

PMLD Policy

<u>Person Responsible:</u>	Barry New
<u>Date of Policy:</u>	January 2023
<u>Next Review Date:</u>	January 2026

Introduction:

This policy document sets out the school's aims, principles and strategies for the education of students with Profound and Multiple Learning Difficulties (PMLD) at Oaklands School. It will form the basis for the development of PMLD-specific practice in the school.

The PMLD policy document is an all encompassing document that covers the entire school(s) and relates to individuals both in the Richmond department as well as students who's needs may be better met in other departments.

Rationale:

We aim to provide learning environments which are engaging, stimulating, student-centred and effective in supporting the maintenance, consolidation and progression of pre-formal skills.

Students are assessed using our own 'Oaklands Sensory Assessment Tool' which is supported by the Engagement model'. The engagement model is an assessment tool (replacing P scales 1 to 4) for pupils working below the standard of national curriculum assessments and not engaged in subject-specific study but it does not replace our own Oaklands Sensory Assessment Tool. The engagement model became statutory for use from 2021/22 academic year.

The pupils who are working within (the old) p1 - p4 cognitive range and have at least one sensory impairment at Oaklands are considered to have Profound and Multiple Learning Difficulties. In addition to the students' education; the students' health and wellbeing have equal importance and should be reflected through all activities, events and situations throughout the day.

A pupil with PMLD will spend a large proportion of the day maintaining and consolidating what has already been learnt so as not to lose skills and understanding. The objectives, targets, sessions and evaluations will reflect this by using repetition and ritualisation. New concepts and skills will be taught, when appropriate, in the framework of a familiar and structured session or activity which is repeated over an extended period of time.

Aims

To ensure the following key principles underpin our practice to enable us to provide the best possible education for pupils with PMLD.

Knowledge and understanding of students who have PMLD throughout the school.

Knowledge, understanding and implementation of established interventions and approaches.

Knowledge and understanding of general and specific medical conditions that have a direct impact on day to day health, participation and learning.

Up to date current research relating to the education and wellbeing of pupils with Profound and Multiple Learning Difficulties.

Equal Opportunities and inclusion

At Oaklands we aim for all pupils to access a broad range of curriculum activities and resources. We plan for pupils on an individual basis according to their needs, learning styles and personal interests.

Some of our students may have medical or para-medical needs in addition to their learning difficulties. Some may experience temporary or permanent regression or the loss of skills, capabilities and awareness because of their medical circumstances or through degenerative conditions. We aim to provide an inclusive education, whilst providing individualised specialist care to support the medical, physical and personal care needs of the student, so that they are able to access and engage with learning activities.

They will also have various opportunities ~~throughout the week~~ for *inclusion* - whether it takes the form of visits into the local environment during their weekly Community Visit, sessions with pupils from other departments in the school (lessons, school events or celebrations.) or sessions with pupils from local mainstream schools and colleges.

Physical Environment

Students with Profound and multiple learning difficulties generally benefit from a class environment that is set up to meet their sensory needs. All of the classrooms in the Richmond (PMLD) Department have been designed this way, with access to a break out room which can be used for a variety of purposes, including; a dark room that can be used to support visual development, cause and effect skills or be used as distraction free learning area. In addition, each class has been designed to include ceiling mounted hoist systems to support with student manual handling from their wheelchairs to other positional changes, including using Acheeva beds.

Our students have access to a Sensory Garden, Hydrotherapy pool, Weekly Community Visits, a Multisensory Room, a separate dining room and a Sports Hall.

~~Our students that have PMLD, currently learn in three classes, Richmond 1, Richmond 2 and Richmond 3. Each room has access to a dark room that can be used to support visual development, cause and effect skills or be used as distraction free learning area.~~

~~Our students also have access to a Sensory Garden, Hydrotherapy pool, Weekly Community Visits, a Multisensory Room, a separate dining room and a Sports Hall.~~

Teaching, Learning and Curriculum

The current (2022/2023) structure of the department is that Richmond 1 provides a learning space for students in KS3, many of whom are working at or towards P4.

Richmond 2 provides a learning environment in which students' medical needs may be higher and their communication is at a pre-intentional or semi-formal level.

Richmond 3 and Richmond 4 class groups provide a learning space for children in KS4 and KS5 who will access elements of vocational learning.

The organisation of these classes may change over time depending on needs and the ability of the cohort of students.

~~The students are placed in ability streamed classes in line with their Cognition and Communication needs. Richmond 1 provides a learning space for students using more formal methods of communication and those working at or towards P4. Richmond 2 provides a learning environment in which students are working towards using photos to communicate and generally have a good understanding of cause and effect. Richmond 3 provides a learning environment in which students' medical needs may be higher and their communication is at a pre-intentional or semi-formal level.~~

First and foremost, we recognise that for our students to be ready to learn they must first have their basic care needs met. We view all activities, including personal care, Physiotherapy and Occupational Therapy as learning opportunities and these are treated as such. Students access an individual timetable which takes their physical, medical and personal wellbeing into account. As well as embedding Physiotherapy and Occupational Therapy programs into students' learning, staff also deliver Speech and Language Therapy programs on a daily basis in line with the teacher's planning. This is also true of students that have programs created by specialist teachers to support the development of their vision and hearing.

Underpinning all teaching and learning is an emphasis on the development of Communication, Sensory Development, Cognitive Development, understanding of Cause and Effect and the development of Engagement and Independence within their environment. Some learning activities use the National Curriculum as a topic guide to ensure a breath of experience, these activities are delivered using a multi-sensory approach. The lesson acts as a vehicle to enable students to work towards developing their skills as identified in their EHCPs and from their IEP Targets). Lessons are delivered within whole group sessions, small groups or in a ratio of 1:1. All planning is completed and monitored by the class teacher, 1:1 and small group learning activities are facilitated by specially trained and experienced support staff.

To support with student development and progress, each class group now has a weekly lesson delivered by a qualified Speech and Language therapist and also a weekly lesson delivered by a qualified Occupational therapist. This also acts as a vehicle for ensuring staff are familiar with specific techniques used by therapists that can then be utilised in other learning sessions. Overall this is already enhancing the student experience in school and promoting greater levels of understanding.

Assessment

All students are regularly assessed by the class teacher and progress is recorded by the whole class team in relation to Individual Education Plans (IEPS). IEP targets are set in line with guidance from the EHCP and from the Oaklands Sensory Assessment tool. The Oaklands Sensory Assessment Tool is used to measure and demonstrate the small steps of progress made by our students. Levels of response, engagement and participation are also measured as progress within the department. Students are baselined in September and assessed using our assessment tool throughout the year. Within the Oaklands Sensory Assessment, students are baselined and progress is measured within the following areas:

- Communication: Vision
- Communication: Interaction
- Communication: Vocalisations
- Communication: Hearing
- Sensory Cognition: Engagement
- Sensory Cognition: Touch/Tactile
- Sensory Cognition: Cognitive Awareness
- Sensory Cognition: Exploration
- PSHEC: Body Awareness
- PSHEC: Enjoyment
- Environmental Control Technology: Physical Access and control of Switch
- Environmental Control Technology: Motivated by Effects

Assessment enables us to identify the student's areas of strength and areas of development to support progress.

Staff collect video and photographic evidence of progress and upload it onto Solar, this provides evidence of progression for each student within the Oaklands Sensory Assessment tool. Recording of progress is completed by the class teacher within their planning file. Support staff are expected to record progress using orange slips that are collected by the teacher.

Teachers use the engagement model to assess pupils working below the standard of the national curriculum assessments and not engaged in subject-specific study at key stage 1 and key stage 2. The engagement model is used to enhance and support our own assessment tool.

Training

All new staff attend an internal induction training in PMLD practise to support their understanding of development, cognition, communication and best practise.

Staff working within class teams are trained to administer epilepsy medication, in Moving and Handling, to feed students via both Gastrostomy and Jejunostomy, and to support other individualised medical needs including the administration of Oxygen, oral suctioning or other medical needs as deemed appropriate by the Executive Head teacher. Staff are training how to complete physiotherapy programmes for the students in their class and this is carried out by a trained Physiotherapist. Staff also attend INSET training days in which appropriate training is delivered to support training needs as identified within the School Development Plan.

Health

Some students have a medical with the school doctor. At this medical parents have the opportunity to discuss issues they may be experiencing at home and gain advice. During this medical, students are weighed and measured, if there are any issues arising from these students will be referred to the borough dietician. From this medical, other referral can also be made. Staff work closely with the school Nurse and Doctor, Physiotherapists, Occupational Therapists and Speech and Language Therapists to ensure all needs are met to the highest standard of care. It is the parents' responsibility to inform the school of the student's medical conditions and any medication the pupil takes at home or school and to keep the school up to date with any changes.

Signed by Chair of Committee:

Print Name:

Date: