

Children with Physical Impairment returning to school Updated June 2020

It's difficult to provide general guidance as every child and school environment is different, but it is important that staff are aware of the particular challenges children with PI will face. We have put together some information which we hope will support planning for individual children and young people with disabilities returning to school based on government guidance.

Contact the Physical Needs Advisor if you would like more ideas and support for individual children attending your school and/ or to support decision making.

Considerations for a child with a physical disability	Useful follow up actions and questions:
<p>Find out whether the child</p> <ul style="list-style-type: none"> • attend school • are safer at home or • needs to stay at home for other reasons 	<ul style="list-style-type: none"> • Does the child have any medical conditions that mean they need to shield? • Use the Risk Assessment to support decision making, review as needed (see further guidance 'Children with physical Impairment returning to school' available on SIP) • Consider Reasonable adjustments to meet child's needs and check parents are happy with this. • Contact PI Advisor to support decision making for individual children or young person (CYP) • Consider the physical programme for the child and whether this is being managed at home • Check with parents the child's risk from C-19. Be aware that parents may not know about their child's level of risk from C-19 • If needed seek advice from a medical professional e.g. GP, paediatrician, specialist consultant to support decision making • Be aware of emotional and social wellbeing and possibly educational needs will be increasing as time goes on balance this with the health risk – review regularly
<p>If the child is safer at home:</p>	<ul style="list-style-type: none"> • Check how the CYP is accessing learning do the parents need additional support to access teaching their children including possible 1-1 support? How can this be done remotely? • Is the work being suitably differentiated and any necessary adaptations made for recording, to meet the child's learning needs? • Consider how they can be included in school life (remotely) when their peers return to school? • Will they/do they understand that social contact in school will be limited, and that they can't share resources in same way as before? Support understanding of new safe way of working and hygiene procedures in school • Have they got access to appropriate ICT equipment to access learning e.g. lap top, tablets or iPads, WIFI, printers and access to additional software? • Have they access to equipment for learning e.g. craft or maths boxes, books?

	<ul style="list-style-type: none"> • Does the CYP need any other school equipment at home to support access to learning e.g. seating, standing frame? • More thought may be needed to make lessons accessible and engaging for children with PI e.g. virtual lessons, video link • How can 1-1 TA support be best used to support the child whilst out of school? Consider virtual teaching under safeguarding guidelines. • Consider using virtual media in order to facilitate linking children with their peers socially
<p>Safeguarding and wider family considerations</p>	<ul style="list-style-type: none"> • Follow usual Safeguarding processes e.g. MASH referral, EHA etc • Are the family able to work at home or are there financial pressures? Are the family accessing any financial support they should be entitled to? • Is the situation likely to change (e.g. parent was furloughed but could be looking at unemployment) • Is more home support needed? • Is there a need for EHA? • Is there a need for a TAF style meeting/support network to ensure all siblings are supported if they cannot return to school because of shielding? • Is respite care needed for the child? Link with Disability social workers?
<p>Consider the CYP support needs if the child could return to school</p> <p>The child's physical abilities may have changed</p>	<ul style="list-style-type: none"> • The child's physical abilities may have changed; this will undoubtedly be the most common concern for PI children in getting them back into school. PI children will have been more sedentary at home without the use of usual equipment or space to use it and not being able to go out to mobilise. Parents will have found it hard to juggle everything so physio programmes may have slipped. Contact the parents and child to discuss how they feel about the child's mobility and if it has changed. Contact all of the child's health team including physio, OT, Pediatrician (if has one) and manual handling trainer (STEPS PI). Ask if they have seen the child and if they can support with return to school. Explain to parents that it may be a gradual return to school until things are in place and to help the child ease back in. There may be equipment needs/training needs or waiting for professional support before the child can fully return. • Consider possible psychological /emotional needs around returning to school e.g. anxiety. Does the child have the means to communicate their worries? Preparation and preempting any anxieties will be key. Provide visual resources , arrange video calls etc before the child is due to return. Try to keep staff the same for manual handling and personal care so they are familiar adults. <p>Focus on what the child liked most about school and the positives of them returning, seek advice from pastoral colleagues in school or other organisations, employ a gradual approach to returning if necessary, provide a safe space /adult during transition period</p> <ul style="list-style-type: none"> • Create a plan for the support needs minimising contact and keeping to the social distancing rules as much as possible • Discuss safe ways of working with your TA team for each individual case

	<ul style="list-style-type: none"> • Talk to parents about their child's support • Talk to your PI Advisor teacher for advice and support
Are the trained and familiar TAs available to work with the child?	<ul style="list-style-type: none"> • STePS PI team are unable to deliver Manual Handling Training at this time. Settings need to use staff that have already had the training to carry out manual handling programmes. Refresher training may be available, • Consider TA confidence and possible anxieties about supporting the CYP. • Include TA in planning and discussions around how to support CYP • Include Risk Assessment for the TA working and supporting individual child • Communicate and create support plan as a team
Reducing contact to minimum required to be safe	Reduce the number of adults that will come into contact with the CYP whilst ensuring safety for both CYP and staff.
Plan the bubble or small group	<ul style="list-style-type: none"> • Supporting a child with very complex needs can be tiring. In the bubble/small group, is there more than one person able to work with the child? • Do the other children in the bubble know the child? • Do they need help and support to interact with the child? • Consider the best place for the 'bubble' to allow for child's equipment and emergency evacuation
Does the child have equipment?	<ul style="list-style-type: none"> • Follow guidance on hygiene and cleaning • Ensure safe hygiene protocols are in place with equipment moving between home and school. • Ideally do not swap equipment between children. Clean equipment if needed for use by other children in school e.g. laptop • Ensure equipment is cleaned if moved between TAs • Is their alternative equipment that is safer to use i.e. not soft furnishings?
Questions to ask and information to gather from parents, physio and OT and PI Advisor	<ul style="list-style-type: none"> • Does the child need close (<2 metres) support? • Can other equipment be used to support physically to ensure social distancing e.g. a stool to support a child standing up from floor rather than an adult helping a child up? • How will you enable access the outdoor areas where CYP peers are learning? • Think about the classroom: How will the child move around the room? Can they use their wheelchair or mobility aid independently? • How will they transfer from their seating? • Do they have easy, independent access to resources and equipment? • Does the layout allow them to socialise with peers in the same way as other children? • Consider ICT and specialised methods of accessing it for the child with PD. Is this back in place after lockdown and ready to be used? • Is there a space in the room for students who need to have a change of position/a rest area/ a place to go for time-out/emotional regulation? • Has thought and provision been made for safe toileting and changing?

<p>Does the CYP need support for personal care?</p>	<ul style="list-style-type: none"> • <i>Review all procedures regularly in line with government guidelines (links below to government guidance on protective measures and updating risk assessments in box below)</i> • All adults and CYP to follow your good hygiene protocol • Consider sensory issues with washing hands and make plans for child to have appropriate hand cleaning • Make a personal care plan following protective measures guidance • Ensure all staff are in agreement with and follow personal care plan • Minimise the number of adults who work closely with a child • Normal PPE is recommended for personal care: apron and gloves • Any secretions need to be dealt with following a clear hygiene protocol • Consider use of masks/face coverings for staff performing close personal care tasks when supporting children who have problems with saliva control including spitting • Is there an alternative and appropriate way to support personal care? (For example, some schools are considering using different pull ups or pads, or asking parents in the short term to support with their child's personal care either on or off site.)
<p>PPE recommendations from government documents:</p>	<ul style="list-style-type: none"> • Current government advice is that the majority of staff in education, childcare and children's social care settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain distance of 2 metres from others. Decisions on the use of masks / visors for close intimate care can be discretionary based on individual risk assessment. • Children, young people and learners whose care routinely already involves the use of PPE due to their intimate care needs should continue to receive their care in the same way • Current government advice about the disposal of masks, aprons, gloves etc. is that it must be securely bagged in two layers of tied plastic waste bag. Once bagged the waste should be stored untouched in a secure area for 72 hours, after which time they can be put out with the usual rubbish collection bins.
<p>Emergency PPE if CYP displaying coronavirus symptoms</p>	<ul style="list-style-type: none"> • Full PPE (including gloves, apron and mask) should be worn if a distance of 2 metres cannot be maintained from any child, young person or other learner displaying coronavirus symptoms
<p>Updating Manual Handling Risk Assessments</p>	<p>This is mandatory before the child can return to the setting and is a legal responsibility of the employer</p> <p>Involve the parent and child</p> <p>Contact health colleagues</p> <p>Check all of child's school equipment is working and within service date</p> <p>Increase cleaning and hygiene protocols for equipment</p> <p>Update the manual handling risk assessment to include:</p> <p>Any changes with:</p>

	<ul style="list-style-type: none"> • child's weight/size • child's health • mobility capabilities • Psychological factors for child (anxiety/ behaviour) • equipment • personal care routine (may require separate personal care plan in place) • transfer methods/frequency • staff capabilities – any changes in health / mobility (consider psychological factors) • staff changes (manual handling training is not available so use previously trained existing staff where possible) • staff ratios • PPE • Hygiene routine for cleaning down equipment • Hand washing • Storing equipment – where is the best /most accessible and hygienic place? <p>How these changes will be managed will require a multi team approach with discussion between school, external professionals and the family.</p> <p>Only when the risk assessment has been completed and parents and staff are happy with it should the child return to school.</p>
Does the CYP need a physical programme as part of their routine?	<ul style="list-style-type: none"> • Consider Reasonable Endeavours, and identify and agree the priorities for the CYP's time in school. • Reducing handling and close contact is necessary so majority of therapy may need to continue at home (where possible).
How do they get to school?	<ul style="list-style-type: none"> • Does the child use SEN Transport to get to school? Discuss with parents and plan the safest way of getting to and from school and accessing the building.
What to consider when trained and familiar TAs are not available?	<p>What is the best that the school can offer (Reasonable Endeavour) to provide for the child in the event of their TA not being available through shielding or sickness? E.g.</p> <ul style="list-style-type: none"> • Have you risk assessed the best place for the child and discussed with the parents? • Identify another person that could work with the child • Could the child be in school without 1-1 support (maybe for a shorter time or revised timetable) • Consider training as soon as therapists for physical support are available. • If needed could more support be provided for child at home?
Pupils Returning to the same setting	<p>Virtual multi agency meeting with child, parents, therapists and PI advisor to devise a return to school plan</p>