

Lambeth Graduated Approach – Physical Needs

Chapter 6 of the SEN Code of Practice outlines 4 broad areas of need:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health difficulties
- Sensory and/or physical needs

This document refers to Sensory and/or physical needs - Physical Needs

Sensory and/or physical needs

6.35 Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.

SEND Status	DESCRIPTOR PHYSICAL MEDICAL	ASSESSMENT AND PLANNING	TEACHING & LEARNING STRATEGIES	CURRICULUM/ INTERVENTIONS	RESOURCES (including staffing)
<p>LEVEL 1</p> <p><i>Nursery/Class or Subject Teacher identification, assessment and meeting the needs</i></p> <p><i>Not on SEN Register</i></p>	<p>The CYP experiences needs which are managed well in a mainstream class</p> <p><i>Description of need:</i> A child whose physical abilities are - developing at a slower pace than his/her peers. The child may have some minor difficulties with motor co-ordination and strength. The child may struggle to do one or two school activities e.g. PE, handwriting, scissor skills.</p> <p>The child may have minor difficulties with daily living skills such as dressing, personal care, eating and drinking.</p> <p>A child whose mobility is affected by fatigue</p> <p>A child whose verbal communication is affected by physical causes.</p> <p>A child who has a long term medical condition that is self-managed and not life threatening.</p>	<ul style="list-style-type: none"> • Access arrangements are carried out as per the Equality Act 2010 • Child's physical disability is fully communicated to the class teacher and the class teacher leads on ensuring that the child can access all areas of the setting, e.g. accessing a stage for performances, the dining area, playground etc. • EYFS monitoring and review • Schools key stage 1 to 4 assessments • Monitoring of CYP's response to positive feedback. • Observations by Teacher/class TA/KS Coordinator. • Advice and support from the parents. • Information from the child re their opinions and preferred strategies using person centred approaches. • The school is proactive in identifying 	<ul style="list-style-type: none"> • The teacher is held to account for the learning and progress of the CYP in the mainstream class • Quality First Teaching meets the needs of all pupils and includes: <ul style="list-style-type: none"> ○ Flexible grouping arrangements. ○ Some differentiation of activities, materials and questioning ○ Use of visual, auditory and kinaesthetic approaches. ○ Awareness that a CYP may need more time to complete tasks and that equality of access may mean that they need to do some things differently. • Resources and displays that support independence. • Routine feedback to pupils • Environmental considerations are made to meet the needs of all CYPs. • An understanding that the physical disability/medical need may have a wider impact on a child's social and emotional well-being despite the apparent lack of obvious impairment. 	<ul style="list-style-type: none"> • The curriculum includes examples of diversity. • The school can demonstrate an inclusive ethos that supports the learning and wellbeing of all pupils • The wider curriculum promotes positive examples of diversity • Appropriate differentiation of task and teaching style. • A broad and balanced curriculum is planned for all pupils • Social emotional well-being materials and interventions are available and used in the school • Anti-bullying is routinely addressed and pupils are confident in reporting incidents • Provision of an inclusive PE curriculum, including arrangements for Sports Day where appropriate • Opportunities for social interaction between peers and the wider community of the school may need to be engineered to bolster self-esteem and confidence. 	<ul style="list-style-type: none"> • Quality First Teaching • A regularly updated medical policy details the effectiveness of the arrangements for medical conditions in the school. • A regularly monitored, reviewed and updated inclusion policy underpins practice. • The school employs additional adults to support the needs of all pupils e.g. Midday Supervisor Assistants, TAs • All staff including TAs and MSAs have up to date job descriptions and are included in whole school appraisal systems. • Designated time is allocated to Teaching Assistants for planning and liaison with teachers • All staff have received training on relevant medical conditions and understand how to support with access to learning. • Whole school CPD • School staff access LA training to keep informed on meeting the needs of CYPs.

	<p>A child who is visually different, can be vulnerable to bullying or have low self-esteem.</p>	<p>individual needs and monitors that action is taken.</p> <ul style="list-style-type: none"> • Risk assessment where appropriate. 	<ul style="list-style-type: none"> • Awareness that a child may need more time to complete tasks and that equality of access may mean that they need to do some things differently. • A range of alternative equipment may be useful - – different pens, adapted scissors etc. • Planning may need to include rest breaks and opportunities to sit down. • CYPs may need to leave classrooms and lessons before their peers to avoid crowded corridors/busy stair cases. • Questions to the child may need phrasing to minimise the effort of replying. • Opportunities for social interaction between peers and the wider community of the school may need to be engineered to bolster self-esteem and confidence. • Use of teaching strategies that develop the independent learning of the CYP 	<ul style="list-style-type: none"> • Opportunities for additional experience to develop: gross motor, fine motor, visual perception, dressing, toileting. • School trips which are planned well in advance and take into consideration the needs of the CYP. • Other school pastoral interventions could include: <ul style="list-style-type: none"> ○ Meeting and Greeting ○ Circle Time ○ Peer mentoring ○ Buddy systems ○ Restorative Practice ○ ELSA support ○ Lunch clubs 	<ul style="list-style-type: none"> • Peer mediators, peer mentors support at play/break times • Staff make use of a wide range of resources, including those produced within the Local Area, to inform their inclusive practice. • Main provision by practitioner in setting • General advice to school from health teams e.g. OT, SaLT, School Nurse etc. • Educational Visits Guidance • Managing Continence Guidance • Managing Medicines Guidance • Supporting Children with Physical Disability and Medical Needs • Using Symbols to Support Learning & Communication • Evelina Community OT online packs
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SEND Status	DESCRIPTOR PHYSICAL MEDICAL	ASSESSMENT AND PLANNING	TEACHING & LEARNING STRATEGIES	CURRICULUM/ INTERVENTIONS	RESOURCES (including staffing)
<p>LEVEL 2</p> <p>-</p> <p>Additional Needs requiring SEN SUPPORT</p> <p><i>Nursery/Class or Subject Teacher identification, assessment and meeting the needs with support of Nursery or School SENCO</i></p> <p>Add to SEN Register</p>	<p>CYP has identified needs</p> <p>Description of need:</p> <p>A child who has moderate physical difficulties which impact on their ability to do everyday activities. They may fail to make progress because of their physical limitations. They require extra learning support to be able to learn how to do these tasks. Eg handwriting, scissor skills, PE, dressing</p> <p>A child whose mobility is moderately impaired and experiences difficulties on stairs and with spatial orientation and whose movements are unsteady in crowded areas and on uneven ground.</p> <p>A child with an unpredictable long term condition which sometimes affects their ability to access normal activities. They may experience fluctuating levels of pain and their</p>	<p><i>Level 1 plus:</i></p> <ul style="list-style-type: none"> • Observations by SENCO. • Use of a structured observation profile to target differentiation including IEPs with SMART targets that are reviewed and updated regularly. • Pupil involved in setting and monitoring their own targets. • Parents involved regularly and know how to support targets at home. • An Individual Management Plan may be written (in consultation with parents) to share advice on successful strategies e.g. seating arrangements, position in classroom, preferred learning style may also need to reflect the changes in medical needs. • Toilet protocol, plan and guidance to ensure privacy and dignity 	<p><i>Level 1 plus:</i></p> <ul style="list-style-type: none"> • Information about the CYP's difficulties is shared with relevant staff, in partnership with parents. • Individual targets agreed and monitored, following discussion with CYP and parents, to share advice on successful strategies and set targets. • Access to a portable writing aid or the use of ICT for recording. • Access to assistive software. • Adapted/modified equipment and teaching materials (e.g. spring loaded scissors). • Provide a range of communication methods (digital camera, voice recorder, symbol cards). • Sharing of advice on successful strategies and set targets e.g. use of visual supports, developing organisational skills. • Classroom Teaching Assistance (TA) is targeted towards support for access for specific tasks/settings and is not necessarily needed for learning. 	<p><i>Level 1 plus:</i></p> <ul style="list-style-type: none"> • Access to small group support. Group work to be planned and tailored to meet identified need and includes good role models. • Teaching problem solving skills. • Learning tasks differentiated by task and outcome to meet individual needs. • Minimal assistance with personal care (dressing and hygiene). • Assistive technology software to minimise effort (on screen keyboards, Clicker, predictive text). • Use of online Evelina OT pack • May require supportive seating. • Minimal adult or peer support to collect or use equipment. 	<p><i>Level 1 plus:</i></p> <ul style="list-style-type: none"> • Support/advice from SENCO. • needs are highlighted to all staff with advice on support strategies provided and monitored by the SENCO/SLT. • Additional adults routinely used to support flexible groupings. • Access to targeted small group work with class TA. • Access to intervention group work with TA, Learning Mentor or ELSA (Emotional Literacy Support Assistant). • School staff access Local Area training regarding meeting the needs of CYPs with physical disabilities/medical needs. • Access to support groups for professionals • Home-school communication book. • Time for scheduled meetings with parents on a regular basis. • School may consult the Specialist Teaching Team for advice on best practice.

	<p>school attendance may be affected.</p> <p>A child whose speech production is affected by breath control or impaired for physical reasons and finds it difficult to make themselves understood or too tired to repeat themselves.</p> <p>A CYP who needs some assistance with personal care</p> <p>Requires a Health Care Plan to be set up at school.</p>	<ul style="list-style-type: none"> • School trips are planned well in advance and take into consideration the needs of the CYP. 			<ul style="list-style-type: none"> • Additional adult (e.g. MSA/TA) for focused support during unstructured times e.g. lunchtime supervision/ targeted extra-curriculum activities, supervision in the playground. • Access to advice and training in specific programmes or ICT software. • STT Seating assessment. • Advice from Specialist Nursing Services (arthritis, epilepsy, asthma, diabetes, anaphylaxis) • Evelina Community OT Referral and Resource Pack. This pack provides advice on how to develop a child's participation and performance in school and daily living activities
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<p>LEVEL 3</p> <p>Additional Needs requiring SEN SUPPORT</p> <p><i>Nursery/Class or Subject Teacher identification, assessment and meeting the needs with support of Nursery or School SENCO</i></p> <p>Add to SEN Register</p>	<p>The CYP has identified needs which require additional specific provision or specialist advice</p> <p>Description of need: The CYP with physical difficulties which impact considerably on their ability to do everyday activities.</p> <p>The CYP may have difficulty:</p> <ul style="list-style-type: none"> communicating addressing self-care needs moving independently managing a medical condition learning independence skills (e.g. bowel conditions requiring stoma, self-catheterisation, epi pen). They may be within average academic range and have a number of difficulties with daily activities that are causing them 	<p><i>Level 1 and 2 plus:</i></p> <ul style="list-style-type: none"> Environmental audit Nursery/School Access/Equality Strategy. Consideration to request Early Help services if appropriate. Risk assessments of trips/novel situations to inform adaptations incl. educational visits. Specialist assessments e.g. Nurse, OT, Physio, SaLT, Paediatrician, Specialist Teacher Educational Psychologist etc. Individual targets are agreed and monitored following discussion with child and parents. There is a commitment to developing independence with steps planned and agreed Careful reviewing of needs before transition at key stages e.g. starting pre-school, primary, 	<p><i>Level 1 and 2 Plus:</i></p> <ul style="list-style-type: none"> Manage access arrangements for internal and external examinations and assessments. Awareness of social and emotional aspects of disability. Established communication strategies to facilitate communication and to assess learning. Modified and adapted PE lessons as required. Access to a differentiated curriculum. Use of equipment to access the curriculum. 	<p><i>Level 1 and 2 Plus:</i></p> <ul style="list-style-type: none"> Regular/daily small group teaching of social skills. Peer awareness for inclusion. Short term small group and/or individual intervention, to develop specific areas of curriculum access as identified by the teacher or specialist, following a programme designed or recommended by that professional. a detailed time limited programme, intervention personalised timetable and/or resource. Teaching assistance is targeted towards physical tasks and is not necessarily needed for learning e.g. Assistance with manipulating equipment in specific subjects especially science, technology, maths, IT equipment. Oversight for PE to monitor safety and interpretation of instructions. Supervision in the playground 	<p><i>Level 1 and 2 Plus:</i></p> <ul style="list-style-type: none"> Time for formal meetings with parents and relevant health and education professionals on a regular basis. Allocation of appropriate accommodation for visiting professionals to work with individual CYPs, taking into account safeguarding issues. Access to parent groups available. Adult intervention targeted at specific curriculum areas or specific social times. Setting will ensure that key information is passed on at times of transition and, where appropriate, will consult with the most relevant practitioner at the new setting. Consult with the specialists when recruiting staff to work with a named CYP. Advice and training on use of ICT (CENMAC) Input from Specialist nursing Teams and

	<p>frustration and/ or poor self-esteem.</p> <p>The CYPs Physical disability/medical needs could co-exist with other secondary needs.</p> <p>Health Care Plan is in place in the setting.</p>	<p>secondary, post 16, adult life.</p> <ul style="list-style-type: none"> • TAs are routinely included in planning and or/are provided with lesson plans and learning objectives in advance of the lesson to ensure their input is effective • Individual Management Plan including: <ul style="list-style-type: none"> ✓ Risk assessments ✓ Moving and Handling ✓ Individual visit risk assessment ✓ swimming risk assessment ✓ emergency evacuation, ✓ Health Care Plan ✓ school ✓ mobility • Close scrutiny of tracking 		<ul style="list-style-type: none"> • Oversight when moving between classrooms • Inclusion of OT/Physio programmes in the education setting, with programmes reviewed by professional in school/clinic/as advised • Supervision at unstructured times • An established communication system. • Support is provided for managing medical condition • Trained support for moving and handling may be required. 	<p>Regional Specialist medical Teams (e.g. Renal, Neuro muscular clinic. Oncology etc), SALT.</p> <ul style="list-style-type: none"> • Specialist equipment • Specialist training for equipment/medical interventions and management regimes. • Refresher Moving and Handling training (minimum 2 year intervals, ideally annually)
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