

THE WESTGATE SCHOOL

Hampshire's First 4-16 'All Through' School

*"The Westgate School is a community of learners where partnerships inspire success for all:
learning together – achieving excellence"*

Headteacher: Mrs F A Dean, MA (Ed)

Initial Policy date	November 2021	Next scheduled review	November 2022
Governor approved	November 2021	Key person/people	Facilities Strategic Lead/SENCo/Year Leaders
Model Policy	Linked to HCC ISS Policy in Appendix	Model localised	x
Pupil leadership team review	Y / - / N / - / N/A		

Supporting Pupils with Medical Conditions Policy

1. Aims

This policy aims to ensure that:

- Pupils, employees, 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 sporting activities
- The Nominated Responsible Person (NRP) will implement this policy by:
 - Making sure sufficient employees are suitably trained
 - Overseeing a process for colleagues to be aware of pupils' conditions, where appropriate
 - Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
 - Process is in place providing cover teachers with appropriate information about the policy and relevant pupils
 - System is in place developing and monitoring individual healthcare plans (IHPs)

2. 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.

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions.

3.2 The Headteacher

The Responsible Person (RP) is the Headteacher The Westgate School, who will ensure that sufficient employees have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.3 The Nominated Responsible Person (NRP)

The Facilities Strategic Lead is the person to whom the (RP) has delegated the management of this policy to and will be the (NRP), who will implement the following:

- Make sure all employees are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Line manage and support the Medical Welfare Officer
- Make sure that school colleagues are appropriately insured and aware that they are insured to support pupils in this way
- Liaise with the SENCo in cases where a child holds an EHCP or has Additional Needs.

3.4 Medical Welfare Officer

- Ensure that all staff who need to know are aware of a child's condition and take overall responsibility for the development of IHPs
- 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Oversee the medical tracker system recording administration of care and medicines whilst checking consent process

3.5 All Employees

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any employee 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 employees 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.

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

All colleagues, including the Cover Manager, are to view this information on the pupils medical information and identification tab, located on the colleague electronic dashboard.

3.6 Parents

- Provide the school with sufficient and up-to-date information about their child's medical needs
- All medication provided is to be in date
- Written consent is required to be completed for the prescription or non-prescription medicines onsite, and during school activities
- All emergency contact numbers, details provided continuously updated
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.7 Pupils

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

3.8 School nurses and other healthcare professionals

The school HCC nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP. Healthcare professionals, such as GPs and paediatricians, will liaise with School's Nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. 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.

The school will comply fully with Hampshire County Council's Inclusion Support Service 'Policy for access to education for school age children and young people with medical needs' (HCC, Nov 2019), Appendix II to this policy.

5. 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.

6. Individual healthcare plans

The NRP has responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Medical Welfare Officer and will involve the SENCo where a child has Additional Needs or, an EHCP.

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. If a pupil has SEN but does not have an EHC plan, the additional need will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. Those outlined in the Roles and Responsibilities section (3) with delegated responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and 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 exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a 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 required

- Where a pupil is returning following a period of being in hospital or alternative provision the school will follow its 'return to learn procedure'
- Arrangements for written permission from parents and the headteacher for medication to be administered by a employee, 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 pupil can participate, e.g. risk assessments
 - A medical report is to be produced for every trip which lists all attending pupils and highlights whether any of them have an EHC plan. Where this is appropriate, the Trip Organiser is alerted and asked to contact the Pupil Welfare Officer so that this can be reviewed prior to the trip and appropriate arrangements made to support the pupil
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements
- Home to school transport, especially in respect of emergency situations

7.1 Controlled drugs

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

A 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 cupboard in the medical treatment room, or respective controlled are in the primary phase or Nursery receptions, and only named employees have access

Controlled drugs are to be stored safely and pupils are to know where their medicines are and be able to access them immediately, including being easily accessible in an emergency. A record of any doses used and the amount held will be kept.

7.2 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, and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Colleagues 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 so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School employees 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 or their parents
- Ignore medical evidence or opinion (although this may be challenged)

- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- 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 drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is unable to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Employees will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. This must be followed up by immediately calling the Parent/Carer as per the cascaded next of kin.

If a pupil needs to be taken to hospital, The Medical Welfare Officer, or designate, will stay with the pupil until the parent arrives, or accompany the pupil to hospital, if the parents have not arrived by the time the ambulance departs. Employees will not transport pupils to hospital in their own vehicle/school vehicles. If 999 stipulate that an ambulance is not available after triaging the call, and they direct for the child to taken directly to A&E, the Parent/Carer is immediately to be advised to do so. If the Parent/Carer is unable to be contacted employees will not transport pupils to hospital in their own vehicle, the school minibus is only to be used on this rare occasion. If this a requirement a minimum of two employees must accompany the child.

9. Incidents reactive reporting

As an HCC maintained School, we adopted their corporate procedure for recording and investigating all incidents (excludes minor child accidents – recorded on medical tracker) which is an on-line reporting system. The school will no longer be required to report accidents through to the Health & Safety Executive (HSE) under the Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) as the Children's Services Health & Safety Team (CSHST) will be completing, on notification of incidents via this reporting procedure.

10. Training

Employees who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so. A record of this training is to be updated and uploaded onto the school's medical tracker system, by the Medical Welfare Officer

The training will be identified during the development or review of IHPs. Colleagues 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/role of individual. Training will be kept up to date.

Training will:

- Be sufficient to ensure that employees are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help colleagues to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- Notices will be placed on the colleague electronic dashboard

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

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

11. Record keeping

The NRP in conjunction with the Medical Welfare Officer will ensure/oversee that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. This will be recorded on a medical tracker system that will automatically notify the parents. Parents will also be informed if their pupil has been unwell at school. IHPs are kept in a readily accessible place about which all relevant employees will be aware.

12. Liability and indemnity

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

The school's insurance policy/cover procured through Hampshire County Council.

13. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Medical Welfare Officer in the first instance via contact@westgate.hants.sch.uk. If the Medical Welfare Officer cannot resolve the matter, they are to direct toward the NRP, who will attempt to resolve, or direct the parents toward to the school's complaints procedure. Where relevant, the SENCo will also be involved.

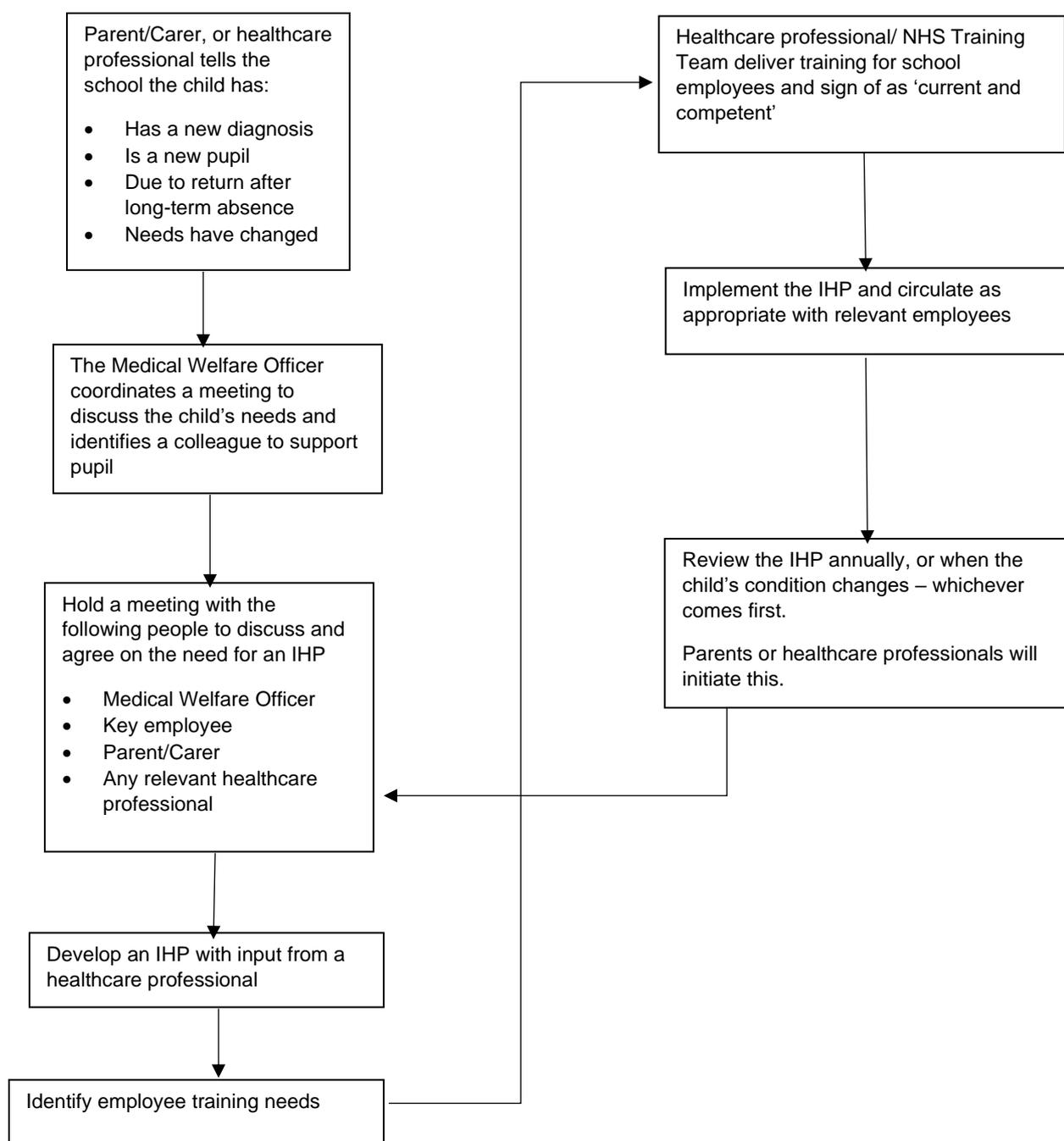
14. Monitoring arrangements

This policy will be reviewed and approved by the governing board every as outlined in the header of this policy document.

Appendix I: Being notified that a child has a medical condition.

Appendix II: HCC/ISS policy for access to education for school age children and young people with medical needs.

Appendix 1: Being notified a child has a medical condition.



Appendix II: HCC/ISS policy for access to education for school age children and young people with medical needs.

**Hampshire County Council (HCC)
Inclusion Support Service (ISS)**

**Policy for access to education for school age children and young people with
medical needs**

'Every child should have the best possible start in life through a high-quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum' DFE 2014

November 2019

The education of children and young people who are unable to attend school due to medical needs

Introduction

Premise

Responsibility, Legislation, Guidance

Identification

Role of Hampshire County Council (HCC)

Funding and other school responsibilities

Identification of children who need provision

Intervention: Persistent or long-term illness affecting ability to engage in education

Recovery, Reintegration and Partnership working

Complaints and review

1. Introduction

- 1.1 This policy sets out how Hampshire County Council (HCC) will comply with its statutory duty to arrange suitable full-time (or part time when appropriate for the child's needs) education for children of compulsory school age (5 – 16) who, because of illness, would otherwise not receive suitable education.
- 1.2 This statutory duty applies to all children and young people of compulsory school age, permanently living in Hampshire, who would normally attend mainstream schools or special schools, including academies, free schools and independent schools, or where a child is not on roll of a school.
- 1.3 This policy does not apply to children who are electively home educated. Where a young person is on roll of a post-16 institution, either a school or college it is their responsibility to ensure support for education.

2. Premise

- 2.1 HCC believe school is the best environment in which to educate a child/young person (CYP); schools provide a broad and balanced curriculum alongside opportunities for social and emotional development.
- 2.2 HCC's intention is that all children, regardless of circumstances or education setting, should receive a good education to enable them to shape their own futures. Therefore, alternative provision for children medically unfit to attend school and the framework surrounding it should offer good quality education. This support should meet the child's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.
- 2.3 The provision for children who are medically unfit to attend school will ensure that:
 - Pupils make good progress in their education
 - Disruption to learning is minimised and there is a continuity of education provision within the school curriculum
 - Pupils are able to obtain qualifications as appropriate to their age and abilities
 - Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits
 - Pupils feel fully part of their school community and are able to stay in contact with classmates
- 2.4 HCC is committed to providing a recovery-focused model that embraces inclusive principles with a clear focus on an appropriate and timely return to school-based learning.
- 2.5 Where an Education Centre is accessed to meet need, the child's home school and the Education Centre should collaborate with parents/carers, ISS and all relevant health services to ensure the delivery of effective education for children with additional health needs.

3. Responsibility, Legislation and Guidance

- 3.1 The moral and legal mandate for schools is to ensure that they are supporting children with medical needs to the best of their ability and that each school has

policies and processes in place to ensure this happens. There was a major shift in the legal responsibilities of schools when Section 100 of the Children and Families Act 2014 placed a legal duty on schools, academies and PRUs to make arrangements for supporting pupils with medical conditions at their school.

- 3.2 Sometimes children or young people become too unwell and are unable to attend school for a significant period of time. At these times the LA can in partnership with the school make suitable arrangements for that CYP's continuing education that takes into account their age, aptitude, ability and SEN needs and their health condition.
- 3.3 There is an expectation that schools will make reasonable adjustments to meet the need of the child if they are able to attend school with adjustments. There is an expectation that schools will be creative and flexible in meeting needs. It is, however, left to the school's discretion as to how they meet the needs. Schools will need to demonstrate how they are meeting educational need. This includes meeting the needs of pupils who can attend school part-time and intermittently, particularly when there are known medical needs, and these can be planned for. The link below to the Reduced Hours Timetable notification should be used in all cases.

https://forms.hants.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-d54c8557-83ac-45f9-8434-ce762a737759/AF-Stage-fb9effc0-1d95-40de-a4e4-d364315df21b/definition.json&redirectlink=/en&cancelRedirectLink=/en

- 3.4 There is an expectation that most CYP will make a full or partial recovery from their illness. At this point it is important that the CYP's needs for education continue to be appropriately met; most CYP will transition back to full time mainstream education.
- 3.5 Schools retain the responsibility to provide a suitable education for all its pupils and must be able to make reasonable adjustments according to identified needs. Occasionally a joint package of support may be arranged for the CYP person between the school and HCC through the Inclusion Support Service (ISS). The pupil will remain on the school roll (see 'Intervention' below).
- 3.6 Education Support for Medical Absence is part of the Inclusion Support Service (ISS) and aims to provide support for Hampshire residents of statutory school age who are temporarily unable to attend their school or programme of support due to the impact of their medical condition.
- 3.7 Education Support for Medical Absence is underpinned by the following Government documents:
- Children and Families Act, 2014, section 100
 - Education Act 1996 (Section 19)
 - Equality Act 2010
 - Statutory Guidance for Local Authorities, January 2013
 - Out of School Out of Mind, 2011
 - Ofsted Subsidiary Guidance, 2012
 - Alternative Provision Statutory Guidance, January 2013
 - SEND Code of Practice, January 2015
 - Supporting pupils at school with medical conditions, December 2015

This policy has been developed with regard to the above guidance.

4. Identification

- 4.1 Most unwell CYP continue to have their need for education appropriately met by their own school. This support can be sensitively arranged between the school, the parents or primary carers, a primary health care provider (most often the GP) and the CYP themselves.
- 4.2 Before considering a referral to the local authority for advice and guidance a school must satisfy itself that a CYP's absence is due to ill-health and that there are no other factors influencing non-attendance.
- 4.3 Schools should consider liaison with other agencies that may be in contact with the CYP and/or their family. This could, for example, be children's social care, CAMHS, school nursing service or the GP.
- 4.4 When ill health persists beyond 15 consecutive or non-consecutive school days the school should make a referral to ISS for advice, guidance and educational provision.

5. Role of Hampshire County Council

- 5.1 Local authorities are responsible for ensuring that there is a named senior officer with responsibility for education provision for children with health needs and parents should know who that person is. The named officer for HCC is David Harvey, Inclusion Support Service Manager, Dave.harvey@hants.gov.uk
- 5.2 HCC's SEN Casework team will work with schools to review any changing needs of a child with an Education Health and Care Plan (EHCP), who is unable to attend school because of their medical needs. The EHCP will link the long-term educational needs associated with the child's medical condition to the most appropriate teaching and learning provision.
- 5.3 ISS provide advice on pupils receiving alternative education provision. This team works closely with colleagues within the local authority, schools and partner agencies to reduce the length of time that children are on reduced timetables, which may be due to their medical needs. This is monitored, and schools are held to account through internal systems.

6. Funding and other school responsibilities

- 6.1 Schools retain the Age Weighted Pupil Unit (AWPU) funding for pupils during the period of Inclusion Support Service provision and will be charged according to the agreed formula based on the daily AWPU rate for educational provision.
- 6.2 The home school will also be responsible for:
 - Driving the agreed action plan for the pupil and informing all relevant parties of any changes
 - Providing or loaning specialist resource materials, where possible (such materials to be itemised and returned to the school at the end of the period of ISS provision)
 - Making examination arrangements (e.g. GCSE, SATs, etc.)

- Examination entry fees
- Any offsite activity (if appropriate)
- Schools should be consistently seeking an early return to school-based
- Learning in line with the premise set out earlier in this document.

7. Identification of children who need provision

- 7.1 All referrals, both primary and secondary, to Hampshire County Council will be received via a single point of access (SPA) by the Inclusion support Service (ISS). This ensures (a) that all referrals are treated in an equitable manner (b) that effective monitoring can take place.
- 7.2 All medical referrals will be made on the HCC medical referral form (see Appendix 1).
- 7.3 The triage system will take account of:
- Medical evidence, which should be verified in writing by a consultant community paediatrician or specialist consultant psychiatrist from Child and Mental Health Adolescent Services (CAMHS); where this is not possible alternative enquiries should be made to G.P.'s and/or others. This should indicate:
 - That at the time of writing the CYP is not well enough to attend school
 - The impact the illness is having on education
 - The current plans and provision in place to support the CYP's education
 - The age and stage of the pupil e.g. KS1 – KS4
 - How the school has made every reasonable adjustment to include the CYP in education and whether there are any reasonable adjustments the school could make to enable the CYP to attend school
 - Any other available evidence
 - Schools should authorise absences due to illness unless they have genuine concern about the veracity of an illness. Where this is the case the Headteacher should contact the single point of Access (SPA) for bespoke advice.
 - Where parents are unable to provide evidence, further enquiries should be made to the General Practitioner (GP) or other health professionals or agencies especially around mental health issues.
- 7.4 Whilst unable to attend their home school it is important that CYP continue to engage in education. The provision offered will take account of age, aptitude and ability alongside other individual characteristics such as social and emotional needs, special educational needs and any disability. It is recognised and accepted that the capacity of the individual CYP to engage in learning may change over time. It is important, therefore, to ensure that the provision is regularly reviewed and that it continues to be both flexible and sensitive to individual need. All provision will maintain a focus on returning the CYP to school-based learning as soon as is reasonably possible.
- 7.5 Following triage, (a) KS3/4 the Education Centre Headteacher will respond to the school with advice and guidance which could include signposting to appropriate services or agencies, strategies for reintegration alongside additional support or intervention from an HCC nominated provider. (b) for early Years/KS1/2 the ISS triage officer will undertake this role.

7.6 The child's progress will be reviewed regularly, in consultation with the parent/carer, the home school and other relevant services. Reviews may be made more frequently according to need. It should be recognised that a child's educational needs and ability to access education may change depending on their health and that the programme may need to be flexible to accommodate this.

7.7 See Appendix 2 for a flow diagram overview.

8. **Intervention: Persistent or long-term illness affecting ability to engage in education**

8.1 For KS3/4 the Headteacher of the Education Centre/ISS for Early Years KS1/2 in partnership with the CYP's home school will:

- Undertake a thorough evaluation of all the circumstances affecting the child's ability to engage in learning
- Work closely with the family and all agencies/professionals working with the child and their family
- Initiate a multi-agency Education Planning Meeting (EPM)
- Develop an ongoing education support for medical absence programme including an Individual Health Care Plan (IHCP), see Appendix 3
- Monitor and review the effectiveness of the programme
- Ensure a timely return to school-based education

9. **Recovery, Reintegration and Partnership Working**

9.1 Many children recover and make a positive transition back into school. Depending on the age and stage of the child this may, however, not be the most appropriate course of action e.g. pupils in Y11 who are approaching the end of KS4. In this circumstance it is expected that they would be supported in their onward transition to education, employment or training by the community-based intervention services.

9.2 Parents and carers have a key role to play in their child's education and are to be involved in planning and on-going review. In the case of a looked after child, HCC and primary carers will fulfil this role. Children should also be involved in decisions to ensure they are engaged as much as possible in this process.

9.3 Relevant services including Special Educational Needs (SEN), Child and Adolescent Mental Health Services (CAMHS), Inclusion Support Service/Attendance/Hampshire Inspection and Advisory Service (HIAS), educational psychologists and school nurses all have responsibilities to work together to support children who are medically unfit to attend school.

9.4 Schools and Education Centres will make arrangements to reintegrate CYP at the earliest opportunity and as soon as they are well enough. Each child should have an individually tailored reintegration plan. Under Equalities legislation, schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child as part of their reintegration.

9.5 Plans for longer term outcomes and the next steps will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013);

<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

- 9.6 In all cases the CYP must have an Individual Health Care Plan (see Appendix 3) that can be reviewed and amended as appropriate.
- 9.7 Both the home school and Education Centre will support CYP to sit public examinations. Awarding bodies will make special arrangements for children with permanent or long-standing disabilities when they are taking public examinations.

10. **Complaints and Review**

- 10.1 Complaints about provision for children who are medically unfit to attend school should be made to the child's home school in the first instance. Complaints can be made using the corporate complaints procedures. The council will only intervene if it has reason to believe that the education provision is unsuitable or insufficient.

<https://www.hants.gov.uk/educationandlearning/complaints>

- 10.2 This policy will be reviewed every two years or in line with any changes made to statutory guidelines.

Appendix 1 : Referral form

Appendix 2 : Flow diagram

Appendix 3: Individual Health Care Plan

Appendix 1

Medical Referral Form

Pupil Information

Name		Year Group	
Date of Birth		Gender	
Ethnicity		First Language	
Current attendance %		CoP level	
Looked After child?		Child in Need?	
CP Register?		UPN:	

Family Information

Pupil address			
Parent/carer name		Relationship	
Address			
Telephone		Mob:	
Email		Parental responsibility?	
Parent/carer name		Relationship	
Address			
Telephone		Mob:	
Email		Parental responsibility?	
Siblings name/s	Date of Birth	School	

School Information

School	
Telephone	
Headteacher	
SENCO	
Main Contact	

The Pupil

Medical Issues
Healthcare Professional name and contact details
Strengths

Outside agencies involved

e.g. Health, Social Care, Education Psychology, CAMHS, YOT etc.

Agency	Contact Name/Role	Telephone	Current/previous involvement

Pupil Learning Profile

Chronological age of pupil:			
Foundation Stage Profile:	PSED:	CLL:	FSP:
Reading age:	Age when tested:	Test name:	
Spelling age:	Age when tested:	Test name:	
DEST/COPS test? Other?	Date of test:	Outcome:	

Key Stage 2

	Reading	Mathematics	Science
Test level achieved			
Teacher assessment			

Key Stage 3 – *must be completed if in KS4*

	Reading	Mathematics	Science
Test level achieved			
Teacher assessment			

Cognitive Abilities Test

Verbal	Quantitative	Non-verbal	Average

Key Stage 4 – Targets for GCSE Performance

Subject	Exam Board	Current Grade	Target Grade	Subject	Exam Board	Current Grade	Target Grade
English				Design Technology (please specify)			
Maths				Option 1			
Science				Option 2			
Humanities (please specify)				Option3			
14-16 College Course				Extended Work Experience			

Access Arrangements

Reader Yes / No **Scribe** Yes / No **Overlays** Yes / No
Laptop Yes / No **25% extra time** Yes / No

Examinations Officer:

Tel:

Email:

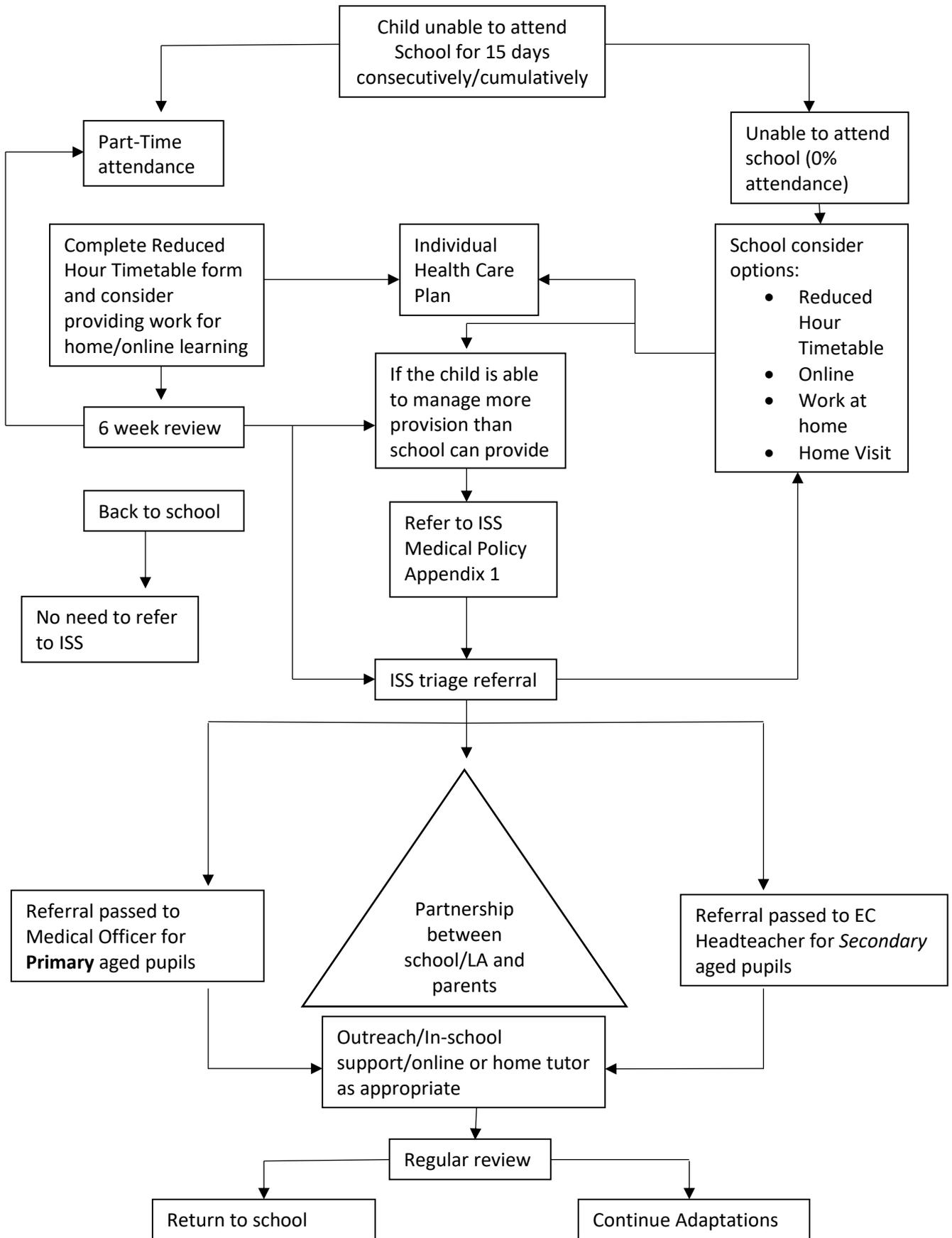
Please attach any medical evidence such as CAMHS, GP or other.

Form completed by:	
Position in School:	
Date:	
Date received by HCC:	
ISS comments:	

We will treat all information provided in confidence and in accordance with the Data Protection Act 1998. We will use the information for the purpose of identifying appropriate support and may share information within HCC Children’s Services and Health Services for the same purpose.

Please return to Attendance Officer, Inclusion Support Service, E1, The Castle, Winchester – attendance.queries@hants.gov.uk

Appendix 2



Appendix 3
Individual Health Care Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review Date

Family Contact Information

Name

Telephone No. (work)

Telephone No. (home)

Mobile No.

Name

Relationship to child

Telephone No. (work)

Telephone No. (Home)

Mobile No.

Clinic/Hospital Contact

Name

Telephone no.

G.P.

Name

Telephone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Form copied to