



2. Preparing for Inclusive Education

2.6 Preparing the school



Introduction

It is important to remember that inclusion of a child with a spinal cord injury into a school environment is very possible and usually leads to outcomes that benefit all in the school community. Of course, there are a number of factors to consider when a student returns to school with a spinal cord injury. The most obvious is the physical adaptations that may need to be made to a school, but the practices, policies and school resourcing also need to be re-assessed.

The changes that need to be made to the school environment and culture can be valuable to the school community as a whole. Preparing the school to be more inclusive, both in terms of physical changes and policy adjustments can have longer-term benefits beyond the positive experience of just one student. It is also best to discuss and anticipate these adjustments pre-emptively rather than reactively.



[Inclusion] within an educational setting and by involving other services is possible. You have to be determined and assertive at times but it is possible. If that is what the student wants, it's entirely their right to have.

SENCo, Gloucestershire

Suggestions for making preparations

- 1 Use the [Index for Inclusion](#), a resource for helping the inclusive development of schools to make them better places for all students.
- 2 Use the creation of a Single Equality Duty action plan or duty to publish compliance on the Equality Act to facilitate and frame these discussions. For more information see the [Equality and Human Rights Commission guidance](#) or [Department for Education non statutory guidance](#), which helps schools to understand how the Equality Act affects them and how to fulfil their duties under the act.
- 3 Create and regularly update an Accessibility Plan (statutory duty for all schools) that considers changes that may be required for students and staff with different impairments. Changes should include physical adaptations and consideration on how the curriculum and delivery of information can be made accessible for all students.

4 Make the necessary preparations for a student's inclusion in a timely manner so there aren't delays in their return. Using shared job descriptions or checklists of things to put in place can help prevent delays.



Schools should have an accessibility plan which clearly shows how they intend to develop their facilities and the environment to include children and young people with physical disabilities. This raises awareness and shows they are meeting their duty to plan ahead for pupils with disabilities.

Caroline Barnes-Tee, Lead for Physical & Medical Team of Sensory, Physical & Medical Teaching Service, North Yorkshire



All schools should have an accessibility plan setting out how they are going to improve the physical environment of the school to accommodate disabled pupils, increase the extent to which disabled pupils can participate in the school curriculum and improve their delivery of information to disabled children. Funds are available from local education authorities to enable this process.

Angela Gall, Consultant London Spinal Cord Injury Centre, Stanmore

To simplify the types of changes that may need to be made to a school, we have put them into three categories: physical environment, practices and policies. A section at the end will look at how to help resource these changes.

Physical environment

A 2008 study on the school experiences of children and young people with spinal cord injuries showed that nearly all who participated in the study had 'experienced problems, to some degree, accessing the school's physical environment.'* Some of the most common problems reported were with:

- Heavy doors
- Ramps that were too steep (especially with heavy book bags on the back of their chairs)
- Classrooms that were difficult to access (meaning wheelchair users were sometimes isolated from the other students in another part of the school)
- Narrow halls or small classrooms (where students get bumped on the head or cannot manoeuvre)

When a child or young person has a spinal cord injury, an occupational therapist will often visit the school to discuss what requirements they have and what adaptations would be helpful or necessary. This would ideally also include a meeting or conversations with the child and young person so they can input on what they need and require. It is also important to understand that the requirements may change as the child or young person becomes more comfortable using equipment like wheelchairs or begins to better understand what would help them become more autonomous. Some changes that need to be made are likely to be small and not costly.

A speedy preparation is ideal but it can take a lot of time for adaptations if significant changes need to be made. It is not particularly welcoming for a student if their return is

delayed because of building work being done, so ensuring physical accessibility pre-emptively is preferred where possible.

Changes to the physical environment to be considered and discussed with the child, young person, family, and occupational therapist include:

- 1** Temperature control: Children with spinal cord injury above T8 have difficulty regulating body temperature and are susceptible to overheating in hot environments and hypothermia in cold environments. Attention to environmental temperature is therefore important.
- 2** Lifts: Ensure students have access to lifts at any time, ideally with use of their own key.
- 3** Parking: Ensure there is sufficient disabled parking and that any policies related to pick up and drop off do not exclude children or young people with spinal cord injuries.
- 4** Separate units: Some schools create separate units or areas for students with impairments to use for quiet study or to work with a learning assistant. These are called different things – special units, safe zones, quiet area – but can be havens for students feeling overwhelmed or lacking confidence. However use of these areas should be the choice of the student, rather than becoming the place they work when they can't be included in activities that other students are enjoying.
- 5** Special equipment: Some students will be provided with specialist equipment to support learning from an occupational therapist or physiotherapist. Equipment may include adjustable or soft-backed chairs or adjustable ('high-low') tables, adapted shower and toileting chairs, or adapted support for eating and drinking.
- 6** Assistive computer technology: Relevant assistive technology related to using computers includes the following:
 - different sizes of keyboards (larger or smaller)
 - an adapted mouse such as a tracker ball, switch or joystick
 - an integral mouse which is used by moving the lips
 - eye gaze tools that track eye movements to control and move around a computer
 - smartphones or tablets can be good tools for people without much dexterity in their hands but who can swipe
 - voice recognition software (for example [dragon software](#))

The types of assistive technology that a child or young person requires very much depends on the physical limitations they have because of their spinal cord injury. Children or young people may get support during their rehabilitation in hospital or spinal centres in using technology. Advisory teachers for children with physical and neurological impairments are a good point of contact as well as organisations and programmes such as [Aspire grants programme](#), [Aspire assistive technology assessments](#), [AbilityNet](#) and [The ACT Foundation](#) that can help with assessment, funding or information about different types of assistive technology.

7 Toilet / health care room / medical room:

Inadequate or inaccessible toilet facilities at school are a common experience of children and young people with spinal cord injuries. Toilets have been reported as too small, used for storage of other things or free for anyone to use and therefore always

occupied. Students should ideally be given a radar key to use to open the toilet as necessary. One school adapted a toilet for a child with a spinal cord injury, which included a toilet, bed, hoist, shower and shower chair. This meant if the child had an accident they could be supported to clean themselves up at the school in privacy.

“ **Toilets were a key area where the school could have done more. There wasn't anywhere to store or dispose of his catheters and his medication. The disabled toilet was used by other people including teachers who sometimes used it to get changed in, it could also be unlocked from the outside so he didn't feel comfortable using it. The situation caused him lots of embarrassment. I would recommend schools having a disabled toilet with a shower as well in case the student has an accident they can clean themselves up with too much embarrassment.**

Janet, parent of son 17



Bed and hoist



Shower chair

8 Physiotherapy rooms: Some schools have developed a physiotherapy room on school grounds, which means the student does not have to leave the premises to have physiotherapy. However, if physiotherapy is done within school, the times that it is offered should be arranged in agreement with the child or young person and their family so they don't miss out on important social time or lessons.

9 Changing facilities: Ensure that the facilities students use to change for PE or swimming are accessible and adequate or identify other creative solutions so that the child or young person can still access these activities without feeling excluded or singled out.

Practices

All staff need to be made aware of the new requirements of a student who has a spinal cord injury. Adjustments and adaptations may need to be made in a number of areas, including classroom and academic practice, pastoral support and practical day-to-day support. Many of these areas are covered in other sections of the toolkit (2.4; 2.5; 3.2; 3.3).

What is particularly important to remember is that the adjustments and new practices should respond to the new requirements and choices made by the returning student, in line with existing structures, teaching practices and expectations where possible.

“ **Inclusive practices should already be part of the approaches to teaching and learning in a school. On a practical level, issue each department with a personal learning profile of the student detailing their revised, learning needs. The departments should think about how they will address the student’s needs – how will they adapt teaching strategies and activities. It’s down to the teachers to think of how to make their subjects fully accessible and provide learning opportunities in the student’s preferred learning style. Flexibility may be required with timetabling. For example, our student requires a slightly later start to the school day now. Her timetable has been created with that in mind. The teaching rooms she uses are equipped with technology to make recording and participating in the lessons easier.**

SENCO, Gloucestershire

Policies and procedures

When a student with a spinal cord injury enters or returns to a school, it is important to review – and likely revise – the school’s policies.

“ **We review our policies with regard to Health, Safety, Accessibility and Special Educational Needs provision regularly. At the time that our student returned to school after her rehabilitation, many physical adaptations were made and we work in an anticipatory capacity to ensure she has full access to the buildings and curriculum. We also have medical and evacuation plans. We meet termly to discuss these matters and an update of our student’s needs is always on the agenda – but we do take a wider view of accessibility for all. It is useful to do review regularly because the student’s needs constantly change.**

SENCO, Gloucestershire

It should be kept in mind that all policies should be as inclusive as possible – that is, their outcomes should not separate or exclude the student from the ordinary day-to-day activity of the school. A good way to ensure this is to first write an inclusion policy or statement and then use it to interrogate all school policies with questions like ‘Will this policy or its enforcement exclude any pupil? If so, how can that be avoided?’

Policies specifically relevant to a child or young person with a spinal cord injury, such as risk assessments, should be written and revised alongside the child or young person and their family.

They should also be regularly reviewed, both within school staff teams and with the child or young person and their family.

Some suggestions on writing and developing individual inclusive policies follow:

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Schools often say they are very accessible but the occupational therapists visit the school together with the young person and family and not everything is as accessible as the school thinks. Someone has the key to the toilets and students don’t have access to them, or the ramps are too steep and the doors too heavy to open independently. We really want schools to think to think about all kinds of things like inclusion on school trips.

Jo Jones, Teacher in Charge, Blueprint Hospital Teaching Service, Stoke Mandeville Hospital

1 Develop a statement of inclusion or inclusion policy: such a statement should be developed and written in a collaborative way, involving all levels of the school community. Examples: [Calder High School Inclusion Policy](#)
[Paddock Wood Primary School Inclusion Policy](#)

2 Health and safety: understand what is required in terms of wheelchair safety and balance this with a need for social interaction and inclusion. Through consultation with the young person and their family the school should find a balance between safety and independence. Some of our recommendations include:

- Allowing other students to push their wheelchair
- Looking at how to make heavy fire doors more accessible (e.g. can they be left open when students move classrooms and then shut during lessons?)
- Deciding on whether early release from classes is both helpful and what the child/ young person wants

3 Evacuation plans and maps: ensure the school has an evacuation plan and map for anyone in the community who is a wheelchair user. Students and families should also be informed of this plan so they know what to expect.

4 Manual handling: ensure there is consistency across staff and consideration about what to do in different circumstances (e.g. if the student falls out of their wheelchair)

5 Independence: see that the student has their own key for the lift and for the accessible toilets.

6 Flexibility:

a) provide sufficient time for students to change for PE if required. However, some students have reported feeling singled out if they need to leave another class early to change for PE or to get to the lunch room. If that is the case, consider other solutions, such as allowing the student to come to school in gym clothes on PE days or setting up a peer support scheme to help students get places on time in a social way.

b) be flexible about practices and policies that can be adjusted to accommodate the student's new requirements

- Visits to the toilet
- Coursework deadlines
- Coming and going – attendance
- Drinking or snacking
- Seating plans

7 Risk assessments: work with the child or young person, as well as the family, to agree individual risk assessments through a drafting process rather than just presenting the final version.

8 Fire safety: devise a fire safety plan that works with the student's requirements and carefully considers the situation (e.g. is the nearest exit going to be against the flow of traffic and bodies?)

Resourcing and funding

Many of the changes and adaptations discussed in this section and throughout

the toolkit cost little to nothing to implement. However, some changes like physical adaptations, equipment and support staff do incur additional costs. Research suggests that school building adaptations is often related to availability of funding from the local authority and the attitude towards disability of the school and the local authority.

Changes may be made alongside a school's accessibility plan and in response to equalities legislation. It may require careful planning and persistence with a local authority. All local authorities provide funding through different mechanisms and some draw from the Schools Access Initiative funding provided by the government. Two main funding streams that support the educational and health needs of school children and young people with a spinal cord injury are:

1 Education: Exceptional Needs Funding (ENF)

ENF covers costs of the child's educational needs, e.g.

- physical access to the curriculum, which includes specialist equipment for physical education or practical access
- access to the curriculum, which includes a Teaching Assistant or 1-1 support

Schools should contact the advisory teacher who will carry out an access visit, looking at the school site and assess what work needs to be done. The advisory teacher will then liaise with the local authority building team to draw up a plan of action.

Buying small pieces of equipment (e.g. writing slope or special pencil) may be expected to come from a school's own budget but larger items will often be covered by a local authority's budget.

2 Health: Complex Care Funding

Schools start the process by applying to complex care panel, which decides how many hours funding the child can receive. Complex care covers specific support costs of medical interventions, such as catheterisation or managing a tracheotomy. It does not cover giving medication or any moving or handling support.

Contact the advisory support teacher or relevant department in your local authority for further details and support on resourcing adjustments.

“ Before the school can apply for complex care funding, they need to involve the school nurse, devise a health care plan with the child, have a common assessment framework (CAF) in place and seek advice from the consultant nurse for children of complex health needs. Before applying for ENF the schools should seek advice from educational psychologists and advisory teachers.

Gemma Cannon Jones, Specialist teacher for children with physical and neurological impairments, Hertfordshire

3 Transport:

If a child or young person needs adapted transport, this should be outlined in their SEN statement (if they have one) and provided by the local authority. See the toolkit section on transport for further information.

* From Knight, A, Petrie, P, Potts, P and Zuurmond, M. (2008) [The school lives of children and young people with a spinal cord injury](#). Thomas Coram Research Unit, Institute of Education, University of London. Report to the Back-Up Trust.

Resources

- [Becta guide for support assistants and ICT](#)
- [Accessible Schools: Planning to increase access to schools for disabled pupils](#): DfES guidance, 2002. This does not reflect current policy; however has useful guidance on how to develop an accessibility strategy.
- [Centre for Studies on Inclusive Education](#)
- [KIDS Nothing Special guidance](#): an online toolkit that explores inclusion of all disabled children and young people in public services
- [Equality and Human Rights Commission](#) guidance which helps schools to understand how the Equality Act affects them and how to fulfil their duties under the act.
- [Aspire grants programme](#)
- [Aspire assistive technology assessments](#)
- [AbilityNet](#)
- [The ACT Foundation](#)