

SENIF Improving systems and partnership work

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Background

- The SENIF was held by the Early Years team where an Adviser made a decision about whether funding should be awarded.
- High Needs Funding was held by the SEN team where the Business Manager made a decision
- Neither decision was rigorous and the separation allowed for accidental double-funding
- Both were for '1:1' and based on an hourly rate

Examples of previous applications

36	Explain how you will implement the 1-1 support and what outcomes you hope to achieve?
	<p>We would have to recruit an additional member of staff for Abdul to receive 1:1 support. We know that this would enable Abdul to access all areas of the setting safely and help him to participate in more of the daily routine.</p>
36	Explain how you will implement the 1-1 support and what outcomes you hope to achieve?
	To support Caiden achieve age appropriate Development

Creation of multi-agency Panel

- Early Years
- Educational Psychology
- SEN Team
- Health Service
- SALT

Creation of multi-agency Panel

- Meet fortnightly
- Consider all applications for additional funding across SENIF and HNF
- One application form for both
- Funding is banded into termly amounts based on need
- Panel signposts to other agencies and processes

New application form

- Move from '1:1' to an outcome-based measure
- More emphasis on setting's expertise rather than external agencies
- Monitoring based on progress towards the outcomes
- Poor applications where needs are known are supported to resubmit

New application form

Please describe the nature of the child's difficulties and/or presenting special educational needs; how this creates a barrier to their inclusion and how do you intend to use the Support Funding to improve outcomes for the child. Please give specific targets, anticipated outcomes and how these could be achieved (strategies). Continue a separate sheet as required.

Need identified (and the barrier created to the child's learning)	Suggested Outcome (what should the child be able to do at the end of the period of funding)	Strategies (how will the funding help the suggested outcome)
<p><i>John appears to be highly anxious at times and can hurt others to 'escape' situations. He is unable to access some group activities because of this.</i></p>	<p><i>John to be able to access a 'safe' area when he is feeling overwhelmed with minimal adult prompting.</i></p> <p><i>John will have a clearly reduced need to 'escape' and be able to access some group activities which were previously difficult for him.</i></p>	<ul style="list-style-type: none"> • Use of a 'Cosy Cave' and calming toys for John • Visuals for John to indicate he wants to go to the Cosy Cave • Targeted exercises to support his emotional regulation • Recording of incidents to understand triggers and reduce these for John • Initial Adult modelling
<p><i>Ade is not yet able to sit down at story time and runs around aiming to lick objects in her path</i></p>	<p><i>Ade will be able to sit and engage with adult led group activity for up to three minutes</i></p> <p><i>Ade will watch and take part in circle time from a distance in the first instance</i></p>	<ul style="list-style-type: none"> • Identifying positive reinforcers for Ade • Using tools to engage Ade for up to one minute, building up to three minutes over the term • Discussing engagement strategies with outside agencies • Offer Ade chewing sticks/objects to reduce her need to lick objects

New application form

Ade	Ade is not yet able to sit down at story time and runs around aiming to lick objects in her path	Ade will be able to sit and engage with adult led group activity for up to three minutes	<ul style="list-style-type: none"> Identifying positive reinforcers for Ade Using tools to engage Ade for up to
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Child A is non-verbal and has difficulty communicating his needs.

For Child A to be able to express a preference when offered a choice of 2 activities

- reduce her need to lick objects
- Create a resource pack of motivating objects to be used as objects of reference to encourage Child A to make activity choices.
 - When Child A is wandering, adult to redirect him by showing him 2 objects and encouraging him to use eye gaze or gesture to express a preference.
 - Adult to provide short-targeted play sessions, modelling play and encouraging Child A to make a choice between motivating activities.

Child A will be able to access a safe area to release his frustrations (outside space or SEN area) with minimal adult prompting.

- Adult support hand over hand.
- Short intensive interaction play sessions with adult to begin to gain joint attention.

Child A does not use language to get his needs met and finds it difficult to cope in group activities leading to frustration and challenging behaviour

Child A will be able to attend to some group activities for short periods with adult support.

- Use Child A's interest in sensory play to motivate him to participate – extend the SEN area so that it can accommodate bigger sensory activities.
- Provide resources to help create sensory circuits to help develop interest and reduce frustration e.g. mini trampoline, sensory walking mats.
- Ensure group times are supported with props to help maintain interest and attention. Use back chaining, sand timers, a designated

New application form

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<p><i>John appears to be highly anxious at times and can hurt others to 'escape' situations. He is unable to access some group activities because of this.</i></p> <p><i>Ade is not yet able to sit down at story time and runs around aiming to lick objects in her path</i></p>	<p><i>John to be able to access a 'safe' area when he is feeling overwhelmed with minimal adult prompting.</i></p> <p><i>John will have a clearly reduced need to 'escape' and be able to access some group activities which were previously difficult for him.</i></p> <p><i>Ade will be able to sit and engage with adult led group activity for up to three minutes</i></p> <p><i>Ade will watch and take part in circle time from a distance in the first instance</i></p>	<ul style="list-style-type: none"> • <i>Use of a 'Cosy Cave' and calming toys for John</i> • <i>Visuals for John to indicate he wants to go to the Cosy Cave</i> • <i>Targeted exercises to support his emotional regulation</i> • <i>Recording of incidents to understand triggers and reduce these for John</i> • <i>Initial Adult modelling</i> • <i>Identifying positive reinforcers for Ade</i> • <i>Using tools to engage Ade for up to one minute, building up to three minutes over the term</i> • <i>Discussing engagement strategies with outside agencies</i> • <i>Offer Ade chewing sticks/objects to reduce her need to lick objects</i>
<p><i>Hannah has left Sided hemiplegia, motor difficulties, epilepsy and global developmental delay.</i></p>	<p><i>Hannah will have support / lean on to help her transition from sit to stand. Prompts to use the left side of her body. Somewhere safe to recover from seizures.</i></p>	<ul style="list-style-type: none"> • <i>Have equipment for Hannah to safely transition.</i> • <i>Incorporate action games so she can use both sides of her body.</i> • <i>Safe corner where she can have time to relax</i>
<p><i>Has Speech and language delay. Becomes frustrated if she can't communicate her wants / needs.</i></p>	<p><i>Follow simple instructions. Turn taking with peers work at 2 word levels.</i></p>	<ul style="list-style-type: none"> - <i>Use Visuals as well as language</i> • <i>Use sounds and words to improve her understanding of objects.</i> • <i>what's in the bag - nursery rhymes.</i>

	Band 1	Band 2	Band 3	Band 4
	All dependent on age and expected level of development			Meets Criteria for moving onto High Needs Bandings
Speech, Language and Communication Needs (SLCN)	<p>Child has difficulty following or understanding instructions and everyday language with visual references</p> <p>Adults have difficulty understanding speech without it being in context. Child has poor mouth or tongue control. Child has poor enunciation/clarity of speech</p> <p>Immaturity in socialisation. Looks towards adults rather than peers. Some difficulties with social communication and interaction.</p> <p>Family crisis has led to child's interaction requiring adult support.</p>	<p>Receptive language delay is more than 12 months as identified by Speech & Language Therapist</p> <p>Actively withdraws from engagement with other children. Does not seek out interaction with others i.e. solitary play. Does not respond to name.</p> <p>Limited functional communication skills that require individual alternative and/or augmentative communication strategies above reasonable adjustment to allow access to learning opportunities.</p>	<p>Limited functional communication skills that require individual alternative and/or augmentative communication strategies to allow access to learning opportunities.</p> <p>Severe language disorders affecting vocabulary, semantic/organisation/ phonology as identified by Speech and Language Therapist.</p> <p>Requires individual focus, repetition, slow pace of language and use of only key words.</p> <p>Has difficulties with social communication and developing relationships which require individual strategies/support.</p> <p>Has difficulty communicating needs or choices.</p>	<p>Primary means of communication through an alternative non-verbal system individualised for the child. Without support the child would not be able to participate in any interaction.</p> <p>A significant sensory loss which is the primary obstacle to accessing learning. Primary means of communication is through an alternative nonverbal system individualised for the child</p> <p>SEVERE communication difficulties which require intensive support and clear identified strategies for the child to communicate due to social communication difficulties (with or without a formal diagnosis)</p>
Cognition and Learning	<p>Support plan required following 2-year progress check.</p> <p>Slow progress with early learning, language acquisition, play and personal independence skills.</p> <p>Difficulties with sequencing and some short-term support is required to extend play sequences and imaginative skills</p>	<p>Continual difficulties with sequencing and short-term support is required to extend play and extend imaginative skills</p> <p>Requires specialised supportive strategies to access activities the same-age children can access independently.</p> <p>Requires prompts to follow familiar routine.</p>	<p>Difficulty in functioning appropriately and requires some assistance to participate in activities to ensure active participation in practical tasks. E.g. child uses personal aids effectively and consistently but does not manage them independently.</p> <p>Requires modification of play activities to be able to access them.</p> <p>Requires more intensive support to follow routine.</p> <p>Working at a: 10-12month level at 2years 14-20month level at 3 years 20-28month level at 4 years</p>	<p>Requires access to full-time support to access differentiated activities for all aspects of learning. Without additional support the child would not be able to participate in any learning opportunities</p> <p>A level of functional vision so reduced as to prevent its use as the primary route for information acquisition and learning. Requires tactile support systems and alternative methods in almost all areas of learning</p> <p>Child is unable to function, participate and engage for a high proportion of their attendance without direct intense support.</p> <p>Child can not independently manage personal aids and requires support at all times to use them to access learning.</p> <p>Complex and long-term difficulties with play which require intense interventions.</p> <p>Working at a: 6-8month level at 2years 10-18month level at 3 years 18-24month level at 4 years</p>
Social, Emotional, Mental Health Needs (SEMH)	<p>After an appropriate transition and settling-in period, has longer-term difficulties settling into setting. Some difficulties relating to separating from carer.</p> <p>Has difficulty seeking comfort from familiar adults and/or with self-soothing.</p> <p>Fits between activities and needs some short-term individual direction to participate and engage in activities. Will sit at a group activity for shorter lengths of time than same-age children.</p> <p>Has more difficulty than same-age children in accepting routine and boundaries.</p> <p>Family crisis has led to child requiring focused support.</p>	<p>Severe separation anxiety that persists throughout the session over a period of weeks despite support in place. Attachment to key carers not securely established.</p> <p>Consistently needs support to enable participation in activities and develop sustained concentration</p> <p>With support and encouragement, child finds it difficult to respond to appropriate boundaries.</p> <p>Struggles to tolerate delay when needs not immediately met.</p>	<p>Does not cooperate with care giving experiences. Anxiety expressed through behaviour creates a barrier to learning.</p> <p>Requires significant level of support to engage and participate in learning.</p> <p>Regular (daily) intensive disruption which breaks down the child's ability to continue with learning. Child's behaviour can on occasion place themselves and others in danger.</p>	<p>Involved in incidents where intense emotional distress and or impulsive behaviour can put themselves or others at risk. Requires a high level of intervention including specialist support to address the child's social and emotional needs.</p> <p>Consistently and persistently high levels of severe and challenging behaviour or excessive obsessive behaviour causing disruption to the majority of children's learning daily.</p> <p>Requires structured support to provide prompting, to start and to maintain appropriate behaviour for most of the session. Needs a safe designated area within the context of the setting which allows the child to undertake individualised activities and make progress with their learning.</p> <p>Regular (daily) intensive episodes of behaviour (biting, spitting, kicking etc.) which are unpredictable, persistent and extreme in relation to the child's ages and stages of development.</p>
Physical and Sensory Needs	<p>Physical difficulties which require some adaptations to equipment with some monitoring.</p> <p>Delay in fine and gross motor development which requires monitoring.</p> <p>Moderate hearing or visual impairment requiring support to monitor adjustments.</p> <p>Difficulties in some self-help skills compared to same-age children. Requires prompting.</p>	<p>Requires adult support for monitoring of mobility.</p> <p>Some adaptations required to the environment to allow access.</p> <p>Delay with fine/gross motor development requiring input/programmes from external professional.</p> <p>Moderate or severe hearing loss, may wear aids. Moderate visual difficulties/loss. Speech and language difficulties associated with sensory needs/loss.</p> <p>Requires regular support to be able to complete self-help skills as compared to same age children.</p>	<p>Physical difficulties that require varied and extensive specialist equipment and regular support. Delay with physical coordination as identified by OT or physiotherapist.</p> <p>Support required to use identified communication aid and enable access to and adaptation of activities/ curriculum due to sensory impairment.</p> <p>Requires support for almost all self-help skills.</p> <p>Child seeks sensory experiences (spinning, eating of non-edible items, etc) within the environment but can be distracted by an adult</p>	<p>A level of functional vision so reduced as to prevent its use as the primary route for information acquisition and learning. Requires tactile support systems and alternative methods in almost all areas of learning.</p> <p>Severe or profound hearing loss impacting on development.</p> <p>All staff in direct contact with the child require appropriate training to react to medical emergencies. Has significant medical condition requiring ongoing medical intervention and monitoring</p> <p>Consistently reliant on adult support for moving and positioning. Staff are appropriately trained to use specialist postural equipment for standing, seating.</p> <p>Medical condition which requires adults to have additional training or receive advice to administer medication.</p> <p>Child seeks sensory experiences within the environment and are unable to be distracted by an adult</p>

Monitoring

Monitoring form

Please fill in the below table and attach further evidence of the child's progress over the funded period (e.g. Provision maps, assessment data, external agency support plans)

Name of child: Known as: Date of Birth: Age: Setting: Date of monitoring:
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Outcome	Strategies used:	Progress towards Outcome and Next Steps:
<i>Example</i> <p>John will have a clearly reduced need to 'escape' and be able to access some group activities which were previously difficult for him.</p> <p>John to be able to access a 'safe' area when he is feeling overwhelmed with minimal adult prompting.</p>	<ul style="list-style-type: none"> • Use of a 'Cosy Cave' and calming toys for John • Visuals for John to indicate he wants to go to the Cosy Cave • Targeted exercises to support his emotional regulation • Recording of incidents to understand triggers and reduce these for John • Initial Adult modelling 	<p>John is now able to use the 'safe space' when he feels overwhelmed but requires a high level of prompting still. However, we have noticed the amount of prompting has decreased slightly recently and he is able to, on occasion, use a visual to indicate he would like to go.</p> <p>John requires further support in this area, but this can be met with carefully planned support using the core funding.</p>

Impact

	September 2019	September 2020		October 2019	October 2020		November 2019	November 2020
Applications	3	6		4	9		12	22

	September 2019	September 2020		October 2019	October 2020		November 2019	November 2020
Settings	2	3		4	9		8	11

Applications to Early Years Inclusion Funding Panel

