**Early Years Inclusion Funding Application 2022-2024**

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.

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 |  |
| We have completed a High Needs Matrix (HNM) highlighting one box per column |  |
| Is a Family Conversation form being considered? |  |
| We are taking part in Dingley’s promise training to support Inclusion. |  |

**Is this a repeat application? Yes/No**

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

**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

**Please summarise the child’s difficulties to show that his/her needs meet the criteria for funding** (please attach a copy of the [Early years High Needs Matrix](https://www.herefordshire.gov.uk/downloads/file/5623/early-years-high-needs-matrix) )

**Explain how you have made meaningful provisions to address the difficulties sufficient evidence over time of the setting? Please outline how you have used the Graduated Approach for this child:** *If the child has severe and complex needs is there evidence that the setting has liaised with other professionals and made reasonable adjustments? (What have you already done? Please attach most recent Play Plan with clear SMART targets that the child will be working towards and copies of any supporting information, for example a report from a Speech and Language Therapist or CDC report)*

**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*

**What will this support cost?**

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.