

Funding model for PSA Support and Needs Analysis Form

The Needs Analysis Form identifies the individualised needs of pupils who are currently in the ESF system, and helps to ensure equity in the way that support is allocated and used.

The descriptions are highlighting the needs not the potential of the child. The statements are created not to categorise as A, B and C children, but to identify the types of (PSA) support required to meet needs. Child planning processes and solution oriented action planning is key to meeting additional support needs, and this funding model is only part of that process.

Every category on the Needs Analysis Master has been considered for each individual pupil with ESF, based on the information contained in the ESF forms and an A, B or C decision has been reached.

A - allocated 27.5 hours

B - allocated 15 hours

C - allocated 10 hours

In future these allocations will be considered by local moderation groups using the Needs Analysis Grid to make the **A, B, C** decisions or alterations. This will improve consistency and equity.

There is an understanding that for pupils with complex, lifelong needs, they will require an **A** allocation throughout their time in school but it is hoped that for other children there would be fluctuation from **B** to **C** and to greater independence as pupils develop and grow.

Please find below an example of a blank Needs Analysis form and case study examples of an A, B and C decision to aid your understanding of how your allocation has been derived.

For the last case study, the C allocation, please note the illustration of how the 10 hours can be used effectively.

Needs Analysis Form. (MASTER)

Pupil	A = 27.5 hours Profound and Complex Enhanced Provision	B = 15 hours School within an school Targeted support	C = 10 hours Universal Support mostly within mainstream
Personal care	A = Highest Level Care Need	B = Shared Care Need	I = Independent care
	Intimate Care: Hoisting/medical/feeding and toileting Multi-agency and Allied Health Complex and Lifelong Personal Care needs.	Supervision/ support for: Toileting / toilet training Lunchtime and breaks Some medical input. Promoting Independence Significant Delay in managing Personal care	No Care Protocols
Curriculum	A = Intensive sensory curriculum	B = Pre- early Curriculum Evidence of level 1/2 achievement developing	C= Curriculum for Excellence Mainstream differentiated
	Pre-early throughout school Severe and Profound Curriculum Sensory and Physical based. Curricular input from Allied Health Team National 1 in senior phase. Transition into Adult Services	Curricular Focus on independence skills for life, well-being, social emotional communication. National 2: Literacy, Numeracy and life-skills in the senior phase Supported transition into work, college or other placement.	National 3,4,5 in senior phase Supported Transition into work / FE
Language and Communication	A = Pre verbal – use of lifelong communication aids.	B = Receptive language Expressive language delay	C = Can learn in an Inclusive communication environment.
	ie PODD, AAC, voice output technology, eye gaze, switches, intensive interaction	Pre-verbal communication strategies being taught. (visuals, PECs, now and next, Makaton, PODD) Social communication and interaction skills significantly delayed	Communication strategies and supports used. Social communication and interaction causes confusion and distress
Distressed behaviour	A = High Safety Risk	B Occasional Safety Risk	C Low Risk
	Frequent distress on a daily basis, volatile in most settings. Robust intervention planning and supervision	Distress managed with plans protocols and taught strategies	C = Safe infrequent or no distress
SEBN	Stage 3 – Multi-agency intervention	Stage 2 – Single agency with Support	Stage 1 – Single agency
	<i>Alterative curriculum</i>	Adapted curriculum	Mainstream curriculum with strategies
Learning Need	A = Complex Global Developmental Delay	B = Moderate learning Some developmental Delay	C = Specific Learning difficulty, Universal Support
Medical and Complex Diagnosis	<i>Recorded if diagnosed ASD, ADHD, CP, Downs syndrome, Epilepsy, (other syndromes and conditions) Complex medical needs it will be recorded as complex med Other factors that give rise to need ie Family Circumstances</i>		PSA Allocation Decision A B C

Case Study A: Meera has complex Needs, Cerebral Palsy, Global Developmental Delay and requires personal care and support for all daily tasks

Pupil Meera Jones	A = 27.5 hours Profound and Complex Enhanced Provision - 44 pupils	B = 15 hours School within an school Targeted support	C = 10 hours Universal Support mostly within mainstream
Personal care	A = Highest Level Care Need	B = Shared Care Need	I = Independent care
	Intimate Care: Hoisting/medical/feeding and toileting Multi-agency and Allied Health Complex and Lifelong Personal Care needs.	Supervision/ support for: Toileting / toilet training Lunchtime and breaks Some medical input. Promoting Independence Significant Delay in managing Personal care	No Care Protocols
Curriculum	A = Intensive sensory curriculum	B = Pre- early Curriculum Evidence of level 1/2 achievement developing	C= Curriculum for Excellence Mainstream differentiated
	Pre-early throughout school Severe and Profound Curriculum Sensory and Physical based. Curricular input from Allied Health Team National 1 in senior phase. Transition into Adult Services	Curricular Focus on independence, Skills for life, well- being, social emotional communication. Predict N2: Literacy, Numeracy and life-skills in the senior phase Supported transition into work, college or other placement.	National 3,4,5 in senior phase Supported Transition into work or Further Education
Language and Communication	A = Pre verbal. Use of lifelong communication aids.	B = Receptive language Expressive language delay	C = Can learn in an Inclusive communication environment.
	ie ACC, PODD, voice output technology, eye gaze, switches, intensive interaction Social Communication and Interaction lifelong delay	Pre-verbal communication strategies being taught. (visuals, PECs, now and next, Makaton, PODD) Social communication and interaction skills significantly delayed	Communication strategies and supports used. Social communication and interaction causes confusion and distress
Safety & Distressed behaviour	A = High Safety Risk	B Occasional Safety Risk	C Low Risk
	Frequent distress on a daily basis, volatile most settings	Distress managed with plans protocols and taught strategies	C = Safe infrequent or no distress
SEBN NA	Stage 3 – Multi-agency intervention	Stage 2 – Single agency with Support	Stage 1 – Single agency
	Alterative curriculum provision	Adapted curriculum	Mainstream curriculum with strategies
Learning Need	A = Complex Global Developmental Delay	B = Moderate learning Some developmental Delay	C = Specific Learning difficulty, Universal Support
Medical and Complex Diagnosis	Complex Needs and Dystonic Cerebral Palsy.		PSA Allocation Decision A B C

Case Study B

Jason has Autism, Dyspraxia and Global Developmental Delay. He is 9 years old. He wears nappies at night time and has an intimate care protocol to support toileting in school. He is learning phonics sounds and can add and subtract single digits with visual support. He is able to say a few words and follows a timetable using PECS symbols.

Pupil Jason Jones	A = 27.5 hours Profound and Complex Enhanced Provision	B = 15 hours School within an school Targeted support	C = 10 hours Universal Support mostly within mainstream
Personal care	A = Highest Level Care Need	B = Shared Care Need	I = Independent care
	Intimate Care: Hoisting/medical/feeding and toileting Multi-agency and Allied Health Complex and Lifelong Personal Care needs.	Supervision/ support for: Toileting / toilet training Lunchtime and breaks Some medical input. Promoting Independence Significant Delay in managing Personal care	No Care Protocols
Curriculum	A = Intensive sensory curriculum	B = Pre- early Curriculum Evidence of level 1/2 achievement developing	C= Curriculum for Excellence Mainstream differentiated
	Pre-early throughout school Severe and Profound Curriculum Sensory and Physical based. Curricular input from Allied Health Team National 1 in senior phase. Transition into Adult Services	Curricular Focus on independence skills for life, well-being, social emotional communication. National 2: Literacy, Numeracy and life-skills in the senior phase Supported transition into work, college or other placement.	National 3,4,5 in senior phase Supported Transition into work / FE
Language and Communication	A = Pre verbal – use of lifelong communication aids.	B = Receptive language Expressive language delay	C = Can learn in an Inclusive communication environment.
	ie PODD, AAC, voice output technology, eye gaze, switches, intensive interaction	Pre-verbal communication strategies being taught. (visuals, PECS, now and next, Makaton, PODD) Social communication and interaction skills significantly delayed	Communication strategies and supports used. Social communication and interaction causes confusion and distress
Safety & Distressed behaviour	A = High Safety Risk	B Occasional Safety Risk	C Low Risk
	Frequent distress on a daily basis, volatile most settings	Distress managed with plans protocols and taught strategies	C = Safe infrequent or no distress
SEBN	Stage 3 – Multi-agency intervention	Stage 2 – Single agency with Support	Stage 1 – Single agency
	Alterative curriculum provision	Adapted curriculum	Mainstream curriculum with strategies
Learning Need	A = Complex Global Developmental Delay	B = Moderate learning Some developmental Delay	C = Specific Learning difficulty, Universal Support
Medical and Complex Diagnosis	<i>Medical diagnosis of Autism and Dyspraxia.</i>		PSA Allocation Decision A B C

Case Study C

Douglas is in P 2 and has not engaged in his tasks in class for any sustained time. He will often run around and out of the class or hit out at his peers and staff. He works well on a 1-1 adult input away from his peers in a separate room but in class will not respond to any adults. Support strategies and protocols to manage his behaviour don't work and he presents as a risk to others and himself including fight or flight positions when triggered.

Pupil	A = 27.5 hours Profound and Complex Enhanced Provision	B = 15 hours School within an school Targeted support	C = 10 hours Universal Support mostly within mainstream
Personal care	A = Highest Level Care Need	B = Shared Care Need	I = Independent care
	Intimate Care: Hoisting/medical/feeding and toileting Multi-agency and Allied Health Complex and Lifelong Personal Care needs.	Supervision/ support for: Toileting / toilet training Lunchtime and breaks Some medical input. Promoting Independence Significant Delay in managing Personal care	No Care Protocols
Curriculum	A = Intensive sensory curriculum	B = Pre- early Curriculum Evidence of level 1/2 achievement developing	C= Curriculum for Excellence Mainstream differentiated
	Pre-early throughout school Severe and Profound Curriculum Sensory and Physical based. Curricular input from Allied Health Team National 1 in senior phase. Transition into Adult Services	Curricular Focus on independence skills for life, well-being, social emotional communication. National 2: Literacy, Numeracy and life-skills in the senior phase Supported transition into work, college or other placement.	National 3,4,5 in senior phase Supported Transition into work / FE
Language and Communication	A = Pre verbal – use of lifelong communication aids.	B = Receptive language Expressive language delay	C = Can learn in an Inclusive communication environment is able be understood and understand oral and written language
	ie PODD, AAC, voice output technology, eye gaze, switches, intensive interaction	Pre-verbal communication strategies being taught. (visuals, PECs, now and next, Makaton, PODD) Social communication and interaction skills significantly delayed	Communication strategies and supports used. *2 Social communication and interaction causes confusion and distress when presented as a demand or requirement
Safety & Distressed behaviour	A = High Safety Risk	B Occasional Safety Risk	C Low Risk
	Frequent distress on a daily basis, volatile most settings *1	Distress managed with plans protocols and taught strategies	C = Safe infrequent or no distress
SEBN	Stage 3 – Multi-agency intervention	Stage 2 – Single agency with Support	Stage 1 – Single agency
	<i>Alterative curriculum provision</i>	*3 Adapted curriculum	Mainstream curriculum with strategies
Learning Need	A = Complex Global Developmental Delay	B = Moderate learning Some developmental Delay	C = Specific Learning difficulty,

			C =* 4 Needs support to manage his emotions and communicate needs and responses
Medical and Complex Diagnosis	<i>No medical diagnosis. Family circumstances and observed developmental delay may be contributing factors giving rise to need for support.</i>		PSA Allocation Decision A B C
Strategies And Resources	Use of Staffing Resources: Other Supports and Strategies		Planning tools
	<p>*1 Protocol in place with script and consistent response to manage</p> <p>*2&4 Targeted specialist input to embed alternative responses to distress and support self-regulation Blocked timed input</p> <p>*3 PSA 1-1 support in class for identified IEP targets daily 30mins</p> <p>*2 PSA play therapy input (supported by specialist for first 2 sessions) 30 mins x 2 weekly</p> <p>* 2 Break and lunchtime support for a block of time to support play and peer interaction and applying self-regulation daily</p>		<ul style="list-style-type: none"> • LPS • IEP with a focus on relational approaches and feeling secure in the learning environment • Child planning process