



LOCATION : CURRICULUM HANDBOOK, DOCUMENT 13

COVID–19 PANDEMIC – It is important that this P.E policy reflects current arrangements in response to COVID-19. Whilst the current pandemic crisis takes place please reference to Appendix 7 pg 28 first and foremost.

PHYSICAL EDUCATION POLICY

1. Introduction

- 1.1 Physical Education at Abbey Court School includes physiotherapy and mobility and is based on the notion that Physical Education contributes to the physical development of each child and provides them with an opportunity to learn how to manage and control their own bodies with confidence in a variety of situations. It provides the importance of active, fit and healthy lifestyles. Physical Education makes an important contribution to a pupil's physical and emotional well being.
- 1.2 Physical Education at Abbey Court develops pupils' confidence. It incorporates regular and specific physio routines aimed at maintaining and developing movement. Alternative approaches to movement are also used these include: Sherbourne methodology to improve pupils' physical development and motivation. Mobility Opportunities Via Education (MOVE). The Halliwick approach for the teaching of swimming and Rebound Therapy, to support the development of movement patterns and body awareness. Further details on each of these approaches can be found in the appendices.
- 1.3 In Physical Education at Abbey Court School it is recognised that all pupils will have the opportunity to participate and the chance to take part in competition if possible, promoting competition within their own school and against other schools. Abbey Court School's Physical Education Policy details the philosophy of participation whilst explaining the benefits of competition. Every effort will be made to balance competition and participation.
- 1.4 From Foundation Stage onwards, all pupils are given the opportunity to participate in swimming activities and the "Halliwick" swimming method and the ASA Scheme is used to improve their body control and promote their self worth.

2. SMSC

Abbey Court School makes effective provision for spiritual, moral, social and cultural (SMSC) aspects of learning and thus promotes the development of the whole child. Abbey Court School values highly its work in personal, social, health, sex and relationship education and citizenship. We want pupils to become responsible adults and supportive citizens and seek to create an ethos and climate in the school which will help them to flourish as young people, therefore, we actively promote and evaluate pupils' spiritual, moral, social and cultural development.

The four SMSC aspects are connected and the school's provision for one area will often make an impact on another, eg. when pupils listen to music from different cultures this may also make an impact on their spiritual development. Activities to promote moral development are also likely to have an impact on social development. The school provides opportunities to promote these aspects of pupils' development, within the curriculum. Each subject policy therefore enables staff to be clear about what it means to promote development in these four areas, within each subject. This is further supported through the subject schemes of work and the SMSC Examples.

3. Definition

- 3.1 Physical Education is the study of physical activity and healthy life-styles and should develop positive attitudes and ensure safe practices.
- 3.2 Physical Education is of the utmost importance to all the pupils at Abbey Court School as many pupils have physical disabilities or are restricted by their developmental delay and Physical Education gives them control over their bodies and makes them physically independent. It also forms the basis for cross-curricular delivery and many other life skills, e.g., communication, self-worth, emotional development.

4. Rights Respecting School

Abbey Court School is a Gold Rights Respecting School and puts the 54 articles of the Unicef Children's Charter at the heart of all school policy. This policy reflects that we believe that as a school we must do everything possible to ensure that, through their learning, our pupils grow as healthy as possible, learn at school, receive protection, have their views listened to, and be treated fairly.

5. Aims

- 5.1 To develop physical mobility and physical independence.
- 5.2 To adopt best possible posture and appropriate use of body, strength, etc.
- 5.3 To learn about healthy lifestyles, have fun and develop personal hygiene.
- 5.4 To develop personal and social skills, e.g., self-esteem self-confidence, fair-play, turn-taking, team building, winning and losing, caring about the environment.
- 5.5 To learn about safe practices, responding to instructions, following rules, wearing appropriate clothing and footwear, etc.
- 5.6 To provide experience in various games, gymnastic activities, dance, athletics, swimming and outdoor education.
- 5.7 To work closely with physiotherapists or other health-care specialists with regard to children's disabilities.
- 5.8 To use community facilities, e.g., leisure centre, swimming pool.
- 5.9 To maintain the range of movement for each pupil.

6. Objectives

- 6.1 All pupils to have a planned programme for Physical Education and swimming activities each week.

6.2 Physical Education lessons to be appropriate to individual needs.

6.3 Physical Education lessons to be fun and educational.

7. **Curriculum Planning**

Pupils have an entitlement to National Curriculum Physical Education.

At Reception and Key stage 1 the programme of study is linked to the development of physical milestones with students being taught basic movement skills.

At Key stage 2 students use their movement skills in larger actions and sequences and begin to develop simple games play.

Key Stage 3 develops techniques and applies the movement to a wider range of physical activities and sports. There is an emphasis on competitive sport and performance.

Key stage 4 includes more complex and demanding physical activities. There is an understanding of the rules of a game and opportunity for umpiring. Students develop their personal fitness and learn how to promote an active, healthy life style.

At Key Stage 5 students will experience sporting activities in the local area and prepare for leisure time when they leave school. Some may still have individualised programmes.

As some of the content at Key Stages 3 and 4 may prove difficult to achieve, teachers will still aim to select the main activities from the relevant Key Stage but teach it at appropriate levels. Teachers must provide the content according to the particular needs of the child.

Work at the F.E. Department is related to the Youth Award Scheme and ASDAN qualifications. There is an emphasis on the development of sport and leisure for recreation post school and students experience off site provision. They also receive a sports passport when they leave which includes information about their sporting ability and their preferences for sport.

The Duke of Edinburgh Scheme also operates for Post 16.

Core Aspects – knowledge, skills and understanding.

- Acquiring and developing skills
- Selecting and applying skills, strategies, tactics and compositional ideas
- Evaluating and improving
- Knowledge and understanding of fitness and health

8. **Styles of Teaching**

8.1 Class teachers will be responsible for delivering the Physical Education curriculum for each Key Stage based on schemes of work according to pupil need in conjunction with the Specialist PE Teacher and her assistant.

8.2 Specialist help will be provided by physiotherapists to pupils and to the teacher to carry out and plan the programmes when appropriate.

8.3 Teachers should try to make Physical Education interesting so that pupils learn to be physically active from the beginning and a second base is laid for them to build on as they grow older.

8.4 Continuity and progression will be maintained at each Key Stage. During the Key Stage, pupils should be taught knowledge, skills and understanding through various areas of activity.

Key Stage 1 & 2 - Games
Gymnastics
Dance
Swimming

Athletics
Outdoor and Adventurous Activities

Key Stage 3 & 4 -

Dance
Games
Gymnastics
Swimming
Athletics
Outdoor and adventurous activities

8.5 Teachers will follow a wide range of approaches such as the use of specialist equipment, the breakdown of skills, the setting up of equipment to make the lessons enjoyable and challenging.

8.6 Various teaching styles will be used such as team-teaching, groupings of children, partner work and individual work.

9. **Styles of Learning**

9.1 Pupils are encouraged to work independently and in pairs, small groups or as a class team.

9.2 Pupils are encouraged to make choices and do self-assessment.

9.3 Pupils are motivated through performance, competition and praise.

10. **Assessment**

10.1 Assessment of pupils will be based on Abbey Court School entry profiling but ones entering later will be undertaken by the class teacher based on observation, consultation of NHS physiotherapists' records, parents and other specialists. Teachers' assessments will be directly related to the learning objectives and to the four strands of the learning in the National Curriculum for each Key Stage.

Every effort will be made to involve pupils in the assessment of their work but the record of achievement will be based on Abbey Court School Planning, Assessment, Recording and Reporting Policy.

10.2 End of Key Stage Assessment is undertaken through:

Observation
Recording
Discussion
Modification

Summative assessment is ongoing and related to planning. Pupils are assessed against the 'P' and National Curriculum level performance descriptors. Teachers report termly on the targets set in all areas of Physical Education and swimming

10.3 There is no statutory requirement to assess and formally record assessment of Key Stages 1 and 2. However, there is a need to report to parents both orally and in writing, pupils' progress using the 'P' levels and based on the observation and expectations for the age and stage of the pupil.

11. **Cross-Curricular Links**

As Physical Education forms the basis of the whole curriculum, it should be developed in a very interesting way so that pupils can develop physically (mobility), socially (social skills, e.g., fair play, co-operation, helping partners), and emotionally (expression of feelings as happy,

sad on winning or losing). Every opportunity should be taken to develop cross-curricular links to provide experience in language work, maths, geography, science, environment, ICT and working with others.

12. Special Educational Needs and Differentiation

Pupils will work individually, in pairs, in groups or class units according to their needs and a flexible approach to work will be followed. Work will be based on P.E Schemes of work, which provide a broad basis for planning work and indicate content, taking into account progression, continuity and differentiation.

13. Staffing (including Support Staff) and Resources

13.1 All class teachers are responsible for the teaching of Physical Education in conjunction with the PE specialist teacher and for the developing of day-to-day support from non-teaching staff.

13.2 Physiotherapists are responsible where there is physical disability and plan, organise and deliver physical activity according to the needs of the child in conjunction with the PE specialist teacher.

13.3 Teachers work in co-operation with physiotherapists to carry out or integrate the programme into Physical Education lessons.

13.4 Voluntary workers work under the guidance of the teacher responsible.

14. Equal Opportunities

14.1 All pupils will have access to the full Physical Education curriculum.

14.2 Individual support and varied activities are provided so that each pupil can participate. Reference - Abbey Court School Equal Opportunities Policy.

15. Health and Safety

15.1 Teaching staff are responsible for the Health and Safety of all the pupils in their lessons. Lessons are delivered in a safe and supportive environment. Teachers develop, recognise and ensure safe practice. Physical Education lessons are subject to the Abbey Court Health and Safety Policy.

15.2 As physiotherapy programmes are incorporated into their Physical Education lessons, Physiotherapist guidance and support should always be sought BEFORE carrying out any programme.

15.3 Forward rolls should NOT be taught.

15.4 Pupils should change for Physical Education/swimming activities, e.g., T-shirt, shorts, plimsolls, swimming costume. Pupils should have bare feet for gymnastics preferably but if not possible plimsolls can be worn but socks or stockings alone should never be allowed. All staff must be suitably dressed to provide support to pupils.

15.5 Mats should be used for landing from the apparatus and pupils should be taught to jump on to the mats when taking off from the apparatus safely.

15.6 Watches and jewellery should be removed to avoid injury to themselves or others. All long hair to be tied back

- 15.7 All equipment should be checked before the start of the lesson for safety reasons by the class teacher.
- 15.8 All equipment to be safely stored after use in set procedure.
- 15.9 Equipment to be checked weekly by Physical Education teacher. Any defects found by class teachers should be reported at once to the Physical Education Co-Coordinator, Deputy Head, or Headteacher.
- 15.10 Pupils should be taught to lift, carry and place equipment safely and be aware of the dangers of using it inappropriately.
- 15.11 If a class teacher is not sure of any equipment use or activity procedure, they should consult the Physical Education Coordinator before use.
- 15.12 There is additional guidance for Health and Safety in Physical Education and Sport in the Baalpe (British Association of Advisers and Lecturers in Physical Education) which is available on their website. Additional advice and support can be sought from Health and Safety Co-ordinators.

16. Integration including Community Links

- 16.1 Integration into mainstream and other educational settings will be developed according to the needs of individual pupils.
- 16.2 Visits to local Leisure Centres, Physical Education and Activity Centres are made to develop a healthy life-style, strength and stamina.
- 16.3 Visits from people within the local community (sports enthusiasts, stars) to support Physical Education are encouraged.

17. Evaluation and Review

The Abbey Court School subject co-ordinators role details the necessary processes and responsibilities.

This policy will be revised/reviewed annually in the light of:

- 17.1 Monitoring - Planning - Performing - Evaluating.
- 17.2 Changes in the National Curriculum.
- 17.3 Its effectiveness in the light of its delivery.
- 17.4 Changes in Abbey Court School's organisation.

18. Resources

1. National Curriculum Document.
2. Safe Practices in the Physical Education Curriculum (Baalpe)
3. Equipment List.

Updated Spring 2005
Updated Spring 2008 (Vicki Huckstep)
Updated Spring 2011 (Vicki Huckstep)
Updated Autumn 2014 (Julie Roe)
Updated Autumn 2017 (Julie Roe)
Updated Summer 2018 (Julie Roe)
Updated Autumn 2020 (Geraldene Jefferson)

Appendices

1. Sherborne Movement
2. Halliwick Swimming
3. Swimming Awards
4. MOVE
5. Rebound Therapy
6. Risk Assessment example
7. Arrangements in response to COVID -19

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Appendix I

Sherborne Movement

Aims:

1. To develop communication skills and form relationships
2. To develop body awareness through physical sensations
3. To encourage independence and initiative wherever possible
4. To develop a sense of well-being and improved quality of life

Supporting and Containing

Pupils can be given a sense of security and confidence through activities that involve supporting or containing.

1. **Cradling** - Adult sits behind the pupil using her body as a “chair”. The pupil is rocked from side to side, accompanied by humming or singing. Pupils can be rocked backwards and forwards as well.
2. **Supporting** – The adult lies on her back and supports the pupil along the length of her body. The pupil lies face down on the adult’s body. Aids relaxation for the pupil. The adult can gently sway from side to side. Alternatively, the adult can lie face down with the pupil on her back (however, it is less easy to fully support the pupil in this position).
3. **Bouncing** – Adult sits on the ground with legs out in front. Pupil lies face down across adult’s thighs with stomach resting on thighs. The adult can then bounce or rock the pupil. This can calm and relax the pupil. In this position the pupil can be patted up and down the spine. Alternatively, the pupil can lie on his back on a mat while the adult, kneeling beside the pupil, pulls the pupil onto his side to rest the stomach against the adult’s thighs. The adult can then pull on the pupil’s hip and shoulder and let the pupil fall gently back on to the mat.
4. **Horizontal Rocking** – Pupil is pulled up on one side towards the adult, allowed to fall back and then pushed gently up onto the other side and allowed to fall back.
5. **Rolling** – Pupil lies on his back. Adult bends pupil’s right knee across his body thus making it easier to roll to the left. A roll can be started also by gently lifting the right arm across the body. The adult should lie on the floor and give eye contact at floor level.
6. **Sliding** – Sliding along the floor can be done with the pupil lying on his back on a blanket. A pupil who is thin may need a thicker blanket such as a sheepskin rug.

7. Swinging – Pupils with neck and head control can be swung with adults supporting each limb. Those without neck and head control should be swung in a blanket.
8. Seesaws – Two adults needed per pupil. Pupil is supported by an adult sitting behind while another adult sits in front holding the pupil's hands. Between them they lean backwards and forwards – “row the boat”.

Appendix 2

SWIMMING

HALLIWICK

Swimming is a very valuable skill: it increases the safety of children, gives them enjoyment and helps to keep them fit. It is an essential life skill.

Pupils will make most progress if they are introduced to the water at an early stage – preferably by the parent. The emphasis throughout is on allowing children to proceed at their own pace without being pressurised. So when to start? Quite simply the earliest the better (as a baby in the bath), and therefore it is hoped that water confidence will have been developed pre-school. In general, the older a child is when they first start going swimming, the more apprehensive they are likely to be.

Regularity is essential, if only for short sessions. If a pupil is not confident, it may be wise to make a visit to the leisure centre and then the poolside – gradually working towards entering the water. This swimming curriculum is based on Halliwick swimming methods and the Amateur Swimming Association's awards. Buoyancy aids are best avoided. Armbands may be useful for safety, for gaining early confidence and allowing freedom of movement. However, they can be restrictive and pupils can quickly learn to rely on them, becoming reluctant to take them off. (It is certainly wise to wait and see how an individual progresses before deciding whether to use them or not). Rubber rings should certainly be avoided unless a child is unable to hold up their head. If armbands are used, they should be restricted to a few minutes in the middle of a session to let the child enjoy a little freedom of movement.

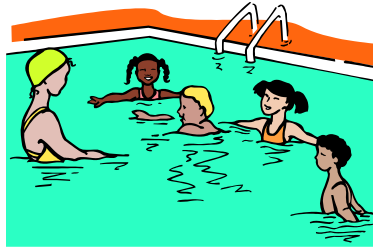
The following swimming development sheets, to be used for recording purposes, offer clear developmental stages to work through, along with teaching suggestions. Any other games and activities that are fun and develop water confidence are valuable. Safety must remain the prime concern however, and children must never run, push people, jump in too close to them, splash them without consent, grab them or duck them. Be strict about this.

[Halliwick Swimming](#)



The 10 Points

1. Mental Adjustment – being able to respond appropriately to a different environment situation or task. **The learning of breath control is an important part of this.**
2. Disengagement – an ongoing process throughout the learning by which the swimmer becomes physically and mentally independent.
3. Transversal Rotation Control – the ability to control any rotation made about a fronto-transversal axis.
4. Sagittal Rotation Control – the ability to control any rotation made about a sagitto-transversal (anterior/posterior) axis.
5. Longitudinal Rotation Control (formerly Lateral Rotation) – the ability to control any rotation made about a sagitto-frontal (longitudinal) axis.
6. Combined Rotation Control – the ability to control any combination of rotations
7. Up thrust – trusting that the water will support you.
8. Balance in Stillness – floating still and relaxed in the water. Dependent upon both mental and physical balance control.
9. Turbulent Gliding – a floating swimmer is moved through the water by an instructor without any physical contact between them. The swimmer has to control unwanted rotations but makes no propulsive movements.
10. Simple progression and Basic Swimming Stroke – the development from simple propulsive movements made by the swimmer to a stroke which may be individual to each swimmer



Activities

1. Entering the Water

From a sitting position on the side, place instructor's hands over shoulder blades, swimmer's head and arms forward then into the water together.

2. Breathing Control

Blow plastic "egg" with support

3. Vertical Movements

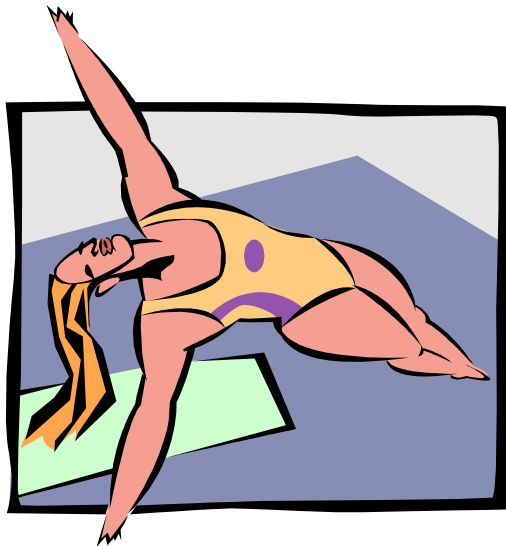
Kangaroo jumping/walking. Turn swimmer away from instructor for "cycling". Sing "On a bicycle made for two"

3. Horizontal Activities

Instructor to hold swimmer lying on back. Perform "canoe" or "motorboat" (kick legs). Swimmer is swayed from side to side. Sing "Row, row, row the boat".

4. Forward Transverse Rotation

Head forward, bend legs, sit up



Remember instructors have hands down, swimmers have hands up. Walk like a crab to maintain balance and keep well down in the water.

Appendix 3

ASA/Halliwick AWARDS

Halliwick Proficiency Tests:

Red Badge

1. Enter the water unaided from a sitting position, to an instructor.
2. Blow a plastic egg (with support from behind if necessary), for 10 metres.
3. Perform, aided in the normal manner, Kangaroo jumps, for 10 metres.
4. Perform a forward recovery with minimum of aid.

Yellow

1. Enter the water from the poolside to a stable position in the water, unassisted in any way.
2. Sit on the bottom of the pool, or satisfactorily submerge, and demonstrate ability to breathe out under water.
3. Kangaroo jump or walk unaided for a distance of 10 metres.
4. Demonstrate a rolling recovery (combined rotation) from a vertical position to a back float.
5. Demonstrate a horizontal roll in either direction, with minimum of aid.
6. Pick up an object, from at least 1 metre depth of water.
7. Demonstrate a mushroom float for a minimum of three seconds.

Green

1. Demonstrate the ability to enter water head first and unaided.
2. Perform unaided:
 - a) Forward recovery
 - b) Rolling recovery (combined rotation)
3. Float motionless for 10 seconds, or mushroom float for 3 seconds.
4. Tread water for 60 seconds.
5. Submerge to a depth of at least 1.2metres, assume a mushroom position followed by an unassisted controlled return to the surface, and then recovery to a safe breathing position, by use of a longitudinal rotation.
6. Swim 10 meters by any method.
7. Against a swirl of water, either get out over the side unaided, or, if this is physically impossible, maintain a safe position from which assistance can be given.

Ducklings Awards

Ducklings 1

1. Supervised safe entry.
2. Kick 2m on back with support.
3. Float on back with adult support behind head
4. Blow bubbles on water surface
5. Wet head
6. Travel without assistance to a floating object.

Ducklings 2

1. D2-Sitting entry
2. Blow object 2m
3. Rotate 180
4. Move 5m rail no help
5. Travel 3m use arm/leg
6. Submerge face

Ducklings 3

1. Supervised jump to an adult
2. Kick 5 m front holding a float
3. Blow bubbles under water
4. Float on back or front
5. Travel 5 m on front
6. Torpedo pushed

Ducklings 4

1. Jump unaided
2. Submerge completely
3. Rotate 360 either horizontally or vertically
4. Mushroom or star float
5. Travel 10m front or back
6. Climb out

Duckling 5

1. Jump in, turn round, swim to rail.
2. Submerge and blow bubbles
3. Push and glide 2 metres
4. Float on back or front and stand
5. Swim 5 metres front or back over arm recovery
6. Exit by steps

Water Skills Awards:

All candidates are expected to attempt ten skills, but only eight need to be passed. Disabled pupils need only attempt eight and achieve six. Allowances may be made: pupils unable to stand may be assisted for entries/exits from the pool with minimal assistance; strokes as close to orthodox as is possible, for example. *Examiner: School teacher*

Water Skills 1

- Safe entry into shallow water
- Move across the pool water shoulder width
- Submerge face and blow bubbles 3secs
- Push and glide front
- Push and glide back
- Travel 5m back
- Travel 5m front
- Rotate from back to front and stand
- Propel floating object 3m-any method
- 10 seconds vertical or horizontal float

Water Skills 2

- Enter shallow water without steps
- Submerge fully and blow out 3 secs
- 5 secs tucked float
- 1 width on front paddle action
- 1 width on back-crawl legs
- 1 width breast stroke type action front or back
- 1 width front or back overarm recovery
- 20 sec horizontal or vertical float
- 360 turn or roll without touching the bottom
- 2 width swim without stopping

Water Skills 3

- Jump in full reach depth
- Swim 4 widths any stroke
- Submerge and retrieve object shallow water
- Tread water 20 secs

- Swim 2 widths on front
- Swim 2 widths on back
- Swim 10 metres with 3 changes of direction
- Scull head first for 5 metres
- Swim through a hoop submerged in water
- Swim continuously for 1 min using 2 different strokes

Water Skills 4

- Jump in full reach depth
- Swim 25 metres
- Surface dive
- Forward somersault using push and glide
- Swim 25 meters breast stroke or front crawl
- Swim 25 metres on back
- Scull head first 5m and return feet first
- Swim 5 metres dolphin action
- Swim 2 widths any ASA stroke
- Enter water and tread water for 20secs swim 25 metres.
Swim 5 metres under water.

Rainbow Awards:

Swim without pause, but with no time limit. *Examiner: School teacher*

ASA Challenge Awards:

A good standard is required. Deep water refers to stretched depth of swimmer when standing on the pool bottom. *Examiner: ASA Preliminary Teachers Certificate*

ASA Personal Survival Award:

The tests are done without pause and in order. No contact with floor or sides at any time. Circuits rather than lengths. Clothing worn throughout. (Swimwear, long sleeved shirt and jumper and trousers/skirt). *Examiner: ASA Preliminary Teachers Certificate*

ASA Speed Swimming Awards:

Dive or push start. Good standard. *Examiner: School teacher*

Appendix 4

MOVE (MObility Oportunities via Education)

MOVE is a mobility-based programme designed for people with motor disabilities and focuses on the functional skills of:

Sitting

Standing

Walking



MOVE uses the combination of therapy, education and the home to achieve its success. The Programme uses a team approach – all those who work directly with the child, young person or adult are included in this team. MOVE looks at the abilities a person already has and then teaches the skills that they specifically want to learn.

MOVE uses a top down approach which means that it focuses on activities that people are motivated to achieve, rather than what they cannot do. In an initial assessment goals are determined and a time frame to achieve these goals is set. These goals are then broken down into activities within which manageable and achievable targets and are set.

Some specialised equipment is used on the programme as a tool for learning new skills. This equipment assists children in improving their ability to balance and to weight bear so that eventually they might be able to use the furniture in their own home, school and out in the community.

Mobility is the primary aim of MOVE, but vast improvements can also be seen in many other areas of a disabled person's life:

Health

Learning to sit in an upright position, stand or walk independently, with whatever support or equipment is required, has enormous health benefits for a person with disabilities. Their internal organs have more freedom to function effectively, for instance they are better able to digest food. Children are ill less often, thereby reducing their time away from school. Those that can weight-bear find their muscle tone improving and their limbs growing at a faster rate than before. Allowing gravity to play its part means that limbs are stretched downwards. This can help to straighten the hips and might therefore benefit people with dislocations. Overall health is improved.

Education

The MOVE Programme works in conjunction with the National Curriculum. Being in an upright position and/or being able to move about, gives a person with disabilities greater opportunities for learning. As they move themselves and learn about their environment, so they see things of interest around them and their curiosity is awakened. Many children already on the Programme have proved the theory that when physical abilities improve, so do communication skills and learning.

Family life

The reduction in time taken for routine care brings enormous benefits to the home environment. Improved independence means that families have more time to focus on more interesting family activities. For example, if a child can use the loo independently in a restaurant, then a family outing to McDonald's becomes a feasible option. The more a person with disabilities is able to move around in their environment the more independent and socially included that person and their family will feel.

MOVE is designed for people with physical disabilities who are not able to sit, stand or walk. The Programme is for any pupil who has not learned appropriate age-related functional skills within the normal, expected timeframe.

The Six Steps

[Step One – The Top Down Motor Milestone Assessment](#)

Step One is an assessment of the student's present functional skills via an interview:

[Step Two – Setting Goals](#)

This is probably the most important step where the fundamental goals that are important to the student and their family are identified. It keeps the team focused. When a person is motivated they will achieve.

[Step Three – Task Analysis](#)

Task analysis is important for prioritising the really important skill areas that need to be addressed in a systematic way in order to achieve the long-term goals.

It ensures that the effort being put in by staff, family and particularly the student is being focused to really meet the student's needs.

[Step Four – Measuring Prompts](#)

Once we have identified the tasks or skills the person requires to help them achieve their chosen activity, (steps 1, 2 & 3) we then need to decide how much assistance / support they will need to help them achieve those skills.

The word "prompt" is used to describe the amount or type of assistance given to the student. Prompts are physical supports rather than verbal statements. They are used to teach new skills not to replace / substitute skills that a person does not have.

[Step Five – Reducing the Prompts](#)

The planned removal of support is the only way the student will learn to take more control of his own movement and achieve his goals.

An appropriate prompt reduction plan is required for each of the student's goals.

Step Six - Teaching the Skills

Once you get to Step Six you know all the student's abilities, what is important to the student and his family / carers and the structure of the MOVE Programme.

When you start teaching the skills necessary to reach the student's goal, you must ensure that as far as possible the activities are meaningful and interesting, as this will motivate the student to learn.

Steps of Learning

Acquisition – skills are taught so that the student understands the task, the outcome and what it feels like. They should be set at Just Manageable Difficulty level. The skill needs to be taught with full understanding of how to perform the skills – full collaboration by the team is essential.

Fluency – this is when the student understands the skill and is able to achieve it, with the aid of the necessary prompts, to a certain degree of fluency. This is where the new skills should be introduced into the education programme and practised functionally. This stage sees the student gain strength and control, achieve the skills for a longer period of time and generalise these skills in different settings.

Maintenance – once fluency is achieved, maintaining the skill is vital. To do this the skill must be repeated many times and incorporated into a sequence of movements to be practised daily in as many different settings as possible.

Generalisation – at this stage students can take previously learnt skills and apply them to new situations. Generalising is difficult for many students. Being able to sit on a classroom chair does not necessarily mean a student can transfer the use of this skill and sit on a toilet. Therefore the wider the range of setting that is used the better. E.g. School, health centres in the community.

Further information on any of the Six Steps can be found in the MOVE Manual.

Appendix 5

Abbey Court School Rebound Therapy Policy

Introduction:

Rebound therapy is the therapeutic use of the trampoline to develop and promote motor skills, body awareness, balance, co-ordination and communication. It is designed to accommodate pupils' individual abilities and disabilities whilst drawing upon their previous experience and likes and dislikes. Improved health and fitness and greater independence are encouraged, whilst fun, enjoyment and the opportunity to succeed are of paramount importance. Rebound Therapy should not be seen as an isolated activity but rather as an integrated part of the pupils movement programme. Rebound Therapy is accessible to pupils with a range of special needs such as specific physical disabilities, autistic spectrum disorders, learning difficulties, co-ordination problems, following assessment by the relevant professionals involved, eg Physiotherapists, Nursing Staff and GP. No member of staff who has not undertaken the requisite Rebound or British Gymnastics (BG) trampoline training is allowed to take pupils on to the trampoline without supervision from a qualified member of staff or physiotherapist.

The Physical Properties of the Trampoline:

The trampoline has a unique three-fold effect on the body organs, systems and muscles:

- As the body hits the bed it slows down and at one point stops.
- As the body leaves the bed there is an accelerating effect as it gains speed.
- There is an increased compressional force through the joints of the body, the downward force of the body hitting the bed and the recoil of the spring producing an increased upward thrust and therefore joint compression.

Physiological Effects:

During Rebound Therapy the cardio-respiratory system works harder so heart rate and respiratory rate increase. Shaking of the lungs, which occurs during therapy, stimulates the cough reflex. Muscle tone can be increased or decreased. Abnormally high muscle tone is decreased during therapy by a shaking effect on the muscle spindles. Abnormally low muscle tone is increased by the stimulating effect of therapy upon the sensory systems.

The degree of bounce during therapy is critical as too much bounce increases spasticity and too little results in under stimulation. Increased sensory stimulation to the skin, muscles and joints through the trampoline bed aids important postural mechanisms.

- Pregnancy is taken as a contra-indication for Rebound Therapy and Trampolining.
- Never allow any pupil to take part after illness/injury or absence due to illness/injury without first checking that the pupil is fit to meet the demands of performance.
- Staff need to be aware of pupils who may experience epileptic activity or seizures and the consequence of epileptic activity.

- The session leader is responsible for the safe supervision of all pupils on and off the trampoline. They should be aware of the nearest first aider and telephone.
- Information from Individual Pupil Risk Assessments must be followed at all times. Always follow individual pupil Risk Assessments for the safe transfer to and from the trampoline.
- Staff should be aware of a pupil's individual physiotherapy management plans and should always consult with colleagues as to "best practice" and contra-indications when working with physically disabled pupils.
- Staff must be aware of pupils' limitations and safe supporting techniques.
- All accidents must be reported and recorded immediately.

Rules:

- Pupils and staff must wear appropriate clothing, eg tracksuits and socks.
- All jewellery must be removed.
- Pupils and staff must mount and dismount with care.
- No jumping off the trampoline.
- Where moving and handling guidelines exist for specific pupils these should be adhered to at all times.
- No adult or pupil is allowed under the trampoline at any time.
- No adult or pupil to sit on the frame pads whilst the trampoline is being used.
- No jumping for long periods without a break, 45 seconds to 1 minute is sufficient.
- No eating or drinking is allowed on the trampoline.
- No somersaults.
- Spotting arrangements do not need to be in place as more physically able pupils are not undertaking rebound therapy.
- Pupils must follow adult guidance at all times. No fooling around, bouncing erratically or at unsafe heights. Pupils must be encouraged to bounce in the centre of the bed unless directed otherwise.

Therapeutic Effects:

Rebound Therapy facilitates movement, as small movements can produce large effects with correctly applied bounce. A non-ambulant pupil who has difficulty moving can be moved into the air by the operator 'kipping' the bed. This lowers the bed underneath the pupil and pushes him/her into the air.

This therapy stimulates balance and equilibrium reactions. It promotes timing and anticipation as well as protective and saving reactions.

Rebound often helps to improve eye-contact and attention control. It appears to increase vocalisation in some pupils and some pupils will make sounds to initiate bouncing. It also promotes a sense of body awareness and relaxation.

Because Rebound Therapy is fun it provides an enormous amount of pleasure as is evident from the smiles and giggles of participating pupils. Used wisely it can be a very useful tool to aid communication with pupils who are more profoundly disabled or who have autistic spectrum disorders, giving them the opportunity to take control and demand more fun!

Health and Safety:

- All sessions must be supervised by a qualified Rebound Therapy practitioner or Trampoline Coach (BTF Grade I or BTF Special Needs). Practitioners may use unqualified assistants in sessions as required under their close guidance and supervision. The qualified Practitioner must remain in the room and fully attentive whenever a session is running.
- Appropriate **Risk Assessments** must be undertaken in line with school/centre policy.
- The folded trampoline must be padlocked.
- The trampoline must not be moved in the presence of pupils or left accessible to pupils when erected or unlocked ready for erection.
- The trampoline must be assembled by qualified staff following training in the use of the trampoline lift and erection routine.
- The space, surroundings, safe use of mats and spotters should be considered before each session, in accordance with normal risk assessment protocols. Spotters are not necessary if the participant is passive or always in contact with an adult.
- Pupils and staff with the following medical conditions should be excluded from trampolining sessions: **Brittle Bones, Haemophilia, Rodded Back, Detaching Retina, Pregnancy and Dwarfism.**

Particular care needs to be exercised when working with pupils with **Downs Syndrome** because they may exhibit both hypotonic muscles and lax tendons. Pupils with Downs Syndrome who wish to take part in trampolining must be screened for Atlanto Axial Instability. (Always consult with medical staff or a GP before undertaking work on the trampoline). Where instability is not demonstrated the pupil may participate fully with due regard to health and safety precautions.

The Benefits of Rebound Therapy for People With Special Needs

1. Strengthening of limbs
2. Numeracy
3. Patience
4. Communication
5. Co-ordination

6. Independence
7. Self-confidence
8. Balance
9. Muscle tone
10. Reaction speed
11. Self-image
12. Eye contact
13. Sense of achievement
14. Stamina
15. Spatial awareness
16. Body awareness
17. Social awareness
18. Consideration of others
19. Trust and confidence in Coach/Assistant
20. Colour recognition
21. Increasing height and depth perception
22. Fun and enjoyment

Some Examples of How We Can Aim to Achieve These Benefits:

Strengthening of Limbs

- Jumping straight
- Gently bouncing on hands and knees
- Kneeling and bouncing gently - holding coach's hands
- Seat drops
- Stretch the body into a seat drop

Numeracy

- Jumping and counting
- Jumping a set number of jumps or shapes
- Counting the jumps to a move e.g. 1, 2, 3, tuck jump
- Counting the stairs as they mount/dismount the trampoline

Patience

- Waiting their turn as they stand around the trampoline, or warm up on the other trampoline.
- Safe progressions of moves.

Communication

- Encouragement of each other when jumping
- Learning new words and signs associated with trampolining
- Using Makaton signs for trampoline skills

Co-ordination

- Jumping using arm movements
- All shaped jumps
- Seat drops
- Hands and knees bouncing
- Mirror image of coach

- Back bouncing

Independence

- Progression to bouncing or jumping on own
- Mounting/dismounting unaided

Self confidence

- Relaxing whilst being bounced
- Asking to try new moves
- Having done well during the lesson and been praised, going on to next session/lesson happy

Balance

- Two coaches either side of pupil, walking the length of the trampoline
- Pupil walking the length of the trampoline unaided
- Standing still holding two hands, one finger, unaided
- Standing gently bouncing holding two hands, one hand, one finger, unaided
- Jumping clear of the trampoline holding two hands, one hand, one finger, unaided
- Coach standing behind pupil, holding under pupil's arms, gently bouncing
- Two coaches standing either side of pupil, placing one hand under pupil's arm pit, the other hand to hold pupil's hand
- Two coaches standing either side of pupil, each holding only pupil's hands
- Two coaches standing either side of pupil, pupil lightly resting
- his/her hand on theirs, progressing to pupil not touching, but coaches staying very close
- Hands and knees bouncing and back bouncing

Muscle Tone

- Controlled jumping and shapes
- Hands and knees bouncing
- Seat drop
- Sitting bouncing and back bouncing

Reaction Speed

- Repetition of moves
- Coach praise

Self Image

- Achievement
- Coach praise
- Progressions
- Feeling good having worked hard

Eye Contact

- Face to face jumping
- Sitting face to face
- Pupil sitting, coach standing across legs and holding hands

Sense of Achievement

- Praise from peers, coach and visitors

Stamina

- Controlled jumping
- Regular sessions

Spatial Awareness

- Standing in the middle
- Shaped jumps
- Twisting jumps
- Bouncing using arms

Body Awareness

- Pupil lying on trampoline - Coach gently bounces sections of
- trampoline near different parts of pupil's body, so that the pupil can feel the movement
- Help pupil to curl up then stretch out
- Lay pupil on his/her back, raise the legs, keep hold of them and gently bounce
- Mirror image of coach

Social Awareness

- Waiting their turn as they stand around the trampoline, or sit on the bench
- Watching others and commenting on their performance
- Recognising success and applauding it
- Responding to that recognition

Consideration of Others

- Waiting for other pupil to get off the trampoline before mounting for their own turn.
- Applaud peers
- Helping others to mount/dismount
- Helping others less able on the trampoline

Colour Recognition

- Blue and red side pads
- Red square, cross, lines

Increasing Height and Depth Perception

- Controlled high and low jumping
- Mounting/dismounting the trampoline correctly
- Being able to locate the centre of the trampoline

Fun and Enjoyment

- It speaks for itself!

Abbey Court School Rebound Therapy Policy – selection criteria

Rebound therapy is the therapeutic use of the trampoline to develop and promote motor skills, body awareness, balance, co-ordination and communication. Improved health and fitness and greater independence are encouraged, whilst fun, enjoyment and the opportunity to succeed are of paramount importance. Rebound Therapy should not be seen as an isolated activity but rather as an integrated part of the pupils movement programme. Rebound Therapy is accessible to pupils with a range of special needs such as specific physical disabilities, autistic spectrum disorders, learning difficulties, co-ordination problems, following assessment by the relevant professionals involved, eg Physiotherapists or paediatrician.

The trampolines at Abbey Court are used for Rebound Therapy only (No alternative use, including trampolining, as the ceilings are too low and other health and safety considerations would also need implementing such as Spotters and staff training).

The selection criteria:

- Pupils selected will not be independently mobile (they cannot walk without support). *Spotting arrangements do not need to be in place as more physically able pupils are not undertaking rebound therapy*
- Pupils with the following medical conditions will be excluded from Rebound Therapy sessions: **Brittle Bones, Haemophilia, Rodded Back, Detached Retina**. *Particular care needs to be exercised when working with pupils with **Downs Syndrome** (who are not independently mobile) because they may exhibit both hypotonic muscles and lax tendons. Pupils with Downs Syndrome who wish to take part in trampolining must be screened for Atlanto Axial Instability (This is also a contraindication).*
- Pupils with medical conditions identified as a contraindication by relevant professionals involved, eg Physiotherapists, school nursing team or paediatrician will be excluded from Rebound Therapy sessions
- Pupils without signed parental permission to participate in Rebound Therapy will be excluded from Rebound Therapy sessions

Brief checklist for Selection If the answer in brackets is correct for the pupil then they meet the initial selection criteria):

1. Can the pupil independently walk? (no)
2. Does the pupil have brittle bones, haemophilia, rodded back, detached retina? (no)
3. Does the pupil have (for Downs Syndrome) Atlanto Axial Instability? (no)
4. Does the pupil have parental permission for Rebound Therapy? (yes)

Appendix 6

FORM RA003				
DETAILED RISK ASSESSMENT – Physical Education				
Risk assessment location:	Abbey Court School			
Task being assessed:	Physical Education (Inc Sherborne; Hydro; Physio; MOVE etc)			
Assessor's name:	J Bosley/J Kemp	Date:	18.11.10	
HAZARD / HARM POTENTIAL		SEVERITY 1 to 6	FREQUENCY 1 to 6	RISK RATING (auto calc.)
1	Injury to pupils as a result of personal physical limitations			
2	Injury to self as a result of personal physical limitations			
3	Accidents with equipment as a result of hand-eye coordination/fine motor skills limitations			
4	Accidents as a result of personal physical competency			
5				
6				
7				
8				
	RISK POTENTIAL	4	4	16
FACTORS THAT INCREASE RISK				
1	Other staff unavailable to support			
2	Lack of awareness of pupils re dangers			
3	Educational visits - added risks/complications to all of the above inc. Swimming			
4	Lack of professional development to carry out the required activity without support			
5				
6				
7				
	RISK POTENTIAL	4	5	20
CONTROLS NEEDED TO REDUCE POTENTIAL				
1	Manual handling -the member of staff must request support when objects/pupils need moving if needed			
2	All staff are trained in Manual Handling and will risk assess activities as needed			
3	Risk assess PE activities so that responses to situations can be foreseen			
4	Risk assess educational visits so that responses to situations can be foreseen.			
5	Discuss risk situations with the class team to agree support as necessary			
6				
7				
8				

	REVISED SCORE IF CONTROLS PUT IN PLACE	2	5	10
OTHER MEASURES RECOMMENDED				
1	With activities involving Physical Activity there is always an element of risk. It is important			
	to consider whether the benefit outweighs the risk. Benefits can include overall health and fitness; equality of opportunity; access entitlement; fun and enjoyment; learning etc.			
	REVIEW DATE:			

Appendix 7

COVID-19 PANDEMIC – It is important that this P.E policy reflects current arrangements in response to COVID-19. Whilst the current pandemic crisis takes place please reference to appendix 7 first and foremost.

Physical activity in schools

Settings have the flexibility to decide how physical education, sport and physical activity will be provided whilst following the measures in their system of controls. Pupils should be kept in consistent groups, sports equipment thoroughly cleaned between each use by different individual groups, and contact sports avoided.

Outdoor sports should be prioritised where possible, and large indoor spaces used where it is not, maximising distancing between pupils and paying scrupulous attention to cleaning and hygiene. This is particularly important in a sports setting because of the way in which people breathe during exercise. External facilities can also be used in line with government guidance for the use of, and travel to and from those facilities. Settings should refer to the following advice:

- guidance from the [Department of Digital, Culture and Sport](#) and [Sport England](#) for grassroots sport
- advice from organisations such as the [Association for Physical Education](#) and the [Youth Sport Trust](#).

Settings are able to work with external coaches, clubs and organisations for curricular and extra-curricular activities where they are satisfied that this is safe to do so. Settings should consider carefully how such arrangements can operate within their wider protective measures.

Activities such as active miles, making break times and lessons active and encouraging active travel help enable pupils to be physically active while encouraging physical distancing.

The full document can be found:

<https://www.gov.uk/government/publications/guidance-for-full-opening-special-schools-and-other-specialist-settings/guidance-for-full-opening-special-schools-and-other-specialist-settings>