

Bladon House School

Case Study

A young person commenced his placement at Bladon House school in May 2016. The school he had been attending could no longer meet his needs. He was being taught in isolation with 2:1 staff support; he was unable to tolerate any social situations and the presence of any peers. When Bladon Staff visited him it was evident that he was in a state of crisis and this was also having an impact on his home life and family.

He has a diagnosis of Autism. Prior to commencing his placement at Bladon House School, his profile (Therapy Outcome Measures (TOMs)), demonstrated a low level of independence, his ability to engage socially was severely impaired, as was his emotional wellbeing.

In preparation for his admission to Bladon House School, potential peer groups were considered and the most appropriate class group decided upon. The identified classroom was modified, to provide a separate room within the class area for him. Initially, he attended Bladon House for 2.5 days per week, supported by a consistent 1:1 Teaching Assistant (TA).

To begin with, he spent the majority of his time in his own room with his TA, including break and lunch times. Over the first few months, with encouragement, he became confident to access the main class area and join activities with his peers. His individual room remained important, as a space to retreat to when the main class area was too noisy for him. With the support of his TA, he began moving around the school site, to join in with ICT, Food Technology and PE. He accepted working with other members of school staff, allowing his TA to withdraw for set time periods. He was encouraged to try the school dining room. He is now consistently able to do this at break time and usually able to at lunch times.

His placement was extended to 3.5 days per week. Local community access programmes were introduced (swimming, café visits, library, museums, supermarkets, restaurant, theatre, cinema), initially with 2:1 support, but quickly reduced to 1:1 support. His confidence within these activities has shown significant improvement and he has demonstrated the desire to be more independent.

Therapy Outcome Measures (TOMS) explained

TOMS is an outcome tool developed by the Royal College of Speech and Language Therapists to:

- Track progress
- Measure outcomes
- Grow an evidence base for interventions

TOMS can be used as a baseline pre intervention and at the end of a period of time to demonstrate the impact an intervention has had on a young person's difficulty and their day to day functioning. It particularly looks at changes in levels of independence, social engagement and emotional wellbeing.

Impairment (I) describes the severity of the difficulty. It doesn't look at functioning but can show the impact of the intervention on improving, reducing or maintaining the difficulty.

Activity (A) looks at the impact of the difficulty on the individual's level of independence.

0= Unable to function to 5= able to function independently

Participation (P) looks at the impact on social engagement and autonomy in recreation and education. 0= Isolated to 5= fully integrated

Wellbeing (W) looks at the impact of the difficulty on the individual's emotional wellbeing.

0=high and constant levels of concern/anger/severe depression, unable to express or control appropriately to 5= well adjusted, stable and able to cope with most situations.



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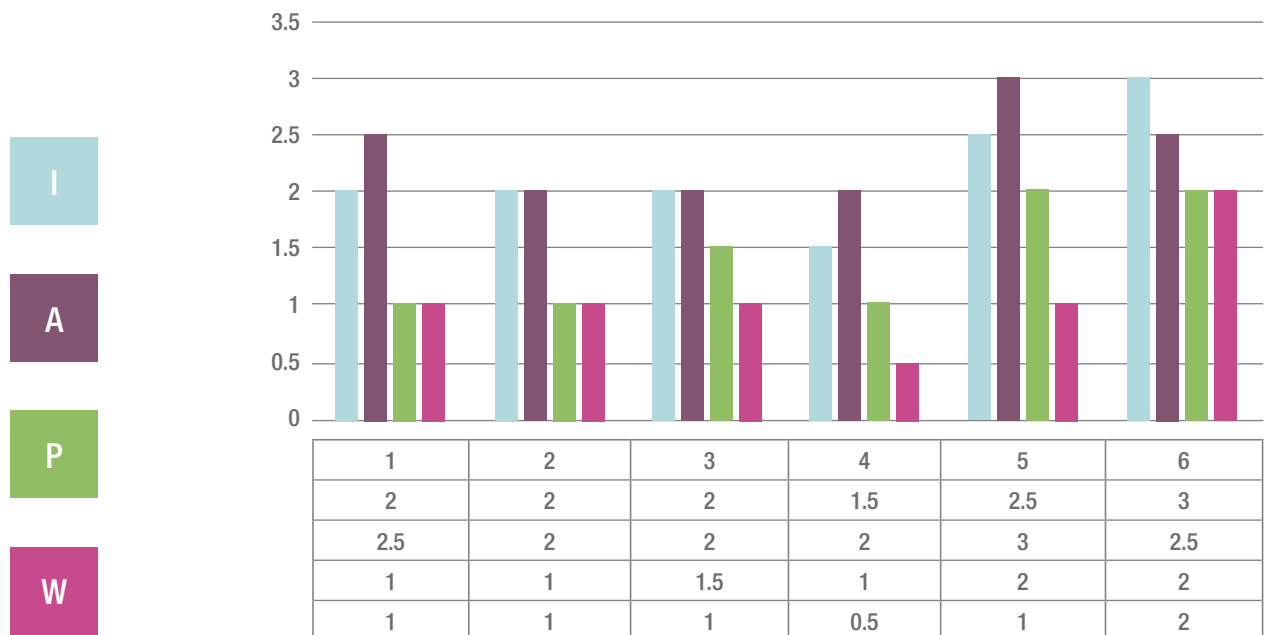
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Following his most recent annual review (September 2017), where he expressed a wish to be a cartoonist in the future, a weekly session with a graphic artist has been provided and he is now attending school 4 days per week. He is currently accessing a variety of off-site work experience activities. From November 2017, his community programme will be delivered within his own local town, which he has previously struggled to do. This will increase his educational attendance to 4.5 days per week.

His current TOMs profile demonstrates a significant improvement in terms of his impairment (I), activity (A), ability to engage in social participation (P) and his wellbeing (W). He is enjoying school, usually works within the main body of the classroom, can work with a wider number of staff and can work cooperatively with some of his peers. He now understands that problems he encounters can be solved and that he can influence decisions.

Bladon House is currently supporting him and his family to identify a suitable college placement for when he leaves Bladon House at the end of the academic year, 2018.

Therapy Outcome Measure (TOMs)



Support for children & Young people with Prader Willi Syndrome at Bladon House School

Prader-Willi Syndrome (often called PWS) is a complex medical condition that affects both males and females throughout their lives. People with PWS may present some challenging learning and emotional behaviours and unusual medical issues. The syndrome typically causes low muscle tone with motor development delays, short stature if not treated with growth hormone, and incomplete sexual development. Most people with PWS are floppy at birth with initial difficulties in feeding, but then in early childhood begin to show increased appetite which can lead to excessive eating and life-threatening obesity. **(Taken from the PWS website, www.pwsa.co.uk, 15.02.16)**

Bladon House School has been supporting young people with Prader-Willi Syndrome (PWS) for over ten years. A trans-disciplinary approach has been established ensuring that a young person's individual needs are met through integrated collaborative working.

A young person's team will consist of the young person, parents, teachers, carers, Therapists (Occupational, Physio and Speech and Language Therapists), Behaviour specialist (NAPPI Co-ordinator) and CAMHS professionals (Psychiatrist, Psycho- Therapist). Where young people are residential, an onsite nurse and residential care staff liaise with the young person's medical consultant, supporting hospital led appointments.

Bladon has been successful in supporting young people with PWS to make consistent healthy eating choices ensuring that they are able to attain and maintain healthy weight.

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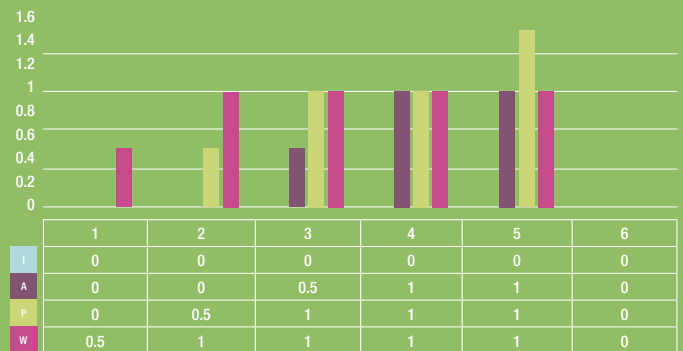
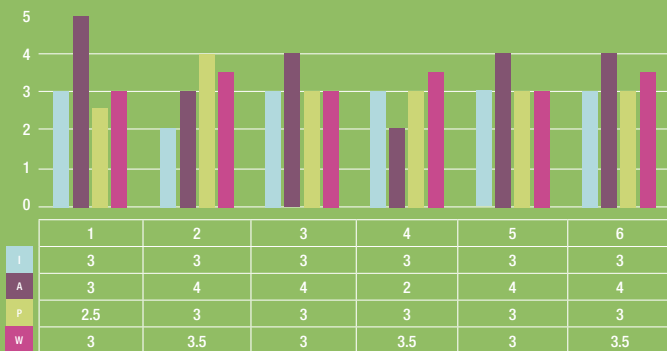
Case Studies

On admission the young person weighed 158.6kg. (12.04.16). He now weighs 87kg (13.10.17)

On admission the young person weighed 97.7kg. (02.09.16). He now weighs 70.9kg (12.10.17)

In developing healthy eating diets with the young people school, residential staff have followed the healthy eating guidance advocated by the PWS society. Both young people have been supported to access a wide range of physical activities within the school and in the local community and have received individual support from the onsite Physiotherapist.

As a result of the support they have received and their own efforts both young people have shown improved activity (A), social participation (P) and personal wellbeing (W) as detailed in the TOMs (Therapy Outcome Measures) graphs below



Staff at Bladon House attend external training with the Prader-Willi Syndrome Society, access PWS conferences and have developed an internal PWS training package. School staff have also been guest speakers at PWS conferences.

