Aspire Medical Provision SEND Information Report

This policy was adopted:	March 2025
Reviewed by:	Executive Team, Trustees Ratified by Trustees March 2025
Reviewed:	April 2026 – name changes July 2026 – provision name change
Review date:	February 2027

Contents

1. The Aspire Medical Provision
2. Our SENDCo
3. What sort of needs do we support?
4. How we identify students with SEND
5. How we support young people with SEND
6. Aspire Medical Provision curriculum
7. Working with parents, carers and families
8. Consulting with students
9. Reviewing progress

1. The Aspire Medical Provision

Aspire Medical Provision supports those students of compulsory school age who are unable to attend school due to their mental health needs, and are referred to Aspire Medical Provision throughout the school year. Pupils attend Aspire Medical Provision for the following reasons:

- They are receiving support from CAMHS (Child and Adolescent Mental Health Services).
- Their mental health is significantly impacting their ability to attend their mainstream school.
- The student is experiencing EBSNA (Emotionally Based School Non-Attendance).

2. Our SENDCo

The provision lead knows their students the best and are well informed on the ways in which to support SEND; the SENDCos for Aspire Medical Provision are Sarah Hassell shassell@aspireap.org.uk and Mark Collins mcollins@aspireap.org.uk.

3. What sort of needs do we support?

As providers of alternative provision, we work with students with a wide range of SEND. Students who are too unwell to attend their mainstream school because of ill-health are referred to us, and these students may also have SEND.

Generally, we find that we receive a large number of referrals for students with the following needs:

- Communication and Interaction
- Cognition and Learning
- Physical and Sensory
- SEMH

The Aspire Medical Provision setting is not an appropriate long-term setting or permanent placement for students with these needs as the provision is designed, ideally, to be short-term with the aim of returning students to their 'home' school. In some cases where a return to school is not appropriate, we will support transition to an alternative setting. We will, however, look at students with SEND on an individual basis and, provided there is medical evidence to support a referral, will work inclusively and with the needs of the child at the heart of admission decisions.

It is not appropriate to name Aspire Medical Provision on an EHCP, as the provision is commissioned to be short-term and is often part-time, based on the medical needs of the individual child.

4. How we identify students with SEND

The SEN Code of Practice defines SEND as *a learning difficulty or disability which calls for educational provision that is additional to or different from that made generally for others the same age by mainstream schools.* Under this definition, almost all of our students will be entered on our SEND register as SEN Support.

We take the following steps to identify students' learning and SEMH needs:

- Requesting full information from referring schools or the Local Authority, including previous school reports, reports from professionals and medical evidence

- Continuous monitoring of student learning is fed back to the provision lead and any identified SEND is discussed with the 'home' school, with a view to considering applying for an EHCP
- Completion of Individual Health Care Plans (as appropriate to provision)
- Close liaison with referring schools regarding data and learning needs.

5. How we support young people with SEND

As a provision, resource is not available to offer targeted SEND-based interventions and the 'home' school has the responsibility to deliver such programmes. However, we take seriously our duty to support students with SEND and do all we can to create the environment and the systems to provide that additional support. For example:

- Students who are referred with EHCPs will be given Individual Education Plans, which will be shared with all relevant staff and families. These IEPs will provide teaching and learning strategies for the individual child, based on their SEND, and will also direct teaching staff towards specific targets. These Plans and targets are reviewed on a termly basis with an ADPR cycle (Assess, Plan, Do, Review).
- The majority of our students work with a range of professionals and Aspire Medical Provision works in partnership with these professionals.
- Aspire Medical Provision staff will also contribute reports and, as appropriate, will attend annual reviews and other SEND meetings at the 'home' schools.

We use a graduated approach to SEND support within Aspire Medical Provision.

Our ordinarily available provision includes:

- Small class sizes of up to 6
- Positive, relational approaches to mental and physical ill-health
- Daily fresh starts, daily meet and greet
- Supervised breaks; providing 1:1 support for quiet time at breaks; adult led, high staff ratio structured break times on sites, providing modelling for social skills
- Discrete and continuous talks about behaviour/mood – self-reflection, decompression time etc. Opportunities for students to share their views and wishes regarding how they learn.
- Access to pastoral support when needed – time out, reintegration support into the classroom – specific seating arrangements, emotional regulation support, quiet space, relationships with adults who can provide consistency and positive role model.
- Regular review meetings and co-production with parents – engagement, needs, constant re-planning
- Destination support – whether back to referring school or onto FE; usually accompanied visits/support with application forms etc.
- Commitment to equity, diversity and inclusion – evident in environment, ethos and adaptive strategies of teaching and communication.
- Access to sensory resources, in and out of the classroom
- Help and strategies for emotional regulation:
    - A curriculum that is flexible enough to adapt for individual needs
    - Visual time-table – daily in the kitchen (common room) and for each child
    - Opportunities for movement breaks
    - Structured routine and careful planning and warning of any changes
    - Support in the transition to the next destination
    - Staff who are predictable, kind, calm and who provide non-academic support out of lesson time

- Support during break – social skills development including scaffolding for interactions with peers
- Scaffolding approaches to learning including modelling and repetition
- The curriculum is flexible enough to adapt to gaps in learning from missed education
- Understanding of EBSA and the related strategies
- A whole provision commitment to developing emotional literacy skills

6. Aspire Medical Provision curriculum

The curriculum at Aspire Medical Provision is broad and balanced and designed to meet the needs of our cohort. Focus is on equality, diversity and inclusion and staff are conscious that student destination is also varied – return to mainstream or transfer to special school or onto further education, training or employment. This means that the curriculum design must be coherently planned, building on the range of skills and knowledge required for both the need and the destination of the individual student. The curriculum is ambitious in terms of the range of qualifications offered to students, and the wider ambitions held by staff in terms of re-engaging students with learning, encouraging student personal development and widening their horizons and aspirations.

The curriculum design is based on 3 unifying principles, which, in turn, reflect the nurture principles that underpin the Aspire ethos:

- High expectations of all our learners
- Relationships as a learning goal in their own right
- Preparation for adulthood and developing independence

Students are taught on a one-to-one basis or in small groups which means that staff can focus on the relationships with the students and are able to highly personalise the teaching and be responsive to student needs.

Teaching and learning, therefore, must cater for a range of SEND and learning difficulties and the baseline assessments provided by the mainstream school are used by staff to help with differentiation, use of resource and teaching strategies.

Online learning may sometimes need to be part of the provision 'offer' and, via Teams, staff are able to teach one-to-one or in small groups, as appropriate. The use of video and audio, along with the individual and personalised teaching and learning means that contact with highly vulnerable students is maintained.

Aspire Medical Provision supports a range of GCSE qualifications including alternative pathways such as Entry Level and Functional Skills.

7. Working with parents, carers and families

At Aspire, we believe in the power of relationships. We want to form strong, positive relationships with families so that we can all work together to support our young people. Aspire Medical Provision is in constant communication with parents and carers and the relationships are very strong.

8. Consulting with students

We believe it is vital that a student has a say in their educational provision. We regularly seek pupil feedback e.g., via pupil surveys, and place the child at the heart of all our practice and process, including SEND. Students are also included, and at the heart of, the development of Individual Education Plans.

9. Reviewing progress

We review progress regularly for all our students and hold half-termly school/provision review meetings. There is continuous communication with families and referring schools regarding student progress and there are half-termly data drops which look at the following measures:

- Attendance
- IEPS and EHCP outcomes
- Engagement
- Reading progress
- SEMH progress

Each student will also receive a short report and a long report, detailing ‘what went well’ and ‘even better if’.