FIRST 4 CHILDREN EDUCATION
Ridge Hill School

SEND Policy

Policy Number:	**06**
Policy Date:	**03/01/2026**
Policy Created By:	**Andy Hargreaves** Director of Education
Date Policy Updated:	**Created 03/01/2026**

Contents

1. Aims

Our overall aim is to help our children become responsible citizens who can make a positive contribution to society. Staff at Ridge Hill work together with our children to encourage them to become as independent as possible, to achieve a range of qualifications / awards / certificates and be prepared for transfer to the next phase of their lives.

In partnership with our pupils and their parents, we intend to provide a stimulating environment where

- the education and development of our pupils is supported in a pleasant, happy, safe and caring environment, where belief in the importance of positive, interpersonal relationships is firmly embedded;
- enjoyment, interest, motivation and 'achievement for all' are fostered through success;
- the curriculum has a wide degree of overlap with the best mainstream curricula, in that it covers, through modification where appropriate, an appropriate range of experiences, the same skills, concepts and moral values;
- each pupil's present educational and personal needs are met as fully as possible whilst preparing them for life-long learning;
- pupils' prepare to become socially included, active participants and responsible contributors to society, achieving as much independence as possible.

This policy aims to:

- Set out how our school will support and make provision for pupils with special educational needs at Ridge Hill School.
- Explain the roles and responsibilities of everyone involved in providing for pupils with SEN at Ridge Hill School

This policy is based upon the following firmly held principles:

- The education of pupils with special educational needs should be a continuous process, with aims that give direction and purpose to every stage in the process and to the process as a whole.
- The planning of services for students with special educational needs should be undertaken in liaison with the LA, Health and Social Care.
- Parents must be involved in every stage of their child's education. The support, understanding and co-operation of parents of pupils with special educational needs are particularly important, and we will strive to maintain this partnership.
- We view the role of our school as one that supports and complements mainstream education. We will ensure that our rationale, purpose and pattern of provision are understood by teachers in mainstream schools, by parents and by other professionals involved with our pupils.
- We will plan and deliver a broad, balanced curriculum to all our pupils, differentiated according to individual needs.

2. Legislation and guidance

This policy and information report is based on the statutory Special Educational Needs and Disability (SEND) Code of Practice and the following legislation:

- Part 3 of the Children and Families Act 2014, which sets out schools' responsibilities for pupils with SEN and disabilities
- The Special Educational Needs and Disability Regulations 2014, which set out schools' responsibilities for education, health and care (EHC) plans, SEND co-ordinators (SENDCOs) and the SEN information report

3. Definitions

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

They have a learning difficulty or disability if they have:

- A significantly greater difficulty in learning than the majority of the others of the same age, or
- 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

Special educational provision is educational or training provision that is additional to, or different from, that made generally for other children or young people of the same age by mainstream schools.

4. Roles and responsibilities

4.1 The SENDCO

The SENDCO at Ridge Hill is Ddddd Eeeee (Deputy Headteacher).

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At Ridge Hill School the SENDCO will:

- Work with the headteacher and SEN governor to determine the strategic development of the SEN policy and provision in the school
- Provide professional guidance to colleagues across the authority and work with staff, parents, and other agencies to ensure that pupils with SEN receive appropriate support and high-quality teaching
- Be the point of contact for external agencies, especially the local authority and its support services
- Be part of the Local Authority panel of professionals who allocate places at Ridge Hill School
- Provide professional guidance to staff at Ridge Hill School
- Monitor new pupils to Ridge Hill
- Liaise with the relevant Local Authority around additional funding requirements
- Liaise with other Local Authorities around pupils that attend Ridge Hill School from out of area

4.2 The Annual Review Procedure

When a pupil has an Education Health and Care Plan (EHCP) the LA must review the plan at least every twelve months. The purpose of an EHCP is to make special educational provision to meet the special educational needs of the child or young person and to secure the best possible outcomes for them across education, health and social care. Dates are set at the beginning of the school year for the Annual Reviews to be held. The LA is informed of this Annual Review Schedule as are other appropriate professionals.

All pupils at Ridge Hill School have an Education, Health and Care Plan. Two weeks before the set date for the annual review a letter is sent out to invite parents and other professionals involved with the pupil to the meeting. The following information is collated for the review:

- The latest Individual Education Plan (IEP)
- Record of attendance
- Relevant reports and information including input from the pupil which states what they like, what they are good at and what they are working towards

Parents, carers and professionals who are currently involved with a pupil receive an invitation to attend. If professionals cannot attend, they are asked to submit a written report if appropriate.

Professionals involved may include:

- Member of class team
- Physio
- Social care
- Speech and Language Therapist
- Representative from the Local Authority/EHC team

If parents/carers cannot attend the review every attempt will be made to agree a mutually convenient time. If parents are unable to attend then issues that need to be raised may be discussed over the telephone.

Co-ordination of reviews

- The SENDCO co-ordinates the review process.
- A representative from the LA will chair the review.
- At the end of a set of reviews the completed paperwork is sent to the LA
- The decision to amend the EHCP is made by the LA although the school will make recommendations based on the evidence gathered in school
- When the LA has received the review papers and no changes are needed the LA then informs the school in writing and the review papers are placed in the pupil file.
- When changes are made to the EHCP, the LA informs the school and parents in writing and the amended EHCP is subsequently sent.

5. SEN information

5.1 The kinds of SEN that are provided for

Ridge Hill School provides provision for a range of needs, including:

- Communication and interaction, for example, autistic spectrum disorder, speech and language difficulties
- Cognition and learning, for example, dyslexia, dyspraxia
- Social, emotional and mental health difficulties, for example, attention deficit hyperactivity disorder (ADHD)
- Sensory and/or physical needs, for example, visual impairments, hearing impairments, processing difficulties, epilepsy
- Moderate/severe learning difficulties

5.2 Assessing and reviewing pupils' progress towards outcomes

Pupils are assessed using the Bsquared assessment package. These assessment methods divides each progress milestone into finely graded outcomes, so that even the smallest steps of progress can be captured. The assessment system assists teachers to set targets for the pupils.

The Engagement Model (DfE) has been introduced from the Summer Term 2021 and will be used to assess pupils working on the Engagement Steps (previously known as P Levels 1-3) as this provides opportunities for staff to collect anecdotal evidence of breadth of progress at these very early levels of learning.

Pupils in our pathways are also assessed using SCERTS Model. This model sets targets and assesses progress in Social Communication, Emotional Regulation and Transactional Support.

Pupils are all set termly targets in all English, Maths and PSHE strands (or SCERTS for those pupils accessing Elm pathway)

Assessment of learning and assessment for learning are incorporated into each activity at an appropriate level. Pupils also have evidence of their work in electronic learning journals which can be accessed and added to by parents and carers.

At least once each year, class teachers will carry out a clear analysis of each pupil's needs. This will draw on:

- The teacher's assessment and experience of the pupil
- Their previous progress and attainment or behaviour
- Other teachers' assessments, where relevant
- The views and experience of parents
- The pupil's own views
- Advice from external support services, if relevant

The assessment will be reviewed regularly.

All teachers and support staff who work with the pupil will be made aware of their needs, the outcomes sought, the support provided, and any teaching strategies or approaches that are required. We will regularly review the effectiveness of the support and interventions and their impact on the pupil's progress.

5.3 Teaching and Learning

Teachers are responsible and accountable for the progress and development of all the pupils in their class. All pupils have access to high-quality teaching. This will be differentiated for individual pupils. Lessons at Ridge Hill are delivered imaginatively with a focus on multi-sensory teaching and learning strategies and reflect pupils' changing needs as they mature.

At Ridge Hill we differentiate our curriculum to ensure all pupils are able to access it. Learning takes place in small groups, whole classes, 1:1 or individually. Classes in Ridge Hill have up to 5 pupils but those where support needs are greatest are often much smaller. Learning can be in the classroom, outdoors, or in the community.

Resources are adapted to meet the needs of the pupils, This may involve larger font, use of ICT, visuals, coloured overlays or communication aids. Communication systems appropriate to individual pupils are used such as objects of reference, photos, on body signing, Makaton, symbols etc. Work, objectives and targets are differentiated to each pupil. Our lessons are structured according to the needs of the pupils through the use of class timetables and visual supports such as 'now and next' boards. Teaching assistants, students and volunteers are used effectively to support learning, and lessons are structured to promote communication and independence as far as possible

Our site was refurbished in 2026 and is fully accessible. Corridors are wide to allow easy movement of pupils in wheelchairs. The visual environment in each of the classrooms meets the needs of the pupils in that class. We have disabled changing and toilet facilities and disabled parking spaces. We also have different colours around the door frames to signify room use.

5.4 Additional support for learning

The following professionals provide specialist services at Ridge Hill School

- Paediatrician
- Speech and Language Therapists and assistant
- Visual Impairment Team
- Occupational Therapist
- Music Tutors
- Physiotherapist
- Hearing Impairment Team
- PE Tutors

We also provide clinics as necessary for:

· Bladder and Bowel

· Orthoptist

· Behaviour nurse

Medical reviews are also held at school. We have a Family Support team to undertake a wide ranging role including some direct work with parents at home or/and in school, support Social Worker and to attend meetings on behalf of the school including Early Help, CIN etc.

Within school, we have a number of staff with additional training in areas including but not limited to challenging behaviour, ASD, Team Teach, Makaton, Story Massage, Mental Health First Aid, Forest School Leaders and Manual Handling

5.5 Evaluating the effectiveness of provision

All pupils have an EHCP which acts as a baseline for personalised teaching and learning programmes. The EHCP and the subsequent IEPs set from this are linked to the statutory Annual Review process. The question of appropriate placement is discussed at every Annual Review. Transition and inclusion where appropriate is agreed with parents. The school has rigorous quality assurance systems involving senior leaders, middle leaders and governors. We liaise with other professionals to plan services that will enhance teaching, learning and progress.

At Ridge Hill School we strive to provide the best for our pupils. We have a range of opportunities for pupils, parents, staff and other stakeholders to provide feedback and suggest development routes.

5.6 Support for improving emotional and social development

We provide support for pupils to improve their emotional and social development in the following ways:

- Access to high quality teaching
- Access to a high quality PSHE and RSHE curriculum
- Emotional regulation and social development is woven into the curriculum
- Support from a Family Support team who can signpost/arrange access to additional support
- Access to additional therapies e.g. horticulture, art, play
- An active school council
- Opportunities to develop leadership skills such as play leaders or sports leaders
- Access to a strong outdoor learning offer
- Access to a strong arts offer
- A zero tolerance approach to bullying.

5.7 Complaints about SEN provision

Complaints about SEN provision in our school should be made to the class teacher in the first instance. They will then be referred to the school's complaints policy.

5.8 The local authority local offer

Local authorities must publish a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled. As a school, we publish our information on the school website.

6. Monitoring arrangements

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

It will be approved by the governing board.

7. Links with other policies and documents

This policy links to our policies on

- Accessibility plan
- Behaviour
- Equality
- Supporting pupils with medical conditions

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Medication Policy

Policy Number:	**06a**
Policy Date:	**03/01/2026**
Policy Created By:	**Andy Hargreaves** Director of Education
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Contents

1. Overview

Ridge Hill School is an inclusive community that supports and welcomes pupils with medical conditions.

- We understand that we have a responsibility to make the school a welcoming and supportive environment to all pupils with medical conditions who currently attend and to those who may join us in the future
- We aim to provide all children with medical conditions the same opportunities as others at school. We will help to ensure that they can be healthy, stay safe, enjoy and achieve and make a positive contribution
- Pupils with medical conditions are encouraged to take control of their condition if and when possible
- We aim to include **all** pupils with medical conditions in **all** school activities
- Parents/Carers of pupils with medical conditions feel secure in the care their children receive in school
- The school ensures all staff understand their duty of care to children and young people in the event of an emergency
- All staff feel confident in knowing what to do in an emergency
- This school understands that certain medical conditions can be serious and can be potentially life-threatening (particularly if ill managed and/or misunderstood)
- All staff understand the common medical conditions that affect children at this school
- The medical conditions policy is understood and supported by the whole school

2. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils (including school trips and/or sporting activities

The governing board and Headteacher will implement this policy by:

- Making sure that sufficient staff are trained
- Making staff aware of pupils' conditions (where appropriate)
- Making sure there are cover arrangements in place to ensure that someone is always available to support pupils with medical conditions
- Providing supply staff with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is the Headteacher

3. Legislation and statutory responsibilities

This policy meets the requirements under **Section 100 of the Children and Families Act 2014,** which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on **supporting pupils with medical conditions at school.**

4. Roles and responsibilities

4.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

4.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse (if applicable)
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

4.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4.4 Parents

Parents 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 the child's IHP (and may be involved in its drafting)
- Carry out any action that they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure that they or another nominated adult are contactable at all times

4.5 Pupils

Pupils with medical conditions will sometimes be best placed to provide information about how their condition affects them. Where appropriate, pupils should be included 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. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

6. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil 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 pupils who are new to our school.

See Appendix 1

7. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This is in conjunction with other health professionals.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils 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 no 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 pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, the Headteacher and Medical Intervention (Hayley Chadwick) will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and any treatments
- The pupil'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 pupil's educational, social and emotional needs. For example, how absences will

be managed, requirements for extra time to complete work, use of rest breaks or additional support needed in order to catch up with learning etc
- The level of support needed (included in emergencies). If a pupil 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 pupil'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 pupil's condition and the support they may require
- Arrangements for written permission from parents/carers for medication to be administered by a member of staff, or self-administered by the pupil during school hours **(refer to Appendix 2)**
- Separate arrangements or procedures required for school trips or other school activities falling outside of the usual school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer/pupil, the designated individuals to be entrusted with relevant information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

8. Managing medicines

The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.

8.1 Parents will be informed and regularly reminded about the medical conditions policy:
- By including the policy statement on the school website and signposting access to the policy
- At the start of the year when communication is sent out about Healthcare Plans
- When their child is enrolled as a new pupil

8.2 School staff are informed and will be regularly reminded about the medical conditions policy:
- Through discussion at staff meetings
- At scheduled medical conditions training
- Through the key principles of the policy being displayed in the staff room

8.3 First Aiders working in school will be informed and reminded about the school's medical conditions policy:
- Via Medical Intervention

8.4 All staff understand and are trained in what to do in the event of an emergency for the most common serious medical conditions at this school

8.5 Staff at this school understand their duty of care to pupils in the event of an emergency. In an emergency situation, staff are required under common law (duty of care) to act like any reasonably prudent parent (this may include administering medication)

8.6 All staff who work with groups of pupils at this school receive training and know what to do in an emergency for the pupils with medical conditions in their care (this training is refreshed on an annual basis)

8.7 This school has procedures in place so that a copy of the pupil's Healthcare Plan can be taken to an emergency care setting with the pupil

9. Medication

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so
- Where there is written consent from a parent/carer

The only exception to this is where the medication has been prescribed to the pupil without the prior knowledge of the parent/carer

Pupils under 16 years of age will NOT be given medication containing aspirin (unless prescribed by a Doctor)

Anyone giving a pupil ANY medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken/administered (Parents/carers will always be informed).

The school will only accept prescribed medications that are:

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

All medicines will be stored safely (in either a locked medical cabinet in the pupils' classroom or a locked fridge or cabinet in the medical room). Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be readily available.

Medication will be returned to parents/carers to arrange for safe disposal when no longer required.

9.1 Controlled drugs are prescription medicines that are controlled under the **Misuse of Drugs Regulations 2001** and subsequent amendments, such as morphine or methadone

A pupil 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 pupil to use. All other controlled drugs are kept in a secure medical cabinet or medical fridge.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount stored will be kept.

9.2 Pupils managing their own needs

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

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil 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/carers so that an alternative option can be considered (where necessary).

9.3 Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil and their parent/carer
- Ignore medical evidence/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 (unless this is specified in their IHP)
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable]
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from eating, drinking or taking a toilet break whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil (including toileting issues). No parent/care should have to give up working because the school is failing to support the child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life
- Administer, or ask a pupil to self-administer medication in the school toilets (unless in the event of a seizure taking place in there and being unable to move the pupil)

9.3 Safe disposal

Staff should ensure that they are adhering to the following:

- Out-of-date medication is handed to parent/carer to dispose of (in the event of the pupil being on transport this will be handed to the bus escort so no contact is had by the pupil)
- A named member of staff is responsible for checking the dates of medication. This check is done on medication coming into school and every half term accordingly
- Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes will be stored in a locked cupboard unless alternative safe and secure arrangements are put into place on a case-by-case basis
- Collection and disposal of sharps boxes is arranged with parents/carers

9.4 Medication administration form and countersignature

Members of staff responsible for the administration of medication to a pupil in school will need to ensure that they are filling in the correct paperwork and storing it in the red medical file. These forms should be filled in as the medication is brought into school and will include the name of the pupil, the name of the mediation, the dose and what time to administer it. The person administering the medication will fill in details of the name of the medication that they gave, the time they gave it and how much remains in school. They will then sign the paperwork and have it countersigned by a witnessing member of staff (counter signatory does not need medication training).

9.5 Staff Administering Medication

- Any staff member administering medication should have been given training by a healthcare professional (e.g. school nurse). In an emergency, any member of staff can administer medication as part of their duty of care.
- If a child refuses medication, the member of staff should try again so that a maximum of two attempts have been made. If the child refuses the medication on the second attempt, the parent/carer should be informed. It should be logged on the Medication administration form that the child has refused to take their medication. It should also be logged on CPOMS with a reference to the fact that the parent/carer has been informed.

See appendix 3

10. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what will constitute an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital in the ambulance.

11. Training

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

The training will be identified during the development of the IHPs. Staff who provide support to pupils 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. All training MUST be kept up-to-date

Training will:

- Be sufficient enough to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfill the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions that they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing mediation.

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 recognize and act quickly when a problem occurs (this should be provided for new staff during their induction).

12. Record keeping

The governing body will ensure that written records are kept of all medicines administered to pupils for as long as these pupils are at the school. Parents will be informed if their child has been unwell at school.

IHPs are kept on the school system in class folders and are readily available for all staff to see.

We will maintain records of all medications for 5 years after it is expired or no longer needed.

13. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and also that it reflects the school's level of risk

See Appendix 4

14. Complaints

Any parent/carer with a complaint about their child's medical condition should arrange to discuss this with the Headteacher and Medical Intervention in the first instance. If the matter cannot be resolved then the parent/carer will be directed to the school's complaints procedure.

15. Monitoring arrangements

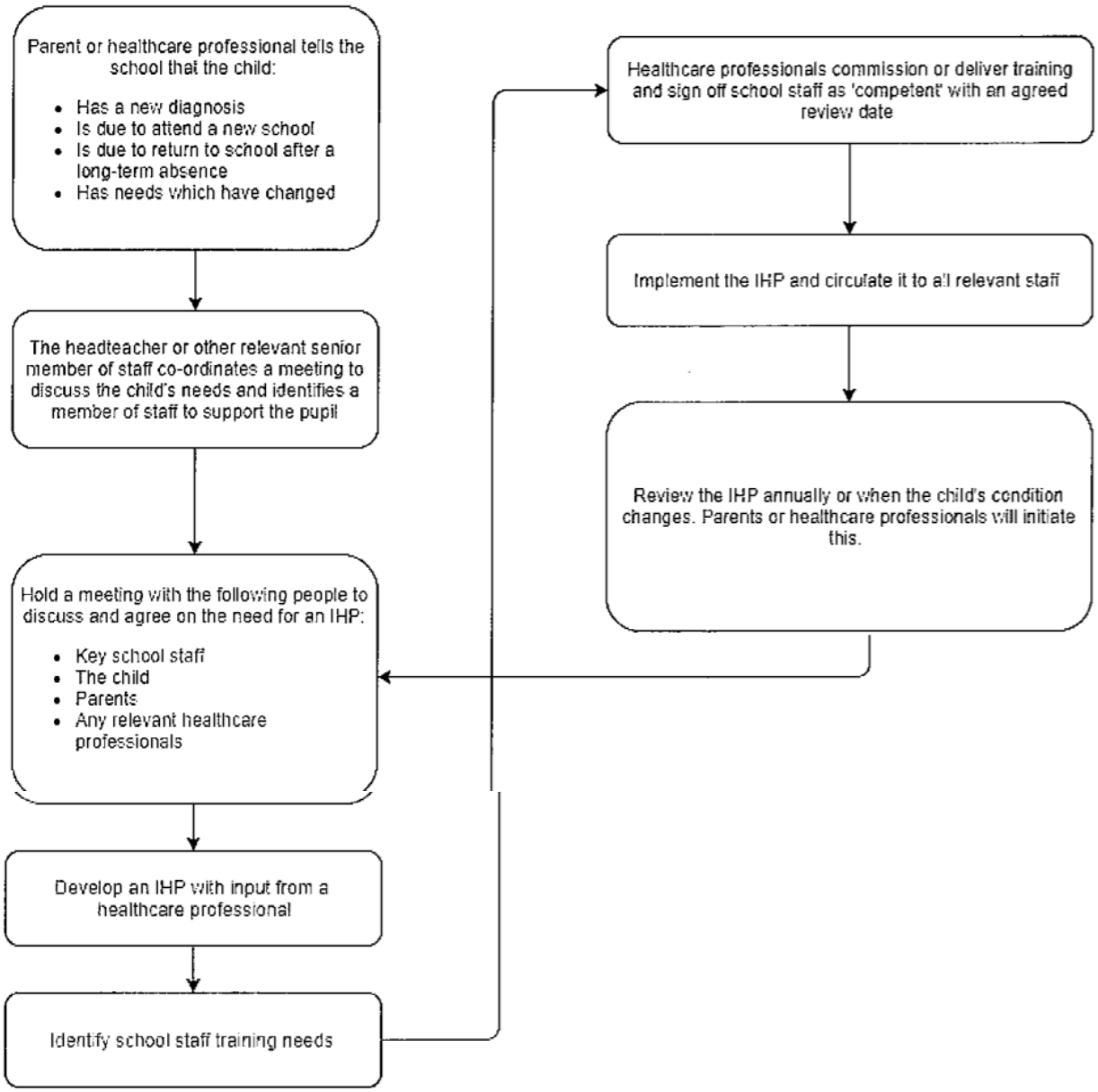
This policy will be reviewed and approved on an annual basis

16. Links to other policies

This policy links to the following policies:

- Complaints
- First Aid
- Health and Safety
- Safeguarding

Appendix 1: Being notified a child has a medical condition



Appendix 3 – Administering Medication Log

Name: _____ Date of birth: _____

Address: _____

Care Plan? Yes / No Any allergies? _____

Date	Name of Person bringing in medication	Name of medication Dosage Times	Number of tablets supplied	Expiry date	Signature of person administering medication	Signature of person signing medication out

Record of the administration of medication Pupils Name: _____

Date	Medication	Medication given	Medication remaining	Time	Administered by	Witnessed by	Actions

FIRST 4 CHILDREN
EDUCATION
Ridge Hill School

Autism Policy

Policy Number:	**06b**
Policy Date:	**04/01/2026**
Policy Created By:	**Andy Hargreaves** Director of Education
Date Policy Updated:	**Created 04/01/2026**

Introduction

Pupils at Ridge Hill School have a diagnosis and EHCP that defines them has having learning difficulties or complex needs. A large section of our pupils also have a diagnosis of an autistic spectrum disorder, the primary characteristics of which are as follows; difficulties in non-verbal and verbal communication, social understanding and social behaviour, and thinking and behaving flexibly (rigidity of thought). Pupils with Autism are often predisposed to sensory irregularities and elevated levels of stress and anxiety. Many of our pupils have difficulty in recognizing, understanding and regulating their own emotions.

Rationale

To ensure that our pupils on the autistic spectrum are able to fully access the curriculum on offer, their needs should be considered in all aspects of their daily life.

Aims

To ensure that the following principles inform our practice and enable us to provide the best possible provision for pupils on the autistic spectrum;

- A good knowledge of autistic spectrum disorders.
- A good knowledge of interventions and the relevance of these for individuals.
- A good knowledge of general and specific behaviours and strategies to cope with these.
- Staff will keep up to date with current research relating to autistic spectrum disorders and related conditions.
- Provision for these pupils will be continuously monitored as part of the school self-evaluation process.

Inclusion

Pupils with an autistic spectrum disorder may be taught in an autism specific class or within the main body of the school.

Sensory Issues / Environment

Many of our pupils have sensory difficulties which have an impact on their ability to focus on teaching activities, their learning and often their behaviour. These difficulties can cause extreme distress to our pupils. All pupils with a diagnosis of autistic spectrum disorder will be assessed by the Occupational Therapist and, if appropriate, a sensory diet will be developed. Staff will be trained by the Occupational Therapist on the best way to deliver the diet for individual pupils. These sensory diets will be reviewed regularly. Many of our pupils also have difficulty with flexibility of thought and require highly organized visual supports to help them understand routines, expectations and emotions. At Ridge Hill we try to reduce environmental anxiety by providing the following:

- A calm, distraction free environment, with a low level of visual and auditory stimulus.
- A high degree of visual and physical structure to the day.
- A curriculum that provides pupils with the opportunity to learn how to self-regulate their emotions and behaviour (through the SCERTS programme).

- The SPELL approach (a Structured, Positive, Empathic and Low-arousal environment with good links between home, school and outside agencies) as advocated by the NAS.
- A mix of established approaches and interventions drawing on best practice. The interventions include SCERTS (Social Communication, Emotional Regulation, Transactional Supports), TEACCH (Treatment and Education of Autistic and related Communication handicapped Children), PECS (Picture Exchange Communication System) and Intensive Interaction.

Curriculum

Pupils have access to a curriculum centred on the SCERTS programme, National Curriculum and Personal Progress Units. This curriculum places an emphasis on independence, social interaction, social understanding, social communication and emotional regulation. We also provide a curriculum for pupils which allows for many 'real life' opportunities e.g. visits to shops, cafes, the dentist etc. This curriculum also addresses sensory issues, and it aims to provide pupils with the tools to deal with these. Pupils within the main body of the school have access to a curriculum based around National Curriculum, Personal Pathways, and Asdan etc

At Ridge Hill we believe that a pupil's behaviour is a way of communicating and we endeavour to understand the meaning behind every behaviour. All pupils with an autistic spectrum disorder have individual 'Pathways to Success' that are regularly reviewed by class teams, and which establish the best way for staff to understand and support individual pupils in all areas of their school life, including behaviour. We recognize the need for pupils to generalize the skills they learn across school, and staff liaises regularly with parents, respite provision and outside agencies to share strategies that work for individuals.

All classrooms at Ridge Hill are set up as "autism friendly" classrooms and are monitored by the national autistic society.

All staff in our school have training in autism awareness and sensory issues, autism training is a key part of our staff induction process. Staff in the Elm and Maple pathway classrooms have further training in autism specific interventions such as SCERTS, SPELL, Intensive Interaction, TEACCH, and PECS.

*Staff are directed to the Head, Deputy or Assistant Head and further policies for extended advice on all matters relating to ASD.

Terminology

At Ridge Hill School, we have traditionally referred to pupils on the autism spectrum as having ASD. Over a number of years, there has been an ongoing debate (internationally) around terminology, particularly the use of ASD (Autism Spectrum Disorder) and ASC (Autism Spectrum Condition). Following on from recent and upcoming changes to the main diagnostic manuals, **'Autism Spectrum Disorder' (ASD)** is now likely to become the most commonly given diagnostic term.

The guidance below is based on the NAS language research on the preferences of autistic people, their families and professionals, as well as the feedback and insight the NAS get from their supporters and wider work.

The most important thing to remember is that many autistic people see their autism as a fundamental part of who they are, so it is important to use positive language. If you are referring to a particular person or group, ask them how they would prefer to be described. This preference should take precedence over the NAS recommendations outlined below.

Accepted Terminology:

- autistic adult/people/child
- person/child on the autism spectrum (note: this is informed by research**,** which indicates that there is a growing preference for positive identity first language, particularly among autistic adults)
- is autistic
- is on the autism spectrum
- has an autism diagnosis
- disabled person/person with a disability
- disability or condition
- Asperger syndrome is a form of autism (note: Asperger is pronounced with a hard "g")
- talk about the autism spectrum and the varying challenges and strengths people have (for instance, some autistic people have an accompanying learning disability and need support to do everyday things like clean, cook or exercise. Other autistic people are in full time work, with just a little extra support)
- not autistic
- neurotypical (note: neurotypical is mainly used by autistic people so may not be applicable in, for example, the popular press)
- autistic people, their families and friends
- people on the autism spectrum, their families and friends
- support or adjustments
- traits or characteristics
- autism department

Staff should use their best judgement when using terminology and use the above advice for reference. Staff should not worry about getting minor terminology wrong (as this is difficult for us all), but it is good to be aware of the advice set out by the NAS.

Lesson Breakdowns

It is important that staff continually encourage pupil independence as they move through the school. This can be shown through lesson breakdowns and how as a school we progressively build on the support for pupils. See below:

Individual pupil visual timetables: Broken down into each step of the lesson e.g. together, table work, choose, toilet and playtime.

Whole class visual timetables: A visual structure of the lessons throughout the day e.g. English, maths, playtime and home.

Lesson breakdown including now and next timetable symbols: This is written on the class whiteboard with symbols to support e.g. now English 1. Story 2. Character profile 3. Adjective game then playtime.

Lesson breakdown with writing: This is wrote on the class whiteboard e.g. Subject: Maths L.O. To explore the properties of 2D shapes. 1. Shape who am I game. 2. Draw a 2D shape from the description 3. Matching shapes to their properties in books.