

Enhanced School Action Plus Funding

In April of this year the Authority introduced a new scheme for funding some pupils who would previously have received their funding to provide extra support through a statement of special educational needs. These new arrangements apply to pupils who have moderate learning difficulties, specific learning difficulties and speech language and communication needs.

Schools are required to provide written information on the pupil's difficulties together with details of how they have addressed their special educational needs. Decisions on whether funding should be provided and if so at what level, are taken by moderating panels. These operate in each of the Authority's three areas and meet on a monthly basis. As part of the introduction of this scheme 8 area meetings were held at which the operation of the scheme was described to representatives of school. These meetings were attended by staff from approximately 2/3 of all Lancashire schools.

At these meetings it was apparent that there was a wish to see the scheme extended to all other areas of special educational needs which currently require the provision of a statement before funding can be provided. In order to do this it will be necessary to develop criteria for Enhanced School Action Plus Funding in all the other areas of SEN. These are attached as Appendix A. As with the existing scheme such funding will be available for pupils whose needs can be met within Bands A – C of the authority's funding arrangements. (That is up to a level of funding of approximately £7,500.)

Applications for funding for pupils with other types of SEN will be made using the existing ESAP paperwork which will be revised during the autumn Term in the light of comments received from schools. Decisions on the actual level of funding to be provided in respect of individual pupils will be decided by the Area Moderating Panels within the range WPN 0.5 to WPN 2.0. Guidance to assist the Panels in their decision making will be produced.

Subject to agreement it is proposed that the scheme be extended to all other areas of special educational needs from 1 April 2006, using the criteria as set out in Appendix A.



Appendix A

Autistic Spectrum Disorder

Evidence of Intervention

1. There should be evidence that the child has **features** consistent with an **Autistic Spectrum Disorder** as identified either by a **Paediatrician** or by a **Psychologist**.

Evidence of Response to Intervention and Level of Difficulty (Points 2 and 3 must apply together with one from points 4 – 7).

2. The Child should have a **score of 30 or greater** on the **Childhood Autism Rating Scale (CARS)**
3. All three features of the '**triad of impairment**' will be present to some degree, (see Essential Features below)
4. Evidence based on specific examples that the child's Autistic Spectrum Disorder **significantly impedes** or **disrupts** their **access to the curriculum**, ability to take part in particular **classroom activities** or participate in aspects of **school life**.
5. Evidence based on specific examples that the child's Autistic Spectrum Disorder has given rise to **significant emotional** or **physical stress** or **behavioural difficulties**.
6. Evidence based on specific examples that the child's Autism Spectrum Disorder has significantly affected their **attainments**.
7. The child has **failed to achieve Level 8**** on **Interacting and Working with Others or Independent and Organisational skills or Attention**, as judged by the original Performance Scales for Personal and Social Development as set out by the DfES for pupils working below Level One of the National Curriculum.

****Personal and Social Development**

Interacting and Working with Others

- P8** Pupils can establish effective relations with others in small groups, actively contributing to the development of work/play. They engage in a variety of activities with peers, which may include make-believe and role-play, showing some variation in the roles they take. They make attempts to negotiate with others in a variety of activities and settings.



Independent and Organisational Skills

P8 Pupils can initiate and take part in new or untried tasks and activities and can contribute to the planning of these with some support. They are aware of different resources required for different familiar routines or activities.

Attention

P8 Pupils maintain attention to their own choice of activity, while also responding to other pupils or adults. They maintain their attention to familiar or enjoyable joint and small group activities, e.g. listening to and responding to stories or songs with intermittent support, e.g. verbal, physical prompting.

Essential Features

1. The child's social functioning is impaired in one or more of the following aspects of Social Interaction.

- Interaction with adults and children
- Interaction in small groups of 2 or 3 as well as larger groups
- The use of eye contact, facial expression, body posture and gesture to regulate social interactions
- To develop and maintain appropriate peer relationships

2. The child's communicative functioning is impaired in one or more of the following areas of Social Communication:

- A significant delay in receptive and/or expressive language skills, not accompanied by compensatory use of gesture or mime.
- An absence of language.
- Superficially perfect expressive language.
- Impaired comprehension of language including misinterpretations of literal/implied meanings.
- A relative failure to sustain conversational interchange (at available language skills level) with reciprocal responsiveness.
- Stereotypical and repetitive use of language, and/or idiosyncratic use of words or phrases.
- Use of pitch, stress, rate, rhythm and intonation of speech.



- Uses echolalia or delayed echolalia (i.e. repetition of phrases out of context).

3. **The child's functioning is impaired in one or more of the following aspects of Imagination:**

- There is an impairment of flexible thinking, imagination and adaptation to change. This varies from difficulties with development of 'pretend play' in the early years to difficulty with inferential/hypothetical/philosophical thinking in the later years.
- In general, the child displays restrictive, repetitive and stereotypical patterns of behaviour, interests and activities.

These may be seen as:

- A preoccupation of stereotyped, restricted patterns of interest
- Specific attachment to unusual objects or all-absorbing narrow interests
- Apparently compulsive adherence to specific, non-functional routines and rituals
- Distress over small, non-functional changes in the environment or normal daily routines



Hearing Impairment

Evidence of Intervention (both to be present)

1. Evidence that an **audiological assessment** has been carried out with **resultant intervention** taking place.
2. Evidence of intervention from a **qualified teacher of hearing impairment** over a period of at least **two terms**.

Evidence of Response to Intervention and Level of Difficulty (Point 3 must apply together with one from points 4 – 9).

3. Evidence that the child has at least a **moderately severe** hearing loss or that the child has a **moderate hearing** loss together **with secondary or multiple disabilities** or that the child has a **rapidly deteriorating** hearing loss.
4. The child's **pragmatic language** or **phonological abilities** show a **severe delay** in relation to their other development and as a consequence they are unable to access the curriculum. Such evidence would normally be provided through the use of a **checklist**.
5. The child's **expressive or receptive language** shows a **severe delay** in relation to their other development and as a consequence they are unable to access the curriculum. There should be evidence that they are functioning **below the first centile** on a standardised measure in at least one of these areas.
6. Evidence based on specific examples that the child's hearing difficulty significantly impairs their **emotional or social development**, access to the curriculum, ability to take part in particular classroom activities or participate in aspects of school life.
7. Evidence based on specific examples that the child's hearing difficulty places the child **under stress**, with associated **withdrawn or frustrated behaviour**.
8. Evidence based on specific examples that the child's hearing difficulty has significantly affected their **attainments**.
9. Evidence based on a trial period for a child with a radio aid or cochlear implant (or other device), that a significantly **high level of input** from a **teacher for hearing impaired** children is required.



Physical Disabilities and Medical Conditions

Evidence of Intervention (1 and 2 or 3 to be present)

1. Evidence that the child has been the subject of appropriate **medical assessment** and **intervention**.
2. Evidence that reasonable steps have been taken to make **adaptations** to the **school environment** and where necessary a **moving and handling plan** is in place.
3. Evidence that the **Lancashire County Guidelines on Medical Conditions** have been followed as appropriate and that a **care plan** is in place.

Evidence of Response to Intervention and Level of Difficulty (Point 4 must apply together with one from points 5 – 10).

4. Evidence that the child has a **physical disability** or **medical condition**, which requires **ongoing medical involvement**.
5. Evidence based on specific examples that the child is unable to take part in particular aspects of the school's curriculum without **close adult supervision** and/or **substantial adaptation** of **teaching materials** or the **environment** medical condition significantly impedes or disrupts their access to the curriculum, ability to take part in particular classroom activities or participate in aspects of school life..
6. Evidence based on specific examples that the child has **significant self-help** difficulties in for example, **dressing, toileting or feeding** and/or the child's condition gives rise to **serious safety issues**.
7. Evidence based on specific examples that the child's inability fully to take part in school life because of the child's physical disability or medical condition places the child under **significant emotional or physical stress** or **behavioural difficulties**.
8. Evidence based on specific examples that the child's physical disability or medical condition has significantly affected their **attainments**.
9. Evidence that the child is experiencing **significant and recurring** absences from school.



Visual Impairment

Evidence of Intervention (all to be present)

1. Evidence that an **ophthalmological assessment** has been carried out with **resultant intervention** taking place.
2. Evidence of intervention from a **qualified teacher of visual impairment** over a period of at least **two terms**.
3. Evidence that a **mobility plan** is in place **where appropriate**.

Evidence of Response to Intervention and Level of Difficulty (Point 4 must apply together with one from points 5 – 8).

4. Evidence that the child is **registered partially sighted**, or is eligible to be so registered. (See below for definition of partially sighted).
5. Evidence based on specific examples that the child's visual difficulty significantly impairs their **mobility, emotional or social development**, access to the curriculum, ability to take part in particular classroom activities or participate in aspects of school life.
6. Evidence based on specific examples that the child's visual difficulty places the child **under stress**, with associated **withdrawn or frustrated behaviour**.
7. Evidence based on specific examples that the child's visual difficulty has significantly affected their **attainments**.
8. The child has **failed to achieve Level 8** on Interacting and Working with Others, Independent and Organisational skills or Attention**, as judged by the original Performance Scales for Personal and Social Development as set out by the DfES for pupils working below Level One of the National Curriculum.

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People are eligible to be registered as partially sighted if they have: -

- (a) A visual acuity of between 3/60 and 6/60 Snellen and a full field of vision.
- (b) A visual acuity of between 6/60 and 6/24 Snellen with a moderate contraction of the visual field.
- (c) A visual acuity of up to 6/18 Snellen, or even better, with a gross field defect.



Behavioural Emotional and Social Difficulties

(Primary phase only)

Evidence of Intervention

1. **Individual behaviour** and, where appropriate, **skill programmes** (e.g. social skills, conflict resolution...) have been used at School Action and School Action Plus

Evidence of Persistent & Significant Difficulties

2. Inappropriate behaviours have persisted in spite of assessment and intervention implemented in response to the advice and support of agencies at School Action Plus. The child has **not learned alternative behaviours** that are **consistent, fluent and independent**.
3. The behaviours **continue** to have severe educational consequences for the child concerned such as:
 - **injury to self or others or threat** of significant harm
 - inability to **access the curriculum** in the **majority of lessons**
 - consistent **lack of participation in learning or social** activities
 - inability to **form and maintain** appropriate **functional relationships** with others.
4. The child's standard score on at least one of the subscales of the **Devereux Behaviour Rating Scale** is **at or below the 1 centile**.

Evidence that other Explanatory Factors have been explored

5. The child's **educational level** has been **assessed** and **programmes implemented** to meet identified learning needs as appropriate
6. The behaviour has occurred with **different class teachers/supervising adults** and this is documented using the **ABC Pupil Enquiry Form**.
7. Problem contexts have been assessed by school and/or support services and **steps taken to correct environmental variables**

