

Graduated Approach Physical and Medical



Guidance for Children and Young People with Physical and Medical Needs

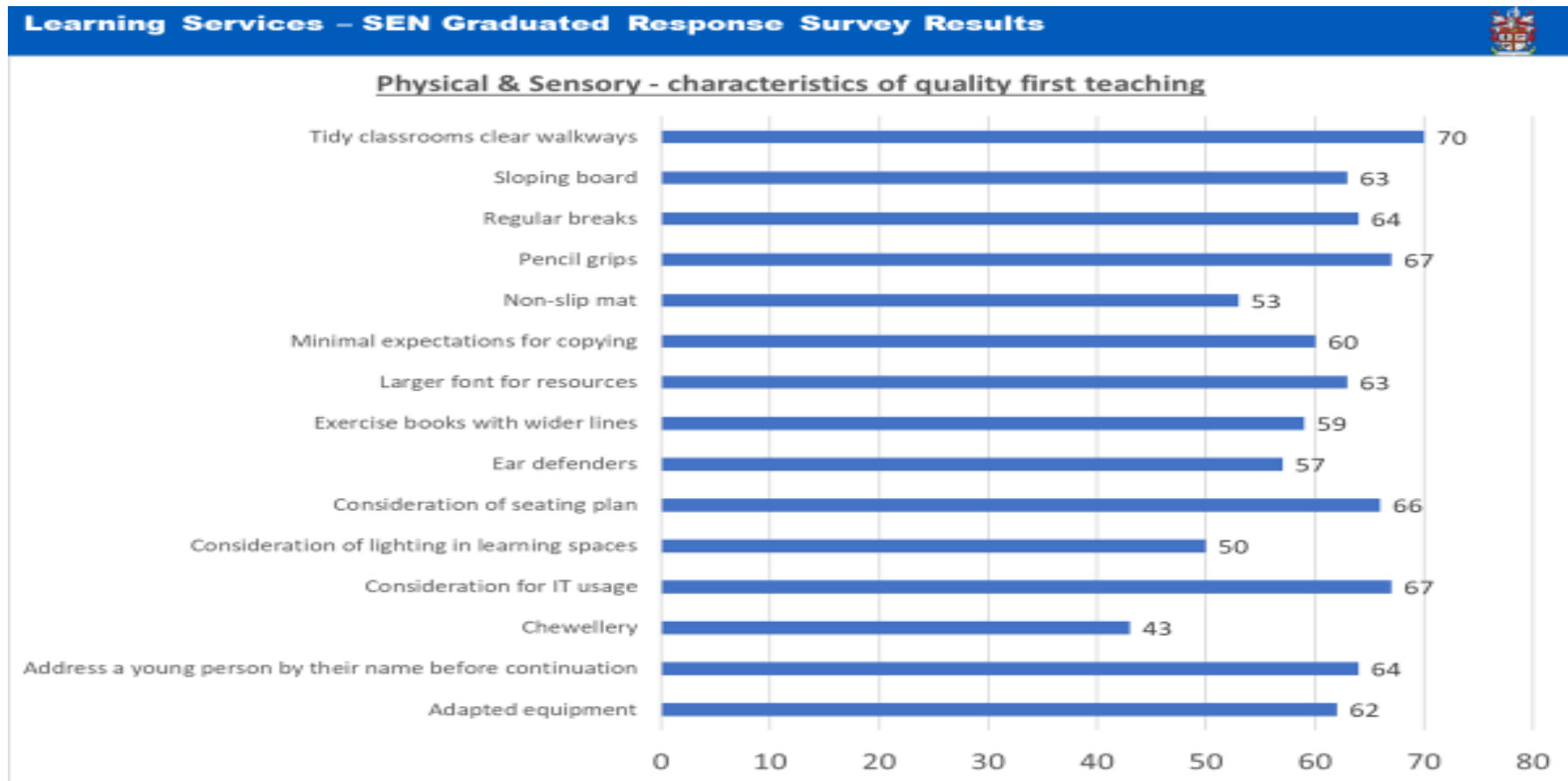
Range Descriptors Overview

<p>Quality First Teaching</p> <p>Range 1</p> <p>Mild</p>	<ul style="list-style-type: none"> • Some mild problems with fine motor skills and recording • Mild problems with self-help and independence • Some problems with gross motor skills and coordination often seen in PE • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment • May have continence/ toileting issues • Possible low levels of self-esteem • May have medical condition that impacts on time in school and requires a medical care plan <p>The NHS notes:</p> <ul style="list-style-type: none"> • It would be anticipated that schools would usually be able to implement first line strategies at this point. These strategies/ interventions have been made available to all schools and settings. • Physio may intervene with children who have mild physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes
<p>Initial Support</p> <p>Range 2</p> <p>Mild - Moderate</p>	<ul style="list-style-type: none"> • Continuing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording, impacting on access to curriculum • Making slow or little progress despite provision of targeted teaching approaches • Continuing difficulties with continence/ toileting • Continuing problems with self-esteem and peer relationships • Continuing problems with self-help and independence • Continuing problems with gross motor skills and coordination often seen in PE • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment • May have medical condition that impacts on time in school and requires a medical care plan • May have a condition that requires assessment for equipment and resources. <p>The NHS notes:</p> <ul style="list-style-type: none"> • An Educational Occupational Therapist may see children at any range once there is evidence that first line strategies/interventions have been implemented. • Physio may intervene with children who have mild-moderate physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes

<p>SEND Support</p> <p>Range 3</p> <p>Moderate</p>	<ul style="list-style-type: none"> • Moderate or persistent gross and/or fine motor difficulties • Recording and/or mobility now impacting more on access to the curriculum • May need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs, at break and lunch times • Increased dependence on seating to promote appropriate posture for fine motor activities/feeding • Increased dependence on mobility aids i.e. wheelchair or walking aid • Increased use of alternative methods for extended recording e.g. scribe, ICT • May have medical condition that impacts on time in school and requires a medical/care/ specialist support plan for seating and specialist equipment via the educational OT <p>The NHS notes:</p> <ul style="list-style-type: none"> • It would be anticipated that schools would make a referral to OT if first line strategies, advice and programmes have been trialled and evidenced but achievement is limited • These children may form the basis of targeted assessment – assessment and advice to home and school with programme/strategies to follow • The school/setting may require moving and handling training. • Physio needs would be based on assessment on a case by case basis – if a child is at the level when they need a walking aid/wheelchair they will already be known to Physio
<p>Enhanced SEND Support</p> <p>Range 4</p> <p>Significant</p>	<ul style="list-style-type: none"> • Significant physical/medical difficulties with or without associated learning difficulties • Physical and/or medical condition will have a significant impact on the ability to access the curriculum. This may be through a combination of physical, communication and learning difficulties • Significant and persistent difficulties in mobility around the building and in the classroom • Significant personal care needs which require adult support and access to a hygiene suite with specialist equipment • May have developmental delay and/or learning difficulties which impact upon access to curriculum • Primary need is identified as physical/medical <p>The NHS notes:</p> <ul style="list-style-type: none"> • Children in this category may require specialist equipment via physio/OT services • Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases

Quality First Teaching – Range 1

Schools in Stoke were surveyed to better understand what quality first teaching looked like with regards to physical and sensory. The following graph (see below) shows the range of support on offer and that 'tidy classrooms and clear walkways'; 'pencil grips' and 'consideration for seating plan' are the top strategies used.



Initial Support – Range 2

<p>NEEDS and CHALLENGES</p>	<p>A mild - moderate physical disability or medical condition. The pupil will present with many of the following:</p> <ul style="list-style-type: none"> • Continuing mild to moderate problems with hand / eye coordination, fine / gross motor skills and recording, impacting on access to curriculum • Making slow or little progress despite provision of targeted teaching approaches • Continuing difficulties with continence/ toileting • Continuing problems with self-esteem and peer relationships. • Continuing problems with self-help and independence. • Continuing problems with gross motor skills and coordination often seen in PE • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment • Have medical condition that impacts on time in school and require a medical care plan <p>NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.</p>
<p>ASSESS</p>	<ul style="list-style-type: none"> • As for range one but SENDCO to be involved in more specific assessments and observations • SENDCO may seek advice from health professionals • SENDCO involvement if no progress apparent after targeted teaching approach • Educational OT assessment for feeding, toileting, fine/gross motor equipment. • Moving and handling training may be required. • Advice to be sought from Health Professionals E.g. Physiotherapist, Occupational Therapist

<p>PLAN and DO</p>	<ul style="list-style-type: none"> • Universal QFT provision • Normal curriculum planning including group or individual targets • Care plan in place, if appropriate, written with specialist nurse/ school nurse • Alternative ways of recording to minimise handwriting • Involve parents regularly to support targets at home • Pupil involved in monitoring and setting targets • Mainstream class with occasional additional individual or small group support • Attention to positioning in classroom • First line strategies, based on advice and strategies given in training packages from OT and other health professionals • Buddy system • Attention to position in classroom • Quality First Teaching • Follow school handwriting scheme with further modifications and extra time for reinforcement • Some differentiation to PE curriculum • Opportunities to practice dressing and undressing skills • Access to appropriate ICT provision <p>Resources/Provision</p> <ul style="list-style-type: none"> • Differentiated writing materials and equipment • Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope cutlery, via Ed OT
<p>EXPECTED OUTCOMES / REVIEW</p>	<ul style="list-style-type: none"> • CYP is able to access the full National Curriculum with adaptations to the environment and/or reasonable adjustments or by the use of specialist equipment.

SEND Support – Range 3

<p>NEEDS and CHALLENGES</p>	<p>A moderate physical disability or medical condition. The pupil will present with many of the following:</p> <ul style="list-style-type: none"> • Moderate or persistent gross and/or fine motor difficulties • Recording and/or mobility now impacting more on access to the curriculum • Need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs, at break and lunch times • Increased dependence on seating to promote appropriate posture for fine motor activities / feeding • Increased dependence on mobility aids i.e. wheelchair or walking aid • Increased use of alternative methods for extended recording e.g. scribe, ICT <p>NC Level Depending on the identified nature of the difficulty, their NC level range may vary between ‘well above average’ to ‘well below average’.</p>
<p>ASSESS</p>	<p>Assessment</p> <ul style="list-style-type: none"> • SENDCO seeks advice from HI/VI Team and health care professionals in order to discuss next steps Need handwriting/ fine motor advice from OT • Personal care and manual handling assessment in conjunction with HI/VI Team, Educational Occupational Therapy, Physiotherapy and Health Professionals • Educational OT assessment for postural management, feeding, toileting, fine/gross motor needs • May require environmental assessment re accessibility.

PLAN and DO	<p>Planning</p> <ul style="list-style-type: none"> • Universal QFT provision • Normal curriculum planning including group or individual targets • Care plan in place, if appropriate, written with specialist nurse/ school nurse • Alternative ways of recording to minimise handwriting – assessment available through educational OT • Individual targets on support plan following advice from HI/VI Team /OT and health professionals • Modified planning for PE/outdoor play curriculum is likely to be needed • Involve parents regularly to support targets at home • Pupils involved in monitoring and setting targets • Small group or one to one adult input to practice skills • Individual skills-based work may need to take place • Nurture group input may be necessary to help with low self-esteem • Buddy system • Attention to position in classroom <p>Need the following:</p> <ul style="list-style-type: none"> • Quality First Teaching • Programme to support the development of handwriting skills as advised by Occupational Therapy • Differentiated writing materials and equipment • A programme to develop fine motor skills • Further differentiation to PE curriculum in conjunction with Physiotherapy (Physio needs would be based on assessment on a case by case basis) • Dressing and undressing skills programme in conjunction with Educational OT and Health OT for strategies • More dependence on appropriate ICT for recording • Schools would make referral to OT if first line strategies / advice and programmes have been trialled and evidenced but achievement is limited <p>These children may form the basis of targeted assessment – assessment and advice to home and school with programme / strategies to follow</p>
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PLAN and DO CONTINUED	Resources/Provision <ul style="list-style-type: none"> • ICT equipment to aid recording • Furniture and equipment assessed jointly by HI/VI Team and Occupational Therapy • Adapted site may be necessary to physically access the building – assessment by educational OT will be required. • Hygiene / medical room may be necessary <p>May need specialist low tech seating and/ or furniture and equipment</p>
EXPECTED OUTCOMES / REVIEW	<p>CYP is able to access the full National Curriculum with adaptations to the environment and/or reasonable adjustments or by the use of specialist equipment.</p>

Enhanced SEND Support – Range 4

<p>NEEDS and CHALLENGES</p>	<p>A significant physical disability or medical condition. The pupil will present with many of the following:</p> <ul style="list-style-type: none"> • Significant physical/medical difficulties with or without associated learning difficulties • Physical and/or medical condition will have a significant impact on the ability to access the curriculum, through a combination of physical, communication and learning difficulties • Significant and persistent difficulties in mobility around the building and in the classroom • Significant personal care needs which require adult support and access to a hygiene suite • Developmental delay and/or learning difficulties which impact upon access to curriculum • Primary need is identified as physical / medical • Significant physical/medical difficulties affect access to many parts of the curriculum but performance on non-physical based tasks may be age appropriate • Where there is a diagnosis of a physical disability or medical condition, the pupil's academic potential should not be underestimated
<p>ASSESS</p>	<ul style="list-style-type: none"> • SENDCO and specialists continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy as appropriate • Personal care assessment • Manual handling assessment • Educational OT assessment for postural management, feeding, toileting, fine/gross motor needs • May require environmental assessment re accessibility

<p>PLAN and DO</p>	<ul style="list-style-type: none"> • Universal QFT provision • Modified curriculum in some or all areas • Care plan in place, if appropriate, written with specialist nurse/ school nurse • Involve parents regularly to support targets at home • Pupils involved in monitoring and setting targets <p>Will need one or more of the following:</p> <ul style="list-style-type: none"> • Programme to support the development of handwriting/ fine motor skills • Access to appropriate ICT for recording purposes • Differentiated writing materials and equipment • Differentiation to PE curriculum • Dressing and undressing skills programme <p>Delivery of physio programme/postural management by trained school staff</p> <ul style="list-style-type: none"> • Alternative ways of recording to minimise handwriting • Individual targets on support plan following advice from OT and health professionals • Modified planning for PE/outdoor play curriculum is likely to be needed • Interventions should be incorporated across all activities throughout the school day • Mainstream classroom setting • Individual skills-based work needs to take place • Small group or one to one • adult input to practice skills as advised by HI/VI Team /OT • Nurture group input will be necessary to help with low self-esteem • Physiotherapy/ Occupational Therapy programme to be done in school • Attention to position in classroom • Buddy system • Specialist speech and language sessions (via health professionals) • Moving and handling training to be in place if required. <p>Resources/Provision</p> <ul style="list-style-type: none"> • ICT equipment to aid recording • Specialist seating, furniture and equipment can be applied for under the Specialist Equipment Policy Process • Physio needs would be based on assessment on a case by case basis. • Adapted site will be necessary to physically access the building
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PLAN and DO CONTINUED	<ul style="list-style-type: none"> • Hygiene room/facilities • Accessibility of the whole school site, with facilities and practices that maintain the dignity of each pupil <p>Site adaptations/sling/hoisting to be considered in consultation with the Local Authority and Educational OT.</p>
EXPECTED OUTCOMES / REVIEW	CYP is able to access the full National Curriculum with adaptations to the environment and/or reasonable adjustments or by the use of specialist equipment.

Sensory and/or Physical Needs: PfA Outcomes and Provision

PfA Outcomes – Reception to Y2 (5-7 years)

Employability/Education	<ul style="list-style-type: none">• Child will cooperate with self-care routines and medical routines, including those associated with any physical or medical conditions/diagnoses.• Child will access regulatory activities to support them to concentrate and maintain focus in the classroom.
Independence	<ul style="list-style-type: none">• Child will cooperate with self-care routines, medical routines including those associated with any physical or medical conditions/diagnoses
Community Participation	<ul style="list-style-type: none">• Child will be able to participate in team games, after-school clubs and weekend activities in accordance with their physical and medical capabilities.
Health	<ul style="list-style-type: none">• Child will attend relevant health, dental, optical and hearing checks as required to promote good physical health.• Child will cooperate with self-care routines and medical routines including those associated with any physical or medical conditions/diagnoses.• Child will participate in sport and physical exercise in accordance with their physical/medical capabilities.

PfA Outcomes – Y3 to Y6 (8-11 years)

Employability/Education	<ul style="list-style-type: none"> • Child will be able to access careers information, opportunities to meet role models/talks from visitors to school through adaptations and formats which consider physical, sensory or medical needs as appropriate to individual circumstances.
Independence	<ul style="list-style-type: none"> • Child will be able to move around the school environment as required. • Child will begin to develop age-appropriate life skills to include basic cooking skills, awareness of transport and requirements for travel (tickets, timetables etc.), money in accordance with their physical and medical capabilities.
Community Participation	<ul style="list-style-type: none"> • Child will be able to access after-school clubs, youth groups, sports teams, community-based groups in accordance with their physical and medical capabilities.
Health	<ul style="list-style-type: none"> • Child will be able to manage minor health needs. • Child will make healthy eating choices and will engage in physical exercise in accordance with their physical/medical capabilities.

PfA Outcomes – Y7 to Y11 (11-16 years)

Employability/Education	<ul style="list-style-type: none"> • Child will be able to access work experience placements, voluntary work or part-time employment opportunities through adaptations and formats which consider physical, sensory and/or medical needs as appropriate to individual circumstances. • Child will understand supported employment options e.g. Access to Work • Child will be able to make smooth transitions to new settings to facilitate emotional wellbeing and support integration and inclusion.
Independence	<ul style="list-style-type: none"> • Child will be able to move around the school or work-based environment as required. • Child will demonstrate age-appropriate independent living skills to include cookery, access to local transport, money and time management in accordance with their physical and medical capabilities.
Community Participation	<ul style="list-style-type: none"> • Child will be able to access transport options within their physical and medical capabilities to facilitate independence and community participation. • Child will be able to access community-based groups/activities in accordance with their physical and medical capabilities.
Health	<ul style="list-style-type: none"> • Child will be more independent in managing more complex health needs in accordance with their physical and mental capabilities. • Child will attend their annual health check with their GP if registered as having a learning disability.

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Interventions sections: Physical, Medical and Sensory Needs: HI, VI, Physical and Medical Needs.