

**Application for Solihull Early Years Inclusion and**

**High Needs Funding April 2024-2025**

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| **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/Children-and-family-support/localoffer/inclusion-fund)**Please return completed forms to:** Solihull Early Years Team, 5th floor, west wing,Council House, Manor Square, Solihull, West Midlands B91 3QB. Alternatively, this form can be scanned and emailed toeysendfundingapp@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.** |

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| **Name of Solihull setting** |  |
| **Date**  |  | **Name of SENCo**  |  |
| **Name of child** |  | **Child’s date of birth** |   |
| **Date of admission to setting** – length of time in setting |  | **Child’s age** |  |
| **Early Education Funding (EEF)** *Tick ✔* |
| 2-year-old Early Education Funding (EEF) **☐**2-year-old funding for working parents (April 2024+) ☐Exception- age 2y+ (EEF age) but the child is not receiving EEF **☐*****(This must be agreed by an Area SENCo/0-25 SEND practitioner)***3/4 year-old EEF - 15 hours EEF **☐** or 30 hours EEF **☐** |
| **Please highlight the days and sessions the child attends:****Mon:** am/pm **Tues:** am/pm **Wed:** am/pm **Thurs:** am/pm **Fri:** am/pmIf the child is not receiving their full entitlement – details of adjusted times below.  |
| **What level of funding are you applying for?** *Please tick which fund you are applying for* |
| **Level 1 – Inclusion Funding** ☐*3 and 4 y/os* | **Level 2 – High Needs Funding** ☐*(Must be agreed by an Area SENCo or 0-25 practitioner)* |
| **Name of LA SEND practitioner supporting a Level 2 submission**: | **Signature of 0-25 SEND practitioner:**  |
| Please attach any recent reports from health services which support this application. |

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| Select the child’s **Broad area of need** as described in the SEND Code of Practice (please tick one box only) |
| Communication and interaction | ☐ | Social, emotional and mental health | ☐ |
| Cognition and learning | ☐ | Sensory and/or physical needs | ☐ |
| Record of **diagnosis** if known: If a request for a [**Solihull EHC assessment**](https://www.solihull.gov.uk/children-and-family-support/localoffer/EHC-assessment-process)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** |
| **Speech, language and communication development** |
| **Physical development** |
| **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. |

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| **Social Care** Yes/No – if Yes please tick appropriate box |
| Family support involvement | ☐ | Child in Need or Child Protection Plan | ☐ |
| [Early Help](https://westmidlands.procedures.org.uk/local-content/4IzN/early-help-tools-and-pathways/?b=Solihull)  | ☐ | Looked After Child (LAC) | ☐ |
| Child in Need Plan | ☐ | Special Guardianship Order | ☐ |

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

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| **Medical and Health Needs** | High | Med | Low | NA |
| Describe health needs below: | ☐ | ☐ | ☐ | ☐ |
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| **Adaptations/Provisions** |
| Allocation of additional **funding will only be considered where there is a brief explanation below** of:* provision/adaptations already made to address the child’s needs*- beyond ordinarily available provision.*
* how any additional funding would be used to enhance/sustain the support already in place.
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| **Explain what you already provide as part of your graduated response** **with brief details**: *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).*Risk assessments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sensory support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Environmental audit leading to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Equipment provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group sizes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Support to engage with others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Adjusted language/ process time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Transition arrangements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Visual prompts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Auditory adjustments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Adjusted times/ timetable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Play opportunities targeted to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Activities targeted to strengths and interests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social and emotional support\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Links to home learning environment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How will you enhance support already in place if funding is allocated? How will this help?**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e.g. [Dingley’s Promise Training Modules](https://dingley.org.uk/dingleys-promise-training/early-years-inclusion-programme/) (*link*) have been accessed by the setting☐ Introduction to Inclusive Practice ☐ Early Years SEND Transitions☐ Managing behaviours that challenge ☐ Having difficult conversations parents☐ Voice of the Child [Best Practice L3 SENCo](https://www.bestpracticenet.co.uk/early-years-SENCO) [ ] [DfE Child Development](https://child-development-training.education.gov.uk/) [ ] [Professional Development Programme](https://www.earlyyearspdp.com/) [ ] |

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| **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**](https://www.solgrid.org.uk/eyc/send/graduated-approach-incl-ehcp-process/)) link ☐

**Reviewed plans evidence the graduated approach**

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

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| **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.** |
| * I confirm I understand why you want my information and I have had the opportunity to consider this.
 | Yes☐ | No☐ |
| * 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.
 | Yes☐ | No☐ |
| * 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 eyenquiries@solihull.gov.uk
 | Yes☐ | No☐ |
| * I give my consent for you to record and hold my information for the purposes explained to me.
 | Yes☐ | No☐ |

**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.