Guidance for Children and Young People with Physical and Medical Needs

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Rotherham Metropolitan Borough Council

Physical/Medical Guidance	
Range Descriptors Overview	
Range 1 – Mild	• 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 an Individual Healthcare Plan that includesprovision for when the pupil has time off school. • Range 1 examples could include Mild Asthma, Type II diabetes etc. **The NHS notes:** • A Children's Occupational Therapist may see children at any range, which may include assessment for equipment/adaptations. Professionals can refer to OT. • It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Children's Occupational Therapy. • 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
Range 2 Mild - Moderate	• 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 an Individual Healthcare Plan that includes provision for time off school. Advice can be sought from the School Health Nurse. • May have a condition that requires assessment for equipment and resources. **The NHS notes:** • A Children's Occupational Therapist may see children at any range, which may include assessment for equipment/adaptations. • It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Children's Occupational Therapy. • 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

Range 3 – Moderate	• 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, forpersonal 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 forseating and specialist equipment via the educational OT • Needs IHP with a risk assessment that may need input from medical practitioners working with the young person • IHP that requires input from specialist nursing teams or other clinical staff such as Consultant Pediatrician or Psychiatrist **The NHS notes:** • A Children's Occupational Therapist may see children at any range, which may include assessment for equipment/adaptations. Professionals can refer to OT. • 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 withprogramme/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
Range 4a - Significant	• 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 bethrough 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 • Will require or will have an Education, Health and Care Plan • Primary need is identified as physical/medical **The NHS notes:** • OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. A Children's Occupational therapist may see children at any range which may include assessment for equipment/adaptations. • 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.

Range 4b	• Severe physical difficulties and/or a medical condition with or without associated learning difficulties • Impaired progress and attainment • 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 supportcommunication, understanding and learning • A need for high level support for all personal care, mobility, daily routines and learning needs – this may includespecialist equipment. • Will need an Education, Health and Care Plan • Primary need is identified as physical/medical • Physical conditions that require medical/therapy/respite intervention and support • The need for an environment to support self-esteem and positive self-image • A developing neuro-muscular degenerative condition or traumatic incident resulting in brain or physical injury **The NHS notes:** • OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. A Children's Occupational Therapist may see children at any range which may include assessment for equipment/adaptations. • Children in this category may require specialist equipment via physio/OT services • The school/setting may require moving and handling training • 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
Range 5 –Severe	• A level of independent mobility or self-care that restricts/prevents an alternative mainstream placement • An inability to make progress within the curriculum without the use of specialist materials, aids, equipment and highlevel of adult support throughout the school day. This would require a specialist educational assessment via the Children's Occupational Therapist. • Furniture and/or extensive adaptations to the physical environment of the school via assessment through a Children's Occupational Therapist. • Difficulties in making and sustaining peer relationships leading to concerns about social isolation, the risk of bullying and growing frustration • Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a regular basis • Given appropriate facilities are nevertheless unable to independently manage personal and/or health care during the school day and requires regular direct intervention • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition which impacts on independence The NHS notes: • OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. A Children's Occupational Therapist may see children at any range which may include assessment for equipment/adaptations. Professionals can refer to OT via the Referral Management Centre.

	• Children in this category may require specialist equipment via physio/OT services • The school/setting may require moving and handling training • 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 • A child with a degenerative condition may not require to be in this range simply because of diagnosis, e.g., Duchenne Muscular Dystrophy children may remain quite independent through most of their childhood years and may only require a lower range
Range 6 – Profound	A permanent, severe and/or complex physical disability or serious medical condition. **The pupil will present with many of the following:** • The associated severe and complex learning difficulties impact on their ability to make progress within the curriculumdespite the use of specialist materials, aids, equipment, furniture and/or extensive adaptations to the physical environment of the school • Difficulties in making and sustaining peer relationships leading to concerns about social isolation and vulnerability within the setting and wider environment • Emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctanceto attend school • A requirement that health care inputs and therapies be intensive and daily • Given appropriate facilities are nevertheless unable to manage personal and/or health care during the school day andrequires a high level of direct intervention • Has a complex medical need requiring frequent monitoring and medical intervention throughout the school day • Has a significant additional condition such as HI/VI/MSI which gives rise to the complexity of need • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition • May have intervention from Occupational Therapist/ Physiotherapist • May require specialist equipment via physiotherapist/ Occupational Therapist **The NHS notes:** • OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. A Children's Occupational Therapist may see children at any range which may include assessment for equipment/adaptations. • Children in this category may require specialist equipment via physio/OT services • The school/setting may require moving and handling training • 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 A child with a degenerative condition may not require to be in this range simply because of diagnosis, e.g. Duchenne Muscular Dystrophy children may remain quite independent through most of their childhood years and may only require a lower range

Range 1	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
A **mild** physical disability or medical condition. The pupil will present with many of the following: • 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 • May require access to equipment e.g., fine motor/gross motor, handwriting, toileting and feeding via educational OT. • Possible low levels of self-esteem • A medical condition that impacts on time in school and requires a Individual Healthcare Plan **NC Level** Across expected range with an unusual profile showing relative strengths and weaknesses.	**Assessment** • Part of continual school and class assessment • Monitoring of developmental goals in line with National Curriculum • SENDCO awareness if no progress apparent after targeted teaching approach • Risk assessment carried out, if necessary, by school, with referral to risk assessment guidance • Referral to school nurse to check hearing, sight or for possible medical condition • May require referral to educational OT for advice re fine/gross motor assessment **Planning** • Range 1 universal provision • Normal curriculum planning including group or individual targets • 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	• Mainstream class with occasional additional individual or small group support • Attention to positioning in classroom Encourage a good sitting position when working. If young person has difficulties in maintaining a functional sitting position whilst working, using the toilet/changing facilities, manual handling and accessing the physical environment consider referral to Children's Occupational Therapy. Children before their 3rd birthday with less than 15 hours in Nursery setting are currently not eligible for provision of specialist equipment. This can be discussed on a case-by-case basis. *Children's Occupational Therapy are currently not commissioned to provide sensory assessment	• Quality First Teaching • Follow school handwriting scheme with slight modifications • Some differentiation to PE curriculum if appropriate • Access to appropriate ICT provision i.e., accessibility options on Windows • Staff awareness training of relevant medical conditions on a 'need to know' basis	• Flexible use of resources and staffing available in the classroom to assist with recording work, accessing text, pre- teaching vocabulary, modifying teacher talk, modelling responses, focusing listening and attention • Main provision by class subject teacher with some age-appropriate programmes delivered one to one or in small groups • Input needed from health professionals via SENDCO e.g., specialist nurse/ school nurse • A Children's Occupational Therapist may see children at any range which may include assessment for equipment/adaptations. • Children in this category may require specialist equipment via physio/OT services • The school/setting may require moving and handling training • 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 **Resources/Provision** • Differentiated writing materials and equipment • Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope, cutlery via educational OT assessment. • Provide supportive / correctly sized standard school chair & table - this should be available to children in range 1 to support their postural stability i.e., a chair and table surface that fit the child –feet supported, table at the correct height etc.

Range 2	Assessment and Planning	Strategies	Curriculum/Intervention	Resources and Staffing
A **mild - moderate** physical disability or medical condition. The pupil will present with many of the following: - 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 Individual Healthcare Plan **NC Level** Across expected range with an unusual profile showing relative strengths and weaknesses.	**Assessment** - 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. **Planning** - Range 1 universal 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	- As above but will be working on modified curriculum tasks - Small group or one to one adult input to practice skills - Buddy system - Attention to position in classroom Encourage a good sitting position when working. If young person has difficulties in maintaining a functional sitting position whilst working, using the toilet/changing facilities, manual handling and accessing the physical environment consider referral to Children's Occupational Therapy, Children before their 3rd birthday with less than 15 hours in Nursery setting are currently not eligible for provision of specialist equipment. This can be discussed on a case-by-case basis.	- 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	- Main provision from class teacher or subject specialist with support from SENDCO - 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 to support outside play and lunch time - Advice to be sought from Health Professionals E.g., Physiotherapist, Occupational Therapist - A Children's Occupational Therapist may see children at any range which may include assessment for equipment/adaptations. - Children in this category may require specialist equipment via physio/OT services - The school/setting may require moving and handling training - 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 - Staff awareness training of relevant medical conditions on a 'need to know' basis **Resources/Provision** - Differentiated writing materials and equipment - Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope cutlery.

Range 3	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
A **moderate** physical disability or medical condition. The pupil will present with many of the following: • 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 **NC Level** Depending on the identified nature of the difficulty, their NC level range may vary between 'well above average' to 'well below average'.	**Assessment** • SENDCO seeks advice from HI/VI Team and health care professionals to discuss next steps Need handwriting/ fine motor advice from OT • Personal care and manual handling assessment in conjunction with HI/VI Team, Children's Occupational Therapy, Physiotherapy and Health Professionals • Educational OT assessment for postural management, feeding, toileting, fine/gross motor needs • May require environmental assessment re accessibility. **Planning** • Range 1 universal 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 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	• Mainstream classroom setting • 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 Encourage a good sitting position when working. If young person has difficulties in maintaining a functional sitting position whilst working, using the toilet/changing facilities, manual handling and accessing the physical environment consider referral to Children's Occupational Therapy, provision of specialist equipment. This can be discussed on a case-by-case basis.	**Need the following:** • Quality First Teaching • Programme to support the development of handwriting skills as advised by Children's 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 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 • These children may form the basis of targeted assessment – assessment and advice to home and school with programme / strategies to follow	• Main provision from class teacher or subject specialist with support from SENDCO and/or HI/VI Team • Flexible use of classroom support to access curriculum and develop skills in recording up to 16.5h/ week • A Children's Occupational Therapist may see children at any range which may include assessment for equipment/adaptations. • Children in this category may require specialist equipment via physio/OT services • Support staff training The school/setting may require moving and handling training **Resources/Provision** • 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 OT will be required. • Hygiene / medical room may be necessary • May need specialist low tech seating and/ or furniture and equipment • Risk assessments for school trips

Range 4a	Assessment and Planning	Strategies	Curriculum/Intervention	Resources and Staffing
A **significant** physical disability or medical condition. The pupil will present with many of the following: • 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	**Assessment** • SENDCO and specialists continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Children's Occupational Therapy, Physiotherapy as appropriate • Personal care assessment • Manual handling assessment • OT assessment for postural management, feeding, toileting, fine/gross motor needs • May require environmental assessment re accessibility **Planning** • Range 1 universal 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 • 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.	**Will need one or more of the following:** • 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 • Delivery of physio programme/postural management by trained school staff	• Will need 1:1 support to access aspects of the curriculum and to develop skills in recording of between 16.5 h/ week to 27h/ week • May need individual adult support for mobility and personal care needs as advised by HI/VI Team / Occupational Therapy, Physiotherapy and Healthcare Professionals • OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. A Children's Occupational Therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. • Children in this category may require specialist equipment via physio / OT services **Resources/Provision** • ICT equipment to aid recording • Specialist seating, furniture and equipment • Physio needs would be based on assessment on a case-by-case basis. • Adapted site will be necessary to physically access the building • Hygiene room/facilities • Accessibility of the whole school site, with facilities and practices that maintain the dignity of each pupil • Site adaptations/sling/hoisting to be considered in consultation with the Local Authority and Educational OT.

Range 4b	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
A **significant** physical disability or medical condition. The pupil will present with many of the following: • Severe physical difficulties and/or a medical condition with or without associated learning difficulties • Impaired progress and attainment • 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 • May require an Education, Health and Care Needs assessment • Primary need is identified as physical/medical • Physical conditions that require medical/therapy/respite intervention and support • The need for an environment to support self-esteem and positive self-image • A developing neuro-muscular degenerative condition or traumatic incident resulting in brain or physical injury **NC Level** 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.	**Assessment** • SENDCO and specialists continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy • Personal care assessment • Manual handling assessment • Educational OT assessment for postural management, feeding, toileting, fine/gross motor needs • May require environmental assessment re accessibility **Planning** • Range 1 universal 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 • Alternative ways of recording to minimise handwriting • Modified planning for PE/outdoor play curriculum is likely to be needed • Interventions should be incorporated across all activities throughout the school day	• Will attend a suitably equipped mainstream school, Designated Special Provision or special school • Will follow OT strategies/programmes in school	Will need some or all the following: • Programme to support the development of physical (fine and gross motor) skills • Differentiated writing materials and equipment • Differentiation to PE curriculum • Independent life skills programmes • Delivery of physio programme/postural management by trained school staff	• Will need 1:1 support to access aspects of the curriculum and to develop skills in recording of between 27.5h/ week to 35+h/ week • May need individual adult support for mobility and personal care needs as advised by HI/VI Team /OT and Healthcare Professionals • Individual and small group teaching as appropriate, carefully organised to ensure full access to the curriculum, which includes life and communication skills • Access to specialist resources including specific teaching programmes and systems • These might include appropriate technological aids, ICT programmes, AAC or an amanuensis to aid independent learning and assist communication, recording skills etc. • Accessibility of the whole school site, with facilities and practices that maintain the dignity of each pupil • Access to specialist resources to meet the personal care and mobility needs of each pupil • Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers • Site adaptations to be considered in consultation with the Local Authority and OT environmental assessment. • A suitably equipped room(s) in which therapies can be carried out with appropriate hoisting facilities, therapy bench, parallel bars, and height adjustable writing table • A time out area for rest periods where pupils 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 seating, standing frames, walkers, physiotherapy equipment can be stored • The facility to recharge powered wheelchairs and mobile hoists/slings when necessary • Some pupils are likely to require specialist support in communication and recording with an emphasis on developing pupils 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 pupils. • Postural management requires regular review by OT. • Slings for hoisting will be via OT.

Range 5	Assessment and Planning	Learning Strategies	Curriculum/Intervention	Resources and Staffing

A **permanent**, **severe** and/or **complex** physical disability or serious medical condition. The pupil will present with many of the following:
• A level of mobility or self-care that restricts/prevents an alternative mainstream placement
• An inability to make progress within the curriculum without the use of specialist materials, aids, equipment and high level of adult support throughout the school day
• Furniture and/or extensive adaptations to the physical environment of the school
• Difficulties in making and sustaining peer relationships leading to concerns about social isolation, the risk of bullying and growing frustration
• Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection, and reluctance to attend school
• A requirement that health care inputs and therapies be intensive and on a regular basis
• Given appropriate facilities is nevertheless unable to independently manage personal and/or health care during the school day and requires regular direct intervention
• Is an Augmentative Alternative Communication (AAC) user
• Has a degenerative condition
 	
NC Level
Attainment levels will range from P scales in Primary to NC levels in Secondary.
	Assessment
	• Formal assessment will have taken place or be in process
	• Detailed PIVATS or similar assessments used to inform planning
	• The assessment of physical, sensory / medical and learning needs to inform the planning process, including moving and handling and therapy programmes
	• Risk assessments for: moving and handling, egress, movement around school and school trips
	• OT assessment for postural management, feeding, toileting, fine/gross motor needs
	• May require environmental assessment re accessibility
	
	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 into account routine daily welfare and behaviour needs
	• Individual care plan/ protocol to be in place
	• Behaviour care plans in place if appropriate
	• Plans in place for, moving and handling
	• Parents involved regularly and support targets at home
	• Pupils involved in monitoring and setting targets as much as possible
		• Small group teaching in a specialist provision for whole school day
		• Have specialist speech and language sessions
		• Grouping for access to a total communication environment
		• Will attend a specialist provision in mainstream or a special school
		• Moving and handling training in place.
		• Strategies in place from OT.
			Will need some or all the following:
			• Curriculum access will be facilitated using a structured approach which will take account of
			  ○ Individual learning styles
			  ○ Personalisation to pupil needs
			  ○ Small steps approach within the context of an appropriate sensory experiential curriculum
			• Curriculum delivered at a pace that allows pupils time to assimilate information and then to respond appropriately
			• Constant reinforcement and generalisation of skills is an essential priority
			• Communication skills are an essential priority with the use of total communication environment to facilitate access to the curriculum e.g., PECS, Makaton, objects of reference, situational and sensory clues, simple voice output devices (Big Macs)
			• 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 pupils need to accept and develop pre-requisite skills required to access communication and learning
				• Individual specialist support for mobility and personal care needs
				• High staffing ratio with specialist teaching and specialist non-teaching support to facilitate pupil access to the curriculum
				• Staff trained and 'signed off' in medical / physical interventions, postural management and strategies as appropriate
				• Access to regular nursing support and advice
				• Access to specialist services e.g., educational psychologists, SEN services and health professionals
				• OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition
				• Staff trained in the use of a range of specialist ICT and AAC equipment and software to support access to learning
				• Access to specialist resources including specific teaching programmes and systems e.g., technological aids, ICT programmes, AAC
				• Specialist seating, furniture and equipment advice from OT
				• Accessibility assessment by the OT of the whole school site, with facilities and practices that maintain the dignity of each pupil and staff member
				• Access to specialist resources to meet the personal care and mobility needs of each pupil
				• Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers
				• A suitably equipped room(s) in which therapies can be carried out including a height adjustable therapy bench and hoist and slings
				• A time out area for rest periods where pupils 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 seating, wheelchairs, walkers, physiotherapy equipment can be stored
				• The facility to recharge powered wheelchairs and mobile hoists/slings when necessary
				• Will have access to specialist hydrotherapy/water-based activities with advice and guidance from the physiotherapist
				• Will have access to sensory room
				• Postural management to be regularly reviewed

Range 6	Assessment and Planning	Strategies	Curriculum/Intervention	Resources and Staffing
A **permanent**, **severe** and/or **complex** physical disability or serious medical condition. The pupil will present with many of the following: - The associated severe and complex learning difficulties impact on their ability to make progress within the curriculum despite the use of specialist materials, aids, equipment, furniture and/or extensive adaptations to the physical environment of the school - Difficulties in making and sustaining peer relationships leading to concerns about social isolation and their vulnerability within the setting and wider environment - Emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection, and ongoing reluctance to attend school - A requirement that health care inputs and therapies be intensive and daily - Given appropriate facilities are nevertheless unable to manage personal and/or health care during the school day and requires a high level of direct intervention - Has a complex medical need requiring frequent monitoring and medical intervention throughout the school day - Has a significant additional condition such as HI/VI/MSI which gives rise to the complexity of need - Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition **NC Level** • Likely to be attaining within the p scales in all Key Stages	• As at Range 5 addressing the severe or complex learning difficulties	• As at Range 5 but likely to require more 1:1 support	As at Range 5, plus will need some or all the following: - Programme to support the development of physical (fine and gross motor) skills - Differentiated writing materials and equipment - Differentiation to PE curriculum - Independent life skills programmes	- Flexible use of classroom support to access curriculum and develop skills in recording - Training and advice from specialist support service and OT for teaching and support staff - Individual specialist support for mobility and personal care needs - Specialist teaching and specialist non-teaching support within the classroom and wider settings to facilitate pupil access to the curriculum - 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 pupil's potential in attainment/ achievement - Access to specialist resources including specific teaching programmes and systems. These might include appropriate technological aids, ICT programmes, AAC or an amanuensis 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 pupil and staff member - Access to specialist resources to meet the personal care and mobility needs of each pupil - Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers - A suitably equipped room(s) in which therapies can be carried out including therapy bench and hoist - A time out area for rest periods where pupils 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 seating, wheelchairs, walkers, physiotherapy equipment can be stored - The facility to recharge powered wheelchairs and mobile hoists/slings when necessary - Staff trained in physio intervention and postural management programmes.

Sensory, Physical and Medical: PfA Outcomes and Provision				
	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Reception to Y2 (5-7 years)	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.	Child will cooperate with self-care routines, medical routines including those associated with any physical or medical conditions/diagnoses	Child will be able to participate in team games, after-school clubs, and weekend activities in accordance with their physical and medical capabilities.	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.
Y3 to Y6 (8-11 years)	Child will be able to access careers information, opportunities to meet role models/talks from visitors to school through adaptions and formats which consider physical, sensory, or medical needs as appropriate to individual circumstances.	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.	Child will be able to access after-school clubs, youth groups, sports teams, community-based groups in accordance with their physical and medical capabilities.	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.
Y7 to Y11 (11-16 years)	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.	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.	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.	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 Curriculum/Interventions sections of the School Age Ranges Guidance: Physical, Medical and Sensory Needs: HI, VI, Dual Sensory Needs, Physical and Medical Needs.			