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| Report for  A | Date | Name of setting | Key practitioner |
| Date of birth | Age in months | Setting SENCo |
| Background  A joined the setting in April 2018. She was already on the Early Support Pathway as she was identified as having SEND from birth. A was born at 28 weeks and was one of twins, the other of whom sadly died. As a result of an early birth, A has a number of complex medical needs including cerebral palsy and lung disease. In order to accommodate A in the setting with her requirement for oxygen, the staff have undergone training on caring for a child with oxygen, the environment was adapted to ensure all safety precautions regarding having oxygen on the premises were met, and paper work was completed each time A attended the setting, to clearly document the hand-over of oxygen from the home supply to the nursery supply and the agreed dosage. The training was a lengthy process, (several months of on-line training), requiring careful deployment of staff whilst some practitioners completed the online training away from the classroom as well as on going negotiation with the community nursing team, to arrange support visits. After recent surgery, A no longer requires oxygen. She does however, have a “peg” in her abdomen through which she is tube fed. Three practitioners in A’s room at the setting, have been trained to feed A and administer her medication via the tube. This has been a significant undertaking, requiring the organisation of complex logistics during busy lunchtimes involving the setting, community nursing team and A’s mum.  A requires comprehensive care plans which need regular up dating as her needs/ medications change, so handovers between parent and practitioner are often quite lengthy and require an available practitioner and quiet space for these conversations to take place. The practitioners will often need to be able to take notes and ensure that up-dates and changes to the care plan or requirements for that specific day are shared with the team and transferred to appropriate documents as soon as possible. This again, may require staffing levels to be adjusted accordingly, whilst this takes place.  Although A’s mother is extremely good at bringing A to the setting whenever it is possible, A’s health is frequently compromised by her complex conditions, which impacts on her attendance at the setting. The work around targets is therefore affected and this is why review dates have been months, rather than weeks apart. A’s progress around her targets and in regards to the EYFS bands look favourable. However, the curriculum MUST be brought to A as her significant physical restrictions due to her cerebral palsy, prevent her from accessing the broad range of learning experiences indoors and out. This has challenged every area of the planning in the setting and has required that A’s key practitioners be available to offer the extremely close support and supervision that A needs in order that she have the same opportunity as her peers to access high quality education and care. Please refer to the asses, plan, do review documents for more information on how A’s needs require ongoing, close support and supervision. | | | |
| Communication and interaction  **Speaking 46 mths Listening and attention 46 mths Understanding 46 mths**  During circle time and small group times based on the carpet, it is vital for A to be seated with an adult who is giving full support. A is presently unable to sit unaided on the floor (after her abdominal surgery) If A is not supported to join in with these types of learning experiences, she becomes upset and / or “Zones out”. A will need hand over hand support to turn pages in books or to use props and puppets. She also needs direct support with joining in with action songs and music and movement activities.  Cognition and learning  **Reading 46 mths Writing 30 mths Numbers 46 mths Shape, space and measures 46 mths**  Resources and experiences need to be presented in a number of ways in order for A to learn and demonstrate her learning. E.g. at a workstation, at a low table, on the floor, with modified equipment to support physical development hand eye co-ordination, room arranged to accommodate A’s chair at an activity area, closely supporting adult to offer hand-over-hand and lots of encouragement and praise. etc.    Social, emotional and mental health difficulties  **Making relationships Self confidence and self awareness Managing feelings and behaviour**  **30 mths 30 mths 40 mths**  (A can really struggle when her health conditions or care plan routines give her pain or prevent her from joining in with activities/friends, so these age bands can be greatly reduced to 26mths – EYFS “growing sense of will and determination can result in feelings of anger and frustration which are hard to manage e.g. may have tantrums”)  Sensory and /or physical needs.  A is very sensitive to loud noises such as balloons popping, high pitch sounds, clangs and clatters, screaming and “big” voices. If she hears such a sound she will become extremely upset and visibly shake. She will accept a close hug for reassurance. A’s self-help skills are hugely impacted on due to her cerebral palsy. She is unable to stand, dress / undress herself and is not toilet trained. At meal times, A needs an adult to cut up her food into very small pieces and to supervise her very closely as she is prone to choking. She will also need tube feeds. She requires a familiar adult to support her with all her intimate care routines as well as accessing the learning environment and generally supporting her independence. A needs access to an appropriate nappy changing space, large enough for a pre-school child. Her chair needs to be stored away safely when not in use, and the learning environment needs to be organised and risk assessed to accommodate her chair at a range of activities and spaces.  A’s physical care needs also include regular physio exercises and ensuring she has regular periods out of her seat, fully supported by an adult. | | | |

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| **Typical day** (Average time taken for daily events / routines will be in brackets)  A is booked in at the setting for two full days a week. From 8.30am until 4.00pm.  **Preparing the environment.**  Various documents have to be ready for completion on A’s arrival. A handover checklist and an oxygen log. A’s chair has to be brought into the room and the environment adjusted to ensure it can be appropriately accommodated at table top activities and at activity stations such as sand and water. A low table is made available to give A opportunities to kneel whilst exploring small world resources. A buggy is brought out of storage and placed in the corridor, ready for A to access during the walk to the meadow or sports hall. Safety checks regarding A’s oxygen tanks are carried out daily. Her supply has to be kept stocked up and is ordered by the setting. A needs ongoing, close physical and emotional support from an adult. This is always pre-planned and arranged, so staffing arrangements are always double checked before A arrives to ensure that staffing hasn’t changed. On days of staff absences, practitioners must speak to the management team to determine what the arrangements will be. Activities that have required differentiation, must be prepared and ready to use. (10 mins)  **Handover**  Handover check list and oxygen log  Conversations to discuss up-dates and changes in medications / feeds / oxygen / care routines and hand over of A to key practitioner (8mins)  **Play and learning**  **Group time**  9.00am-9.10am Group time on carpet area. A needs full physical support from an adult to support her at sitting as well as to help her to participate in the activity of selecting her name card and displaying it on the “Hello” board (10 mins)  **Continuous provision and target activities – accessing table top activities and sand /water play.**  9.10- 10.00am A is physically supported to stand at tables to explore the activities and engage with her peers. She will not usually use her chair during this time as she will need to be seated later during snack time. Standing or sitting with adult support are the two main methods used by A to access the learning environment. (50 mins)  **Snack time**  10.00am – 10.20 am A is seated in her chair during snack time. Due to her recent choking issues, her snacks are now cut into very small pieces and she needs constant supervision and observation by an adult to ensure she doesn’t choke.  (A takes approx. 20 mins at the snack table. She enjoys the social experiences and some rest in her chair after a busy morning standing and sitting “on her own”)  **Outdoor play / sports hall/**  10.20am – 11.30 am A will access physical play either outside or in the sports hall. She is seated in her buggy for the short journey. An adult is required to be available to secure A in her buggy and to push her buggy to the play area. This limits staffing for holding other children’s hands, so has to be carefully planned for. A mat also needs to be made available for A to use in the sports hall and requires a member of staff to arrange this prior to her arriving. Once at the meadow or in the garden, A is physically supported by a practitioner at table top activities, digging pits or on equipment such as a see saw. She cannot access the outdoor environment without the support of an adult. Staffing arrangements that enable A’s meds to be administered also need to be considered. (A will need to be brought back to the classroom temporarily)  **Medication**  11.00am A’s medications are administered through her “peg” (5mins) A trained practitioner will bring A back to the classroom to do this, then return to the outdoor/sports hall.  **Preparing for Lunch time**  11.30am – 11.45am A is seated on the carpet area with a supporting adult and her peers for a short group time in preparation for lunch. After joining in with discussions about what could be for lunch and singing a song linked to getting ready for lunch (going to the toilet and washing hands), A’s nappy is changed (If not required before), and she then visits the bathroom (fully supported by an adult), to wash her hands.  **Lunchtime**  11.45am- 12.30pm A is seated in her chair during lunch time. Due to her recent choking issues, her meals are now cut into very small pieces and she needs constant supervision and observation by an adult to ensure she doesn’t choke. Since having stomach surgery during the summer holidays, A requires a tube feed at lunchtime. The timing of this depends on how much “solid” food A eats. If she eats well, she will have the tube feed at 12.30pm , if she doesn’t, she can have it straight after her food. The feed takes 1hr 30mins and, as A is too weak to have the pump on her back, an adult has to be at A’s side whist she moves around the environment, to ensure the feed goes through successfully and safely.  **Whole group time**  12.30pm – 12.40pm Group time and singing (Target for large motor skills – action rhymes) Full physical and emotional support (Praise and encouragement) for A whilst she participates in this session. (See targets for more detail)  **Continuous provision and target activities – accessing table top activities and sand /water play.**  12.40pm- 2.00pm A is physically supported to stand at tables, explore the activities and engage with her peers. She will not usually use her chair during this time as she will need to be seated later during snack time. Standing or sitting with adult support are the two main methods used by A to access the learning environment. (1hr 20mins)  **Snack time and medications**  2.00pm – 2.20pm A will have her meds administered and have her snack as in the morning. (20 mins) A’s nappy will be checked and changed if required.  **Continuous provision and target activities – accessing table top activities and sand /water play.**  2.20pm- 3.50pm A is physically supported to stand at tables to explore the activities. She will not usually use her chair during this time as she will have been seated at snack time. Standing or sitting with adult support are the two main methods used by A to access the learning environment. (1hr 30mins)  **Physio session in sensory room**  Usually at approx. 3.00pm, A will visit the sensory room with her key practitioner to access exercises as requested by her physiotherapist. If her nappy hasn’t been changed at 2.00pm, it will be changed before going to the sensory room. The sensory room needs to be cleared of any equipment not required by A, to ensure there is enough space for A to lie down and move. Depending on how A is feeling, the session can range from 10-20mins.  **Story time and medication**  3.50pm Full physical and emotional support (Praise and encouragement) from an adult for A whilst she participates with story time in the carpet area with her peers. At this point she will also receive her last dose of medication at the setting. A’s medications are administered through her “peg” (5mins) A’s nappy will be checked if it was changed at 2.00pm. (10mins)  **Handover**  Handover check list and oxygen log. Switch from nursery oxygen to home supply.  Conversations to discuss up-dates and changes in feeds and care routines as well as discussions of A’s day. (10 mins)  **Summary.**  A’s cerebral palsy significantly challenges her ability to engage with, and explore her environment or to join in with her peers. Without the ongoing physical support from an adult and an accommodating learning environment with differentiated activities, A’s learning would not progress as it has done. She is well able to see the physical restrictions she has in respect to her peers, and needs to be shown that these differences do not mean that she cannot reach her full potential and do what her friends do. When A’s health is good and she is in such an environment, she is an engaged, chatty, happy and inquisitive child. As early years professionals, we are proud that we have been able to offer her the care she needs as well as full access to the curriculum. We sincerely hope that this will continue when she begins school. |