

Pdnet Pro Forma Case Study

Case Study title:

Mid-term transition into year 9 for a child with Duchenne Muscular Dystrophy.

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

- L is 14 years old with a diagnosis of Duchenne Muscular Dystrophy.
- L moved to the UK over 18 months ago, and has been out of school ever since. He has learnt some English via online gaming and recent home-school sessions.
- L's DMD is significantly progressed, as he has not previously had access to the medical treatment similar students receive in the UK.
- L has a small amount of fingertip movement, and can turn his head approx. 30° left and right. He fatigues quickly.
- L uses a powered wheelchair which he controls with his fingertips via a long joystick. The chair has a fully moulded seat and large wheelbase.
- L is dependent on others to complete all physical tasks, and will only allow family members to carry out his personal care.

Setting or School:

- School B is a small 11-16 Secondary, with 600 pupils on roll.
- School B is fully accessible, with lift access to the first floor. There are change rooms on both the ground and first floor, which double as physiotherapy rooms.
- School B has one other pupil with the same diagnosis. Although he is the same age, his condition is less progressed than L.
- School B begin GCSE courses in year 9.

Background information:

- All accessible schools in the county initially refused L's application. This went unchallenged by his SEND caseworker until he moved areas and therefore SEND team.
- School B contacted ATPD to discuss L's application, as they expected their refusal may be challenged and were willing to take him if sufficient support was given by the Local Authority.
- L lives with his mother and maternal grandparents. His mother speaks a little English but his grandparents speak none.
- L's housing does not meet his and his family's needs. His family have no transport of their own.
- ATPD became involved with L a year previously, carrying out a PD assessment in order to support his EHCP application. A subsequent ICT assessment was arranged, with a laptop and head mouse in place for once he started school.

What were the main challenges to address?

1. Enabling all teachers and staff to understand and meet L's individual needs.
2. Supporting L to develop social relationships with peers.
3. Maximising learning opportunities, given L's high medical, care and support needs.

Who was involved?

L, his family, ATPD, Surrey CAT AT and SLT, REEMA (translation service), SEND team, Moving and Handling Advisor, School B's SENCO, SEND TAs and Head, Social Care Occupational Therapist, Children With Disabilities Team (Duty Social Worker), Community Physiotherapist, GOSH Consultant

What happened?

- Once placement refusal was challenged, meetings held between SNECO, ATPD and SEND caseworker to discuss L's needs in detail and the support available from PSS and the Local Authority.
- Access visit attended by L, his Mum, SENCO, ATPD, SEND Caseworker.
- Detailed access report produced by ATPD, information distributed within school by SENCO.
- Trail placement offered by School B, in year 9 (L is year 10 age) due to school time missed and to allow L to start 3 year GCSE courses.
- Transport arrangements made via SEND caseworker.
- ATPD and Surrey CAT AT delivered training to SEND staff on L's ICT equipment (laptop and head mouse) Instruction materials produced and further training delivered to teachers by ATPD.
- L began attending School B in November for 2 hours per day.
- Most of L's lessons are downstairs.
- L was placed in a lower ability group who take most lessons together. This enabled him to access extra literacy support through lessons.
- A student buddy was appointed for L.
- L's timetable includes targeted EAL support.
- ATPD visited weekly until Christmas; reduced to monthly after New Year. Visits incorporate teachers feedback and Q&As, staff training, lesson observations, and always include 1:1 conversations with L.
- ATPD continues to work with staff on maintaining high expectations and separating *physical* support from *learning* support.
- SENCO and ATPD retain regular email and phone contact to resolve any access/ICT issues arising, and as L's health fluctuates.
- ICT provision reviewed 1 month after school start, further software provided (Splash! Maths and DocsPlus) Training given by ATPD to L and staff working with him.

Evidence of Impact:

- L continues to attend school most days (health permitting) and speaks very positively about it. He has high aspirations for his future despite his condition.
- L made friends quickly, and has a very active social media life outside school! This has enabled him to keep in contact with friends when he has spent time in hospital. L reports that he no longer feels lonely, and has several groups of friends to choose between at break times.
- L confidently directs staff, and shares respectful relationships.
- L regularly discusses the care he would need if her were to attend a longer school day. Although he is not yet ready for this, considering it for next year is a significant step forwards.



- School B offered L a permanent place within half a term of him starting school, as they were so impressed with his attitude to learning.
- School B report that they now feel confident in meeting L's needs, and well supported by the professional team around L. They are proactive in contacting relevant professionals when issues arise.
- School B have been flexible in their approach to meeting L's changing needs, and demonstrate a clear sense of responsibility for meeting his needs.
- School B's SEND TAs have taken opportunities to explore and develop their own understanding of L's ICT equipment following training.
- During the Spring term L increased his attendance to 3 hours per day. This was limited both by his fatigue and his anxiety about school staff providing personal care.

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

- L engages well with conversations about his learning, progress, aspirations and support within lessons. He finds it more difficult to discuss his health and care needs, but is beginning to open up about these.
- L's family are reported to be very happy with his placement, and keen for him to remain at School B following an imminent house move.
- School B speak positively about L and are proud of their provision for him. Staff often highlight the 'normal' experiences his has, rather than his different access needs.
- School B were confident about taking another student with significant physical needs who will be part of next year's year 7 intake.

What are we doing next? Lessons we've learned and top tips to replicate practice:

1. Availability of ATPD and timeliness in responding to school's queries was key to ensure they felt supported early on.
2. Working closely with the SEND team and school, and ensuring information was shared transparently helped establish trust and secure L's trail placement.
3. Ongoing monitoring of expectations and support given (physical vs. learning) is important to ensure students with high PD needs are challenged in their learning.