

8. Physical/Medical Difficulties

Part 1 - Introduction and Overview

Introduction

A child or young person meets the criteria for intervention if they have a significant medically identified physical impairment and/or have a level of physical functioning that is causing concern and is educationally significant.

A child or young person's physical and/or medical difficulties may arise from:

- A congenital condition
- A medically diagnosed condition
- Injury

Such difficulties may, without action by the school and the Local Authority (LA), limit the child or young person's access to the curriculum and appropriate education. Some children or young people with physical disabilities may also have additional needs from other areas of the Special Educational Needs and Disability (SEND) Handbook. These aspects of need are discussed in the relevant sections of this document.

Statutory Guidance on Supporting Children and Young People with Medical Conditions states that, Section 100 of the Children and Families Act 2015 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units (PRUs) to make arrangements for supporting children or young people at their school with medical conditions. For children and young people with SEND, this guidance should be read in conjunction with the SEND Code of Practice. The authority recognises that some children and young people will present with physical difficulties without a medical condition being identified.

The crucial issue is enabling the child or young person to access the curriculum and learning environment and make progress. The level of provision made by the school and the LA should specifically and directly reflect that which is necessary to achieve this.

The prime purpose of all intervention/support must be to focus on maximizing independence.

Lifelong severe and profound needs

In most cases where a child or young person's needs are severe or profound, and are lifelong or long term, a graduated response is inappropriate. A child or young person who has for example, severe or profound Athetoid Cerebral Palsy would require an Education, Health and Care Assessment (EHC Assessment) in order to determine and make appropriate provision. Referrals are likely to be through the medical referral route and are likely to be identified in the pre-school years (See Early Years Criteria).

Epilepsy is a condition that may be subject to rapid changes in severity and each person will experience epilepsy in a way that is unique to them. A flexible and co-ordinated approach is required from all those involved with the care and education of children or young people with this condition. As needs change, the school and the LA will need to respond to the requirement for a change in provision, often at short notice. Where the child or young person's access to the curriculum is significantly affected, additional support from the LA may be required.

The main questions to be asked and answered in determining provision for children or young people with physical/medical difficulties are:

- Has the child or young person got full access to learning and the curriculum?
- Are there health and safety issues in some lessons?
- Does the child or young person require support with self-care and/or mobility?
- Has the child or young person been consulted about the provision to be made to meet their needs?
- Has due consideration been given to the self-esteem/dignity of the child or young person?

The guidance below is provided to assist the school and local authority staff in making appropriate provision for a child or young person with physical/medical difficulties.

Children and young people who have specific physical/medical conditions must each have a Medical Healthcare Plan developed in consultation with a Health Service representative, such as the Consultant Community Paediatrician, Health Visitor, or Continence Adviser, in close liaison with the family and educational setting. The Medical Healthcare Plan must be reviewed every term with written advice being sought from the relevant Health Service representative. Cumbria endorses the principles described in the Department for Education (DfE)/Department of Health publication 'Supporting Pupils with Medical Conditions'. In particular this establishes the use of Medical Healthcare Plans where a medical need has been identified. (Copies of this publication can be obtained from DfE publications website).

Access to the Curriculum

Some children and young people will need an individual risk assessment to be carried out before they participate in practical subjects. The risk assessment may recommend that adult support is required to ensure safety in practical subjects.

Some children and young people will have specialised equipment recommended by the specialist teacher or therapist. This may include Information and Communication Technology (ICT), switches, specialised seating arrangements or augmented or alternative means of communication. For guidance on the provision and responsibilities of the upkeep of specialist equipment consult with Specialist Advisory Teacher for Physical/Medical Needs.

Self Help Skills

Eating

Where a child or young person has a difficulty eating independently school staff should follow a programme devised by a speech and language therapist. Where gastrostomy feeding is necessary several members of staff should be trained appropriately by relevant medical professionals. The aim of any programme should be to ensure the child or young person's safety e.g. where there is a risk of choking and to develop and/or maintain independent skills.

Dressing

Where a child or young person has difficulty dressing independently school staff should follow a programme devised by the occupational therapist. Children or young people with physical difficulties should be dressed in clothing that maximises independence and ensures ease of changing whilst maintaining self-esteem. Liaison with parents may be required to ensure consideration is given to the clothes a child or young person attends school in. School may need to act flexibly in relation to school uniform.

Health and Hygiene

The principle objective for every child is to develop independence. Every setting/school should have toilet facilities for children and young people with disabilities to enable them to be as independent as possible and maintain their dignity.

When a child starts school and is not able to use the toilet independently, the school should discuss this with the parents or carers and agree how best to help the child to become independent. Where the child has a medical problem that results in them having toileting problems, medical advice should be sought and close links should be established with the medical professionals involved. The medical professionals should be consulted on training issues and in the development of appropriate training programmes. A child or young person with a physical difficulty should have access to appropriate hygiene facilities.

Toileting needs in settings/schools can be classified into four main groups:**1. Children who have not yet achieved toileting skills when they enter formal education:**

This is usually a short term problem and for these children the provision generally falls within the remit of the setting/school, and Health Service representatives, such as the School Nurse and Continence Adviser.

It would be for these professionals to develop a training programme for each child, involving the child, school and family.

2. Children who suffer from a physical/medical condition:

Where difficulties persist there may be more complex issues to consider and further guidance and support may be needed from other professionals e.g. Specialist Medical Staff. It is important to discuss your continuing concerns with parents/carers and seek their agreement before involving further professional guidance and support.

3. Children whose toileting problems are part of their severe or profound developmental delay:

In such cases toileting could be a long term issue and may never be achieved independently. Children with severe or profound learning difficulties would be expected to have an Educational, Health and Care Plan (EHCP) which would address this need.

4. Children who suffer trauma or abuse:

Their needs may be short term or periodical and their needs should be met in the same way as 1 above.

Mobility

Where a child or young person has no independent mobility or is mobile with aids advice on appropriate seating and postural support will be given by the specialist medical professionals involved.

An assessment of moving and handling needs should be carried out by a suitable qualified person. This should lead to the production of a moving and handling policy for the child or young person, which includes recommended appropriate equipment. This policy should be reviewed every 6 months and

updated every 2 years or earlier if the child or young person's needs change. For guidance on the provision and responsibilities of the upkeep of specialist equipment consult with Specialist Advisory Teacher for Physical/Medical Needs.

Physiotherapy, Occupational Therapy and Nursing Care are the provision and responsibility of the Health Service. This involvement will form part of the child or young person's EHCP. For a **small minority** of children and young people, the therapy programme will be delivered in school as well as at home e.g. enabling a child or young person using a wheelchair to stretch during the school day. Physiotherapy and occupational therapy programmes as recommended by the therapists should be delivered in such a way so as to minimise the impact on access to the curriculum. Schools have a statutory obligation to make available a suitable room for visiting therapists and professionals.

The advice of a health professional will be considered in order to ensure that reasonable adaptations are made to facilitate access to school buildings. This will include the provision of equipment to enable access to the learning environment.

It would be expected that schools should be concerned with the welfare of its child or young person. This should include the administration of medication which is essential in school hours and the provision of a risk assessment and/or medical health care plan for a child or young person who may require a rapid medical response. In all cases these risk assessments and medical health care plans should be developed in consultation with appropriate medical personnel, the child or young person and the child or young person's parents. (See "Supporting Child/young persons with Medical Conditions 2014")

Non-Statutory Provision

Most children and young people with physical/medical difficulties can be supported outside the statutory framework of assessment. Support for moderate physical and/or medical needs should be provided from the resources already available to the school.

Support and Advice

School staff may benefit from support and advice to enable the child or young person to be fully included in all areas of school life. This can be provided by the SEND Teaching Support Team (SEND TST) and/or the Health Authority. It is the responsibility of schools to ensure a co-ordinated approach, involving both Health and Children and Families' Service professionals, is maintained through regular joint planning meetings.

Advice and support with medical health care planning should be sought from the health authority e.g. School Nurse.

The resources for training in moving and handling has been delegated to schools. Advice on how to access appropriate trainers may be sought from the Health and Safety Team.

Part 2 - Band Descriptors

<p>Band 1 (Mild SEND)</p>	<ul style="list-style-type: none"> • May have one of the following medical conditions; diabetes, cystic fibrosis, asthma, severe allergies, eczema etc. that will require initial planning to ensure that arrangements are in place to provide the necessary support. In doing so they should ensure that these children or young people can access and enjoy the same opportunities at school as any other child. This may require the administration of medication in school. • Some medical needs will require staff to receive specialist training. • Independently mobile but may have some impairment of mobility. • Mild to moderate difficulty with hand/eye coordination, fine/gross motor skills and recording, impacting on access to curriculum. • Needs differentiated PE lessons. • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. • May have continence/ toileting issues. • May have difficulty forming and sustaining peer relationships. <p>Progress: Across expected range with an unusual profile showing relative strengths and weaknesses.</p> <p>Parents, child or young person and school/setting all agree that there are no current concerns requiring any external support/advice from SEND in school at this stage.</p>
<p>Band 2 (Moderate SEND)</p>	<ul style="list-style-type: none"> • Medical conditions; epilepsy and the conditions in Band 1 but which require a greater deal of support and intervention including a medical health care plan. Arrangements should show an understanding of how medical conditions impact on a child or young person's ability to learn, their self-care skills and self-esteem and confidence. • Mobile with aids e.g. walking frames, sticks, handrails on walls. • Moderate or persistent gross and/or fine motor difficulties 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. • Needs some support with self-care skills, P.E. and other practical areas of the curriculum such as science or technology. • May need physical and/or technological support to assist with communication – speech, recording, reading, low tech Augmentative and Alternative Communication (AAC).

	<ul style="list-style-type: none"> • Concerns are expressed about the child or young person's ability to access the curriculum. • Child or young person may be showing signs of some anxiety as result of their physical disability/medical condition that is impacting on their emotional wellbeing - this may be despite them making academic progress. <p>Progress: Across expected range with an unusual profile showing relative strengths and weaknesses.</p> <p>External advice sought from SEND TST through SEND Early Help assessment process.</p>
<p>Band 3 (Severe SEND)</p>	<ul style="list-style-type: none"> • Medical conditions; dystrophies, cancers etc. that affect quality of life and are life threatening will require support at school some will be more obvious than others. • Physical conditions that require medical/therapy/respite intervention and support. • Mobile with aids, powered or manual wheelchair. • Needs support to transfer between pieces of equipment/furniture. • 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. Child or young person may be demonstrating significant anxiety about their school experience. • Requires support to access a differentiated/modified curriculum. • Increased use of alternative methods for communication both verbal and written e.g. low tech AAC, scribe, ICT. • Needs support to access P.E. and other practical areas of the curriculum such as science or technology. • Needs support for self-care including specialist support including toileting and feeding. <p>Progress: Depending on the identified nature of the difficulty their national standard may range between 'well above average' to 'well below average'.</p>

<p>Band 4 (More Severe SEND)</p>	<ul style="list-style-type: none"> • Severe physical difficulties and/or a medical condition with or without associated learning difficulties. • A developing neuro-muscular degenerative condition or traumatic incident resulting in an acquired brain or physical injury. • Persistent difficulties in mobility around the building and in the classroom. • Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning. • The need for high level support for all personal care, mobility, daily routines and learning needs. • Impaired progress and attainment. • Difficulties in making and sustaining peer relationships leading to concerns about social isolation, and their vulnerability within the setting and wider environment, the risk of bullying and growing frustration. • Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school. <p>Progress: 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 individual's academic potential should not be underestimated.</p>
<p>Band 5 (Profound SEND)</p>	<ul style="list-style-type: none"> • A complex medical need requiring frequent monitoring and medical intervention throughout the school day. • Has a diagnosis of a degenerative condition. • Extensive adaptations to the physical environment of the school is necessary. • Health care inputs and therapies may be intensive and on a daily basis. • Unable to independently manage personal and/or health care during the school day and requires regular direct intervention. • To make progress within the curriculum the use of specialist materials, aids, equipment and high level of adult support is required throughout the school day. • AAC user. • Associated complex learning difficulties impacting on their ability to make progress within the curriculum. <p>Progress: Attainment levels will range from below the standard of national curriculum assessments to national standard.</p>

	May require local authority Strategically Resourced Provision (SRP) or local authority specialised provision (NB: this may be subject to change due to consultation).
Band 6 (Exceptional SEND)	A permanent, profound and/or complex physical disability or serious medical condition. May require residential placement as needs cannot be met within the LA.

Part 3 – Provision		
Band 1 – Mild SEND		
Descriptor	<ul style="list-style-type: none"> • May have one of the following medical conditions; diabetes, cystic fibrosis, asthma, severe allergies, eczema etc. that will require initial planning to ensure that arrangements are in place to provide the necessary support. In doing so they should ensure that these children or young people can access and enjoy the same opportunities at school as any other child. This may require the administration of medication in school. • Some medical needs will require staff to receive specialist training. • Independently mobile but may have some impairment of mobility. • Mild to moderate difficulty with hand/eye coordination, fine/gross motor skills and recording, impacting on access to curriculum. • Needs differentiated PE lessons. • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. • May have continence/ toileting issues. • May have difficulty forming and sustaining peer relationships. <p>Progress: Across expected range with an unusual profile showing relative strengths and weaknesses.</p> <p>Parents, child or young person and school/setting all agree that there are no current concerns requiring any external support/advice from SEND in school at this stage.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<ul style="list-style-type: none"> • Staff awareness training of relevant medical conditions on a 'need to know' basis. (Health professionals or SEND TST). • Normal curriculum plans include Quality First Teaching strategies. 	<ul style="list-style-type: none"> • Web based advice via Cumbria County Council (CCC) Local Offer.

	<ul style="list-style-type: none"> • Medical Health Care plan in place, if appropriate, written with specialist nurse/ school nurse. • Involve parents regularly to support targets at home. • Child or young person involved in monitoring and setting targets. • Part of continual school and class assessment. • Monitoring of developmental goals in line with National Expectations. • Involvement of SENCO if no progress apparent after targeted teaching approach. • Risk assessment carried out if necessary by school. 	
Teaching and Learning Environment	<ul style="list-style-type: none"> • Mainstream class with occasional additional individual or small group support. • Attention to positioning in classroom. 	
Human Resources and Staffing	<ul style="list-style-type: none"> • Flexible use of resources and staffing available in the classroom; recording work, accessing text, pre-teaching vocabulary, modifying teacher talk, modelling responses, focussing listening and attention. • Main provision by class subject teacher with some age appropriate programmes delivered 1:1 or in small groups. • Input may be needed from health professionals via SENCO e.g. specialist nurse/school nurse. 	
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Some differentiation to PE curriculum if appropriate. • Access to appropriate ICT provision i.e. accessibility options on Windows. • An inclusive and non-discriminatory learning environment, which maximises independence and self-esteem. 	<ul style="list-style-type: none"> • Web based advice via CCC Local Offer.

Resources and Intervention Strategies	<ul style="list-style-type: none"> • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND, e.g. via a Provision Map. • Differentiated writing materials and equipment. • Advice sheets on Local Offer. • Non slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope. • The administration of medication should follow the school policy. • Encourage wearing of clothing that maximises independence. 	<ul style="list-style-type: none"> • Web based advice via CCC Local Offer. • Web based teaching resources and suggestions on CCC website. www.cumbria.gov.uk/childrensservices/schoolsandlearning/ils/specialeducationalneeds/
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Band 2 – Moderate SEND

Descriptor	<ul style="list-style-type: none"> • Medical conditions; epilepsy and the conditions in Band 1 but which require a greater deal of support and intervention including a medical health care plan. Arrangements should show an understanding of how medical conditions impact on a child or young person's ability to learn, their self-care skills and self-esteem and confidence. • Mobile with aids e.g. walking frames, sticks, handrails on walls. • Moderate or persistent gross and/or fine motor difficulties 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. • Needs some support with self-care skills, P.E. and other practical areas of the curriculum such as science or technology. • May need physical and/or technological support to assist with communication – speech, recording, reading, low tech AAC • Concerns are expressed about the child or young person's ability to access the curriculum. • Child or young person may be showing signs of some anxiety as result of their physical disability/medical condition that is impacting on their emotional wellbeing-this may be despite them making academic progress. <p>Progress: Across expected range with an unusual profile showing relative strengths and weaknesses.</p> <p>External advice sought from SEND TST through SEND Early Help assessment process.</p>
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	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 1</p> <ul style="list-style-type: none"> • SENCO may be involved in more specific assessments and observations. • SENCO may seek advice from health professionals. • SENCO seeks advice from SEND TST Physical/Medical Difficulties and health care professionals in order to discuss next steps and incorporates this into target setting, planning and support. • Targeted provision and progress is monitored and reviewed by setting staff, class teachers/tutors, SENCO, using the multi-professional Team Around the Child (TAC) model of working. • Evidence progress and attainment from observations, assessed work, should be reviewed on an agreed date. • The school should meet with the child or young person and their parents/carers at least three times each year. • May need handwriting/fine motor assessment from SEND TST Physical/Medical Difficulties. • Personal care and manual handling assessment in conjunction with SEND TST Physical/ Medical Difficulties and Health Professionals. • Individual plans for identified aspects of the curriculum and general school routines. • Modified planning for PE/outdoor play curriculum is likely to be needed. 	<p>As in Band 1</p> <ul style="list-style-type: none"> • Advice from external specialist e.g. Specialist Advisory Teacher (SAT) is incorporated into target setting, planning and support. • Web based advice via CCC Local Offer. • Advice from SEND TST Physical/Medical Difficulties on fatigue management plan, risk assessments, swimming, educational visits day/residential, Personal Evacuation and Egress Plan (P.E.E.P.).

Teaching and Learning Environment	<p>As in Band 1</p> <ul style="list-style-type: none"> • May be working on modified curriculum tasks. • Small group or 1:1 adult input to practice skills. • Buddy system. 	
Human Resources and Staffing	<p>As in Band 1</p> <ul style="list-style-type: none"> • Main provision from class teacher or subject specialist with support from SENCO. • Occasional input from additional adult to provide targeted support under the direction of teacher. • Minimal support/supervision may be needed to meet hygiene needs and/or outside play and at lunch time. • Advice may be sought from Health Professionals e.g. Physiotherapist, Occupational Therapist. 	<ul style="list-style-type: none"> • SEND TST Physical/Medical Difficulties will complete a single piece of work on referral and will send written advice to school.
Curriculum and Teaching Methods	<p>As in Band 1</p> <ul style="list-style-type: none"> • Quality First Teaching. • Differentiation to curriculum to meet cognitive needs. • Personalisation of curriculum/teaching method to meet individual child or young person's needs and learning style. • Curriculum delivered at a pace that allows child or young person's time to assimilate information and then to respond appropriately. • Constant reinforcement and generalisation of skills is an essential priority. • Follow school handwriting scheme with further modifications and extra time for reinforcement. 	<ul style="list-style-type: none"> • Web based advice via CCC Local Offer.

	<ul style="list-style-type: none"> • Opportunities to practice dressing and undressing skills. • Access to appropriate ICT provision. 	
Resources and Intervention Strategies	<p>As in Band 1</p> <ul style="list-style-type: none"> • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND, e.g. via a Provision Map. • May need specialist low tech seating and/or furniture and equipment. • Furniture and equipment assessed by Occupational Therapy. • ICT equipment to aid recording. • Adapted site may be necessary to physically access the building. • Hygiene/medical room may be necessary. 	<ul style="list-style-type: none"> • Monitoring of the use of specialist equipment. • Web based advice via CCC Local Offer.

Band 3 – Severe SEND

Descriptor	<ul style="list-style-type: none"> • Medical conditions; dystrophies, cancers etc. that affect quality of life and are life threatening will require support at school some will be more obvious than others. • Physical conditions that require medical/therapy/respite intervention and support. • Mobile with aids, powered or manual wheelchair. • Needs support to transfer between pieces of equipment/furniture. • 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. Child or young person may be demonstrating significant anxiety about their school experience. • Requires support to access a differentiated/modified curriculum. • Increased use of alternative methods for communication both verbal and written e.g. low tech AAC, scribe, ICT. • Needs support to access P.E. and other practical areas of the curriculum such as science or technology.
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	<ul style="list-style-type: none"> Needs support for self-care including specialist support including toileting and feeding. <p>Progress: Depending on the identified nature of the difficulty their national standard may range between ‘well above average’ to ‘well below average’.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 2</p> <ul style="list-style-type: none"> Individual targets on IEP following advice from SEND TST Physical/Medical Difficulties and health professionals. 	<p>As in Band 2</p> <ul style="list-style-type: none"> Web based advice via CCC Local Offer.
Teaching and Learning Environment	<p>As in Band 2</p> <ul style="list-style-type: none"> Individual skills based work may need to take place. Nurture group input may be necessary to help with low self-esteem. 	
Human Resources and Staffing	<p>As in Band 2</p> <ul style="list-style-type: none"> May need further specialist input from Health professionals e.g. Physiotherapist, Occupational Therapist. 	<ul style="list-style-type: none"> Training and advice from SEND TST Physical/Medical Difficulties for teaching and support staff.
Curriculum and Teaching Methods	<p>As for Band 2</p> <ul style="list-style-type: none"> Quality First Teaching. Programme to support the development of handwriting skills. 	<ul style="list-style-type: none"> Advice from a SAT on access to curriculum and teaching methods. Advice on access to appropriate physical environment and adapted equipment.

	<ul style="list-style-type: none"> • A programme to develop fine motor skills. • Further differentiation to PE curriculum. • Dressing and undressing skills programme. • More dependence on appropriate ICT for recording. 	<ul style="list-style-type: none"> • Support to develop a fine motor skills/handwriting programme. • Support to develop ICT skills for recording. • Advice on differentiation to PE curriculum in conjunction with SEND TST Physical/Medical Difficulties and/ or Physiotherapy. • Advice from a SAT on dressing and undressing skills.
Resources and Intervention Strategies	<p>As in Band 2</p> <ul style="list-style-type: none"> • Support for Social and Emotional Well-being. 	<ul style="list-style-type: none"> • Monitoring of the use of specialist equipment. • Web based advice via CCC Local Offer. • The LA will provide an agreed level of top up funding as specified in the EHCP in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA to monitor the use of these funds.

Band 4 – More Severe SEND

Descriptor	<ul style="list-style-type: none"> • Severe physical difficulties and/or a medical condition with or without associated learning difficulties. • A developing neuro-muscular degenerative condition or traumatic incident resulting in an acquired brain or physical injury. • Persistent difficulties in mobility around the building and in the classroom. • Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning. • The need for high level support for all personal care, mobility, daily routines and learning needs. • Impaired progress and attainment. • Difficulties in making and sustaining peer relationships leading to concerns about social isolation, and their vulnerability within the setting and wider environment, the risk of bullying and growing frustration.
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	<ul style="list-style-type: none"> Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school. <p>Progress: 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 individual's academic potential should not be underestimated.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 3</p> <ul style="list-style-type: none"> SENCO and specialists continually monitor and evaluate the need for the increased intensity of input from outside agencies. Modified curriculum in some or all areas. Interventions should be incorporated across all activities throughout the school day. Some children or young people are likely to require specialist support in communication and recording with an emphasis on developing child or young person's independent use of ICT, recording skills and communication through AAC as appropriate. The range of resources should be reviewed at the annual planning meeting to ensure consistency and transparency as well as ensuring that schools have the appropriate specialist resources to meet the needs of child or young person. 	<p>As in Band 3</p> <ul style="list-style-type: none"> Direct and ongoing intervention and assessment from involved specialist services, e.g. Physical & Medical, Deafness/Hearing Impaired (D/HI) and Blind/Vision Impaired (B/VI) Services.
Teaching and Learning Environment	<p>As in Band 3</p> <ul style="list-style-type: none"> Will be attending a suitably equipped mainstream school. 	

	<ul style="list-style-type: none"> Individual and small group teaching as appropriate and carefully organised to ensure full access to the curriculum, which includes functional life and communication skills. 	
Human Resources and Staffing	<p>As in Band 3</p> <ul style="list-style-type: none"> Will need 1:1 support to access aspects of the curriculum. May need individual adult support for mobility and personal care needs as advised by SEND TST Physical/Medical Difficulties and Healthcare Professionals. 	<ul style="list-style-type: none"> Training and advice from SEND TST Physical/Medical Difficulties for teaching and support staff for children and young people in mainstream schools.
Curriculum and Teaching Methods	<p>As in Band 3</p> <ul style="list-style-type: none"> Quality First Teaching. Independent life skills programmes. 	<ul style="list-style-type: none"> Web based advice via CCC Local Offer.
Resources and Intervention Strategies	<p>As in Band 3</p> <ul style="list-style-type: none"> Access to specialist resources including specific teaching programmes and systems. These might include appropriate technological aids, ICT programmes, AAC or a scribe to aid independent learning and assist communication, recording skills etc. Specialist seating, furniture and equipment. Accessibility of the whole school site, with facilities and practices that maintain the dignity of each child or young person. Access to specialist resources to meet the personal care and mobility needs of each child or young person. Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers. 	<ul style="list-style-type: none"> Specialist seating, furniture and equipment (see later document). Site adaptations to be considered in consultation with the LA. The LA will provide an agreed level of top up funding as specified in the EHCP in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. The LA to monitor the use of these funds.

	<ul style="list-style-type: none"> • A suitably equipped room(s) in which therapies can be carried out. • A time out area for rest periods where child or young person can spend time out of their wheelchairs, for example, away from other activities whilst having regard for their dignity. • An equipment room where specialist resources such as walkers, physiotherapy equipment can be stored. • The facility to recharge powered wheelchairs when necessary. 	
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Band 5 – Profound SEND

Descriptor	<ul style="list-style-type: none"> • A complex medical need requiring frequent monitoring and medical intervention throughout the school day. • Has a diagnosis of a degenerative condition. • Extensive adaptations to the physical environment of the school is necessary. • Health care inputs and therapies may be intensive and on a daily basis. • Unable to independently manage personal and/or health care during the school day and requires regular direct intervention. • To make progress within the curriculum the use of specialist materials, aids, equipment and high level of adult support is required throughout the school day. • AAC user. • Associated complex learning difficulties impacting on their ability to make progress within the curriculum. <p>Progress: Attainment levels will range from below the standard of national curriculum assessments to national standard.</p> <p>May require local authority SRP or local authority specialised provision.</p>
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	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 4</p> <ul style="list-style-type: none"> • Detailed PIVATS or similar assessments used to inform planning. • Curriculum planning closely tracks levels of achievement and incorporates individual targets, self -help and therapy programmes. • Targets are individualised, short term, specific and regularly reviewed. • Curriculum planning takes in to account routine daily welfare and behaviour needs. • Individual intimate care plan/protocol to be in place. • Behaviour care plans in place if appropriate. • Parents involved regularly and support targets at home. • Child or young person involved in monitoring and setting targets as much as possible. 	As in Band 4
Teaching and Learning Environment	<p>As in Band 4</p> <ul style="list-style-type: none"> • Small group teaching in a specialist provision for part of school day. • Specialist speech and language programme. • Grouping for access to a total communication environment. • May be attending a specialist provision in mainstream or a special school. 	

Human Resources and Staffing	<p>As in Band 4</p> <ul style="list-style-type: none"> • Individual specialist support for mobility and personal care needs. • High staffing ratio with specialist teaching and specialist non-teaching support to facilitate child or young person's access to the curriculum. • Staff trained and 'signed off' in physical/medical interventions and strategies as appropriate. • Access to regular nursing support and advice. • Access to specialist services e.g. educational psychologists, SEN services and health professionals. • Staff trained in the use of a range of specialist ICT and AAC equipment and software to support access to learning. • Individual and small group teaching as appropriate, carefully organised to ensure full access to the curriculum, which includes life and communication skills, and the realisation of each child or young person's potential in attainment/achievement. 	<ul style="list-style-type: none"> • Training and advice from SEND TST Physical/Medical Difficulties for teaching and support staff for children and young people in mainstream schools. • Child or young person in Special Schools to be supported by specialist teachers within their setting.
Curriculum and Teaching Methods	<p>As in Band 4</p> <ul style="list-style-type: none"> • Quality first teaching. • Curriculum access will be facilitated using a small steps approach within the context of an appropriate sensory experiential curriculum. • Communication skills are an essential priority with the use of total communication environment to facilitate access to the curriculum e.g. Picture Exchange Communication System (PECS), Makaton, objects of reference, situational and sensory clues, simple voice output devices (Big Macs). 	

	<ul style="list-style-type: none"> • Use of adapted teaching resources and materials to support teaching and learning for those with sensory, physical and medical needs. • Specialist learning environment that supports child or young person's need to accept and develop pre-requisite skills required to access communication and learning. 	
Resources and Intervention Strategies	<p>As in Band 4</p> <ul style="list-style-type: none"> • May have access to specialist hydrotherapy sessions. • May have access to sensory room. 	<ul style="list-style-type: none"> • Specialist seating, furniture and equipment (see later document). • Site adaptations to be considered in consultation with the LA. • The LA will provide an agreed level of top up funding as specified in the EHCP in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA to monitor the use of these funds.

