

# Sefton Special Educational Needs and Disability (SEND)

Our Approach  
Assess, Plan, Do Review



## Sefton – Graduated Approach

### A Provision Grid for Physical Disability and Medical Needs

**SEN Code of Practice:**

*“Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided.” (Code of Practice, 6.34).*

*“Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.” (Code of Practice, 6.35).*

Whole School Systems	
<ul style="list-style-type: none"> <li>• <b>High Quality Teaching meets the need of all CYP.</b></li> <li>• <b>SENCO as strategic lead with sufficient time to implement the <a href="#">Code of Practice</a>. Timely identification of need.</b></li> <li>• Inclusive ethos that supports learning and wellbeing of all CYP – focus on pupil strengths, ensure all pupils feel liked and valued.</li> <li>• ‘Team around the child’ approach e.g., consistent language, approaches/strategies.</li> <li>• Positive relationships with staff and students within school.</li> <li>• Positive relationships with families.</li> </ul>	<p><b><u>Physical Needs</u></b></p> <p><b>Physical disability (PD)</b> is an umbrella term covering a range of conditions and impairments; each individual will have unique needs arising from their disability. The impact may range from mild to severe and affect their ability to take part in activities in the same way as others.</p> <p><b><u>The Equality Act (2010)</u></b> protects the rights of groups of people who share ‘protected characteristics.’ For schools, the protected characteristics are: race, disability, sex, religion or belief, sexual orientation, pregnancy and maternity and gender reassignment.</p> <p>In England and Wales, the Act applies to all maintained and independent schools, including academies, and maintained and non-maintained special schools. The schools’ duties also apply to pupil referral units. Schools must not discriminate and must publish information and equality objectives to show how they are complying with the ‘public sector equality duty’. Schools can take positive action to address patterns of disadvantage.</p> <p>- e.g., low participation in some school activities by particular pupil groups.</p> <p>Further duties apply specifically to <b>disabled pupils</b>.</p> <p><b>Schools must:</b></p>

- High Quality inclusive teaching. The setting empowers CYP with physical/medical needs to be fully included.
- Reasonable adjustments are in place in a range of different teaching and learning contexts.
- Staff are solution focused.
- Staff access training opportunities from appropriate Health Professionals.
- Knowledge of how to access support from the Complex Needs Team (Physical and/or Medical Needs). See referral process.

### **Building Resilience**

Physical disability may impact on every aspect of an individual's life, including how they socialise, develop relationships and feel about themselves.

Learners with PD may have additional worries, questions and concerns about themselves that their peers do not. They may have anxiety about a different body shape and how their body works. They may worry about being different and what others may think. They may have a

- Publish an **accessibility plan**, covering the physical environment of the school, access to the curriculum and how information is being made more accessible for disabled pupils.
- Publish disability information in the school's **SEN Information Report**.
- Make reasonable adjustments so that disabled pupils are not put at a disadvantage.

A key principle of **The Equality Act (2010)** is that schools must take reasonable steps to avoid disadvantaging pupils. Schools are allowed to treat disabled pupils more favourably than non-disabled pupils, and in some cases are required to do so by making reasonable adjustments to put disabled learners on a more level footing with learners without disabilities.

To determine and implement reasonable adjustments, you will need to work closely with the multi-agency team supporting the learner to ensure:

- The safe and effective use of a learner's specialist equipment.
- Integration of therapeutic programmes into the timetable to maximise learning time.
- A solutions-focused, holistic approach to remove environmental and social barriers.

### **Key points:**

- The definition of disability in the Equality Act is broad and may include a range of needs.
- Reasonable adjustments made in classrooms should remove barriers to learning and ensure disabled pupils aren't disadvantaged.
- School professionals have an important role in making reasonable adjustments to school policies and practices in every aspect of school life.

The reasonable adjustments duty requires schools to think ahead and plan adjustments for disabled pupils before they miss out.

### **Medical Needs**

**Part 5 of the Children and Families Act, section 100**, places a duty on maintained schools and academies to plan to support pupils with medical conditions. This duty came into force on 1 September 2014.

*CFA 2014*

degenerative or progressive condition which means they lose skills. Regardless of the degree of physical disability, learners with PD are at risk of higher levels of anxiety, social isolation, lower academic achievement and diagnosis of mental illness than their peers. Their teachers play an important role in reducing these risks through inclusive practice which both empowers the learner and supports them to build resilience. **Consider these strategies, which can make a big impact to a learner with PD:**

- Learn about the learner’s strengths as well as their challenges, and what helps them feel safe in your lessons.
- Carefully plan seating arrangements, so that social contact is maximised and unnecessary transfers between equipment is minimised.
- Sensitively showcase what the learner can do well with others.
- Structure activities to develop specific social skills they need to develop.

The government published statutory guidance in April 2014, last updated in 2017, on “Supporting pupils at school with medical conditions”. This states that all schools are required to have arrangements in place to support pupils with medical conditions: schools should ensure that such children can access and enjoy the same opportunities at school as any other child.

[Guidance on supporting children with medical conditions](#)

[Supporting pupils with medical conditions - templates](#)

### **Key duties under the Guidance**

There are a number of requirements under the guidance which schools must have regard to when putting in place support for pupils with medical conditions. In particular governing bodies should ensure their arrangements:

- consider that many of the medical conditions that require support at school will affect quality of life: some may be life-changing or even life-threatening.
- give parents and pupils confidence in the school’s ability to provide effective support for medical conditions in school.
- show an understanding of how medical conditions impact on a child’s ability to learn, as well as aim to increase pupils’ confidence and promote self-care and developing independence.
- ensure that staff are properly trained to provide the support that pupils need.

In addition, all schools must develop a **policy for supporting pupils with medical conditions**: this must be reviewed regularly and be readily accessible to parents and school staff. The policy must include:

- the procedures to be followed whenever a school is notified that a pupil has a medical condition
- the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions
- arrangements for children who are competent to manage their own health needs and medicines
- the procedures to be followed for managing medicines
- what should happen in an emergency situation

<ul style="list-style-type: none"> <li>• Always communicate directly with the learner, never their teaching assistant.</li> <li>• Consider the language you use, e.g., ‘wheelchair user’ rather than ‘wheelchair bound’, ‘move’ rather than ‘walk’. (<a href="#">Teacher SEND Handbook, NASEN</a>)</li> </ul>	<ul style="list-style-type: none"> <li>• details of what is considered to be unacceptable practice (examples are provided in the guidance)</li> <li>• how complaints may be made and will be handled concerning the support provided to pupils with medical conditions</li> </ul> <p>The school should have a named person who has overall responsibility for policy implementation.</p> <p><b>Attendance</b></p> <ul style="list-style-type: none"> <li>• As pupils with long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well, parents may have concerns about possible deterioration of health. Other pupils may require monitoring and interventions in emergency circumstances. Also, health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child’s medical condition and that pupils feel safe.</li> <li>• Long-term absences due to health problems can affect children’s educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.</li> <li>• Short-term and frequent absences, including those for appointments connected with a pupil’s medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child’s educational attainment and emotional and general wellbeing.</li> </ul> <p>The Guidance also states that some pupils with medical needs may have a disability, and some may have SEN. Therefore, other acts need to be considered as well as Section 5 item 100 above.</p>
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	<b>Assess (Pupil Need)</b>	<b>Plan &amp; Do (Strategies &amp; Intervention)</b>	<b>Plan &amp; Do (Resources)</b>	<b>Review (Progress Indicator)</b>
<b>Universal Classroom Offer</b>	<ul style="list-style-type: none"> <li>• Pupil needs are identified.</li> <li>• Pupil and parent/carer voice is gathered.</li> <li>• The school environment is assessed and audited. The school has an accessibility plan.</li> <li>• Parents/carers are advised to seek appropriate medical advice where there are concerns of physical difficulties in school.</li> <li>• Risk assessments are completed as appropriate e.g. off-site visits.</li> <li>• There are identified staff who are First Aid trained.</li> </ul> <p>Not all learners with PD have cognitive needs. However, the impact on learning may be complex and can affect one or more of the following areas:</p> <ul style="list-style-type: none"> <li>• Mobility and gross motor skills</li> <li>• Hand function and fine motor skills</li> <li>• Sensory processing</li> </ul>	<p><b>Medical Care</b></p> <ul style="list-style-type: none"> <li>• Medicines are stored and administered in accordance with school policy.</li> </ul> <p><b>Classroom</b></p> <ul style="list-style-type: none"> <li>• There is adequate space between furniture to move around. Main traffic areas are free of obstacles.</li> <li>• The classroom is easy to navigate with resources clearly labelled.</li> <li>• Lighting and temperature are consistent and comfortable and promote conducive working conditions.</li> </ul> <p><b>Moving Around the Setting</b></p> <ul style="list-style-type: none"> <li>• Systems are in place to ensure traffic flows are managed well e.g., walking on the left-hand side of a corridor/stairway. Adequate time is given for movement between lessons/activities.</li> <li>• Stairs have handrails on both sides.</li> <li>• Lifts are in good working order.</li> <li>• Stairs, steps, lips, edges and changes in floor levels are indicated in contrasting colours.</li> </ul>	<p><b>Classroom</b></p> <ul style="list-style-type: none"> <li>• All furniture and equipment is the appropriate size/dimensions for the age of the intended users.</li> </ul> <p><b>Seating</b></p> <ul style="list-style-type: none"> <li>• A range of seating is available.</li> <li>• Seating and desks promote appropriate postural positioning to assist comfort and concentration e.g., feet flat on floor with hips and knees at 90 degrees when bottom is at the back of a seat with backrest. When using a classroom desk, arms should be parallel to the floor. Where possible, pupils should face towards the front of the class where the teacher and whiteboard are to avoid twisting in seat.</li> <li>• Cushions and footstools are available to improve posture.</li> <li>• High stools have foot support.</li> <li>• Appropriate lunch time seating is available to all pupils.</li> </ul> <p><b>Medical and Personal Care</b></p>	<p>The school accessibility plan is annually reviewed against targets.</p> <p>Refer to Sefton Graduated Response Toolkit for reviewing pupil progress.</p> <p><b>Quantitative and qualitative data is used to evidence progress against agreed prior targets/outcomes.</b></p> <p>Quantitative - attainment &amp; progress data.</p> <p>Qualitative - using observation, staff/pupil/parent views and pre and post data to evidence improvement in:</p> <ul style="list-style-type: none"> <li>• Increased participation &amp; engagement in learning.</li> <li>• Retention of key concepts and skills.</li> <li>• Independence.</li> <li>• Applying and generalising new skills to unfamiliar contexts.</li> <li>• Recording information in a variety of ways.</li> </ul>

	<ul style="list-style-type: none"> <li>• Vision and hearing</li> <li>• Speech, language and communication</li> <li>• Friendships and relationships</li> <li>• Social, emotional and mental health</li> <li>• Health and personal care needs</li> <li>• Independence</li> <li>• Attention</li> <li>• Engagement owing to fatigue or pain</li> </ul> <p><b>(Teacher SEND Handbook, (NASEN, 2024)</b></p>	<ul style="list-style-type: none"> <li>• Ramps offer alternative access where steps are used.</li> </ul> <p><b>Outdoor Areas</b></p> <ul style="list-style-type: none"> <li>• Playgrounds, paths and walkways are flat, even and have clearly indicated edges.</li> <li>• Ramps offer alternative access where steps are used.</li> <li>• Disabled/accessible parking spaces are available in the car park.</li> </ul> <p><b>Physical Activities</b></p> <ul style="list-style-type: none"> <li>• PE lessons promote inclusivity.</li> <li>• A range of activities are available at break times.</li> </ul> <p><b>Exams Access</b></p> <ul style="list-style-type: none"> <li>• Assessment and exams access arrangements to be in place and common practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Toilets, sinks, soap/hand dispensers are the appropriate size/dimensions for the age of the intended users.</li> <li>• An accessible toilet is available in the setting.</li> </ul> <p><b>Support for Writing</b></p> <ul style="list-style-type: none"> <li>• A range of different pens/pencils are available.</li> <li>• A range of different writing grips are available.</li> <li>• Sloping boards are available.</li> <li>• <a href="#">A range of assistive technology hardware is available.</a> This could include: <ul style="list-style-type: none"> <li>- iPad</li> <li>- laptop</li> </ul> </li> <li>• Pupils should learn to touch type early.</li> </ul> <p><b>Outdoor Areas</b></p> <ul style="list-style-type: none"> <li>• Outdoor equipment promotes inclusivity and accessibility.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved confidence and self-esteem.</li> <li>• Clear approach/strategies of what to do when unsure about a task.</li> <li>• Positive response from pupil and parent/carer voice.</li> </ul>
<p><b>Targeted</b></p>	<p><b>As for Universal Offer plus:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Referral made to Complex Needs Team for support.</a></li> <li>• Referral made to appropriate health professionals.</li> </ul>	<p><b>As for Universal Offer plus:</b></p> <p><b>Medical Care</b></p> <ul style="list-style-type: none"> <li>• Medicines are administered as set out in pupil's Individual Healthcare plan. School follow appropriate</li> </ul>	<p><b>As for Universal Offer plus:</b></p> <p><b>Classroom</b></p> <ul style="list-style-type: none"> <li>• Accessible/height adjustable versions of furniture are available e.g., cooker, science bench, water play.</li> </ul>	<p><b>Refer to Universal review progress indicators, plus:</b></p> <ul style="list-style-type: none"> <li>• Frequent cumulative review.</li> </ul>

	<ul style="list-style-type: none"> <li>• Advice given from appropriate health professionals: <ul style="list-style-type: none"> <li>- Occupational Therapy (OT)</li> <li>- Physiotherapy</li> <li>- Speech and Language Therapy (SALT)</li> <li>- Consultant Paediatricians</li> <li>- NHS Specialist Nurse e.g., Epilepsy, Diabetes</li> <li>- NHS Dietetics support service</li> <li>- NHS Enuresis support service</li> </ul> </li> </ul> <p><a href="#">Sefton complex needs team</a>  <a href="#">Sefton S&amp;L referral</a>  <a href="#">Sefton OT referral</a>  <a href="#">Sefton school health</a>  <a href="#">Diabetes support referral</a>  <a href="#">Community Physiotherapy referral</a></p> <ul style="list-style-type: none"> <li>• An access assessment of the school environment will be carried out for a pupil with PD needs in conjunction with health professionals.</li> <li>• A pupil with medical needs will have an Individual Healthcare Plan (IHCP) which details health and medical</li> </ul>	<p>procedures e.g.; consent forms are filled in by parent/carer.</p> <ul style="list-style-type: none"> <li>• Medication is available quickly or as needed and stored safely in an appropriate place.</li> <li>• Consider whether a pupil can manage medication independently or do they need support e.g., diabetic pump management.</li> <li>• Staff follow recommendations from the pupil's medical team.</li> <li>• Systems such as a pupil passport or learning plan ensure that all staff are aware of individual pupil's: <ul style="list-style-type: none"> <li>- Needs</li> <li>- Difference</li> <li>- Disability</li> <li>- Medication</li> <li>- Emergency treatment or procedures</li> </ul> </li> </ul> <p><b>Moving Around the Setting</b></p> <ul style="list-style-type: none"> <li>• Concessions are in place to allow pupil to move around the setting before or after busy traffic times, e.g., a five-minute pass.</li> </ul> <p><b>Physical Activities</b></p> <ul style="list-style-type: none"> <li>• PE lessons are adapted to include pupil.</li> </ul>	<p><b>Seating</b></p> <ul style="list-style-type: none"> <li>• Specific seating provided by OT and Physiotherapy.</li> <li>• Stools have back support as well as foot support in labs etc.</li> </ul> <p><b>Medical and Personal Care</b></p> <ul style="list-style-type: none"> <li>• An accessible toilet is available which also provides discretion for e.g., emptying catheter.</li> <li>• Access to a medical room.</li> <li>• Access to a quiet room.</li> </ul> <p><b>Writing</b></p> <ul style="list-style-type: none"> <li>• Specialist equipment for writing provided or advised by OT. This may include specialist pencils, pencil grips, laptops, wrist supports, writing slopes, wobble cushion etc.</li> <li>• <a href="#">Access to a range of assistive technology software</a>. This may include: <ul style="list-style-type: none"> <li>- Clicker</li> <li>- Dragon Speak</li> <li>- Word Dictate</li> </ul> </li> </ul> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Specialist equipment provided by SALT.</li> </ul> <p><b>PE</b></p>	<ul style="list-style-type: none"> <li>• Review progress against intervention outcomes.</li> <li>• Able to apply and generalise skills to other contexts.</li> <li>• Improved self-esteem and attitude to learning.</li> </ul>
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	<p>needs and how to care for them.</p> <ul style="list-style-type: none"> <li>• Health and safety documents and risk assessments are in place.</li> <li>• Involvement of Sensory Support Services (Hearing Needs and Vision Impairment) if appropriate.</li> <li>• Advice/recommendations from school nursing team/medical team/sensory support team followed.</li> <li>• Training in place for named staff for administration of medication e.g., insulin for Diabetes, benzodiazepines for Epilepsy, adrenaline for severe allergy.</li> </ul> <p><b>Information for staff</b>  <a href="#">The Engagement Model</a>  <a href="#">Muscular Dystrophy guidance</a>  <a href="#">What is Cerebral Palsy?</a>  <a href="#">Epilepsy</a>  <a href="#">Alderhey advice</a></p> <p><a href="#">Link to Complex Needs Padlet</a></p>	<ul style="list-style-type: none"> <li>• Access to alternative/appropriate break times activities.</li> <li>• Reasonable adjustments are made for extra-curricular activities, trips and outings.</li> </ul> <p><b>Writing</b></p> <ul style="list-style-type: none"> <li>• Specific advice for writing provided by OT is followed.</li> </ul> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Specific advice for communication by SALT followed.</li> </ul> <p><b>Assessment</b>  Flexibilities and specific adjustments may be needed to homework, assignments and summative assessment tasks, including public examinations. Depending on the individual needs of the learner, adjustments may include:</p> <ul style="list-style-type: none"> <li>• Altering assessment arrangements, for example taking a test in another room.</li> <li>• Adapting materials used in an assessment, for example enlarged or electronic papers.</li> <li>• Providing assistance during assessment, for example for practical tasks.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">A range of PE/sports equipment is available.</a></li> </ul>	
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		<ul style="list-style-type: none"> <li>Facilitating the use of assistive technologies.</li> <li>Alternative methods of recording, for example a scribe, laptop, or voice to text technology.</li> <li>Extra time or rest breaks.</li> </ul>		
<b>Specialist</b>	<p><b>As for Universal Offer and Targeted Offer plus:</b></p> <ul style="list-style-type: none"> <li>Pupil will likely have more than one of the following <ul style="list-style-type: none"> <li>Postural Management Plan</li> <li>Manual Handling Plan</li> <li>Individual Healthcare Plan</li> <li>SALT/Communication Plan</li> </ul> </li> <li>Health and safety documents and risk assessments are in place including what happens in an emergency, also outlined on the pupil's personal emergency evacuation plan (PEEP).</li> <li>Risk assessments and access assessments are produced for school outings and residential trips. Reasonable adjustments for such events should be anticipatory and</li> </ul>	<p><b>As for Universal Offer and Targeted Offer plus:</b></p> <p>Each pupil at this level will have needs specific to their physical disability and level of need. Reasonable adjustments should be anticipatory and planned for in advance of transition points. A pupil's presentation may change over time. Examples of reasonable adjustments at this level may include:</p> <p><b>Medical Care</b></p> <ul style="list-style-type: none"> <li>Consider whether pupil needs additional monitoring/supervision in case medication becomes necessary e.g., Epilepsy.</li> <li>Consider where regular medical intervention will take place outside of the classroom e.g., pump feeding.</li> <li>Consider timetable adjustments to allow pupils best access to the curriculum and ensure they are</li> </ul>	<p><b>As for Universal Offer and Targeted Offer plus:</b></p> <p>Pupils at this level are expected to need a greater level of adult support to access equipment/medical care and for support with mobility and learning. Staff who are responsible for manual handling needs should be trained by the relevant professionals in accordance with the pupil's manual handling plan.</p> <p><b>Seating</b></p> <ul style="list-style-type: none"> <li>Specialist seating provided by OT/Physiotherapy e.g. Heathfield chair.</li> <li>In high schools where there is a lot of movement, consideration needs to be given on how to move specialist seating around or whether it is prioritised for high frequency subjects.</li> </ul>	<p><b>Refer to Universal and Targeted review progress indicators, plus:</b></p> <p>Review progress against personalised outcomes.</p>

	<p>venues/activities should be selected with consideration of accessibility and inclusivity.</p> <p><b>Individual Healthcare Plans (IHCP)</b></p> <p>The statutory guidance clearly sets out detailed information as to what should be included within pupils' Individual Healthcare Plans.</p> <ul style="list-style-type: none"> <li>• IHCPs specify the type and level of support required to meet the medical needs of such pupils.</li> <li>• IHCPs should be reviewed at least annually, or earlier if evidence is presented that the child's needs, diagnoses or medications have changed.</li> <li>• IHCPs should be developed around the child's best interests</li> <li>• IHCPs ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and to minimise disruption.</li> <li>• IHCPs need the input of NHS staff to ensure the medical need is met</li> </ul>	<p>not missing the same lessons regularly due to medical care.</p> <p><b>Classroom</b></p> <ul style="list-style-type: none"> <li>• Consider whether a classroom/form room/high frequency subject room can be accessed permanently on a lower floor.</li> <li>• Consider where equipment will be stored and where, when and how any transfers will take place.</li> <li>• Consider how many equipment transfers the pupil will have. Plan these to suitable activities/subjects to maximise learning potential and to disrupt loss of learning.</li> <li>• Consider how the pupil will be included with their peers, for example, being at the same level for a tabletop activity.</li> <li>• Consider how the pupil will access equipment or choose an activity.</li> </ul> <p><b>Fatigue Management</b></p> <ul style="list-style-type: none"> <li>• Plan timetables around best use of pupil's energy capacity e.g., only one PE session a day, physical activity earlier on in the day, access to breaks on high physically demanding days.</li> </ul>	<p><b>Posture</b></p> <ul style="list-style-type: none"> <li>• Specialist equipment provided by OT/Physiotherapy e.g. standing frame.</li> </ul> <p><b>Movement</b></p> <ul style="list-style-type: none"> <li>• Specialist equipment provided by OT/Physiotherapy e.g. Kaye walker.</li> </ul> <p><b>Manual Handling</b></p> <ul style="list-style-type: none"> <li>• Specialist equipment provided by OT/Physiotherapy as detailed in manual handling plan e.g. hoist.</li> </ul> <p><b>Personal Care</b></p> <ul style="list-style-type: none"> <li>• Accessible toilet or medical room may need further adaptations/equipment to meet the needs of the pupil.</li> </ul> <p><b>Writing</b></p> <ul style="list-style-type: none"> <li>• Specialist equipment for writing provided by OT or another specialist provider e.g. ACE Centre for e.g. adapted keyboard, mouse.</li> </ul> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>• Specialist equipment for writing provided by SALT or another specialist provider e.g.</li> </ul>	
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	<p>The guidance states that school staff must not give prescription medicines or undertake health care procedures without appropriate training, which should be kept updated to reflect any individual health care plans. Responsibility lies with the Governing Body to ensure Healthcare Plans are managed appropriately and reviewed accordingly.</p>	<ul style="list-style-type: none"> <li>• Timetabled or access as needed to rest/quiet areas with equipment such as sofa, bean bag, sensory tent etc.</li> </ul> <p><b>Moving Around the Setting</b></p> <ul style="list-style-type: none"> <li>• Consider how the pupil can maintain the highest level of independence. Is the pupil able to open doors, carry equipment, access toilets and lifts without being inconvenienced? E.g., do they have a toilet key or lift fob?</li> </ul> <p><b>Personal Care</b></p> <ul style="list-style-type: none"> <li>• Pupil may need an intimate care plan.</li> </ul> <p><b>Physical Activities</b></p> <ul style="list-style-type: none"> <li>• Pupil will need an adapted curriculum and where activities are not accessible, will need an alternative, suitable activity with peers. <a href="#">Consider the STEP approach.</a></li> </ul>	<p>ACE Centre for e.g. an eye gaze device.</p>	
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