

SENSORY, PHYSICAL AND MEDICAL NEEDS AUDIT:

Whole School Audit

WHOLE SCHOOL RESPONSIBILITIES				
<p>This Audit is designed to be completed by the senior leadership team as an aid to school improvement. It is recommended that the Teacher Audit is completed first in order to inform the answers of this Audit.</p> <p>1. School ethos and leadership responsibilities</p>	Embedded	Developing	Emerging	None
	1.1 The school has a policy on meeting the sensory, physical and medical needs of pupils within school reflecting the statutory requirements in the DfE document 'Supporting pupils at school with medical conditions' (2015). The policies are shared with all pupils, staff, parents and governors.			
1.2 Associated school policies such as Equality, SEND and Behaviour are implemented and regularly reviewed.				
1.3 The school has an Accessibility Plan which is regularly reviewed and includes a Building Audit.				
1.4 The senior leadership team ensures that all staff in school are aware of their individual responsibility with respect to supporting sensory, physical and medical needs.				
1.5 Where specific interventions are required, the senior leadership team will confirm arrangements with relevant members of staff in writing.				
1.6 The senior leadership team ensures that all staff in school are aware of the key content in the relevant documents, including: <ul style="list-style-type: none"> Supporting pupils at school with medical conditions (2015) The SEND Code of Practice (2014) Equality Act (2010) Health and Safety: responsibilities and duties for schools (2018) National Sensory Impaired Partnership Eligibility Framework National Deaf Children Society: Supporting the Achievement of Deaf Children in Primary/Secondary Schools RNIB – Teaching and Learning Guidance NICE guidelines on specific conditions (where available) Staffordshire County Council Personal Care Guidance (2017) Staffordshire Draft Guidance on Supporting the Needs of Children and Young People with Physical Needs and Disability (2018) 				
1.7 The senior leadership team ensures appropriate supervision, training, (e.g. deaf awareness training) and insurance arrangements are in place to enable staff to meet sensory, physical and medical needs.				

<p>1.8 There is a designated lead for supporting sensory, physical and medical needs in school (this may be the SENCo) who is responsible for:</p> <ul style="list-style-type: none"> • providing support and guidance to all staff around supporting sensory, physical and medical needs • being one point of contact for external support services, eg HI, VI services, health professionals and providers of equipment • ensuring the maintenance and effective use of specialist equipment, ICT and other resources • engaging parents/carers in supporting children’s sensory, physical and medical needs • maintaining awareness of relevant research and policy updates in this area • identifying the potential risk factors within the vulnerable groups in school • arranging exam access arrangements, when needed • ensuring that care plans are in place and reviewed when necessary 				
<p>1.9 The school leadership team ensure there is a clear process for the dissemination of information regarding sensory, physical and medical needs in school</p>				
<p>1.10 School systems are flexible enough to support the individual needs of all children/young people on roll at the school including those educated off-site and those with temporary sensory/physical/medical needs arising from illness or injury.</p>				
<p>1.11 There is adequate time available for school staff to fulfil their statutory duties as required, for example liaising with health professionals</p>				
<p>2. Whole School Procedures</p>				
<p>2.1 All staff are committed to supporting sensory, physical and medical needs in school.</p>				
<p>2.2 Risk assessments are completed when required, for example for access to the building, school trips etc</p>				
<p>2.3 Schools encourage and support a team approach to support sensory, physical and medical needs. In particular:</p> <ul style="list-style-type: none"> • Staff are given encouragement and opportunities to discuss concerns, problem solve and provide support both practically and emotionally to each other • There are planned opportunities for key staff to share good practice with staff from other schools • Senior staff actively promote and facilitate these networking and mentoring opportunities 				
<p>2.4 Care plans are in place when the level of need requires and are reviewed at least annually. Generic care plans are available for more common conditions such as mild epilepsy and asthma. School staff ensure that care plans meet individual needs.</p>				
<p>2.5 Training is planned for specific conditions when required. This is available from the mainstream school nursing team, contact zoe.warren2@mpft.nhs.uk , HI and VI services, the NDCS and</p>				

RNIB.				
3. Whole School Assessment, Identification and Monitoring				
3.1 There are procedures in place for the senior leadership team to assess how effectively staff are meeting sensory, physical and medical needs, for example learning walks, drop-ins and classroom observations				
3.2 There are whole school assessments, tracking and target setting procedures in place across the curriculum for all children/young people that allows staff to identify any children not achieving or making the expected progress as early as possible.				
3.3 There is a whole school system in place to further assess whether sensory, physical and medical needs are barriers to learning.				
3.4 There are processes in place to monitor and record identified children's progress more closely such as Pupil Progress Reviews and Individual Support Plans using the principles of Assess, Plan , Do, Review which includes the views of teachers, parents and the child/young person.				
3.5 Children/young people with medical and/or physical needs make at least expected progress				
3.6 Children and young people are aware of who to approach in lessons and around school to seek help themselves				
3.7 Parents/carers know who to approach in school if they have concerns or information regarding their child's sensory, physical and medical needs				
3.8 There are processes in place in school for sharing information with all relevant staff regarding individual children/young people' s medical conditions/physical and/or sensory needs, including supply staff.				
QUALITY FIRST TEACHING				
4. Assessment, Identification and Monitoring				
4.1 Teachers use recent assessment information to gain a better understanding of an individual child/young person's sensory, physical and medical needs and to identify whether they are a barrier to their learning in the classroom				
4.2 Teachers are aware of the implications of any sensory, physical and medical needs and any treatments that the children may have received and this is included in their One Page Profile.				
4.3 Teachers remain alert to any changes in medical conditions and gain further advice when appropriate				
4.4 Children/young people are involved in the development and evaluation of any sensory, physical and medical support strategies in class				
5. Curriculum Content and Delivery				
5.1 Teachers ensure that teaching and learning opportunities are appropriately differentiated to take into account sensory,				

physical and medical needs and ensure that there are appropriate levels of intellectual challenge and support within the lesson.				
<p>5.2 Teachers reflect on the physical and sensory demands of the subject area and make adjustments in order to improve access, if needed, through:</p> <ul style="list-style-type: none"> • Differentiating by task, outcome or teaching materials • Learning resources that are in an accessible font size • Opportunities for distributed practice and interleaved learning • Allowing more time to process information, formulate responses and complete tasks and this is incorporated into curriculum planning. • Additional support for personal care, including dressing and toileting 				
<p>5.3 The following is considered when teaching:</p> <ul style="list-style-type: none"> • Teachers reading aloud when writing on the white board • Teachers ensure that they gain the attention of the pupil before speaking • Teachers ensuring that they face the pupils when they are talking to them • Teachers use shorter rather than longer sentences • Resources are shared equitably so that children/young people with sensory, physical or medical needs are not disadvantaged 				
5.4 Teachers ensure that specialist resources and aids, such as hearing aids, glasses etc are used appropriately in the classroom				
<p>5.5 Pupils are given opportunities to demonstrate their learning in a variety of ways, such as:</p> <ul style="list-style-type: none"> • The use of alternative methods of recording, • The use of appropriate ICT 				
5.6 Teaching assistants work as part of a team with the class/subject teacher and are used to deliver structured evidence-based motor interventions, as specified				
5.7 Teaching resources are age appropriate, inclusive and relevant				
6. Physical environment/Classroom management				
6.1 Teachers use resources, such as relevant checklists and/or specific environmental audits (e.g. for hearing or vision) to inform their classroom practice				
6.2 There are alternative locations for play/socialisation as well as the playground, for example quieter areas				
6.3 There are opportunities for flexible groupings and pairings and children/young people have access to positive role models to allow for paired work to support sensory, physical and medical needs.				
6.4 Children are appropriately seated to access the information provided the teacher and reduce distractions.				
6.5 Seating is considered so that the pupil's writing arm is on the outside edge of a shared desk.				

6.6 Teachers ensure that children's feet are on the floor, or a suitable platform is available, when seated to maximise stability.				
6.7 Physical needs are considered when sitting on the carpet and 'w' sitting is discouraged in younger children.				
6.8 Potential fatigue factors are taken into account for some physical activities, for example, linked to PE.				
6.9 Lighting and acoustics are considered so that: <ul style="list-style-type: none"> • Curtain/blinds are used to control the light entering the room • Artificial lights is even and ambient • Furnishings are in strong contrast to the surroundings • Areas are carpeted where possible • Shiny, reflective surfaces are avoided to minimise glare 				
6.10 The school and classrooms are free from clutter and the chairs are pushed in when not in use. Cupboard doors and drawers are kept shut				
6.11 School trips and extracurricular activities are carefully planned and risk assessments are completed to ensure that reasonable adjustments are made when necessary for individual needs.				
6.12 Teachers are flexible and make temporary reasonable adjustments to the learning environment as required following illness or injury				