

## North Yorkshire Policy Statement

Dear Colleague,

Please find attached our final version of our Medical Protocol with amendments in it to reflect the changes in the Prevent service as well as new guidance documents and the latest DfE version of the 'Statutory Guidance on Supporting Pupils with Medical Conditions September 2014'

The differences between the DfE April 2014 and September 2014 Statutory guidance versions are as follows:-

- Documents mentioned are more accurately and helpfully referenced in footers
- Punctuation particularly commas are added throughout the document
- Para 4 page 5 includes a reference to the definition of disability in the Equality Act 2010 and refers to the new SEN Code of Practice
- Para 37 page 17 gives more detail and direction about risk assessments to include school trips in the UK and abroad
- Para 44 page 19 Liability and Indemnity section gives more information for academies about their arrangements
- Page 22 refers again to the new SEN Code of practice and also gives links to 'Associated resources'

Para 6 page 7 is not new but underlines the need to put in **full-time education** equal to as much as the child is well enough to cope with. It states that schools can arrange **part-time attendance at school in combination with alternative provision**

### **Access to Education for Pupils with Medical Needs September 2014**

#### 1.0 Introduction

1.1 This policy statement applies to North Yorkshire pupils with medical needs of compulsory school age who:

- are unable to attend school because they are physically ill, injured, have a diagnosed medical condition or have a mental health problem.
- who are pregnant and consequently will have an interrupted education pre- and post- delivery is considered as part of the Authority's Teenage Pregnancy and Support to Young Parents Strategy.

1.2 Section 19 of the Education Act 1996 provides that:

**Each Local Authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or**

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**otherwise, may not for a period receive suitable education unless such arrangements are made for them.**

- 1.3 Suitable education is defined as efficient education suitable to the age, ability and aptitude and to any special educational needs (SEN) a pupil may have. In determining what arrangements to make, the Local Authority must have regard to guidance given from time to time by the Secretary of State.
- 1.4 This policy statement is in accordance with the statutory guidance published by the Department for Education in January 2013 and updated in May 2013 'Ensuring a good education for children who cannot attend school because of health needs', the statutory guidance for schools published in September 2014 'Supporting pupils at school with medical conditions' and the report from Ofsted published in November 2013 'Pupils missing out on education'.
- 1.5 The arrangements for the suitable education will be made through local Behaviour and Attendance Partnerships (Collaboratives) for secondary age pupils and through the local Enhanced Mainstream School (EMS) for Social, Emotional and Behaviour Needs (SEBN) for primary age pupils. Each secondary Collaborative has a behaviour and attendance panel to manage referrals from their local schools.
- 1.6 The Local Authority will publish information about how the service can be accessed by parents, schools and health professionals, including named contact points.
- 1.7 This policy statement and the information published will be reviewed annually.

## 2.0 Aims

### 2.1 The Local Authority aims to ensure that:

- all parties are aware of their roles and responsibilities;
- all parties are clear about the services that are expected of them and the statutory duties of the Local Authority to provide education for pupils where they are unable to attend school because of medical needs;
- pupils with diagnosed medical needs have access to as much high quality education as is appropriate in view of their condition;
- the provision will be flexible and responsive to the educational needs of pupils with medical conditions and mental health needs that prevent them from attending school;
- pupils will have supported re-integration back into full time, mainstream or special education at the earliest opportunity. This may include a period of time when the pupil can receive a balance of home tuition and part-time school as decided at a review meeting;
- there will be continuity of education including access to public examinations;
- good working partnerships with pupils, parents, carers, schools, Health Service and other professionals are in place to ensure individual pupils can make educational progress.

### 3.0 The role of the Local Authority

#### 3.1 For pupils of statutory school age the Local Authority will seek to ensure that:

- pupils with medical needs are not at home, or in hospital, without access to education for more than fifteen working days including any period that the pupil has spent in hospital where tuition may already have taken place. Educational provision may be delayed if the pupil is unable to access provision;
- suitable full-time education (or as much education as the child's condition allows) is provided, depending upon the medical needs, the educational context and in the child's best interests. (For absences of less than 15 days, refer to 4.3.);
- where appropriate, pupils with recurring conditions will be provided with education from day one. Education should be provided as soon as it is clear that the pupil will be away from school for 15 days or more, whether consecutive or cumulative. There is no absolute legal deadline by which LAs must have started to provide education for children with additional health needs. However provision should start at the latest by the sixth day of absence;
- planning and review meetings will be integral to the intervention and support arrangements and address the individual needs of the child. Hard and fast rules are inappropriate. However, it is recommended that review meetings take place at least every six weeks. Medical documentation to support a medical referral should be re-submitted at least every six months and can be provided by a General Practitioner in place of a Consultant.(see appendix 1);
- depending upon the medical condition, for example when a pupil is approaching public examinations, access hours may be increased to enable the pupil to keep up with their studies;

- pupils will have access to a broad and balanced curriculum but there will be a particular focus on the core subjects of English, mathematics and science. Wherever possible, external examinations and tests at all key stages will be completed;
- there is effective transition planning at every key stage. For post 16, Key Stage 5 schools are encouraged to complete an Education and Health Care Plan to ensure continuing home tuition, provided by the school/college through high needs funding, for post 16 courses, if appropriate;

3.2 The cost of tuition will be met by the Collaborative through the local Pupil Referral Service (PRS) for secondary pupils and through the local EMS (SEBN) for primary pupils.

3.3 Under national agreements, from April 2013, the Local Authority takes financial responsibility for meeting the costs of tuition after the third day whilst a pupil who lives in North Yorkshire is in hospital in North Yorkshire, or, a pupil from another authority is in a hospital in North Yorkshire. If a North Yorkshire pupil attends a hospital outside of North Yorkshire then the authority in which the hospital is situated takes responsibility for the tuition.

3.4 The Local Authority is responsible for arranging suitable provision whether or not a child is on the roll of a school. It applies to children who are pupils in Academies, Free Schools, special schools and independent schools as well as those in maintained schools.

#### 4.0 The role of schools maintained by the Local Authority

4.1 At all times the pupil should remain the responsibility of the school where they are on roll. The school can only remove a pupil from the school roll, who is unable to attend school because of additional health needs where:

- a) the pupil has been certified by a medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age, **and**
- b) neither the pupil nor their parent has indicated to the school the intention to continue to attend school, after ceasing to be of compulsory school age.

A child unable to attend school because of health needs must not, therefore be removed from the school register without parental consent and certification from a medical officer, even if the Local Authority has become responsible for the child's education.

Schools and local Behaviour and Attendance Collaboratives (secondary) and local EMSs (SEBN) (primary) will work in partnership to ensure pupils with medical needs, unable to attend school, have the opportunity to make good progress.

4.2 All schools are required to have a written policy and procedures for providing the education of pupils who are unable to attend school because of medical needs. Appendix 2 sets out a model school policy. The policy statement should be reviewed annually.

4.3 For absences of 15 working days or less, that are not part of a pattern of a recurring illness, the school should liaise with the pupil's parents/carers to provide homework as soon as they are able to cope with it.

4.4 It is the school's responsibility, along with the Local Authority to monitor pupil attendance. Schools must inform the Local Authority via the Collaborative (secondary) or EMS (SEBN) (primary) when a pupil has an authorised absence due to illness or

other medical needs which it is anticipated will be for more than 15 working days, or the pupil has a recurring long term illness that affects attendance at school.

4.5 Where a doctor or hospital identifies the need for educational provision otherwise than at school for a pupil with medical needs, the school should complete a referral to the local Collaborative (Secondary) or EMS (SEBN) (Primary). The Collaboratives and EMSs will arrange provision in line with the Local Authority's policy statement.

4.6 Schools should:

- have a named person to aid communication between the school and other professionals, the pupil and their family; to attend reviews and ensure continuity of education;
- consider how the views of the pupil and parents or carers will be taken into account;
- ensure that where tuition is requested, the local PRS or EMS (SEBN) has access to planning and assessments in all national curriculum subjects which the pupil is studying within 5 working days and work programmes on a termly basis where appropriate;
- make available to the local PRS or EMS (SEBN), Individual Education Plans, Personal Education Plans, Individual Health Care Plans and Risk Assessments. Resources/teaching materials where possible should also be made available as part of the referral;
- have procedures for ensuring that pupils are reintegrated smoothly into school and monitored by their named person;
- make a referral to the Local Authority immediately they have been informed that a pupil will be admitted to hospital and is likely to be unable to attend school for more than 15 working days, including any period the pupil will be an in-patient;
- supply teachers from the PRS or EMS (SEBN) working in hospitals with background information on the pupil and liaise to ensure that work set is at an appropriate level for long and recurring admissions to hospital;
- consider the use of electronic media (for example virtual classrooms, learning platforms) to provide 'additional and different' access to the curriculum and the life of the school. However this should generally be used to complement face-to-face education rather than be sole provision.

5.0 The referral process

5.1 Electronic Collaborative and EMS (SEBN) referrals from schools should be forwarded to the clerk of the local Collaborative (secondary) or teacher in charge of the EMS (SEBN) (primary). All referrals will be entered onto a database. Referrals must be confidential, secure and password protected.

5.2 Referrals:

- must include a medical note or written advice from a medical professional setting out the needs of the pupil and where possible identify the duration of the medical needs for which the Local Authority may be required to provide tuition out of school. Parents /Carers are responsible for the payment of the medical note if charged by the medical professional;
- will usually be made by the school where the pupil is on roll but may come on behalf of the school from an officer of the Local Authority.

- 5.3 Referrals from parents/carers can in exceptional circumstances be made directly to the clerk of the local Collaborative or the teacher in charge at the EMS (SEBN) but in most cases the pupil's school should, in liaison with the parents/carers, have strategies in place to identify where a pupil may need education otherwise than at school because of medical needs.
- 5.4 Referrals may come directly to the clerk of the local Collaborative or to the teacher in charge at the EMS (SEBN) from a medical consultant, general practitioner or the Child and Adolescent Mental Health Service (CAMHS). Referrals of secondary pupils may require immediate action prior to the next collaborative panel meeting, but will always be confirmed at the next panel meeting.
- 5.5 The venue for tuition may be in the home, at one of the PRSs, EMS (SEBN), in an off-site venue or in a school, depending upon the needs of the pupil.
- 5.6 In all cases where tuition is provided in the home, a responsible adult must be present.
- 6.0 Hospital tuition
- 6.1 The planning of education provision should begin as soon as the school knows that a pupil is to be admitted to hospital.
- 6.2 All hospitals in North Yorkshire will have a named contact in the Local Authority, (Lead Adviser for Behaviour and Attendance) so that tuition can be made available for pupils in the local hospital, where appropriate, when pupils are admitted for more than 3 days.
- 6.3 Other hospitals in the region will have a named contact (Lead Adviser for Behaviour and Attendance) for planning continuity of education for a pupil who will continue to be unable to access education.
- 6.4 When pupils are admitted to hospital on a recurring basis every effort will be made to provide tuition from day one or as soon as appropriate.
- 6.5 For long and recurring admissions to hospital, schools should supply PRS /EMS(SEBN) hospital teachers with background information on the pupil and ensure that work is set at an appropriate level.
- 7.0 Monitoring of Attendance
- 7.1 Schools are responsible for the monitoring of attendance and liaising with parents/carers, where appropriate to improve attendance. A representative of the Prevent Service may attend local panels and may complete a referral on behalf of the pupil. However, a note from a medical practitioner will still be required where the absence is due to medical needs.
- 8.0 Pupils with Special Educational Needs (SEN)
- 8.1 In the case of pupils with a statement of SEN or an Education and Health Care Plan (EHCP), who have prolonged or frequent absences from school due to illness or other medical needs, the home school should inform the local Assessment and Reviewing Officer (ARO) and send a copy of the Collaborative/EMS referral form for their information. The ARO should be invited to planning and review meetings for pupils with a statement /EHCP who have recurring or long term medical needs.

8.2 Where the medical need is reflected in the pupil's statement of SEN or EHCP and they attend a special school, the school should consider including a reference to any Outreach Service they offer in their Access to Education Policy Statement.

8.3 A medical diagnosis does not necessarily imply that a pupil has a special educational need. Where a pupil has a long term illness or medical need which is associated with, or the cause of, a significant learning difficulty or disability which prevents them from accessing the educational facilities generally available to pupils of the same age in the schools in the Local Authority, the school should consider whether a referral for a EHCP may be appropriate. In doing so the school should consider the guidance as set out on the SEN Code of Practice 2014; the Local Authority's guidelines on Statutory Assessment and the delegated resources provided to the school for pupils with low need, high incidence SENs.

#### 9.0 Partnership with parents/carers and pupils

9.1 Parents hold key information and knowledge and have a crucial role to play. They should be full collaborative partners and be informed about their child's progress and performance.

9.2 The views of parents/carers and the pupil must be sought and taken account of when arranging tuition out of school or in the home and in monitoring and reviewing the provision being made.

9.3 Provision for interpretation, translation and communicators will be available where required.

9.4 Pupils must be provided with the opportunity to attend planning meetings or be involved in making decisions and exercising choice both prior to absence through medical needs, when known and in preparation for return to school.

9.5 If a pupil persistently refuses to access home tuition or attend group teaching sessions without valid medical reasons, provision may be temporarily suspended until a further planning meeting is held and medical advice sought. An officer in the Prevent Service should be invited to attend this meeting.

#### 10.0 Transport

10.1 On the basis of professional advice, it may be considered appropriate that a pupil works in a small group, after receiving 1:1 home tuition for a period of time, before integration back into school.

10.2 If so, it is likely tuition will be based at a PRS/EMS (SEBN) or other off-site provision made by a school. Transport will be provided by the Collaborative or EMS (SEBN) where necessary.

#### 11.0 Quality Assurance and Accountability

11.1 The named officers with responsibility for the provision of education for pupils who are unable to attend school because of medical needs, are the area Education Development Adviser (EDA) for Behaviour and Attendance (B&A) and the Lead Adviser for Behaviour and Attendance.

11.2 The EDA (B&A) will liaise closely with the Collaboratives, PRS and the EMS (SEBN) to ensure pupils' needs are met and outcomes are monitored and reported.

11.3 Teachers providing tuition will produce reports which will include details of learning objectives for the curriculum areas covered and outcomes; attendance records and a record of the liaison with other professionals, the school and parents /carers. These

reports will be shared with all relevant colleagues including, at an appropriate level, the pupil and the parents /carers.

- 11.4 The pupil will be encouraged and supported to participate in raising issues around progress and re-integration.
- 11.5 The Local Authority, through the Collaboratives or the PRS/EMS (SEBN), will monitor the progress and attainment of children educated otherwise than at school and the quality of the education provided.
- 11.6 Timescales for processing referrals and putting provision in place will be monitored and where necessary local improvement targets will be set.
- 11.7 Complaints will be dealt with under the Local Authority complaints procedure.

Appendix 1 – Referral flow chart

## Appendix A

<b>Access to Education For Children and Young People with Medical Needs Planning/Review Meeting</b>	
<b>Meeting at:</b>	<b>Date:</b>
<b>Name of pupil:</b>	<b>DOB:</b>
<b>Name parent(s) or carer(s)</b>	<b>Contact tel. no.</b>
<b>School:</b>	<b>Named contact</b>
<b>Present at the meeting</b>	
<b>Name</b>	<b>Position</b>

### Areas for discussion

Medical related issues

Tuition

Effective collaboration/liaison between professionals (especially in relation to attainments across the curriculum, schemes of work and resources )

Maintaining contact with school and friends

Reintegration to school

Other

**Priorities for ensuring continuity of educational provision**

**Views of parents/carers**

**Views of the pupil**

**Views of the school**

**Views of other professionals**

**ACTION PLAN**

(For each action please identify the planned outcome, who needs to be involved, what resources are required and by when the action should take place)

1.	
2.	
3.	
4.	
5.	
6.	

**Date and venue of next meeting:**

**Notes to be circulated to:**



## **Cliffe VC Primary School Policy**

Cliffe VC Primary has the responsibility to ensure that pupils who are absent from school with medical needs diagnosed by a medical officer, have the educational support they need to maintain their education. Good communication and co-operation between the school, home, medical professionals and the Local Authority are essential if good quality education is to be provided. The school's policy reflects the DfE's statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs' (January 2013 updated May 2013), 'Supporting pupils at school with medical conditions' (September 2014), the report from Ofsted published in November 2013 'Pupils missing out on education' and the North Yorkshire Policy Statement.

### **The key aims of the policy are:**

- To identify pupils' medical needs early and to ensure that prompt action is taken.
- To provide continuity of high quality education, so far as the medical condition or illness allows.
- To reduce the risk of lowering self-confidence and educational achievement
- To establish effective liaison and collaboration with all concerned in ensuring that pupils with medical needs have access to education.
- To ensure successful reintegration into school for pupils with long term or recurring illness or medical conditions.

### **Mrs S Hay, the Headteacher will:**

- Ensure that there is effective communication with other parties.
- Attend, or ensure attendance at planning meetings and reviews.
- Maintain, or ensure that communication is maintained generally between the pupil and the school, especially with regard to activities and social events that may enable the pupil to keep in touch with peers.
- Be responsible for monitoring and developing Individual Healthcare Plans
- Liaise with the SENCo as to whether to proceed with an Education and Health Care Plan
- Monitor attendance of all pupils with medical conditions and for absences of 15 working days or less, that are not part of a pattern of a recurring illness, liaise with the pupil's parents to provide homework as soon as the pupil is able to cope with it and ensure continuity of learning.
- Liaise with the Prevent Service regarding all pupils expected to be absent from school for 15 working days or more (including time in hospital) and make a referral as soon as possible to the local behaviour and attendance Collaborative (secondary) or teacher in charge of the local EMS (SEBN) (primary) for support in making educational provision for the pupil.
- Co-ordinate with the PRS/EMS (SEBN) the education provision from the first day of absence for pupils who have disrupted patterns of attendance due to recurring illness or chronic conditions.
- Ensure that where a referral is made, access to the planning and assessments in all national curriculum subjects which the pupil is studying is made available to PRS/EMS (SEBN) staff within 5 working days and work programmes on a termly basis where appropriate.
- Liaise with the designated home/medical teacher regarding the action plan as agreed at planning and review meeting.

- Make available to the PRS/EMS (SEBN) staff Individual Education Plans, Personal Education Plans, Individual Health Care Plans and Risk Assessments where appropriate.
- Supply PRS/EMS (SEBN) hospital teachers with background information on the child or young person and liaise to ensure that work set at an appropriate level for long and recurring admissions to hospital.
- Organise part-time attendance at school in combination with alternative provision if appropriate
- Monitor provision, progress and reintegration arrangements.
- Ensure that pupils who are not able to attend school because of medical needs have access to public examinations.
- Ensure that the views of pupils and parents/carers are taken into account
- Ensure that arrangements are in place to comply with procedures set out in the SEN Code of Practice (2014) where applicable.
- Promote equality of opportunity for pupils with medical needs having due regard for their duties under the Equality Act 2010.
- Keep the child on the school roll
- Review this policy annually

**Procedure to be followed when notification is received that a pupil has a medical condition** (Insert) See Annex in DfE Statutory Guidance 'Supporting pupils at school with medical conditions' (September 2014).

**Staff Training:** Summer 2015 including briefing for supply teachers

**The child's role in managing their own needs**

**Managing Medicines on School Premises and Record Keeping of Medicines administered** ( including cover arrangements in case of staff absence or staff turnover to ensure someone is always available)

**Risk assessments for School Visits, holidays and other school activities outside of the normal timetable**

**Emergency procedures**

**Unacceptable Practice**

**Liability and Indemnity Procedures and Complaints**

**Monitoring and reviewing arrangements by Headteacher and Governing Body**

**Roles and Responsibilities of all involved in school** (Insert) (This section should be completed with regard to the DfE Statutory Guidance 'Supporting pupils at school with medical conditions' (September 2014).

- **Governing Bodies**
- **Headteacher**
- **School Staff**
- **School Nurse**
- **Other Health Care professionals**
- **Pupils**
- **Parents**

**Date:**

**Headteacher .....**

**Chair of Governors .....**

### REFERRAL PROCESS

