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**Newcastle SEND Descriptors of Need**

**Part 3**

**Guidance for Children and Young People with** **Physical and Medical Needs:**

**Age 0-25 **

Version 1 September 2022

**Descriptors of need for Children and Young People with Physical and Medical Needs**

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| **Range 1****Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/****Intervention** | **Resources and Staffing** |

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| A mild physical disability or medical condition. The child/young person may present with some of:* Mild problems with fine motor skills and recording
* Mild problems with self-help and independence
* Mild problems with gross motor skills and coordination
* Occasional continence/toileting issues
* A medical condition that impacts on time in school and requires a medical care plan
 | **Assessment*** Part of continual school and class assessment
* Monitoring of developmental goals in line with National Curriculum
* SENCO 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

**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
* First line strategies, based on advice and strategies given in training packages delivered by OT and via drop-in sessions / telephone consultations with health professionals
 | * Quality First Teaching
* Follow school handwriting scheme with slight modifications
* Refer to LINS Team information on the website on adapted equipment/aids if necessary
* 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 SENCO e.g., specialist nurse/ school nurse
* OT may see children at any range due to open referral system (this may change following the therapies redesign)
* 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
* 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. |

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| **Range 2****Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/****Intervention** | **Resources and Staffing** |

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| A mild – moderate physical disability or medical condition. The child/young person may present with some of:* Need for support with self-medication or management of health condition in school
* Mild stability difficulties
* Gross motor and coordination difficulties
* Fine motor and coordination difficulties
* Restriction of hand or limb function
* Lack of independence, at an age-appropriate level, with many areas of self-care
* Mild hypo/hyper-activity to sensory input and mildly atypical interests in sensory aspects of the environment
 | **Assessment*** As for range one but SENCO to be involved in more specific assessments and observations
* SENCO may seek advice from health professionals
* SENCO involvement if no progress apparent after targeted teaching approach

**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
* First line strategies, based on advice and strategies given in training packages delivered by OT and via drop-in sessions / telephone consultations with health professionals
 | * 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 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 to support outside play and lunch time
* Advice to be sought from Health Professionals E.g., Physiotherapist, Occupational Therapist
* OT may see children at any range due to open referral system (this may change following the therapies redesign)
* 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.
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| **Range 3****Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/****Intervention** | **Resources and Staffing** |

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| A moderate physical disability or medical condition. The child/young person may present with some of:* A minor health problem requiring increased monitoring and/or support
* Mobility issues, particularly over medium distances, with possible need for mobility aid
* Moderate gross and/or fine motor difficulties, with possible need for postural support and/or recording support
* Inability to use safety features, e.g., handrails, which may require specialist input to meet health and safety legislation
* Need for support with areas of self-care
* Moderate hypo/hyper-activity to sensory input and mildly atypical interests in sensory aspects of the environment
 | **Assessment*** SENCO seeks advice from HI/VI Team and health care professionals in order to discuss next steps

Need handwriting/ fine motor advice from OT* Personal care and manual handling assessment in conjunction with HI/VI Team, Occupational Therapy, Physiotherapy and Health Professionals

**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
* 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
 | **Need the following:*** Quality First Teaching
* Programme to support the development of handwriting skills as advised by Occupational Therapy
* Differentiated writing materials and equipment
* A programme to develop fine motor skills
* Further differentiation to PE curriculum in conjunction with Physiotherapy (Physio needs would be based on assessment on a case-by case basis)
* Dressing and undressing skills programme in conjunction with Occupational Therapy
* 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 SENCO
* Flexible use of classroom support to access curriculum and develop skills in recording up to 16.5h/ week
* Occupational therapist may support children at any range.

**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
* Hygiene / medical room may be necessary
* May need specialist low tech seating and/ or furniture and equipment
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| **Range 4****Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/****Intervention** | **Resources and Staffing** |

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| A significant physical disability or medical condition. The child/young person may present with some of:* A health condition which requires daily monitoring and support
* Regular use of a mobility aid to move independently
* Inability to transfer independently in and out of a wheelchair
* A disability that directly limits aspects of self-care, requiring adult support and supervision
* Neurological factors associated with impairment that impact on independent learning
* Personalised use of assistive technology
 | **Assessment*** SENCO and specialists continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy as appropriate
* Personal care assessment
* Manual handling assessment

**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 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)
 | **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
 | * 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
* Children in this category may require specialist equipment via physio/OT services

**Resources/****Provision*** ICT equipment to aid recording
* Specialist seating, furniture and equipment can be applied for under the Specialist Equipment Policy Process
* Physio needs would be based on assessment on a case-by-case basis.
* Adapted site will be necessary to physically access the building
* Hygiene room/facilities
* Accessibility of the whole school site, with facilities and practices that maintain the dignity of each pupil
* Site adaptations to be considered in consultation with the Local Authority
* 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 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
* 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 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 t 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
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| **Range 5****Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/****Intervention** | **Resources and Staffing** |

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| A severe and/or complex physical disability or serious medical condition. The child/young person may present with some of:* A health condition which requires very frequent monitoring and support
* A need for adult- or power-assisted wheelchair
* Personalised seating support due to absent independent seated stability
* A need for regular nursing input and liaison between teaching staff and OT or physiotherapist
* Hoist assistance for all personal care needs
* Very high levels of hypo-/hyper- activity to sensory input and very highly unusual interests in sensory aspects of the environment
* High levels of adult support/assistive technology
 | **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

**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 egress, 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
 | Will need some or all of 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 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
* 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 when necessary
* Will have access to specialist hydrotherapy sessions
* Will have access to sensory room
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| **Range 6****Summary of Needs** | **Assessment and Planning** | **Teaching and Learning Strategies** | **Curriculum/****Intervention** | **Resources and Staffing** |

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| A severe and/or complex physical disability or serious medical condition. The child/young person may present with some of:* A health condition that cannot be managed independently and requires constant adult support
* Requirement for intensive healthcare and therapy input on a daily basis
* Only moves with adult assistance
* Unable to sit independently
* Requires hoist for all transfers
* Requires assistance for all personal care needs
* Has extreme sensory challenges and is extremely motivated to follow own agenda which overwhelms adult-led agenda
* Neurological factors that have a severe impact on functioning
* Extremely high levels of hypo-/hyper- activity to sensory input and very highly unusual interests in sensory aspects of the environment
* Unable to communicate and requires high levels of adult support/assistive technology access
 | * 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 of 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 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 when necessary
 |