



# THE ARRETON & OAKFIELD FEDERATION

## SPECIAL EDUCATIONAL NEEDS & DISABILITY POLICY

2017 - 2020

Learning Committee

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## **Policy Statement**

We believe that every child is unique and should be given the opportunity to grow and shine in all they do. We believe that every child has the right to receive an education, which enables them to fulfil their potential in a supportive and caring Christian environment. It is with these aims in mind that this policy has been written.

## **Introduction**

We are committed to working in partnership with all who are involved with our children to ensure that we achieve the best possible outcomes for the individual child within a nurturing and inclusive environment.

This policy covers all children who require additional or alternative support, which is different to that which is usual practice for children of the same age. This maybe in terms of assessment, planning, teaching, health needs or other resources or curriculum. This policy outlines how the schools support children with special educational needs and disabilities (SEND), complies with the DfE Code of Practice (2014) and guidance provided by the Local Authority. This policy should be read in conjunction with the schools SEND Offer available on both schools websites:

[www.arretoncepri.iow.sch.uk](http://www.arretoncepri.iow.sch.uk) [www.oakefieldcepri.iow.sch.uk](http://www.oakefieldcepri.iow.sch.uk)

New legislation with effect from September 2014 required us to update the SEND Policy to ensure that we meet the requirements of the legislation and new Code of Practice. One of the significant changes arising from the reforms has been the replacement of the Statement of Special Needs for those children with the most complex needs with an Education Health Care Plan (EHCP).

## **Definition of Special Educational Needs and Disability (SEND)**

### **1. When a child or young person has special educational needs – as defined by the Children and Young Families Act 2014:**

- I. A child or young person has special educational needs if he or she has a learning difficulty or disability, which calls for special educational provision to be made for him or her.
- II. A child of compulsory school age or a young person has a learning difficulty or disability if he or she—
  - (a) - has a significantly greater difficulty in learning than the majority of others of the same age, or
  - (b) - has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools
- III. A child under compulsory school age has a learning difficulty or disability if he or she is likely to be within subsection (2) when of compulsory school age (or would be likely, if no special educational provision were made).
- IV. A child or young person does not have a learning difficulty or disability solely because the language (or form of language) in which he or she is or will be taught is different from a language (or form of language) which is or has been spoken at home.

The reference to the well-being of children and young people is to their well-being as defined by The Children and Young Families Act 2014:

- (a) Physical and mental health and emotional well-being;
- (b) Protection from abuse and neglect;
- (c) Control by them over their day-to-day lives;
- (d) Participation in education, training or recreation;
- (e) Social and economic well-being;
- (f) Domestic, family and personal relationships;
- (g) The contribution made by them to society

(Please see Appendix A for definition of SEND)

## **2. Special educational provision, health care provision and social care provision**

- I. “Special educational provision”, for a child aged two or more or a young person, means educational or training provision that is additional to, or different from, that made generally for others of the same age in—
  - (a) Mainstream schools in England,
  - (b) Maintained nursery schools in England,
  - (c) Mainstream post-16 institutions in England, or
  - (d) Places in England at which relevant early years education is provided.
- II. “Special educational provision”, for a child aged under two, means educational provision of any kind.
- III. “Health care provision” means the provision of health care services as part of the comprehensive health service in England continued under section 1(1) of the National Health Service Act 2006.
- IV. “Social care provision” means the provision made by a local authority in the exercise of its social services functions.
- V. Health care provision or social care provision, which educates or trains a child or young person is to be treated as special educational provision (instead of health care provision or social care provision).

## **AIMS**

- to enable each child to reach their full potential academically, emotionally and socially;
- To include every child fully in the school community and enable them to develop the skills necessary for a successful and fulfilling adult life.
- Using Quality First Teaching to offer an inclusive curriculum and underpin the learning experience of children to ensure the best possible progress for all our children whatever their needs or abilities.
- making reasonable adjustments, the school environment will be able to meet the individual needs of the child

### **The SEND objectives of the school are:**

Through providing Quality First Teaching and appropriate waves of intervention, we will:-

- ensure all children have access to a broad and balanced curriculum by providing a differentiated plan appropriate to their individual needs and abilities
- ensure rapid identification of any child requiring special educational needs and disabilities (SEND) provision
- ensure as far as possible that children express their views and are fully involved in decisions which affect their education
- promote partnership with parents in supporting the individual child with their specific special needs at all stages
- promote effective working partnerships with outside agencies where appropriate to meet identified special educational needs
- ensure all children develop resilience as part of good mental health provision

## **Responsibilities**

### **Role of the Governors**

The Governing Body will monitor and evaluate the quality of provision made for children who have SEND. They will do this through various methods including reports from the Special Educational Needs and Disability Co-ordinators (SENCOs), analysis of data, analysis of SEN expenditure, school visits and where appropriate discussions with parents and children.

### **Role of the SENCO**

The SENCO is responsible for monitoring and evaluating SEND work throughout the school and advising or seeking advice where appropriate. The duties will include:

- Monitoring the day-to-day operation of the school's SEND policy.
- Leading the co-ordination of provision for SEND throughout the school in conjunction with SLT.
- Providing support and advice for teachers and learning support assistants.
- Monitoring the progress of all children with SEND.
- Contributing to the in service training of staff.
- Liaising with external agencies.
- Maintaining the SEND Register

## **Role of the Family Inclusion and Safeguarding Officer (FISO)**

Although this role is based at Oakfield, the FISO provides support and guidance across the Federation. The FISO is part of the multi-agency team that provides additional support to children and families. The role is to liaise between parents and the school and to be a point of contact and support for parents and children if they have any concerns, issues, worries or feedback they wish to raise or discuss. The FISO has many links with specialist organisations and support services, and leads on Child Protection, Children In Need, Team Around the Family (TAF), Common Assessment Framework (CAF) and Early Help Hub liaising with a wide range of agencies (all enquiries are dealt with in the strictest confidence). The role also provides opportunities to build good relationships with families including in times of crisis.

## **Role of the class teachers**

All class teachers are responsible for following this policy. They are responsible for ensuring that they identify individual needs quickly through carrying out regular assessment procedures. They will provide good 'quality first teaching' and ensure any additional intervention or differentiation is provided where appropriate. They will set individual targets for children in their own class and these will be clearly linked to Individual Provision Plans/Individual Education Plans (IPPs/IEPs') and Individual Behaviour Plans (IBPs') where appropriate. Class teachers are also responsible for ensuring there is full involvement of parents and children and liaising with outside agencies where appropriate. Class teachers will ensure that information about individual children is transferred from class to class and, where appropriate, from school to school.

## **Role of Parents**

We believe parents are vital to ensuring the progress of children with SEND and we recognise that parents know their children best. Parents of children with SEND will be kept well informed of their child's targets and progress. Class teachers or the SENCO will meet termly with parents of children with SEND. Parents who require additional support or information can make an appointment at any point to discuss their child's progress or difficulty.

Whilst many factors contribute to the range of difficulties experienced by some children, we believe that much can be done to overcome them by parents/carers, teachers and children working together.

## **Procedures**

The following procedures for identification and SEN provision should be followed:

- All children will have access to a broad and balanced curriculum delivered through 'quality first teaching'. This will include, planned differentiated activities, appropriate and achievable learning outcomes, regular assessments to identify areas where children may be struggling and a variety of teaching and learning styles. The Letter and Sounds programme

used across the school will develop children's phonological awareness and give children of all abilities access to reading and spelling at their own pace and level

- When a child is not making adequate progress and this has been identified using the normal assessment and tracking systems, the class teacher will complete a cause for concern form. Parents will be informed
- When the SENCO receives a cause for concern form, a plan for wave 2 interventions, such as booster groups and language groups to enable children to catch up and bridge gaps in their learning, will be agreed with the class teacher. Parents will be kept informed. At Oakfield CEP (aided) school these groups may include 'language and communication'. As well as other activities, such as handwriting groups and social skills that the class teacher feels appropriate in meeting children's educational needs. In both schools, teachers will keep a record of interventions and impact on a provision mapper. At this stage, the child will enter the schools SEN register.
- If the child does not make adequate progress with wave 2 intervention, the class teacher will consult the SENCO. The SENCO may do some basic assessment of the child's ability and assist the class teacher in writing an IPP/IBP. The IPP/IBP will be discussed and agreed with the parent and child. Advice from the commissioned educational psychology service, Bridges for Learning, may be sought.
- Copies of IPPs and IBPs will be given to parents when they have been agreed and signed, the class teacher will hold further copies and the SENCO and a copy will be placed in the child's personal file. IPPs/IBPs will be monitored and evaluated regularly. A full review of the IPP/IEP or IBP should be carried out at least every six weeks and parents and children should be involved in the review.
- if no progress is made or if a significant difficulty becomes evident, the SENCO will refer to an outside agency for further assessment, advice or support using the relevant referral form. Outside agencies used include health professionals, educational psychologists, CCHAMS, speech and language and occupational therapy within the health service. Following these assessments, the school will follow the advice given. Parents will be fully involved in this process.
- Where appropriate multi-agency professional meetings will be called to monitor, evaluate and plan for progress and provision.
- It may be that progress continues to be limited even with many interventions in place. The SENCO along with the Head Teacher and Class teacher will then make a decision as to whether to apply for a statutory assessment. Parents will continue to be involved in the process.

## **Specialist provision**

Both schools have focused areas of skills and training in autistic spectrum disorders (ASD) and associated disorders. Several teachers and teaching assistants have completed the TEAACH programme and all classrooms are ASD friendly.

The Federation commission a bespoke package of education psychologist provision through Bridges for Learning.

Both schools have accessible toilets. Arreton has an accessible wet room and Oakfield has a hygiene room, both facilities enable access to facilities for students with a range of SEND.

## **Nurture Group**

The Federation are happy to support an innovative approach to supporting children with social, emotional and mental health difficulties (SEMH) through the nurture group and at Oakfield, the Alternative Provision Unit. Through intensive work in the nurture provision children can begin to access learning, raise their self-esteem and develop their social and emotional skills. This work can include the following:

- 1:1 and small group support in a home like environment
- Specific intervention promoting resilience skills
- Play and exploration approaches
- Individualised curriculum
- Play therapy provided by trained therapists from outside agency
- Counselling from outside agency
- Activities to support managing negative feelings and emotions
- Positive behaviour management strategies
- Strategies to raise self-esteem
- Speech and language development (this is additional and can support Speech and Language therapy provided by the NHS)
- Physical co-ordination development through Madeleine Portwood exercises.
- Nurturing practical activities (such as baking and gardening)
- Specific small group social skills support
- Positive Parenting courses and parental support.

## **Resources**

The support of children experiencing difficulties is met from within the delegated schools budget and funding is specifically designated for SEND provision. Advice is sought from many external agencies when children are assessed as needing specific support. Where specific resources are advised by specialist agencies, the school will provide the resource as soon as possible. There are a range of generic resources in school to cater for the different needs of children. We are currently in the process of building up a bank of assessment material in order to aid the SENCO in correctly identifying the needs of different children.

A provision map will be regularly reviewed and updated to ensure resources are well matched to the needs of children with SEND.

## **Curriculum**

The Federation has developed a 'creative curriculum', which offers children a broad and balanced curriculum through relevant topics of interest that provide children with a platform for enquiry and self-assessment. Teachers use the 'Active Tracking' system to plan for the development of basic skills matched to individual age and ability. Children with SEN access the curriculum in this way and in addition will have differentiated activities linked to their personal individual plans (IPP/IBP)

Children with SEND are always included in daily school activities (appendix I P.E), school visits and after school activity clubs. Children are prepared in advance where necessary, for trips and changes to the schedule of the day to help minimise distress and enhance the child's school experience.

### **Appeals and Complaints**

*See also school policies for complaints procedures.*

Use of the complaints procedure currently in place will ensure parents of all children are treated respectfully.

Working with parents in partnership to ensure their child is happy within the Federation and that individual plans are discussed regularly is good practice. If parents feel that discussions with the school have broken down, they can be directed to Special Educational Needs Independent Advisory Service (SENDIAS), an independent body that can represent and support parents with children with SEND (particularly children with an EHCP – Educational Health Care Plan).

### **Continuous Professional Development**

The school staff have regular in-house training with the SENCOs and outside agencies to support their work with children with SEND. The SENCOs and senior leadership team also identify areas where whole school training is needed and arrange this as appropriate.

The SENCOs attend relevant cluster and forum meetings and ensure that necessary information is fed back to relevant staff

Outside agencies will also come to the school to provide specialist training to staff e.g. Speech & language/social interaction training.

### **Transition**

The Head Teacher, SENCOs and class teachers will maintain close relationships with all feeder schools and agencies including our onsite pre-schools and local secondary schools. Our early years teachers liaise with the feeder pre-schools to ensure children with SEN are well known and provided for before they come into school. Staff will attend the summer term IDP meetings for children identified by the Early Years Intervention Team who are transferring into the school. The year 6 teachers, head teacher, support staff and SENCO also work very closely with staff and SENCOs at the secondary schools during the year 6 to Year 7 transition process.

### **Health and welfare of children**

All children, irrespective of their circumstances, are treated equally whilst in our care. We prioritise and facilitate 'joined up' working with other agencies such as the Health Authority, Children's Services (social services), Educational Welfare Service (EWS), police, and many voluntary organisations e.g. Women's Refuge, Substance Misuse organisations.

## **Health Support**

The school nurse service supports the schools in a number of ways, for example: general health checks in the Reception or intake year, hearing, dental and vision checks and individual support and advice. The school nurse team can be asked to give children specific health checks with parental permission, if deemed necessary.

## **Welfare Support**

The Family Inclusion and Safeguarding Officer is the Designated Safeguarding Lead (DSL) at Oakfield and the Head of School is the DSL at Arreton. The Executive Headteacher and Head of School and SENCO at Oakfield are also trained to DSL level. The team work with parents and outside agencies to achieve the best for children and ensure they are safe and their needs are being met.

This Policy will be reviewed on a three yearly basis, or more frequently if legislation and/or advice and guidance is received.

**Next review Setember 2020.**

### **SENCO:**

OAKFIELD CE (AIDED) PRIMARY SCHOOL

MISS EILEEN EATON

ARRETON ST GEORGES CE (AIDED) PRIMARY SCHOOL

MRS MARIA HERBERT

FAMILY INCLUSION AND SAFEGUARDING OFFICER

MRS SUZE KEYNES - OAKFIELD

SAFEGUARDING DESIGNATED LEAD

MRS MARIA HERBERT - ARRETON

### **INCLUSION GOVERNORS**

MRS GLENNA REALEY – ARRETON

MRS DIANE BARKER - OAKFIELD

## APPENDIX A

We believe that Special Education Needs covers a wide spectrum, this includes:

- General learning difficulties
- Specific Learning difficulties (children at risk of Dyslexia, Dyspraxia, Dyscalculia)
- Significant Behavioural, Emotional and Social difficulties that are impacting on their own or others learning
- Visual Impairments, Hearing Impairments
- Physical Disabilities (Down Syndrome, Cerebral Palsy)
- Autistic Spectrum Disorders (ASD) (Including Attention deficit Disorder (ADD), Oppositional Defiance Disorder (ODD), Asperger's Syndrome, Autism, Obsessive Compulsive Disorder (OCD)
- Speech, Language and Communication difficulties
- Social, Emotional And Mental Health Difficulties

## APPENDIX B

### PHYSICAL EDUCATION AND SCHOOL SPORT (P.E.S.S.)

#### Individual and Special Needs

*“All pupils irrespective of any special need have an entitlement to a meaningful and fulfilling experience of PE/S (Physical education and school sport)”*

*“...it can also bring about significant and long-lasting gains to psychomotor and sensory development, physical health and well-being and, through the successful achievement of well-matched challenges, improve social and emotional stability”*

Association of Physical Education: Worcester 2008

#### **ASTHMA – exercise is good for people with asthma**

SYMPTOMS	PREVENTION	MEDICAL
<ul style="list-style-type: none"><li>• Coughing</li><li>• Wheezing</li><li>• Shortness of breath and tightness in the chest</li></ul>	<ul style="list-style-type: none"><li>• Levels of fitness are increased gradually</li><li>• Always warm up and cool down thoroughly</li><li>• Are free of irritants that may trigger asthma</li></ul>	<ul style="list-style-type: none"><li>• Inhaler is always available when exercising</li><li>• Where exercise triggers a child's asthma, they should use their inhaler before they warm up.</li><li>• Child is allowed to stop exercising if symptoms occur and appropriate medical procedures are followed.</li><li>• <b>IF IN DOUBT CALL AN AMBULANCE</b></li></ul>

**ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)** – *find it difficult to pay attention, concentrate and find it difficult remembering instructions. Sometimes on medication*

- Ensure instructions are clear and easy to follow
- Encourage and reward efforts and achievements
- Remain consistent in approach
- Carefully risk assess physical activities to be undertaken
- Ensure potential difficult situations can be well managed

**AUTISM/AUTISTIC SPECTRUM DISTORDER (ASD)/APSERGER'S SYNDROME** – *Pupils with autism have difficulties with social communication, tendencies to be egocentric in conversation, do not realise they should listen to others as well as make their own point. Can interpret phrases literally; do not understand jokes or sarcasm. Like settle, routines and sudden changes can cause severe anxiety.*

- Speak clearly and give pupils time to understand what is expected of them
- Encourage and give prompts where necessary
- Apply rules consistently
- Prepare pupils as much as possible for the activity they will be going i.e. showing photos', sharing plans or seeing demonstrations.

**CEREBRAL PALSY** – *can have a range of difficulties: perceptual, communication, movement and control, sensory impairment, and short attention span.*

- Link with other professions (e.g., physiotherapists) to develop an appropriate motor support programme, including use of specialist equipment
- Encourage support from peers
- Ensure the child understands what is expected, possibly through the use of demonstration
- Encourage independence
- Praise

**DIABETES** – *having diabetes should not stop a child taking a full part in school activities. Keeping active is part of a well-planned response to managing diabetes.*

- Liaise with parents
- Be aware of the symptoms associated with the onset of hypoglycaemia
- Child carries with them a bag containing blood glucose testing kit, food, glucose tablets, drinks etc. to use as and when necessary
- Training programmes should be built up gradually

#### **IF IN DOUBT CALL AN AMBULANCE**

**Down's syndrome (Trisomy 21)** –*can have reduced muscle tone, heart conditions, hearing and vision difficulties, respiratory difficulties and learning that can impact upon physical activity. Advice should be sort on exact needs of each individual.*

Have a small risk of suffering acute dislocation of the atlantoaxial joint resulting in;

- pain behind the ear or elsewhere in the neck,
- abnormal head posture,
- deterioration of gait, manipulative skills or bowel and/or bladder control

#### **SPECIALIST ADVICE SHOULD BE SORT IMMEDIATELY**

- Use demonstration, sign and gesture to support learning
- Offer regular encouragement and praise
- Speak directly to the pupil to reinforce instructions and ensure the task has been understood
- Liaise with other professionals to develop a health plan

## **ACRONYMS**

ADD	Attention Deficit Disorder
ASD	Autistic Spectrum Disorder
BESD	Behavioural, Emotional & Social Difficulties
EHCP	Education Health Care Plan
EWO	Educational Welfare Officer
IBP	Individual Behaviour Plan
IDP	Individual Development Plan
IEP	Individual Educational Plan
OCD	Obsessive Compulsive Disorder
ODD	Oppositional Defiance Disorder
SEND	Special Educational Needs and Disabilities
SENCO	Special Educational Needs Co-ordinator
SLT	Senior Leadership Team
TEAACH	Training & Autistic & Related Communication Handicapped Children