
Pdnet Pro Forma Case Study

Case Study title:

W – transition from nursery to year R.

Child/Young Person's age and barriers to learning:

- W is 4 years old.
- W has Spina Bifida, he is able to walk within school but tires quickly. He travels to school in a wheelchair, which remains in school in case he needs it during the day. He is learning to self-propel his chair.
- W is catheterised and has additional bowel problems which necessitate frequent changes. He is not expected to gain continence in future.

Setting or School:

- School B is a 2-form entry mainstream primary school.
- School B have taught pupils with physical disabilities before, but none with similar personal care needs to W.

Background information:

- W attended a private nursery and was referred to PSS in year -1 for EHCP advice and support with his transition to primary school.

What were the main challenges to address?

1. Adapting a suitable space for W's personal care.
2. Arranging training for staff to meet W's personal care needs.
3. Developing staff confidence in meeting W's needs within school.

Who was involved?

W's Mum, ATPD, School B's SENCO and Early Years Coordinator, Physiotherapist, Moving and Handling Advisor, Clinical Training Nurse.

What happened?

- ATPD visited W in nursery, provided detailed EHCP advice including provision required in school.
- Once likely school placement known, advised Clinical Training Nurse.
- Access visit with W and his parents, School B's SENCO and Early Years Coordinator, Moving and Handling Advisor, Physiotherapist, ATPD.
- Moving and Handling Advisor advised adaptations to accessible bathroom and installation of changing bed. This was carried out over the summer.
- ATPD supported school to request catheterisation training from Clinical Training Nurse, training for 3 staff began before summer holidays and was completed in first weeks of term.
- ATPD reviewed school policies and W's individual risk assessment with SENCO. Discussed monitoring fatigue and adjustments which may be needed.



- ATPD visited early in September, W was settling in well and staff were responding sensitively to his energy levels. Staff reported that the bathroom was well set up for W and their confidence doing his catheter was growing.
- During subsequent visits throughout the year W was well involved in his class's activities, and staff were keen to promote his independence.

Evidence of Impact:

- W settled into school quickly, and did not develop anxiety about school or his personal care.
- W takes part enthusiastically in PE and outdoor activities. His fatigue has reduced and he now rarely uses his wheelchair during the school day.
- School report no concerns about being able to support W into year 1 and beyond.

What do the child, young person, family, school, other professionals say about the difference this has made?

- W is able to identify things he likes doing in school and
- Parents stated that they are happy with W's progress at his annual review.
- W's physiotherapist does not feel school need her support, as they are meeting W's needs well.
- School staff report that they feel confident in meeting W's needs.

Lessons we've learned and top tips to replicate practice:

1. Benefits of multi-professional working during access visits and follow up, to ensure arrangements are put in place swiftly and school feel supported.
2. Pre-warning Clinical Training Nursing team of children's needs in the area allows them to anticipate referrals and set aside time for training.
3. Anticipating fatigue and planning for it supported W to settle quickly, without finding school too demanding and stressful.