

Chailey Heritage

Individual Learner Driven Curriculum





“The CHILD is the Curriculum” (constituting the school’s teaching, learning and assessment policy and SEND policy)

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The CHILD curriculum is not a curriculum in the sense of a body of knowledge to be learned, or a set sequence of skills to be mastered. It is beyond being an individualised curriculum, it is an individual curriculum for each child and young person (CYP), it is not personalised from a set curriculum, it is entirely personal.

CHILD is more of a philosophy and a way of teaching and assessing, with some fundamental principles running throughout.

The curriculum starts and ends with the child, and every part of it is about the child and their family and loved ones, and how we can contribute to enabling them to live their best possible life.

We are very proud of what we have achieved with this curriculum for so many children and young people in the last 6 years since it really became embedded. I have put together reflections and updates, internal and external, as a preface to our revised set of CHILD documentation. The fundamentals remain the same: the child is the curriculum.

Above all else, the CHILD curriculum works, as we can evidence through the stories of so many pupils.

OFSTED

Since we introduced the CHILD curriculum following our 2014 OFSTED inspection, the inspection framework has changed twice. The current framework is very focused on the '3 Is', Intent, Implementation and Impact.

Para 199 of the S5 Inspection handbook: 'Inspectors will consider the extent to which the school's curriculum sets out the knowledge and skills that pupils will gain at each stage (we call this 'intent'). They will also consider the way that the curriculum developed or adopted by the school is taught and assessed in order to support pupils to build their knowledge and to apply that knowledge as skills (we call this 'implementation'). Finally, inspectors will consider the outcomes that pupils achieve as a result of the education they have received (we call this the 'impact').'

For the CHILD curriculum, our 3 Is are simple to define:

Intent: to find and pursue every bit of potential each child has. To help make their, and their family's lives as fulfilled and happy as they can be. This is planned on an individual basis. For very few pupils will 'knowledge' be appropriate.

Implementation: There are individual programs for every child, personal targets, personal strategies and personal teaching techniques. The highest standards of teaching, learning & assessment are rigorously quality assured with robust 'mechanisms in place for this.

Impact: every bit of progress is thoroughly documented. Impact is personal to each child, and each child's 'story' can be told through our documentation: where they were when they started, where they are now, what we did to get them there, and everything we tried.

Ofsted on Curriculum, Para 204: 'We will judge schools taking radically different approaches to the curriculum fairly. We recognise the importance of schools' autonomy to choose their own curriculum approaches. If leaders are able to show that they have thought carefully, that they have built a curriculum with appropriate coverage, content, structure and sequencing, and that it has been implemented effectively, then inspectors will assess a school's curriculum favourably.'

The DfE Engagement Model of assessment of progress.

The Engagement Model from the Standards & Testing Agency became active in September 2020. It is meant to be a system of assessing progress for pupils who are not working at a subject-specific level, which is most of our pupils.

The engagement model is not perfect by any means, but it does have some very positive aspects, influenced at least in part by Chailey Heritage's lobbying, presenting at conferences, and being published on the subject.

- It validates our non-subject-based curriculum, by conceding the fact that there are pupils who are not working at a 'subject specific level', so do not need to be taught by subject:

- o *The engagement model is an assessment tool to help schools support pupils who are working below the level of the national curriculum and not engaged in subject-specific study.*

- It validates our strongly held opinions that such children can not be compared to each other, to produce numerical 'comparative data' and cohort data that can then be 'moderated':

- o *The progress of these pupils can often be inconsistent and is dependent on their complex needs and unique starting points. As such, comparing progress amongst pupils is unlikely to be meaningful.*

- o *Schools do not have to submit data about the achievements and progress of each pupil working below the overall standard of the national curriculum assessments and not engaged in subject-specific study. This is because the progress that these pupils make will be personal to them, and it is not possible to meaningfully consider data for these pupils.*

- o *The engagement model celebrates the different abilities of pupils not engaged in subjects specific study. It enables the collection of qualitative information and evidence that should inform a teacher's assessment of their pupils' evidence of progress.*

- o *The engagement model does not use a numerical scale or provide a quantitative score. This is because the complex behaviours of pupils not engaged in subject-specific study cannot be adequately described by a single number.*

- Our summative data since the inception of the CHILD curriculum has always been qualitative rather than comparative and number-based. It has always been ipsative, looking at how the individual Having visited many special schools over the last 6 years and looking at their documentation, I believe that Chailey Heritage's qualitative data is the best. Looking back to our data from 4 or more years ago, I can see how we have gradually refined it and how it has become more and more detailed, while being useful. Parents are usually delighted with the detail capturing their child, local authorities comment on its detail, and teachers, especially at transition from class to class, find the detail immensely useful. It is a lot more work for teachers than simply producing bar charts and graphs, but it is meaningful.

- We are very proud to have influenced key players in the creation of the engagement model regarding summative assessment. It was a huge amount of work, but ultimately worth it.

Where the engagement model is extremely unhelpful is in its chapters on conducting assessments. In particular, this section on when to conduct the assessments:

- o DfE does not specify the number of times that the assessments should be conducted. Schools should set their own minimum requirements as to how often the assessments take place, ensuring they are manageable.

The implication of this is that schools will set specific dates to conduct 'engagement assessments' of some sort, observing pupils at set intervals, to give formative assessment data. However, as any good practitioner will tell you, with our pupils we are observing every day, all of the time.

PMLD to PMBL

All of our pupils are medically and physically very complex, but we have a huge spectrum of cognitive ability, from those who have profound and multiple learning difficulties (PMLD) who may be functioning at pre-newborn baby level, to those who have profound and multiple barriers to learning (PMBL) who may be very bright but are being held back from the rate of progress of their non-disabled peers because of those barriers. This is not binary, children are not either PMLD or PMBL, there is every degree between.

A vital specialism for us is being able to spot potential and pull it out, and work on it. There are too many examples of children presenting as PMLD to the eyes of non-skilled teaching staff in some schools, and being given an inappropriate and under stimulating curriculum.





CHILD aims to take each pupil as far as they can with their progress, and we have shown over the last 6 years that it succeeds. As it is individual, it copes with all cognitive, sensory, physical and medical needs and ability, for each child. No-one has to fit in anyone else's box, no target (My Next Step or MNS) is 'off the shelf'. We have worked hard to make sure that every MNS is useful and aimed at making the YP's life, and their family's, better.

Working together with our colleagues at Chailey Clinical Services is still absolutely key, integrated therapy and curriculum gives much more than the sum of its parts.

The WHY Imperative

This has grown in strength over the years and is now a fundamental part of everything we do.

We are all required, at all times working with our pupils, to be asking why we are doing what we are doing, and all activities need to be meaningful, with a purpose. There are many special needs activities that can be bought off-the-shelf for SEND schools, to name a few: TacPac, Sensology, Sherborne, and there many more. In some schools, support staff are trained in how to carry out the intervention, but not always why. What to be looking for, what progress to hope to expect, what the benefits might be, and so on. At Chailey Heritage, for any action or intervention or type of session, we require that the member of staff can explain why they are doing what they are doing, and how and why it is meaningful. There are very robust methods for quality assuring this amongst the QA 'mechanisms' for the quality of teaching, learning and assessment.

Having said all that, just 'having fun' can be meaningful in itself. Fun, enjoyment, positive stimulation, can all be meaningful targets for our pupils.

Our Vision

Every young person at Chailey Heritage School will be given every opportunity to make progress towards fulfilment. We will never, ever give up looking for ways to support our young people to make their own choices in life, and to achieve their own desired destinations.

The children and young adults at Chailey Heritage School (our 'learners') have a huge range of physical, sensory, learning and medical needs. Their cognitive abilities are from PMLD, those who are learning in a very sensory context, right through the spectrum to those who, while 'locked in' by their physical complexities, are nevertheless developing skills through more formal 'specific learning' approaches, learning to read, tell the time and understand money, for example. These we term PMBL: they have profound and multiple barriers to learning.

At Chailey Heritage, our learners have the added complexities, of physical, sensory and medical difficulties. The multiplicity of these means that each and every learner has their own individual set of barriers to learning. It is obvious that a child who is blind will not be able to learn about colours in the same way that a sighted child will. It may be less obvious that a child who cannot manipulate objects will have barriers to learning numbers, or coin values or shapes. For a non-verbal child, learning to read by phonics is much more difficult. A child who is confined to a trolley-bed will not be able to access many resources available to wheelchair users, never mind ambulant children. A blind, non-verbal child, restricted to a trolley-bed, has a multiplicity of barriers to learning, unique to him, and we must pursue his potential using detailed knowledge and highly specific skills.

Another significant barrier to learning is the amount of time all of our pupils, from PMLD to PMBL and all in between, is the amount of time spent out of class. Hygiene takes a significant amount of time, as does eating and drinking. All of our pupils have a time consuming physical routine to keep them fit and healthy. So our pupils of whatever ability have much reduced teaching time compared to their mainstream peers.

While we do, of course, take ideas from the many respected thinkers in SEND education (inspirational thinkers such as Penny Lacey; Jo Grace; Peter Imray; Flo Longhorn; Dave Hewett & Melanie Nind, Barry Carpenter, Jean Ware and more) we still believe that there are no standard or uniform teaching techniques which meet all of these learners' needs or support them to overcome all of these barriers. There is not a single menu of interventions and approaches, and there is no one curriculum which could possibly fit all our pupils. Each needs a unique curriculum: 'the child is the curriculum'. Above all, everything we do, and everything each learner experiences, must be meaningful, and we must all, as educators, know why we are doing what we are doing with our learners (which at Chailey Heritage we call 'The Why Imperative').

We see it as our fundamental job, to find the very best interventions and teaching techniques for each learner, through researching what is best practice in the wonderful work of the SEND community, but even more importantly, through knowing our learners as best as we can. We have developed our very own approach, building a learning framework for each learner, directly from a deep and thorough assessment and understanding of each child and how they might be helped to make progress, how their life, and their family's might be made better. The child, parents and family, therapists, teaching and residential teams are all involved in the assessing of needs and the devising of the 'my next steps' (MNSs) fundamental to our individual learning frameworks. It is a truly integrated approach, which works.

At the heart of our approach is the recognition that learning and development across all areas are underpinned by 'engagement' - the way each individual engages with other people, activities, their environment and any stimuli. Using the Early Years Foundation Stage (EYFS) model of 'Characteristics of Effective Learning' we seek to nurture life-long learners who, rather than just being recipients of support, are motivated, inquisitive and active participants in their unique curriculum. This approach has now been validated by the DfE's 'engagement model' system for assessment (July 2020).

We do recognise the need for a 'broad and balanced curriculum' and this is detailed in our 'activities and opportunities' documents which each department keeps. We do take ideas and methodologies from documents produced by the Department for Education and elsewhere. In particular, we find the EYFS framework particularly helpful, no matter what the age of our learners. However, whatever we take must be relevant and appropriate to the developmental needs of each pupil, in order for meaningful learning to occur. There is no single curriculum that suits all our learners, no 'set' of subject areas, no bank of targets to be chosen from. Every MNS must be part of a functional and meaningful path for that child, intended to make their and their family's lives better. There is no pre-programmed or linear route. We must have no pre-conceptions of any learner's path of progress or we are in danger of limiting our expectations of where they may branch out. We must 'learn the child' and follow the child, and we always expect to be surprised!



The CHILD is the curriculum



PROFILES

Deep and detailed knowledge and understanding of the learner.
Reviewed and updated by the teacher, therapists and parents.

Core profiles - for all learners

These incorporate EHCP long term outcomes and My Next Steps plus activity ideas and advice on best practice strategies and requirements for the learning environment and equipment to promote *effective and meaningful engagement and learning*

- All About Me – how to make my life good
- Engagement & sensory support profile
- Communication profile
- Social and emotional wellbeing profile
- Physical profile
- Access technology profile
- Driving profile

Additional profiles

- Functional skills profile – directly related to real skills needed for now and for transition and for the future. Examples are independent eating, helping with getting dressed, understanding and helping with own personal hygiene.
- Specific learning profile (for those with profound and multiple barriers to learning) – telling the time, using money, elements of meaningful maths, learning to read and write, using high and low tech for meaningful communication at sentence level

Aspirations

Every child will be given every opportunity to progress towards fulfilment

- Learner's aspirations are fundamental to the All About Me profile.
- Parental aspirations inform every profile and the My Next Steps.

Planning

Every activity, no matter what or when it is, has each child's My Next Steps built in

- Long term outcomes originate from the EHCP but will be modified as we learn the child
- Short term plans are based on the child's current My Next Steps, and how the child is presenting on any given time.

My Next Steps

- These are built on thorough discussion between teacher, therapists and family
- They are personal
- They are completely targeted at making the child's life, and their family's, as good as they possibly can be
- They are monitored through close observation, all the time, every day
- They are dynamic, they can change or be added to at any time
- They are not SMART, there are no time limits or specific number

Outcomes

The EHCP Annual Review report is where we detail the outcomes. It is extremely thorough and detailed. It includes:

- All of the profiles
 - All of the progress made, listed under the EHCP headings
 - The context for that progress and what we did to make it happen
 - A chronological list of My Next Steps achieved building a picture of achievement over time
- Each child also has their own Learner Progress File with the evidence for each My Next Step achieved.

Activities and opportunities

Each child has their own 'curriculum' ie their My Next Steps. They are working on making progress with their MNS at all times through the school day, and at other times too if they are residential. We do not teach by subject areas, or have set timetables. Instead we teach through themes and activities which are many and varied and also through their necessary non-lesson-times such as lunch and hygiene time. All activities are vehicles for learning.

Profiles

Profiles remain the core part of CHILD. Since 2018, profiles have become more detailed and even more useful. There are up to date examples in part 3 of this document.

The profiles are now:

- All About Me (what makes my life good)
- Engagement & Sensory Support Profile
- Communication Profile
- Social and Emotional Well-being Profile
- Physical Profile
- Access Technology Profile
- Driving Profile
- Functional Skills Profile
- Specific Learning Profile (not 'subject specific' as we don't teach discrete subjects)

My Next Steps

Each profile still has a 'My Next Steps' section. These are the current targets drawn from the deep detail found in each profile, and the rigorous discussions in creating them.

The MNS from each profile are drawn together to give a My Next Steps document. This is in effect the pupil's curriculum. It is different for every child. There are no set number of MNSs, they are not SMART. They are dynamic, flexible, they can change at any time, there is no waiting for fixed lengths of time. They are personal and diverse: we have worked on dog-phobia; being able to tolerate noise; being able to visit supermarkets; fear of saying good-bye; overcoming a fear of touch; overcoming resistance to oral hygiene; gaining continence skills; improving saliva control; individual methods for yes & no; overcoming fear of nurses and doctors. I could name hundreds more. They are personal to the child, not from a set of targets in a 'scheme'. But they can be life-changing, for the child and their family.

My next steps are written whilst keeping in mind the acronym STEPS:

- Specific – they should be clear and easy to assess
- Tiny – our students make the best progress when steps are tiny
- Emerging – it should be something we are starting to see, an emerging skill
- Personal – it is not taken from a predetermined bank of targets, it might apply to just the one child

It is vitally important that the MNSs that come from the profiles aren't fixed and SMART. We are always on the lookout for a behaviour or action that just might be something we can work on and develop into a next step – incidental learning, or what Peter Imray calls 'serendipitous learning'. In the same dynamic way, if we're trying out a MNS and getting nowhere with it, this is simply discarded, and is not seen in any way to be a failure. MNSs can change week by week, or remain in place for a long time, depending on the target and the child.

Case studies show that pupils who are new to our school often have to have complete re-writes of MNSs, as we uncover more ability and potential very quickly, once they are with our skilled staff, with the equipment they need, and our methods of integrating therapy and teaching.

Baseline assessment

New pupils have baseline profiles written by the receiving teacher with support from our specialist baseline assessment teacher. This process involves using all available information, and as much consultation as possible, to compile the first drafts of the child's profiles. The profiles include the first drafts of 'long term outcomes' and 'My Next Steps' which form the child's curriculum. To baseline we use:

- o information from parent and family consultation, including home visits
- o any written documents from parents
- o any documents provided by previous schools/teachers, therapists and other specialists
- o any up-to-date advices that had been prepared for EHCPs
- o assessment information from clinical services assessments including: nurses; doctors; SaLTs; OTs; physios; behaviour support specialists; dietician etc.
- o assessment information from school assessment including, as appropriate: sensory impairment specialist teacher; SPMLD specialist teacher; subject specific lead teacher; EYFS lead teacher; PSHE/SRE lead teacher.

Curriculum documents ownership

The profiles are 'owned' by the teacher and team, but therapists also take on a lead role for ensuring the profiles and targets are as accurate as possible as below:

Occupational therapist

- o Access technology profile, with teacher, ICT coordinator and SaLT.
- o Eyegaze profile section of the AT profile
- o Powered mobility profile. (Nb the powered mobility profile is for all pupils, as all pupils have powered mobility opportunities, not just those who are learning to be independent drivers.)
- o Functional skills profile, especially life skills.

Physiotherapist

- o Physical profile, with hippotherapist and swimming coordinator.
- o The physical profile is linked to each pupil's physical timetable.

Speech and language therapist

- o Communication profile, with teacher.
- o Access technology profile, with teacher, AT coordinator and OT.
- o Eyegaze profile section of the AT profile
- o Eating and drinking next steps, which may come under various profiles.
- o Oral skills next steps, which may come under various profiles.

Teacher

- o If the child has the ability to learn at a 'specific learning level' (SLL), i.e. may make meaningful progress in telling the time or reading, for example, they will have a Specific Learning profile, which will contain the aspirations and long-term outcomes for these subjects, (with the current next steps being worked on recorded in the child's workbooks.) These long term outcomes and MNSs must be useful and meaningful.



As well as the oversight of the profiles by the specialists as above, each set of draft profiles for every child is read and quality assured by the Headteacher.

Approximately eight weeks after entry to the school, the child's family is invited to a new pupil meeting, as per the SEND code of practice. This meeting is chaired by the Headteacher, and attended by the child's teacher; the family liaison worker; residential key worker if appropriate; and the child's team of therapists. At this point, with eight weeks' more knowledge of the child, all draft profiles and MNSs are discussed, refined and agreed.

Amending and updating profiles and targets

It is a fundamental and vital part of the CHILD curriculum, that this is ongoing. Communication between teaching teams and therapists is day-to-day, and parents are consulted as and when appropriate. Teachers and their teams review and update targets at any time that they need to be updated, there are no time limits set, they are not SMART. However, there are some key points in the calendar:

- o Individual Pupil Review Meeting (IPR) – the major annual checking of the profiles.
- o Teacher, link TA, residential key worker, SaLT, OT, Physio meet to review the profiles including MNSs.
- o Each leads the discussion on the profiles or sections of profiles which they own (as above).
- o Additions, updates, alterations (and removals) of long term outcomes and MNSs are made.
- o New ideas are brought forward and discussed.
- o Particular progress is noted by the teacher for report writing and meeting with parents.
- o Teachers update all documentation ready for the parent consultation.
- o Post-IPR parent consultation.
- o Teacher consults with parents, for their input and ideas.
- o Agreement is reached on the wording of the profiles, aspirations, long term outcomes and next steps.
- o Teacher updates and distributes all profiles.
- o Annual Review of the statement/EHCP.
- o Teacher and key member of care staff if appropriate, gather all records of progress made.
- o The 'my progress plan – progress made' report is updated to give examples of where progress is being made, and in what context. This is written under the EHCP outcomes:
 - Communication and interaction long term outcome
 - Cognition and learning long term outcome
 - Social and emotional wellbeing long term outcome
 - Sensory and physical long term outcome
 - Independence and community involvement long term outcome
- o The 'My Next Steps Achieved' document is presented.
- o Further information and input is gathered from the parents and local authority representative and any other professionals attending.
- o Agreement from all attending that the profiles are accurate and MNSs are pitched correctly is reached.
- o Profiles are then updated by the teacher and are distributed, along with the MNS document.



Timetables - Learning throughout the day

It is fundamental to the CHILD curriculum that we can be helping the learner make progress towards all their MNSs, no matter what the activity they are engaged in, at any time of the day. This includes break times, play times, off-site visits (even the journeys), toilet time, eating time and so on. Therapies are also integrated throughout the day, and throughout the learning, with the curriculum supporting the delivery of therapy and therapy supporting the learners' progress.

Each learner has their own curriculum, in the form of their own aspirations, long-term outcomes and MNSs arrived at by in-depth profiling by teachers, therapists and parents. It is therefore necessary that every learner also has their own individual timetable, complete with their physical program and any 1:1 or group work with professionals as prescribed. These are detailed in every child's 'all about me folder' which will be with them at all times for reference.

As with MNSs, so the class timetable is dynamic and flexible. We are able to be so flexible as all of our pupils have 1:1 support, and more for certain activities. The teacher role has become more like that of an orchestra conductor. The teacher needs to be sure that every member of staff in their team knows what they are doing and, most importantly, WHY, at all times of the day, and that they are practising safely, but they are not necessarily with them, telling them what to do.

There is structure, where appropriate, for example Hello Time at the beginning of the day and Goodbye Time at the end of the day. But for most of the day, each child will be following their own routine. There is a huge emphasis on a physical curriculum, due to their physical needs, so at any time, there will be one or more pupils out of class, having hydrotherapy, hippotherapy, rebound therapy, triking, walking and so on. Pupils need to visit the hygiene areas at their own time, they have meds and feeds according to their own regime. Also, a child may have had a seizure in class, or a bad night at home and be needing sleep. So the timetable needs to flex, every day, for every child.

So while the teacher and SEAs will know exactly what they want each child to be working on, when the child is responsive and ready, they certainly aren't all going to be in the same room at the same time, never mind doing the same thing. In fact my conductor of an orchestra analogy doesn't really work, as a conductor at least has all the musicians in one place in front of them.

It's important to note that if a class is actually working on one project/activity together, making Mother's Day cards, say, each child will be working on their own MNSs, the activity isn't about the creation of the card. One child may be spelling out the words for the message, another being encouraged to be less tactile defensive, using glue and paint, another might be working on simply staying in a group. The same goes for off-site visits, trips to Patchwork Farm, the Dream Centre, whatever it is our pupils do.

With every learner having their own personalised set of MNSs which constitute their own individual curriculum, the teachers, therapists and teaching teams will be focusing on different aspects of development for each child, in each activity and at each part of the day. This is very complex and requires detailed planning, but also huge flexibility – it is vital that we have dynamic, reactive planning and responsive delivery.

We need to be able to take every opportunity that the children present, as we cannot predict what their physical state might be, nor their levels of alertness, nor always what stimulus works or doesn't. There are very few 'lessons' in the old-fashioned sense of children listening to a teacher and following instructions, rather we try what we think might work and then follow the children's responses to see where we might go next, and this mostly means on an individual basis, or very small groups within a class.

"There is no rigid timetabling or predetermined balance of focus. Each piece of planned learning and progress forms part of a functional and meaningful path for that child taking whatever direction the learner needs. This means we have no pre-conceptions of any learner's path of progress so we do not limit our expectations and allow the learner to lead us in their journey." (from the website of Mayfield School, Chorley.)

Class timetables

However, each teacher needs a framework for the day. So, overlaid on the children's individual timetables, and wrapped around the flexibility of each learning period, there is a scaffolding of class and department timetabling. Even within departments there will be different styles of timetable for the different needs of different classes and learners, ranging from the very free-flowing, slow-paced, reactive practice for PMLD and early years, through to a semi-formal, more structured approach for the most high-ability learners who have a more subject-specific curriculum, or for those who require a high level of structure such as those on the autism spectrum. There will also be set routines for the beginning and end of the day.

Serendipitous (or incidental) learning

It is fundamental to the CHILD curriculum that we are at all times looking out for things we haven't seen before, and are giving new and different opportunities so that these may arise. Anything like this that we see may have the potential to become a new MNS.

Residential Social Care Input to Learner Progress Files

Evidence from the residential support staff to support the story of a child's progress is very important. In the residential homes every child's MNS document is displayed in their All About Me book as a reminder of the ideas for potential progress. It is the teacher's responsibility to make sure that it is up-to-date.

Residential staff keep a scrapbook for each child, of all the activities that they have been involved in. This will include after-school clubs, events such as parties and any off-site visits. This may be paper or on a tablet. The child's key worker will meet with the child's teacher periodically to discuss each of the child's My Next Steps, and work out where there is any evidence of progress towards any of them from the scrapbook and diary. It is the teacher's task to incorporate any observations and evidence from this meeting into the child's Learner Progress File.

Supporting this, there is also a thorough handover each morning where social care staff hand over to school staff. At this handover, care staff inform school staff about any activities that the young person has taken part in the previous evening, or over the weekend, and where they might have seen progress. School staff relay this to the teacher who decides what to record against a My Next Step. E-diary entries are also sent to teachers as well as parents, which adds to the teacher's data.

For looked after children, care staff also contribute to the personal education plan and looked after children meetings which are held every term. The teacher brings a record of progress and academic achievement to which the care staff have contributed, highlighting strengths and any areas for improvement along with the current My Next Steps.

At the annual review and individual pupil review which is held 6 months after the AR, social care support staff contribute to the discussions about progress, along with the teaching team and therapists. It is the teacher's job to record this meeting.

Care staff regularly spend time in class with their linked pupils and teaching team. This has two purposes: it is a good time to hand over to the teacher any progress that has been seen in residential time; it is also a way for the care worker to see what techniques are being used in class which they may be able to replicate in residential time.

All in all, there is a lot of input to each residential pupil's Learner Progress File from the residential team, without there being the additional pressure on care staff to write observations, which is practically impossible in the life of a residential setting. It also means that the home can feel much more like a home rather than an extension of school.

Whole school subjects

There are some areas of learning which, for different reasons, need to be covered by the CHILD curriculum. However, it is vital that we make these meaningful: we will never put anything in the children's day just because it is prescribed by any external agency, just as we would never use any SEND practice 'off the peg', without knowing how and why it might benefit our learners.

- **Physical:** All children have their own physical program; including physiotherapy; aquatic therapy; hippotherapy; rebound therapy; standing; cycling etc. Wherever possible, physical activity is functional and meaningful. For example, walking in a specialist walking frame to see a friend in another class, or trike riding to see the animals at the Hub.
- **Relationship Sex & Health Education; Personal, Social & Health Education (SRE/PSHE):** We have very detailed and carefully considered teaching approaches for all aspects of these, personalised for each child, their needs and abilities. We have disability specific resources, and in-house training for staff. MNSs for all of the children include RSHE/PSHE targets as appropriate, overseen by the school's lead teacher as well as class teachers and with input from parents and families. Helping the children to understand how to keep safe, to whatever degree they can, when they rely completely on adults for all their care is vital.
 - o Our RHSE training, developed in-house for CYP with complex needs, is now internationally renowned, and we offer training and resources to schools and other organisations all over Britain and further afield, which is extremely popular, we have reached hundreds of schools.
- **Spiritual, moral, social and cultural development (SMSC) and promoting shared values:** Each department keeps an audit of their coverage of SMSC, in a department 'SMSC Scrapbook'. With such a huge range of cognitive abilities to teach, SMSC is interpreted in creative and thoughtful ways, keeping as close as possible to the spirit of what SMSC is meant to convey and promote. All of our children are given opportunities to have experiences related to other cultures than their own, and to have time for reflection.



- **Religious education (RE) and Collective Worship:** as with SMSC, we interpret the purpose of RE for our children. All our children are given time and opportunity for spiritual experiences at whatever level is meaningful for them. Those who can and do express wishes to do with their faith, will have opportunities to worship, but we do not set up collective activities unless they are meaningful to each individual, we do not have assemblies, for example.
- **Music:** All children have a weekly class music session with a music specialist teacher. The class teams use the music session to develop their MNSs, as well as for enjoyment; social interaction and developing musical skills if appropriate. Activities and ideas from music lessons are also used by teachers back in class. Some pupils, those for whom it is most beneficial, receive 1:1 music sessions.
- **Specific learning:** a small minority of children who are working at a specific learning level will have targets related to these subjects, particularly Reading (symbols or words), Speaking & Listening (using alternative and augmentative communication systems, high and low-tech) and Maths (in particular functional skills such as telling the time; using money). There is no pre-determined set of expectations for the children in these subjects – as with the rest of the CHILD curriculum, these targets are personalised to each child ensuring that they are meaningful. Classes are not taught in English or Maths lessons, but by specific MNS that have evolved for them.
- **Functional skills:** wherever any of the children can achieve any sort of independence, this is pursued and promoted through their MNSs. Functional skills can include (as examples) continence; assisting with personal hygiene; helping when dressing; eating and drinking skills; mobility and so on. All children who can achieve or are working towards any of these targets will have a Functional Skills Profile.

School Departments

All departments, with learners aged from 3 to 19, use the CHILD curriculum, and they all will teach according to the child's stage of development rather than their age, although age-respectfulness is always considered and may lead to social & emotional wellbeing MNSs if this is agreed as a positive aim.

While the CHILD curriculum is consistent throughout all departments and age ranges, the content of the timetable does alter for those who are post-16 (years 12-14). These young people have a focus on transition, with additional time and opportunities to experience the wider community, and to visit and become familiar with potential post-19 placements, in preparation for moving on from the school.

Each year, class groups and department groups are considered, taking into account the needs and abilities of the children. While each department has its own character and identity, they all share the same vision and ethos around teaching and learning. No matter what the child's ability, they progress through the school, experience different environments, peer groups and staff teams. This brings opportunities to learn about different people and systems, helping prepare them for future transitions.



Each learner has their own curriculum, in the form of their own long-term outcomes and 'My Next Steps' (MNS) arrived at by in-depth profiling by teachers, therapists and parents. There are no set 'banks' of targets to be chosen from, and there are no targets which are worked on by a whole class at any one time. Therefore, teachers and their teams need to capture progress for each child on all of their individual targets and use this information to plan future opportunities for learning for each of them.

The most important assessment, used all the time, is formative assessment, or assessment for learning (AfL). This is the constant monitoring of progress, and also the monitoring of techniques and experiences and activities to see what actually works well for each learner. All children learn in different ways and are stimulated by different things. The teaching team use observations from every activity right through the day to inform their planning for the future. They also refer to the specialist teachers, therapists and parents to check that their assessment is consistent with the observations of the multidisciplinary team.

Capturing progress

During any session, including times without direct teacher input, such as lunchtimes, hygiene times and therapy times, those working with the children know what MNSs the children are working towards. There are copies of each child's MNSs available at all times and there is an expectation that these should be consulted. There will also be times when particular MNSs are being focused on in particular activities.

From these activities, staff are all expected to contribute evidence of progress towards these MNSs, and are trained to do so. Post-its are used for this, dated and initialled, with a brief observation and context. These are displayed by the child's MNS document, usually on a class wall.

It is very important to note that 'other' unexpected signs of progress are also captured, sometimes called 'incidental' or 'serendipitous' learning. These observations can be used to create new MNSs. This is crucial to the CHILD curriculum, which never has set expectations of any child, other than that they will all make the progress that they can.

Using the observations

Teachers regularly and systematically read and organise and collate the observations for each child in their class. The post-its are kept in a class Child Assessment Folder of Evidence (CAFÉ file), each observation filed in a wallet for the particular MNS. This information is used for planning for future teaching.

When there is sufficient evidence that a MNS has been met, the MNS is marked as achieved. The MNS is then deleted from the child's curriculum, and noted as achieved on their progress plan documents. The wallet of observations for that MNS is transferred to the child's Learner Progress File (LPF). This is kept as evidence of progress.

Where there is little evidence of progress for an MNS, the target is reviewed by the team. Different opportunities or approaches may be considered. It may be agreed that the MNS was not appropriate or that it is no longer achievable, and may be changed or removed. This reviewing of MNSs is continuous and is a core part of the effectiveness of the CHILD curriculum.

Each of our learners has a unique and multiple set of challenges:

- All have a severe physical disability, all are wheelchair users, some spend their time on trolley beds
- Very few speak for communication.
- Nearly all have some kind of cognitive difficulty, but there's a massive range from profoundly low levels up to possibly 'normal' levels, but locked in – profound and multiple barriers to learning (PMBL)
- Most have a sensory impairment, some have more than one
- All have complex medical needs
- Some have degenerative conditions

The diversity and multiplicity of the needs and abilities of our learners means that a standard assessment scale, with a predefined set of level descriptors, is impossible to create or use. This means that is not possible to use numerical data to compare the progress of our learners to 'national statistics' or to 'similar' learners in other schools, or to each other.

Similarly, 'expectations of progress over time' (as predicted in such programs as CASPA) is not a meaningful concept for our learners, we never know what to 'expect'. As well as there being no standard measurement tool, as stated above, there are too many factors which affect progress, positively or negatively, in any given timescale. Some examples are:

- operations and the after-effects of these
- altered health states
- drug changes
- lengthy or frequent stays in hospital
- increased or decreased seizure activity
- degenerative conditions
- changes to postural management
- new technology
- changes to domestic circumstance

Our assessment is therefore **ipsative** – we compare our learners with themselves at a previous point in time, describing what they can do now compared to what they could do before. There are no quantitative comparisons, no expectations of numbers of MNSs to be achieved.

In order to ensure that we have the highest expectations of each child's progress, we rigorously monitor our input to them, believing that **if the input to each child's learning is the very best it can be, then the progress made by that child, whatever that is, will be the very best that the child could have made**, (see document entitled 'how is my performance monitored as a teacher at Chailey Heritage School?').



Our summative assessment has two parts:

1. AR learner progress document

This is an annual document written by the teacher in collaboration with therapists, for the Annual Review meeting. It describes the progress made under each of the 5 EHCP headings:

- o Communication & Interaction
- o Cognition & learning
- o Social & emotional well-being
- o Sensory & physical
- o Independence (and community involvement)

This document is descriptive, it gives the context for the progress as well as how it was supported and achieved. The document may also describe additional barriers to learning which have occurred in the previous 12 months, or circumstances which have benefited and accelerated learning.

2. 'My Next Steps Achieved' document

This is a list of the MNSs that have been evidenced as having been achieved. This is kept up to date by teachers on a central document on the network. The evidence for each of these is kept in the child's Learner Progress File.

This document will be kept over the years so that long-term progress can be scrutinised, which is particularly important for those with PMLD who may make tiny steps of progress over long periods of time.

As described at the beginning of this section, we are unable to provide graphs or numerical data on learner progress that has any meaning. Therefore, our summative assessment is described in minute detail for each child, and every teacher is prepared for rigorous scrutiny about the progress they have enabled (see the Learner Progress Interview pro-forma).

3. The Learner Progress File

Each YP has their own LPF in class. This contains all the evidence (on post-it notes) for each MNS that has been achieved.



Proud to be working with our partners, Sussex Community NHS Foundation Trust, Chailey Clinical Services, to deliver properly integrated, highly specialist services to meet education, health and care needs.

Chailey Heritage Foundation is a pioneering charity providing education, care and transition services for children and young people with complex physical disabilities and health needs.



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