

Children, Education and Communities

Early Years Inclusion Fund

EYIF panel require an updated MSP (or equivalent), written or email consent and outline of how provision will look – through sessional plan or alternative.

1. **Inclusion Fund Application Form** Procedure and Requirements

For a new application - Pages 2, 3, 5-9

1. **Change of Circumstance** for Inclusion Funding

For a child already receiving funding see Pages 2, 4,5 & 6

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| --- | --- |
| Deadline Date:  | **1st March 2024**  |
| **PLEASE NOTE: APPLICATIONS WILL NOT BE PROCESSED AFTER THIS DATE** |
| Notification Date: | **11th March 2024** |
| Appeal by:  | **18th March 2024** |

Documentation must be sent by secure email.

If you have an email address ending in ‘york.gov.uk’ please send completed documentation to earlyyearsinclusion@york.gov.uk

If you have a secure Doqex account please send completed documentation to earlyyearsinclusion@york.gov.uk remembering to put **[SECURE]** in square brackets in the subject line – this is what secures the email

If you haven’t yet opened a secure Doqex account please send an email requesting a link to earlyyearsinclusion@york.gov.uk and we will send you the link to set up an account (it is very quick and easy and there is no cost)

City of York Early Years Inclusion Fund 

**Targeted Support**

A small amount of additional funding is available to support children from two years old with disabilities or additional needs who do not have an Education, Health & Care Plan (EHCP), until they attend Reception Class in school.

We may consider applications for resources to settings where they do not require an additional member of staff to provide support, but where children have needed a specific resource.

**Age of Children**

Children identified with SEND from 2 to 5 years old in receipt of the Early Years Entitlement who are attending Early Years settings (PVI or maintained nurseries or childminders but not reception class in school) in York.

**Procedures**

1. A copy of the child’s **My Support Plan** (MSP), or equivalent, including **Personal Education Plan** (PEP) should be completed as the main evidence of the child’s SEND. This document represents the views of the child and family and all practitioners involved with the child. The MSP includes:
2. Assessment of the child’s development as recorded on the EYFS areas of learning and development and/or on an Early Support Developmental Journal (ESDJ) and any developmental measures or assessment tools recorded by specialists or support services.
3. Tracking the child’s development on the EYFS or ESDJ or similar *over time*.
4. Evidence of the interventions/actions by the Early Years Practitioners to meet the child’s needs to date, including completed My Agreed Outcomes (MAO) that have been **evaluated**; arrangements made during group and individual activities to facilitate the child’s learning and inclusion.
5. **Reports from professional/support services who have been involved with the child**.
6. A copy of a **Sessional Plan (attached)**, outlining when the child requires support (in minutes), what for specifically and what the adult-child ratio will be during that session.
7. There will be a maximum of **75%** EYIF of total time spent in the setting up to 30hrs entitlement. The setting is required to make ‘reasonable adjustments’.
8. **You may apply for more than one term of funding. You need to notify CYC if the child moves from your setting or there is a change of hours that may affect the funding.**
* ***All applications will be considered by the EYIF panel following the deadline. Panel is chaired by Maxine Squire (Assistant Director: Education and Skills)***

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**New Application Form EYIF**

*A copy of the child’s MSP MUST be included with this application*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child: |  | Date of Birth: |  |

|  |  |
| --- | --- |
| Name andaddress of Early Years Setting: |  |
| Number of days/hours attending:*Please show weekly attendance pattern*Indicate if a **stretched** offer | **MON** | **TUES** | **WED** | **THUR** | **FRI** |
|  |  |  |  |  |
| Name of SENCO & e-mail: |  |
| Please state child’s **Primary Area of Need**: |  |
| Does the child access or is eligible for 30hrs Funding?  | Yes or No  |
| Is this a stretched offer? | Yes or No – over how many weeks? |

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| Checklist for Inclusion: |
| **MSP:** List of Support Services involved  |  |
| Details of support/interventions arrangements to facilitate the child’s learning/inclusion. Y/N |  |
| SEN Banding Level(s) named for child and descriptors Y/N  |  |
| Evidence of Interventions: MAO sheet(s) attached and evaluated or MSP Outcomes evaluated |  |
| \*Signed Form (Parents, professional and funding acceptance) |  |
| Tracker/Developmental Journal |  |
| Sessional Plan |  |
| Professional reports/Contributions |  |

|  |  |
| --- | --- |
| Please indicate which terms you are applying for:  | please  where appropriate |
| Summer 2024 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Form Completed by: |  |  |  |
| Job Title: |  |  |  |
| Signature: |  | Date: |  |
| \*Parent’s signature: |  | Date: |  |
| *\* All requests must be discussed with parents/carers*  |

***. APPLICATION CANNOT BE VIEWED WITHOUT PARENTAL CONSENT.***

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**Change of Circumstances Form EYIF**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child: |  | Date of Birth: |  |

|  |  |
| --- | --- |
| Name and address of Early Years Setting: |  |
| Number of days/hours attending:*Please show weekly attendance pattern**for the term(s) you are applying for.* | **MON** | **TUES** | **WED** | **THUR** | **FRI** |
|  |  |  |  |  |
| Name of SENCO & e-mail: |  |
| Please state child’s **Primary Area of Need**: |
| Does the child access or is eligible for 30hrs Funding?  | Yes or No  |
| Stretched offer | Yes or No |

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| Change of Circumstances (Please indicate which): |
| **CEASE FUNDING** (Give reason and include a copy of progress from baseline to now)State how EYIF has made a difference over time to outcomes for the child. |  |
| **REDUCE FUNDING** (Give reason and from when)  |  |
| **INCREASE FUNDING** (Give reason and which term(s) applying for)  |  |

|  |  |  |
| --- | --- | --- |
| Please indicate which terms you are applying for:  |  | please  where appropriate |
|  | Summer 2024 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Form Completed by: |  |  |  |
| Job Title: |  |  |  |
| Signature: |  | Date: |  |
| \*Parent’s signature: |  | Date: |  |
|  |  |  |  |
| *\* All changes must be discussed with parents/carers****.***  |

***APPLICATION CANNOT BE VIEWED WITHOUT PARENTAL CONSENT.***

*For an Increase or Decrease in Funding, you* ***must*** *include an up to date MSP, clearly indicating why an increase or decrease is required, if based upon a change in need. If it is simply an increase or decrease in hours attending setting – a detailed provision map and countersignature from an outside professional will suffice.*

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|  |  |  |
| --- | --- | --- |
| Provider:  |  **Session Plan** |  |
| Child’s Name: |  |  Date Of Birth:  |  |
| Current Ratio: | 1:2, 1:4 or 1:8 (please circle as appropriate)  |

Please note on plan when Inclusion Funding will be used (minutes specified) and for what purpose

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  AM | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| AM |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| PM |  |  |  |  |  |

 **Confirmation of Acceptance of Inclusion Funding**

 Should we be successful in being awarded Inclusion Funding we confirm that, by signing below, we will agree to the conditions within the funding letter:

a) Agree to this support being monitored by CYC employees and understand that funding can be withdrawn if it is shown not to be being used effectively or for the benefit of Inclusion of the child.

b) To Submit additional supporting evidence *including evaluated /My Agreed Outcomes, EYFS tracking/progress forms and other relevant records and reports.*

c) To hold MSP review meetings *(which will include documents as listed in b) above) with the child’s parent(s), key person, setting SENCO and, where possible, outside agencies supporting the child.*

Please note: the panel is not able to consider an application which does not contain the parental signature. Parents are signing to agree to review EYIF by CYC employees in the setting.

 The planning meeting should:

* Note the targets/outcomes and strategies to be implemented to meet the child’s additional needs for the coming term and
* clearly identify how the inclusion funding will be utilised to meet the child’s additional needs.

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| --- | --- | --- | --- |
| Name of SENCO/Manager:  |  | Setting: |  |
| Date: |  |  |  |

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**Early Years Inclusion Funding (EYIF) – Privacy Notice 2021**

We keep our privacy notice under regular review and it was last reviewed and updated in August 2019.

When we use your personal data, City of York Council (CYC) complies with data protection legislation, and is the registered ‘Controller’. Our data protection notification is registered with the Information Commissioner’s Office (ICO) – reference **Z5809563**.

If you have any questions about this Privacy Notice or you want to contact the council’s Data Protection Officer, you can email foi@york.gov.uk or phone 01904 554145  or write to

Data Protection Officer

City of York Council

West Offices

Station Rise

York

YO1 6GA.

**Why do we collect information?**

* The information you provide to EYIF panel enables us to support the inclusion of children 0-5 years to meet our legal responsibilities in accordance with the SEND Code of Practice (2015).
* We will ask for your written informed consent for application for Early Years Inclusion Funding and storage of this information.
* The information you give us ensures that we can offer an appropriate assessment of need and allocate EYIF
* We collect and use your personal data because we have asked for and you have given us, your explicit informed opt in consent.

**What information do we collect?**

We collect and use the following information:

* Personal information (including name, date of birth and contact details)
* Characteristics (including gender, language and ethnicity)
* Details of any special educational needs for children
* Where appropriate, relevant medical information for children or parent/carers
* Where appropriate, relevant information regarding your/your child’s status as a child/young person in care
* Attendance/exclusion data from the child’s educational setting
* Any additional personal information (including the name/contact details of the parent/carer) that is necessary for us to assess and provide you with the service you require
* Previous involvement with specialist services

**Who is collecting the information?**

* Information is collected by Portage Home Visitors,), Specialist Teaching Team, EY Quality and Improvement Advisors, staff from your Early Years setting(s) – typically the SENCo, or Manager and Business Support, on behalf of the City of York Council (CYC) EYIF Panel and the Local Authority.

**How is the information collected and stored?**

Information about you/your child is collected through:

* completion of the EYIF Application form, either electronically or a paper copy.
* meetings with you, and your child
* consultation with other professionals
* professional/relevant service reports or CYC databases
* post, email and telephone conversations as appropriate

When we ask you for personal information, we will:

* ensure you know why we need it
* only ask for what is necessary for the work we are undertaking
* store it securely (electronically from 2017)
* ensure access is only given to authorised staff on a need to know basis
* retain it within a named file if known to Specialist Early Years Support team, Specialist Teaching team or Educational Psychology Service up to the age of 25 years for non-statutory files and 35 years from closure for statutory (EHC Plan) files.
* securely and confidentially delete/destroy this personal information after a period of 5 years if your child no longer has involvement from CYC support services.

We ask that you:

* give us accurate information
* inform us of any changes
* inform us as soon as possible if you notice mistakes in the information we hold about you/your child.

**How do we use your personal information?**

We will use your information to:

* Ensure that services and practitioners understand how they can best help you/your child
* Allocate funding to settings in line with the EYIF guidance, as part of a termly panel.
* Take photographs of work produced by your child for record keeping and assessment arrangements. Photographs will not be used for any other purpose without the additional consent of parents / carers (see below).
* Provide the child with appropriate services
* Measure whether our services are improving lives for children, young people and families
* Help us develop and improve our services
* Help inform which services and interventions require commissioning across the City of York to support families and communities
* Create statistics that are anonymous and cannot be linked back to you or your family for the purposes of local and national surveys
* Administer and protect public funds.

**Who do we share data with?**

We may share information about you/your child with other relevant professionals who are already involved, or who become involved, during the time of accessing EYIF to provide co-ordinated support and to improve multi-agency working.

Below is a list of parties with whom we regularly share information:

* Educational settings
* CYC SEND Specialist Services
* Professionals from Health, Social Care and Early Help teams

We will not give information about you to anyone outside CYC without your consent unless required to do so by data protection law, in delivering our statutory functions (Children and Families Act 2014), or such actions are necessary for safeguarding children and young people.

We may use the information to create statistics that are anonymous and cannot be linked back to your family or individuals. We could use these statistics to see how EYIF, the wider Council and its partners are supporting individuals, to help design better services and to contribute to national surveys and government returns e.g. to the Department for Education (DfE).

**Your rights**

*You can find out about your rights under data protection law, on the* [*Information Commissioners Office (ICO) website*](https://ico.org.uk/for-organisations/guide-to-data-protection/principle-6-rights/)*. You can also find out more about how the City of York Council uses personal information and your rights at* [*https://www.york.gov.uk/privacy*](https://www.york.gov.uk/privacy)

*However for some of the most frequently asked about rights see below :*

You have the right to ask us if we hold personal information, what it is used for and to view the information we hold. You also have the right to know whether we disclose your personal information to other people and to ask us to correct anything that is wrong.

You have the right to see your personal information with some specific exceptions. For example, you will not be allowed to see personal information that contains details about someone else, even a member of your own family, until that person has given permission. There may be occasions when it would not be in your best interests to see it. If that is the case we will ensure that you are given a full explanation at the time so that you understand why this decision was made.

You can ask the council to stop processing your personal information in relation to any council service. This may delay or prevent us delivering a service to you. We will seek to comply with your request but may be required to hold or process information to comply with our legal duties.

If you want to exercise any of your rights or if you have a complaint about how we are using your information, please contact the council’s Data Protection Officer, by email to foi@york.gov.uk or phone 01904 554145  or write to

Data Protection Officer

City of York Council

West Offices

Station Rise

York

YO1 6GA.

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| --- |
| **I give my consent for my personal information to be processed as described in the privacy notice above.**  |
| **Parent’s Name**  | **Parent’s Signature** | **Date**  |
|  |  |  |
|  |  |  |
| **Child’s Name** |  |  |
|  |  |  |

If you wish to withdraw consent for the EYIF to process your/your child’s data at any time then please contact:

Chair of EYIF Panel

City of York Council

SEN Services

West Offices,

Station Rise

York

YO1 6GA