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## 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.