



# The Manor CE VC Primary School

## Inclusion Policy [comprising Special Educational Needs including disabilities and Medical Needs]



Agreed: May 2018  
Review: May 2020

Together we rise to the challenge

# 1. Beliefs and Values

The Governors and staff of The Manor Primary School recognise that many children within the school can be identified as

- 1.1 having SEND
- 1.2 being G&T
- 1.3 having a Medical Need/s

We believe in providing every possible opportunity to develop children's full potential and that all pupils should be valued and their self-esteem promoted. We believe in raising the aspirations of and expectations for all pupils. The Manor CE Primary School provides a focus on outcomes for all pupils; we believe that all children are entitled to an education that will enable them to develop their full potential, be that: intellectual, physical, aesthetic, creative, emotional, spiritual or social.

We also believe that children should also be able to live and develop as well-adjusted, autonomous and valued members of society. All children have particular and individual needs, which must be met if these goals are to be achieved. We are committed to providing a challenging curriculum for all pupils. In addition we will provide opportunities to identify and in turn nurture those who are 'gifted and/or talented' and their talents and abilities. The Teacher's Standards 2012, make it clear that it is every teacher's responsibility to "adapt teaching to respond to the strengths and needs of all pupils". The SEN Code of Practice echoes this point, as it states that "teachers are responsible and accountable for the progress and development of the pupils in their class, even where pupils access support from teaching assistants or specialist staff."

All pupils are entitled to the following:

- staff commitment to develop their full potential at all times
- lessons that stimulate, interest, challenge, inform, excite and encourage, through partnership and dialogue with teachers and other pupils' active participation in the lesson
- skilled, well-prepared and informed teachers who have a perspective and understanding of the whole-school needs, problems and policies.
- an entitlement beyond subject teaching, including preparation for adult life and preparation for the world of work. This should include extra-curricular activity and personal and social education.

The school will support children to attend school, who have a medical condition and as a result will support the administration of short and long term medication and carry out medical techniques where necessary for the child to continue to be educated in a mainstream school. Procedures have been established to ensure that all concerned, health professionals, staff, parents and child are aware of the child's condition and what steps have been agreed either to manage the condition on a daily basis or to be implemented in case of an emergency. It is stressed however that the administration of medication is undertaken on a voluntary basis by staff and it will only be done where the procedures are followed.

# 3. Objectives

- To identify and provide for pupils who have SEND, Medical Needs or are G&T.
- To work within the guidance provided in the SEND Code of Practice, 2014

- To operate a “whole pupil, whole school” approach to the management and provision of support for pupils.
- To provide an Inclusion Leader, (INCO) who will work with the Inclusion Policy
- To provide support, advice and training for all staff working with pupils who have SEND, Medical Needs or are G&T.

#### **4. Admission Arrangements**

Children with SEND and/or Medical Needs are considered for admission to the school on exactly the same basis as children without additional needs under South Gloucestershire’s standard School Admission Policy.

#### **5. Identification and assessment arrangements and review procedures**

##### **SEND**

At our school, every teacher is a teacher of SEN.

The school follows the guidance contained in the SEN Code of Practice. At the Manor CE Primary School, SEN means that children have needs which are **additional to** and/or **different from** the provision for most children. Being part of an intervention group does not mean that a child has special educational needs; this support is given to any child as part of our approach to differentiation and targeted teaching. See School Offer and The Manor Inclusion, Provision and Identification Flow Chart for further information (Appendix 1).

For those children with a disability we follow the guidance laid out in the Special Educational Needs and Disability Regulations 2014. Ensuring all procedures are followed to prevent disabled pupils from being treated less favourably than other pupils. See School Accessibility plan for further details.

##### **The Manor’s Graduated Approach to SEND support**

##### **Assess**

A clear understanding of a child’s needs is vital in planning effective strategies and creating appropriate provision that will lead to at least good progress and improved outcomes. Assessment of need starts with a whole school approach that can quickly identify where a child is not making adequate progress despite quality first teaching (QFT). Information that staff may draw upon include;

- Staff observations, assessments and experience of a pupil
- Pupil progress, attainment and behaviour
- The individual’s development in comparison to their peers
- The views and experience of parents
- Pupil’s own views
- Advice and observation from external support services such as the Educational Psychologist, School Health Nurse, Speech and Language support etc.

## **Plan**

Once the need for SEND support has been identified the code is quite clear that the first step in responding to a pupil's identified need is to ensure that high quality teaching, differentiated for individual pupils, is in place (Quality First Teaching). Teachers adapt their teaching and provision to overcome the barriers of learning. Appropriate differentiation may involve modifying learning objectives, teaching styles and strategies to support and scaffold learning to ensure full accessibility to the curriculum. Teachers will seek the support of the INCO when required.

## **Do**

The teacher is at the **centre** of the day to day responsibility for working with all pupils, including those with identified SEN. It is imperative that the teacher works closely with all adults involved with children with 1:1 provision or any teaching and learning provision away from the class, such as interventions and has the responsibility to ensure that the pupil's needs are planned for. The teacher is **ultimately responsible** for assessing the impact of targeted interventions.

## **Review**

Teachers are continually reviewing the progress of all pupils on a daily basis through marking, feedback, observations and regular meetings with support staff. This happens for all pupils throughout the year both formally and informally.

## **Medical Needs**

### **Long Term Medical Needs and Short Term Medication**

See Policy for Supporting Pupils at School with Medical Needs (within this policy)

### **Food Allergies**

For those children with allergies, this must be considered as a whole school issue and in case of **food allergies** information must be shared with all school staff including catering staff and guidance should be issued to parents on what other children can bring to school.

## **G&T**

At The Manor CE Primary school we are committed to Quality First Teaching (QFT) meaning that high quality teaching, appropriately differentiated is always the first step in responding to pupils needs. Through our ongoing assessment of children, staff may identify children as being Gifted or Talented; at our school, the term 'gifted' is used to describe those children who show exceptional academic ability in one or more areas of the curriculum and 'talented' is used to refer to those children who demonstrate exceptional ability in the

creative arts or sports. Where this is the case, parents will be informed and signposted to resources which may help to further engage and support their children. In addition, we identify children who are more able and they are catered for through Quality First Teaching and classroom differentiation which may include intervention.

No one method of identification can be entirely accurate since specific subject criteria will develop. Therefore, we endeavour to obtain as much information about individual pupils as possible. The methods employed are as follows:

- Information from any previous schools
- Internal and external assessment and testing
- Teacher nomination

### **5.1. Identification of pupils within Early Years**

The clue to gifts and talents in these years may be more to do with creativity and the use of skills to do something unusual or unexpected. Such a child would have the capacity to do what few children can do at any age. Any work on identification should be undertaken in partnership with parents and carers (especially the very young). Generally assessment should be ongoing, rather than carried out at fixed points. In any identification process, it is essential to look at unexpected responses from the child. Looking for persistence, creativity and precision that is on the edge of the child's 'zone of development' is a good indicator.

## **6. Specialist Facilities**

The school building and outside play areas are suitable for wheelchair users with an accessible toilet. The disabled toilet has changing and showering facilities. There is also a loop system in the hall for those pupils with hearing impairments.

## **7. Resources**

### **SEND**

At The Manor CE Primary we are committed to having a full range of resources within learning generally, whether this be a specific resource such as Numicon, reading rulers and information being photocopied onto coloured paper or a more general resource such as visual timetables, pencil grips and writing slopes. Most of the resources used by pupils with Special Educational Needs are readily available within the classroom. Other resources are stored centrally. Should resources be recommended by an outside agency such as Occupation Therapy or Paediatrician for a particular child with a particular need, these are bought and stay with the child as they move around the school e.g. seat wedges, weighted packs and fiddle toys. See School Offer for further information.

## **8. Support Services**

### **SEND**

Close links are maintained with the LA support services in order to ensure that the school makes appropriate provision for pupils with Special Educational Needs. Where it is necessary to contact outside agencies the INCO will make the necessary arrangements and inform parents accordingly. With regard to detailed information for SEND pupils, please see School Offer and The Manor Inclusion, Provision and Identification Flow Chart.

## **G&T**

Links are maintained with external support agencies and parents. There is active encouragement by the school for pupils to enter local and national events, including residential courses and competitions. School fully support opportunities for gifted and/or talented pupils to work together. This can be through Gifted and Talented Cluster Days and school G&T focused activities. School are also fully committed to the recognition, celebration and rewarding of achievement of all pupils, through Amazing Achievers' assemblies, displays and School Learning Letters.

## **9. Partnership with Parents**

We encourage early and active partnership with parents/carers, with a view to involving them fully in the assessment, monitoring and review process. Parents/ carers will be invited to review their child's provision/targets. The INCO can also be in attendance at the meeting should class teacher(s) and/or parents feel it is necessary. Parents are also welcome to discuss their child's progress at any stage throughout the year as well as twice yearly parent's evenings. If parents have any concerns they are encouraged to share this information prior to the meeting in order for both the class teacher and INCO to prepare a response.

## **10. CPD**

This will involve the INCO, teachers and support staff in order to help them work effectively with pupils being SEND or G&T and having Medical Needs. Needs will be assessed either by the INCO or individuals and will be related to the School Development plan. Training may be led by the INCO or an outside visitor with expertise in the area in question.

## **11. Links with other schools**

Links are maintained to ensure a smooth transfer on school entry through liaison and visits to local pre-schools and nurseries. At this point any SEND or Medical information is shared so that The Manor can prepare before the child starts. All pre-school children are invited to visit The Manor for induction visits the term before they start school. Should additional personnel be required due to a child's SEND or Medical Needs this is organised.

Close links are maintained with The Winterbourne International Academy and other local Secondary schools to ensure smooth transition between Year 6 and 7. Children are visited by staff from the schools and have a pre-visit to the school of their choice. At this point any SEND or Medical information is shared by The Manor so that the child's new school can prepare before the child starts.

For those children transferring to/from The Manor to/from another school, The Manor liaises with other school to ensure all information with regard to SEND, Medical Needs and/or G&T is obtained. This ensures schools can adequately prepare to ensure child's transition is well supported. For some children with SEND it will be necessary for phased entry to/from The Manor to ensure the child's needs are being fully met.

## **12. Arrangements for complaints**

In the first instance it is hoped that all complaints can be resolved informally by discussion with the class teacher and INCO and if necessary the Inclusion Governor and the Head Teacher. The school has a procedure for hearing and resolving complaints that cannot otherwise be overcome. Details about this may be requested from the school if necessary.

### **Linked policies/guidance**

- Medical Needs Policy
- The Manor CE Primary School Offer
- Special Education Needs and Disability Code of Practice: 0 to 25 years (2015)
- Equality Act (2010)
- Special Educational Needs and Disability Regulations (2014)

## **Medical Needs Policy [South Gloucestershire Model Policy 2015]**

### **1 – Statement**

This policy is part of the school's Inclusion Policy. The school will properly support pupils at school with medical conditions so that they have full access to education, including school trips and physical education. The school will also put in place procedures to deal with emergency medical needs.

This Policy will be reviewed annually and updated by the Inclusion Leader. The overall responsibility for the effective implementation of this policy is held by the Headteacher.

The school will work together with local authorities, health professionals and other support services to ensure that children with medical needs receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local

authority. Consideration will be given to how children will be reintegrated back into school after periods of absence.

No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We retain the right not to accept a child at school at times where it would be detrimental to the health of that child or to others.

## **2 - Procedures**

The following procedures are to be followed when notification is received that a pupil has a medical condition.

2.1 A parent or a health care professional informs the school that:

- a child has been newly diagnosed, or;
- is due to attend a new school, or;
- is due to return to school after a long-term absence or
- has medical needs that have changed.

2.2 The Inclusion Leader coordinates a meeting to discuss the child's medical support needs, and identifies the member of school staff who will provide support to the pupil.

2.3 A meeting will be held to discuss and agree on the need for an Individual Healthcare Plan (IHCP). The meeting will include key school staff, child, parent, relevant healthcare professional and other medical/healthcare clinician as appropriate (or to consider written evidence provided by them).

2.4 An IHCP will be developed in partnership, and the meeting will determine who will take the lead on writing it. Input from a healthcare professional must be provided.

2.5 School staff training needs will be identified.

2.6 Healthcare professional commissions or delivers appropriate training and staff are signed off as competent. A review date for the training will be agreed.

2.7 The IHCP will then be implemented and circulated to all relevant staff.

2.8 The IHCP will be reviewed annually or when the medical condition changes. The parent or healthcare professional will initiate the review.

2.9 For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school midterm, every effort will be made to ensure that arrangements are put in place within two weeks.

## **3 – Individual Healthcare Plans**

3.1 Not all pupils with medical needs will require an IHCP. The school together with the healthcare professional and parent will agree, based on evidence, whether a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher will take the final view.

3.2 The format of the IHCP will depend on the child's condition and the degree of support needed. Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their healthcare plan.

3.3 The following will be considered when deciding what information will be recorded on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatment;
- The pupil's needs including medication and other treatments;
- Specific support for the pupil's educational, social and emotional needs;
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies;
- Who will provide this support, their training needs, expectation of their role and confirmation of proficiency, and cover arrangements for when absent;
- Who in school needs to be aware of the child's condition and required support;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff or self-administered by the pupil 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 child can participate e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician.

## **4 – Roles and Responsibilities**

### 4.1 Governing body

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

## 4.2 Headteachers

- Ensure that their school's policy for supporting pupils with medical needs is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensure that all staff who need to know (including first aiders) are aware of the child's condition.
- Ensure sufficient number of trained staff are available to implement and deliver all required IHCPs.
- Have overall responsibility for the development of IHCPs, including contingency and emergency arrangements.
- Ensure that school staff are appropriately insured and are aware they are insured to support pupils in this way.
- Ensure the school nurse is aware of children with medical conditions.

## 4.3 School staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Should receive suitable and sufficient training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

## 4.4 School nurses

- Responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- Support staff to implement IHCPs, providing advice and training.
- Liaise with lead clinicians locally on support for child and associated staff training needs.

## 4.5 Healthcare professionals (GPs etc)

- Notify school nurse when a child has been identified as having a medical condition that will require support at school.
- Provide advice on developing IHCPs.

## 4.6 Pupils

- Full involvement in discussions about their medical support needs.
- Contribute to the development of, and comply with, IHCP.

#### 4.7 Parents

- Provide the school with sufficient and up to date information about their child's medical needs.
- Contribute to the development of the IHCP.
- Carry out any action they have agreed to as part of the IHCP implementation.

#### 4.8 Local Authority

- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support identified in the IHCP can be delivered effectively.
- Where a pupil would not receive a suitable education in a mainstream school because of their health needs, to make other arrangements.

### **5. Staff training and support**

5.1 Any member of school staff providing support to a pupil with medical needs will receive suitable training.

5.2 The relevant healthcare professional will normally lead on identifying the type and level of training required. The training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

5.3 School staff will not give prescription medicines or undertake healthcare procedures without appropriate training.

5.4 All school staff will be made aware of the school's policy for supporting pupils with medical conditions, and their role in implementing that policy.

### **6. Child's role in managing their own medical needs**

6.1 Where a child is deemed competent to manage their own health needs and medicines, this should be reflected in their IHCP.

6.2 Wherever possible children will be allowed to carry their own medicines and relevant devices, and to access their medicines for self-medication quickly and easily, but with an appropriate level of supervision.

### **7. Managing medicines on school premises**

7.1 Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

7.2 No child under 16 will be given prescription or non-prescription medicines without their parent's written consent.

7.3 No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.

7.4 Wherever possible prescribed medicines should be taken outside school hours.

7.5 The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist (except insulin which may be in a pen or pump) and include instructions for administration, dosage and storage. These must be brought to the school office by the parent or carer.

7.6 Parents must complete a written request form in order for the school to administer medication.

7.7 All medicines will be safely stored in a location which is known and accessible to the child.

7.8 Where a child has been prescribed a controlled drug, they may legally have it in their possession if they are competent to do so, but passing it to another child is an offence and will be dealt with accordingly.

7.9 The school will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom. This will be overseen and countersigned by another member of staff in order to verify information and maintain good practice.

7.10 When no longer required medicines will be returned to parents to arrange for safe disposal.

## **8. Emergency procedures**

8.1 Each IHCP will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

8.2 If a child is taken to hospital, a member of school staff will stay with the child until the parent arrives.

## **9. Use of emergency salbutamol inhalers**

9.1 From October 2014 schools have been allowed to keep salbutamol inhalers and spacers for use in emergencies. **The school does not keep any emergency inhalers other than those prescribed for children.**

## **10. Defibrillator provision**

10.1 A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. **The school does not have a defibrillator.**

## **11. Day trips, residential visits and sporting activities**

11.1 Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities.

11.2 School will consider what reasonable adjustments may be required to enable children with medical needs to participate fully and safely on trips and visits. This will be considered as part of the activity risk assessment to take account of any steps needed to ensure that pupils with medical conditions are included.

## **12. Unacceptable practice**

12.1 The following is regarded by the school as unacceptable practice:

- Preventing children from easily accessing their inhalers and medication;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child, parents or medical professionals;
- Sending children with medical conditions home frequently, or preventing them from staying for normal school activities;
- Penalising children for their attendance record if their absences are related to their medical condition;
- Preventing pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Requiring parents to attend school to administer medication or provide medical support to their child including toileting issues; and
- Preventing children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips.

## **13. Liability and indemnity**

13.1 provides an indemnity for those staff involved in the administration or supervision of medication orally, topically, by injection or by tube and the application of appliances or dressings, provided the following can be demonstrated:

- Appropriate training of those staff by a competent person (for that particular medical need)
  - Regular refresher training
  - Ensuring the staff who are administering the medication are fully aware of any changes to individual pupil care/medical records
  - Signed and dated records of all medication administered
- Zurich Municipal Policy Number QLA-05U004-0013

## **14. Complaints**

14.1 If parents or pupils are dissatisfied with the support provided by the school to pupils with medical conditions, they should discuss their concerns directly with the school. If the issue

remains unresolved, they may make a formal complaint via the school's complaint procedure as detailed in the Complaints Policy.

## **15. Approval and review**

15.1 This Policy was approved by the Full Governing Body on 9<sup>th</sup> July 2015.

15.2 This Policy will be reviewed annually by the Inclusion Leader, named governor for Inclusion and Headteacher.

### **Linked guidance:**

- Accessibility Policy
- South Gloucestershire's Policy for Access to Education for School Age Children and Young People with Medical Needs (2014)
- Supporting pupils at school with medical conditions (DfE, April, 2014)

**Signed:**  
**Signed:**

**Chair of Curriculum and Standards**  
**Chair of Full Governing Body**

# The Manor C of E Primary School



## Inclusion Provision 2014-15

