



## MICKLEOVER PRIMARY SCHOOL

**Name of Policy:** Supporting Pupils with Health Needs

**Date of Policy:** Nov 2024

**Member of Staff responsible:** L Gerver

**Review date:** Nov 2026

**Signature:** \_\_\_\_\_ **Chair of Governors**

**Date Approved:** \_\_\_\_\_

### At Mickleover Primary School

**We are:**

**Motivated to learn**

**Proud of our achievements**

**Successful and skilled for life**



## Supporting Pupils with Medical Conditions

### REGARD TO DOCUMENTATION

At Mickleover Primary School, we will have due regard to the following documents:

- Department for Education's statutory guidance, 'Supporting pupils at school with medical conditions', April 2015 (This statutory guidance also refers to other specific laws.)
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Special Educational Needs Code of Practice
- Other school policies, such as Child Protection, Equal Opportunities, Behaviour, Administering Medicines, Intimate Care and Special Educational Needs.
- Derby City Local Authority's 'Policy for supporting the education for children and young people with health needs'
- DFE Working Together to Improve School Attendance (2024)

### INTRODUCTION

At Mickleover Primary School, children with medical conditions, in terms of both physical and mental health, will be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential and that they can access and enjoy the same opportunities at school as any other child. All pupils, regardless of their physical and mental state of health, are entitled to access a broad and balanced curriculum.

We recognise that pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them to manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. Mickleover Primary School recognises that each child's needs are individual.

We also recognise that needs may change over time, and that this may result in extended absence from school. The school will make every effort to minimise the impact on a child's educational attainment and support his or her emotional and general well-being, including any necessary re-integration programmes. The school will focus on giving pupils and their parents every confidence in the school's approach.

The school recognises that some children who require support with their medical conditions may also have special educational needs and may have an Education Healthcare Plan (EHCP). We will work together with other schools, health professionals, other support services, and the Local Authority. Sometimes it may be necessary for the school to work flexibly, and may, for example, involve a combination of attendance at school and alternative provision.

The admission to school is conducted by Derby City Council. No child with a medical condition will be denied admission on the grounds that arrangements for his or her medical condition have not been made. In line with the school's safeguarding duties, the school does not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.



## THE STATUTORY FRAMEWORK

Parents/carers have a duty, under section 7 of the Education Act 1996, to ensure that their child of compulsory school age (5 to 16) receives an efficient full-time education either by attendance at school or otherwise, and so share in the responsibility of ensuring good and regular attendance.

Current statutory guidance for local authorities on supporting pupils with health needs is provided in 'Arranging education for children who cannot attend school because of health needs' (December 2023). This guidance includes detailed advice to local authorities and related services and sets out 'minimum national standards for the education of pupils unable to attend school because of medical needs'. The roles of all parties, including those of the local authority and school, are outlined in the guidance. The guidance requires local authorities to publish a policy detailing the standards, procedures and responsibilities for providing education to those pupils unable to attend school due to medical or health needs.

On 1 September 2015 a statutory duty came into force requiring the Governing Boards of schools and settings to make arrangements to support pupils at school with medical conditions. The aim is to ensure that all children with medical conditions whether physical or mental are properly supported so that they can play a full and active role in school life and can achieve their academic potential. Statutory guidance for schools in relation to these issues is contained within 'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'.

The 'Summary of responsibilities of where a mental health problem is affecting attendance' (DfE guidance) February 2023 identifies that schools need to communicate with parents/ carers about the expectation for children to attend school regularly even where there might be anxieties about attending. Schools are expected to work quickly to communicate this expectation to parents/ carers, and to work together with them to ensure that such circumstances do not act as a barrier to regular attendance. Any associated anxiety about attending should be mitigated as much as possible by creating a plan to implement reasonable adjustments to alleviate specific barriers to attendance. These adjustments should be agreed by and regularly reviewed with all parties, including parents/carers. Any actions taken to support attendance are referred to as "reasonable adjustments". In developing a plan to support attendance through reasonable adjustments, school staff will need to consider the individual circumstances of the child, being mindful of safeguarding responsibilities as set out in the Keeping Children Safe in Education September 2023 guidance.

The DfE's September 2023 guidance states that there is no need to routinely ask for medical evidence to support recording an absence as authorised for mental health reasons. In instances of long-term or repeated absences for the same reason, however, seeking medical evidence may be appropriate to assist in assessing whether the child requires additional support to help them to attend more regularly, and whether the illness is likely to prevent the child from attending for extended periods. If a parent proactively seeks out a note from a GP, it does not imply a need for absence unless this is explicit in their letter.

It is useful to note the following:

*"All pupils of compulsory school age are entitled to a full-time education. In very exceptional circumstances there may be a need for a temporary part-time timetable to meet a pupil's individual needs. For example, where a medical condition prevents a pupil from attending full-time education and a part-time timetable is considered as part of a reintegration package. A part-time timetable must not be treated as a long term solution. Any pastoral support programme or other agreement*



*must have a time limit by which point the pupil is expected to attend full-time or be provided with alternative provision.” DfE Working Together to Improve School Attendance.*

## **POLICY IMPLEMENTATION**

There is a shared responsibility between the local authority, schools and partner agencies to successfully implement this policy. It is centred on high quality integrated service provision to promote better outcomes for potentially vulnerable children and young people. This policy aims to:

- Give guidance around responsibilities
- Ensure learners are valued and taught appropriately
- Ensure minimal disruption to learning for pupils involved
- Ensure the delivery of an effective education
- Support the successful reintegration of pupils into mainstream provision at the earliest opportunity

The Headteacher will ensure that sufficient staff are suitably trained and all relevant staff will be made aware of the child's condition. Cover arrangements will be put in place to cover for staff absence, to ensure that someone is always available. Risk assessments will be put in place for educational visits, and other school activities outside the normal timetable, and individual healthcare plans, where in place, will be monitored frequently.

School is aware that some children with medical conditions may be disabled under the definition set out in the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

## **PROCEDURE TO BE FOLLOWED WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION**

The school, in consultation with all relevant stakeholders including parents, will:

- Ensure that arrangements are put into place to cover transition from another setting, upon being notified that a child is coming into school with a medical condition. These may vary from child to child, according to existing Health Care Plans.
- Ensure that arrangements are implemented following reintegration into the school or when the needs of a child change.
- Put arrangements into place in time for the start of the new school term.
- In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are in place within two weeks.
- Provide support to pupils where it is judged by professionals that there is likely to be a medical condition. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put into place.
- Any staff training needs are identified and met.



## **INDIVIDUAL HEALTHCARE PLANS**

The Headteacher in liaison with the Office Manager, will be responsible for developing Individual Healthcare Plans. Their purpose is to ensure that 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 they are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professionals and parents should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

The healthcare plan is a confidential document. The level of detail within will depend on the complexity of the child's condition and the degree of support needed. Where a child has a special educational need, but does not have a statement or Education Healthcare Plan, their special educational needs will be mentioned in their individual healthcare plan.

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care for the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. specialist or community nurse. Wherever possible, the child will also be involved in the process. The aim is to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Responsibility for ensuring the plan is finalised rests with the school.

The individual healthcare plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans are devised with the child's best interests in mind, ensuring that an assessment of risk to the child's education, health and social well-being is managed minimising disruption. Reviews will be linked to any education healthcare plan the child may have.

## **THE INFORMATION TO BE RECORDED**

When deciding on the information to be recorded on individual healthcare plans, the following will be considered:

- 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, 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 child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide the support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child'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 child's condition and the support required.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, 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 child can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent or child, the designated individuals to be entrusted with information about the child's condition
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the development of their individual healthcare plan.

## **ROLES AND RESPONSIBILITIES**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The school will work collaboratively; both with staff within the organisation and with outside agencies, as the circumstances of each child dictate.

### **Governing Body**

The Governing Body should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for children medical conditions. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well promoting children's confidence and self-care. They should ensure that staff are properly trained to provide the support that pupils need and receive effective clinical oversight:

- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- Governing bodies should ensure that schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.
- Governing bodies should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Governing bodies should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed.

### **Headteacher**

The Headteacher will:

- Ensure that the Supporting Pupils with **Health Needs** Policy is developed and effectively implemented with partners, including all staff are aware of the policy and that they understand their role in implementing the policy.
- Ensure that all staff who need to know are aware of a child's condition.
- Ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all the individual healthcare plans, including in contingency and emergency situations.
- Have overall responsibility for the development of individual healthcare plans.
- Ensure that all staff are appropriately insured to support pupils in this way.



- Liaise with the school nurse or appropriate medical practitioner in respect of a child who has a medical condition, including in cases where the situation has not yet been brought to the attention of the school nursing service.

### **School Staff**

Any member of the school staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teachers' professional duties, they should take into account the needs of pupils with medical conditions they teach.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **Pupils**

Pupils with medical conditions may be best placed to provide information about how their condition affects them. They should be involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their individual healthcare plan. Other children will often be sensitive to the needs of those with medical conditions.

### **Parents**

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. At Mickleover Primary School, parents are seen as key partners and they will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. Parents should carry out the 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.

## **STAFF TRAINING AND SUPPORT**

Training needs for staff will be assessed by looking at the current and anticipated needs of pupils already on the roll. It may be possible to determine training needs by early information relating to a child about to be admitted to the school. All members of staff providing support to a child with medical needs will have been trained beforehand. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The type of training, and frequency of refresher training, will be determined by the actual medical condition that a child may have and this will be supported by the Governing Body. Some training may be arranged by the school, and other types may make use of the skills and knowledge provided by the school nurse service, or specialist nurse services, among others. In some cases, the healthcare professional may be able to advise on easily accessible training such as on the Jext website. Other training may involve on-site or off-site provision. Parents will be asked to supply specific advice and then this will be reinforced with healthcare professional advice.

All staff will be made aware of the specific needs of each child with a medical condition and will be competent and confident enough to deliver the support.

It must be noted that a First Aid certificate alone will not suffice for training to support children with medical conditions.



The Supporting Pupils with Health Needs Policy will be subject to whole staff consultation as part of the draft, and subsequent reviews. All members of staff will be informed of it and it will be included in the induction arrangements for new staff to the school.

## **THE CHILD'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS**

At Mickleover Primary School, the children who require medication or other procedures will be supervised in administering them or receive them from a relevant member of staff. If a child refuses to take medicine or carry out a medical procedure, staff will not force him or her to do so, but follow the procedure agreed in the individual healthcare plan. Parents will be informed so that alternative options can be considered.

## **MANAGING MEDICINES ON SCHOOL PREMISES**

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken before or after school. Where this is not possible, the following will apply:

- Medicines will only be administered at school when it would be detrimental to a child's health not to do so.
- No child will be given prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- Non- prescription medicines will only be administered for pupils with an Individual Health Care Plan and parental written consent.
- Non-prescription medicines will be administered by parents, should they be needed during the school day. For the administering of non-prescription medicines during an educational visit, parents should provide written consent.
- No child will be given a medicine containing aspirin unless it has been prescribed by a doctor. Parents will be required to give their written consent.
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or pump, rather than its original container.
- Medicines will be stored safely. This may be in the office or in a fridge in the staff room. Some medicines may be stored in the classroom. On educational visits, medicines will also be available and they will be looked after by a relevant member of staff. If a controlled drug has been prescribed, it will be kept securely and stored in a non-portable container. Named staff only will have access to such medication so that it can be administered to the specific child. The school will keep a record of doses administered, stating what and how much was administered, when and by whom. Any side effects of the medication to be administered will be noted.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal.

Written records will be kept of all medicines administered to children and parents will be informed if their child has been unwell at school.

## **EMERGENCY PROCEDURES**

A child's individual healthcare plan will clearly define what constitutes an emergency and the action to be taken, including ensuring that all relevant staff are aware of emergency symptoms and





procedures. It may be necessary to inform other pupils in general terms so that they can inform a member of staff immediately if they think help is needed.

If a child is taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Accurate information about the child will be provided to the emergency services at the call out stage, during any first response stage, or subsequent moving on to hospital.

### **EDUCATIONAL VISITS AND SPORTING ACTIVITIES**

The school will consider how a child's medical condition will impact on their participation. We will encourage all children to participate according to their ability and make any necessary reasonable adjustments, unless evidence from a clinician, such as a GP, states that this is not possible.

The school will consider what reasonable adjustments may need to be made after carrying out a risk assessment so that planning arrangements take account of any steps needed to ensure that children with medical conditions are included. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

### **UNACCEPTABLE PRACTICE**

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children 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 prescribed medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits e.g. by requiring parents to accompany the child.

### **LIABILITY AND INDEMNITY**

The Governing Body at Mickleover Primary School ensures that appropriate insurance is in place and that it reflects the level of risk. The insurance covers staff providing support to pupils with medical conditions. From time to time, the school may need to review the level of cover for health care procedures and any associated related training requirements.



## PROVISION FOR PUPILS WITH HEALTH NEEDS/MEDICAL CONDITIONS IN DERBY

Pupils may not be well enough to attend school as a result of:

- Physical illness
- Physical injuries
- Recovery from hospitalisation or treatments
- Mental health, including anxiety issues
- Emotional difficulties or school refusal
- Terminal illnesses

Where pupils have complex and/or long-term health conditions and do not meet the criteria for an education, health and care plan, support for schools and for young people to manage their health conditions can be accessed via school nurses, children's community nursing team and specialist clinical teams. If a request is for support for funding aligned to medical needs, this should have been described through advice and guidance from the NHS clinician who is supporting the child (for example a Children's Community Nurse). Dependant on the level of need, and if required, that clinician should be aware of the process for assessment and referral to the school based services already in place in the local area. If needs are beyond what can be supported by existing services the NHS clinician should be aware of the process to contact the NHS CYP Commissioners to consider next steps. This process is new and the NHS CYP commissioners can be contacted via: [ddicb.childrenscommissioning@nhs.net](mailto:ddicb.childrenscommissioning@nhs.net)

It is expected that school will make arrangements for most children who are not well enough to attend school full-time by providing individualised arrangements in line with the statutory guidance for schools. This could include, for example, online provision, tuition in the home (from school staff or suitable agency staff) and/or support to attend school in line with their health needs.

There is a need for expectations to be proportionate in relation to engagement in education:

- there will be cases where children are not well enough to engage in any education due to their ill health and authorised absence (I code) will be appropriate.
- In some cases, children will be well enough to attend school part-time or via a blended learning programme, in line with medical advice but without the need for additional education to be provided outside of school (children will be C2 coded)

Pupils remain on roll at school, with overall responsibility for their education retained by the school. School will not remove a pupil from the school roll, even during a long period of ill health, unless an appropriately qualified medical professional certifies that s/he will be unlikely to be well enough to attend their mainstream school before ceasing to be of compulsory school age. Pupils remain on school roll unless another permanent arrangement is agreed and put in place through an EHC Plan or otherwise.

In some cases, children might not be able to attend school due to their emotional wellbeing and mental health. According to research, the percentage of children and young people who are not able to attend school or have extreme difficulties attending school due to emotional factors, is between approximately 1% and 5% of the school population, with slightly higher prevalence amongst secondary school students (Elliot, 1999; Guilliford & Miller, 2015). When



children and young people are experiencing anxieties or emotional difficulties that are preventing them from attending school, this is referred to as Emotionally Based School Non Attendance (EBSNA).

School has a responsibility to make reasonable adjustments to support children and young people experiencing EBSNA to ensure full access to a suitable education within school. Derby City Council is committed to supporting schools to identify EBSNA and to put support in place for children and young people experiencing EBSNA, based on the most recent research into effective practice. An EBSNA pathway has been created which includes a Good practice Guidance document, Graduated Approach and Toolkits to support schools and families in their understanding of EBSNA. (<https://derbydirection.org.uk/ebnsa-resources/>) These resources provide a bank of evidence-informed strategies and resources to put into practice in school and at home. In cases where the EBSNA is deeply entrenched and after significant steps have been taken for the school to engage a child or young person, they are still not able to attend school, Derby City Council will support the arrangement of a suitable education through other means.

School will consider providing remote education to help pupils stay on track with the education they would normally receive. Any remote education will only be considered if the pupil is well enough and able to learn and should be given in line with the guidance providing remote education.

Any part-time timetable arrangements should be designed with the specific barrier to attendance in mind, have a time limit by which point the pupil is expected to attend full-time, (either at school or at an alternative provision setting), and have formal arrangements in place for regularly reviewing the timetable with the pupil and their parents/carers. The 2024 DfE Attendance Guidance points to a range of effective practice examples demonstrating how the utilisation of a temporary part-time timetable can help to improve attendance over time for pupils with health needs. In agreeing to a part-time timetable, the school, parents/carers and pupil have agreed to the pupil being absent from school for part of the week or day, and therefore must treat absence as “absence with leave” (a type of authorised absence). In all cases, the school remains responsible for safeguarding and the quality assurance of education provided. School should utilise the notional budget and pupil premium to ensure that wherever possible pupils re-engage in mainstream education. For more information, see the Derby City Part-time Timetables protocol.

School will inform the local authority, through the allocated Education Welfare Officer, where pupils are likely to miss more than 15 days due to their health needs. School will work with the family to provide educational provision whilst determining with the local authority whether additional interventions including alternative provision should be provided under section 19 of the Education Act 1996, as outlined in statutory guidance. The EBSNA pathway will identify strategies and interventions to support the pupil in school. These interventions must be evidenced before a referral is made to the Health Needs Education Panel is made. School should discuss children with their assigned EWO in line with [Working together to improve school attendance \(August 2024\) \(publishing.service.gov.uk\)](#). Local authorities must look at the evidence for each individual case, even when there is no medical evidence, and make their own



decision about alternative education. To meet this principle the Derby City multi-agency Health Needs Education Panel reviews all submissions for alternative provision based on health needs. In all cases school will need to demonstrate the steps they have taken to ensure a child or young person receives a full time or appropriate education and/or relevant specialist or targeted interventions to support improved engagement and attendance.

If school staff identify that anxiety about attending is being driven by another medical need, then school will work with the relevant health professionals and parents/carers to review the support and consider putting in place or updating an Individual Healthcare plan.

Where support offered is not engaged with, or where all other options have been exhausted or deemed inappropriate, school will work with the Education Welfare Service to consider whether to formalise support or to enforce attendance through legal intervention in the usual way under the existing powers.

Pupils who meet the local authority's duty to provide education may usually fall within one of the following categories:

- children with an illness/diagnosis which indicates a minimum 15- day period at home because of illness
- children whose illness necessitates recurrent hospital admissions and subsequent home stays (for a minimum of 15 days)
- children who are unable to attend mainstream school (for a minimum of 15 days) due to mental health reasons, where early interventions and support have been provided by the school and where the referral is supported by medical professionals.
- where children require assistance or support to manage their medical condition and / or support them in activities of daily living due to their level of development or due to the restrictions of their disability, but where this is not yet arranged e.g. where staff are waiting for training which is necessary before the child can safely attend school.

Where a pupil falls into one or more of the above categories a Health Need Education Panel referral form should be completed.

### **HEALTH NEEDS EDUCATION PANEL**

Requests for support from the local authority will be made via the Health Needs Education Panel referral form by the school. Coordination of the panel is undertaken by In Year Fair Access (IYFA), and the panel will meet every three weeks during term time (twice every half term).

The panel will review the referral and consider what package of support will need to be put into place that is above that already provided through the healthcare plan and/or interventions and support already provided by the school. These packages will be time limited. Where the panel has advised education, other than at school, including alternative provision, these will be reviewed half termly by the home school, Castle School and IYFA, to ensure that young people are moving back into mainstream provision. This support will not be a replacement for elective home education



There may be occasions where the evidence presented at referral stage is deemed to be sufficient to trigger an education, health and care assessment. The home school must refer to the decision-making panel for education, health and care assessments. The panel will consider the interim arrangement support package whilst the assessment is underway. However, this is not a confirmation that the assessment will result in an education, health, and care plan.

The panel will be chaired by a manager from the In Year Fair Access Team and members will include

- School (where child is on roll)
- Educational Psychology Service
- Education Welfare Service
- Health (specialist community advisor)
- Health (Compass changing lives)
- Health Public health nursing
- Social Care
- SEND
- RESPECT collaboration of schools

Where already involved, other key professionals who are involved in supporting the child eg Virtual School, Specialist Education Office, Social Worker or NCAT

## **PROVISION AND SUPPORT AVAILABLE FROM DERBY CITY COUNCIL**

### **Royal Derby Children's Hospital**

Educational provision for pupils who are resident on one of the children's wards is commissioned by the local authority and delivered by Castle School. This work is led by a member of staff with responsibility for coordinating the pupil's education in collaboration with their home school.

Pupils who are registered on one of the children's wards, are on the roll of Castle School. They also remain on the roll of their home school (i.e., under a dual registration arrangement). The coding arrangements are as per the DfE School Attendance Guidance. Any concerns regarding irregular attendance should be reported to the home school who remain responsible for monitoring the child's attendance with Respect Collaboration of Schools. The aim will be for the child to return to their main school when it is appropriate for them to do so.

In all cases, where evidence confirms that a child's medical or health needs warrants education provision out of school or out of hospital, provision will continue until the child has recovered sufficiently to return to his/her home school. This will need approval via the Health Needs Education Panel with provision through the Health Needs PRU (Castle School) remote education programme.

### **Provision by Castle School – RESPECT Collaboration of Schools**

The Health Needs Education Panel will determine if a referral to Castle School is appropriate in respect of alternative provision, tuition and meeting the wider support needs of each child. The purpose of this will be to ensure that each child is receiving the support they need to enhance their recovery and to enable them to return to school as quickly as possible.



Referrals for provision at Castle School are sent to [IYFA@derby.gov.uk](mailto:IYFA@derby.gov.uk) using the Health Needs Education Panel referral form, along with appropriate medical evidence which supports the need for alternative provision.

Castle School provides education for pupils with:

- Emotional wellbeing and mental health needs requiring short term placements based on dual registration
- Pupils who require exceptional admissions including step down from a Tier 4 or emergency medical stay.
- Those that have a diagnosed medical or health condition preventing attendance in school.

Admissions to Castle School should be mainly on a short stay basis and therefore pupils are in the main, dual registered. The Health Needs Education Panel will review all pupils placed at Castle School on a half termly basis to ensure that transitional arrangements are in place for a young person to either move onto a new school or return to the home school.

Pupils will be educated through the following arrangements in accordance with the needs of the pupil and arrangements with parents/carers and mainstream school,

- home learning (1-1) or remote learning (non- digital or digital)
- on site at Castle School for KS3-KS4
- blended learning – a mixture of onsite and home or remote learning

The Health Needs Education Panel will make the final recommendation in liaison with Castle School regarding the education arrangements for a pupil accessing alternative provision.

Where school refer a pupil with SEND, the school will need to satisfy how the elements of the EHCP are being met with funding transferred where appropriate (this will be arranged through the review process). Where there is dual registration Respect Collaboration of Schools (Castle School) will recoup the basic entitlement funding (AWPU) from schools for pupils placed at the point of dual registration.

Occasionally an alternative to Castle School may be deemed more appropriate. The Health Needs Education Panel will consider placements options. In all cases pupils will be dual registered under joint funding arrangements. Once a pupil is accepted for support by Castle School, the school and professionals involved with the pupil must provide all necessary information requested and follow the support plan agreed with Castle School.

## COMPLAINTS

Parents who are dissatisfied with the support provided should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they make a formal complaint via the school's complaints procedure.

## OTHER ISSUES FOR CONSIDERATION

The school has a number of trained First Aiders amongst the staff. School has been sent a defibrillator as part of a government scheme. The defibrillator is designed to be used by anyone, not just trained first aiders. 'How to use the defibrillator' posters are in all first aid areas around school. The defibrillator is mounted outside the main office along with a copy of the 'how to' poster. When



being used, it will 'talk' staff through the steps of using it. A video clip on how to use the defibrillator has been watched by all staff.