



DEVELOPING PROFOUND AND MULTIPLE LEARNING DISABILITY PROVISION IN THE FURTHER EDUCATION AND SKILLS SECTOR

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INTRODUCTION

This resource has been developed for the Education and Training Foundation by Natspec to support providers who are currently – or who plan to be – working with learners with profound and multiple learning difficulties (PMLD). Natspec has a wealth of experience in this area and is pleased to share that with the wider sector. Although there are many challenges to working with learners with PMLD, it is also enormously rewarding. With a carefully planned and well-resourced approach, providers can make a huge impact on the outcomes and quality of life of PMLD learners, both while they are on-course and for many years afterwards.

AIM

The aim of the resource is to support the development of high-quality provision for learners aged 16+ with PMLD. Over the last ten years, education providers have experienced an increase in numbers of young people who have a range of complex medical and health conditions along with severe and profound learning difficulties. This change reflects the small but growing number of young people with PMLD who are completing their school education and, like their peers, making a transition into further education. This increase in numbers is related to improvements in neo-natal care and access to medical treatments and procedures that enable people with PMLD to thrive beyond previous expectations.

This small but significant increase in demand for educational placements for young people with PMLD has taken place during a time of policy review and reform.

The introduction of the Children and Families Act 2014, the Special Educational Needs and Disability (SEND) Code of Practice, that includes post sixteen provision and the decision to delegate high needs funding to local authorities

have all influenced and impacted upon the provision of education for this cohort of learners. The new SEND system now embraces children and young people from birth until the age of twenty-five. This change has led to an expectation from many families that their young people with SEND, including those with PMLD, should be able to continue their learning beyond the age of 19.

Much of the increased demand for PMLD provision has been focused on general Further Education Colleges while numbers of PMLD students at specialist college, both day and residential have remained steady.

In 2018 Public Health England reported on the numbers of children and young people with PMLD within primary and secondary schools in England. From 2010 to 2018 there was

10,032

TOTAL NUMBER OF SCHOOL-AGED PUPILS IN ENGLAND
WITH AN ASSESSMENT OF PMLD IN 2018*

*PEOPLE WITH LEARNING DISABILITIES IN ENGLAND – PUBLIC HEALTH ENGLAND, 2018

an increase of 1,352 pupils with an assessment of PMLD, taking the total number to 10,032.

This is a relatively small number of young people compared to the total population of young people and those with special educational needs and disabilities. It is however, a significant number, as PMLD young people require the highest levels of support, care and access to specialised educational opportunities, including staff who have the expertise to engage with and meet health and care support needs.

The resource is aimed at all providers who are striving to develop provision where young people with PMLD can make progress towards good life outcomes, achieve their potential and be prepared for adult life.

DEFINITIONS

Available literature in this field continues to debate a specific definition of PMLD that can be used across education, health and social care sectors, who all use a range of assessment tools and thresholds to make decisions about appropriate levels of learning, care and support.

This resource used the 'working definition' from the Core and Essential Service Standards

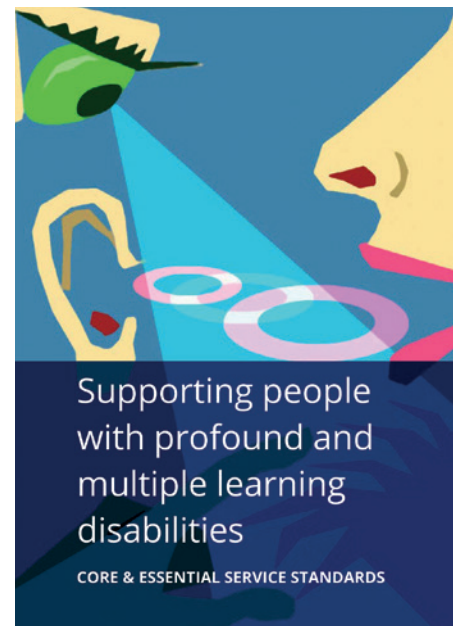
www.pmldlink.org.uk/wp-content/uploads/2017/11/Standards-PMLD-h-web.pdf

'Children and adults with PMLD have more than one disability, the most significant of which is a profound intellectual disability. These individuals all have great difficulty communicating, often requiring those who know them well to interpret their responses and intent. They frequently have other, additional, disabling conditions'.

(Core and Essential Service Standards, 2017 pp.12)

PMLD CORE AND ESSENTIAL SERVICE STANDARDS:

This set of standards was developed in 2017 by a group of multi-disciplinary practitioners who identified that people with PMLD and their families and carers continue to struggle to receive appropriate care and services. There are a set of standards to enable organisations to review the quality of provision and a set for individuals, explaining the type of care and support that should be in place for every person with PMLD. It is highly recommended that sector providers review the standards in conjunction with this resource.



THE FURTHER EDUCATION AND SKILLS SECTOR

The Further Education and Skills sector has a long tradition of providing educational opportunities for learners with learning difficulties and disabilities. It may be useful to consider young people with PMLD within the terms of 'pre-entry' or working at a 'pre-formal' cognitive level. Within any group of young people with PMLD there will be a wide range of learning, care and support needs and usually the combination of these needs will require on-going support with most aspects of daily living and frequently require specialist input from a multi-agency team. Needs can change over time, as can advances in medical, therapeutic and assistive technology that will enable people to lead healthier and more fulfilling lives.

Most of the literature relating to curriculum development and assessment of learning for PMLD learners has developed from the school sector where the increase in numbers of this cohort was first experienced. With greater numbers of young people now moving into further education this is an urgent area for further research and dissemination of good practice.

Providers who contributed to this resource described within their PMLD cohorts two distinct groups of learners. Learners who had a range of multi-sensory impairments, physical, medical and health needs, along with

those who, in addition, also required specialist behavioural support. This group of learners frequently also had a diagnosis of autism. Developing provision for both these groups of learners can present challenges, with the former group benefitting from a high intensity multi-sensory environment and the latter from a low-arousal one. There is also cross-over between both groups and learners who move between a definition of PMLD and severe learning difficulty.

The term 'PMLD' is used within this resource to include all young people who are at the earliest levels of communication and cognition. There are current debates around how useful the term PMLD is to describe a group of people who have a wide range of learning, care and support needs. As the sector becomes better informed around meeting the very individual needs of this group of learners, descriptions and labels will no doubt change. This will be welcomed as providers continue to strive to offer inclusive learning opportunities. It remains central that learners are regarded as people first, with their own aspirations, needs and individual ways of being. It is the sector's privilege to work with young people with PMLD, being a part of their journey into adulthood.

PMLD

THE TERM PMLD IS USED WITHIN THIS
RESOURCE TO INCLUDE ALL YOUNG PEOPLE
WHO ARE AT THE EARLIEST LEVELS
OF COMMUNICATION AND COGNITION



CONTRIBUTORS

This resource was developed through conducting in depth interviews with established providers of PMLD programmes, of which, two were specialist colleges and two general further education colleges. The information was further added to by visits to two of the providers. The resource was informed by research and insight from authors in the field and from wider learning in the sector provided by Natspec.

Thank you to the following contributors, including the learners at all provisions, for providing detailed insight, guidance and honest appraisal of how to develop high quality provision for PMLD learners:

Weston College, National Star College, The Seashell Trust and Oaklands College. Acknowledgements to the learners from these colleges and the Chadsgrove Educational Trust and Bridge College for permission to use photographs.

It was evident from all providers involved that whilst this area of work can be challenging, it brings with it the immense benefit of developing a specialised workforce with the knowledge and skills to deliver educational opportunities to some of the most marginalised and excluded young people in society.

Working with PMLD learners is rewarding in part because of its complex and challenging nature. When delivered well, this work generates compassion, enjoyment, creativity and commitment, that all enhance a wider organisational culture and practice.



THANK YOU TO THE 4
CONTRIBUTORS FOR
THEIR DETAILED INSIGHT,
GUIDANCE AND HONEST
APPRAISAL

KEY MESSAGES

The five key messages from providers were:

- 1** Listening to the voice of the learner and providing a responsive environment is essential in the delivery of meaningful and developmentally appropriate learning opportunities. This can and does change the future lives of young people with PMLD.
- 2** Organisations must make a strategic commitment to understanding the highly specialised needs of PMLD learners and have a planned approach to meeting their needs. This requires organisations to understand and deliver on the equipment, resources, staffing levels and staff continuing professional development required to create high quality provision.
- 3** Staff teams working with PMLD learners must be led and managed by people who can create a strong ethos of teamwork, based on shared principles, partnership working and positive attitudes to overcoming barriers.
- 4** Successful outcomes for PMLD learners are reliant on investment in transition planning, both into and out of further education provision. This requires flexibility in planning timetables and staffing and an investment in dedicated transition staff to support this process.
- 5** Provision must be highly individualised, person-centred and holistic in nature, this involves effective partnership working at strategic and operational levels, with a wide range of stakeholders and parents and carers.

RECOMMENDED READING AND USEFUL LINKS

Colley A. (2013)
Personalised Learning for
Young People with Profound
and Multiple Learning
Difficulties. London.
Jessica Kingsley Publishers

Collis M. and Lacey
P. (1996) Interactive
Approaches to Teaching.
London.
David Fulton.

Grace J. (2018)
Sensory-Being for Sensory
Beings. Oxon. Routledge

Grace J. (2020) Multiple
Multi-Sensory Rooms.
Oxon. Routledge

Hinchcliffe V. and Imray
P. (2014) Curricula for
teaching children and
young people with severe
or profound and multiple
learning difficulties. Oxon.
Routledge.

Nind M. and Hewett D.
(2001) A Practical Guide
to Intensive Interaction.
Kidderminster. BILD

Ware J. (1996) Creating a
Responsive Environment
for People with Profound
and Multiple Learning
Difficulties. London.
David Fulton.

Phoebe Caldwell, expert in intensive interaction
www.phoebecaldwell.co.uk

PMLD Link Journal
www.pmldlink.org.uk

Education and Training Foundation. Excellence Gateway for
SEND
www.send.excellencegateway.org.uk/teaching-and-learning

Natspec
www.natspec.org.uk/study-programmes/rarpa

Raising Our Sights 2010
www.mencap.org.uk/advice-and-support/profound-and-multiple-learning-disabilities-pmld/raising-our-sights-guides

Supporting People with Profound and Multiple Learning
Disabilities. Core and Essential Service Standards. 2017
www.pmldlink.org.uk/wp-content/uploads/2017/11/Standards-PMLD-h-web.pdf

Education Inspection Framework. Further Education and
Skills 2019
www.gov.uk/government/publications/further-education-and-skills-inspection-handbook-eif

Helen Sanderson Associates Person Centred Thinking Tools
www.helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools

Preparing for Adulthood
www.preparingforadulthood.org.uk

Skills for Health
www.skillsforhealth.org.uk/services/item/449-learning-disabilities

Model of Engagement (Used in schools but material is relevant
for assessing levels of engagement for post 16 learners with
PMLD)
www.gov.uk/government/publications/the-engagement-model

KEY LEARNING AREAS

How to use the resource:

The resource has fifteen themes developed from the conversations with providers. In each theme there are a set of key learning points from providers, a case study example and links to additional resources.

For each theme there is also a self-audit tool that providers can use to review what is currently in place and identify future priorities. This can be used by leadership teams and practitioners to support the development of high-quality provision. Organisations can select the themes of greatest interest to them and where the self-audit tool will most support quality improvement.

Contacts for further information and to give feedback on this resource:

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THEME 1

ASSISTIVE

TECHNOLOGY

Key Learning from Providers:

- Many young people with PMLD will benefit from assistive technology to support their communication and cognitive development.
- This can include using switch enabled equipment to understand cause and effect, software on tablets or iPads, touch screen activities, eye gaze technology.
- Assistive technology should be bespoke to the individual, linked to their learning outcomes and embedded in their personalised programmes.
- Providers will need to consider purchasing assistive technology that will benefit PMLD learners to become more independent and have more control in their lives.
- Assistive technology resources may travel with the young person when they leave school. Providers must ensure that transition planning includes understanding how this equipment can support learning and that it can continue in their new place of learning.
- Learners' needs may change over time, so providers will need to ensure there are regular reviews of how assistive technology supports learning and development.
- Providers should assess if assistive technology previously used at school remains appropriate for the young person to make progress towards outcomes in their EHC plans.
- Providers will need dedicated assistive technologists or staff with a specialism in this area to ensure equipment can be used for the correct purpose, maintained, stored and updated as required.
- Speech and language therapists play a key role with assistive technologists in assessing how assistive technology can improve communication and cognition.
- Occupational therapists and physiotherapists provide support around the correct positioning and accessibility of assistive technology for individual learners.
- The wider staff team will need training on how to use assistive technology as a general resource for teaching and learning and for specific learners.
- Providers must consider how learners will use assistive technology when they leave their current place of learning and work with health and social care providers, parents and carers to ensure skills learnt can continue and be built on. This may require accessing or making referrals for funding to purchase specific resources.

CASE STUDY: WESTON COLLEGE



Weston College recognises the important role that assistive technology has in the lives of PMLD learners. They have specific staff members with a remit for assistive technology who link into the Natspec TechAbility service.

There is a 'digital advocate' within the college library who has specific SEND knowledge and this enables the whole college to benefit from understanding how assistive technology supports learning and empowers young people.

Weston College has recently purchased an interactive 'magic table' that projects images onto a surface. Using touch screen technology, learners can move and change images. Learners use this to develop their understanding of cause and effect, practise turn taking, choice making and independence skills.

This technology is supporting progress towards individual learner outcomes. This equipment was purchased through a bid made by staff from the sensory learning base to the wider college.

THERE IS A 'DIGITAL ADVOCATE' WITHIN THE COLLEGE LIBRARY WHO HAS SPECIFIC SEND KNOWLEDGE.

Links to Additional Reading and Resources:

www.natspec.org.uk/about-us/services/assistive-technology/

www.techability.org.uk/techability-standards/

www.excellencegateway.org.uk/content/etf2851

www.inclusive.co.uk/Lib/Doc/pubs/switch-progression-road-map.pdf

www.helpkidzlearn.com/

www.togetherforshortlives.org.uk/get-support/supporting-you/family-resources/assistive-technology/

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

■ Priority action

■ In place but requires development

■ In place and working well

Theme: Assistive Technology				Action Required
Is there a dedicated assistive technologist or staff with specialist knowledge? Is this post used effectively? If not, what needs to change?				
Are there external partnerships that support the use of assistive technology and can these be further developed?				
Is assistive technology identified that learners use or will need during transition into the further education setting?				
Are there individual assistive technology profiles for learners that show how using assistive technology supports progress and achievement?				
Are speech and language therapists, physiotherapists and occupational therapists involved in planning the effective use of assistive technology?				
Is the use of assistive technology linked to learner targets and EHC Plan outcomes? Is specific assistive technology identified in learners' EHC plans?				
Does assistive technology support learner independence, communication and cognitive development?				
Is there allocated funding for purchasing assistive technology and for maintaining and replacing equipment?				
Does the wider staff team understand how to use assistive technology with individuals and groups of learners? Is training and CPD in assistive technology offered?				
Is assistive technology identified that learners will continue to benefit from after they leave their current setting? Is there work with health and social care providers to ensure learners can continue to access this in the next stage of their lives?				
Are parents and carers supported to understand how assistive technology can be used at home and in the wider community? Is there support to advise parents and carers how to purchase and maintain assistive technology?				
Are their links to support provision of assistive technology and ensure new resources are kept up to date?				

THEME 2

CURRICULUM

Key Learning from Providers:

- A curriculum for PMLD learners must be personalised to the learning needs of the individual. It must be designed around the young person rather than fitting young people into a pre-designed set of learning opportunities.
- The purpose of the curriculum is to enable the learner to have more control and to increase the level of engagement in the world around them, preparing them for the next stage of their lives.
- A personalised curriculum should take account of the aspirations and outcomes within a young person's Education, Health and Care Plan. These should be working towards the aims of Preparing for Adulthood.
- Curriculum planning should be ambitious for young people, appropriate to their age and developmental ability.
- Providers should use a 'co-production' approach to plan a curriculum with the learner.
- A personalised curriculum starts with what is important to the young person and what motivates them to learn. Learning activities must be meaningful to the individual.
- Building positive social relationships with staff is crucial to developing the young person's skills and knowledge.
- Staff are facilitators of learning, working 'with' learners rather than doing 'to' them.
- Key elements of a PMLD curriculum will include communication and social interaction, cognition, self-determination and citizenship, independence, multi-sensory and physical therapy and movement.
- PMLD learners can and do participate in work-based learning opportunities.
- English and maths should be embedded within the personalised curriculum, this can be expressed as communication and problem solving such as object permanence.
- The curriculum should provide opportunities for learning across the whole of a learners' timetable, with the specific subjects providing the context for learning.
- Routine and consistency are essential for learning.
- Repetition is a key feature of any learning opportunity. Activities will need to be repeated many times to be learnt before they can be varied to offer more challenge.
- Learning activities should be sequenced appropriately to consolidate learning.
- Staff will need to work with a trans-disciplinary approach to ensure the curriculum is holistic and person-centred.

CASE STUDY:

NATIONAL STAR COLLEGE

THE SUBJECTS ARE VEHICLES FOR THE HIGHLY INDIVIDUALISED PROGRAMME OF STUDY BUILT AROUND WHAT THE LEARNER ENJOYS AND IS MOTIVATED BY.

At National Star College the focus of the curriculum is on engagement and interaction. This involves embedding a total communication approach that includes Intensive Interaction, therapies, such as speech and language therapy and physiotherapy and behaviour support.

The learners' personalised programme is based upon their EHC Plan, that is reviewed before the learner starts at college. Learners participate in a range of classes including creative arts such as music, art and drama.

The subjects are vehicles for the highly individualised programme of study built around what the learner enjoys and is motivated by. British values are incorporated into the curriculum linked to the learners' communication skills, for example being able to respond to people 'yes' or 'no' is an expression of democracy.

Links to Additional Reading and Resources:

www.preparingforadulthood.org.uk/

www.helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/

www.excellencegateway.org.uk/content/etf2942

The following examples of PMLD curricula were developed in schools where there has been the most available research around curriculum planning. The links below may be of interest when designing a post 16 curriculum based on preparing for adulthood aims.

www.equals.co.uk/pre-formal-pmld-curriculum/

www.argyll-bute.gov.uk/sites/default/files/Unknown/the_bridge_pmld_curriculum_2013.pdf

www.ccea.org.uk/learning-resources/quest-learning

www.chf.org.uk/Part_1_The_CHILD_Curriculum_-_September_2017_2.pdf

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

■ Priority action

■ In place but requires development

■ In place and working well

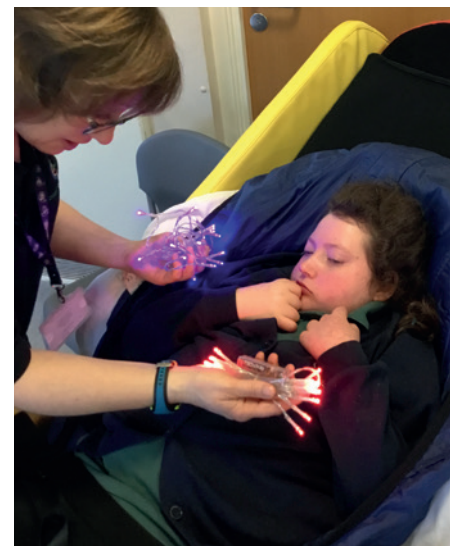
Theme: Curriculum				Action Required
Are there personalised curriculum pathways based on individual learner aspirations and outcomes?				
Does the curriculum focus on preparing young people for the next stage of their lives using the Preparing for Adulthood aims of employment, education, training, health, independent living and friends, relationships and community?				
Does the curriculum have ambitious aims for all the learners that link to their aspirations?				
Does the curriculum include all the following elements; communication and social interaction, cognition, self-determination and citizenship, independence, multi-sensory and physical therapy and movement?				
Are there opportunities to co-produce the curriculum with learners?				
Are the learning activities meaningful for the learners, repeated, consistent, creative and enjoyable for the learners?				
Are all staff involved with the learner also involved in planning their curriculum and their learning activities? (trans-disciplinary approach)				
Does the provision recognise that learning can take place at any time during the day, including at lunch, break-times, during personal care, accessing transport and therapy sessions?				
Does the curriculum enable staff to build a 'communication partnership' with learners that supports interaction and engagement?				
Are learning activities both age and developmentally appropriate?				
Do staff understand what English and maths means for PMLD learners? Is this embedded and evident in learning activities?				
Is there a multi-sensory approach within the curriculum?				

THEME 3

ENVIRONMENT

Key Learning from Providers:

- Buildings will require specialised adaptation to ensure learners' needs can be met.
- The learning environment directly impacts on how learners access the curriculum.
- Providers will need much larger classroom sizes due to the resources, equipment and additional number of staff that are likely to be needed.
- Multi-sensory spaces can be created in classrooms or specific rooms can be developed for multi-sensory learning. This equipment does not have to be expensive.
- Access to a hydrotherapy pool and to rebound facilities is beneficial to learners.
- Access to an outdoor learning space provides variety and sensory learning opportunities.
- Having rooms that can be used flexibly for different groups of learners or activities is useful.
- There must be sufficient storage space for large items such as standing frames and side lyers that can be moved around when necessary. Equipment and resources must be stored safely to keep the learning environment safe.
- A range of personal care facilities will be required e.g. changing bed and hoist, disabled access toilets and toilets for staff and visitors.
- Learners will usually bring personal care equipment such as boxes of pads or enteral feeding equipment with them and this will need to be stored safely.
- Accessible technology should be available in all rooms.
- Buildings must have accessible and safe entry and exit points.
- All classrooms or therapy spaces will need overhead tracking hoists so learners can follow their postural management plans and benefit from movement activity.
- Providers will need to consider where medicine will be stored and administered to learners.
- The location of the building should enable learners to access wider parts of the provision and support opportunities for inclusion.
- Parking space will need to be sufficient for the volume and types of transport that will be used.



CASE STUDY: WESTON COLLEGE



Weston College's sensory learning base developed as the need for local further education provision for PMLD learners grew. It was evident that this group of learners required a bespoke building. The college identified a disused motor vehicle workshop and this was refurbished specifically with a PMLD cohort in mind.

The building is part of the main college, with separate entry and exit points that would suit some learners who required a low arousal environment. The sensory learning base is for sixteen learners.

It has two large teaching spaces, a sensory area, a large adapted independent living skills area, staff rooms, personal care facilities and a large vestibule area at the entrance. All rooms have overhead tracking hoists fitted. Learners benefit from the space available and can also use the wider college facilities along with having easy access to local community activities.

THE COLLEGE IDENTIFIED A DISUSED MOTOR VEHICLE WORKSHOP AND THIS WAS REFURBISHED SPECIFICALLY WITH A PMLD COHORT IN MIND.

Links to Additional Reading and Resources:

www.mencap.org.uk/advice-and-support/profound-and-multiple-learning-disabilities-pmld/pmld-postural-care
www.pmlmlink.org.uk/issue/the-environment/
www.pmlmlink.org.uk/issue/multisensory-environments/
www.changing-places.org/

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

■ Priority action

■ In place but requires development

■ In place and working well

Theme: Environment				Action Required
Is there a purpose-built facility that can meet the needs of existing and future learners with PMLD?				
Is there funding to develop a building to be used for PMLD learners and have all costs been identified?				
Is a new or refurbished building being considered? Has this been influenced by visiting established PMLD providers to support the thinking and planning?				
Are there personal care facilities, medical rooms, therapy spaces that are designed for use by PMLD learners?				
Can learners move easily around the building and does this promote their independence?				
Is there a specific multi-sensory room or are classrooms designed to also be multi-sensory spaces?				
Are there low arousal spaces?				
Is there space for staff rooms and meeting rooms?				
Are specialised kitchen facilities to prepare food available?				
Are there tracking hoists in all areas of the facility?				
Is accessible technology in use across the provision?				
Is there enough storage for the equipment and resources needed?				
Does the building have easy entrance and exit? Is there a safe area for vehicles and transport?				
Is there a safe and accessible outside space that will promote learning and social interaction?				
Can learners move easily between buildings and access other facilities to promote inclusion opportunities?				
Is there access to a hydrotherapy pool, rebound facilities or a large gym area for physical activity or sensory regulation?				
Do learners have access to local community facilities?				

THEME FOUR

EXTERNAL

PARTNERSHIPS

Key Learning from Providers:

- Developing key relationships with local authority SEND commissioners and SEND officers will support developing a high needs provision.
- Decisions about costs and high needs funding need to be negotiated and providers need to have a clear process for setting fees for learners who will have diverse and complex needs.
- Providers will need to demonstrate that funding is being used effectively and efficiently to ensure learners' make progress against their EHC Plan outcomes.
- Opportunities to invite local authority commissioners and SEND officers to events on site will strengthen relationships and build stronger partnerships.
- Local authority reviews of provision should be welcomed as opportunities to showcase high quality provision
- Providers should develop links with local schools and understand the needs of young people who are moving through the education system, this will inform future planning.
- Working in partnership with other learning settings is an effective way to provide specialist training and plan how to meet local needs.
- Providers should invest in building connections with social care, health and supported employment services to enable smooth transitions from their current place of learning.
- Providers should contribute to local authority strategic planning for adults with PMLD such as supported housing schemes and employment projects.
- Working with learners' health and social care services throughout their time on course will contribute to a more successful transition process.
- Building relationships with community learning disability teams before learners leave their current place of learning will support transition planning.



CASE STUDY: OAKLANDS COLLEGE



Oaklands College has, over time, developed a strong relationship with their local authority. This has enabled the college to plan effectively for PMLD learners to attend their provision.

Local authority SEND officers work on site at the college to support young people's educational progress, including meeting with parents and carers. In addition to this, the college is part of a tripartite arrangement between the local authority, local schools and the college to fund transition support workers. This leads to improved information gathering and transition planning.

The college also commissions local authority therapy services such as occupational therapy and speech and language therapy to work within the college.

LOCAL AUTHORITY SEND OFFICERS WORK ON SITE AT THE COLLEGE TO SUPPORT YOUNG PEOPLE'S EDUCATIONAL PROGRESS, INCLUDING MEETING WITH PARENTS AND CARERS.

Links to Additional Reading and Resources:

www.natspec.org.uk/leadership-and-management-2/funding/

www.gov.uk/government/publications/high-needs-funding-arrangements-2019-to-2020

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

- Priority action
- In place but requires development
- In place and working well

Theme: External Partnerships				Action Required
Has the provider established a strategic working relationship with local authorities placing learners in the college?				
Are costs for individual learners clear? Is banding or another system in use? Can the provider demonstrate good value for money?				
Are there close, effective operational partnerships with local authority SEND Officers?				
Are local authority high needs reviews used to highlight the strengths of your provision, raise awareness of need and build stronger relationships?				
Does the provider contribute to strategic planning for PMLD adults in the local authority they originate from?				
Are there any part funded joint roles across education, health and social care that support learners progress and achievement and transitions? Are there possibilities for this?				
Are there close working partnerships with local schools and SENDCO forums and does this support future planning for numbers of PMLD learners and understanding the range of needs?				
Are there partnerships with social care teams and social care providers? Is there an awareness of services available locally for young people?				
Is transition planning coordinated with external partners in the local authority, health and social care?				
Is there a partnership with Community Learning Disability teams around the health and well-being needs of learners? Are there possibilities to develop this?				

THEME FIVE

INCLUSION IN THE

WIDER COMMUNITY

Key Learning from Providers:

- PMLD learners benefit from experiencing the world around them in different ways and this includes being part of different communities e.g. creative arts societies, faith and cultural groups, sport and leisure clubs, volunteering and workplaces.
- PMLD learners live and study in diverse communities they are a part of. Providers should encourage awareness and understanding of the benefits this brings to individuals and communities. This should be celebrated.
- Providers must consider the opportunities learners have to make friends and take part in community activities, both inside and outside the learning setting.
- Raising awareness of PMLD learners in the local community can bring mutual benefits to the provider and the community.
- Providers have a responsibility to prepare learners for life after they leave their place of learning and this involves identifying community activities that enable young people to continue activities that enhance their quality of life.
- Participation in activities within the place of learning, in meaningful ways, encourages learner engagement and builds social relationships.
- Where community facilities are inaccessible for PMLD learners, it is possible to work with the local community to change this, raise awareness and promote inclusion.
- Going into the local community can be staff intensive. A learner who requires one to one support on the provider's premises may require more support in the community. Providers need to consider this before a learner commences their placement and seek agreement for funding for additional staffing.
- Providers need to consider how to access the local community, if they are using public transport or adapted vehicles.
- Community trips, visits and activities should link to learners' targets and long-term outcomes in their EHC plan. These should be monitored with the same rigour as other targets.
- PMLD learners can and are active citizens within different communities. Providers can further support this by involving learners in national campaigns and social action projects. This will develop learners 'cultural and social capital'.

CASE STUDY: SEASHELL TRUST

THIS NOW MEANS THAT PMLD LEARNERS AND OTHER YOUNG PEOPLE CAN COMPLETE WORK EXPERIENCE PROGRAMMES AT THE COMMUNITY CENTRE.

Seashell Trust works closely with the local community to ensure PMLD learners can access community facilities. They worked closely with a local community centre who fund raised to add a hoist to their facilities. This now means PMLD learners and other young people can complete work experience programmes at the community centre.

Seashell Trust is in the process of developing an inclusive sports centre with a rise and fall hydrotherapy pool and a sports centre. This will also be open to the local community.

PMLD learners will benefit from sharing their college community with other local residents who, in turn, will benefit from high quality facilities and having an opportunity to meet amazing young people.

Links to Additional Reading and Resources:

www.changing-places.org

www.councilfordisabledchildren.org.uk/news-opinion/news/friends-relationships-and-community-inclusion

www.mencap.org.uk/about-us/what-we-do/mencap-sport

www.preparingforadulthood.org.uk/downloads/friends-relationships-and-community

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

■ Priority action

■ In place but requires development

■ In place and working well

Theme: Inclusion in the wider community				Action Required
Do PMLD learners participate in activities across the FE provision and are they meaningful for them?				
Are staff confident to support PMLD learners in activities across the FE provision and where appropriate act as their advocates?				
Are PMLD learners contributing to the wider organisation? Is this recognised and valued e.g. PMLD learners feature in organisation-wide news and promotions?				
Do PMLD learners take part in wider local community activities? How do these link to learners' interests and EHC Plan outcomes?				
Are levels of staffing assessed for community trips before learners start at the FE provision? How are levels of staffing managed for community trips?				
Is there recognition and celebration of the communities that learners are a part of outside of the learning setting? How does this enhance the provision?				
Are there links with community organisations that share the same values and welcome the learners? How could these be developed?				
Are there adapted vehicles and are staff trained to use wheelchair clamps?				
Is public transport used and do staff know how to manage this safely?				
Are learners involved in national campaigns and social action projects? How do they support progression towards learners' targets and outcomes in their EHC Plans?				
How does the provision support learners' citizenship? How do learners gain 'cultural and social capital' and how can they use this when they leave the learning setting?				

THEME SIX

LEADERSHIP

VISION & VALUES

Key Learning from Providers:

- Programmes for PMLD learners require commitment and on-going support from senior leadership teams if they are to flourish and gain an outstanding reputation. This is a critical success factor for high quality PMLD provision.
- Where senior leaders promote PMLD provision effectively across their networks this has mutual benefits for the provider and the PMLD programmes.
- When senior leaders understand and can see the impact that further education has on the lives of young people with PMLD, their families and carers, this message will be shared across the whole college.
- Where the most senior leaders champion the cause of PMLD in their organisations this gives PMLD programme areas the flexibility to develop creative approaches to curriculum design and delivery. This is because the specialist nature of this work is valued and celebrated.
- Teams benefit from a shared set of values and a vision for what they are trying to achieve. It is important that PMLD programme managers can articulate these to the wider organisation, sharing expertise in the design and delivery of individualised learning programmes.
- When this is done well it is mutually beneficial to PMLD programmes and to other departments who can benefit from the specialist pedagogical knowledge of staff.
- PMLD programmes may be the most staff intensive in the organisation. Learners and staff should feel they belong to a whole organisation and are included in its everyday life.
- Equality of educational opportunity does not mean PMLD areas have to fit into organisation-wide processes in the same way as other departments. When an organisation understands PMLD provision from the top down it can harness the skills of highly specialist staff to provide high quality provision that meets the needs of PMLD young people.



CASE STUDY: OAKLANDS COLLEGE



At Oaklands College the principal is a key advocate for PMLD provision. The principal has a genuine interest in learning about PMLD learners.

The PMLD area operates in a similar way to other departments in the college. The manager attends a weekly heads of department meeting and is part of the overall college quality team.

The college senior leadership team attend PMLD area staff meetings and have taken part in lesson observations to improve their understanding of how progress is measured.

This leads to a mutual sharing of expertise and understanding between staff at all levels. Staff feel recognised and valued for their role in PMLD programmes.

THE MANAGER ATTENDS A WEEKLY HEADS OF DEPARTMENT MEETING AND IS PART OF THE OVERALL COLLEGE QUALITY TEAM.

Links to Additional Reading and Resources:

www.et-foundation.co.uk/supporting/support-practitioners/special-educational-needs-disabilities-send-resources/

www.natspec.org.uk/

www.aoc.co.uk/term/send

www.gov.uk/government/publications/send-guide-for-further-education-providers

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

■ Priority action

■ In place but requires development

■ In place and working well

Theme: Leadership, vision & values				Action Required
Is there a clear vision about the purpose of the PMLD provision? Is this shared by senior leaders in the organisation?				
Does the senior leadership understand how further education can improve the lives of young people with PMLD, their families and carers? How could this be supported to happen?				
Does the senior leadership team promote PMLD provision internally and externally? What messages would be important to share?				
Do senior leaders understand how to listen to the 'voices' of PMLD learners? How can the 'learner voice' be shared with them?				
Does the staff team share a common set of values and how are they shared across the organisation? Are they similar to those of the wider organisation?				
Who are the champions? How can more champions be enlisted and what do they need to do? Who is the link governor for SEND and how could they support the provision?				
Is PMLD expertise in training or staff development shared across the organisation? How could this happen and what benefits might it bring to a whole organisational understanding of high needs and SEND?				
Is there the flexibility to adapt organisation-wide policies and procedures to ensure they are fit for purpose for PMLD programmes? Who else needs to understand how progress is measured and understood?				
Do senior leaders and departments across the setting know about the learners' achievements? How could this be shared with them?				
Do the learners and staff participate in the wider organisation? What opportunities are there to do this and what benefits could it bring?				

THEME SEVEN

LEARNER

VOICE

Key Learning from Providers:

- PMLD learners can and do communicate, most often in non-verbal ways that staff must listen to, interpret and respond to.
- Staff need to be skilled 'communication partners' in order to understand the learners' gestures, vocalisations, body movements and facial expressions.
- All communication by learners should be treated as intentional communication. This will support learners' understanding they have control over their environment, that they are being listened to and that they can affect change.
- Learners benefit from having a communication passport that tells people how they communicate and how to listen and respond.
- Providers need to promote a total communication approach to ensure learners have opportunities to express themselves and be heard.
- Speech and language therapists have an important role to play in enabling communication, developing communication targets and reviewing communication plans.
- Learners will provide feedback in the 'here and now' and this information should be recorded and used to inform an individual's programme of learning.
- Providers should ensure PMLD learners are meaningfully involved in student councils and find creative ways to support participation in Learner Voice Events.
- Listening to what PMLD learners say about their experience of learning helps support co-production of the curriculum.
- Staff should be aware of their roles as non-instructed advocates.
- Staff will require an understanding of mental capacity and when best interest decisions may apply.
- Learners may communicate that they are distressed or in pain, providers will need to identify the signs of this happening and respond appropriately.



CASE STUDY: SEASHELL TRUST

THE STUDENT COUNCIL PETITIONED THE LOCAL COUNCIL TO INSTALL A SAFE CROSSING PLACE OPPOSITE THE COLLEGE.

At Seashell Trust a speech and language therapist works with the learner council to ensure PMLD learners can be involved. The student council petitioned the local council to install a safe crossing place opposite the college so more learners who use wheelchairs could access the local community.

Learners and staff fundraised for a minibus with a personal care facility so learners who required personal care could be included in longer day trips. These are examples of using non-instructed advocacy to improve the rights and opportunities for PMLD learners.

Links to Additional Reading and Resources:

www.choiceforum.org/docs/asst.pdf

www.natspec.org.uk/leadership-and-management-2/student-voice/

www.excellencegateway.org.uk/content/etf2942

www.mencap.org.uk/advice-and-support/profound-and-multiple-learning-disabilities-pmld/pmld-involve-me

www.scie.org.uk/care-act-2014/advocacy-services/commissioning-independent-advocacy/inclusion-empowerment-human-rights/types.asp?gclid=Cj0KCQjwu6fzBRC6ARIsAJUwa2StaNmnmwYDAqUpwQ1AP7OYI4W

www.mencap.org.uk/advice-and-support/profound-and-multiple-learning-disabilities-pmld

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

- Priority action
- In place but requires development
- In place and working well

Theme: Learner Voice				Action Required
Is the voice of the learner listened to and changes made as a result of their feedback? Is it clear what strategies are in place to enable this to happen?				
Do staff understand their role in non-instructed advocacy? (This is advocating for a person who cannot verbally explain what they want or need.)				
Do staff build relationships with learners, through communication approaches such as Intensive Interaction, that puts the learner in control?				
Are learners using assistive technology to promote communication opportunities?				
Do staff know when an individual is in distress or pain? Are staff understanding behaviour as communication?				
Do you have a 'total communication approach'? What training do staff need to develop this?				
Do learners co-produce their own personalised curriculum? How is this done and what impact does this have on progress and achievement?				
Do learners have communication passports that are developed by speech and language therapists and others who know the learner well?				
Are learners involved in a student council and learner voice events? Do they have a presence or are they fully contributing?				
Do you make changes to a learner's timetable, routine, environment, staffing, equipment or resources when they tell you something is wrong?				

THEME EIGHT

PARTNERSHIP

WITH PARENTS

AND CARERS

Key Learning from Providers:

- Parents and carers of young people with PMLD are key partners in ensuring providers can provide high quality care and support in education. They have the expert knowledge about their young person that can ensure a placement is successful.
- Parents and carers are vital in enabling skills and knowledge developed in their place of learning to be transferred to a home and community setting.
- During transition into FE setting, parents and carers will need reassurance that the provision can meet their young person's needs to the highest quality.
- At the time of leaving school, parents and carers can be exhausted by the changes they and their young person have faced, they may have never thought they would be at this stage and it can be overwhelming.
- Parents and carers need support around the changes to health and social care services when a young person turns eighteen.
- Moving on from education can be a time of great anxiety for parents and carers who should be involved throughout the young person's time in FE in planning for the future.
- Providers can play a positive role in bringing parents and carers together to share experiences and support each other.
- Parents and carers should be involved in careful advance planning to ensure a young person is not left without social care and health services on leaving FE.
- Parents and carers should not have to provide information many times to different professionals. Providers should try to ensure parents and carers only have to 'tell it once'.
- Regular communication and updates to parents and carers are vital. Providers should adapt communication to meet the needs of diverse groups of parent carers.
- Where parents and carers are disadvantaged, from a marginalised group or experience exclusion, providers must be pro-active in making them feel welcome and part of a provider's own community.
- Parents and carers may need legal advice to understand how decisions are made for a young person who lacks capacity to make them themselves. Working in partnership with parents/carers and wider multi-agency teams is essential.
- Providing opportunities to celebrate the progress and achievements of young people supports parents and carers to see a future for their young person.

CASE STUDY: OAKLANDS COLLEGE

THE COLLEGE UNDERSTANDS THAT TRANSITION IS A CHALLENGING TIME AND IS PRO-ACTIVE IN REASSURING PARENTS AND CARERS.

At Oaklands College there is an 'open door' policy for parents and carers. This starts before the learner is enrolled, with a variety of opportunities to visit the college, meet the manager of the PMLD provision and other staff who will be working with their young person.

The college understands that transition is a challenging time and is pro-active in reassuring parents and carers that their young person's needs can be met.

The whole team of staff who will be working with the young person meets the parents and carers and this continues throughout their time at college. Parents and carers are assured that the college works in partnership with the local authority SEND Team and provides information in advance about any changes.

The college holds Preparing for Adulthood events that informs parents and carers about post college options.

Links to Additional Reading and Resources:

www.ipsea.org.uk/

www.preparingforadulthood.org.uk/

www.councilfordisabledchildren.org.uk/information-advice-and-support-services-network/about/what-do-ias-services-do

www.specialneedsjungle.com/

www.councilfordisabledchildren.org.uk/resources-and-help/im-parent

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

■ Priority action

■ In place but requires development

■ In place and working well

Theme: Working in partnership with parents & carers				Action Required
Is there a dedicated member of staff who supports parents and carers?				
Are parents' and carers' views acknowledged and valued? Are they seen as partners? What evidence is there this is the case?				
Can parents and carers raise concerns easily and receive prompt responses?				
Are parents and carers encouraged and supported to enable the learner to practise the skills and knowledge they have gained in the learning setting in the wider community?				
Does the provider offer parents and carers opportunities to visit the provision, attend taster events and hold meetings with staff and managers in preparation for applying for a place?				
Is there accessible information for parents and carers that will enable them to make an informed decision about the provision?				
Is there regular communication with parents and carers about the progress of their young person, using communication approaches that work for them?				
Are there pro-active steps to welcome and include parents and carers from groups that may be experiencing disadvantage, marginalisation or exclusion?				
Can parents and carers provide information about their young person once, as opposed to being asked to repeat the same information many times?				
Are parents and carers invited to reviews and do they participate? Is there feedback from parents and carers on this process?				
Are parents and carers included in on-going discussions about the young person's future after they leave the setting? Are parents and carers signposted to other services and supported to make visits?				
Are there opportunities for parents and carers to meet each other to build a network of support?				
Are parents and carers involved in celebrating their young person's progress and achievements on a regular basis?				

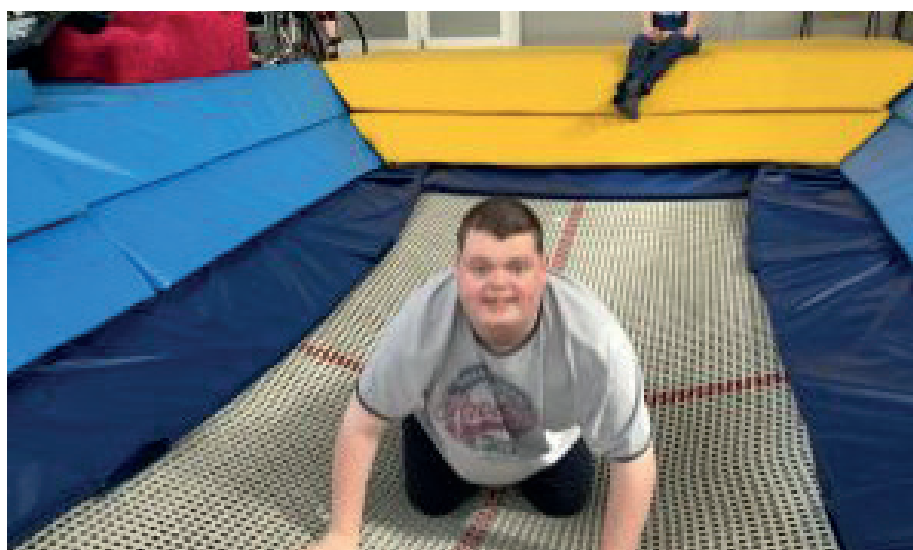
THEME NINE

QUALITY

ASSURANCE

Key Learning from Providers:

- Providers must have robust systems for measuring the quality of provision that are equal to programmes using qualifications and accreditation.
- Qualitative and quantitative data from all aspects of the provision should be triangulated to provide evidence for the provider's Self-Assessment Report.
- Evidence should be drawn from a wide variety of sources, including lesson observations, destination data, learner progress and achievement data, staff training and CPD, the 'learner voice', sampling of schemes of work and lesson planning, multi-disciplinary work and external partnerships.
- This evidence should inform the provider's Quality Improvement Plan and be monitored regularly by managers and leadership teams.
- Providers may have their own Self-Assessment Review and Quality Improvement Plan or may contribute to organisation-wide reports and plans.
- Organisation-wide quality teams should understand the purpose of PMLD programmes and what high quality looks like. Providers will benefit from involving the organisation-wide quality team in PMLD internal quality assurance procedures. Where this happens, it can benefit the quality processes used across the organisation and ensure the PMLD area has a high profile.
- Staff teams should understand how they are involved in quality assurance processes, what their role is and how it contributes to improving quality.
- The identification and provision of relevant CPD opportunities for staff working with PMLD learners is essential in driving high quality provision.
- Governors, directors and trustees and other stakeholders should receive regular reports of progress towards quality improvement and understand what this means for a PMLD provision.
- Peer and external review of provision can support self-improvement.



CASE STUDY: NATIONAL STAR COLLEGE

TEACHING AND LEARNING OBSERVATIONS INCLUDE OBSERVING THERAPY STAFF AND THIS FEEDS INTO IMPROVING CLINICAL PRACTICE.

At National Star College, destination data over three years has been used to track the long-term impact of the provision, including the curriculum offer. This has led to the leadership team reviewing the curriculum and making changes that will improve outcomes for learners.

National Star College uses peer observations across the specialist disciplines of its integrated staff team to inform quality improvement.

Teaching and learning observations include observing therapy staff and this feeds into improving clinical practice. The leadership team review the college's long-term goals with key staff on a termly basis to assess if the expected progress is being made.

Links to Additional Reading and Resources:

www.send.excellencegateway.org.uk/teaching-and-learning/rarpa

www.natspec.org.uk/about-us/services/transform/quality-assuring-rarpa

www.pmlmlink.org.uk/wp-content/uploads/2017/11/Standards-PMLD-h-web.pdf

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

■ Priority action

■ In place but requires development

■ In place and working well

Theme: Quality Assurance				Action Required
Is there a Quality Improvement Plan (QIP) that specifically addresses how PMLD provision will be developed and improved? Does this feed into a wider organisational plan or is there a specific PMLD QIP?				
Is there a Self-Assessment Review (SAR) that specifically reports on PMLD programmes? Does this feed into a wider organisational report or have a specific PMLD SAR?				
Are the priority areas for improvement known and are these being monitored and reviewed regularly by the Senior Leadership Team?				
Is there a system in place to regularly collate, analyse and report on a variety data gathered from PMLD programmes?				
Does the data collected demonstrate progress made against quality planning? What actions will you take if it does not?				
Are staff aware of their role in quality assurance and what their contribution is?				
Are staff CPD opportunities regularly reviewed and is specialist training provided, including updates for staff that are linked to meeting needs and curriculum development?				
Is the 'learner voice' included in quality assurance processes? Is this evidence used to make improvements?				
Is destination data reviewed over time and used to make improvements?				
Is there collaborative work with the wider organisational Quality Team and does this team understand the purpose of PMLD provision and how improvements are measured? If not, how could they be involved?				
Do governors, trustees, directors and other stakeholders understand how progress is measured for PMLD learners and what 'high quality' looks like?				
Are there external or peer review processes in place? How could these support quality improvements?				

THEME TEN

RECOGNISING

& RECORDING

PROGRESS

Key Learning from Providers:

- It is essential to start with an accurate baseline assessment of a learners' starting points within their personalised curriculum.
- Processes to measure levels of engagement, independence, communication and cognition must be designed to capture incremental steps of progress. The steps must accurately demonstrate what learners can do and know as a result of learning.
- Learners will usually be able to work on any of their targets across the curriculum, rather than in specific subject areas. This is because of the learners' early developmental level and need to learn the 'fundamentals of communication'.
- Targets should be linked to individual learners' EHC Plan outcomes.
- It is unlikely that qualifications or accreditation will be relevant to PMLD learners. Providers must ensure that progression and achievement are monitored and quality assured with the same robust approach as qualification and accreditation activity.
- Providers will need a management information system that is fit for purpose, easily used by the different teams of people working with the learner and able to collate regular reports and evidence of progress.
- Individual learning plans should demonstrate how knowledge and skills are being learnt across the curriculum and what outcomes will be achieved as a result.
- Evidence of unexpected or incidental learning is important in assessing progress and reviewing appropriate targets.
- Staff teams need dedicated time to discuss and review learners' progress.
- Video film of starting points and progress towards targets and outcomes is a powerful source of evidence. This should be meaningful to learners and their parent carers and used to inform future target planning.
- It is important to recognise and celebrate the progress learners make throughout the year.



CASE STUDY: WESTON COLLEGE

AN EXAMPLE FROM WESTON IS A LEARNER WHOSE EHCP OUTCOME WAS TO BECOME MORE INDEPENDENT WITH THEIR OWN PERSONAL CARE.

At Weston College progress towards personal outcomes for learners are mapped and tracked under the Recognising and Recording Progress and Achievement (RARPA) Framework. This has the same level of rigour as an accredited provision.

Targets are amended as necessary to appropriately stretch and challenge learners and with the regular review of these targets, there are opportunities for support needs and timetabling/learning programmes to be amended as necessary. The starting point for agreeing targets is to review the learners' Education, Health and Care Plan outcomes.

This is done with parents, carers and learners. Targets are identified that will support achievement of these outcomes and the programme of learning activities structured around this.

An example from Weston is a learner whose EHCP outcome was to become more independent with their own personal care. This was achieved through breaking down the task into small steps and providing regular opportunities to gain confidence and reduce dependence on support.

This has resulted in the learner reducing the level of support they require and gaining important independence skills for future life.

Links to Additional Reading and Resources:

www.send.excellencegateway.org.uk/teaching-and-learning/rarpa

www.natspec.org.uk/study-programmes/rarpa/

www.ccea.org.uk/sen-inclusion/pmlid

www.hwb.gov.wales/curriculum-for-wales-2008/routes-for-learning

www.hwb.gov.wales/draft-curriculum-for-wales-2022/routes-for-learning-draft-curriculum-for-wales-2022-version

www.intensiveinteraction.org/find-out-more/about-intensive-interaction/fundamentals-of-communication/

www.complexneeds.org.uk/modules/Module-3.2-Engaging-in-learning--key-approaches/All/downloads/m10p040c/engagement_chart_scale_guidance.pdf

www.gov.uk/government/publications/the-engagement-model

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

■ Priority action

■ In place but requires development

■ In place and working well

Theme: Recognising and Recording Progress and Achievement				Action Required
If qualifications or accreditation is used, is it clear how this is benefitting learners?				
Are baseline assessments in use and do they inform the learners' next steps?				
Is there a system in place to record learning that can measure small steps of progress on a regular basis?				
Are there ways to ensure learners have ownership over their targets and what is important to them informs target setting?				
Are targets being reviewed regularly by the staff who know the learners best?				
Are targets being worked on across the curriculum rather than being subject specific?				
Are learners' targets related to their EHCP aspirations and outcomes?				
Are there meaningful ways to include learners and parents/carers in a review of the targets?				
Do all staff who are responsible for recording learning and progress understand how to observe, measure and record progress?				
Can all staff working with the learner report on progress and contribute to progress reports?				
Is there a quality assurance system in place to ensure progress and achievement is being monitored?				
Do learners' individual learning plans clearly show what they are expected to make progress on and how they will do this?				
Is a variety of evidence being collected to show progress against targets? Is this evidence linked to targets and outcomes?				
Is progress evidence being used in learner annual reviews and informing how EHC Plan outcomes are developed?				
Are parents, carers and multi-agency professionals kept informed of progress regularly?				

THEME ELEVEN

SAFEGUARDING

HEALTH &

WELLBEING

Key Learning from Providers:

- PMLD learners have the same rights as all young people to live free from abuse and fear, to receive high quality care and support and to lead happy and fulfilling lives.
- Leadership and management teams must understand the particular vulnerabilities or 'at risk' status of PMLD learners.
- Managers and staff will need to understand the Mental Capacity Act 2005 and how 'best interests decision making' applies to PMLD learners.
- Providers need to understand the new Liberty Protection Safeguards 2019 (replacing Deprivation of Liberty Safeguards) and how this applies in their setting and with individual learners.
- Providers must develop individual risk assessments and personal emergency evacuation plans (PEEPS) for all learners. These must balance safety with promoting independence, avoiding a 'risk averse' culture.
- Providers must understand 'least restrictive practice' and what this means for PMLD young adults.
- Staff induction programmes must include safeguarding training with specific reference to the needs of PMLD learners.
- Providers must understand how positive touch is used to support learning and have a positive touch policy or reference it within their safeguarding policy.
- Providers must consider how the health and care needs of learners can be met before a learner commences their placement. Administering medication is a 'reasonable adjustment' and not a reason to refuse a placement.
- Health and therapy professionals will often work as part of a team around a learner. Providers must ensure individual programmes and interventions can be carried out by trained staff, using the correct equipment and resources.
- PMLD learners can experience changes in mental health, like anyone else. It may not be obvious that a learner is experiencing poor mental health. Listening to the 'learner voice' will support identifying underlying reasons for different behaviours and putting in place strategies to promote good mental health.
- PMLD learners may express discomfort or pain in non-verbal ways. Staff will need to know what this looks like for an individual and understand their behaviour as communication that something is not right for them.
- PMLD learners may be at risk from other learners' behaviour and providers should consider how they manage different cohorts of learners who share an environment.
- Providers should be following a recognised approach to behaviour support, ensure staff are trained and updated regularly and develop individual behaviour support plans that focus on prevention and reduction of behaviours of concern.
- PMLD learners frequently have complex medical health conditions that require specialised treatment and care. Providers must ensure they have trained staff and liaise with community health teams including general practitioners.
- PMLD learners may need to take regular or emergency medication. Staff must be trained and deemed competent to administer medication. This must be monitored, audited and reviewed regularly.
- PMLD learners may, due to their complex health needs, have a higher rate of absence. Learners should not be disadvantaged by this and providers need to ensure when they return, there is a supported transition back to learning.

CASE STUDY:

SEASHELL TRUST

SEASHELL TRUST ENSURES BOTH COHORTS HAVE THE TYPE OF LEARNING ENVIRONMENT THAT WILL MAXIMISE LEARNING OPPORTUNITIES AND ENABLE PROGRESSION.

The Seashell Trust recognises that they have two distinct groups of learners, who are at similar developmental levels but require different learning environments.

One cohort has learners who have multiple health needs, more than one sensory impairment and require care and support for most aspects of their daily lives. These learners require a highly stimulating multi-sensory environment.

The other cohort, many of whom are on the autistic spectrum, require a low arousal environment and specific approaches to manage high levels of anxiety and behaviours of concern.

Learning is personalised for each learner. Seashell Trust ensures both cohorts have the type of learning environment that will maximise learning opportunities and enable progression. The Seashell Trust has appointed a clinical director to the senior leadership team to oversee therapy services and ensure they are embedded into the curriculum.

Links to Additional Reading and Resources:

www.scie.org.uk/mca/dols/practice/lps

www.england.nhs.uk/wp-content/uploads/2017/06/516_Delegation-of-healthcare-tasks-to-personal-assistants_S7.pdf

www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/

www.challengingbehaviour.org.uk/

www.citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.689.5039&rep=rep1&type=pdf

www.mencap.org.uk/sites/default/files/2016-11/PMLD%20factsheet%20about%20profound%20and%20multiple%20learning%20disabilities.pdf

www.mencap.org.uk/sites/default/files/2016-06/2012.340%20Raising%20our%20sights_Guide%20to%20health_FINAL.pdf

www.legislation.gov.uk/ukpga/2005/9/contents

www.scie.org.uk/mca/

dols/?gclid=Cj0KCQjwu6fzBRC6ARIsAJUwa2TNR6ZNYdM9x337rFn6REHh3PN2xLbDTUUSPL6vbCnGVdaJbb893sAaAhvZEALw_wcB

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

- Priority action
- In place but requires development
- In place and working well

Theme: Safeguarding, Health and Wellbeing				Action Required
Do leaders, managers and staff understand their responsibilities for safeguarding PMLD Learners? Are effective processes in place for reporting and acting on concerns and for checking if learners feel safe?				
Does the provision work closely with therapy and health practitioners to ensure staff are trained, deemed competent and can carry out their duties to a high standard? Do staff have the right equipment and resources to do this?				
Are staff trained to recognise signs of illness or poor mental and physical health and do they know what to do when they see it?				
Is there a policy and planned approach to managing periods of learner absence due to ill health? Is there a planned transition back into learning when the learner returns?				
Is there a recognised approach to managing behaviours of concern and is this positive and pro-active?				
Is there a positive touch policy? Does this safeguard learners and staff and promote the use of positive touch in meeting support, care and learning needs?				
Are staff trained to administer regular and emergency medication and is this monitored and reported on?				
Are different safeguarding arrangements in place for different learner groups, reflecting their particular vulnerabilities?				
Do all the PMLD learners have individual risk assessments and personal emergency evacuation plans? Do staff understand how to follow them? Are they balanced to avoid being 'risk averse'?				
Do staff understand the Mental Capacity Act 2005 and their role in best interest decisions?				
Is health and well-being promoted for PMLD learners? Do the learning opportunities provided support progression towards targets and EHC plan outcomes?				

THEME TWELVE

STAFF TRAINING

CPD &

WELLBEING

Key Learning from Providers:

- Investment in staff training and CPD is a critical success factor for PMLD provision, this involves time and cost factors.
 - To meet the needs of diverse learners, providers will need a training and CPD programme that includes highly specialised training that is regularly updated to ensure health, care and learning needs can be met.
 - Some training can be sourced free of charge from health and social care partners but most is likely to have a cost. Getting advice from similar providers is a good way to learn about training that is good value for money or free.
 - There will be an on-going need for training as new learners will present with a range of complex learning and support needs that require learner specific training.
 - Teachers and support staff will need additional training that is specifically aimed at working with people with PMLD or complex needs. This can be developed in-house or through external qualifications and accreditation.
 - Robust induction programmes that include shadowing, mentoring and time to reflect on working with PMLD learners can support staff retention.
 - Staff need regular opportunities to upskill in specialist areas e.g. multi-sensory approaches, behavioural support, assistive technology.
 - Staff who provide care and support for specific medical and health issues will need training from qualified health practitioners. This can include delegated healthcare tasks such as; enteral feeding, emergency medication for epilepsy, use of a vagal nerve stimulator, use of a suction machine, use of oxygen. This training will need to be updated regularly.
 - It is valuable for staff with specialist knowledge to provide CPD opportunities which reduces external costs and enables team building and sharing of expertise.
 - Staff working with PMLD learners can have a wider influence across the setting in training staff about special educational needs and disability and about inclusion and inclusive learning.
 - Staff who work collaboratively will more likely share their specialist knowledge and expertise within the team and this creates a culture of learning and development that benefits the whole organisation.
 - Staff in this area need to be resilient. There are great rewards for seeing learners make progress and at times, great pressure on staff to ensure learners' needs are met. Managers must consider how to support staff teams and individuals to manage the responsibilities inherent in this work and build coping strategies and a successful work life balance.
- Staff can and do become emotionally invested, this should be valued and appreciated by providers.
- In this area of work, staff can experience the bereavement of learners who pass away during their time at with the provider. At these sad times, staff will need understanding and support, time to grieve and opportunities to talk to each other and specialist bereavement counsellors.
 - It is often more cost effective to have staff trained as trainers who can deliver training across the provision.

CASE STUDY: WESTON COLLEGE



Weston College has worked in partnership with University Centre Weston and the University of the West of England to develop a foundation degree in inclusive practice. Staff working with PMLD learners and other young people with learning difficulties and disabilities are encouraged to complete this course.

Two managers who work with PMLD learners have been involved in the development of the degree and teach on this programme. Weston College has supported two teachers to train as trainers in positive behaviour support and these staff members now train the staff team.

Every Wednesday afternoon there is a CPD meeting for the whole staff team where expertise is shared such as using new assistive technology or updates in positive behavioural support. CPD at Weston College is constantly developing and is recognised as a significant factor in delivering high quality provision.

STAFF WORKING WITH PMLD LEARNERS AND OTHER YOUNG PEOPLE WITH LEARNING DIFFICULTIES AND DISABILITIES ARE ENCOURAGED TO COMPLETE A FOUNDATION DEGREE IN INCLUSIVE PRACTICE.

Links to Additional Reading and Resources:

www.ucw.ac.uk/courses/inclusive-practice-fda/
www.pamis.org.uk/resources/bereavement-and-loss/

Examples of Train the Trainer Programmes

www.bild.org.uk/capbs/capbs/
www.intensiveinteraction.org/training/courses/

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

- Priority action
- In place but requires development
- In place and working well

Theme: Staff Training, CPD and Wellbeing				Action Required
Is there specific CPD requirements in the Quality Improvement Plan for all staff who are working with PMLD learners?				
Are staff appraisals and performance management recorded in the provider's self-assessment and improvement plans?				
Do you have a staff training/ CPD budget and does this include sufficient money for external training and for staff time at in-house training?				
Are any gaps in staff expertise identified? How will these gaps be addressed?				
Does the staff induction plan offer opportunities for shadowing, mentoring and reflection?				
Are teaching and support staff required to have specialist training and qualifications before they start work or do staff complete this during their employment?				
Does the recruitment process include identifying specialist skills that are required for PMLD learners?				
Are there contacts with health professionals who deliver training for delegated healthcare tasks? How could these partnerships be developed?				
Are staff trained as trainers? In what areas would it benefit the provision to have staff who can train others?				
Do staff have dedicated time to meet and share expertise and innovative practice as part of CPD?				
Do staff offer the wider provision training, including awareness training around PMLD?				
Do staff have opportunities for developing resilience skills at work and how are they supported to manage the pressure of a demanding role? Is staff well-being an issue that is being addressed?				
Are staff offered support and bereavement counselling if a learner passes away?				

THEME THIRTEEN

TEAM

WORKING

Key Learning from Providers:

- A strong team approach is required to ensure learners' care, support and learning needs are met to a high standard.
- A team culture and the practice that derives from this must come from a clear vision of the provision and a shared understanding of the values that underpin it.
- Teams may be formed from the learning provider's staff and external staff such as therapists. Thought must be given to how professionals from different organisations can work collaboratively when they may have different practices. It may be necessary to develop 'service level agreements' to ensure everyone understands the requirements of their role within the team.
- Teams are usually multi-disciplinary or trans-disciplinary in their approach.
- A trans-disciplinary approach is one where staff from different specialist professions work together in a person centred and holistic way. It is useful for people with a range of complex needs.
- All staff who have a role to play should be involved in assessment, setting targets, monitoring and agreeing progress or strategies for improvement.
- This could include speech and language therapists, physiotherapists, occupational therapists, behaviour support therapists, teachers, nurses, music, art and drama therapists, social workers, transition workers, career advisors, job coaches, visual/hearing or multi-sensory impairment specialists and assistive technologists.
- These therapists should have expertise in PMLD alongside their specialist discipline.
- The learner should be the centre of any team approach and their needs not separated out into categories. Everyone needs to see the whole person and work collaboratively to meet their needs.
- A PMLD learner may have a range of different interventions to support their health, well-being and learning. Staff who deliver these will need to be trained and supported to understand why they are in place.
- Therapies are best delivered within the curriculum not alongside or separately.
- Support staff or learning support assistants are important members of a trans-disciplinary team as they often know the learners very well. Providers should ensure they can input into planning learners' programmes and record their progress.
- Teams need designated time to discuss individual learners' progress.
- Members of teams that perform well will share their knowledge and expertise and learn from each other, enhancing the capacity of the team to deliver on shared goals.

CASE STUDY: NATIONAL STAR COLLEGE

THERAPIES ARE NOT DELIVERED DISCREETLY, BUT WITHIN THE YOUNG PERSON'S CURRICULUM.

At National Star College the staff work within a trans-disciplinary approach. The team of staff who assess a learner is also the team who delivers learning opportunities and provide support for health and well-being.

Therapies are not delivered discretely but within the young person's curriculum. Examples include; when a learner is having a hydrotherapy session, they are also working on their

communication targets or when they are having music therapy, they are also working on physiotherapy targets.

All staff can contribute to recording progress and agreeing new interventions at planning meetings and reviews.

Links to Additional Reading and Resources:

www.helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools

www.rcslt.org

www.csp.org.uk

www.rcot.co.uk

www.excellencegateway.org.uk/content/etf2941

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

- Priority action
- In place but requires development
- In place and working well

Theme: Team Working	■	■	■	Action Required
Does the team have a shared vision of their role and responsibilities and how they should be working together?				
Is there the right team structure and the right people to meet the needs of learners?				
Does the team work in a person-centred way around the needs of the learner? Is this effective?				
Does the team work collaboratively towards the same outcomes for the learners?				
Do teachers, support staff and therapy staff have expertise in PMLD as well their specialist discipline?				
Do all staff who work with the learner have an opportunity to discuss learner progress, review targets and monitor interventions?				
Is therapy delivered within the curriculum and if not, how do therapy interventions contribute to a holistic package of learning, care and support?				
Do members of support staff and therapy staff teams attend learner meetings and reviews? Can they provide feedback if they cannot attend?				
Are support staff trained in delegated health care tasks and to deliver therapy intervention plans?				
Does the recording system enable all staff to contribute towards recording progression and achievement?				
Does the team have designated time to meet to discuss progress of individual learners? Is this working well?				
Do staff from different disciplines share knowledge and expertise and does this enhance overall team working?				

THEME FOURTEEN

TRANSITION

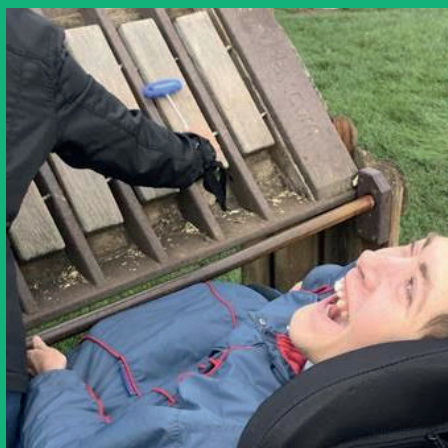
INTO PROVISION

Key Learning from Providers:

- Transitions into provision need to be planned well in advance, sometimes this can take two to three years before a learner commences on their programme of learning.
- Having a dedicated post to support transition ensures it is given the time and priority it requires.
- Providers will need to work with local schools and local authorities to plan personalised approaches to transition and this should involve multi-agency professionals who are involved in the young person's care and support e.g. physiotherapists, speech and language therapists, occupational therapists.
- Link programmes, taster days, assessment visits to schools and to the young person's home will all contribute to a successful transition.
- Parents and carers need a variety of opportunities to understand what a provider can offer and must feel reassured a provider can meet the young person's needs.
- Parents and carers will place a high priority on knowing their young person is safe and their care needs can be met, as they will have had a long and established relationship with the school the young person has attended.
- Staff may require specific training in advance to meet a young person's health and care needs and this will need to happen before the course commences. This can include a requirement for external services to be brought in or new staff recruited to be ready before the young person starts their programme.
- A successful transition includes an identification of strategies to progress and achieve EHC Plan outcomes that are linked to Preparing for Adulthood aims.



CASE STUDY: WESTON COLLEGE



Weston College works in partnership with local schools to deliver Link Programmes up to two years before a young person is enrolled.

The transitions officer attends school reviews and the college organises a person-centred review to support the development of an individual transition programme. The admissions panel meets regularly to discuss prospective learners.

These meetings bring together information from observations, reviews and the transition programme to support decision making around an offer of a college placement.

The transitions officer ensures all the information gathered is up to date and reflects the learners' needs. Transition planning is highly personalised for each learner.

THE ADMISSIONS PANEL MEETS REGULARLY TO DISCUSS PROSPECTIVE LEARNERS.

Links to Additional Reading and Resources:

www.cqc.org.uk/sites/default/files/CQC_Transition%20Report.pdf

www.preparingforadulthood.org.uk/

www.togetherforshortlives.org.uk/wp-content/uploads/2018/03/171026-Transition-Factsheet-23.pdf

www.nice.org.uk/about/nice-communities/social-care/quick-guides/building-independence-through-planning-for-transition

www.councilfordisabledchildren.org.uk/help-resources/resources/finished-school-self-audit-tool

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

- Priority action
- In place but requires development
- In place and working well

Theme: Transition into Provision				Action Required
Is there a dedicated role to lead and support the planning of transitions into the provision?				
Are there partnership arrangements with local schools to offer a range of opportunities for young people to experience life in the FE setting and to assess if needs can be met? This could include link programmes, taster sessions, open days.				
Does the provider attend young people's transition reviews in their current setting and make links with health and social care providers who are part of the young person's support network?				
Is there on-going work with local authorities to identify the cohorts of learners with PMLD leaving school and are there plans for meeting local need in the future?				
Is there a robust pre-entry assessment in place to ensure learners are placed on the right programme and the provider is ready to meet their needs in time for enrolment?				
Does the provider have the correct information to ensure that staffing levels, including specialist staff, staff training, resources and equipment are in place before young people start their programme?				
Are staff identified that will be good 'communication partners' for each young person and have they met and spent time with the young person before they start their programme.				
Are opportunities provided for parents and carers and other family members to learn about the provision, make visits and be reassured the provision can meet their young person's needs and provide high quality education that will move them on in life?				
Does the admissions process involve personalised transition plans for each young person a placement is offered to?				

THEME FIFTEEN

TRANSITION OUT

FROM PROVISION

Key Learning from Providers:

- Planning for transition out must be part of an on-going discussion throughout the learners' programme of study. FE is not an end destination, it is a means to achieving the skills, knowledge and independence levels to progress to the next stage.
- Positive progressions are based on careful planning and understanding of what good life outcomes mean for an individual. These should be based around the Preparing for Adulthood Pathways.
- Learners will need to be involved in decisions about progression from the learning setting. This can involve working with advocates and using person-centred thinking tools to support non-instructed advocacy. The learners' voice is essential.
- How individual learners are involved in understanding their future options and matching them to their aspirations requires dedicated time and planning from the start of a learners' programme.
- Transition out requires close partnership work with parents, carers and health and social care partners to identify destinations that will continue to support the young person's aspirations and quality of life.
- Parents and carers will need support, guidance and information to help them understand what services are available to meet their young person's needs including how to request and use a personal budget if they don't already have one.
- Parents and carers may find talk of transition planning very difficult, especially if obtaining an FE place has been challenging. Providers should consider their approach to individual families and provide support, guidance and signposting.
- Providers should work with identified destinations as early as possible to ensure there is a handover of key information and practice that supports the young person's care, support and learning needs.
- Social care services must be involved to support any move between children's and adult services. There should be no gap between services when this happens.
- Providers must engage high quality careers advice to support destination planning. This is likely to require bespoke, specialist staff who understand transition planning for this cohort of learners.
- Skills and knowledge gained while on-course can be easily lost if transition planning is not successful, providers have a responsibility to help ensure this does not happen.

CASE STUDY: SEASHELL TRUST

THE TRANSITION CO-ORDINATOR
DEVELOPS INDIVIDUAL TRANSITION PLANS
WITH INPUT FROM STAFF AND LEARNERS.

Seashell Trust considers transition out planning from the start of a young person's programme. From the start of college, staff are asking the question 'where are we headed?' Seashell is developing an independent careers service to support this.

Individual learner progress towards EHC Plan outcomes is reviewed regularly throughout the year and this informs transition planning.

The transition co-ordinator develops Individual transition plans with input from staff and learners. Seashell invites new providers into college to shadow the young person and their staff. They also take learners to visit new providers as part of the assessment process. Seashell track their learners' destinations for three years after leaving college to evaluate young people's progress, this information informs wider curriculum planning.

Links to Additional Reading and Resources:

www.preparingforadulthood.org.uk

www.scie.org.uk/children/transition/social-workers-role-supporting-learning-disabilities

www.helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/

www.careersandenterprise.co.uk/sites/default/files/uploaded/the_send_gatsby_benchmark_toolkit_v2.pdf

www.tes.com/teaching-resource/person-centred-planning-toolkit-6048392

www.togetherforshortlives.org.uk/wp-content/uploads/2018/01/ExRes-Bridging-The-Gap-Toolkit-Guide-for-Professionals.pdf

www.councilfordisabledchildren.org.uk/help-resources/resources/personal-budgets-post-16-provision-and-fe-colleges

PMLD Providers Self-Audit Tool:

Consider the questions below and use a RAG rating to identify priorities for action

■ Priority action

■ In place but requires development

■ In place and working well

Theme: Transition out from Provision				Action Required
Is there a dedicated member of staff whose role it is to plan transitions out of the provision?				
Does the understanding around a learner's next steps inform and shape their programme of learning?				
Is there a process to involve the learner's voice in planning for the next stage of their lives? Does this work effectively?				
Is there a person-centred approach and use of person-centred thinking tools such as 'Perfect Week' and 'Good Day/Bad Day'?				
How does the provider consider and prepare for transition throughout the young person's programme, at their annual reviews and at their transition review?				
Does the curriculum provide opportunities for the young person to explore the different options available after they move on from the learning setting?				
Is there high-quality specialist careers advice that understands and supports the young person's aspirations for the future?				
Is there support for parents and carers to understand the options available once they leave the learning setting, including how to get a personal budget? Does this start early enough?				
Is there information about the options in each young person's local area that young people and parents and carers can be directed to?				
Is there work with the young person's next provider to support transition through visits, shadowing, handover of information and is this done in advance of the young person leaving?				
Is there engagement with social services teams and a partnership approach to plan transition?				
Does the provider engage with SEND caseworkers and commissioners and work in partnership with them to plan transition?				
Is there a planned handover with relevant allied health professionals and/or referrals to new services, before the learner leaves the learning setting?				

This guidebook has been produced for the Education and Training Foundation by Natspec, with acknowledgements to Franki Williams, Natspec associate, and four colleges:

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- National Star College
- Oaklands College
- The Seashell Trust

