

Early Years - Application for High Needs Funding

(Updated December 2017. This form should be used when making **new applications** and when requesting a **renewal** of funding for children in the Early Years Foundation Stage. This includes children of pre-school age in Early Years settings, children transitioning into Reception and children attending a Reception class. Please refer to the guidance before completing the form)

Personal details	
Child's name: Gwendolyn Joy Vials Moore	DOB: 22/08/2014
Child's start date at setting: To begin September 2018	
Home address: 2 Coronation Drive Crosby Liverpool L23 3BN <i>(Please note, the child must live in Sefton for an application to be made, unless they are 'Looked After' to Sefton)</i>	
Parent's / carer's name: Adam Vials Moore, Cora Vials Moore	
Home language: English	
Is the child Looked After (LAC)? No If 'yes' please state local authority to whom the child is 'Looked After': <i>(Please note, the child must be 'Looked After' to Sefton for an application to be made)</i>	
Is the child in receipt of Disability Living Allowance (DLA)? Yes / No	
Does your setting receive additional funding to help support the child's needs through the Disability Access Fund (DAF)? Yes / No If 'yes' please confirm amount £ _____ per year	
Does the child have an Education, Health and Care Plan? Yes / No or Is an Education, Health and Care Needs Assessment underway? Yes (nursery are in the process of completing application for assessment)	

Setting information	
Name of setting: St Nicholas CE Primary School	
Setting address: Nicholas Road Blundellsands Liverpool L23 6TS	
Telephone number: 0151 924 1204	E-mail: admin@stnicholas.sefton.org.uk
Name of setting SENCo: Jayne Nel	
Numbers of children in the setting: 210	
Adult:child ratios in room where HNF will be used to support the child: 1:15	

Purpose of the application

Is this a new request for High Needs Funding? Yes (in this setting. HNF in place in nursery)

Amount of funding £27.930 Or _____ hours / week for the equivalent of 38 weeks / year

Is this a request for High Needs Funding to be renewed / reviewed? No

If 'yes' please include the **previous Action Plan**.

Date funding started:

Current funding £ _____ Or _____ hours / week for the equivalent of 38 weeks / year

This is a request for High Needs Funding to increase / decrease / stay the same

Amount of funding requested £ _____ or _____ hours / week for the equivalent of 38 weeks / year

Attendance

Child's attendance (Please fill in the times when the child attends your setting)

	Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL HOURS FOR WEEK
AM	8.55 – 11.55	8.55 – 11.55	8.55 – 11.55	8.55 – 11.55	8.55 – 11.55	15
PM	1.05 – 3.05	1.05 – 3.05	1.05 – 3.05	1.05 – 3.05	1.05 – 3.05	10
TOTAL HOURS						25

For Pre-school children only:

High Needs Funding is used to support a child's access to their **free entitlement** (i.e. up to 30 hours / week for the equivalent of 38 weeks / year)

Total hours a week the child will access their free entitlement *in your setting* _____ hours for 38 weeks / year equivalent as part of the (please indicate):

2 Year Old Offer

Universal entitlement for 3 and 4 year olds

Extended entitlement for 3 and 4 year olds

Voucher code reference _____

Does the child attend another setting? Yes / No (If 'yes' please provide details below, for example,

the name of the setting and hours the child attends)

Views of parent(s)/carer(s) (e.g. What's working / what's going well? What's not working / what needs to change? What are your views on your child's progress? You may like to comment on any other aspects of your child's strengths and needs. **Alternatively, settings / parents / carers may wish to use their own documentation to reflect the views of the parent (s) / carer(s)**)

Things that Gwendolyn is good at

Being photogenic

Signing along to songs – Miss Polly used to be her favourite but now she has moved on to wheels on the bus and wind the bobbin

She can write some words like 'mummy'! She is cognitively very well developed for any child with her health difficulties. Her development is extraordinary for her conditions. She is brave, strong, bright and gentle/sensitive.

She can count and knows her colours and loves books

She tries to talk when it is very difficult for her.

Things that Gwendolyn really likes

Swashbuckle, pirates in general- she wants to be a pirate when she grows up.

Food, especially jelly, cake and chips

Something special, Mr tumble, Justin – she can sign along to the "hello" song unless asked to do so of course!

Her brother

Things that Gwendolyn really dislikes

Avocado, Rice and Cooked mushrooms

Hugs from people she doesn't like – in fact proximity to someone she has taken a dislike to she can find really distressing

Other people being upset – including other children crying, upsetting scenes on televisions etc.

Things that are working well at the moment

Friendships – some really close friends and overall strong peer group in her current pre school

Health – very supportive GP practice and incredible consultants who make difficult recommendations/decisions always in her best interests and that of her family. Fabulous spot team.

Amazing family support worker.

School- loves the people at her pre-school.

She is a very bright girl

Things that are not working well at the moment

Gwen has Complex medical needs, derived in part from having both Downs Syndrome and Cerebral Palsy and has been classed as acute life threatening. Her conditions include, but are not limited to: Respiratory problems (respiratory arrests in the past, has home ventilation, sats adjusted, upper respiratory and chest infections – collapsed lung etc., 121 owing to breathing); she has different anatomy internally (trifurcation of passages to lungs), gastric problems (specialist bed, meds etc); issue with swallow (going up her nose and possible aspiration); hearing impaired; sight impaired; immune compromised; pain judged on heart rate increase (being referred back to cardiac); monitored for blood cancers etc.; can walk with assistance but requires a wheelchair.

Gwen's sleeping is poor, sleeping around two hours at a time. She gets very tired during the afternoons. She has hospice care, but it is difficult to leave her as she does not cope overnight without parents/brother.

Gwen's sats probes etc. still come from Alder Hey and she requires admission for oxygen. At Pre-school it has been difficult to provide Gwen with the required educational support, but that has improved with a new 121. There can be issues with sign. Her Spanish teacher uses her own made up signs instead of ones Gwen understands. Gwen has global delay. Gwen is still to be assessed by an educational psychologist.

Goals/Aspirations for the future

Supporting her health and education in order to allow her to reach her full potential – whether as an artist, scientist, lawyer, or president of the world!

She is a very bright girl who requires a lot of support to meet her educational needs.

What support/help do you feel is required in order to enable to achieve these goals/aspirations?

A full time 121 for safety as well as education- she is unstable on her feet and cannot move her own wheelchair. Her breathing remains a problem and she must be monitored when tired/asleep. She will need assistance at lunch time to sit/eat and at break times to get around. Full time educational support to assist her academic learning and communication. Sign classes for teachers and 121. Sign language to be used consistently in the classroom setting. Daily speech and language therapy (she does not really talk) Physiotherapy- once per week Occupational Therapy- for motor skills/handwriting etc. twice per week. Educational Psychologist- monthly Suitable position in the class room so she can hear and see. Training from the transitional care team at Alder Hey (resus, vent training etc.). A session/sessions in school with her class explaining what Downs Syndrome, Cerebral Palsy and hearing/sight impairments are/mean, that you cannot catch DS/CP and explaining communications. School awareness- through World Downs Syndrome Day/CP day- maybe an assembly explaining?

Child's views (e.g. What does the child like / what do they dislike? What is / who is important to them? It may not be possible for some children to express their views verbally. However these views can still be captured in other ways, for example through visual means, sample observations, and / or talking with those who know the child best. **Alternatively, settings may wish to use their own documentation to reflect the voice of the child)**

Please see parents' views above for child's likes and dislikes.

Main areas of need as defined in the Code of Practice (Please indicate (1) for the child's most primary need and (2) for any additional needs)

Communication & Interaction	1	Cognition & Learning	2
Social, Emotional & Mental Health	2	Sensory &/or Physical	2

Pen portrait of the child (What are the child's strengths, main difficulties and barriers to progress? It would be helpful to set these out against the prime areas of learning and development)

Gwendolyn is a lovely little girl who enjoys her time in nursery. She lives at home with her mum, dad and brother Isaac who she has a lovely, strong bond with. Gwendolyn has a diagnosis of Downs Syndrome and Cerebral Palsy and also has complex medical needs. She has had respiratory problems since birth and has suffered from repeated episodes of bronchiolitis and has had pneumonia. Gwendolyn has a collapsed lung and has had surgery for adenoid removal and a partial tonsillectomy.

Gwendolyn is toilet trained is yet to communicate if she needs to use the toilet. She is still known to have accidents every now and then.

When in nursery, Gwendolyn takes pleasure from lots of sensory activities and has a strong interest in playing with the dolls and other roleplay equipment in the room. Gwendolyn is using a few words and communicates mostly through gestures and some Signalong which staff use with all children in the room to make Gwendolyn feel included in the group. We work closely with outside agencies including speech and language, physio and a teacher for hearing needs to put into place strategies that will help Gwendolyn develop to the best of her ability. Gwendolyn has severely reduced eyesight and a low level of hearing and she wears glasses and a hearing aid at all times. Although Gwendolyn is now confident to walk around she still struggles with her physical movements and can get tired and lose her balance easily.

Are there any additional significant factors to consider as part of the child's presenting needs / situation? (Please provide details)

Attainment and progress (Please provide information gathered over time around the child's areas of learning and development. Alternatively you may wish to attach your own tracking and monitoring records)

Area of Learning and Development	Date:			Date:			Date:		
	Aged		months	Aged		months	Aged		months
Communication & Language									
Listening			E2						
Understanding			E1						
Speaking			C1						
Personal, Social & Emotional									
Self-Confidence / Self-Awareness			E1						
Man. Feelings & Behaviours			E1						
Making Relationships			E2						
Physical									
Moving & Handling			E1						
Health & Self-Care			E1						
Literacy									
Reading			E1						
Writing			D1						
Maths									
Numbers			C1						
Shape, Space & Measure			C3						
Understanding of the World									
People & Communities			D1						
The World			D2						
Technology			C3						
Expressive Art & Design									
Exploring Using Media & Materials			E1						
Being Imaginative			E1						

Key for completion:

A Birth to 11 months B 8-20 months C 16-26 months D 22-36 months E 30-50 months F 40-60+ months
emerging 1, expected 2, exceeding 3

The Graduated Approach

Timeline of identification and support: (Please list key actions / events to detail what has been done over time as part of a graduated approach to meeting the child's needs. This should include reasonable adjustments made. If the child is new to your setting there should still be evidence that advice from external agencies has been provided to support transition)

Action / key event e.g. date additional needs were identified, significant changes in provision / support for the child, conversations with parents and staff, involvement of outside agencies

Date

Gwen has received 1:1 support from nursery since the time she began Streatham House Nursery in June 2015.

Please note no SEN Support Plans in place from school setting as she has not yet begun.

Please include the most recently reviewed SEN Support Plan or equivalent with your application

External agency involvement (Please list outside agencies that have helped you gain a better understanding of the child's needs and whose views you have incorporated into previous and planned provision)

External agency	Name of professional	Date of report / record of involvement
SENIS e.g. Portage Advisor, Educational Psychologist, Inclusion Consultant, SEN and Inclusion Officer	Early Years IC Lynn Barber	24/01/17 10/05/17 06/10/17
Community Paediatrician	Antionette van Heerden	
Consultants		
Speech and Language Therapy	Sara Woodward	17/01/17 07/03/17 25/04/17
Occupational Therapy	Clare Mason	22/05/17
Physiotherapy	Juliet Weston	22/05/17
Health Visitor		
Social Care	Amanda Reece(social worker)	
Other	Margaret Dutton (teacher for hearing needs)	04/18

Action Plan for a child in a Reception class

(This Action Plan is ONLY to be completed for applications involving children who are transitioning to Reception or in a Reception class)

Child's Name	Gwendolyn Vials Moore	Date of this plan	September 2018	Plan number	1
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Areas of learning and development	Outcome	Success criteria / Steps towards the outcome	Provision		
			How will 'top up' funding be used? What are the planned strategies and interventions which are <i>additional and different</i> to those available to all children in your setting? Please specify what, who, where	Frequency / duration	Cost
Communication & Language	<p>An outcome is the benefit or difference made to a child as a result of an intervention. Consider what is important to the child / for the child. Please state a timescale e.g. by the end of Reception / Key stage 1</p>	<p>Gwen will be encouraged to listen carefully to the sounds/play games to recognise sounds.</p> <p>Gwen will be encouraged to use name/sign for teachers and areas of the classroom as often as possible.</p> <p>Gwen will be given a photobook to practise names and signs for adults and areas of the classroom.</p> <p>Gwen will use a visual timetable and equipment list at the start of every session to ensure she is wearing glasses and hearing aid.</p> <p>Gwen's hearing aid will be checked every morning and will complete Ling sounds check each morning in a quiet area. If Ling sounds aren't produced then adaptations to learning will be made.</p> <p>Gwen will be provided with a high</p>	<p>1:1 TA Support will support Gwen during play and learning activities. Daily use of Signalong in group and whole class activities.</p> <p>The adult will model appropriate behaviours and language. They will ensure sounds are made clearly.</p> <p>The adult will offer choices of contrasting objects, encourage Gwen to choose correct object.</p> <p>Ensure to begin using toys that Gwen is familiar with for understanding of activity.</p> <p>The adult will support use of visuals throughout the day.</p> <p>The adult will complete Ling sounds check in a quiet/distraction free room and</p>	<p>Full time 1:1 support in class and lunchtimes.</p>	<p>Full time TA costs £20,030 Welfare costs £7,500</p>
	<p>Please note all outcomes timescales are by end of Reception.</p> <ul style="list-style-type: none"> Gwen will be able to identify environmental sounds in Reception. Gwen will know the name / sign members of staff who work with her regularly Gwen will learn the name/sign for the main areas of the Reception classroom. Gwen will her hearing aids and glasses consistently. Gwen will attempt to demonstrate that she can discriminate two sounds of the Ling sounds (mmm. ooo. ahh, eee, shh, sss). Gwen will develop her 				

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	<p>An outcome is the benefit or difference made to a child as a result of an intervention. Consider what is important to the child / for the child. Please state a timescale e.g. by the end of Reception / Key stage 1</p> <p>• storytime, toilet, snacktime</p>	<p>What will the child learn / achieve / do in making steps towards the outcome? Give examples</p>	<p>How will 'top up' funding be used? What are the planned strategies and interventions which are <i>additional and different</i> to those available to all children in your setting? Please specify what, who, where</p> <p>The adult should provide a good view of their face to encourage eye-contact and the possibility of lip-reading. (Adult to avoid obscuring the mouth when talking e.g. by their hand, moustache, or object held.) Adjectives should be combined with the noun that is being discussed e.g 'a red cup'. Include action words in directions eg. "make teddy jump on the chair"</p> <p>Speech and Language Therapy Targets</p> <p>Use prepositions within instructions eg. "put the ball under the slide"</p> <p>Adult to model phrases including action words, using speech and signing. Eg. "Gwen's painting", "drinking water".</p> <p>Describing pictures in books joining words/signs</p> <p>Use a range of oral activities to encourage control of airflow eg. blowing bubbles, blow football,</p>		

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	An outcome is the benefit or difference made to a child as a result of an intervention. Consider what is important to the child / for the child. Please state a timescale e.g. by the end of Reception / Key stage 1	What will the child learn / achieve / do in making steps towards the outcome? Give examples	whistles, making lip shapes in the mirror. Describe to Gwen what oral shapes you are making when making sounds eg. lips together "b" "p" Show Gwen photographs of her engaging in an activity, prior to it happening – eg. going to the bathroom. Sign and say what is going to happen. Gwen can then use the photos to support her message sending too.		
Cognition and Learning	<ul style="list-style-type: none"> Gwen will make choices in play. Gwen will extend her attention and concentration levels for the entire length of an activity and be able to begin and finish another activity. 	<p>Gwen will be given two choices to make during play and support will be given during adult directed activity.</p> <p>Gwen will be given tasks that are very short initially. They will then be extended in time when appropriate. Use of visual timetable/now and next will be used to support during play.</p> <p>Praise and reward will be used to encourage Gwen to focus for</p>	<p>1:1 support during both adult directed and independent tasks. Gwen will be given 2 choices of activities initially to support choice making.</p> <p>TA will support with use of visual timetable for each session and now and next cards used to extend attention on tasks.</p> <p>Possible use of TEEACH approach to support and motivate completing of activities.</p>	<p>Full time 1:1 support in class lessons and lunchtimes.</p> <p>Cost of resources to deliver</p>	£400

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	An outcome is the benefit or difference made to a child as a result of an intervention. Consider what is important to the child / for the child. Please state a timescale e.g. by the end of Reception / Key stage 1	What will the child learn / achieve / do in making steps towards the outcome? Give examples	TA to use meaningful motivators to encourage attention on tasks.	TEEACH	
Personal, Social and Emotional	<ul style="list-style-type: none"> Gwen will follow routines and rules in Reception Gwen will understand the concept of boundaries, rewards and sanctions. She will follow and cooperate with simple instructions. Gwen will play cooperatively with others. Gwen will play in a group. Gwen will initiate play. Gwen will be more independent in expressing her need for the toilet. Gwen will become fully independent with the full sequence of toileting. Gwen will understand rules and routines for lunchtimes. She will recognise the difference between what food is hers and what is others food. 	<p>increasingly longer periods of time.</p> <p>Gwen will become aware of rules and routines of reception through use of visual support where possible.</p> <p>Gwen will accept what she can and can't so in Reception. She will accept boundaries and understand rewards for good behaviour.</p> <p>Gwen will follow instructions with support of TA (through language and sign).</p> <p>Gwen will begin to share equipment/toys with her peers.</p> <p>Gwen (with support) will initiate play with another child.</p> <p>Gwen will be taken to the toilet and will be prompted to notice others going to the toilet.</p> <p>She will be encouraged to use language/sign to indicate need for the toilet and praised when she has done so.</p> <p>Gwen will be supported with visuals during lunchtime to recognise what is hers and what is</p>	<p>1:1 TA Support will support Gwen during play and learning activities. Daily use of Signalong in group and whole class activities.</p> <p>The adult will model appropriate behaviours and language during sessions, emphasising rules and routines both with language and sign.</p> <p>Adult will support toileting through use of language and signing. Attention will be drawn to others going to toilet and praise given for sign/language used when asking for the toilet. Visual aid/timetable for use of toilet will be introduced.</p> <p>1:1 adult will sit and model language and behaviour during meal times. Visual support will be offered during lunchtimes.</p> <p>Adult to model cutting action during mealtimes and use hand over hand where appropriate.</p>	Full time 1:1 support in class and lunchtimes.	

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	An outcome is the benefit or difference made to a child as a result of an intervention. Consider what is important to the child / for the child. Please state a timescale e.g. by the end of Reception / Key stage 1	What will the child learn / achieve / do in making steps towards the outcome? Give examples			
	others food.				
Physical (please include an Access Assessment if completed)	<ul style="list-style-type: none"> To develop fine motor/manipulative skills to allow for continued developing in mark making etc. To use adapted scissors. To imitate circular and linear movements. To begin to develop dressing and undressing skills. To begin to use a knife when eating. 		<p>1:1 support during all sessions to support with development of skills.</p> <p>Daily fine and gross motor skills sessions 1:1 in line with OT advice.</p> <p>Adult to model the use of thumb and fingertip to grasp, retain and manipulate items.</p> <p>Support with activities to develop hand dominance.</p> <p>Encourage and direct Gwen to a range of mark making activities.</p> <p>Support with changing for PE.</p> <p>Use of visuals and sign.</p> <p>Support during lunchtime to model and support use of fork and spoon and knife when appropriate.</p>	Full time 1:1 support in class and lunchtimes.	
Other	Medical Needs <ul style="list-style-type: none"> Gwen will require 1:1 monitoring if she sleeps in school as she uses a CPAP 		<p>1:1 support if sleeping to observe Gwen.</p> <p>Monitoring of medical needs throughout the day and</p>		

You may want to use this box to detail any other aspects of provision etc. e.g. to meet a child's medical needs (Please include a Medical Care Plan if completed)

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	<p>An outcome is the benefit or difference made to a child as a result of an intervention. Consider what is important to the child / for the child. Please state a timescale e.g. by the end of Reception / Key stage 1</p> <p>at home.</p> <ul style="list-style-type: none"> Medication administered 3 times daily in nursery 	<p>What will the child learn / achieve / do in making steps towards the outcome? Give examples</p>			
<p>Total cost of additional and different provision £</p> <p>Full time 1:1 support £27.530 Resources £400.00</p> <p>Less £6000 (to be paid by school)</p> <p>School has reached 3% threshold.</p> <p>Amount of 'top up' funding requested £</p> <p>£27.930</p>					