

Adopting a holistic approach to meeting the needs of all children

The number of Children presenting with complex needs, ranging from neurodivergences to profound and multiple learning disabilities, in ELC settings is increasing. The results of the [ELC Census](#), published in December 2024, showed that since 2020, the percentage of ELC children accessing funded provision and noted as having at least one type of additional support need has increased from 14% to 19% in 2024. Additionally, 2% of all ELC aged children accessing funded ELC were assessed or declared disabled.

The earliest years of a child's life are crucial for development, and access to high quality Early Learning and Childcare (ELC), responsive support and other meaningful interventions during this time lays the foundation for positive outcomes and lifelong success. However, recognising the needs of all children, including complex or additional support needs (ASN), is vital to providing equitable access to nurturing and stimulating environments. A national commitment to [Getting it Right for Every Child \(GIRFEC\)](#) approaches further highlights the importance of child-centred practices that empower every child to achieve their full potential.

A [report](#) into the provision of ELC for children with Profound and Multiple Learning Disabilities (PMLD) with a life-limiting or life-threatening conditions highlighted the significant barriers, including physical accessibility, stigma, or a lack of adequate resources, faced by children with complex needs and their families when accessing funded ELC. Therefore, work to reduce these barriers is crucial to achieving the aspirations of fully inclusive and equitable ELC services that meet the needs of all children.

“The ELC placement [at Craighalbert] has been hugely beneficial for our daughter... She has been able to access receive a wide range of expertise and support on a daily basis, including therapeutic interventions. Since her ELC placement started, she has learned to take steps in her walker, enjoy rebound therapy, accesses the hydrotherapy pool when able and experienced ‘driving’ a Bugzi (motorised wheelchair) all within her normal nursery routine.”

“Our daughter’s child’s plan has been written by everyone involved in supporting her including us. As her parents, we have been consulted and encouraged to contribute to all sections and agreed the goals identified for her. Everyone, therefore, is clear about what we are trying to achieve and working together to get this right for Isabella” Craighalbert Parent

Collaboration between local authorities, funded providers, families and health professionals is essential to delivering seamless and effective support for children with complex needs. An empowered workforce builds trusting relationships with children and families, fosters inclusive learning environments, and works together with health services to address both educational and well-being priorities. Health professionals play a key role by providing early intervention, ongoing

support, and preventive care measures that complement educational efforts. This integrated approach ensures that every aspect of a child's development is considered, enabling bespoke support plans that address diverse needs.

The [Craighalbert Centre](#) is a grant aided school,¹ based in Cumbernauld. The Centre of Excellence offers integrated learning and care support for children with motor impairments and complex additional support needs. At the heart of its approach is a deep understanding of neuroplasticity—the brain's ability to adapt and alter itself in response to learning, experiences, and targeted interventions. This principle underpins every aspect of the Centre's work, shaping the way learning and care are delivered to maximise every child's potential.

The Centre's integrated approach combines educational and therapeutic strategies, referred to as Learning and Development strategies within the centre, ensuring that children's cognitive, physical, and emotional needs are met holistically. Physiotherapists, occupational therapists, speech and language therapists, and educators work collaboratively to create individual child plans that promote development in all areas. By embedding development within everyday learning and play, children are supported to practice and reinforce new skills in meaningful contexts, enhancing their ability to transfer these skills into daily life. These practices are grounded in the understanding that early intervention is crucial for leveraging the brain's neuroplasticity. During the early years, the brain is at its most adaptable, making this a key time for providing targeted support that can promote significant and lasting development gains. These approaches have been designed to provide frequent, high-quality opportunities for children to practice and refine motor, communication and cognitive skills.

By recognising and harnessing neuroplasticity, children are empowered to develop skills that may have been perceived as unachievable. Through an integrated support system, process in one area can be reinforced and complemented by development in others. Families also play an integral part of this process and are provided with support to ensure that the benefits of these approaches enable children to overcome barriers and continue beyond the learning environment.

The expectation for local authorities and their partners is not to replicate the specialised provision available at the Craighalbert Centre, but to draw inspiration from its approaches of effective practice in supporting development and inclusion, adapting these to align with local context and to meet the specific needs of local children. Therefore, local authorities and their partners are encouraged to learn from the key elements of Craighalbert successes:

Food, nutrition and sleep are key factors in the development of all children. Nutrition contributes to growth, energy and the development of cognitive and motor skills, and sleep aids brain function and enhances the ability to engage in learning. For children with additional support needs, complex needs or those with PMLD, food, nutrition, and sleep can directly influence their health and wellbeing, and their ability to engage with daily activities.

Many children may experience sensory processing issues with certain food types, and children with PMLD often have unique dietary requirements due to conditions which can affect their metabolism and nutritional requirements.

Similarly, children may also experience sleep disturbances caused by medical conditions, pain or sensory processing issues.

By addressing these needs through meaningful discussions with families, and with carefully developed individualised plans, practitioners and other professionals can better support children's overall health, wellbeing and development.

¹ A school in receipt of grant funding from the Scottish Government. At present there are eight such schools. Jordanhill School, and seven Grant Aided Special Schools (GASS) – Corseford, Craighalbert Centre, Donaldson's, East Park School, Harmeny, Royal Blind School and Stanmore.

Pan-professional working fosters holistic and coordinated support for children and their families. Children's needs can span across multiple areas and may require input from a range of specialists such as educators, physiotherapists, occupational therapists, speech and language therapists, and medical professionals.

By working together, professionals deliver holistic support, improve outcomes by adopting interdisciplinary approaches, ensure streamlined support for families, use resources more efficiently by ensuring expertise is used appropriately and, empower families by including them as active participants.

Through this approach, families are supported, and the diverse needs of children are met in a coordinated, compassionate and inclusive manner.

Individualised Care Plans prioritise a child's individual need and ensures personalised, tailored support that involves the child, their family, professionals in decision-making. This enables a truly holistic understanding of a child's individual need, empowers the child and their family, and promotes shared responsibility. In doing so, this builds trust, strengthens relationships and provides the child with the best possible opportunities to thrive by aligning interventions with the child's strengths and developing needs.

An example individualised child plan shared by the Craighalbert Centre can be found in appendix 1. A revised format of the child plan is under development and will include a variety of amendments to parts 3 and 4.

Pragmatic Organisation Dynamic Display (PODD) is a comprehensive communication system designed for children and individuals who are unable to fully meet their communication needs through speech alone. PODD books provide a structured, visually accessible way to support language development and interactions. Children can express need, want or ideas through a system that encourages vocabulary growth. PODD promotes inclusion by allowing children to participate in conversations and other social interactions via an adaptable tool that can be tailored to the child's individual need and ability.

Assistive technology, signing and objects of reference are also effective approaches to support children develop their communication.

Enabling mobility through autonomous movement aids cognitive development, spatial awareness and social skills. Powered mobility devices are essential for children with complex mobility needs, these devices provide independence and can improve quality of life. Powered mobility devices enable children to explore their surroundings, interact with peers and participate in learning and social activities.

For children with physical limitations, powered mobility acts as an extension of their bodies, enhancing self-confidence and encouraging a sense of personal agency. Introducing powered mobility early can have long-term benefits, preventing learned helplessness and encouraging active participation. By enabling inclusion across different settings, it helps break down barriers and creates a more inclusive environment for children with complex needs and PMLD.

Access [more information about mobility aids](#), including information about funding and grants.

Smart Classrooms can be an effective tool to enhance the learning experience for children with ASN and complex needs, where a traditional learning environment may limit their ability to fully engage or participate in learning opportunities and feature key assistive devices tailored to each child's physical and cognitive needs.

Eye gaze systems and communication devices empower children to express themselves, engage

more fully in activities, and interact with technology. These tools enable children to navigate software, access the internet, and control smart devices. When integrated with Alexa and smart plugs, children can use voice commands or eye gaze to operate lights, fans, and other devices, fostering greater independence.

The introduction of smart devices can also be used without eye gaze or communication devices.

Key Messages

Meeting the needs of children with additional support or complex needs, and PMLD requires a holistic and collaborative approach. By addressing fundamental factors such as nutrition, sleep, communication, mobility, and inclusive learning environments, practitioners and families can ensure that every child is supported to thrive.

Tools like individualised care plans, PODD communication systems, powered mobility devices, and assistive technologies empower children to overcome barriers, foster independence, and engage meaningfully in their daily lives. Through multi-disciplinary collaboration and innovative practices, Inclusive, nurturing environments where all children have the opportunity to reach their full potential can be achieved.

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PART 3 – PROFILE

How I grow and develop	<p>FUNCTION</p> <p><i>I might do things differently, but I CAN do them. Knowing my way of how I do things is important.</i></p> <p>Education</p> <p>Child is highly motivated by music. She is beginning to show an interest in television. She responds best to loud, exaggerated praise and clapping. When well, Child has demonstrated more consistent attention throughout activities and has been able to share some attention between the task in hand and the people around her, if familiar. Child has been extending her hand forward, within her visual field, in the direction of a toggle or jellybean switch and staff have moved the switch to coincide with her movement, ensuring that the action and subsequent connection with the switch elicited a consistent result for child to establish the link between the switch action and the noise of the activity. Child responds with smiles or a vocalisation, if well, when she hears the noise. From the observations we did last year, and the information we gathered, we found that Child was reacting more frequently and consistently to a toggle switch that is mounted, vertically, directly in front of her. However, when we continued with this, it was found that Child would grasp the toggle and move it but not with intent. We are currently working with OT to find a better solution. Child will still engage in short activities that have sound at their core by searching for her toggle switch and smiling when she hears the music. From January 2024 to time of writing (August 2024), Child will extend her hand forward toward the iPad screen when a simple, hard hitting, high contrast pattern to music is being played. When it stops, observations have shown that Child will put her hand forward to activate it again although this movement can take up to 90 seconds. Recently, however, we have seen a decrease in Childs engagement in any stimulus that is not noise related. When presented with a non-musical stimulus, Child would have focused attention and had been more consistently responding to it. At time of writing (September 2024), Child would encounter and, at best, notice the non-musical stimulus now. We intend to monitor this in line with her increased seizure .</p> <p>Child is on the Foundation Milestone level of the Curriculum for Excellence and her engagement levels are assessed using the Continuum of Engagement.</p>
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Fine Motor

Child uses her hands to explore resources placed in front of her, particularly musical instruments. She enjoys a tambourine and will shake or tap this in a rhythmical way. She can hold her drink cup and bring it to her mouth when motivated. She will tap a switch, however, tends to do this repeatedly.

Gross Motor

Following her orthopaedic surgery in January 2024, Child is less active than she used to be, and her movement opportunities are limited by her rapidly progressing scoliosis. Child can roll from her back to either side lying, she requires assistance to transition up to a seated position. Child is rarely in an unsupported seated position as this is detrimental to her spine, but she can gain independence in this position at times. Under physiotherapy supervision Child is working on an active sit-stand and prolonged standing with appropriate equipment.

Communication

Child's primary mode (method) of meaningful communication is paper-based AAC (1 cell per page partner assisted auditory visual scanning PODD Book with high-contrast symbols). She also uses vocalisations, body language (e.g. waving her hand) and facial expressions to send messages.

Our overall goal for Child is to be an autonomous communicator. This means "Being able to say whatever I want to say, to whoever I want to say it to, whenever and wherever I want to say it" (Gayle Porter). The SLT team use the ROCC tool to track an individual's progress along the continuum towards autonomous communication. This continuum has 3 main phases- emergent, transitional and independent/component. Child is classified as an emergent communicator.

- Child uses picture symbols (in her PODD) to send messages. In other words, she uses "symbolic language".
- Child has her own comprehensive communication system (1 cell per page partner assisted auditory visual scanning PODD Book with high-contrast symbols) that was selected to meet her specific motor (movement), linguistic (language), cognitive and sensory requirements as well as some aided language display books. They contain personal vocabulary. Occupational Therapy is

completing a switch assessment in collaboration with Speech and Language with the goal of teaching Child to access an AAC device via switch scanning. This would give Child access to a greater range of personalised communication systems to meet her needs in the future.

- Child indicates that she has something to say by reaching for/turning towards her PODD or tapping her PODD. In other instances, she uses less clear methods to initiate communicate e.g. high vocalisation. Overall, Child's methods for indicating that she has something to say are continuing to be shaped.
- Child is still learning to engage in partner-assisted auditory visual scanning in order to select symbols in her PODD. Currently, when staff scan for Child, they are attributing meaning to her current accept (tapping PODD Book and vocalising) and reject (turning away) responses. Staff have reported that Child's accept and reject responses are harder to identify when she is unwell.
- Child will notice when communication partners are modelling and use her PODD to communicate at school with familiar communication partners. It is likely that she is still developing an understanding of the purpose and value of her PODD.
- Child will send multiple single word messages in his PODD (e.g. 'uh oh'). She communicates to makes requests (e.g. 'go'), indicate simple messages within context (e.g. 'more', 'finished', 'help') and describe (e.g. 'something is wrong').
- Child is not yet at the stage of taking responsibility to ensure her PODD is with her.
- Child is not regularly socialising and interacting with other students. This is likely because she is still to use her PODD Book to communicate.

Last term, an initial 2 PODD support sessions were provided to Mother, followed by the development of Aided Language Displays for home. Mother requested to discontinue support sessions after this. SLT have recommended further sessions and let Mother know that she is welcome to re-commence support sessions at any time.

Child has had instructions added to the back of her PODD Book, and her Communication Profile was recently updated.

Medical

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Child's epilepsy continues to be severe, complex and drug resistant. Following on from her hip surgery in January 2024 Child's seizures have changed in presentation with her experiencing symptoms previously experienced when she was younger. At the request of the Head of Health, Mother contacted Neurology, and they advised her to increase Child's dose of daily XXXXX. Child's Seizure Management Plan (SMP) was last updated in May 2024 which included an increased in XXXX dose to 10mgs (in accordance with Child's weight and length) and Greater Glasgow and Clyde NHS (GG&C) do not routinely place expiry dates on SMP. In August 2024 Child experienced type 1 seizures at school on two consecutive days that required XXXX. Child experienced a significant colour change during both seizures and on the second day her sats dipped to 88% prior to the rescue medication being administered. An ambulance was called, and Child was taken to hospital. She was discharged that evening following a review by a member of the Neurology team at the GCH. The doses of two out of her 4 preventative medications were increased and her dose of rescue medication (XXXX) was decreased to 7.5mgs, with her SMP being updated to reflect this. Mother had a subsequent telephone appointment with Child's Neurologist the following day who reported that-

- This seizure pattern is to be expected due to the nature of Child's epilepsy.
- He reminded Mother how much Child's seizures have improved in comparison to when she was younger.
- He agreed with Mother that it could be due to puberty (Mother thinks it is roughly one month since Child had a few prolonged Type 1 seizures).

FITNESS

Everyone needs to stay fit and healthy both physically and mentally. I might need to do this in a different way, these are some of the ways I stay fit and well and how to help me take part.

Child has attended the primary programme at the Craigalbert Centre since April 2021 where she engages in a personalised programme of learning, therapy and care. She appears to be happy at school. However, this year, multiple surgeries have left her uncomfortable and in pain which has impacted on her wellbeing, energy levels and mood. She has struggled to access due to

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	<p>increased seizure activity and fatigue. Recently, Child's energy levels and interaction have improved, and she is now able to access her standing frame, innowalk, two sessions a week in the pool as well as engaging with sessions that require more cognitive attention. Child's application to CHAS Robin House has been accepted in July. Attendance plans will be Monday-Friday or Friday -Monday every 12 weeks (about 3 months), with staff engaging with Mother weekly. CHAS will offer step down stay following spinal surgery and there is hope to offer CHAS at home, but this is to be confirmed due to manual handling requirements at home.</p>
What I need from the people who look after me	<p>At present, Child requires:</p> <ol style="list-style-type: none"> 1. <u>Access to a highly specialist school placement:</u> <ul style="list-style-type: none"> - Provision of holistic daily programme to maximise child's learning across the curriculum and her achievement and maintenance of mobility, functional skills and resilience; - Partnership working with Mother to identify outcomes, milestones and shared targets to be worked towards at school and at home; - Partnership working with Mother to develop a home learning and therapy programme; and - Provision of 1:1 supervision to minimise self-stimulation and seizures and implement seizure care plan as required. 2. <u>Establishment of consistent communication approach at school and home:</u> <ul style="list-style-type: none"> - Support for, Mother to enable her to foster Child's language and communication development. - Access to appropriate low tech communication strategies and high tech AAC aid(s) at school and home. - Access to music therapy to support communication. 3. <u>Collaborative home assessment by SCCMI and GGC SW OTs:</u> <ul style="list-style-type: none"> - Identification of equipment to maximise Child's access throughout her home and support her functional independence skills; and

	<ul style="list-style-type: none"> - Identification of adaptations and alterations and funding options.
My wider world	<p>FAMILY</p> <p><i>My family is my world, they know me best and I trust them. Listen to them. Talk to them. Hear them. Respect them.</i></p> <p>Child is an integral part of her small family unit and is loved and valued. Her physical, emotional and health needs are met by her mother, daily.</p> <p>Child and Mother are supported by her maternal Grandmother who lives separately from them. Mother's sister used to help too but issues with her children, this year, mean that it is difficult for her to now provide support to Mother and Child too. Mother has built up a support network through previous advocacy training. Child's Dad lives abroad and visits twice a year.</p> <p>Child and Mother live in a house in XXXX but this is not adapted for Child's progressing needs. Child has been sleeping downstairs since her January operation and remains washed in bed or she travels to her Gran's house for a shower. Social Work have stated that they are not supporting an adaptation of living conditions in line with Child's progressing needs as they deem the house not suitable. Mother has been offered Council owned adapted accommodation, but she has declined. Mother advises that she is looking for suitable housing that could be adapted for Child.</p> <p>Child has a SDS budget- how this is spent has varied over the years and is currently going through the process of this being reviewed. Child attends music therapy on Thursday evenings.</p> <p>FRIENDS</p>

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	<p><i>Having friends is important. These are some of my friends. Please give me opportunities to make more friends to learn with and have fun with.</i></p> <p>Child has a friendship within her class and the nursery. She will have play dates with her friend from school who will come to her house. Child's cousins are an integral part of her life, and she is included in their friendships but having sleepovers with them is becoming challenging as Child grows older.</p> <p>FUN</p> <p><i>Life is about having fun. Please help me do the activities that I find the most fun.</i></p> <p>Child loves to get messy, squeezing and manipulating messy substances with her hands or feet. She gets excited when she hears her friend vocalise in class and they both get up to mischief together, vocalising back and forth until excitement is at a height! Child enjoys music and has great fun exploring anything that makes a noise. Recently this has been activating a high contrast picture on the iPad to make a sound. At home, Child loves to shake loud, hard, noisy toys. She enjoys music therapy and listening to songs, especially Disney. She loves to sing, vocalise and play musical instruments. Home reports that Child enjoys cuddles and kisses with Mum too.</p>
Strengths (boasts about child)	<p><i>In what has been a challenging year for Child her presence in music therapy sessions has, I think, been a consistent and supportive resource and platform from which her voice can be heard, held and responded to with sensitivity and care. Child's progress in music therapy this year has been complicated by her health struggles and has therefore been non-linear - however her engagement throughout has been very valuable and of course, so musical.</i></p> <p><i>Child's vocalisations are unique and increasingly varied. I have noted the addition of several consonant sounds, 'phonemes' that are not familiar parts of her vocal repertoire. This is brilliant, as Child's voice is the way she announces herself to the world, and my aim in music therapy for her is that she hear it received in a way that invites a deeper sense of interpersonal awareness and connection. Child's Mother has done a great job of this, adopting principles she has learned in our parent/child sessions and using them at home,</i></p>

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	<p><i>making a call-and-response musical exchange of Child's vocalisations, which, Mother says, have increased in frequency and range as a result. While Child's sustained attentiveness has been up and down this year, she has shown us her skills in listening and waiting, particularly in regard to her drumming. While she can still engage with the tambourine sometimes in a quite 'inward' way, I have noticed her increased attention to the contributions of others in the group, which often prompt her to stop and wait. When the intensity of the music climbs, she will reflect this in her drumming, which is always regular and often attuned to my tempo - she can come and find me, rather than the other way round.</i></p> <p><i>Child is often the one who, with a short burst of singing, will inspire a new refrain in the music of the group, leading us somewhere exciting and new - she is a very melodic child! Well done for working hard through many challenges this year both musical and otherwise, it has been so lovely to hear your music throughout. (XXXX – Music Therapist)</i></p> <p><i>Child is a joy to teach. She can be a bright and chatty girl who loves to get messy. Recently, we have seen her 'babble' more when encountering and exploring her PDD book. This has sometimes been accompanied by new and different tonal sounds too. Keep it up, XXXX as we all love to chat with you too. (Education)</i></p>
Child's Voice	<p><i>(how has this been captured)</i></p> <p>Adults attribute meaning to Child's vocalisations and babble behaviour to support Child in her language development. By doing this and observing Child's level of engagement with a variety of activities and resources, we can say that, at present, Child is enthusiastic in her responses for Disney Musicals but is not a big fan of jazz music or Lady Gaga. She responds brightly when she is in the pool too.</p> <p>My smiles and vocalisations tell the people around me what I like and don't like. I really like the swimming pool and I laugh and giggle when I am in the water.</p>

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Views of parent(s)	<p>Would like Child to have friends outside of school and to be more involved in the community.</p> <p>Keeping Child active.</p> <p>To continue to develop her communication</p>
Views of other contributors to the Child's Plan:	<p>Click or tap here to enter text.</p>

PART 4 - SUMMARY OF WELLBEING STRENGTHS, BARRIERS AND SUPPORT NEEDS (FUTURE)

Barrier to learning	Impact	Current status	What is going well	Challenges	What is important now / in the future	Actions	Wellbeing indicators
Complex musculoskeletal deformities requiring orthopaedic intervention	Pain Movement restrictions Absent from school Distracted within class	6 months post-op bilateral de-rotational femoral osteotomy. Discharged home after 1 week. Used abduction pillow rather than spica cast. Child has recently had spinal scoliosis correction October 2024	Hip movement is recovering well. Tolerating standing frame for approx. 1 hour	Moving and handling changes Pain management Changes to seizures Constipation	Ensuring Child's safety when transferring Optimising recovery and rehabilitation towards pre-op status Supporting Child and Mum during the upcoming spinal surgery.	SCCMI team to support Child to continue to attend school during her recovery. Seating review as required.	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Achieving <input type="checkbox"/> Nurtured <input type="checkbox"/> Active <input type="checkbox"/> Respected <input type="checkbox"/> Responsible <input type="checkbox"/> Included

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Barrier to learning	Impact	Current status	What is going well	Challenges	What is important now / in the future	Actions	Wellbeing indicators
Pain/Discomfort	Subtle pain responses may be misinterpreted. Engagement in education would be limited if Child was in pain.	Child does not display clear signs of pain within school. She remains anxious on big movements. She dislikes her hair being touched which presents as a worried look on her face.	Unlikely orthopaedic intervention as source of pain. School postural management minimizes likelihood of scoliosis related pain	Variable compliance with postural management advice. Moving & handling difficulties at home. Thick hair that Mum likes to be neat and tidy. Sources of potential pain/discomfort are varied	Child's comfort. Child's ability to express any pain/discomfort.	Communication partners to continue to model within the 'Something's wrong' folder and to respond to Child when she appears to indicate that she is uncomfortable by offering to scan.	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Achieving <input type="checkbox"/> Nurtured <input type="checkbox"/> Active <input checked="" type="checkbox"/> Respected <input type="checkbox"/> Responsible <input type="checkbox"/> Included
Epilepsy Seizure presentation and self-stimulation	Distracted from learning and social activities, and	Exhibiting new seizure presentation that	Staff working with Child know her well and continue	Frequency of seizures.	Ensuring Child is safe. Recording this new seizure	Staff to recording seizure digitally	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Achieving

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Barrier to learning	Impact	Current status	What is going well	Challenges	What is important now / in the future	Actions	Wellbeing indicators
toward light sources (HoH)	impacts on ADL due to seizure and fatigue following.	is unlike those seen previously or recorded in her seizure management plan. Dark glasses remain but the lenses are less dense letting in more light.	to monitor and record and then feedback to Mother all seizure presentations.	Variability in adherence to SMP across home/school setting. Mother has a degree of control over medication dosages which isn't always communicated to the centre impacting on assessment of Child's daily well being.	presentation digitally. Having her back facing to light sources Continue to liaise with Mother and medics especially due to pending surgery and pending spinal surgery.	using iphone in her green bag. Staff to position Child with her back to the light source to minimise self-stimulation. All staff to prompt Mother to keep school updated with medication changes.	<input type="checkbox"/> Nurtured <input type="checkbox"/> Active <input checked="" type="checkbox"/> Respected <input type="checkbox"/> Responsible <input type="checkbox"/> Included
Nutrition (HoH)	Ensuring sufficient nutrition to maintain growth and overall health and wellbeing.	Child is offered oral E&D first but if Child doesn't, she has a feeding plan in place to	Child continues to gain enough weight to maintain tracking centile.	Poor communication of medicine dose impacts on accurate daily	Continues to track centile chart, and therefore significant resilience for both	Continue to monitor weight and length on centile charts. Liaise with both	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Achieving <input checked="" type="checkbox"/> Nurtured <input type="checkbox"/> Active

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Barrier to learning	Impact	Current status	What is going well	Challenges	What is important now / in the future	Actions	Wellbeing indicators
		administer blended diet via PEG.	Has back up of PEG when fatigue limits oral feeding opportunities.	assessment of well being leading to Child being fatigued and unable to take food and fluids orally. Diet at home impacting on changes in bowel (nuts and seeds). Click or tap here to enter text.	pending puberty and scoliosis surgery.	Mother and community dietitian around weight and feeding plan.	<input type="checkbox"/> Respected <input type="checkbox"/> Responsible <input type="checkbox"/> Included
Medication (HoH)	Medication changes have an impact on Child's overall well-being including fatigue, bowel movements, seizures and	Mother has a degree of flexibility over Child's medication doses. Medication changes not always communicated to	Child has back-up of PEG for nutrition as well as medication.	Side effects have an impact on Child's well-being and engagement in education.	Consistent and correct communication of Child's pharmaceutical management to allow SCCMI staff	Improved communication from home surrounding medication.	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Achieving <input type="checkbox"/> Nurtured <input type="checkbox"/> Active <input type="checkbox"/> Respected <input type="checkbox"/> Responsible

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Barrier to learning	Impact	Current status	What is going well	Challenges	What is important now / in the future	Actions	Wellbeing indicators
	learning engagement.	the centre until after symptoms have been raised.		Lack of communication with neurology resulting in Mother being the primary communicator. Mother is reluctant to give Midazolam.	to accurately assess Child's health & well-being.		<input type="checkbox"/> Included
Heavy urine and bowel output	Requires multiple toilet trips during school day impacting on learning and social activities Skin can get broken and sore around vagina and rectal area.	Child would require up to 5 personal care trips per day, frequently requiring full clothing changes. She is usually soiled on arrival to school, following her change she is	Staff are responsive to her needs and change Child promptly.	Frequency Interruption to learning and social activities Pain Increase in moving and handling requirements. Management of skin integrity to	Ensuring Child has correct diet and support from NHS dietician. Skin around vagina and rectum is kept clean and dry. Staff to use water wipes as per Mothers instructions.	Skin around vagina and rectum is kept clean and dry. Staff to use sensitive wipes as per Mothers instructions. Chase-up whether Child has had a bowel sample	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Achieving <input checked="" type="checkbox"/> Nurtured <input type="checkbox"/> Active <input type="checkbox"/> Respected <input type="checkbox"/> Responsible

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Barrier to learning	Impact	Current status	What is going well	Challenges	What is important now / in the future	Actions	Wellbeing indicators
		then transferred into her standing frame to promote further bowel movements		minimise pain and soreness.			<input type="checkbox"/> Included
Low central muscle tone (<i>Physio/OT</i>)	Requires robust postural management programme	Prior to operation was using MyWay walker as a dynamic stander and Arjo sara stedy for transfers. Currently accessing class chair, MyGo standing frame and Innowalk. Sara stedy only being used within therapy sessions.	Triton supporting Child in sitting. MyGo standing frame for post-op.	Low muscle tone is exacerbating scoliosis.	Ensuring postural needs continue to be met during Child's school day. Continue to support Mother to support Child appropriately at home.	On-going assessment of postural support required as Child changes.	<input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Achieving <input type="checkbox"/> Nurtured <input checked="" type="checkbox"/> Active <input type="checkbox"/> Respected <input type="checkbox"/> Responsible <input type="checkbox"/> Included

THE SCOTTISH CENTRE FOR CHILDREN WITH MOTOR IMPAIRMENTS
CHILD'S PLAN – SCCMI AS LEAD PROFESSIONAL



Barrier to learning	Impact	Current status	What is going well	Challenges	What is important now / in the future	Actions	Wellbeing indicators
Lack of independent mobility limits physical activity opportunities	Child can appear disengaged at times when she is in a passive position for too long (e.g. supportive seat).	Pre-op had opportunities to access a variety of physical activity options within school e.g. adapted yoga, rebound therapy, aquatic therapy, innowalk, MyWay walker, active transfers using sara stedy throughout the school year. Whilst some of these have returned since her hip op not all of these are appropriate to Child.	Trike at home Multiple movement opportunities at school	Limited community access to physical activity	Promoting physical activity	To engage with MATP when establish within school curriculum. Exploration of community access options via MATP.	<input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Achieving <input type="checkbox"/> Nurtured <input type="checkbox"/> Active <input type="checkbox"/> Respected <input type="checkbox"/> Responsible <input type="checkbox"/> Included

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Eating and Drinking (HoH, Dietician, SLT, OT)	Child has dysphagia, which impacts her ability to eat and drink safely.	Child is offered oral E&D first but if Child doesn't, she has a feeding plan in place to administer blended diet via PEG.	Child enjoys her meals and accepts a range of foods.	When Child is tired, she loses her appetite.	Child can eat and drink safely, and get adequate nutrition.	Click or tap here to enter text.	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Achieving <input checked="" type="checkbox"/> Nurtured <input type="checkbox"/> Active <input type="checkbox"/> Respected <input type="checkbox"/> Responsible <input type="checkbox"/> Included

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Barrier to learning	Impact	Current status	What is going well	Challenges	What is important now / in the future	Actions	Wellbeing indicators
Complex communication needs (SLT, Education)	Child is non-speaking (also known as non-verbal), which impacts her ability to communicate autonomously (say whatever she wants, to whoever, whenever and wherever she wants), access the curriculum and interact with others.	Please see Communication section at beginning of document.	<p>Child notices when her communication partners model to her (e.g. she will still).</p> <p>Child is regularly sending messages using her PODD.</p>	<p>Not all of Child's communication partners are currently receiving PODD coaching and support. Child requires familiar communication partners who are trained in PODD and how she communicates.</p> <p>It is more difficult to establish and identify Child's accept/reject responses when she is unwell.</p>	Ensuring Child can communicate autonomously (achieve communicative competence).	<p>Set Child's communication goals based on results of the ROCC assessment.</p> <p>Capture videos of Child using her PODD to communicate.</p> <p>Re-offer communication support to family.</p>	<input checked="" type="checkbox"/> Safe <input type="checkbox"/> Healthy <input checked="" type="checkbox"/> Achieving <input checked="" type="checkbox"/> Nurtured <input type="checkbox"/> Active <input type="checkbox"/> Respected <input type="checkbox"/> Responsible <input checked="" type="checkbox"/> Included

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Vision (likely CVI)	Child's ability to access her environment as well as learning materials and resources and communication supports.	Child responds well to activities that are backlit in muted yellow. She can access the activities without becoming too overstimulated by the light.	Activities that are backlit by muted yellow. Using a toggle switch that is mounted vertically in front of her. High contrast PODD ADL symbols or her one per page PAV book.	Communication Partner must structure activity to best support CVI and successful interaction with the activity.	Give Child processing time – sometimes upwards of 90secs.	Ensuring that activities are structured correctly for her to support access. Staff to ensure Child is given processing time.	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input checked="" type="checkbox"/> Achieving <input checked="" type="checkbox"/> Nurtured <input type="checkbox"/> Active <input checked="" type="checkbox"/> Respected <input type="checkbox"/> Responsible <input checked="" type="checkbox"/> Included
Access to play and learning (OT)	Child's functional hand use is limited due to vision, cognition and motivation.	Child uses her hands to explore resources presented to her. She can grasp and release and will grasp her cup to drink.	Engagement in music offers a variety of opportunities to use her hands.	Broadening functional hand use. Limited by vision and understanding.	Continue to offer Child opportunities to use her hands functionally. Support with most appropriate positioning of	Switch assessment to be completed and switch profile to be updated. Switch goals may be identified at a later stage.	<input type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input checked="" type="checkbox"/> Achieving <input type="checkbox"/> Nurtured <input checked="" type="checkbox"/> Active <input type="checkbox"/> Respected <input type="checkbox"/> Responsible <input checked="" type="checkbox"/> Included

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Barrier to learning	Impact	Current status	What is going well	Challenges	What is important now / in the future	Actions	Wellbeing indicators
					switches moving forward.		

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<p>Home support</p> <p>Home environment not fully meeting Child's current and long-term needs.</p> <p>Mother is Child's escort further limiting respite time while Child attends school.</p> <p>Full mental load of caring for Child falls to Mother.</p>	<p>Physical strain on Mother due to moving and handling</p> <p>Not geographically close to family.</p> <p>Lack of respite care.</p> <p>Mother at risk of poor physical and mental health.</p>	<p>Mobile hoist no longer in situ, Mother did not use it post discharge.</p> <p>Will require appropriate equipment for post spinal surgery.</p> <p>Mother is currently lifting Child for all transfers.</p> <p>Mother looking at moving house.</p> <p>Child's bed in downstairs living room.</p> <p>Child has been accepted to CHAS for a respite stay every 12 weeks plus undetermined CHAS @ home help.</p> <p>Child continues to liaise with local authority social workers.</p>	<p>Child has a positive relationship with SCCMI staff and seeks guidance and support when she requires.</p> <p>CHAS input has been accepted.</p>	<p>Long term adaptations will not be funded in current property as Mother has expressed desire to move house</p> <p>Mobile hoist not used post discharged.</p> <p>Child remains sleeping downstairs in living room.</p> <p>Bathroom upstairs which Child cannot access.</p> <p>Limited support from wider world</p>	<p>A suitable property to meet Child's current and long-term needs.</p> <p>Carer support for Mother.</p>	<p>Support for Mother to recognise long term needs</p> <p>Liaison with community OT to support adaptations once in new property</p> <p>Explore whether an escort could be provided for Child</p>	<p><input checked="" type="checkbox"/> Safe</p> <p><input type="checkbox"/> Healthy</p> <p><input type="checkbox"/> Achieving</p> <p><input type="checkbox"/> Nurtured</p> <p><input type="checkbox"/> Active</p> <p><input type="checkbox"/> Respected</p> <p><input type="checkbox"/> Responsible</p> <p><input checked="" type="checkbox"/> Included</p>
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Barrier to learning	Impact	Current status	What is going well	Challenges	What is important now / in the future	Actions	Wellbeing indicators
Complex seating requirements	To seat Child optimally in her current class chair she often requires to be tilted back. This significantly impacts on her engagement with her learning.	Child has a JCM Triton which partially meets her seating needs. She tends to flex forward, and chest harness does not fully support this.	JCM Triton provides more support than previous seating. Mother using same at home and reports finding it useful to enable Child's engagement.	Deterioration of posture	Reassessment of seating post spinal surgery. Ongoing review of current seating and making adjustments as required.	Ongoing reviews plus full review following spinal surgery.	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Healthy <input type="checkbox"/> Achieving <input type="checkbox"/> Nurtured <input type="checkbox"/> Active <input type="checkbox"/> Respected <input type="checkbox"/> Responsible <input type="checkbox"/> Included

PART 5 – OUTCOMES AND GOALS: Based on part 3 & 4 and educational objectives (FUTURE)

Future- *I am growing up every day, so please find ways for me to participate, be included in my community and to reach my full potential.*

Long term goals:

Child will be an autonomous communicator (be able to say whatever she wants to say, to whoever she wants to say it to, wherever and whenever she wants to say it).

	Goal	Output	Input	Input	
Wellbeing indicators	Long-term goal	Short-term goal	Strategies: <i>What do we need to embed in school to make this happen e.g how will we ensure comfort, opportunity and attention for learning</i>	Agreed actions: <i>Tangible and practical actions that we need to do to make this effective e.g staff training, modelling, referrals, equipment</i>	<ul style="list-style-type: none"> Evaluation
Healthy Achieving Including Nurtured	Child will be an autonomous communicator (be able to say whatever she wants to say, to whoever she wants to say it to, wherever and whenever she wants to say it).	Within natural contexts throughout the day, Child will more frequently initiate use of her PODD Book using appropriate and recognisable methods, to communicate something via partner-assisted auditory visual scanning. This will be observed as an increase in: tapping her PODD, reaching for her PODD or turning towards her PODD.	<ul style="list-style-type: none"> Ensure Child's PODD is always close by and available to her. Communication partners to model one of the identified initiation methods, before they model a message in PODD e.g. "I'm turning on my voice, ahhh, I have something to say". Communication partners to respond to and verbally reference all of Child's communication initiations by saying "I saw you (X), maybe you have something to say, I'll scan for you." If Child uses a less recognisable or appropriate way to initiate communication or start an interaction (e.g. X), acknowledge that she might have something to say, model a way she could initiate communication and scan for her. 	<ul style="list-style-type: none"> Staff to collect data by adding to the data table linked to this goal. Staff and family to continue to receive training on how to implement the recommended strategies. Staff to observe child and upload observations to Evisense. Teachers to track responses on Connecting steps. 	<ul style="list-style-type: none"> Review data collected by staff.

Click or tap here to enter text.

By signing below, we confirm that we have thoroughly read and reviewed the child's plan. We agree with the information and recommendations contained within the document. Additionally, we provide our consent for this information to be shared with relevant external multidisciplinary team members and other professionals as necessary to support the child's development and well-being. Our signatures indicate our commitment to collaborate in the implementation of the plan and to ensure the best possible outcomes for the child.

Signed Lead Professional:

Date: [Click or tap to enter a date.](#)

Signed by family:

Date: [Click or tap to enter a date.](#)

Date of Next review/update: [Click or tap to enter a date.](#)

WORKING DOCUMENT