**SEN Funding applications (Inclusion and High Needs): Matrix Overview**

**Child’s Name:**………P WAGOLL…What A Good One Looks Like……… **DOB:** ……2 ½ y/o….

**Home Address:**………………Solihull………………… **Post Code**.....Sol1..........

**School/Setting:**……………Wendys House………………………………………………

**Key person/SENCo:**…………S SENCo……… **Contact details:**……nursery………….

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| 0 equates to intervention at Band 0 (**Universal Entitlement**)0+ equates to intervention at Band 0 (**Universal Entitlement+ -** child with an additional  need.**1 equates to intervention at Band 1 (SEN support, Targeted Plan** **(Level 1 - Inclusion Funding for 3-4 year olds only)** **2 equates to pupils where an EHCP is being considered**  **(Level 2 - High Needs Funding for 2-4 Year olds)** |

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| --- | --- | --- | --- | --- |
|  | 0 | 0+ | **1** | **2** |
| **Access to a full range of activities** |  |  | **X** |  |
| **Behaviour during group times** |  |  |  | **X** |
| **How child responds to routines** |  |  |  | **X** |
| **Cognition and learning** |  |  | **X** |  |
| **Physical , Sensory or health needs** | **X** |  |  |  |
| **Receptive language** |  |  |  | **X** |
| **Expressive language** |  |  | **X** |  |
| **Listening and attention** |  |  | **X** |  |
| **Sensory processing** |  | **X** |  |  |
| **Interaction with peers** |  |  | **X** |  |
| **Interaction with adults** |  |  | **X** |  |
| **Anxiety** |  |  | **X** |  |
| **Safety: Individual poses risk to self, peers, adult or environment or the environment needs modifications to ensure safety.** |  |  | **X** |  |

**Access**

**Access to full range of activities**

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| 0 | Playing, learning and exploring is at the age appropriate level. Child responds to resources, activities, environment and other people. Child may require a small amount of individual support during learning activities e.g. to reach items, suitable sized seating and tables. Child may be unwilling to attempt certain activities, e.g. messy play, new activities. |
| 0+ | Cognition, interaction, communication or physical difficulties may require some additional support and individualised planning. |
| 1 | Cognition, interaction, communication or physical difficulties will require some additional support and individualised planning, pre-teaching of new learning, one to one support to access learning activities. |
| 2 | Cognition, interaction, communication, physical or sensory difficulties requires constant additional support and individualised planning to access environment and curriculum. |

**Behaviour during group times**

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| 0 | Enjoys small and large group sessions, makes relevant contributions and listens and responds appropriately to others. Sometimes the child will need adult support and/or instructions given individually to enable to stay on task. |
| 0+ | Copes better in small groups with familiar shorter activities and clear routines. Needs adult support in order to achieve this. |
| 1 | Child is displaying some of these behaviours:-Withdrawing, signs of anxiety, tearfulness, very limited attention and concentration |
| 2 | Large and small group activities are inappropriate for the child due to significant social/cognition delay. 1:1 activities are offered as a reasonable adjustment. |

**How child responds to routines**

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| 0 | Able to follow nursery and home routines and is happy to accept changes taking place, sometimes needing prompting from adults. |
| 0+ | Child is having some difficulties following nursery routines, needs individual visual timetable or prompting to help with this and choice making, is often on own agenda. May show some signs of anxiety despite being given substantial preparation for the change. |
| 1 | Child has introduced their own rituals to accompany routines, e.g. having to put toys away in a certain order, will show signs of distress if this doesn’t happen. |
| 2 | Familiar routines can cause stress and anxiety. Unpredictable behaviour may be displayed. |

**Individual Need**

**Cognition and learning**

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| 0 | Child is accessing curriculum at an age appropriate level but there may be some evidence of differentiation in weekly planning and repetition or small group work. |
| 0+ | Child is showing delay of 6 months in EYFS prime areas/Development Matters.Needs differentiated activities with frequent repetition at least 3 times per week. |
| 1 | Child is showing delay of 12 months in EYFS prime areas/Development Matters.Needs differentiated activities with frequent repetition more than 3 times per week. Needs 1:1 or 1:2 activities that require individual planning. |
| 2 | Child is showing delay of more than 12 months in EYFS prime areas/Development Matters and despite support and intervention, progress is still very limited. |

**Physical, Sensory or Health needs**

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| 0 | The child has a diagnosed disability or medical condition and is able to access the curriculum at an age appropriate level. A risk assessment or care plan may be in place. The child may need some different equipment, e.g. special scissors, sloping board. Child has some stability or co-ordination difficulties. They may need extra assistance with some activities e.g. use of buggy for outings due to delayed mobility. |
| 0+ | Child needs supportive equipment in order to support learning and inclusion.Physical skills may be delayed due to the long term nature of the disability e.g. child moves by crawling or bottom shuffling |
| 1 | Child is not able to access the setting independently. Balance and strength are reduced. Physical dependence on adults for hygiene, self care and movement around the environment. May require the use of specialist equipment. |
| 2 | Child requires constant adult supervision. Advice and strategies from the SISs Sensory and Physical impairment Team have been put in place.  |

**Communication – Receptive Language**

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| 0 | Receptive language skills are developing age appropriately or Receptive language is more developed than expressive and there is poor generalisation of concepts. Responds to 2 key word instructions, responds to simple questions, can make verbal choices, sometimes needing processing time.Child may have been referred for Speech and Language Therapy |
| 0+ | Child needs additional cues to support understanding of language. They rely on visual cues to respond to simple requests. They can point to a picture in a book when named and follow single word instructions. |
| 1 | Child responds to single words in context and recognises familiar objects and people when named. Child may require simple signs to support understanding. |
| 2 | Child anticipates familiar routines in response to sounds, actions or smells. |

**Communication – Expressive Language**

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| 0 | Expressive language and speech is developing in an age appropriate way. Expressive language may be more developed that receptive language. The child can use up to 200 words and talks in short sentences or the child may have a mild delay in language and speech sound development.Child may have been referred for Speech and Language Therapy. |
| 0+ | Speech is intelligible in context. There may be some use of echolalia. Uses 2 word phrases. |
| 1 | Uses single words, signs, gesture and learnt phrases to communicate. Speech is unintelligible even in context.May use constant echolalia |
| 2 | No intelligible speech or small range of vocalisation to show feelings. |

**Communication – Listening and attention**

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| 0 | Listening and attention skills are age appropriate or Child is beginning to attend to meaningful language but may require prompting to listen to spoken language. Language used may need to be simplified. |
| 0+ | Gives single channelled attention. Usually needs prompting to listen to spoken language. Needs specific signals to gain/maintain attention. Gives better attention to activities involving non-verbal skills rather than language based. |
| 1 | Uses single words, signs, gesture and learnt phrases to communicate. Speech is unintelligible even in context.Constant echolalia |
| 2 | No intelligible speech or small range of vocalisation to show feelings. |

**Sensory Processing**

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| 0 | Ability to sensory process is age appropriate or the child makes limited response or mildly overacts to some sensations e.g. may be distressed by sounds. |
| 0+ | The environment has to be adapted to reduce/increase sensory stimuli. The child may smell or taste inedible objects. They display a variable response to a range of sensations. They over/under react to pain. May be more interested in lighting/mirrors than peers. Seeks to move more than other children. |
| 1 | Will tolerate focussed adult input in reducing/increasing the sensory stimuliIs preoccupied with touching, smelling, tasting or looking at objects or people.Shows extreme over or under reaction to sensory input.Requires extra time to process information and respond. |
| 2 | Severity of sensory needs that require a sensory assessment and/or sensory diet. Total inability to tolerate environment and curriculum due to sensory needs. |

**Interaction with peers**

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| 0 | Interacts in an age appropriate manner with peers. Observes peers and shows an interest in their play but not always responding to peers attempts to engage in play activities |
| 0+ | Play is very much on own agenda and contact with peers is limited. Will become upset and frustrated if other children join in activity or try to use the same resource. May avoid eye contact.Having difficulty forming relationships with peers. Unable to attend an activity for any length of time. |
| 1 | Child is beginning to anticipate an event from hearing a sound. May look towards source of sound. Tries to copy adult facial expressions. Demonstrates awareness of when things sound different e.g. new people, objects. Begins to choose own focus of attention. |
| 2 | Has inbuilt reflexes and reactions. Responds to familiar voices. |

**Interaction with adults**

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| 0 | Interacts in an age appropriate manner with adults/key worker but may lack consistency in responding to adult/key workers’ attempt to engage them in conversation or activities. |
| 0+ | Rarely responds verbally to an adult, does not seek out adults for praise, or their attempts at interactions are inappropriate e.g. over familiar, on own agenda, negative/aggressive/passive. Shows little interest in adult led/supported activities.  |
| 1 | Lacks awareness of adults. Will tolerate adult intervention or support for short periods. Requires support from one familiar adult. |
| 2 | Total inability to tolerate any social interaction other than meeting their own basic needs. No recognition of own or others emotions. |

**Anxiety**

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| 0 | Child copes with routines, new events and people with minimal support |
| 0+ | New situations cause high anxiety that requires adult intervention |
| 1 | Child resists or becomes upset when routines change and requires a significant level of preparation and support. |
| 2 | Levels of anxiety prevent the child from engaging fully in the environment. They may completely withdraw, become distressed or angry posing a risk to self or others despite adult intervention and preparation. |

**Safety**

**Individual poses risk to self, peers, adults or environment. Requires adaptations to access the setting**

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| 0 | No risk or shows some lack of awareness but is learning from experience and setting rules. |
| 0+ | Behaviours could pose a risk to self or others despite appropriate interventions being in place. Environment needs some modification to enable the child to move around safely. |
| 1 | Interventions are used consistently but behaviours continue to cause risk to self and others and are more evident at identified times within session.Significant modification of areas to enable the chid to access areas alongside their peers. |
| 2 | Risk of significant harm to self and others.Significant risk if child is not supervised |

SEN Funding (Inclusion and High Needs) Supporting Evidence

**Child’s Name:**………P WAGOLL………. **DOB:** ……2 1/2……… **Age** ……2 1/2….

**Home Address:**……………Solihull………………… **Post Code**....Sol1......

**School/Setting:**…………………………Wendy’s House………………………………………………

**Key person/SENCo:**……S SENCo…………… **Contact details:**………nursery……….

**Reviewed Individual Action Plan included**

**Relevant supporting/additional evidence e.g. Professional/ reports**

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| **Setting** | Number of children in session: 20 |
| Number of learning spaces: 22 |
| Ratio- *average adult:child ratio when child attends*: 1:4 |
| Number of Staff: 5 |
| Setting experience and ability to manage inclusion:All staff AET trainedVast knowledge and experience working with children with a range of needsGood Ofsted- oral feedback supported SEND support |
| Needs of wider cohort e.g. EAL, SEN, deprivation):Area of deprivationChildren [x3] who also receive funding for inclusion are in the setting2 EAL children3 children with additional safeguarding needsSALT support for 4 children1 child medical needs |
| What will the funding be used for? (description and cost including equipment application)Additional practitioner time to support higher adult-child ratios [£7.50/hour] –and also to aid transition into 3 / 4 y/o room if necessary as ratios higherLiaise with parents to buy some toys that he has at home/ of great interest to help during times of high anxiety [£20+]Visual aids – cost of creation [£5-£10]Cosy space to retreat to if she needs to ‘escape’ for a time with tactile fabric cushions [expect it will be £20 ish] |
| **Child** | Context of need not reflected in matrix e.g. Child Protection, recent change which is impacting of access/progress. Medical issues relating to child’s needs |
| P WAGOLL has SALT and SISS support.She becomes highly stressed and finds some parts of the day very challenging. The result is that she finds it difficult to cope and cries and screams for quite a long time. She sometimes throws herself to the floor and bangs her limbs during her distress. This has resulted in injury. Triggers include : things not going P’s way, different routines, tidy up time, having to wait, etc. P’s older brother has an autism diagnosis. We feel that we have been able to prevent her hurting herself during times of stress as we have been able to observe anxiety and prevent harm. This is because of additional staffing in the 2-3s room and we have had a student placement which at times enables the key staff member to give additional support. |
| **History** | What has already happened, what is in place and how is that working? *Attach evidence e.g. Individual Action Plan with reviewed targets, professional reports* |
| We have adapted and adopted some of the strategies we have used in the past for a child with autism and communication needs. These are detailed on P’s plan and include keeping language simple and using the strategies suggested by SALT. A visual timetable using photos and objects makes the passage of time and expectations with a option for a choice between 2 discussed at the start of the day or ahead of the ‘choice’ time in the day. Our observation and assessment process helps us to target needs to plan for next steps needs and interests. She needs help to engage with some aspects of the day such as large group time and some adult supported activities and we use first and next pictures/ objects to support this. Paula does not cope well with changes to routine. She needs markers such as lunch time to feel safe and wants to put her coat on as soon as other children start to leave nursery. SALT joint assessments with us tell us that all communication and language areas are delayed and PSE and social communication is delayed also. There is limited child-to child peer interaction. She does not engage with activities easily but tends to wander without adult support. Current plan and reviewed plan included. |
| **What do you want from this application?**P finds it difficult to cope with some parts of the day and it is useful for her key person or a practitioner known to her to support and be vigilant to triggers and when she becomes stressed. Helping her remain calm and having strategies and resources to help us all cope and to support the other children in the group manage will be great for P and the group.***Tick which fund you are applying for*** |
| **Level 1 - Inclusion Funding** | **Level 2 – High Needs Funding YES***Must be signed and evidenced by a 0-25 practitioner* |
| **Signature of Key person/SENCo** | *S SENCO* |
| Name and Contact number | included |
| Date | included |
| **Signature of 0 – 25 Children and Young People’s SEND Service practitioner** | Signed and scanned as evidence |
| Name and contact number | included |
| Date | included |
| **Comment: *Must be completed for Inclusion Fund 2****I have supported P and the setting for the last year and they have put suggested approaches in place as well as working closely with the parents to understand Ps needs. P is given options to help support her to make decisions and cope with the routines and changes through the day. The additional resources discussed will help the setting meet her needs. My last visit report is attached for evidence.* |
| Application agreed (date) |  |
| Application declined (date) |  |
| **Monitoring arrangements** |  |
| Progress of child, attendance, needs increased/decreased. How has the funding been spent? What is the impact of this funding  |  |
| **Signature of 0 -25 Children and Young People’s SEND Service practitioner** |  |
| **Date** |  |