

North Somerset Policy- education for children with medical needs.

Policy Version and date: Version 1 March 2019

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Section 1- Our Ambition

1.1 North Somerset council's vision is that all children should fulfil their full potential. We aim to work together with schools, health care partners and families to ensure that all children and young people with medical needs receive the right level of support to enable them to remain in education.

Section 2- Aims

2.1 Through working with schools, families, health and other professionals it is our aim that:

- Children are supported to continue to access education at their home school as far as it is possible.
- Schools will make appropriate adjustments to the curriculum and support children's learning in line with their medical needs policy.
- The views of the family and child are pivotal to shaping the education programme.
- Schools, parents, local authority and health, work in partnership to support the individual needs of children.
- Health professionals will provide ongoing advice to support the child's medical needs in terms of both physical and mental health.
- All children with medical needs achieve good academic attainment particularly in English, Maths and Science.

Section 3- About this policy

3.1 The local authority through this policy seeks to ensure that children, wherever possible, can continue to be educated in their home school, and that parties understand their roles and responsibilities in ensuring access to a good education for children with medical needs.

The North Somerset policy is based in the following key documents from the Department for Education (DFE):

Supporting pupils at school with medical conditions" (DfE, December 2015)
and

Ensuring a good education for children who cannot attend school because of health needs", (DfE, January 2013).

Section 4- Who is this Policy for

4.1 This Policy applies to:

All schools and education providers in the North Somerset County Council area.

Section 5- Policy Description

5.1 This policy sets out what the Local Authority will do to provide full-time education for children of statutory school age who, because of health reasons (physical or mental health), would not receive suitable education without such provision. It applies to all children, whether the child is on the roll of a state-funded school. It details what the LA offers outside of what schools can reasonably be expected to put in to support children with medical and health needs.

5.2 In many circumstances when children have a medical need they will continue to receive a suitable education without intervention by the LA as the school will continue to meet its responsibilities to provide education for its pupils as set out in the DfE guidance **“Supporting pupils at School with medical conditions” December 2015.**

5.3 This will be the case where the child can attend school with support, where the school has made arrangements to deliver suitable education outside of school; or where arrangements have been made for the child to be educated in an on-site hospital school. LAs would not be involved in such arrangements unless they have cause to believe that the education provided by a school was not suitable in content or was not full-time.

The provision and aims of this document relate to children who are resident in the North Somerset County Council area.

5.4 Some children with medical needs may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act.

Equality Act 2010 - **Disability** is **defined** as: 'a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities'

Section 6- Core Duties of Governing Bodies

The core duties of governing bodies of schools (*S100 Children and Families Act 2014*)

6.1 A duty is placed on governing bodies to make arrangements for pupils who cannot access school as a result of their medical needs. This should be outlined in an accessible, regularly reviewed policy. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child.

6.2 The focus of arrangements should be on the needs of each individual child and the impact of the medical condition on school life. The outcome should be that

parents and pupils have confidence in the schools' ability to provide effective support in school.

Section 7- Duties of parents

7.1 The Parent of every child of compulsory school age is required to ensure that their child receives a suitable full time education, appropriate to the child's ability, age, aptitude and takes into account any special education needs the child may have either by regular attendance at school or otherwise. (section 7 Education Act 1996). It is also vital that they encourage their child's regular and punctual attendance at school. Parents must ensure the regular attendance of their child at the registered school.

7.2 It is important that everyone works together to help children obtain the best possible start in life with a good education. Parents should work in partnership with the school, notifying the school of the reason for any of their child's absences without delay and on the first day of absence from school.

7.3 Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Section 8- School attendance and illness:

8.1 Schools should advise parents to notify them on the first day the child is unable to attend due to illness. Schools should authorise absences due to illness unless they have genuine cause for concern about the veracity of an illness. If the authenticity of illness is in doubt, schools can request parents to provide medical evidence to support illness. Schools can record the absence as unauthorised if not satisfied of the authenticity of the illness but should advise parents of their intention. Schools are advised not to request medical evidence unnecessarily. Medical evidence can take the form of prescriptions, appointment cards, etc. rather than doctors' notes.

8.2 Missing registration for a medical or dental appointment is counted as an authorised absence. Schools should, however, encourage parents to make appointments out of school hours. Where this is not possible, the pupil should only be out of school for the minimum amount of time necessary for the appointment.
School attendance, Guidance for maintained schools, academies, independent schools and local authorities, (September 2018)

8.3 The Local Authority does not expect schools to routinely request medical evidence for absences from school. In the main, absences from school on the grounds of illness and medical are genuine and should be authorised without the need for parents to provide medical evidence. The Local Authority would only advise

schools to request medical evidence if there were concerns about a child's attendance or in the case of persistent absence. The DFE guidance is clear that, "Schools should authorise absences due to illness unless they have genuine cause for concern."

Persistent absence is when a pupil enrolment's overall absence equates to 10 per cent or more of their possible sessions i.e. children with attendance below 90%.

8.4 Where a pupil is absent from school and parent/carers indicate that absence is persistently because of medical reasons the school will (if the absence appears to raise concerns) ask parents for permission to contact health professionals (e.g. School Nurse or GP) for further information as part of their procedures for securing good attendance and planning. Where parents refuse permission, the school should note the decision and inform parents of the risks in relation to safeguarding their child.

Section 9- Role of School

9.1 Schools have a vital role in supporting children with medical and health needs in accessing the curriculum. They also provide the pupil and the family with the continuity of support and familiarity at a time when there may be significant changes for the pupil. A key component of the support package is working collaboratively with the child, family and health care professionals. The type of support package in place will depend on the advice given by the health care professional and be led by how much education a pupil's health condition permits.

9.2 Suggested adaptations to ensure that a child is able to attend school might include:

- a personalised timetable
- access to additional support in school (to support in class or catch up sessions)
- access to IT curriculum to access from home
- movement of lessons to more accessible classrooms
- place to rest at school
- special exam arrangements to manage anxiety or fatigue

9.3 The school policy should set out in detail how the statutory guidance is implemented, including a named person who has overall responsibility. The policy should clearly identify:

- the procedures to be followed whenever a school is notified that a pupil has a medical need
- the roles and responsibilities of staff in the development of individual health care plans (IHCP) and what should be recorded on them.

9.4 The DfE's 2015 statutory guidance sets out the most important roles and responsibilities and expectations for staff training among other key elements to be included in the policy.

In respect of implementation, the **school policy** should include:

- who is responsible for ensuring that sufficient staff are suitably trained
- a commitment that all relevant staff will be made aware of the child's medical needs
- understanding of confidentiality in respect to some medical needs
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- briefing for new and supply teachers
- risk assessments for home visits (including lone working arrangements)
- holidays and other school activities outside the normal timetable)
- explain how the policy operates in relation to the school's attendance policy
- monitoring of individual healthcare plan.

9.5 Procedures should also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support.

9.6 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 mid-term, every effort should be made to ensure that arrangements are put in place as soon as possible.

9.7 The local authority will make available additional support and access to the Voyage Learning Campus (VLC Tuition), if the local authority is confident and satisfied that governing bodies can demonstrate clearly that they have complied with the statutory guidance as part of determining what provision should be requested and that all reasonable adaptations have been put in place to ensure that the child attends school.

Section 10- Individual Health Care Plan

10.1 Individual health care plans (IHCP) must ensure that schools effectively support pupils with medical needs. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical needs are long-term and complex.

10.2 The format of individual health care plans can vary to enable schools to choose whichever is the most effective for the specific needs of each pupil and the school. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should be written using advice from relevant professionals e.g. Child and Adolescent Mental Health (CAMHS) professionals.

Where a child has special educational needs but does not have an Education Health and Care Plan (EHCP), their special educational needs should be identified, and their provision should be planned and delivered in a co-ordinated way with the

healthcare plan. For a more detailed outline of health care plans see **page 10** *Supporting pupils at school with medical conditions, DfE December 2015.*

10.3 Governing bodies must ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medication. After discussion with parents and children who are competent, they should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual health care plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Governing bodies should also ensure that the school's policy is clear about the procedures to be followed for managing medicines. Reference should be made to the DfE Guidance on managing medicines in schools:

10.4 The governing body should ensure that plans are reviewed in consultation with the child/yp and their families at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks in terms of the child's education, health and social wellbeing, and minimises disruption.

Section 11- The core duties of the Local Authority

11.1 The local authority should have a named officer responsible for the education of children with additional health needs and parents should know who this named person is. There should be an up to date policy in place which is reviewed regularly. North Somerset's named person is the member of staff who is undertaking the role of Head of Education Inclusion Service.

11.2 Under Section 10 of the Children Act 2004, the local authority has a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, academy trusts, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local Authorities are also, commissioners of school nurses for maintained schools and academies.

11.3 The Local Authority expects schools to support pupils with medical needs to attend full-time education wherever possible, or for schools to make reasonable adjustments to pupils' programmes where medical evidence supports the need for those adjustments. The local authority would expect the school to generally continue to make these arrangements under its Individual Health Care Plans.

11.4 The provision should be regularly reviewed so that a pupil is able to undertake as much education as their health permits. There should be regular reviews as part of the IHCP for children on a part time-table due to their health condition. Part time timetables should only be used whilst a child cannot manage a full-time timetable due to their health condition. It is important that part time timetables should only be used as a temporary measure with a clear plan identified how and when the child or

young person will be re-integrated back into full time education. schools should work closely with health care professionals, the child and parents during this time.

Section 12- Local Authority Provision

12.1 This policy promotes the positive support of the home school in supporting pupils wherever practical, before referring to the local authority's alternative provision. The local authority has a duty to work with schools to be ready to make arrangements when it is clear that a child will be away from school for 15 days or more because of health needs (including mental health needs).

12.2 Where pupils would not receive a suitable education in a mainstream school because of their severe or long- term health needs, the local authority has a duty to make other arrangements. The local authority commissions the Voyage Learning Campus (VLC Tuition) to provide education for children and young people who are unable to attend their home school, despite adaptations being put in place by the school to support the child.

12.3 Whilst there is no absolute legal deadline by which we must have started to provide education for children with additional health needs, we will aim to arrange provision as soon as a school has informed the LA that an absence will last more than 15 days.

Section 13- Voyage Learning Campus (VLC Tuition)

13.1 As outlined above, there will be times when a child with medical needs is unable to sustain their regular attendance at school and despite the reasonable adjustments made, this may not be enough to improve the situation for them. A small number of children may require access to more specialist provision, to support the significant and on-going nature of their medical needs. Where this applies, a school may refer to VLC Tuition.

13.2 Access to VLC Tuition:

- VLC Tuition is only able to take referrals from students who are resident in North Somerset.
- VLC Tuition is unable to take direct requests from parents.
- Referrals to VLC Tuition are through the Inclusion Panel using the completed Inclusion Panel referral form. Where a child is not on a school roll, the agency with the most up to date knowledge of the child will be asked to complete the referral form.

13.3 VLC Medical Tuition can provide:

- Advice to schools on the procedures to be followed when a pupil is absent from school as a result of medical difficulties.
- Education for pupils both in centre and if necessary in the home.
- Education which is tailored to the individual pupil's needs as advised by the referring medical professional.
- Regular monitoring and evaluation of pupil progress.

- Re-integration planning and on occasion support.
- Close liaison with school based and external partners/professionals – including CAMHS and other health professionals.

13.4 How do schools refer

The referral form can be found on the Voyage Learning Campus website. Referrers must give as much detail as possible about the exact nature of the pupil's difficulties. All referrals must be discussed with the head teacher and signed, if a child is on the roll of a school. The referral must also be discussed with the family/parents/carers and the young person. A signature is required from the parent/carer and the young person.

If a child is not on a school roll, the most appropriate agency will be asked to complete the referral form.

The first point of contact in schools should be a member of SLT; the second point can be a non SLT member of staff who is given authority to make decisions regarding the day to day timetabling for the child in question. For children who are not on a school roll the point of contact is the Inclusion Manager at North Somerset Council.

Where a school/health professional believes a pupil requires medical tuition; a fully completed referral form and an accompanying letter of evidence from a senior health professional is required:

- Consultant Paediatrician or other Medical consultant
- Consultant Child Psychiatrist
- Clinical Child Psychologist
- Senior CAMHS clinician
- Senior Education Psychologist

NB: Private therapists -for example art therapists- will not meet criteria.

The accompanying letter of evidence should contain:

- Details of the current medical issue that stops the pupil accessing school.
- Details of ongoing treatment.
- Information regarding the number of hours that the child is able to access.
- An indication of the length of time the tuition may be required.
- Where the medical tuition would take place for example in the home, one to one, in centre or group lessons within centre.

13.5 Exceptionally where the VLC is full and has to operate a waiting list, the home school should put in online tuition or make other arrangements to continue to support the child until a place is available.

13.6 Responsibilities of the home school whilst a pupil is at VLC

The home school must take responsibility for leading and monitoring reviews for pupils whilst they are attending the VLC Tuition. The reviews should look at when a pupil is ready to reintegrate back into the mainstream environment and look at ways that the pupil can be supported with the transition.

Most children will be supported to reintegrate back into their home school; however, in some instances, where it has been assessed by the VLC, home school, and medical professional, a new school may be sought. In this instance the case will be brought to the Inclusion Panel for allocation of a new school so that the reintegration is properly supported and successful for all concerned.

Where this is the case, this should be discussed at the review meeting with the home school, parent and child, so that everyone is aware of the situation.

Section 14- Registration arrangements at VLC

14.1 Whilst the child is at VLC tuition, the home school should record the pupil as dual registered (DUAL MAIN).

14.2 The home school should not remove a child from their school roll without appropriate consultation with the local authority.

14.3 Where it is jointly planned and medically evidenced that a student will be entered by VLC for all GCSE exams and it is deemed in the best interests of the young person they may become single rolled with VLC Medical Tuition. Evidence will need to be provided by the mainstream school and agreement sought from the VLC Principal/Head of Medical Tuition. Additionally, parental agreement would be required.

Section 15- Children with Medical needs in Alternative Provision

15.1 In line with the duty of LAs to arrange suitable education as set out above, children who are in hospital or placed in other forms of alternative provision because of their health needs should have access to education that is on a par with that of mainstream provision, including appropriate support to meet the needs of those with SEN. The education they receive should be good quality and prevent them from slipping behind their peers. It should involve suitably qualified staff who can help pupils progress and enable them to successfully reintegrate back into school as soon as possible. This includes children and young people admitted to hospital under Section 2 of the Mental Health Act 2007.

15.2 Young people with health needs who are over the school leaving age should also be encouraged to continue learning. LAs have duties to promote effective participation in education or training for 16 and 17-year-olds.

15.3 When a child with an EHCP is admitted to hospital, the LA that maintains the Plan should be informed so that they can ensure the provision set out in the Plan continues to be provided and reviewed as appropriate.

15.6 Where children with health needs are returning to mainstream education, the LA, or their commissioned service, should work with them, their family, the current education provider and the new school or post-16 provider to produce a reintegration plan. This will help ensure that their educational, health and social care needs continue to be met. Where relevant, a reintegration plan should be linked to an EHCP or individual healthcare plan.

15.7 It is important that medical commissioners and LAs work together to minimise the disruption to education. In order for LAs to meet their duties, medical commissioners should notify them as soon as possible about any need to arrange education. Ideally, this will be in advance of the hospital placement. For example, where a child of compulsory school age is normally resident in a LA but is receiving medical treatment elsewhere, it is still the duty of the 'home' LA to arrange suitable education if it would not otherwise be received.

15.8 In certain circumstances, LA duties may require them to commission independent educational provision. Such providers would need to be funded directly by the home LA. Their duties do not specifically require them to commission an educational provider. Medical commissioners should, therefore, avoid making commitments to fund education without the agreement of the LA. Decisions about educational provision should not, however, unnecessarily disrupt education.

Section 16- Key Responsibilities of the Health Services

16.1 Providers of health services are required by the statutory guidance to cooperate with schools that are supporting children with a medical condition and this may include liaison, information, outreach or training. Those commissioning services need to be responsive to children's medical needs in order for compliance with statutory duties (s100 Children Act 2014) so that pupils' medical needs can be met in school.

16.2 The requirement is for health personnel to set out the specific medical needs and provide advice about how schools can support the pupil. General advice should be provided to enable the local authority to determine the appropriate provision, based on the needs. They may include recommended core services, provision commissioned by the health service only or services to be commissioned by the school or Local Authority.

16.3 Every school has access to school nursing services. Other health care professionals such as GPs and paediatricians are required by the statutory guidance to inform the school nurse when a pupil has medical needs that will require support through specific health care plans and interventions. They may also be able to provide training or advice in shaping an individual health care plan and in implementing it or signpost schools to where they can access training and advice from.

16.4 Where a young person is under the care of the specialist CAMHS team (CCHP), psychological therapies may be offered as part of their care plan.

16.5 Where physiotherapy, Occupational Therapy or Speech and Language therapy is required above the core level of service, it is expected that this will be recorded in an EHC Plan and the provision commissioned by the most appropriate authority; either the Clinical Commissioning Group or the local authority.

16.6 Where a pupil is unable to attend school, the key health professionals involved will be requested to provide information relating to the nature of the child's medical condition and specific advice around managing their health needs in school.

16.7 Health Services should also:

- work closely with the home school, VLC staff, social care, the child or young person and their parents to ensure that the medical needs and the appropriate educational responses required are fully understood and clarified in any referral.
- aim to provide intervention and advice that secures a personalised approach in the individual health care plan.
- provide information that identifies the needs and the level of education (e.g. hours or days) that the child can manage given medical needs; review this regularly.

Useful links:

<https://www.n-somerset.gov.uk/my-services/children-young-people-families/local-offer-and-early-help/local-offer/>

<https://www.voyagelearningcampus.org.uk/>

<http://www.supportiveparents.org.uk/>

<https://www.nscphealth.co.uk/services/school-health-nursing>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/269469/health_needs_guidance_-_revised_may_2013_final.pdf

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>