

# Application for Solihull Early Years Inclusion and High Needs Funding

## April 2024-2025

**Solihull’s Early Years Inclusion Fund Panel** is made up of professionals from the Early Years Team, 0-25 SEND Service, the Family Information Service, school nurseries and private and voluntary settings.

The panel considers referrals for early years inclusion and high needs funding based on the criteria and processes detailed at [Inclusion Fund \(solihull.gov.uk\)](https://www.solihull.gov.uk)

**Please return completed forms to:** Solihull Early Years Team, 5<sup>th</sup> floor, west wing, Council House, Manor Square, Solihull, West Midlands B91 3QB. Alternatively, this form can be scanned and emailed to [eyseendfundingapp@solihull.gov.uk](mailto:eyseendfundingapp@solihull.gov.uk) (preferred). If you have any other queries regarding this form, please call: 0121 704 6150.

**This form could be shared with EYIF Panel members.**

<b>Name of Solihull setting</b>			
<b>Date</b>		<b>Name of SENCo</b>	
<b>Name of child</b>		<b>Child’s date of birth</b>	
<b>Date of admission to setting – length of time in setting</b>		<b>Child’s age</b>	
<b>Early Education Funding (EEF) Tick ✓</b>			
<p>Tick the appropriate box/es</p> <p>2-year-old Early Education Funding (EEF) <input type="checkbox"/></p> <p>2-year-old funding for working parents (April 2024+) <input type="checkbox"/></p> <p>Exception- age 2y+ (EEF age) but the child is not receiving EEF <input type="checkbox"/> <i>(This must be agreed by an Area SENCo/0-25 SEND practitioner)</i></p> <p>3/4 year-old EEF - 15 hours EEF <input type="checkbox"/> or 30 hours EEF <input type="checkbox"/></p>			
<p><b>Please highlight the days and sessions the child attends:</b></p> <p><b>Mon:</b> am/pm      <b>Tues:</b> am/pm      <b>Wed:</b> am/pm      <b>Thurs:</b> am/pm      <b>Fri:</b> am/pm</p> <p>If the child is not receiving their full entitlement – details of adjusted times below.</p>			
<p><b>What level of funding are you applying for?</b> <i>Please tick which fund you are applying for</i></p>			
<p><b>Level 1 – Inclusion Funding</b> <input type="checkbox"/></p> <p>3 and 4 y/os</p>	<p><b>Level 2 – High Needs Funding</b> <input type="checkbox"/></p> <p><i>(Must be agreed by an Area SENCo or 0-25 practitioner)</i></p>		
<p><b>Name of LA SEND practitioner supporting a Level 2 submission:</b></p>	<p><b>Signature of 0-25 SEND practitioner:</b> Your Area SENCO’s signature is not required. If</p>		

Add the name of your Areas SENCO here.	they agree with your request, they will indicate so their admin records.
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Please attach any recent reports from health services which support this application.  
Eg: Reports/guidance from SALT, OT, physiotherapy etc.

Select the child's **Broad area of need** as described in the SEND Code of Practice (please tick one box only)

Communication and interaction	<input type="checkbox"/>	Social, emotional and mental health	<input type="checkbox"/>
Cognition and learning	<input type="checkbox"/>	Sensory and/or physical needs	<input type="checkbox"/>

Record of **diagnosis** if known:

If a request for a **Solihull EHC assessment** has been agreed, you do not need to submit an application for EYIF. *Children who are undergoing an EHC assessment (stage 1 agreed) in Solihull will automatically be funded at L2 and settings/schools do not need to apply to the EYIF Panel to receive this funding. If the child has an EHCP, you will not receive additional EYIF but EHCP funding at Level 2 equivalent (L2N) or as agreed by EHC process.*

**Are there any other languages spoken within the home?** – please provide details

**Current development level** – please write some key indicators to show the child's development in each area which can be considered alongside their chronological age.

**What is your assessment summary for the child in these areas** – what do they need and any concerns about developmental delay? *(You may find Development Matters/Birth to Five Matters/Solihull Early Years SEND assessment tool helpful as child development guides)*

#### **Personal, social and emotional development**

Include the child's current attainment in month bands. and name of the assessment tool used.  
EG: Solihull's SAT 18-24 months

Add a brief outline of what the child cannot yet do that you would generally expect them to do at their age. EG: John is not yet developing any ways of self-soothing and relies on adults to sooth him. He will remain dysregulated/upset for up to 30 minutes at a time.

#### **Speech, language and communication development**

Include the child's current attainment in month bands. and name of the assessment tool used.  
EG: Solihull's SAT 18-24 months.

Add a brief outline of what the child cannot yet do that you would generally expect them to do at their age. EG: John is not yet communicating verbally, and he does not yet try to communicate his needs by gesture such as pointing or leading an adult by the hand.

He does not yet take any notice of what the other children are doing and prefers to play on his own away from the other children.

#### **Physical development**

Include the child's current attainment in month bands. and name of the assessment tool used.  
EG: Solihull's SAT 24-30 months.

Add a brief outline of what the child cannot yet do that you would generally expect them to do at their age. EG: John has poor balance and avoids using the larger climbing apparatus. He sometimes bump into furniture as he is moving around the room.

He needs someone to help him load his spoon to feed himself and tip a cup to help him drink.

**Summary of child's learning and development** – characteristics of learning and key observation notable notes which help the panel to understand the child's unique needs.

Write a brief outline of the child identifying your key concerns as to how John accesses/does not access the curriculum.

EG: John is not able to access the curriculum without the support from an adult. Without support, John will wander around the room, pick up and dropping objects. He will sometimes put objects in his mouth. John will also swipe resources from the table and empty basket on to the floor.

He is not able to follow the nursery routine and needs an adult to lead him to the next activity.

He needs an adult to support him in all self-care routines, including finding his coat and putting it on/off, washing and drying his hands, feeding himself and drinking.

He is not able to make his needs/wants known and relies on an adult to anticipate them.

Social Care			
Yes/No – if Yes please tick appropriate box			
Family support involvement	<input type="checkbox"/>	Child in Need or Child Protection Plan	<input type="checkbox"/>
<a href="#">Early Help</a>	<input type="checkbox"/>	Looked After Child (LAC)	<input type="checkbox"/>
Child in Need Plan	<input type="checkbox"/>	Special Guardianship Order	<input type="checkbox"/>

For this section, please tick the **level of support** required which is **‘additional to/different from’** that which peers receive as part of your routine support for medical and health needs.

Medical and Health Needs	High	Med	Low	NA
Describe health needs below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any additional medical support the child needs, such as administration of medication, support from nurse specialist team, additional training required for staff to help them manage the child’s health needs in setting.

Adaptations/Provisions
<p>Allocation of additional <b>funding will only be considered where there is a brief explanation below</b> of:</p> <ul style="list-style-type: none"> <li>provision/adaptations already made to address the child’s needs - <i>beyond ordinarily available provision</i>.</li> <li>how any additional funding would be used to enhance/sustain the support already in place.</li> </ul> <p><b>Explain what you already provide as part of your graduated response with brief details:</b> <i>this will also be identified in your reviewed plans (describe all those that apply, please do not tick. For example: Environmental - providing a quiet den area for the child to go to if they feel they need escape from the busy environment).</i></p> <p><b>NOT ALL OF THESE HEADINGS REQUIRE INFORMATION TO BE INCLUDED.</b> Only those where you are making provision that is different from and/or additional to other children receive.</p> <p><b>Risk assessments</b> Include any risks identified and the provision in place to reduce the risks. Eg: risk of choking. John requires additional supervision when outside as he frequently puts non-food items in his mouth.</p> <p><b>Sensory support</b> List any sensory support arrangements you have in place.</p> <p><b>Environmental audit leading to</b> Record any changes you have made to the environment to help the child access the provision more successfully.</p> <p><b>Equipment provided</b> List any additional equipment used that is not normally provided.</p> <p><b>Group sizes</b> Include the size of group that the child needs to access the provision. John benefits from working in small groups of 1:3 with adult support to develop his play skills.. He also has daily 1:1 support to carry out interventions of support.</p>

**Support to engage with others** Identify what level of support the child requires to play with/alongside others. Eg: John needs 1:1 adult support to encourage him to play alongside and interact with one or two other children.

**Adjusted language/ process time.** Include what strategies you use and why. Eg: john requires instructions to be broken into single words and accompanied by visual cues. He also needs warnings and extra time to process what is being asked of him.

**Transition arrangements** List any additional transition arrangements the child has needed/needs when they move between activities, (such as extra time, pre-warnings etc) or move into another room/setting (Eg: extra visits, additional adult supervision, photos, etc )

**Visual prompts** List any visual cues you use to support the child's understanding, eg: objects of reference, Makaton, additional gestures, photos etc.

**Auditory adjustments** Eg: Does the child require a quieter space, do they need adults to face him when they speak to them.

**Adjusted times/ timetable** Such as if the child arrives or leaves early to avoid the busy drop off/pick up times or alternative activities and support during group times if they are not able to access the group learning activity.

**Play opportunities targeted to** list the key areas of play where the child receives additional support and what this looks like. Eg John requires 1:1 support to model play routines such as building with blocks and to extend his play interests beyond his current interest of lining up cars.

**Activities targeted to strengths and interests** Describe how/if staff are extending his current interests/strengths to help the child make progress?

**Social and emotional support.** Include any information of any additional emotional support the child receives, such as more help than their peers to regulate their emotions when they are upset or support to share resources etc.

**Links to home learning environment** Describe any additional information you share with parents/carers above what you would normally share. Eg, medical/health information, specific learning targets or strategies/responses you are working on together etc.

Other \_\_\_\_\_

### **How will you enhance support already in place if funding is allocated? How will this help?**

List anything you will do in addition to the above if you receive the funding. See above for examples. These may also include specific strategies/activities suggested by a supporting agency such as your Area SENCO, SALT, OT etc.

Environment enhancement \_\_\_\_\_

Additional supervision to \_\_\_\_\_

Additional meetings to \_\_\_\_\_

Respond to child's unique fascinations and motivation by \_\_\_\_\_

Alternative 'safe' activities to support schema/ interests \_\_\_\_\_

Implementation strategies linked to developmental stage such as \_\_\_\_\_

Other (including specialist advice)

Training you will access: **Identify any relevant training completed by ticking the relevant box or adding on the line below.**

e.g. [Dingley's Promise Training Modules](#) (*link*) have been accessed by the setting

- |   |   |
|---|---|
| <input type="checkbox"/> Introduction to Inclusive Practice | <input type="checkbox"/> Early Years SEND Transitions           |
| <input type="checkbox"/> Managing behaviours that challenge | <input type="checkbox"/> Having difficult conversations parents |
| <input type="checkbox"/> Voice of the Child                 |   |

[Best Practice L3 SENCo](#) [ ] [DfE Child Development](#) [ ] [Professional Development Programme](#) [ ]

**Evidence of Graduated Approach to show the APDR process in a setting**

Level 1: At least **one reviewed** plan has been submitted along with this application.

Level 2: At least **two reviewed** plans have been submitted along with this application.

*Assess > Plan > Do > Review*

Identify external support for the child and involved with SEN advice.

*Tick as applicable* ✓

- Health visitor
- Solihull Early Years Area SENCo
- Inclusion Support Practitioner (EYP)
- Solihull 0-25 SEND team
- SISS - Sensory and Physical Impairment (SPI) Team
- SISS- Autism Team

**Specific others:**

- Speech and language therapy
- Physiotherapy
- Occupational Therapy
- Educational psychologist
- Specialist Assessment Service - Autism
- / Complex Needs Team
- Community Paediatrician
- Other

**Checklist:**

- **Application** - all details are completed  
(history of support, planned use of funding, professionals involved)
- Agreement from parents -**consent form signed**
- **LA SEND Area SENCo or 0-25 SEND** have agreed to support the application – either as communicated to panel or signed on page 2
- Exceptional case (child does not receive EEF) but is aged between 3 and 4 years old for level 1 or 2-4y- for level 2 so is EEF age eligible
- Level 2 – higher needs identified (as **Graduated Approach**) link

**Reviewed plans evidence the graduated approach**

- L1 - 1 plan
- L2 - 2 plans
- External agency involvement - reports included *optional*

## PARENTAL CONSENT FORM

Any information provided will be used by the Early Years Inclusion Panel to help us make decisions about whether your child qualifies for additional funding to support their emerging SEND. Your information will be treated as confidential and stored in a secure way. It will only be shared with other council services and partner organisations to ensure our records are kept accurate. It will be viewed by those on the Early Years Inclusion Fund Panel.

We may also need to share your information for the prevention and detection of fraud and/or other crimes or as the law requires. For further information about how we use your information please refer to the Council's Privacy Statement on [www.solihull.gov.uk](http://www.solihull.gov.uk)

**Your records will be kept for 25 years for audit purposes and in the event we need to provide information about the service you have received.**

<ul style="list-style-type: none"> <li>I confirm I understand why you want my information and I have had the opportunity to consider this.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>I agree that the information will be shared with other professionals who are already involved with my child, or other agencies that may become involved in the course of any support offered to my child. This will be done in accordance with Solihull Metropolitan Borough Council's Information Sharing Protocols. This will only be information that is relevant and necessary and will only be shared with people who need that information at that time.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>I understand I can opt out and withdraw my consent at any time by contacting the Early Years Team on 0121 704 6150 or via email at <a href="mailto:eyenquiries@solihull.gov.uk">eyenquiries@solihull.gov.uk</a></li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>I give my consent for you to record and hold my information for the purposes explained to me.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Name of parent/carer:** .....  
*(please print)*

**Signature:** .....

**Date:** .....

**Please note:** We **cannot** process an Early Years Inclusion Fund application without agreed consent against the list above (*boxes ticked*). Parents should be aware of the content of this form. If the form is not signed by a carer, we need a statement agreeing verbal consent has been received and who is taking responsibility for this.