



Ensuring a good education for children who cannot attend school because of medical/ health needs .

**Policy approved by Governors: Spring 2020
To be reviewed: Spring 2021**

Please note that for the purpose of this policy, the term 'medical condition' also refers to mental health conditions.

Context:

Schools and academies should be providing support for their pupils with medical needs under their statutory duties as defined in ' Supporting pupils with medical conditions at school' (DfE, 2014). It is only when the pupil's medical condition becomes too complex or the risks are too great to manage in school that this policy would then apply (see appendix 1).

Other related documents are The Equality Act (2010), the academies act (2010), Ofsted Common Inspection Framework (2019), 'Alternative Provision: Statutory Guidance for local authorities (2013) School and Early Years Finance Regulations (2012).

The law does not define full-time education but children with additional health needs should have provision which is equivalent to the education they would receive in school, "unless the pupil's health means that full time education would not be in his or her best interests" (DfE, 2013). If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated. Full time could also be made up in one or more settings.

Queenswood Primary may have to arrange part-time education as advised by health practitioners who are also working with the child. The part time education will be regularly reviewed, and a plan for increasing hours will be put in place where appropriate. Full and part-time education will still aim to achieve positive educational progress (particularly in English, Maths and Science) and improved social and emotional health.

Responsibility for alternative provision remains with our school. The nature of the intervention, the objectives, the expected outcomes and timeline to achieve the objectives should be made clear. Where reintegration to school is an objective, there should be an agreement on how to assess when the pupil is ready to return and the school should provide or commission a package of support to assist reintegration. Objectives and plans should be set out in writing and regularly monitored.

School should recognise any issues or barriers and hence a potential requirement for alternative provision as early as possible and carry out a thorough assessment of the pupil's needs. A personalised plan for intervention should be prepared by the school, setting clear objectives for improvement and attainment, timeframes, the monitoring of progress and a baseline of the current position from which to measure progress. Plans should also link to other relevant information, such as Education, Health and Care plans for children with SEND.

Our school will review the provision offered regularly, with the family and all professionals concerned, to ensure that it continues to be appropriate for the child and that it is providing suitable education.

Ensuring all children have a good education

We seek provide the same opportunities for children and young people with health needs as their peers, including a broad and balanced curriculum, which is of good quality (as defined in Alternative Provision: Statutory Guidance 2013). The education will be flexible and appropriate to pupils' health needs, and regularly reviewed to reflect their changing health status. It will prevent them from slipping behind their peers in school and allow them to reintegrate successfully back into school as soon as possible. It will allow them to take external qualifications if appropriate. All children who are supported will have an individual learning plan and clearly defined objectives.

Teaching staff will receive appropriate continuing professional development on curriculum and the impact of medical/mental health conditions on barriers to and engagement with education. The school will approach the Local Authority for advice on how best they can meet their pupil's needs as soon as it is clear that the child will be away from school for 15 days or more or is too unwell to access education at their home school/normal place of education. The 15 days can be consecutive or cumulative within a 12 month period.

Staff will liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child. Every effort will be made to minimise disruption to the child's education. Where there may be an initial delay in accessing specific medical evidence from a consultant, evidence from a GP may be used as part of an agreed assessment placement, provided that a referral to a specialist has also been

made. If a child has a long term or complex health issue, the school needs to ensure that the educational provision is regularly reviewed with medical professionals, parents/carers and HOE and amended as appropriate.

Where an absence is planned e.g. hospital admission or recurrent stay in hospital, educational provision should begin as soon as the child is well enough. We anticipate Teachers in the hospital settings will liaise with the child's home school and work with them to minimise any disruption to their education.

Children with long term health problems will not be required to provide continuing medical evidence. However regular liaison with health colleagues is important and the level of support required may be discussed with other multi-agency professionals as necessary. There is also an expectation that children and their parents/carers will cooperate fully with all medical advice and support offered and ensure they attend appointments.. Educational provision will be put in place as quickly as possible with a view to reintegration back into mainstream as soon as appropriate.

Working together – with parents/carers, children, health services and schools

Parents/carers have a key role to play in their child's education and can provide helpful information to ensure that the teaching approach is successful. Effective multi-agency collaboration is essential in devising appropriate personalised individual learning plans.

Our school will not remove pupils from our roll because of an additional health need without parental consent and certification from the school medical officer (Education (Pupil Registration) England Regulations 2006) and ensure we are meeting our statutory duty to provide suitable and appropriate education for pupils with medical needs.

Reintegration

The plans for the longer term outcome and the next steps in a pupil's education will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013).

Reintegration into school is always anticipated.

On return to school each child should have a individual healthcare plan which specifies the arrangements for the reintegration and may include extra support made available to help 'fill gaps' or provision of a 'safe place' if the child feels unwell. Advice from other medical professionals, including school nurses, can be helpful. For children with long term or complex health conditions, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. Children and their families are informed at the outset that the long term intention will be to support the child's reintegration to school. While most children will want to return to their previous school routine promptly, it is recognised that some will need gradual reintegration over a longer period.

Provision for education of children under compulsory school age

Education for children under or over the compulsory school age will be provided, with the same admission criteria.



Templates

Supporting pupils with medical conditions

May 2014

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Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Template A: individual healthcare 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

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs,

treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with

the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

Name of school/setting
 Name of child
 Date medicine provided by parent
 Group/class/form
 Quantity received
 Name and strength of medicine
 Expiry date
 Quantity returned
 Dose and frequency of medicine

Staff signature _____

Signature of parent _____

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

Date
 Time given
 Dose given
 Name of member of staff
 Staff initials

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template E: staff training record – administration of medicines

Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely



Department
for Education

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Appendix 1: Links to documentation referred to in this policy –

Department for Education (2013) *Ensuring a good education for children who cannot attend school because of health needs.* –

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

Department for Education (2014, update 2017) *Supporting children at school with medical conditions* - <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Also has the templates for use by schools and links to other resources.

Department of Education (2013) *Alternative provision*

<https://www.gov.uk/government/publications/alternative-provision>