

The Scottish Centre For Children With Motor Impairments

Quality and Standards Report 2017-2018

Contents

- 1. Introduction and Context: Quality and Standards Report – What is it?**
- 2. Organisational Context and Background**
 - 2.1 Children/Young People With Whom SCCMI Engages
 - 2.2 SCCMI's Purpose and Ambitions – Mission and Vision
 - 2.3 Key Tenets and Values
 - 2.4 SCCMI Services and Programme
 - 2.5 SCCMI's Facilities and Equipment
- 3. Staffing, Staff Development and How We Work**
 - 3.1 Management and Leadership
 - 3.2 Staffing Related to Programme and Service Delivery
 - 3.3 Administration Staff
 - 3.4 Facilities and Housekeeping Staff
 - 3.5 Visiting Professionals and Volunteers
 - 3.6 Staff Development
 - 3.7 How We Work: Integrated Collaborative Co-professional Working
- 4. Summary of Key Organisational Strengths**
- 5. Improving the Quality of Our Work: Developmental Focus - Planning Progress**
 - 5.1 Progress on Developmental Focus Over Recent Years
 - 5.2 Planning Progress
- 6. External Assessment of the Quality of SCCMI'S Work**
 - 6.1 Residential Commissioning Framework Outcomes
 - 6.2 Education Scotland
 - 6.3 Care Inspectorate
- 7. Meeting Children's Needs, Progress and Achievement**
 - 7.1 How Well Do Children Learn and Achieve?
 - 7.2 How Well Do we Support Children to Learn and Develop
 - 7.3 Individual Outcomes for Nursery/Primary/Children
- 8. Parents as Partners - Parents' Views**
- 9. External Engagement and Community Involvement**
 - 9.1 National External Events
 - 9.2 Engagement with Local and National Organisations and Charities
 - 9.3 Visitors

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.

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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 Charity¹, a Company Limited by Guarantee² 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 eg, 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 eg, 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, ie:

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.

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.

¹ Registered Charity - SC008428

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

2.3 Key Tenets and Values

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

- 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 eg 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 eg 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 eg:

- 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 42 staff employed to deliver its responsibilities and functions during 2017-2018.

3.1 Management and Leadership

The SCCMI is led by the Chief Executive and a small management team with the responsibilities of the various posts identified below.

- Organisational and Administrative Responsibilities
Head of Administration and Resources - responsible for finances, resource management, human resources, marketing, administration, policy development/implementation, records.
- Educational Responsibilities
Professional Lead for Education - responsible for SCCMI's educational provision, including curriculum development, teaching, learning and assessment, with teaching role.
- Health and Care Responsibilities
Professional Lead for Health - responsible for therapeutic delivery and development, including Occupational Therapy, Physiotherapy and Speech and Language Therapy.
- Quality Enhancement Responsibilities
Quality Enhancement Officer - responsible for Education Scotland and Care Inspectorate compliance/inspections; stakeholder engagement; statutory compliance including child protection.

3.2 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 28 staff:

- Teachers x3
- Physiotherapists x4 (plus an additional Physiotherapy Consultant post)
- Occupational Therapists x2
- Speech & Language Therapist x2
- Programme Co-ordinators x2
- Early Years Practitioners x8
- Support Workers x4.

3.3 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
- Administrative Officer
- Receptionist/Administration Assistant.

3.4 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
- Cook
- Catering Assistant
- Out-of-Hours Janitor
- Pool Attendant
- Housekeeping Staff x2.

3.5 Visiting Professionals and Volunteers

A range of visiting professionals including eg, dietician, specialist visual and hearing impairment teachers, dietician, 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.

3.6 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, some 200 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 eg. 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 eg:

- Formal postgraduate studies – dysphagia, gait analysis
- Assessment – Hand Assessment
- Benchmarking
- Children's rights
- International Dysphagia Diet Standardisation Initiative
- Junior Award Scheme for School (JASS)
- Literacy development - Boardmaker SNAP and CORE
- Nutrition, healthy food and special diets
- Postural management – CPIPS, dynamic orthoses
- Therapeutic approaches including – Bobath, rebound therapy
- Light tech AAC – on-body and Makaton signing
- High tech AAC – eye gaze
- Student education.

3.7 How We Work: Integrated Collaborative Co-professional Working

The concept of inter-professional practice has been identified as a 'good thing' 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 eg. 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 interdisciplinary 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.
- An 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 eg, '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

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, 2017-2018:

(i) Curriculum Development

Our Learning Pathways (pre-Early Level, Curriculum for Excellence) have been streamlined to allow breadth, balance and progression across Literacy and English and Numeracy and Mathematics to be tracked and benchmarked against national Milestones to Support Learners with Complex Additional Support Needs. Our Professional Lead for Education contributed to Education Scotland's development of the milestones, with a pilot project run within the Craighalbert Centre informing the national Numeracy and Mathematics Milestones to Support Learners with complex Additional Support Needs.

A Curriculum Map, identifying an annual cycle of broad general education experiences, has been established, with topics differentiated for the Centre's nursery and primary programmes and extended for the secondary programme.

Drafting our Health and Wellbeing Curriculum and associated Learning Pathways is ongoing, with an annual cycle of Health and wellbeing topics established, including eg. Friends and Family, People that Help Us and Dental Health. Our Professional Lead for Education will continue to contribute to Education Scotland's development of Health and Wellbeing milestones.

Good progress has been made with incorporating opportunities for learning in the community into our curriculum design through an extended topic cycle and an additional focus on community engagement, enterprise and eco in the secondary programme.

Children across our primary and secondary programmes are participating in the Junior Award Scheme for Schools (JASS), with children in lower primary working towards white and yellow awards, children in upper primary working towards red, green and blue awards and children in secondary working towards bronze, silver and gold awards. We are a registered provider of ASDAN programmes, enabling children in the secondary programme to engage with New Horizons and Transition Challenges.

(ii) Learning and Teaching

A grant awarded through the Pupil Equity Fund has enabled us to enhance the SCCMI's collective and child-specific resources and facilities associated with augmentative and alternative communication (AAC) to support our children's ability to communicate in a range of contexts across their learning day, with these additional communication resources also enabling improved school/home links. All staff have participated in associated training activities eg. Picture Exchange Communication System (PECS), Boardmaker SNAP and CORE Literacy Development and Tobii Dynavox Eye Gaze systems to maximise the impact of AAC.

A variety of external learning opportunities have been built into our topic cycle, including visits to facilities within the Craighalbert Centre's immediate vicinity eg. community park, local supermarket and mosque and national facilities eg. transport museum and safari park.

(iii) Health and Wellbeing

Children's snack and lunch menus have been revised in line with national nutritional guidelines ie. Setting the Table and Better Eating, Better Learning, to provide drinks and foods that are healthy, fresh, seasonal and local and that meet the children's nutritional requirements.

(iv) Transitions and Reviews

Prior to placement and at points of transition between our programmes, parents and carers are invited to attend an induction workshop or 1:1 sessions during which expectations of their engagement in their children's learning and therapy are discussed.

A formal review and planning meeting is scheduled on an annual basis with interim meetings with members of the multi-disciplinary team and evaluation activities scheduled in the interim. Daily school-home diaries ensure that parents and carers are fully informed about their children's learning, therapy and care needs on a day to day basis and the establishment of Learning Journals enables them to track their children's experiences and achievements throughout a school year.

(v) Methods of Assessing Children's Status and Progress

Our Assessment Toolkit has been reviewed and amended to enable accurate assessment across all stages and developmental domains, with identified staff training activities undertaken, eg. Assisting Hand Assessment (AHA) and Cerebral Palsy Upper Limb Pathway (CPUPS) and associated resources purchased. A project to match appropriate outcome measures to classification levels has been initiated.

For children engaging with our nursery, primary and secondary programmes their progress towards identified SMART short and long term targets is tracked on a termly and annual basis, with the data collected, analysed and reported on both an individual and school-wide basis. For children engaging with our Early Intervention Programme (EIP) and Access to Education Programme (AEP), the processes for identifying goals and tracking progress utilising a version of Goal Attainment Scaling (GAS) has been revised for roll-out from August 2018 to enable more meaningful data collection, analysis and reporting over time.

(vi) Recording and Reporting Children's Status and Progress

Joint reports are in place in the AEP and EIP with therapists contributing to plans and reports. Joint reports are being introduced in Nursery/Primary classes to enable all therapists to contribute to a single set of paper notes, with all session evaluations and plans being stored electronically. All annual reports now include a SHANARRI summary to highlight GIRFEC in action.

(vi) Programme Evaluation and Stakeholder Engagement

A programme of management observations of teachers' practice is ongoing with the focus determined through the identification of priorities for learning and teaching (CDP) and individual professional development needs (LTNA).

Reflective practice and processes for collaborative daily programme evaluations all staff are well-established across all our programmes, eg, in EIP the focus is on the effectiveness of the opportunities provided for children to work towards their GAS goals, measured through the responses of both children and parents/carers to each element of the session with revisions as indicated; in nursery and lower primary daily activity tracking sheets are used to ensure that the children's therapeutic needs are met consistently and equitably.

Parents/carers evaluative feedback are well-established across all our programmes. In the nursery, primary and secondary programmes, the bound, daily home-school diaries and news switches have enhanced communication with parents/carers regarding eg, achievements in school, home activities and health and wellbeing needs over time, facilitating unsolicited parental comment about the quality of the SCCMI's educational, therapeutic and care provision. In the AEP and EIP such parental comment is provided through regular direct engagement.

Across all programmes learning and therapeutic activities are highly personalised to meet individual children's needs, taking into account their preferences and interests, with eg. staff sensitivity to children's spontaneous communication strategies enabling them to track their enjoyment of sessions and to revise the content as indicated and staff supporting children to provide evaluative feedback at the end of each session through review of their participation and achievements and awarding of session stars.

Processes have been established to seek and display evaluative feedback from the variety of (community) stakeholders who engage with the SCCMI's social/celebratory activities, eg, daffodil tea. Minute-takers at MDT review and planning meetings have been tasked with recording evaluative feedback from external professionals eg. educational psychologists and social workers.

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, in assessing the national independent education, therapeutic and care provision for children with special needs, the SCCMI's 'standard' Nursery provision was the highest ranked service in Scotland by Scotland Excel; 'standard' Primary and Secondary provisions both ranked 2nd highest in Scotland; Nursery, Primary and Secondary provisions for 'most complex children', all ranked highest in Scotland, confirming the SCCMI's position in the provision of education/therapy/care for children with additional support needs.

(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: ie 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:

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

(iii) Care Inspectorate

The SCCMI participated in an unannounced Care Inspectorate Inspection in March 2017. We were assessed as 'excellent' in both the Quality of Care and Support and The Quality of Environment, the 2 areas of inspection focus, with the report noting that "the Scottish Centre for Children with Motor Impairments has children at the heart of their provision. Their holistic approach ensures each child was valued as an individual with all aspects of their learning, development, health and wellbeing supported . . . an excellent example of person centred planning.

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 well effectively. In addition, children's achievements are celebrated in a range of ways. Staff assess individual children's progress through eg 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 and their detailed knowledge of children and their families enable them to address each individual's personal, social, emotional needs, 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 being 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 others 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 and 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 that particular needs have on each child’s learning and personalised approaches to 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, eg 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.

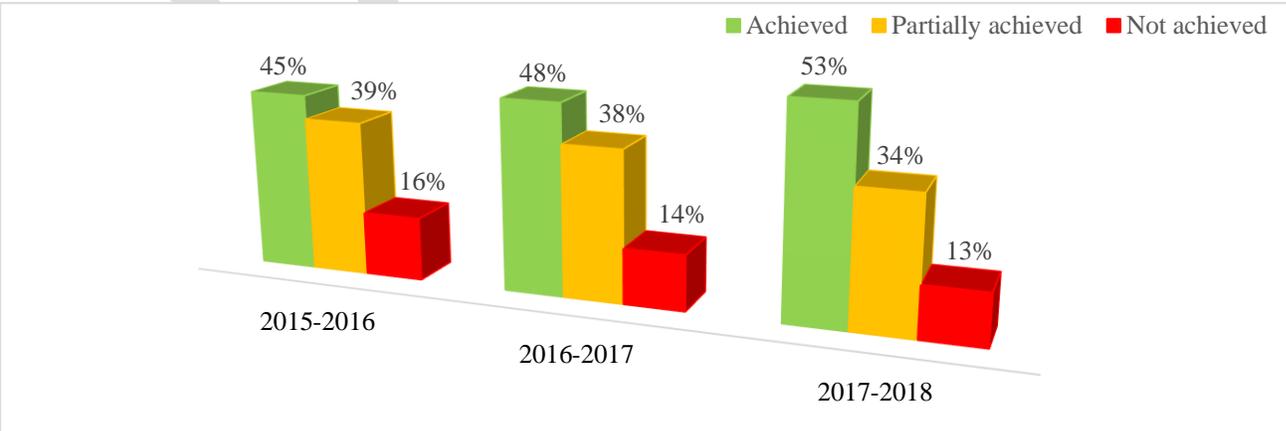
A wide range of active and motivating learning experiences enable children to make progress at different rates and in different ways according to their individual needs and learning styles. Staff recognise individual differences through a wide range of alternative and augmentative forms of communication 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 eg 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 2015-2018, with an increase in the percentage of the total number of short term targets achieved during 2017-2018 and a reduction in the percentage partially achieved and not achieved.

Table 1 - Children’s Short-term Target Achievement



The Short-term targets individual children have achieved during 2017-2018 included eg:

(i) Literacy and English

I will communicate a clear dislike in response to items / activities presented.

I can respond to an auditory cue to locate and operate my switch.

I will use my head switch to communicate an unknown diary event using PODD.

I can move my gaze to access all cells on my Tobii.

I will verbalise 3 word utterances with the support of symbol strips.

I will use yes/no symbols to answer a simple comprehension question during reading sessions.

(ii) Numeracy and Mathematics

I will use both hands to touch a range of malleable and wet textures, communicating my likes and dislikes through facial expression and movement.

I will look at a symbol from a choice of 2 to indicate what comes next within familiar routines.

I will press a switch on a timed activity and wait for it to finish before pressing again.

I can identify now and next in a 4-part sequence.

I will press a switch and hold to activate a visual / auditory output.

(iii) Health and Wellbeing

I will express my like or dislike of having my hands washed in warm or cold water.

I will make a choice from 2 items to communicate my preferences.

I can play in a small group, taking turns and sharing, for 3 minutes.

I will independently transfer a loaded spoon to my mouth.

I will independently sit astride a bench, taking weight through my hands, for 20 seconds.

I will walk with aid or rollator, taking 10 steps in a straight line.

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.

- The services provided are invaluable.
- Craighalbert provides a great service . . . you are doing an amazing job, thank you.
- Craighalbert is bright, cheerful, exceptionally clean and brilliantly well-equipped.
- I feel highly supported by staff, their advice and knowledge is much appreciated.
- I continue to appreciate the professional expertise and genuine warmth of all staff.
- The professionals who work at the Centre are patient, knowledgeable, caring and very motivated.
- Staff provide a service that is centred on the child . . . definitely getting it right for every child.
- The Centre has given our daughter and us, her parents, the confidence to see and help her develop.
- We are extremely grateful for the support and specialist intervention our daughter has accessed at the Centre.
- The difference in my daughter since she started is AMAZING!

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:

- 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:

- Children's Aid
- RS McDonald Trust
- Robertson Trust
- HMRC
- Sukhitachild
- Greig Melville HR
- Brightwork Recruitment
- Devro
- Scottish Fine Soaps
- Bells Food Group

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.