

**Disability Access Fund (DAF)
Case Study #3**

A Setting in the South of England

The challenges that disabled child (or children) faced or faces within the setting.

Following a 27–30 months’ developmental check questionnaire, there were clear concerns raised about Child X who presented with a significant speech delay, social communication difficulties and delay in several areas of development.

Referrals were then made by the Community Dietician to Community Paediatrics, he was seen in May 2017 and further referrals were then made to Speech and Language Therapy Service and the Integrated Neurodevelopment Team. Child X was later diagnosed with Autism.

Child X is not yet able to communicate his personal care needs, which has delayed his independence, he is in nappies and reliant on adults to provide all his personal care.

Child X has a very selective diet and has a preference for pureed food, food intake has to be initiated and supported by adult.

Child X also presented with separation anxiety which caused barriers to learning, he would not allow anyone to come near him and comfort him, he could not cope with loud noises and was unable to interact with others. His parents became distressed when leaving him and would apologise to staff. They even said that they would not bring him back due to his behaviour.

How DAF has enabled staff to address or alleviate these challenges for the child or children (including what has DAF been spent on, how much has been spent and why).

The setting applied to Early Years Inclusion Fund for Disability Access Funding for a child in the setting who was in receipt of Disability Living Allowance.

The setting were granted £615 to help support the child to access the Free Entitlement to Early Learning (FEEL)

After careful consideration the setting used the money to purchase equipment for a sensory room.



After meeting to share concerns with Child X's parents, who reported that he would follow mum around from room to room at home. The setting also observed he was finding it difficult to settle.



The manager called their Area SENCO for advice, strategies were agreed and put in place, initially these were unsuccessful. However, the setting encouraged Child X to access the Sensory room (paid for with DAF funding for another child).

Child X now comes into the setting and heads directly to the sensory tent, staff feel that he views this as a safe place.

Setting staff report they sometimes find it difficult to try and get him out of there to play but report that they are very pleased that he now successfully comes into the setting and seems happy to go off and leave his parents. More recently he has now started to venture into the garden where other children are playing.

He likes the fish light and the parent has asked where they can purchase one for him to use at home.

The impact on the child or children on which DAF has been spent, and positive outcomes.

The 'sensory tent' has worked with Child X's strengths and given him coping mechanisms, his wellbeing has significantly improved, he has begun to play with his peers and incidentally the nursery has found out that he also likes shapes 😊

The setting report that Child X and other children in the setting have also benefited from the resources provided.

Partnership working with their Area SENCO helped the implementation of agreed strategies.

Why they think this is a good example of good practice

With this money provided, we were able to create a safe space to support this child when entering nursery, he was also able to wave goodbye to his parents at the door, which was a drastic change from before. He was able to use this space to do 1:1 work and it supported him with all his development as well as other children being able to access it.

Any other comments or observations.

Feedback from the parents:

Mum and dad were so concerned about his behaviour, so much so that they said they did not want to bring him back to nursery. The manager reassured them and told them "not to worry and they would cope with his behaviour and work together to settle him."

Child X was very clingy at home so much so that mum could not even go to the toilet on her own without taking him with her.

Mum became very ill which forced the separation between mum and child as mum was hospitalised. The nursery supported Dad with strategies to use at home.

Setting staff report that Child X's parents are very involved with his care. Even though at first they struggled with his Autism diagnoses.

His parents have now noticed a significant difference in his behaviour after implementing the suggested strategies at home. Music Therapy has worked well for Child X.

The relationship between Child X and his family is now better as they have a better understanding of his needs.