

# **Inclusion Policy**

## **2024-2025**

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### 1. Policy Aims and Principles

At EKCSS, we believe that every member of staff is responsible for the progress, attainment and well-being of all children, including those with SEND and disabilities.

#### 1.1 Statement of Purpose

The purpose of this policy is to ensure that every member of our community is clear on our expectations regarding inclusion and provision for our SEND students.

For more information about how we support children with SEND please also see our SEND information report that is updated annually and can be found on our school website.

There is information about the support that the Local Authority and other services provide: [SEND Local Offer](#).

#### 1.2 Policy Aims

##### **This policy aims to:**

- set out how our school will support and make provision for students with special educational needs (SEND)
- explain the roles and responsibilities of everyone involved in providing for students with SEND
- students, staff and parents understand how our school will support students with medical conditions

At EKCSS, we believe that neurodiversity is something which should be celebrated. Staff and students accept, respect and value the diverse backgrounds of our school community and the part that we all must play in creating an inclusive and supportive environment where all students have their needs met so that they can become successful individuals who can confidently thrive in a 21st Century world.

We can make provision for every kind of frequently occurring special educational need without an Education, Health and Care Plan (EHCP), for instance: literacy difficulties, dyspraxia, speech and language needs, ADHD, ASD and learning difficulties. There are other kinds of special educational need, which do not occur as frequently and with which the school is less familiar, but we can access training and advice so that these kinds of needs can be met.

The school also currently meets the needs of students with an EHCP with the following kinds of special educational need: cognition and learning, communication and interaction, social mental and emotional health and physical and/or sensory.

Decisions on the admission of students with an EHCP are made by the Local Authority.

The admission arrangements for students without an EHCP do not discriminate against or disadvantage disabled children or those with special educational needs.

## **2. Legislation and Definitions**

### **2.1 Legislation**

The following legislation has been followed throughout this policy:

[Children and Families Act 2014](#)

[SEND Code of Practice 2015](#)

[Special Educational Needs and Disability Regulations 2014](#)

[Equality Act 2010](#)

[Data Protection Act 2018](#)

[Schools Admissions Code, DfE 201](#)

### **2.2 Definition of SEN**

A child or young person has SEN if they have a learning difficulty or disability, which calls for special educational provision to be made for them.

A child of compulsory school age or a young person has a learning difficulty 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 them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions. SEN Code of Practice (2015, p 4)

### **2.3 Definition of disability**

Many children and young people who have SEN may also have a disability under the Equality Act 2010 – that is: ‘...a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities’. This definition provides a relatively low threshold and includes more children than many realise: ‘long-term’ is defined as ‘a year or more’ and ‘substantial’ is defined as ‘more than minor or trivial’ SEN Code of Practice (2015, pg. 5)

## **3. Leadership and Management of SEND**

### **3.1 The SENDCo**

Our SENDCo has day-to-day responsibility for the operation of SEND policy and coordination of specific provision made to support individual students with SEND, including those who have EHC plans.

Our SENDCo provides professional guidance to colleagues and will work closely with staff, families and other agencies. Our SENDCo is aware of the provision in the local offer and works with professionals providing a support role to families to ensure that our students with SEND receive appropriate support and high-quality teaching. (SEND Code of Practice (COP): 6.88, 6.89)

The Inclusion team also includes the following:

- Assistant Headteacher SENDCo
- SEND Teachers
- Assistant SENCO
- Inclusion Specialists
- Inclusion Practitioners

### 3.2 The Governors

Our Governing Body fulfils its statutory duty towards children with SEND in accordance with the guidance set out in the SEND Code of Practice. In particular, the governing body, ensures:

- arrangements are in place in school to support students with medical conditions (COP 3.66)
- SEND information report is published annually (COP 6.79)
- there is a qualified teacher designated as a SENDCo for the school. (COP 6.84)

In addition, our governing body works with the SENDCo and Headteacher in determining the strategic development of SEND policy and provision, including establishing a clear picture of the resources available in the school.

The governing body also ensures that the school meets its responsibilities under the Equality Act 2010 regarding admissions, reasonable adjustments and access arrangements and publishes information that includes specific and measurable objectives. (COP 6.87, 6.97, 6.90, 3.8, 1.27, 1.28, xix,xxi)

### 4. The Send Information Report

Children with any of the needs below can be included in our school community.

Area of Need	Description
<b>Communication and Interaction</b>	This includes children/young people with speech, language and communication needs (SLCN) and those with an Autism Spectrum Disorder (ASD) including Asperger’s Syndrome.
<b>Cognition and Learning</b>	This includes children with moderate learning difficulties (MLD), severe learning difficulties (SLD) and profound and multiple learning difficulties (PMLD). This also includes children/young people with specific learning difficulties (SpLD) such as dyslexia, dyscalculia, and dyspraxia.
<b>Social, Emotional and Mental Health Difficulties</b>	Social, emotional and mental health difficulties may manifest themselves in many ways including becoming withdrawn or isolated, as well displaying challenging, disruptive or disturbing behaviour. Other children/young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.
<b>Sensory and/or Physical Needs</b>	This includes children/young people with visual impairment (VI), hearing impairment (HI), multi-sensory impairment (MSI) and physical disability (PD). (COP 6.28- 6.35)

#### 4.1 Identification and Assessment of SEND

A student has SEND where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that normally available to students of the same age.

We will assess each student's current skills and level of attainment on entry to the school.

We will make regular assessments of progress for all students. These will seek to identify students making less than expected progress given their age and individual circumstances.

This is progress which:

- is significantly slower than that of their peers starting from the same baseline
- fails to match or better the child's previous rate of progress
- fails to close the attainment gap between the child and their peers
- widens the attainment gap

The first response to less than expected progress will always be high quality teaching targeted at the student's area of weakness.

In identifying a child as needing SEND support, the class teacher, working with the SENDCo, will carry out a clear analysis of the student's needs including the individual's development in comparison to their peers and national data.

Slow progress and low attainment do not necessarily mean that a child has SEND. Equally, attainment in line with chronological age does not necessarily mean that there is no learning difficulty or disability. (COP 6.15, 6.17, 6.23, 6.45)

Difficulties related solely to limitations in English as an additional language are not SEND. Persistent disruptive or withdrawn behaviours do not necessarily mean that a child has SEND. (COP 6.21, 6.24)

We are alert to emerging difficulties and respond early. For some children, SEND can be identified at an early age. However, for other children difficulties become evident only as they develop. (COP 6.20)

We recognise that families know their children best and listen and understand when they express concerns about their child's development. We also listen and address any concerns raised by children/young people themselves. (COP 6.20)

Where it is decided to provide a student with SEND support the decision will be recorded in school records, and we will formally notify parents. We are required to make data on the levels and types of SEND within the school available to the Local Authority. This data collected through the School Census, is also required to produce the national SEND information report. (COP 6.43, 6.48, 6.73, 6.83)

SEND support will be adapted or replaced depending on how effective it has been in achieving the agreed outcomes.

In Kent an early years/school/college-based SEND provision plan is used when, despite the appropriate targeted support, a child/young person continues to make little or no progress or to work at levels considerably below those of their peers. Many of these children are likely to be receiving support from other agencies.

Where, despite taking relevant and purposeful action to identify, assess and meet the SEND needs of the child, the child/young person has not made expected progress, consideration will be given to requesting an Education, Health and Care assessment. This request can be made by the school or by families. (COP 6.63)

In considering whether an EHC needs assessment is necessary, the Local Authority will consider the evidence of the action already being taken by the school to meet the child's SEND needs. An EHC needs assessment will not always lead to an EHC plan. (COP 6.63)

The purpose of an EHC plan is to make special educational provision to meet the special educational needs of the child/young person, to secure improved outcomes for them across education, health and social care and, as they get older, prepare them for adulthood. The EHC plan also specifies the arrangements for setting shorter-term targets at school level. (COP 9.2)

## **5. Meeting the Needs of Young People with disabilities and medical conditions**

## **5.1 Roles and Responsibilities**

### **5.1(a) Staff**

Our staff will:

- Support students with medical conditions and complete the necessary training to do so effectively.
- Will take into account the needs of students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

### **5.1(b) Families**

Our Families will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

### **5.1(c) Students**

Our students will:

- Students with medical conditions will often be best placed to provide information about how their condition affects them. Students should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

## **5.2 Being notified that a child has a medical condition**

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.

## **5.3 Individual Healthcare Plans**

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. However, our Deputy Head for Inclusion and SENDco will work with all stakeholders to ensure that the IHP is effective and up to date.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed. Plans will be developed with the student's best interests in mind and will set out:

- what needs to be done
- when
- by whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific draft needs. The student will be involved wherever appropriate. Parents and guardians will sign the medical healthcare plan and retain a copy for their reference.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has SEND but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The SENDCO, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/student, the designated individuals to entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

#### **5.4 Managing Medicines**

Prescription and non prescription medicines will only be administered at school when it would be detrimental to the student's health or school attendance not to do so and where we have parents or carers written consent.

EKCSS is not able to store and administer pain killers (including paracetamol) unless prescribed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Students will be informed about where their medicines are at all times and be able to access them immediately.

Medicines will be returned to parents or carers to arrange for safe disposal when no longer required.

#### **5.5 Controlled Drugs**

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone. A student who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another student to use. All other controlled drugs are kept in a secure cupboard in

the school office and only named staff have access. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### **5.6 Students managing their own needs**

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and carers and it will be reflected in their IHPs.

Students will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

### **5.7 Unacceptable Practice**

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- Send unwell students to their year team either unaccompanied, or with another student
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask students to administer, medicine in school toilets

### **5.8 Emergency Procedures**

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do. If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance.

### **5.9 Roles and Responsibilities for medical absences**

The roles and responsibilities to support students who are absent from school due to their medical needs are listed below:

#### **5.9(a) If the school makes arrangements:**

- The Inclusion Team will liaise with families to put in place suitable arrangements to ensure the best continuity of learning possible.
- The Inclusion Team will monitor arrangements between home and school, including liaison with teachers.
- The Inclusion Team will ensure that appropriate work is sent home or sent to hospital schools where this is relevant.



- The school reserves the right to not send work home should it be deemed to encourage non-attendance.
- The Inclusion Team will monitor the student's engagement with the work and liaise with the student's family and teachers where necessary.
- Where a student is not attending due to ill health, it is important that they feel supported in their learning. It is also important that each student's situation is assessed on an individual basis and that the student's needs are met accordingly.
- The Inclusion Team will also be responsible for ensuring a supported reintegration of the student back into school after an extended period of illness. Again, this will include close liaison with families, attendance lead, teachers, and the LA.
- When a student returns to school after an extended period of absence due to ill health, the Inclusion Team will closely monitor the student for one school term and support their settling back into their learning and school life.
- Should the student require further support, the Inclusion Team will make the necessary referrals, either to in-school support programmes or outside agencies. Again, this will be done in consultation with families.

### **5.10 Training**

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed. The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher/name of role. Training will be kept up to date. Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- Fulfil the requirements in the IHPs/EHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Be recorded and reviewed by the SENDCO
- Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

### **5.11 Record Keeping**

The Senior Leaders will ensure that written records are kept of all medicine administered to students. Parents will be informed if their student has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

## **6. Working in Partnership with Families**

### **6.1 Families**

We are committed to working in partnership with parents and carers. We will:

- Have regard to the views, wishes and feelings of families.
- Provide families with the information and support necessary to enable full participation in decision making.
- Support families to facilitate the development of their child to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood.
- Meet with the families of children at least three times each year.

- Provide an annual report for families on their child's progress.

If there are any disagreements with parents about SEND support for their child, we will work with them to try to resolve these. If parents have a complaint, they can use the school's complaints procedure. Details regarding this are available from the school office or on the school website's complaint procedure.

## **6.2 Including Children/young people**

We are committed to involving children with SEND in decisions about their learning. We will:

- Have regard to the views, wishes and feelings of children.
- Provide children with the information and support necessary to enable full participation in decision making.
- Support children to support their development and help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood. (COP 1.1)

## **7. Assessing and Reviewing Outcomes**

We record evidence of student progress, with a focus on outcomes and a rigorous approach to the monitoring and evaluation of any SEND support provided. We record details of additional or different provision made under SEND support. This forms part of regular discussions with families about the child's progress, expected outcomes from the support and planned next steps. (COP 6.72, 6.73)

SEND support takes the form of a four-part cycle: assess, plan, do and review. Decisions and actions are revisited, refined, and revised with a growing understanding of the student's needs and of what supports the student in making good progress and securing good outcomes. This is known as the graduated approach. (COP 6.44)

Clear dates for reviewing progress are agreed and families, student and teaching staff will be clear about how they will help the student reach the expected outcomes. The effectiveness of the support and interventions and their impact on the student's progress will be reviewed in line with the agreed date. (COP 6.43, 6.53)

### **7.1 Reviewing an EHC plan**

EHC plans are used to actively monitor children's progress towards their outcomes and longer-term aspirations. They must be reviewed as a minimum every 12 months, however every EHC will have the opportunity to be reviewed three times a year, with two optional interim reviews available in addition to the compulsory EHC review. Reviews will be undertaken in partnership with the child/young person and their family, and will take account of their views, wishes and feelings. The review will focus on the child/young person's progress towards achieving the outcomes specified in the EHC plan. The review will also consider whether these outcomes and supporting targets remain appropriate. Families a school representative, and other relevant, external professionals, will be invited to the review meeting.

Before the meeting we will:

- give notice to all parties at least two weeks before the meeting and seek advice and information about the child.
- send out any advice or information gathered to all those invited at least two weeks before the meeting.

We will prepare and send out a report of the meeting to everyone invited within two weeks of the meeting. (COP 9.166, 9.168, 9.176, 6.56)

Where a child is looked after by the Local Authority, we will endeavour to synchronise EHC plan reviews with social care reviews. (COP 10.20)

## **8. Transition**

The great majority of children with SEND or disabilities, with the right support, can find work, be supported to live independently, and participate in their community. We encourage these ambitions right from the start. Our SEND support includes planning and preparation for the transitions between phases of education, key stages, year groups and preparation for adult life. We will agree with families and students the information to be shared as part of this process. We support children so that they are included in social groups and develop friendships. This is particularly important when children are transferring from one phase of education to another. (COP 6.57, 8.7, 8.8)

If a child has an EHC plan, this will be reviewed and amended in sufficient time prior to moving between key phases of education. The review and any amendments must be completed by 15 February in the calendar year of the transfer. (COP 9.179)

We ensure that students from Year 9 until Year 11 are provided with independent careers guidance. For students with EHC plans, reviews from Year 9 will include a focus on preparing for adulthood and we will cooperate with the Local Authority to support the development of a Post 16 study programme tailored to their needs. (COP 6.13, 8.26, 9.184)

## **9. The Approach to Teaching Children with SEND**

We set high expectations for all students whatever their prior attainment. We use assessment to set targets which are deliberately ambitious. We deliver high quality teaching that is differentiated and personalised and meets the individual needs of the majority of children. Some children/young people need educational provision that is additional to or different from this and we use our best endeavours to ensure that such provision is made for those who need it. (COP 1.24, 6.12)

## **10. Curriculum and Learning Environment**

All students have access to a broad and balanced curriculum. In the details of the curriculum provided in each year, we include details of how the curriculum is adapted or made accessible for students with SEND. Lessons are planned to address potential areas of difficulty and to remove barriers to student achievement. We do what is necessary to enable children to develop, learn, participate, and achieve the best possible outcomes irrespective of whether that is through reasonable adjustments for a disabled child or special educational provision for a child with SEND. (COP 6.12, 6.82, 1.34)

## **11. Training and Continuing Professional Development**

We regularly and carefully review the quality of teaching for all students, including those at risk of underachievement. This includes identifying particular patterns of need in the school, reviewing, and where necessary improving teachers' understanding of strategies to identify and support vulnerable students and their knowledge of the SEND most frequently encountered. (COP 6.37, 6.77)

Where interventions are required, we ensure staff have sufficient skills and knowledge to deliver the intervention effectively. (COP 6.50). The quality of teaching for students with SEND, and the progress made by students, is a core part of the school's performance management arrangements and its approach to professional development for all teaching and support staff. (COP 6.4)

## **12. Evaluating the Effectiveness and Impact of SEND Provision**

We maintain an overview of the programmes and interventions used with different groups of students to provide a basis for monitoring their effectiveness and impact. We use information systems to monitor the progress and development of all students. This helps us to develop the use of interventions that are effective and to remove those that are less so. (COP 6.74, 6.76, 6.77)

Some of the ways we evaluate the effectiveness of provision for students with SEN are:

- Tracking students' progress, including by using provision maps
- Carrying out the review stage of the graduated approach in every cycle of SEN support
- Using student questionnaires
- Monitoring by the SENCO
- Holding annual reviews for students with EHC plans

- Getting feedback from the student and their parents

We will publish an annual SEND information report on the school website. (COP 6.79)

### **13. Children with specific circumstances**

#### **13.1 Looked After Children**

Students at the school who are being accommodated, or who have been taken into care, by the LA are legally defined as being 'looked after' by the LA. The school recognises that students that have SEND are more likely to be 'looked after', and it is likely that a significant proportion of them will have an EHC plan.

The school has a designated member of staff for coordinating the support for LAC. Where that role is carried out by a person other than the SENDCo, designated teachers will work closely with the SENDCo to ensure that the implications of a child being both looked after and having SEND are fully understood by relevant school staff.

#### **13.2 English as an Additional Language**

The school will give particular care to the identification and assessment of the SEND of students whose first language is not English. The school will consider the student within the context of their home, culture and community. Where there is uncertainty about an individual student, the school will make full use of any local sources of advice relevant to the language group concerned, drawing on community liaison arrangements wherever they exist. The school appreciates having EAL is not equated to having learning difficulties. At the same time, when students with EAL make slow progress, it will not be assumed that their language status is the only reason; they may have SEND. The school will look carefully at all aspects of a student's performance in different subjects to establish whether the problems they have in the classroom are due to limitations in their command of English or arise from SEND.

#### **13.3 Wider Inclusion**

We are committed to eliminating discrimination, promoting equality of opportunity, and fostering good relationships. Students with SEND engage in the activities of the school together with those who do not have SEND and are encouraged to participate fully in the life of the school and in any wider community activity. (COP xix, 8.8)

### **14. Emotional and Social Development and Wellbeing**

We support the emotional, mental and social development of children with SEND and disabilities by providing extra pastoral support arrangements for listening to their views and implementing measures to prevent bullying. (COP 4.32) We make provision for students' spiritual, moral, social and cultural development.

### **15. Preparation for Adulthood**

We will ensure that our students are supported to make a smooth transition to whatever they will be doing next, e.g. moving on to higher education.

We will engage with FE providers, as necessary, to help plan for any enhanced transitions. We will transfer all relevant information about students to any educational setting that they are transferring to.

If a student has been excluded, the school has a duty to arrange suitable, full-time education from the sixth day of a fixed period exclusion and to provide full details of any SEND provisions necessary, in accordance with the school's Exclusion Policy.

If it is in the best interest of the student, the school may commission alternative provision, in line with any EHC plans in place, for students who face barriers to participate in mainstream education.

The school will take an active role in preparing students with SEND for their transition into adult life, preparing them to achieve their ambitions in terms of HE, FE or employment, taking responsibility for their health, where they will live, their relationships, their finances, social integration and independence.

The school will ensure that it meets its duty to secure independent, impartial careers guidance for students in Years 8-13, including:

- Discussing preparation for adulthood in planning meetings with students and parents from Year 8.
- Helping students and their parents prepare for the change in legal status once a student is above compulsory school age.
- Ensuring that careers advice and information provides high aspirations and a wide range of options for students with SEND.
- Helping students and parents understand and explore how the support they will receive in school will change as they move into different settings, and what support they are likely to need to achieve their ambitions.
- Securing access to independent, face-to-face support for students with SEND to make successful transitions.

Our Careers Policy will include details on how the school will work with students with SEND to ensure they are prepared for the workplace

## **16. Involving Specialists**

We will always involve a specialist where a child makes little or no progress over a sustained period or where they continue to work at levels substantially below those of students at a similar age despite evidence-based SEND support delivered by appropriately trained staff. Parents are always involved in any decision to involve specialists. We may involve specialists at any point to advise on early identification of SEND and effective support and interventions. (COP 6.59)

We work with parents/carers and agencies to consider a range of evidence-based and effective teaching approaches, appropriate equipment, strategies and interventions to support the child's progress. Together, we agree on the needs of the child, responsibilities and the outcomes to be achieved through the support, including a date by which it is reviewed. Records of involvement of specialists are kept and shared with parents and teaching staff. (COP 6.59, 6.62, 3.7, 3.25)

Where a child is looked after by Local Authority, we will work closely with other relevant professionals involved in the child's life as a consequence of being looked after. (COP 10.7) We work closely with the Local Authority and other providers to agree on the range of local services and clear arrangements for making appropriate requests. Some services may be commissioned directly. (COP 6.61, 3.13)

## **17. Funding for SEND**

We have an amount identified within our overall school budget, called the notional SEND budget. This is not a ring-fenced amount. We provide high quality appropriate support from the whole of our school budget including any resources targeted at particular groups such as the student premium. (COP 6.96, 6.97)

The Local Authority provides additional top-up funding where the cost of the special educational provision required to meet the needs of an individual student exceeds the nationally prescribed threshold. (COP 6.99) The school will apply for this directly and is called high needs funding.

In some circumstances, parents/carers may request a Personal Budget. A Personal Budget is an amount of money identified by the Local Authority to deliver provision set out in an EHC plan where the parent/carer or young person is involved in securing that provision. (COP 9.95,9.98)

## **18. Data Protection**

Education Health Care plans (EHC plans) will be kept securely (in a locked filing cabinet and on secure servers) so that unauthorised persons do not have access to it. EHC plans will not be disclosed without

the consent of the child's parents/carers, except for specified purposes or in the interests of the child. (COP 9.211)

See our Data Protection policy for more information.

## **19. Admissions**

The school will ensure it meets its duties set under the DfE's 'School Admissions Code' by:

- Not refusing admission for a child thought to be potentially disruptive, or likely to exhibit challenging behaviour, on the grounds that the child is first to be assessed for SEND.
- Not refusing admission for a child that has named the school in their EHC plan.
- Considering applications from parents of children who have SEND but do not have an EHC plan.
- Not refusing admission for a child who has SEND but does not have an EHC plan because the school does not feel able to cater for those needs. • Not refusing admission for a child who does not have an EHC plan.
- Not discriminating against or disadvantaging applicants with SEND.
- Ensuring policies relating to school uniform and trips do not discourage parents of students with SEND from applying for a place.
- Adopting fair practices and arrangements in accordance with the 'School Admissions Code' for the admission of children without an EHC plan.
- Ensuring the school's oversubscription arrangements will not disadvantage children with SEND.
- Ensuring that tests for selection are accessible to children with SEND, with reasonable adjustments made where necessary.

Arrangements for the fair admissions of students with SEND are outlined in the Admissions Policy and will be published on the school website

## **20. Monitoring and Review**

This policy and information report will be reviewed by the SENDCo and Headteacher every year. It will also be updated if any changes to the information are made during the year.

It will be approved by the Local Governing Board.

## **21. Links with other Policies**

This policy should be read in conjunction with the following policies, plans and procedures:

Accessibility plan

Complaints

Equality information and objectives

Health and safety

Safeguarding

Special Educational Needs Information Report

First Aid Procedures

Character Policy

Data Protection Policy

### **Trust Policies**

[Complaints Policy](#)

[Equality and Diversity Policy](#)

[Safeguarding and Child Protection Policy](#)

## 22. Appendices

### Appendix 1: Assess, Plan, Do Review Cycle

**Tier 1: Universal Offer**  
Quality First Teaching

**Tier 2: Early Intervention**  
Identification of needs within department areas and in collaboration with the Inclusion Team.

**Tier 3: Targeted, Additional Support**  
Targeted support within class in collaboration with the Inclusion Team.

**Assessment of need pathway.**

**Tier 4: Targeted, Intensive Support**  
SEND Register; Cognition and Learning, Communication and Interaction, Sensory and/ or Physical and Social, Emotional and Mental Health (SEMH) Multi professional planning and coordinated support in place

**Tier 4: Highest Need**  
HNF, EHCP, EHC application or organisation of alternative provision.

#### **Tier 1: Universal Provision**

Quality First Teaching (QFT) means high quality inclusive teaching together with our continuous whole school processes for assessing, planning, implementing, tracking, monitoring, and reviewing a student's progress.

The teacher has the highest possible expectations of all students in their class

All teaching builds on what students already knows, can do and understand

Lessons are appropriately differentiated, which means ways of teaching are in place so that all students can access the lesson and are fully involved in their learning. Some examples of these are: additional resources to support their learning, opportunities for paired work or small group work, different ways of presenting their work

Specific strategies (suggested by the SENCo) to support students to learn

On-going assessment within the day-to-day framework to identify any gap or gaps in student's understanding/learning

#### **Assess**

In identifying a student as needing additional support the class or subject teacher, will carry out a clear analysis of the student's needs. This should draw on the teacher's assessment and experience of the student, their previous progress and attainment, as well as information from the school's core approach to student progress, attainment, and expectations. It should also draw on other subject teachers' assessments where relevant, the individual's development in comparison to their peers and national data, the views and experience of parents, the student's own views and, if relevant, advice from the student's tutor and/or HOY.

### **Plan**

Use assessments to ensure appropriately differentiated work and ensure gaps in learning are addressed through QTS. Involve the student and their parents/carers in establishing where the learner is up to and what specific, small steps, need to happen to ensure progress. Use analysis of the student's preferred learning style to create increased learning opportunities to maximise learning.

### **Do**

The class or subject teacher should remain responsible for working with the child on a daily basis. They should work closely with any teaching assistants or specialist staff involved, to plan and assess the impact of support and interventions and how they can be linked to classroom teaching. The SENCo should support the class or subject teacher in the further assessment of the student's particular strengths and weaknesses, in problem solving and advising on the effective implementation of support.

### **Review**

The class or subject teacher, should revise the support considering the student's progress and development, deciding on any changes to the support and outcomes in consultation with the parent and student.

### **Tier 2: Early Intervention**

Early Intervention allows classroom teachers and Heads of departments to identify any emerging needs within the four key aspects of child development: physical, cognitive, behavioural, and social, emotional, and mental development.

<b>Step</b>	<b>Actions</b>
<b>Assess</b>	Classroom teachers alongside Heads of Departments, will monitor and review progress at stage 1 against the four key aspects of student development to identify any further barriers to learning.
<b>Plan</b>	Regular department analysis of barriers to learning leads to further review of provision and informs the planning stage for next steps. Continual reflection on approaches to meeting the student's needs leads to a growing understanding of strategies that enables the student to make good progress and achieve good outcomes. In this spiral of support, the graduated approach draws on more personalised approaches, more frequent review and more specialist expertise in successive cycles in order to tailor interventions to meet the particular needs of the student.
<b>Do</b>	Classroom teachers with the support of Heads of Department, will consider what they know from the individualised assessments they have undertaken, about the student's strengths, areas of need, barriers to and gaps in learning, have given due consideration to the views of the student and their parents/ carers, and then implemented the changes or adaptations to day to-day class/subject teaching this new information indicates that they need to make
<b>Review</b>	If following early intervention, there continues to be a need, Heads of Departments will work collaboratively with Heads of Year and the Inclusion team.

### **Tier 3: Target, Additional Support**



Targeted internal interventions overseen by the Inclusion team in collaboration with HoY. If following targeted internal interventions, there continues to be a need, an assessment of need pathway will be completed by the Inclusion Team.

#### **Tier 4: Targeted, Intensive Support – School Support**

The SENCo and inclusion team will identify need through the assess, plan, do, review cycle and Individual Education Plans (IEPs) are reviewed termly. Targeted provision is provision that is additional to or different from that made for the majority of students in school. Once again, the analysis done at the ‘assess’ stage of the graduated approach will help to pinpoint the kind of provision that is likely to be most effective in meeting the student’s needs. Very often, targeted provision is planned to take place outside the classroom, away from the class/subject teacher. If this happens, we are clear on the reason for it and the purpose of the targeted provision.

#### **Tier 4: Highest Need**

The process of planning graduated provision for a student with an education, health and care (EHC) plan is firmly rooted in the graduated approach, the difference being that the needs of these students are likely to be more complex and the approach to meeting these needs will be even more personalised and individualised. Crucially, provision will be organised around the planned outcomes written in the student’s EHC plan. When planning provision for students with EHC plans, WSS will ensure that:

- all staff working with students have read and understood the EHC plan and any specialist reports
- a clear range of strategies and approaches to support differentiated day-to-day teaching is agreed by all those involved, based on specialist advice
- targeted provision that addresses the student’s needs is planned, with agreed outcomes and review points
- any additional training for teachers and support staff is arranged
- teachers monitor progress towards meeting agreed outcomes regularly, adjusting planning where needed

The SENCO monitors progress at least once a term with all relevant staff, parents/carers and students. Where a local authority indicates hours of additional (teaching assistant/specialist teacher) support on the EHC plan, WSS will focus on the agreed outcomes being sought and then on how the ‘allocated hours’ can be used to meet the agreed outcomes.

#### **Appendix 2: EHCP Timeline**

Time	Actions
1-6 Weeks	<p>The local authority processes the application submitted by either school or parents. Within 6 weeks of making the request, you will receive a letter from the LA with a decision about the request for an EHC Needs Assessment.</p> <p>If the EHCP needs assessment is submitted and accepted, the LA will seek information form:</p> <ul style="list-style-type: none"> <li>The student’s parent/ carer</li> <li>The student – their views, wishes and feelings</li> <li>The person who has submitted the request if not the parent</li> <li>Professionals in the student’s current educational environment, usually the SENCo or Headteacher</li> <li>A health care representative</li> <li>An educational psychologist</li> <li>Any other professionals involved with the student that the LA thinks is appropriate</li> </ul>
6-12 Weeks	<p>Those who are contacted for information related to the EHC needs assessment, have 6 weeks to respond. This is a legal requirement.</p> <p>As the information from the above is received, the LA should decide whether or not to issue an EHC Plan and reach this decision by week 12. By week 12 the LA should decide if it will be able to start drafting the EHCP. This draft will be sent to the</p>

	parents and those who contributed advice and information to the EHC Needs Assessment.
13-16 Weeks	<p>If by week 12, the LA has decided to issue an EHC Plan then it must issue the draft version by week 14. Once the draft has been issued, the parents have 15 days in which to respond to the draft with their comments and changes, to name the type of school (mainstream or special) and/or the specific school they want named in the EHCP and to request with the LA if they would like to discuss the EHCP.</p> <p>If by week 12 the LA decision was to not issue an EHCP then it must notify the parents of this decision and of their right of appeal; this must be done by week 16.</p>
17-20 Weeks	<p>Between week 17 and week 20 the LA should issue the final EHCP. A copy should be sent to the parents and to the school named in the EHCP, where the student will be attending.</p> <p>The 20-week deadline is a legal deadline</p>
Next Steps	An EHCP is reviewed yearly. The annual review gives the parents, carers, the student, the LA, and the educational facility an opportunity to reflect on the last year and suggest changes.

### Appendix 3: Annual Review Timeline

Time	Actions
Beginning of academic year	<ul style="list-style-type: none"> <li>Send out the invitations for the academic review for each student with an EHCP.</li> <li>Share annual review schedule with KCC SEND Team or any other outside agencies who may need to attend e.g. Ed-Psyche.</li> </ul>
6 weeks prior to the annual review	<ul style="list-style-type: none"> <li>Confirm the meeting date with the parent/ young person and request advice and information from them for the Annual Review.</li> <li>Request advice and information about the CYP from all the relevant professionals and invite them to attend the meeting.</li> <li>Prepare the school/setting report for the Annual Review</li> </ul>
2 weeks prior to the meeting date	<ul style="list-style-type: none"> <li>Circulate the reports received to all those invited.</li> </ul>
During the Annual Review	<p>Consider:</p> <ul style="list-style-type: none"> <li>the CYP's progress towards achieving the outcomes specified in their EHC plan.</li> <li>whether the outcomes still remain appropriate.</li> <li>if their aspirations have changed.</li> <li>review and set new short-term targets.</li> <li>whether any changes need to be made to the provision including if the placement is still appropriate.</li> </ul>

### Appendix 4: FAQs

#### What is an EHCP?

Schools in England must provide support to children with special educational needs (SEN) as part of their standard offer to children. This is called SEN support. Schools are deemed to have £6000 of national funding within their existing budgets to support children at the SEN Support level. Where a child requires additional support that goes beyond what a school, college, or nursery can typically deliver from their own budgets or staffing then they may need an Education Health and Care Plan (EHCP) –

An EHC plan is a legally binding document outlining a child or teenager's special educational, health, and social care needs. The document has to list all of the child's special educational needs, provision to meet each of the needs and that provision has to be specific, detailed, and quantified. The plan names the school/setting which is to provide the provision and the plan is legally enforceable ultimately through Judicial Review.

## Who needs an EHCP?

EHC plans are for those children (0-16) or young people (16-19) or adults (19-25) with special educational needs who require support beyond that which an educational setting can provide at SEN support. A child who has educational needs may also have additional health and social care needs and those can be included in the plan so long as they relate to education. You cannot have a freestanding EHCP for health or social care reasons alone.

## Why are some EHCPs rejected?

The local authority may decide not to give additional support to young students for various reasons, of which the most common are:

A lack of diagnosis on the special educational needs of the individual

- No report from an educational psychologist
- The child is not deemed to be far enough behind their fellow students
- The LA enforce their policy provision matrix – e.g. attainment not below the 2nd percentile and therefore not bad enough for an EHCP.

Once in Tribunal, these arguments tend to fall apart as they are based on local authority policy rather than the letter of the law. This means that, based on that case, there is no legal basis to deny an EHCP. The Tribunal will decide the facts of the case including looking at the child's individual needs and decide based on the law.

## By when must the Annual Review Process be completed?

The SEND Code of Practice requires that the whole Annual Review process is completed within 12 months of the date of issue of the EHC plan or previous review. (CoP 9.169).

This includes the 2 weeks for the school to prepare a report and send it to the Local Authority as well as the 2 weeks for the Local Authority to reach a decision on either leaving the plan unchanged, amending the plan or ceasing the plan and informing the parent.

In practice this means that the Annual Review date must be no later than 11 months after the EHCP issue date or previous review date. We recommend that settings plan to hold each review meeting 10 months following the plan issue or previous review date

## Who must be invited to an Annual Review?

1. The parents/carers who have parental responsibility. If the child or young person is looked after by the LA, the residential care worker or foster parents and the child's social worker, as appropriate.
2. The child or young person. It is good practice to involve the child or young person in their annual review; consideration should be given as to whether they will require support in the meeting and/or it may be appropriate for them to be present for all or a part of the meeting or for their views to be gathered beforehand. Consideration should be given as to the best way of capturing the child/young person's voice and creative methods encouraged to support this eg need for visuals/drawing/ writing. Settings must inform the child, young person, parents and/or carers that they may bring an adviser, friend, relative or an independent parental supporter to the review meeting.
3. The Headteacher/Principal responsible for overseeing the provision of education for the child in question; in practice, such attendance is usually delegated to the Special Educational Needs Co-ordinator (SENCO).
4. A representative of the EHC Team of the local authority, usually the EHC Coordinator
5. Relevant health care professionals to provide advice about the child's health care needs and provision, as required.
6. A relevant social care professional eg the allocated social worker, a short breaks worker, Social Care Occupational Therapist. In addition, consideration should be given to inviting the following people as appropriate:
7. An Educational Psychologist (EP) if a significant change in needs has become evident (e.g. indicating a change in level of provision or type of placement). If they are working with the child/young person as a direct result of the EHC Plan.
8. Schools should consider where attendance of the SEN Occupational Therapist and Speech and Language Therapist is particularly required. They may not be able to attend all ARs but will provide reports.
9. A specialist teacher where the child/young person has a sensory impairment
10. A specialist teacher where the child/young person has communication and interaction needs

11. Where the child/young person is placed in the setting by another local authority, a representative of that local authority.
12. Any other person suggested by the parents/carers as having involvement with the education, health or social care of the child/young person.

#### Who should we ask to provide written advice in preparation for the meeting?

In preparing for the meeting, the setting must write to the young person and their parent/carer inviting them to contribute their views, wishes and feelings. This should include their view of the current arrangements and provide an opportunity to discuss changes which the young person/parent may want to be made to the EHCP.

The setting should offer assistance if required including supportive work with the child/young person to prepare for their annual review.

Settings are asked to stress that written advice is required from persons invited but unable to attend the meeting. If the attendance of a particular person is thought essential, then that person should be consulted before fixing the date of the meeting.

On receipt of the relevant advice, the setting is then asked to complete the annual review document, and to send it together with all the advice received to all invited to attend the review meeting. This should be done at least two weeks before the date of the meeting.

For children who are in the care of the local authority (CLA), the review of the personal education plan (PEP) and health plan should be integrated into the annual review where possible.

#### How can we make sure we receive requested advice on time?

Proactive planning by the setting and the involvement of parents/carers and agencies involved in supporting the child in pre-planning will help ensure a timely and effective Annual Review process.

The Regulations require that at least two weeks' notice must be given of the date of the meeting. In practice, longer notice is required to allow time for the appropriate documentation to be collected and circulated. To secure reports and attendance by health and social care colleagues, a longer notice period is advisable.

#### How can we ensure that review meetings are person-centred?

The Children and Families Act sets out clear principles for supporting and involving children and young people in all aspects of the support and planning of their special educational need.

##### What is Person Centred Planning?

Person centred planning aims to put children and young people at the centre of planning and decisions that affect them. When children are meaningfully involved, this can change their attitude, behaviour and learning and make them active partners who work with adults to bring about change.

Person-centred planning aims to:

- Put children and young people at the centre of planning and decisions that affect them.
- Bring people together – both to celebrate successes, and also to address difficulties with honesty and care.
- With creative and reasonable adjustments, help children and young people learn how to express their views.
- Show children and young people that they are listened to, respected, valued and cared for – that their voice matters.
- Help adults get to know the children and young people they work with and give insight into the impact they are having on children and young people's lives. The adults' role is to empower the child or young person; to promote their independence and enable them to do things for themselves, wherever possible.
- Make plans that build towards meaningful and positive outcomes for children and young people and their families

The annual review process is a way of learning what is important to and for the child/young person and drawing upon the knowledge and experience of those who are important in the child/young person's life including the family.

A person-centred review looks at:

- What we appreciate, like and admire about the child/young person
- Their aspirations for the future
- What is important to them (and their assessed needs)
- What good support looks like
- What is working and not working from different perspectives

## Appendix 5: SMART Outcomes

The outcomes in the EHCP are long term/broader outcomes typically over a Key Stage, the Annual Review outcomes are, in general, for the next 12 months and are the steps to achieve the long-term ones. A SMART Outcome is a benefit or difference made to an individual as a result of an intervention. It should be expressed in “SMART” terms which means it should be:

Specific	Exactly what is it that you want to achieve? Is it clear and understandable by all?	Who: Who is involved? What: What does the child or young person want to achieve? Where: Identify a location (if appropriate). When: Establish a time frame. Which: Identify requirements and constraints. Why: What are the specific reasons, purpose or benefits of accomplishing the outcome?
Measurable	What it is you need to do to achieve the outcome.	How will the child or young person and/or service provider know when an outcome has been achieved? What evidence could be used to show this? What will be different if the outcome is achieved?
Achievable	This has to be something you can do over time.	Is the outcome possible, is it fair, taking into account the current situation? Are there contributing factors to consider such as additional resources? What will successful completion look like?
Realistic	Are they likely to achieve the goal within the timeframe?	Why is this outcome important? What will have changed/improved as a result of the outcome being achieved? What will successful completion look like?
Timebound	If you don't know how much time you have, you don't know when to take action.	When should the outcome be achieved by? How often should progress be reviewed? Have review dates/progress checks been built into the process?

## Appendix 6: Preparing for Adulthood

Young people have told us what is important to them about planning for adulthood and the annual review provides an opportunity for the child or young person to discuss with their family, educational setting and services how we can support them to achieve their life goals including greater independence and employability.

From Year 9 onwards, the local authority has a duty to ensure that the annual review meeting considers what provision is required to assist the child or young person in preparation for adulthood and independent living. This must include preparation for the further education sector, work-based training, higher education and adult life. Schools have a key role in providing high-quality Careers Information, Advice and Guidance (CIAG).

There may be good reasons to start planning for adulthood sooner than Year 9 and the Code suggests that it can be helpful for EHC plan reviews before Year 9 to have this focus too. Annual Reviews from Year 8 onwards must consider preparations for adulthood. The review must be driven by the young person's outcomes, ambitions and aspirations to ensure a 'person centred' transition into adulthood. Planning must be centred around the individual and explore the child or young person's aspirations and abilities, what they want to be able to do when they leave post-16 education or training and the support they need to achieve their ambition.

Transition planning must be built into the revised EHC plan and should result in clear outcomes being agreed which will prepare young people for adulthood. It is important the child or young person themselves can give their views and cover the topics they think are important.

#### **Appendix 7: Useful Resources available on the Local Offer or Links to External sites**

[What is an Education, Health and Care Plan \(EHCP\) \(educationadvocacy.co.uk\)](http://educationadvocacy.co.uk)

[Autism information and support services | Kent Community Health NHS Foundation Trust \(kentcht.nhs.uk\)](http://kentcht.nhs.uk)

[Autism \(ASC\) support - Kent County Council](http://www.kent.gov.uk)

[The Kent Autistic Trust \(kentautistictrust.org\)](http://kentautistictrust.org)

[Autism Apprentice | The Autism Apprentice CIC](http://www.theautismapprentice.co.uk)

[TAM's Journey – Inside Out \(insideoutosyp.co.uk\)](http://insideoutosyp.co.uk)

[ADHD Sheppey](http://www.adhdsheppey.co.uk)

[Information Advice and Support Kent \(IASK\)](http://www.iaskent.co.uk)

[The Autism Apprentice](http://www.theautismapprentice.co.uk)

[NHS Community Health](http://www.nhs.uk)

[bemix](http://www.bemix.co.uk)

