A curriculum of ideas for learners with profound and multiple learning difficulties to help teachers/TAs to:

- build routines
- facilitate change
- offer alternatives
- observe and guide

Our aim is to put the learners in control by giving them an environment that they can understand and they are allowed to keep changing in order to encourage development.
EQUALS Pre-formal (PMLD) Curriculum

A Person-Centred and Holistic Curriculum for Learners with Profound and Multiple Learning Difficulties.

For those with a profound learning difficulty, learning is best done when the learner is placed at the centre of the Curriculum.

“Let’s focus on the things that matter.”
EQUALS Pre-Formal (PMLD) Curriculum

Forward
The aim of this document is to evaluate and to update the current curricular provision for learners with profound and multiple learning difficulties of any and all ages in order to provide a coherent and consistent approach to their education. In so doing, we acknowledge our very deep debt to the many educational establishments who have previously written a curriculum specifically for those with PMLD but particularly Victoria School in Birmingham and The Bridge School in Islington, London.

After considerable research and numerous discussions, we have tried to make sense of what there is on offer currently and have arrived at what we believe is an innovative and exciting perspective. This is a curriculum that, in accordance with our shared educational values, has at its core the work of numerous writers and academics from Lev Vygotsky on scaffolding to Dave Hewett and Melanie Nind on social interaction, from Jerome Bruner’s principles of enabling to Penny Lacey’s principles of SCRUFFY targets, from Jean Ware on creating a responsive environment to Jo Grace on sensory being and living in the moment. The document below is extensively referenced because we believe that any work covering an area as complex and intellectually challenging as PMLD curriculum development must have academic rigour if it is to stand up to scrutiny.

This is probably not a curriculum like other curriculums and it is not laid out like other curriculums, not even Equals’ Semi-Formal Curriculum designed for those with SLD and MLD. It will not tell you what to teach now and what to teach next. It will not give you a body of knowledge that it is essential for learners to know because there is no such thing. It is the learners who will decide the direction learning will take; teachers (and TAs) can only help to build routines, facilitate change, offer alternatives, observe and guide. This then is a curriculum of ideas; which ones you use are up to you, but their success will depend upon the pupils and students you teach.

This document’s use of language.
1. The term ‘teachers’ is used throughout this document, but any reference to teachers also applies to Teaching Assistants (TAs) who are in effect, teachers in all but name in any school working with PMLD learners,
2. The term ‘learners’ is used and though we could have used CYPA (children, young people and adults) as this is a curriculum that ranges from 2 to 92, we recognise that it is a little bit clunky!
3. The document sometimes refers to learners as he, she and occasionally they.
# INDEX

## Forward

1.0 Introduction and Basic Principles

1.1 Defining Profound and Multiple Learning Difficulties 4
1.2 Engagement 4
1.3 Breadth and Balance 5
1.4 Classroom Organisation 6
1.5 Transitions 7
1.6 Being an Active Citizen 8
1.7 Process Based Learning 8
1.8 Staff/Learner Relationships 9
1.9 Making the connections necessary for learning 11
1.10 Repetition and Variation. 14
1.11 The Uses and Abuses of Language 15

2.0 A Person Centred Curriculum for Learners with Profound and Multiple Learning Difficulties 16

2.1 Learning Opportunities 17
2.2 Communication 18
2.3 Music 26
2.4 Sensory Cookery 29
2.5 Sensory Exploration 30
2.6 Sensory Stories 31
2.7 Movement, Physiotherapy and Hydrotherapy 32
2.8 Drama, Poetry and Literature 37
2.9 Art 38
2.10 Inclusive Community 39
2.11 Routines 40
2.12 Energy, vitality, tiredness 40
2.13 Essential Service Standards for Supporting People with PMLD 40
2.14 Timetables 41

3.0 References 46
2.7 **Touch, Movement, Physiotherapy and Hydrotherapy.** As a general opening point, touch **MUST** form a major part of any curriculum related to those with PMLD of any age. We strongly recommend that Dave Hewett’s definitive article on touch, namely *Do touch: physical contact and people who have severe, profound and multiple learning difficulties* (Hewett, 2007) is distributed for everyone to read, that is teachers, TAs, senior leaders, governors, therapists, parents and carers. It is not difficult, not overly academic, and says all there is to say.

Formal sessions of both physio and hydro will clearly need the input of the Physiotherapy department because particular movements may do more harm than good for a particular learner, but there is much that we can do in the classroom, especially if we encourage the physios to give us practical and doable programmes for each learner who needs one. It is an unfortunate fact that physiotherapists skilled in PMLD are in very short supply and we therefore need to work in close partnership with those that we have.

**Positional Changes.** The LEAST that should happen is for two positional changes to be built into the timetable each day for those in wheelchairs. It makes sense to make this a fun time by perhaps singing a ‘stretching song’ call and responding a ‘stretching poem’ or using it as an opportunity for a more informal Intensive Interaction session. Besides stretching and moving positions, using standing frames needs to be considered and as these can sometimes be quite traumatic occasions, it is especially important to make it as much fun as possible.

It is **ABSOLUTELY essential** with **ANY and ALL movement activities,** that we adopt the principle of doing with rather than doing to. It is too easy for the staff member to take control and be in charge of the movement – who is doing the dancing during wheelchair dance? This means that we must be sympathetic to the experiences, feelings and emotions of the learner. We can go fast and experience being ‘out of control’ as we might at a theme park ride or when ice skating with a person in a wheelchair, but we need to build up to this slowly and over time, always monitoring how the learner is physically reacting to the experience and coming back down slowly.

**Movement to Music Sessions** are an excellent way of building ‘muscle memory’ and improving both gross and fine motor control. At its simplest this might take the form of an aerobics session where a particular piece of music – say ‘Bonkers’ by Dizzee Rascal - indicates a particular movement – say rocking back and forth or swinging arms from side to side. At first this movement would need to be very heavily physically supported by an adult and indeed there may be an element of considerable resistance to which the adult would need to be sympathetic. Over time however, we would be looking for a deeper understanding of what might be required, less resistance, moving towards passive co-operation, to active co-operation, to independent movement. **It is important to note that this is one of the very few sessions (the use of standing frames is likely to be similar) where in the initial stages at least, the teacher is in control and may possibly be working against the wishes of the learner,** so it is important to take things slowly and carefully. This may however, be in the interests of the learner since movement can be so central to mental health and well-being.
Movement to Music relies heavily on the work carried out by Chris Knill in the 1980's and 90's (Knill, 1992) and is currently supported by Holistic Music for Children. This latter programme covers the four areas of body awareness, moving sounds, discovery, and singing and learning and CDs for all of these areas are available at fairly nominal prices at www.equals.co.uk by following the Publications link.

As an indication of how learners might progressively engage with such a long term programme can be seen by adapting a scale we have adapted from Erica Brown which she noted as a Framework for Recognising Attainment (Brown, 1996). All learners might not go through this scale in the order noted, and it is not necessary that they do, but this is a broad indication of the possible stages.

1. **Rejection**: The learner is present in the session, but only because she has to be. There is an active rejection of another person’s presence in her social space.
2. **Encounter**: The learner is present in the session without any obvious awareness of its progression. It is sufficient that there is a willingness to tolerate a shared social atmosphere.
3. **Awareness**: The learner appears to notice, or fleetingly focus on an object, person or event involved in the session. On the whole however, there is still self-absorption.
4. **Attention and Response**: The learner begins to respond, though not consistently, to what is happening in a session, by for example, showing signs of surprise or enjoyment.
5. **Engagement**: The learner gives sustained and consistent attention to the supporting adult by for example, looking, listening, following events with her eyes etc.
6. **Participation**: The learner is fully involved in the session for the whole period and occasionally but not consistently, actively responds to the adult’s lead. She may show enjoyment of the process through smiles and laughter.
7. **Learner Initiation**: The learner is fully involved in the session for the whole period and is clearly aware of what is expected. She may well follow some of the sequences of the music and actions and will consistently offer as much pro-active movement as she physically can.
8. **Imitation**: The learner is fully involved in the interaction for the whole period though she may still be accepting physical support. The learner will however, show clear signs of anticipation and an eagerness to fulfill all or part of the movements independently.

**Massage.** Learners with PMLD are likely to have very little awareness of their own bodies. They may not know how their body parts are connected (our proprioceptive sense) and may not know where their bodies are in relation to the space around them (our vestibular sense). These two kinaesthetic senses need to be worked on as much as the conventional five, and massage can be an excellent focus. Massage is however, too often used as a ‘throwaway’ activity to fill in time and is not given the importance it deserves. Massage sessions might

- concentrate on a particular area of the body per half term
- last for at least 20 minutes
• use base oils but not essential oils (which may cause sensory confusion)
• be a quiet, calming and relaxing activity.

It is **REALLY** important that learners are given the maximum opportunity to concentrate on what is happening to their bodies in this session and that must mean reducing the potential for sensory confusion. **This means no talking** apart from telling the learner what you’re going to do 'Hi Jo. I’m going to massage your back', **no lights**, and **no smells** apart from the oil itself. You may allow slow paced and quiet music but only to aid the atmosphere of gentle calm.

**Proprioceptive Massage** - Bluestone (2002) - comes from the HANDLE Institute in America (the Holistic Approach to Neuro-Development and Learning Efficiency), under the direction of Judith Bluestone. She claims that this approach

1. Organises mental processing
2. Influences the body's biochemistry
3. Helps mould the actual structure of the brain.

It may, or may not, do these things – there is as far as we know, no independent research to confirm or deny the claims – but in any event, the process makes sense for those who may find the conventional skin on skin massage challenging, since the concept recommends using a soft spongy ball to apply pressure to the joints. Proprioception refers to the brain’s whole body connectedness and our awareness of this is located in the joints. The brain processes information from the joints to give an understanding of its wholeness; to determine where our body is in relation to the environment around us and where the various parts of the body are in relation to one another – for example, where our knees are in relation to our thighs etc. For learners with damaged or incomplete sensory awareness (virtually all those with PMLD) this can be problematic and will undoubtedly need developing.

Massage of the proprioceptive sites of the body is carried out by using a small (tennis sized) soft foam ball instead of the hand, thus avoiding skin on skin touch which some may find extremely problematic.

**Always try and remember to:**

• Work on the back of the body.
• Start and finish at the top of the spine.
• Apply firm and lingering pressure when you finish at the top of the spine.
• Roll the ball in the same direction and apply equal pressure throughout.
• Roll the ball slowly.
• Talk your partner through the massage – naming body parts in simple clear language helps to reinforce body awareness.
• Be sensitive to the communications of your partner.
**Sherborne Developmental Movement.** Developed by Veronica Sherborne and based on Laban's analysis of movement and movement qualities – this looks to extend the movement repertoire and vocabulary of learners, and explore the areas of body through spatial awareness, relationships and creativity. Those wanting to develop this very interesting work should attend specific Sherborne training which can be found at [www.sherbornemovementuk.org](http://www.sherbornemovementuk.org)

**Move (Mobility Opportunities Via Education)** – is a way of working more than anything, where concentration is given to maximising the opportunities of ALL learners to move independently at least in part and at least during some periods in each day. More information can be obtained from their website at [www.move-international.org](http://www.move-international.org)

**Rebound Therapy** is the therapeutic use of a trampoline to develop and promote motor skills, body awareness, balance, co-ordination and communication. It is designed to accommodate learners’ individual abilities and disabilities, whilst drawing upon their previous experience, 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 is accessible to learners with a range of special educational needs such as specific physical difficulties, autistic spectrum disorders, learning difficulties, challenging behaviour, and/or co-ordination problems. Again, we strongly recommend that staff attend specific Rebound Therapy training which can be accessed through [www.headstraining.co.uk](http://www.headstraining.co.uk) or [www.reboundtherapy.org](http://www.reboundtherapy.org)

**Dance** is quite tricky for those with profound learning difficulties and profound physical difficulties, especially if we confine our understanding of dance to that which the able bodied can do. However, taking learners out of their chairs, laying them on a resonance board, playing rhythmic music (especially current pop songs) and stepping back to see what happens can reveal wonders. This sort of activity is open to filming and perhaps playing back to learners at the next session so that they can have a duet with themselves! The quality of the process is the important thing, along with staff accepting that they are facilitators to, not deciders of, learning. Use the same pieces of music for a whole half term at least. For more specialist help you might try Dance Massage, details of which can be found at [www.naomirosenberg.co.uk](http://www.naomirosenberg.co.uk)

**Yoga** has been found by many schools to be an excellent and very popular medium for movement and exercise. Again, specialist help can be found at [www.specialyoga.org.uk](http://www.specialyoga.org.uk)

**Hydrotherapy** has long been recognised as an excellent opportunity for learners to take control of their bodies and the movements their bodies can make in water. Staff will of course, work closely with physiotherapists here, but additional specialist help can be obtained at [www.halliwick.org.uk](http://www.halliwick.org.uk)

**Hippotherapy** is another area that physiotherapists are likely to have detailed knowledge of, but if not, specialist help can be accessed through Riding for the Disabled at [www.rda.org.uk](http://www.rda.org.uk)