

THE SCOTTISH CENTRE FOR CHILDREN WITH MOTOR IMPAIRMENTS



Quality and Standards Report  
2018-2019

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## 1. Introduction and Context: Quality and Standards Report – What is it?

Schools and other organisations which have an educational function are required to produce an annual Quality and Standards Report, with the requirement for such reports identified in the 2002 Education Act.

In considering the range of reports analysed and taking into account the nature of the SCCMI work and range of programmes, it is considered that a more extensive document is appropriate in order to report on the organisation's activities in a meaningful manner to the range of stakeholders, including parents and external agencies.

## 2. Organisational Context and Background

The Scottish Centre for Children with Motor Impairments (SCCMI) was established to provide education and therapy for children and young people affected by neurological conditions. The SCCMI is a registered Scottish Charity<sup>1</sup>, a Company Limited by Guarantee<sup>2</sup> and a Grant Aided Special School receiving funds from the Scottish Government's Support and Wellbeing Unit. The SCCMI is therefore a specialist organisation focused on fulfilling the educational, therapeutic and care needs of children with neurological conditions including e.g., cerebral palsy and Rett syndrome. Focusing on children with neurological conditions allows the Centre to establish staffing expertise, build facilities and accrue equipment all of which are concentrated on providing the best possible environment for those children whose needs we address.

### 2.1 Children/Young People With Whom the SCCMI Engages

The children/young people with whom we engage include those with an age range of birth to 19 years, with these children residing in any part of Scotland. Children/young people are affected by a range of neurological conditions including e.g., cerebral palsy and Rett syndrome, or may not have a formal diagnosis, and have wide-ranging and complex cognitive, physical, functional, communication and life skills requirements.

Although not all children have this diagnosis, cerebral palsy is the most prevalent child neurological condition and has an internationally accepted description, i.e.: *cerebral palsy describes a group of permanent disorders of the development of movement and posture, causing activity limitation, that are attributed to non-progressive disturbances that occurred in the developing foetal or infant brain. The motor disorders of cerebral palsy are often accompanied by disturbances of sensation, perception, cognition, communication, and behaviour, by epilepsy, and by secondary musculoskeletal problems.*

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<sup>1</sup> Registered Charity - SC008428

<sup>2</sup> Registered in Scotland No 129291 - Registered Office: Craighalbert Centre, 1 Craighalbert Way, Cumbernauld G68 0LS

2.2 The SCCMI's Purpose and Ambitions – Mission and Vision The SCCMI's services are guided by its Mission and Vision, which are congruent with *Curriculum for Excellence* principles, in seeking to foster the wider development of the individual.

(i) Mission Statement

Our Mission statement states: the Scottish Centre for Children with Motor Impairments will endeavour to enable all children/young people with motor learning difficulties throughout Scotland to develop their cognitive, psychomotor abilities, and life skills in order to improve the quality of their lives and achieve their maximum level of independence.

(ii) Vision Statement: the 20/20 Vision

Our Vision statement states: By the year 2020, the Scottish Centre for Children with Motor Impairments will be a prime exemplar of integrated education and health care for children/young people affected by motor learning difficulties throughout Scotland. In addition, the Centre will seek to be acknowledged by professionals and organisations engaged in the education and health environments as a Scottish centre of excellence in the fields of additional support needs education, incorporating innovative and high quality methods to develop cognitive, psychomotor, life skills development and independence in children and young people affected by neurological deficits.

2.3 Key Tenets and Values

Our activities and future direction are informed by a range of tenets and values, including e.g.:

- All individuals are of equal worth, have equal rights to have their abilities developed, and have the right to develop to their fullest potential.
- In considering the developmental potential of children/young people:
  - education is concerned with the development of the whole person,
  - all children and young people have the capacity for progress,
  - the focus on a child which should be on achievement, progress and potential realisation.

2.4 Services and Programmes

We provide a range of services, which is unique in Scotland, addressing the needs of children from birth to 19 years from all parts of Scotland which include:

- Early Intervention Programme (EIP) - a therapy-focused programme for children from birth to 3 years attending with their parents.
- Parent-Mediated Intervention Programme (PMIP) - a therapy-focused programme for children from 3 to 5 years attending with their parents.

- Nursery Class - providing integrated education, therapies and care for children between the ages of 3 and 5 years.
- Primary Classes - providing integrated education, therapies and care for children between the ages of 5 and 12 years.
- Secondary Class - providing integrated education, therapies and care for children to the end of S3.
- Access to Education Programme (AEP) - a therapy-focused programme for children between 4 and 19 years from all parts of Scotland and which enables and maintains the abilities of children to maintain their engagement with their local mainstream school.

## 2.5 The SCCMI's Facilities and Equipment

### (i) Quality Facilities

We believe that the environment within which children are educated and engage with therapies and care should be functionally appropriate and be as pleasant as possible. As befits a major national organisation addressing the needs of children affected by a range of neurological conditions the buildings and outdoor facilities at our main operating base at the Craighalbert Centre are high quality, purpose-built, readily accessible, well-maintained and designed to facilitate children's active engagement with their learning, therapeutic and care activities.

We strive to ensure the Craighalbert Centre is a child-friendly environment and welcoming to parents/carers and other professionals. The Centre's physical environment is light, welcoming, air-conditioned and well ventilated, with learning and therapy areas spacious to encourage both ambulant and non-ambulant children ample space to move and access equipment safely.

Our excellent facilities include well-equipped indoor and outdoor learning and therapy areas which are appropriate for the age range of all children who engage with our programmes and include:

- spacious classroom learning and therapy areas;
- custom designed Sensory Discovery Room;
- state-of-the-art Hydrotherapy Pool contributing to an excellent therapeutic environment;
- dining facilities that facilitate healthy eating, feeding skills and children's social interaction;
- specially designed children's toilet areas which encourage the development of self-help skills, promote functional independence and ensure maintenance of each child's dignity;
- outdoor learning areas which are safe and well-maintained sheltered and checked prior to use enabling participation in e.g. gardening and sports.

(ii) Extensive Equipment

We have an extensive range of specialist equipment to support children's learning, physical, functional, communication and care requirements. Staff undertake a detailed assessment of each child's needs in order to identify the most appropriate equipment to address each child's needs. Such assessment is highly collaborative and involves the child, their parents/carers and consultation, as appropriate, with external professionals and the equipment manufacturers prior to provision of e.g. communication aids, supportive seating or wheelchairs.

In line with our child-centred approach, equipment has been specifically purchased or adapted to meet children's individual needs. In addition, equipment is sufficient in quantity and range to allow rooms to be set up for the day, minimising the need to move equipment which includes e.g.:

- specialist seating, standing frames and walking aids;
- an extensive range of alternative and augmentative communication (AAC) resources: Eye Gaze, Objects of Reference, iPads, Interactive projectors;
- Rebound Therapy equipment;
- age appropriate indoor and outdoor play equipment;
- musical instruments adapted for disabled children.

### **3. Staffing, Staff Development and How We Work**

As befits an organisation which provides education and therapy for children from all parts of Scotland who are affected by a range of neurological conditions through a range of services, we have a wide range of staff, with 38 staff employed to deliver its responsibilities and functions during 2018-19.

#### **3.1 Management and Leadership**

The SCCMI was led by Professor Patrick Salter, Chief Executive who retired in October 2019. Mr Robert (Bob) Fraser will take up this post as Chief Executive on 3<sup>rd</sup> December, 2019. The Chief Executive, together with a small management team have responsibilities as identified below.

#### **3.2 Organisational and Administrative Responsibilities**

Administration and Resources Manager - responsible for finances, resource management, human resources, marketing, administration, policy development/implementation, records.

### 3.3 Educational Responsibilities

Professional Lead for Education - responsible for SCCMI's educational provision, including curriculum development, teaching, learning and assessment, with teaching role.

### 3.4 Health and Care Responsibilities

Professional Lead for Health - responsible for therapeutic delivery and development, including Occupational Therapy, Physiotherapy and Speech and Language Therapy.

### 3.5 Quality Enhancement Responsibilities

Professional Lead for Quality and Care - responsible for Education Scotland and Care Inspectorate compliance/inspections; stakeholder engagement; statutory compliance including child protection.

### 3.6 Staffing Related to Programme and Service Delivery

The SCCMI's work is delivered through multi-professional teams, working in a collaborative and integrated manner. We have a high staffing level associated with educational, therapy and care requirements when compared with equivalent organisations. This structure may vary year-on-year depending on operational aspects, including the child population of individual programmes. In addition to those identified in the management structure, education, therapy and care is delivered by 25 staff:

- Teachers x4
- Physiotherapists x4
- Occupational Therapists x2
- Speech & Language Therapist x2
- Programme Co-ordinators x2
- Early Years Practitioners x8
- Support Workers x3.

### 3.7 Administration Staff

In order to ensure that the administrative functions of the organisation operate in an efficient manner, three administrative posts are established including:

- Finance Officer
- Receptionist/Administration Assistant x2.

### 3.8 Facilities and Housekeeping Staff

In order to ensure that the Craighalbert building and campus is maintained in a safe and hygienic manner, a number of posts are established including:

- Facilities Manager

- Chef
- Out-of-Hours Janitor
- Pool Attendant
- Housekeeping Staff x2.

### 3.9 Visiting Professionals and Volunteers

A range of visiting professionals including e.g., dietician, specialist visual and hearing impairment teachers, artists, authors and musicians contribute to our service delivery. In addition, valuable contributions are made by volunteers who include former employees and young people with cerebral palsy who formerly engaged in the SCCMI's programmes.

### 3.10 Staff Development

The SCCMI has a commitment that services are delivered by professional staff who are highly educated, highly skilled and who possess a high level of contemporary knowledge. To enable staff to achieve these qualities, substantial resources are allocated to staff development throughout the year, with such development activities including those with which all staff engage and others which are more focused and dependent on the individual's profession/occupation and their individual role, with the range of activities reflecting our work and ambitions.

Over the past year, a diverse range of staff training days were undertaken with such activities reflecting the complexity of our work and included: statutory requirements such as child protection, health and safety and moving and handling; generic staff training associated with e.g.. medicine administration, eating and drinking, infection prevention, epilepsy; specific and focused individual staff developments, identified through individual PDPs (professional development plans) included activities related to e.g.:

- Managing Difficult Epilepsy
- Practice Educator Training
- Magic Carpet
- Tone Management in Cerebral Palsy
- International Dysphagia Diet Standardisation Diet
- Journal Club
- Assessment – Hand Assessment
- Rett Syndrome
- Sensory Stories for Children with Visual Impairment and Complex Needs
- CPIPS
- Light tech AAC – on-body and Makaton signing
- High teach AAC – eye gaze
- Student education.

### 3.11 How We Work: Integrated Collaborative Co-professional Working

The concept of inter-professional practice has been identified as effective with a growing consensus that such practice contributes to improved quality, communication, efficiency and effectiveness. The World Health Organisation (WHO) has expressed its support for inter-professional working, illustrated by the statement: “working in a team enables professions to solve complex health problems that cannot be adequately dealt with by one profession”. As a leading Scottish organisation addressing the needs of children with a range of neurological conditions, it is apposite for the SCCMI to implement the World Health Organisation’s principles through what is termed integrated, collaborative, or co-professional working. The logic behind our integrated, collaborative, co-professional working is that a child with a neurological deficit has a range of inter-related difficulties associated with e.g. cognition, learning, motor, functional and communication abilities. These difficulties are not separated in the child’s mind and body and present an integrated set of negative and complex circumstances for the child.

Our co-professional approach addresses the child’s difficulties in an holistic manner, with staff operating as a cohesive and focused group, but from a range of relevant professional perspectives, (including teachers, physiotherapists, occupational therapists, speech therapists, early years practitioners and support workers), working in an integrated manner but employing specialist knowledge when required, deliberately blurring the edges between the professions and attempting to ensure that the *whole of our workforce is greater than the sum of the individual parts*, ensuring that *‘the whole is greater than the sum of the parts’*. Therefore where appropriate, each professional within the team contributes to elements of the work of other professionals in addition to undertaking their own practice, providing this does not interfere with the basis of their own work.

Our staff apply energy and commitment to ensure integrated, collaborative and co-professional practice is effective, with key elements which provide specific foci for teams through which they can concentrate and converge their attentions including:

- ensuring a coherent plan for each child,
- ensuring an overall plan for a group of children, and
- guiding the child towards achieving predetermined and achievable goals.

#### **4. Summary of Key Organisational Strengths**

As an organisation providing integrated education, therapy and care to children with a range of neurological conditions the SCCMI is committed to providing high quality services. Systems are in place to enable staff to undertake reflective and self-evaluative activities and, in addition, we are regularly inspected and scrutinised by external bodies, principally Care Inspectorate and Education Scotland. We have identified some of our key strengths through the processes described above, including:

- Provision of a rich and varied learning environment through experiences and outcomes developed through the four contexts for learning.
- High quality internal and external environments.
- A curriculum which reflects the specific needs and abilities of the children engaging with the SCCMI.
- A blend of discrete subject development (literacy, numeracy, health & wellbeing) and inter-disciplinary learning, which provides quality learning opportunities and highly motivating contexts.
- All children are supported as individuals within small group settings, with their individual needs and preferences informing activity planning and delivery.
- A holistic approach to meeting children's educational, health and wellbeing, physical, communication and emotional needs.
- Staff's detailed and intimate knowledge of children, facilitating appropriate target identification and programme development.
- Integrated collaborative working by a range of professionals and disciplines who work together to plan and deliver coherent programmes.
- A commitment to, and development of self-evaluation and improvement planning.
- A staff development policy and PPDS system common to all staff and incorporating new GTCS standards for teachers and with staff participating in an annual review of their performance.
- High staff expectations.

#### **5. How Well Do We Improve the Quality of Our Work - Planning Progress**

##### **5.1 Commitment to Improvement**

The Board, management and staff are committed to systematic and continued improvement to ensure high quality services are maintained. The views of parents are sought on the quality of provision, resulting in informed reports on the quality of education, therapy and care, with these used to plan improvements. A range of self-evaluation tools are used to ensure continuous improvement, based on quality indicators from e.g., 'How good is our school? 4' (HGIOS4) and the Health and Social Care Standards.

Parents think highly of the SCCMI's services and work in close partnership with staff. Managers monitor and review systematically the quality of learning, teaching and care through observation, discussion and the PPDS (appraisal) system. Teachers, therapists, EYPs and support staff reflect on their practice, identify strengths and areas for improvement, which has resulted in increased consistency in ensuring:

- common aims,
- consistency of approaches and responses to children,
- appropriate pace of learning,
- increasing children's participation.

Staff are required to participate in CPD activities, both internal and external, formal and informal, and are encouraged to share their learning with colleagues.

## 5.2 Summary of Developmental Focus

Over recent years, the SCCMI has undertaken a considerable number of initiatives across all aspects of operation, with the key issues identified in the Centre Development Plan, 2018-2019:

### (i) Priority 1

- A Health and Wellbeing programme has been designed to take account of the needs of the children within the SCCMI and to offer age and stage appropriate learning.
- The H+W Nutrition Policy has been updated to reflect the new food standard regarding texture.
- The SCCMI has registered with Eco-Schools and are working towards gaining our Green Flag. The Eco Committee has been formed and the Environmental Review has been completed.
- Partnerships have been established with St Andrew's Primary School and Nursery Class. The Nursery pupils visited and had a Spring Tea to mark the end of the visits.
- Primary pupils became buddies to our pupils. St Andrew's pupils were taught on body signing and Makaton to enable them to communicate with our pupils more easily. SCCMI pupils visited St Andrew's to enjoy the sensory stories written for them.
- A Religious and Moral programme has been designed to take account of the needs of the children within the SCCMI and is designed to offer age and stage appropriate learning.

### Next Steps

- Menus to be reviewed to ensure they are in line with national guidance and with the support of SLT, dietetics, PLH and suitable software such as NUTMEG to

ensure compliance of foods in relation to the requirement of the following guidelines:

- Better Eating Better Learning
- Setting the Table

PLE to lead the role out planning, evaluation and recording of the H+W curriculum and to review the faith of children to ensure they are celebrated across the year and that they are provided with opportunities to share their faith and special occasions with friends of other faiths. Eco committee will continue to work on Action plan for Eco-Schools Award and partnerships with St Andrew's Primary School and Nursery Class will continue.

(ii) Priority 2

- SLT's have completed training and IDDSI has now been fully rolled out. Texture audits have been completed jointly between SLT and SCCMI chef.
- Light-tech communication systems in place across the classes with children having individual strategy mats.
- Library has been relocated to area which is more accessible for staff and pupils to maximise its use and banding system agreed.
- Staff sought examples of processes for management practice observations and agreed on format. Staff questionnaires were completed to highlight areas where they feel confident and areas they feel could be developed further.

Next steps

Ensure compliance with IDDSI texture descriptors. Continue to explore use of tactile/tangible symbols with those children who have a visual impairment to extend their communication toolkit beyond on-body signs. Although information has been gathered regarding best practice in switch use and progression for communication, this has not yet been critically analysed and a switch audit has still to be completed. Management Practice Observations and Peer Observations will be timetabled in the yearly calendar as agreed with staff.

(iii) Priority 3

A programme has been identified for safe and accurate record keeping. Headers and footers now form part of Reports to ensure that they are easily accessible. The Reporting format has been reviewed using a GIRFEC. This has been well received by parents and professionals. A template drive has been established for consistency of paperwork.

Next Steps

All records to be electronic, using a lockable secure document that is in line with SCCMI's policies and collaborative working, and with HCPC regulations.

(iv) Priority 4

- ICF indicators have been linked to GIRFEC to further streamline documentation.
- The use of CODES, CAMP, SETT Framework and Snap and Core pathways are being used to document levels of progress of most children using AAC within the SCCMI.
- SCCMI OTs attended training in Assisting Hand Assessment training and Hand Assessments for Infants

Next steps

Produce toolkit of Communication and Language and AAC related documentation. Revise the SCCMI Assessment Toolkit to clearly articulate the rationale for selection and use of standardised assessments within the Centre. OTs to pilot the AHA and HAI Assessments as effective means of planning for and tracking progress towards development of upper limb function. Revise and publish the Centre's policy and procedures associated with integrated assessments.

(v) Priority 5

- Self-Evaluation policy has been revised and published.
- Questionnaires developed and completed by parents of all programmes and all staff.
- Questionnaires developed and completed by AEP children.

Next steps

Self-evaluation opportunities highlighted in Cross Centre Calendar. Further opportunities for parents to be involved in the school life of their child. Questionnaires to be completed by primary and secondary children. Questionnaire data to be analysed by CMT and addressed appropriately. Establish a Parent Council.

## **6. External Assessment of the Quality of SCCMI'S Work**

Over recent years, key external assessments confirmed the high quality of the SCCMI's provision.

(i) Residential Commissioning Framework

In 2018, Scotland Excel ranked SCCMI

- |                                   |  |
|-----------------------------------|--|
| • Standard Nursery                | - highest ranked in Scotland                 |
| • Most complex children Nursery   | - highest ranked in Scotland                 |
| • Most complex children Primary   | - highest ranked in Scotland                 |
| • Most complex children Secondary | - highest ranked in Scotland                 |
| • Standard Primary                | - 2 <sup>nd</sup> highest ranked in Scotland |
| • Standard Secondary              | - 2 <sup>nd</sup> highest ranked in Scotland |

(ii) Education Scotland

The SCCMI participated in an Education Scotland inspection in June 2016. Of the five areas assessed, we were assessed as 'very good' in four: i.e. improvements in performance, learners' experiences, meeting learning needs and improvement through self-evaluation; and 'good' in the remaining area, the curriculum. A number of key strengths were confirmed by inspectors:

- a. Happy, motivated, engaged children who benefit from the rich communication environment.
- b. The high-quality collaborative and integrated teamwork to assessing and meeting children's complex needs.
- c. Highly skilled staff who ensure that children can learn and achieve in a nurturing and safe environment.
- d. The outstanding support for families.
- e. The leadership of the senior management team in driving improvements.

(iii) Care Inspectorate

In March 2019, following an unannounced inspection, the Care Inspectorate made many positive statements regarding our work, with the concluding statement: ...*"The environment was calm and welcoming. Staff were responsive to children and cared for them with warmth, kindness and compassion. Physical comfort, such as gentle rubs to the shoulders or face helped children feel loved. Staff anticipated any issues and proactively addressed them to ensure minimal stress to children"*. The SCCMI were graded as Excellent – "6" on both areas of assessment: Quality of care and support and Quality of Staff.

## **7. Meeting Children's Needs, Progress and Achievement**

### **7.1 How Well Do Children Learn and Achieve?**

The majority of our children undertake learning at pre-Early Years level, with learning and teaching methods constantly evolving to ensure the most effective learning process are employed for the individual child, being set at the right level of challenge and take account of their age, stage of development and preferred learning style. In addition, we engage effectively with parents to support learning at home.

We ensure children receive the help and support they require in order to progress their learning within the Curriculum for Excellence framework and through motivating, purposeful activities which are reviewed regularly with children and parents. The breadth of learning experiences is evidenced through theme and topic plans; interdisciplinary content, with particular focus on literacy and numeracy skills, children having many opportunities to learn

outdoors and the curriculum being enhanced by visiting staff in art and music, with their art work enabling them to demonstrate their originality and creativity.

Each child has a Personal Learning Plan (PLP) which details their personal profile, individualised support strategies, strengths and development needs, long- and short-term targets and outcomes summary. A range of assessment tools is used to enable realistic, achievable yet challenging targets to be set. All staff and parents are involved in identifying the learning needs of children/young people and planning how these will be best met. Coordinated planning is of a high standard and ensures education, therapy, and care needs are met effectively. In addition, children's achievements are celebrated in a range of ways. Staff assess individual children's progress through e.g. star books and ASP reports and adapt programmes to take account of their findings. Children have detailed personal targets and individualised plans which build on their existing knowledge and skills. This individualised approach means that children and their parents know what their targets are and both the child and their parents work to achieve these targets.

Children know that staff will help them. Staff's detailed knowledge of children's needs enables them to address individual personal, social, emotional, educational and physical needs. Children are happy and confident and are enabled to develop their social and communication skills through utilising a range of alternative and augmentative communication systems, individual, small group and whole class sessions to facilitate and encourage interaction with peers and adults.

We know our children and their families extremely well, know about their lives and wider experiences and make every effort to ensure the best possible environment for children, with such efforts including:

- children having personal targets set with their teacher, therapists and parents;
- celebrating their successes;
- having good arrangements to monitor and support PLPs using our detailed recording systems;
- teaching, therapy and support staff being experienced and highly motivated;
- support staff work in close co-operation with teaching and therapy staff to support children, enriching our services through their skills, experience and caring and positive attitudes;
- working with colleagues from other services, including psychological services, health professionals, other schools (in shared placements).

Some of the achievements made by children's learning is increasing confidence and interactions with other children, with many successfully developing skills of cooperation, working in groups and engaging with a wide range of adults.

## 7.2 How Well Do We Support Children to Learn and Develop?

Feedback from parents and other partners supports our belief that we meet children's needs exceptionally well. Staff provide nurturing and supportive learning, therapy and care environments within which children feel safe and secure, each child's needs are addressed which enables them to flourish.

The well-planned curriculum is based on children's identified needs and interests and multi-disciplinary teams work very well to develop the curriculum and new programmes of work. The curriculum is designed to develop their independence, their positive health and wellbeing outcomes and communication skills. The curriculum is highly individualised for each child, taking full account of the impact the child's particular needs may have on their learning. Teaching approaches will meet their personal, social and learning ensure relevance and effectiveness. Using the experiences and outcomes of Curriculum for Excellence, staff track young people's participation and progress. The thematic approach employed enables staff to develop links across areas of learning.

Children are making good progress in all aspects of their development and learning, and they achieve relevant and appropriate targets in literacy, numeracy and health and wellbeing, taking full account of their individual difficulties.

Teachers and therapists plan how best to support children and their families, taking account of individual learning needs and enabling children to extend their skills in a range of learning contexts, e.g. shopping in the local supermarket for ingredients for cookery classes and using outdoor learning environments. Children receive helpful feedback on their work from staff in a way that is appropriate to individual learners. During lessons, they make choices and develop as independent learners using individual picture and sensory timetables to direct their own learning. Staff encourage children to make choices and show their feelings through gesture, making sounds and using words.

A wide range of active and motivating learning experiences enable children to make progress at different rates and in different ways according to their individual needs and learning styles. Staff recognise individual differences through a wide range of alternative

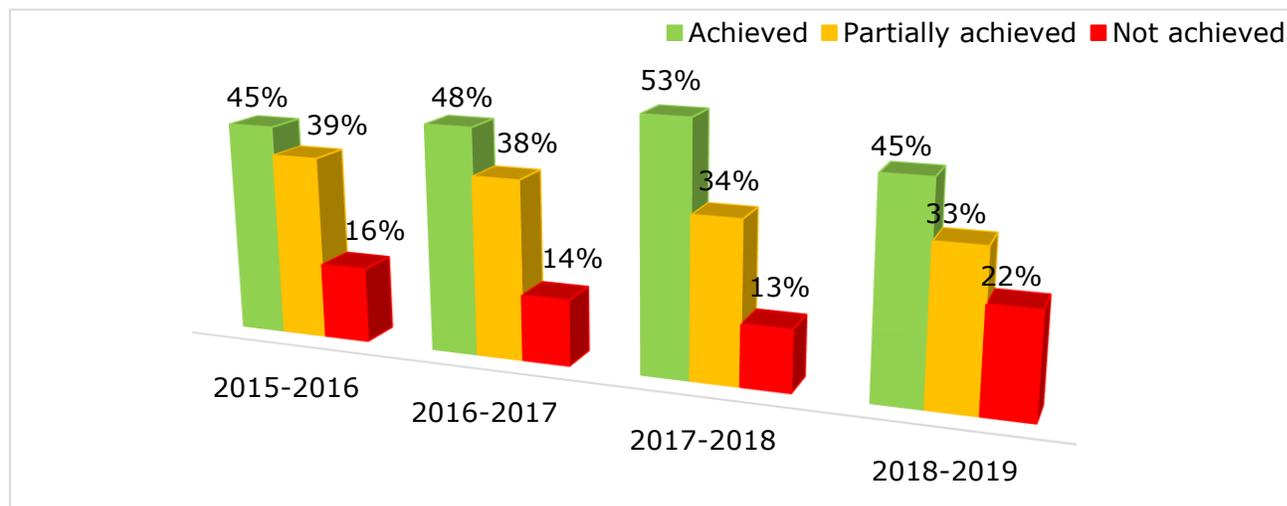
and augmentative forms of communication and give careful consideration to dignity and privacy when moving and handling children and young people.

The Early Years Practitioners provide substantial support to ensure children are actively involved in lessons and meaningful activities. Staff are skilled at interpreting children's gestures and eye movements, enabling children to make choices, express their preferences and contribute in lessons and other activities. In addition, a range of contemporary technology is used to facilitate communication and learning, including e.g. eye gaze technology.

### 7.3 Individual Outcomes for Nursery/Primary/Secondary Children

Table 1 illustrates the overall success rate in children's short term target achievement 2015-2019. While quantitative data shows a fluctuation in targets achieved, staff evaluations indicate that the children have made good qualitative progress towards their individual targets.

Table 1 - Children's Short-term Target Achievement



The Short-term targets individual children have achieved during 2018-2019 included e.g.:

(i) Literacy and English

I can indicate I would like more of an interactive activity by maintaining visual attention on increasingly smaller targets for an increasing length of time.

I will have more opportunities to respond within structured sensory activities e.g. Sensology Sessions and Sensory Story.

I will recognise familiar patterns within my play and imitate a familiar adult using vocalisations or body movements.

I will be exposed to Aided Language Stimulation using PODD page 1 (main) focusing on more during play and Eye Gaze activities.

I will experience Aided Language Stimulation using PODD pages within snack.

(ii) Numeracy and Mathematics

To consistently respond to five activities and my responses to these will be recorded before an OOR is introduced.

To provide child with more screen time to help her gain more understanding that it is her that is controlling the activity on the screen.

I will complete a touch screen assessment to identify my current skills with regards to ICT.

With a requested response from an adult, I will open my eyes, vocalise or move my hand to express I like a movement or song.

To demonstrate one to one correspondence with gradual reduction in prompting.

Sorting coins from one another.

(iii) Health and Wellbeing

I will keep standing position with a front support (parallel bar) and actively do 3 side steps, once a week.

With physical assistance and verbal prompting from an adult, I will stay for the duration of my session in class.

From choice of 2 images – with one high preference against low preference I can choose what I'd like to watch or engage with.

I can independently sit astride a bench, taking weight through his hands for over 30 seconds with close supervision on a consistent basis.

I will open my hands to explore resources/use a switch 3 – 4 times during a specific session.

## **8. Parents as Partners - Parents' Views**

The SCCMI is committed to working in partnership with parents, welcomes parents' active engagement with their child's educational and therapeutic activities', consider that a child/young person's progress is enhanced by activities undertaken in the Centre being continued at home, and that such parental engagement is one of the Centre's characteristics. There is a formal Parent Engagement policy which is provided for all parents.

Examples of recent parental comments on the services and programmes we offer are detailed below.

- Our son has particularly enjoyed the partnership with the local nursery and would love this to continue.
- The communication is good from school to home and I know the Centre will let me know straight away of any concerns they have.
- I would like the therapists to be looking at new and emerging therapies that we could look into even if the Centre could not provide them.
- We would like to ensure that our opinions and feelings are taken into account when decisions are being made about our son.
- We are very disappointed that our daughter cannot finish her secondary education at Craighalbert after so many years; we are struggling to find an alternative provision of the same standard.
- Maybe a school council or something with parent input might be a good idea.

## **9. External Engagement and Community Involvement**

As befitting an organisation which has a national standing and a Scotland-wide remit, the SCCMI has an extensive engagement with a range of communities and organisations, both local and national.

### **9.1 Engagement with Local and National Organisations and Charities**

#### **(i) Local Organisations**

Engagement with many local organisations and indeed individuals have been established over an extended time period with many such engagements relying in generous donations which embellish the quality of programmes and services. Such engagements include:

- Aspen Solutions
- Wallace Quinn Solicitors
- Dullatur Golf Club (the golf club adjacent to SCCMI's Craighalbert Centre
- Ministry of Defence Police
- Craighalbert Church
- Islamic Education Centre (Craighalbert Mosque)

#### **(ii) Contributions From National Charities and Businesses**

National organisations and companies which have chosen to support SCCMI's work include:

- RS McDonald Trust
- HMRC
- Brightwork Recruitment
- Devro
- Scottish Fine Soaps
- Tesco

### **9.2 Visitors**

We are always happy to welcome visitors to our operational base at the Craighalbert Centre and over the past year a substantial number of visitors were welcomed to learn of our work.