

SENIF Applications for children with Physical Difficulties or Complex Medical Needs

Children with physical disability and/or complex medical needs often require their learning and play experiences to be brought to them because they cannot access them independently.

Where a child is not able to explore their environment independently, they will require a facilitator to support them. The graduated approach is not applicable for these children because they cannot participate in child-initiated learning without help. There is, however, an expectation that settings will liaise with other professionals working with this cohort to support a baseline assessment to help identify targets for a personalised plan. This might include Portage, therapists or STLS PD specialist teachers.

Where settings are struggling to identify suitable targets for the personalised plan, they should join an STLS PD surgery to discuss the child's needs and to identify priorities. There is an expectation that the setting will have met, and started to build a relationship, with the family and child prior to requesting support. The SENIF finance team recognises this and have agreed that EY settings can apply for funding either before the child starts in their setting or soon after arrival.

Supporting evidence for the SENIF application must include:

- Current Personalised Plan and baseline attainment

Supporting evidence for the SENIF application might include:

- Individual health care plan
- Individual PD care plan
- Personal risk assessment
- Medical reports
- Therapy programmes
- Portage profile
- STLS PD report and/or surgery minutes

Children with complex medical needs, eg trachy stoma or Hickman line, Cystic Fibrosis would need a more personalised approach if they are ambulant. The rationale would be individual:

- Trachy in place or trachy stoma not repaired: these children are at risk of chest infections through aspiration of airborne materials which might be inhaled. In EY settings these would include: flour, glitter, dry and wet sand, compost, water. They may be nil by mouth or on specialist diets. They may also require periodic suctioning to clear secretions. SENIF would be required to ensure their safety through close supervision and to manage their frustration by redirecting them to different areas of the setting if there is a perceived risk.
- Supporting evidence would be:
 - Current Personalised Plan and baseline attainment
 - Personal risk assessment
 - Individual health care plan and/or care management plan from specialist nursing team
 - Medical reports
 - STLS PD report and/or surgery minutes

For a Hickman line it would be more around the line not being disturbed or pulled. Alternative access to some activities and facilitation to participate physical play activities. For cystic fibrosis it would be the risk of inhaling moulds and spores in all of the areas outdoors and indoors etc where there is any standing water.

Children with needs as identified as above are likely to be considered at the Local Authority's Complex Case Advisory Group for Quality assurance of agreements made.