Project summary

The initial vision was to develop a specialism to promote best practice in physical development for children with profound and multiple learning difficulties and this has become successfully embedded within our everyday practice.

The overall focus was to ensure an inclusive environment for all children regardless of their physical ability, by providing opportunities for them to reach their optimum physical potential. More physical independence led to better access to their learning and social environments. By providing a specialised environment and specialised staff, we were able to provide daily physiotherapy sessions for children who required them and begin to incorporate movement opportunities into the classroom throughout the school day. This encouraged staff to think about purposeful movement activities which helped the children to develop their physical independence skills, with or without aids. The specialist provision has successfully developed innovative partnership working with the school's medical support staff of OTs, physios and the school nursing service.

Specific aspect of practice to be accredited?

Outstanding achievement of pupils with profound and multiple difficulties in their physical development, PE, social and independence skills.

What were you hoping to achieve?

- Children reaching their full potential with their physical abilities.
- To promote the children's overall health and wellbeing.
- Enabling children to improve their self-esteem and independence.
- To be inclusive within the school environment and to allow children to access their environment more independently and explore it fully in order to further their learning and achievement.
How did you identify the need for this practice?
Staff were struggling in classrooms to meet all the physical needs of the children due to the range of abilities within each class and the time pressures created by the overall curriculum. Break and lunch times were challenging as these children needed to use specialist equipment and were often unable to access the playground facilities fully. A requirement for some support to meet the physical needs of these children was identified as the physiotherapist was only in school for one morning a week. The role of the specialist teaching assistants was developed via training by the physiotherapists and initially individual children had access to physiotherapy programmes within the classroom. However, this had its difficulties due to a lack of space within the classrooms and the children being very distracted by everything else that was happening around them. A soft play room was developed initially, where the children could work with the TAs; this later developed into a physical development room where the children participate in their physical programmes on a daily basis. The role of the TAs has also developed so that some PMLD children can participate in twice weekly PE sessions with their peers, where appropriate.

Briefly describe the main characteristics of the school?
Pendle View Primary School is a Special School for 90 children from 2-11 years who have special educational needs including Moderate, Severe and Profound and Multiple Learning difficulties, Physical Disabilities, Autistic Spectrum Condition and Multi-Sensory Impairment.

The school is within the Pendle District of the Lancashire Education Authority and is located on Gibfield Road, Colne. Children attending Pendle View are Statemented under the 1981 Education Act. The needs of our pupils are met by a trained specialist staff of Teachers, Teaching Assistants, Welfare Assistants and a Curriculum Assistant. The school has a Physiotherapist, two Speech Therapists and access to an Occupational Therapist who visit on a regular basis. The school also has a School Nurse and a specially trained medical teaching assistant. We are assisted by the Visual and Hearing Impairment Services and by the Educational Psychology Service.

What did you do?
- 2001 - Identified need for children with physical difficulties to have continued specialist daily input in addition to the once weekly physiotherapy visit.
- 2002 - Established and appointed 2 specialist teaching Assistants (TA3 and TA2) to take on role of implementing, managing and co-ordinating specialist physical support in school.
- 2002 - Ongoing TA training with physiotherapist.
- 2002 - Soft play room re-furbished to allow for physiotherapy and PMLD PE to take place here.
- 2002 - Ongoing. Children time tabled to have daily sessions with TAs responsible for physical development.
- 2002 - Established liaison with Occupational Therapist.
- Late 2002 - training on PMLD PE curriculum by Anna Szuminska; then
beginning to be implemented with our PMLD children.

- **2005** - Class staff trained in physiotherapy programmes and PMLD PE to give a more unified approach across the whole school, but still with a specialised base.
- **2007** - MOVE training undertaken by TA which emphasises the importance of incorporating movement into the daily routine. This became part of the school ethos and everyday routines and children use their walkers to walk to class each morning and use their standers and walkers at break and lunch times.
- **2008** - Move to new building and improved facilities with physiotherapy beds and ceiling tracking for hoist installed.
- **2008** - Morning routine established to include some movement by using 'Shakey Wakey'.
- **2008** - As PMLD population began to increase in the Early Years, PD TA'S began to work in partnership more fully with the Early Years Team in order to make PE for the youngest children more inclusive.
- **2009** - TAs trained in Halliwick and Hydrotherapy swimming as the school now had access to a hydrotherapy pool at PCHS and recognised the need for this for some children.
- **2008** - Specialist bicycles purchased to add an extra dimension to physical development and cycling clubs were established at appropriate times of the day.
- **2010 and 2012** - Ofsted commented favourably on the specialised work being carried out by the TAs responsible for Physical Development and how this has impacted upon learning in the classroom.
- **2005 - Present day** - TA3 contributing to Annual Reviews and Annual Reports for children with PMLD.
- **2014** - A third TA appointed to work alongside the current team as the need for this work increases due to higher numbers of PMLD children attending the school.

Outcomes from this specialist work which is ongoing include:
- increased numbers of children walking independently
- more children having access to and being able to use bicycles.
- more children standing independently.
- more children beginning to sit for longer periods of time independently
- more children taking steps and becoming independently mobile using gait trainers.
- wheelchair and other equipment clinics have been established in partnership with OTs and physiotherapist which assist parents and carers greatly.
- established break and lunch time clubs where children can use their equipment in a safe environment with staff support.
Which members of the establishment and/or wider community have been involved and what was their role?

- TAs responsible for physical development.
- PE coordinator.
- Whole staff team.
- Physiotherapists and occupational therapists.
- Head teacher and deputy head teacher.
- Parents.

How has the progress of the project been monitored and evaluated?

- Assessment by the physiotherapists who then set goals and physiotherapy targets.
- Through the PE curriculum and IEP targets set by the class teachers in collaboration with the TA responsible for PD.
- Recording using the MOVE criteria.
- Using IEP target sheets.

How has the practice been modified or improved during development?

- Improved system of recording.
- Improved facilities.
- Improved range of activities where appropriate.
- Improved integration of practice throughout the school.
- Taking into account the early years Lancashire physical and creative Schemes of Work.

What has been the impact of the project on pupils’ learning, achievement or enjoyment and how has this been measured?

- High achievement of children with their physical abilities.
- Children becoming much more independent.
- Children demonstrating enjoyment of the physical activities leading to more confidence and higher self-esteem and therefore learning to their maximum potential.

What are the next stages in the development process?

- To develop a system to record achievement and progress that will fit in with PIVATS and Routes for Learning. At the moment we have a physical recording system which starts at P4.

What aspects of this practice may be useful for other establishments to consider?

- To train staff to implement this role in their own establishment. We have already trained staff in our High school in order for them to carry out this role, as it is important for our children.