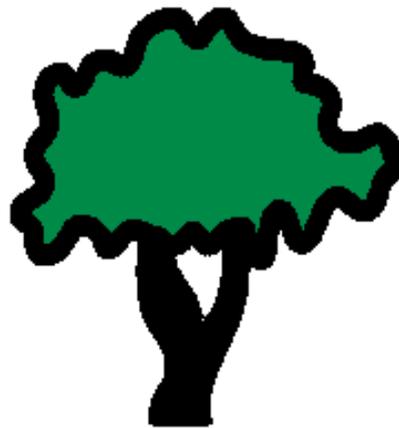


# Oaklands School

## VI policy 2017



A guidance policy to meet the support needs of children with multiple disabilities which include severe or profound learning disabilities, complex health conditions and a visual impairment.

Our vision is for all children and young people in Oaklands School to enjoy their childhood and achieve their potential.

## **Aims**

**To inform parents and staff of the procedures and processes that will be undertaken to determine a child's support needs and plan how those needs will be met.**

**To support the whole school process of auditing the school environment as well as developing, implementing and evaluating curriculum policy, planning and procedures to meet the educational needs of pupils with MDVI.**

This policy refers to children with multiple disabilities which include severe or profound learning disabilities, physical disabilities, complex health conditions and a visual impairment.

The children may also have sensory processing difficulties. Throughout this document pupils with such disabilities will be referred to as MDVI.

It is worth noting at this point that in other schools, children also referred to as having MDVI may not all have such profound disabilities

## **Introduction**

Oaklands School provides education for children and young people with severe or profound complex learning difficulties from 3-18 years. This includes pupils with significant physical and motor impairment and pupils with sensory processing difficulties.

The school moved to a new site at the end of December 2006 and facilities available in the new building include a hydrotherapy pool, multi-sensory room, soft play room and dedicated music, drama and expressive arts rooms. An overhead tracking system means that all rooms are accessible for children in wheelchairs.

The school has a large transdisciplinary team comprising teaching staff, nursery nurses, learning assistants, speech and language therapists, occupational and physiotherapists, nursing and dental staff. The school also draws support from the Visiting Teaching and Support Services (VTSS).

In our new school building all aspects of planning for visually impaired children was considered. Internal paintwork is in non-reflective paint with contrasting door frames and door handles. Acoustic floor coverings, optimum, flexible lighting, blackout blinds in all classrooms, tactile strips along walls at the children's hand height and permanently placed objects of reference at classroom doors have all been incorporated into the new school. Each classroom also has access to a small room which can be used for individual or group work.

Keycomm, a city resource exists to help people with communication impairments, make use of technology to contribute and control their environment. This resource is based in our school as is Kidzcare, a holiday play scheme which is offered to all of our school aged pupils.

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## **The education of children with visual impairment in Scotland**

### **The population**

Information on children with visual impairment in Scotland is held by local authority social services departments who compile data from registration records held by local Societies for the Blind.

It is difficult to obtain accurate numbers of children with a visual impairment as many visually impaired children are not being registered.

In late 1999 a project called Visual Impairment Scotland (VIS) funded by the Scottish NHS, was established to pilot a parent –led notification system for children with visual impairment and to develop support and information services tailored to their children’s needs.

More information can be found from their website at <http://www.viscotland.org.uk>

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### **What is a Co-ordinated Support Plan?**

The CSP supports the planning, monitoring and review of provision for a small number of children who have:

- “Additional support needs which arise from one or more complex factors, or from multiple factors
- These needs are likely to continue for more than a year
- The pupil requires significant additional support from the education authority as well as at least one of the following: social work services, health board, and/or another local authority”

Supporting Children’s Learning, a Code of Practice. (2005). p.11

## **What is meant by multiple disabilities?**

There would seem to be a good deal of confusion when referring to children with disabilities especially when multiple disabilities are involved. Terminology also varies from one part of the country to another.

In Scotland the term Profound and Complex Learning Difficulties is used to refer to children who have profound and multiple learning difficulties (PMLD), MDVI and / or sensory processing impairments.

There is a great deal written about provision for children with MDVI but there is no agreed definition of multiple disabilities as they are not an autonomous group.

A significant number of children in Oaklands, in common with many other children with MDVI, have a range of impairments which include visual, cognitive and physical impairments. Some of our children have difficulties in the following areas

- Cerebral palsy
- Complex health needs
- Epilepsy – medication for which can cause extreme drowsiness
- Pre-verbal levels of communication
- Proprioception – limited or no awareness of where the limbs are in relation to the body or the body is in space
- Impairment of tactile sensation

Advances in medical science have led to many children with multiple disabilities thriving today who would not previously have survived birth or infancy as a result. Increasing numbers of children are entering the educational system with complex medical conditions. These may have been caused through:

- surviving extreme prematurity at birth
- later trauma
- damage caused by maternal drug treatments or abuse
- onset of a seizure disorder.

Some of these children may require gastrostomy (tube) feeding, medication for severe epilepsy or treatment for breathing difficulties.

## **Cerebral (cortical) visual impairment (CVI)**

The following information can be found in more detail on the Visual Impairment Scotland website: <http://www.viscotland.org.uk>

### **What is Cerebral Visual Impairment?**

Cerebral Visual Impairment (CVI) is a condition where some of the special 'vision' parts of the brain and its connections are damaged. This causes visual impairment even though the eyes are normal. Often children with CVI actually have good visual acuity but can not 'make sense' of what they see. In most cases, once the damage has happened it does not get worse. As the child grows older the visual difficulties may slowly improve.

### **What are the causes of Cerebral Visual Impairment?**

There are many different causes of damage to the 'vision' parts of the brain. The damage can also occur at different times in the child's life. Often it is not known what the cause of the damage to the brain is.

Most often damage occurs while the unborn child is still in the womb. The reasons for damage to the brain while in the womb are often not known or well understood. Some cases might be due to the lining of the womb becoming infected. This type of damage can also be associated with premature birth.

Damage can also occur around the time of birth. If the baby becomes 'tired' during birth, damage can sometimes occur to the brain. This might be due to poor blood supply to the baby or difficulty with breathing. Premature babies are more prone to damage. This kind of brain injury is sometimes called Periventricular Leucomalacia (PVL). See the VI Scotland information document on this condition.

Most children even if they do have problems in the womb or during birth do not have any problems with vision or the brain.

There are many other causes of damage to the brain that can affect vision after a child is born such as:

- Infection (meningitis, encephalitis and infected intracranial aneurysms)

- Conditions that run in families (hereditary or genetic conditions)
- Damage to the drainage of water from the brain (hydrocephalus)
- Serious head trauma
- Stroke (cerebrovascular accident)

**What kind of visual difficulties is a child with CVI likely to have?**

Cerebral Visual Impairment can affect vision in many ways. All or only one of the special 'vision' parts of the brain can be damaged to different degrees. If there has been a lot of damage to many parts of the brain the vision can be very poor. However the child may still see movement and bright lights. Complete blindness due to brain damage is rare.

Children with CVI may respond as though unable to see anything. Their vision may fluctuate, sometimes appearing to have good use of vision and at other times seeming blind. Some may gaze intently at bright lights while others only open their eyes when the lights are dim. They may turn their gaze away when reaching out for people or objects. Some children with CVI may only see stationary objects, others may need added movement and / or sound.

In Oaklands, staff are very aware of the needs of children with CVI and the importance of consistent, careful presentation of objects.

## **Physical environment**

In Oaklands School we pay particular attention to the physical environment.

Pupils with MDVI benefit from opportunities to develop skills in moving and finding their way with increasing independence around the school. A high level of consistent, transdisciplinary staffing supports the pupil's learning about the school environment. Timetabling establishes good routines and facilitates the development of new skills.

The physical environment within the school has:

- A balance between being welcoming and avoiding excessive visual information.
- Strong colour and high contrast to facilitate navigation.
- Navigation strips along walls at pupil's hand height
- Clear signage – a mixture of symbols, words and object signifiers to enable visitors, staff and pupils to access signage
- Adjustable lighting
- Quiet working areas
- Distraction free areas

## **Assessments for pupils with MDVI**

Pupils may come to Oaklands School from home, Child and Family Centre or another nursery or school. We believe strongly in the importance of fostering good relationships with parents and keeping them well informed and involved in assessments wherever possible. Parental consent to the sharing of information about their child between professionals, leads to all parties being better informed and more able to help the child.

Parents are invited to attend medicals, clinics and assessments held by community paediatricians or other professionals in school.

A child with MDVI may enter the school at any age and the following information should be available;

- Parent's contribution
- Ophthalmologist report
- Orthoptist report
- Community paediatrician report which details vision and development
- Information from staff from the Visiting Teacher Support Services (VTSS) - may be pre-school home visiting teacher and / or Qualified Teacher of Visual Impairment (QTVI).

The school medical team and VTSS will follow up any reports not yet received at school entry.

In addition the school will collect the following information about the child:

- Community paediatrician update
- Therapy assessments
- Keycomm assessments if required
- Baseline functional vision assessment in school involving nursery staff, qualified school staff and if appropriate, VTSS VI support.
- Moving and handling assessments

In the primary department, he/she will have:

- School medical attended by parents / carers
- Ongoing functional vision assessments
- Optometrist clinic
- Development of communication passport to share information
- All information from agencies and services shared at child's review meetings attended by parents / carers
- Ongoing input from therapists and Keycomm
- Mobility assessment from VTSS if required

In the secondary department, he / she will have:

- School medical attended by parents / carers
- Ongoing functional vision assessments
- Optometrist clinic
- Completed communication passport
- Ongoing input from therapists and Keycomm
- Mobility assessment from VTSS if required
- Assessments for transition to adult services

Assessments are ongoing and the information gained is used to inform staff of the child's support needs and help to determine the targets set at the pupil's annual review. The results of assessments are shared between members of the transdisciplinary team i.e. class teacher, support staff, VTSS, therapists, health team and parents / carers. Parent / carers receive annual reports from the transdisciplinary team.

When a child moves on through the school or into another school or post-school setting, staff ensure information regarding the child is shared and the transition is carefully planned.

## **Vision Assessments**

There are two main types of visual assessment.

**A clinical assessment** to diagnose the child's eye condition will be performed by a paediatric ophthalmologist, often with involvement from an orthoptist with the parent / carer present. A background history will be taken about the child's general health, development and functioning. As this assessment generally takes place in an unfamiliar setting by people who are unfamiliar to the child it is worth noting that for a child with MDVI a full picture of the child's visual functioning may not be achieved and the child will usually be referred for a functional vision assessment.

**A functional vision** assessment aims to give a complete picture of a child's visual functioning and may be carried out by the QTVI with a member of the class team or together with a paediatrician.

It is important for whoever is conducting the assessment to obtain a full history containing the results of the clinical assessment and any relevant medical information such as medications and details of any other conditions or disabilities as these may have an impact on the child's development and ability to function in standard testing procedures.

The assessment would comprise

- Information gathering from parents, class staff, medical team and reports from the ophthalmologist.
- Observations of the child in the home, nursery or classroom.
- Carrying out appropriate assessment tasks according to the needs and abilities of the child.

The results of the assessment would then be incorporated into a report giving recommendations for supporting the child in the classroom. This report would then be copied with parental consent, to all the health professionals involved with the child and a copy sent home to parents.

## **Visual assessments in Oaklands School**

The school has excellent links with the community paediatrician. Of particular relevance for our school are the services of the specialist teacher for mobility and orientation. This specialist may be called into school for assessment or consultation purposes. A qualified teacher of Visual Impairment is in school two days a week, leading specialist groups, individual work and functional assessments with all the visually impaired pupils as required.

All children with a visual impairment in Oaklands School will have regular functional visual assessments carried out by qualified staff both from within school and by the community paediatrician using a variety of materials and continuous observations of the child in different situations. These assessments are used to share information with staff and families and inform future practice.

For children with CVI, having the functional assessment held at school in a familiar environment by familiar people means less stress for the child (and parent) and a greater likelihood of success. The child is encouraged to look at toys and interesting objects under different lighting conditions and his / her reactions are noted.

Optimum lighting, distances and positions for presenting items can be ascertained and the information is passed on to staff and parents.

The assessment may need to be repeated many times for some children as other factors such as sleepiness due to medication or the time of day, sudden seizure activity or lack of interest will all affect results on that day. Patience is required during assessments as many children will take a long time to respond. Staff in Oaklands are trained to observe children closely and record how they respond visually during the day to different experiences and these observations play an important part in understanding how well a child with CVI sees.

## **Physiotherapy, moving and handling assessments and movement programmes**

Pupils with MDVI have their needs assessed by the physiotherapy department when they are admitted to Oaklands School and are under continuous assessment thereafter. The pupils may have physical difficulties which may be moderate or severe and teachers work closely with physiotherapists, moving and handling advisers and the orientation and mobility specialist.

Pupils often need to use standing frames, supportive seating and / or other pieces of equipment in order to access the curriculum and teachers work very closely with the physiotherapist and occupational therapist in assessing their individual needs.

The physiotherapist liaises with the orthotist and occupational therapist for the provision of supportive splints for limbs and spinal braces.

Many of the children with MDVI participate in the MOVE programme, Mobility Opportunities Via Education. This programme was written and piloted in the United States and is designed to teach children with disabilities, the basic functional motor skills needed for adult life.

In Oaklands School an initial assessment involving the physiotherapist, teacher and parents is made where the child's ability to sit, stand, walk and turn are considered. For the children with complex needs the main aims are generally to do with improving weight bearing, sitting with minimal support and using aids to encourage reciprocal leg action. Parental involvement is very important as it is hoped that they will continue with the programme at home.

Physiotherapists in Oaklands School work in a transdisciplinary way with other staff and therapists to provide weekly MOVE / Communication groups for children with complex needs. They also attend pupil review meetings and take part in discussions about target setting.

The school has a purpose built hydrotherapy pool which is accessed by pupils with MDVI through structured physiotherapy sessions.

The City of Edinburgh Council implemented the amended Manual Handling Operations Regulations (1992) in 2002 based on current European Directive

90/269/EEC with the provision of a Moving and Handling assessment team who update staff training and give staff advice on safe moving and handling procedures. The team can be called into school at any time should the need arise. All new staff attend a Moving and Handling training course.

## **Speech and language therapy assessments and communication for pupils with MDVI**

In Oaklands, the development of communication skills is of paramount importance to help enable all of the pupils to access other areas of the curriculum and allow social inclusion in school, at home and in the wider world.

The class teacher will work with the speech and language therapist, support staff and the child's parents to complete assessments to establish how the child communicates and what aids need to be put in place to aid progression. The speech and language therapist will base her assessments on observations in class and may provide communication aids such as 'Big Mack'<sup>1</sup> for home / school use as well as in the classroom.

We use a 'Total communication environment' to help all the pupils in school to develop an understanding of what is happening around them. A full explanation of this can be found in a separate Oaklands policy document entitled "Our Total Communication Environment".

The pupils with MDVI experience song cues, object signifiers and on - body signing used together to help them to begin to build an awareness of the sequence of daily activities.

### **Song signifiers**

In Oaklands we use a start song which is specific to each activity, e.g. 'we can paint a rainbow' for art and a finish song which is always the same. These songs are used consistently throughout the school.

### **Signing for pupils with MDVI**

We base our signing systems on pupils' natural gestures, as well as on-body signs which include Cnaan-Barrie signs and the Signalong system. Only key words are signed e.g. up, down, more, finished. Signing may be on-body or co-active and each pupil will have a signing system which is personalised to meet their individual needs.

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<sup>1</sup> Big Mack is a communication aid onto which a short message can be recorded. The child presses the top and the message plays.

### **Object signifiers**

In addition to the songs and signs, object signifiers are used as a further cue to the activity about to take place. The pupils are encouraged to feel e.g. a wooden spoon before cooking or a paintbrush before art. Object signifiers in the corridor are used to identify rooms.

### **Intensive interaction**

In Oaklands School, the use of intensive interaction is an important part of the curriculum in encouraging all of the pupils to develop functional communication and the school has a policy on intensive interaction to explain to staff and parents how to structure and develop sessions.

### **Eating and drinking**

Children with complex disabilities are dependent on adults for all of their personal care needs and are also unable to dress or feed themselves independently. Most children with complex needs have eating and drinking difficulties related to their early developmental levels and visual impairments. Reducing the barriers for eating and drinking in Oaklands School is achieved through close collaboration with the school's multi-disciplinary team.

The physiotherapist and occupational therapist look closely at positioning, functional seating and feeding utensils while the speech therapist considers the implications for safe feeding. All of the information is gathered and discussed with class teams and a comprehensive eating and drinking programme is produced for each child, to be carried out by a trained staff member. These programmes are aimed at encouraging the child to take an active part in the feeding process wherever possible.

Where children are fed through gastrostomy tubes, staff are trained by the school nurses. Targets for these children focus on oral stimulation as part of their lunchtime routines: teeth cleaning, face washing and lip balms as sensory cues. Song cues, objects signifiers and on-body signing are used throughout personal care and dressing routines as for all activities.

## **Occupational therapy assessments**

Occupational therapists believe that pupils' participation in meaningful activities contributes to their health and wellbeing. Occupational therapists work with pupils to help them maximise their abilities and become as independent as possible.

In Oaklands School, the occupational therapist can be involved with any of the pupils' daily activities including dressing, eating and drinking, play and in particular in a school setting accessing the curriculum. She may work to develop the underlying skills to carry out these activities or the activities themselves.

When working with pupils with MDVI the occupational therapist works closely with everyone who knows them well including parents, teachers, physiotherapists and speech and language therapists for assessment, target setting and direct work. She will also work on developing hand function, body awareness and sensory skills in individual and group settings. The occupational therapist will advise other staff on best practice.

Practical support in the form of specialised seating, hand splints and advice about appropriate ways of accessing switches and technology are also within the remit of the occupational therapist in school.

Home visits can be arranged to give information to families about equipment or advice on developing pupils' independence skills.

She will liaise with community occupational therapists and relevant health professionals when required.

## **The role of the health team for pupils with MDVI**

In Oaklands, there is a highly qualified nursing team in school to administer medication and advise staff of individual pupil's medical needs. They are involved in child health screening for these pupils. In addition they oversee regular training for staff in giving gastrostomy feeds, epilepsy care and other aspects of health promotion. The nursing team work collaboratively with other health care professionals including community paediatricians, ophthalmologists, optometrists, the school doctor and dentist. There is a specialist dental surgery on site and the school dentist and hygienist visit regularly.

For the parents / carers of pupils with MDVI, the nursing team provide a service which includes liaising with, advising and supporting parents about concerns with their child's health including immunisations, providing advice about and organising continence support and liaising with the learning disability medical teams.

## **Pupil Planning Meetings**

In Oaklands School every pupil has an annual pupil planning meeting to discuss and update their Individualised Educational Plan (IEP) and Co-ordinated Support Plan (CSP) as appropriate. When applicable, planning meetings are held as part of a pupil's Looked After and Accommodated (LAC) meeting or meeting. This provides an ideal opportunity for everyone involved with the pupil to share information about the pupil's general and visual development.

The Visual Impairment teacher at Oaklands supports the pupils with MDVI in school and writes a short report about their vision within their annual report.

## **Access to a broad and balanced curriculum for pupils with MDVI**

### **A Curriculum for Excellence**

A review of the curriculum in Scotland began in 2004 and the resulting 'A Curriculum for Excellence' was published following the National Debate on education in Scotland. It aims to provide a more flexible and enriched curriculum which is focused on the needs of children and young people and is designed to enable them to develop the four capacities: effective contributors, successful learners, confident individuals and responsible citizens at every stage of their learning.

In Oaklands School, the principles of the 'Curriculum for Excellence' underpin all of the curricular activities in which the pupils participate. We use nationally recognised curricular programmes: EQUALS in the primary and ASDAN and SQA curricular frameworks in the secondary for all pupils and their progress and experiences are recorded and celebrated. Senior pupils in the secondary achieve externally moderated certificates at all levels of ability. Pupils in the primary department work through the Bronze, Silver and Gold levels of the Junior Awards Scheme Scotland (JASS) which is also certificated.

The nursery department develop the four capacities through a curriculum using the key principles of 'Pre-birth to Three' under the guidelines of 'Building the Ambition' and the assessments in 'Routes for Learning'.

A sensory approach is used by the staff in Oaklands to enable pupils with multiple disabilities and a visual impairment (MDVI), to follow the same curricular programmes as their peers, offering a wide range of experiences through communication, personal and social development, information technology, expressive arts, home economics, science, hydrotherapy and movement. These experiences are supported by individual therapy and sensory stimulation programmes.

In the nursery, primary and secondary departments, pupils with MDVI spend most of their day in classrooms which have been designed to stimulate and develop all of their senses while also providing familiar and secure environments. Pupils progress at their own pace within lessons which are carefully structured to enable them to

take an active part in their own learning while also allowing sufficient time for staff working with them to help each pupil reflect on their achievements within that lesson.

Interaction with the outside world begins in the nursery with safe and secure exploration of the outside school environment and local community visits and may culminate in the secondary with appropriate recreational courses at local colleges or community services.

## **Social access and inclusion in Oaklands School**

Children with MDVI need opportunities to be with more able sighted peers to allow both groups to interact with each other even if it is at a very early level.

Oaklands School has fostered close links with local mainstream schools in addition to other special schools. Pupils from neighbouring secondary schools help in classrooms working with the children so that relationships may be developed for the benefit of all pupils.

The children in Oaklands take part in social activities in the school such as wheelchair dancing sessions, assemblies and celebrations. This enables children including those with MDVI who have difficulties coping with noise or group gatherings to become less anxious over time. Children make regular visits to local shops and parks and are known and accepted in the neighbourhood around the school. They also visit the many different attractions available in and around Edinburgh.

In school, children with MDVI are included in mixed play and group activities with sighted peers wherever possible.

There are also strong links with Edinburgh's College where pupils in their final years at school have opportunities to attend recreational courses as part of the 'Senior Phase' programme.

## **Auditing the school's provision for pupils with MDVI**

### **Auditing the school environment**

Staff pay close attention to room organisation, lighting levels, positioning of the pupil, developing familiar routines and ensuring an appropriate environment.

Oaklands School audits the school environment through the use of auditing checklists produced by Naish, Bell and Clunies - Ross (2003) and relevant external advisors. The 'Exploring Access' pack can be used to audit one room or the whole school and the focus can be kept to one specific area such as lighting or signage. Results can then be reflected in the school development plan.

### **Auditing school provision**

The auditing of Oaklands School's provision for children with MDVI can also be facilitated by using a resource pack produced by Bell and Naish (2005). 'Exploring Quality' questions the effectiveness of school provision in relation to a range of topics including curriculum access, social access, staff skills and transitions.

The audit results will inform and initiate updates to this policy.

## **Staff skills - training and qualifications**

The Requirements for Teachers (Scotland) Regulations 2005, require a teacher who is employed by an education authority to teach children with a visual impairment to have an appropriate qualification. The Scottish Government website, <http://www.scotland.gov.uk/publications/2007/01/29163203/3> provides information about the competences expected to meet the needs of these children.

The City of Edinburgh Council encourages all staff working with children who have a visual impairment to demonstrate the competencies. A programme of Continuing Professional Development, delivered by The University of Edinburgh, will evaluate staff competencies and lead to certification.

A large group of teachers and support staff took part in visual impairment study and project work over a period of 9 months which led to presenting their work to the rest of the school staff and to an external group who evaluated their work and awarded them certificates.

The Principal Teacher in the nursery has nearly completed her VI qualification. New staff join in induction sessions which include an introduction to Visual Impairment within Oaklands provided by the school's qualified teacher of Visual Impairment. Additional whole staff training is also provided during the school session by the VI teacher who may call upon other specialist VI support depending on the topic. Additionally, in Oaklands School, educational, therapy and medical staff undertake regular training in visual impairment which may involve studying for nationally recognised qualifications or attending short courses offered by outside agencies or specialist staff within the Education Authority or Health Board.

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