------|
| 3 Child's Primary Area                           | Sessions<br>Attended | Monday     | Tuesday            | Wednesday                | Thursda          |
| of Need >  | Morning              | ~          | •                  |                          |                  |
| 4 Early Years Setting / Childminder              | Afternoon            | •          | •                  |                          |                  |
| <b>5</b> Involved Professionals >                |                      |            |                    | <u>Fu</u>                | <u>ll screen</u> |
| 6 Information to<br>Support the Application      | ← Previous           |            |                    |                          | Next 🗲           |
| 7 Supporting                                     |                      |            |                    |                          |                  |

Once the session are added click on 'Next'

Please enter details for any professionals you are aware of that are working with the child

| 1                      | About you and the                                      | INVOLVED F                      | PROFESSIONALS               | 8                              |    |
|------------------------|--|---------------------------------|-----------------------------|--------------------------------|----|
| 2                      | More about the child                                   | Services and nar                | nes of professionals involv | ed                             |    |
| 3                      | Child's Primary Area                                   | Service                         | Name of Professional        | Contact Number / Email Address | Me |
| of I<br><b>4</b><br>Ch | Need     >       Early Years Setting /       ildminder | Speech &<br>Language<br>Therapy | 4 ×                         | 4                              |    |
| 5<br>Pro               | Involved<br>ofessionals                                | Physiotherapy                   | ÷                           | *<br>*                         |    |
| <b>6</b><br>Su         | Information to<br>oport the Application                | Health Visitor                  |                             | •<br>•                         |    |
| 7                      | > Supporting   | Lifetime<br>Service             |                             | *<br>*                         |    |
| Doc<br>8               | cumentation > Submit >                                 | Sensory<br>Support<br>Service   | 4                           | 4 +                            |    |
|                        |  | CAMHS                           | 4 ×                         |                                |    |

Click 'Next

Please note you need to include all of the following information if it is relevant to enable a decision to be made. This information may be included in the supporting documentation but needs to be added here to enable a quick decision to be made due to the number of requests that are processed:

- o Outline of child's needs
- Where you are up to on the graduated response
- Whether a differentiation action plan has been actioned and updated o
   Does the child have a play plan in place? What are the main targets on this plan
- Named support person in setting 

   Named setting senco

## Apply for inclusion help 63% complete INFORMATION TO SUPPORT THE APPLICATION 1 About you and the child > Additional 2 More about the child Information > **3** Child's Primary Area Previous Next → of Need > 4 Early Years Setting / Childminder > 5 Involved

All differentiation action plans, play plans and supporting documentation etc MUST be attached to this request for support.

You need to ensure that all scanned and saved documentation are saved at the lowest resolution possible so that file size is not too big. Large documents may be rejected by the portal. If you are having issues attaching documents to the application please save the application and contact <u>Jo.clarke@knowsley.gov.uk</u> for advice.

75% complete

| <b>1</b> About you and the child >                        | SUPPORTING DOCUMENTATION  |  |
|---|---|--|
| 2 More about the child > 3 Child's Primary Area of Need > | <ul> <li>You will only be able to attach the following file types:</li> <li>Word Documents</li> <li>PDF Files</li> <li>Images (in jpg / png format)</li> <li>Spreadsheets (in xls / xlsx format)</li> </ul> |  |
| <b>4</b> Early Years Setting / Childminder >              | <b>⊥</b> Upload Document  |  |
| 5 Involved<br>Professionals ><br>6 Information to         | ← Previous  |  |

The next screen is a summary of the information you have entered. Please check through and if any changes are required you will need to go back to the relevant page to update as the information cannot be updated on the summary page.

Once you are happy with the information provided click on 'Next' and submit application

| <b>1</b> About you and the child >  | SUBMIT   |   |
|---|--|---|
| 2 More about the child >  | Press the submit button to send your application.                                  |   |
| <ul> <li>3 Child's Primary Area</li> <li>of Need &gt;</li> <li>4 Early Years Setting /</li> </ul> | Submit Application   |   |
|   |  |   |
| Submit Application  |  | × |
| Submit Application<br>Have you entered all the int<br>You will not be able to mak                 | ormation you need to?<br>e any further changes once you press the "Submit" button. | × |

This is the message you will get once submitted. Your application status will show as below or under review until the form is accepted or rejected.

| PEP Forms         | > |
|-------------------|---|
| Applications      | > |
| Messages          | > |
| Saved Forms       | > |
| Forms to complete | > |

Thank You! The application you completed has been submitted to the Education Department. Your unique reference for the application is: U4-PSDH-6SPD.

You can follow the progress of your application by returning to this page.

| My Applications |                          |                 |           |                  |  |                          |      |  |  |  |  |  |
|-----------------|--------------------------|-----------------|-----------|------------------|--|--------------------------|------|--|--|--|--|--|
|                 | Select Period to<br>View |                 | Last M    | Last Month       |  |                          | •    |  |  |  |  |  |
|                 | No.                      | Submitted       | Applicant | Reference        | Туре                                   | Status                   | Info |  |  |  |  |  |
| -               | 1                        | 06-Nov-<br>2023 | Jo Clarke | U4-PSDH-<br>6SPD | Inclusion<br>Referral Form<br>- fg dfg | Application<br>Submitted |      |  |  |  |  |  |

Once accepted the status will change as per below. If rejected the status will also show this. If an application is rejected it may be that all the information required was not submitted. If this is the case, then the application will need to be redone.

| My Applications |                         |            |                  |   |                          |      |  |  |  |  |  |  |
|-----------------|-------------------------|------------|------------------|---|--------------------------|------|--|--|--|--|--|--|
| Se              | elect Period to<br>View | Last Month |                  |   |                          |      |  |  |  |  |  |  |
| No.             | Submitted               | Applicant  | Reference        | Туре                                      | Status                   | Info |  |  |  |  |  |  |
| 1               | 06-Nov-<br>2023         | Jo Clarke  | U4-PSDH-<br>6SPD | Inclusion<br>Referral Form<br>- fg dfg    | Allocated to Specialist  |      |  |  |  |  |  |  |
| 2               | 06-Nov-<br>2023         | Jo Clarke  | K3-1XON-<br>EN5H | Inclusion<br>Referral Form<br>- Jody Test | Application<br>Submitted |      |  |  |  |  |  |  |

For advice on information to complete your request, please contact your Quality Officer. If you need technical support please contact <u>jo.clarke@knowsley.gov.uk</u>