**Early Years Inclusion Funding Application 2024 -2025**

In Herefordshire, we recognise that it is challenging for early years settings to meet the needs of some children with significant and/or complex needs. The Early Years Inclusion Grant was introduced to help these settings. The grant provides a contribution towards additional support for children.

The [SEND (Special Educational Needs and Disability) Code of Practice (2015)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf) sets out clear guidance to early years settings and schools on the process for appropriate identification, monitoring and securing further support for children with SEND.

Click or tap here to enter text.

Child’s name Click or tap here to enter text. Setting Click or tap here to enter text.

Date of Birth Click or tap to enter a date. Age (Y & M) Click or tap here to enter text.

How long has child been in your setting? Click or tap here to enter text.

Sessions attended (✓ Tick all that apply)

Mon Tues Wed Thurs Fri

AM

PM

Total Hours attended Click or tap here to enter text.

30 Hours funding Yes/No

It is estimated that under 1 per cent of children will need additional support within an early years setting if their needs are to be met. Each provider has ultimate responsibility for ensuring that this provision is made. **Please answer Yes/No to show you have completed the Early Years Graduated Approach process for Early Years Inclusion Funding:**

| We have completed at least two cycles of Assess, Plan, Do, Review in accordance with the Herefordshire Early Years Graduated Approach and have included them in this application |  |
| --- | --- |
| Play Plan targets are reviewed with annotations |  |
| This child is **already** known to Inclusion Support and was referred through EY Inclusion Support Referral (EYIS) or Pre-School Notification (PSN) |  |
| We can demonstrate that we have acted upon the advice of professionals involved with this child. |  |
| This child is 3 years (the age when children are considered for EYIF) |  |
| We are using the Developmental Journal to assess skills and gaps for this child – if not please state your assessment document |  |
| Is a Family Conversation form being considered? |  |
| Is a specialist placement being considered? |  |
| Is this child operating significantly below their chronological age? (please detail in the Developmental Journal boxes on page 2) |  |
| Is the child on the MDA pathway? |  |
| Please record if the child has a known diagnosis (e.g ASD/ GDD) |  |
| Is this child known to the SEMH team? |  |
| *If yes, have you completed the 6 week plan? Applications for EYIF cannot be considered if this has not been completed.* |  |
| Is this a repeat application? |  |

| Outline the Dingley’s promise training staff have completed to support Inclusion? *If you have not completed any training, the panel may request this.* |
| --- |

**Please indicate the child’s primary additional need (use code below – one only). Choose the one that has the most impact on the child’s learning and development. The code is for data purposes only**

Primary Additional Need Code: Code – Choose one only

**SEMH** – Social, Emotional and Mental Health Choose an item.

**CL** – Cognition and Learning

**SP** - Sensory/Physical

**CI** - Communication and Interaction

| **Developmental Journal**  Please complete the following summary of the child’s progress using the developmental journal. Please include the current and previous steps. |
| --- |
| **Current Age in months:** |

| Date | Communication | Thinking | Personal, Social and Emotional Development | Physical |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

**Please summarise the child’s difficulties giving examples of how you support them in the setting currently, including how you have used the graduated approach and liaised with other professionals. If this is a repeat application, please state how the needs have changed since the last application.**

**Outline how you have included parents in the decision making for this child:**

**How will the funding be used by the setting and monitored effectively?**

*Please be specific i.e. if funding will be used to increase staff ratios please elaborate on how this will support the child.* ***N.B*** *The use of the term 1:1 is considered an unhelpful explanation, please outline all the targeted support that will be provided – the panel may require further evidence if this is not detailed and this may delay your application.*

The panel will make their decision and you will be notified of any recommendations.

Funding is allocated pro-rata based on the number of hours a child is in setting.

Funding is allocated termly and you will be required to consider reapplication if funding ceases.

Form completed by: Click or tap here to enter text.

Date: Click or tap to enter a date.

Email address for receipt: Click or tap here to enter text.

**Please note: Incomplete forms that do not demonstrate the Graduated Approach will be returned for resubmission**.

Please send via ANYCOMMS+ (to Early Years Inclusion) or by post.

Please return this form to: Della Pascoe, Early Years SEND Manager, Children and Families, Herefordshire Council, Plough Lane, Hereford, HR4 0LE.