

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: eysendfundingapp@solihull.gov.uk (preferred)..

Alternatively, this form can be sent to Solihull Early Years Team, 5th floor, west wing, Council House, Manor Square, Solihull, West Midlands B91 3QB. If you have any other queries regarding this form, please call: 0121 704 6150.

This form could be shared with EYIF Panel members.

Name of Solihull setting			
Date		Name of SENCo	
Name of child		Child's date of birth	
Early Education Funding (EEF) Tick ✓			

Tick the appropriate box/es

2-year-old Early Education Funding (EEF) 15 hours

2-year-old funding for working parents (April 2024+) 15 hours

Exception- age 2y+ (EEF age) but the child is not receiving EEF

(This must be agreed by an Area SENCo/0-25 SEND practitioner and is limited to 15 hours)

3/4 year-old EEF - 15 hours EEF or 30 hours EEF

An application for under 2s is via SISS

PLEASE NOTE: children with **no recourse to public funds (NRPF)** will only be eligible for EYIF for the universal 15 funded hours.

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.*

Attendance and parental consent:

If the child is not receiving their full entitlement, please include details of adjusted times below.

You have parental consent for this application Yes [] No []

An example consent form is on [Early Years Inclusion Funding \(EYIF\)](#) .We cannot accept applications without consent.

What level of funding are you applying for? <i>Please tick which fund you are applying for</i>	
Level 1 – Inclusion Funding <input type="checkbox"/> <i>3 and 4 y/os</i>	Level 2 – High Needs Inclusion Fund <input type="checkbox"/> <i>(Must be agreed by an Area SENCo or 0-25 practitioner)</i>
Name of LA SEND practitioner supporting a Level 2 submission: Early Years Team confirm agreement directly with EYIF panel. <i>Please ensure they agree, before submitting your request. Your Area SENCO's signature is not required.</i>	Signature of SISS 0-25 SEND practitioner:

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"/>

Adaptations/Provisions

Allocation of additional **funding will only be considered where reviewed plan(s) are included which outline:**

- A description of the child's needs
- Any provision/adaptations already made to address the child's needs - *beyond ordinarily available provision*. For example, information suggested by specialist support advisers.
- Reviews which clearly show the graduated approach and how you are adapting targets and plans in light of these reviews. They should also reference the child's and parent's voice.
- This information should be included in the 1 or 2 reviewed plans sent along with this request or detailed below if plan have in sufficient details.

Optional additional information: [health needs or social care involvement or development needs which may be additional information which is not included in the plans] Please note that the EYIF panel will assess applications using the details within submitted plan[s] to gain evidence of levels of need.

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

Suggested use of additional funding may include - environment enhancement, additional supervision ..to support what?, additional meetings (purpose), respond to child's unique fascinations and motivation by..., alternative 'safe' activities to support schema/ interests, implementation strategies linked to developmental stage such as ..., specialist advice,

Training you will access: EYIF can support this

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 | <input type="checkbox"/> Leading SEND | <input type="checkbox"/> Intersections within Early Years Practice |
- [Best Practice L3 SENCo](#) [] [DfE Child Development](#) modules[]

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 [optional]:

- **Application** - all details are completed.
- You have agreement from parents -your internal **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 but the child is aged between 3 & 4 years old for level 1 or 2-4y for level 2.
- Level 2 – higher needs identified (as **Graduated Approach**) *link*

Reviewed plans evidence the graduated approach

- L1 - 1 **reviewed** plan
- L2 - 2 **reviewed** plans
- External agency involvement - reports included (*optional -not necessary*)

Thank you for your application.

Please note the following most frequent reasons for declining EYIF applications:
Insufficient evidence- clearly REVIEWED plans are not included in the application

Application after the closing date- we cannot accept any submissions after the closing date

Age of the child- use the flowchart to check age eligibility for level 1 and 2