



## **ACCESS TO EDUCATION FOR SCHOOL AGE CHILDREN AND YOUNG PEOPLE WITH MEDICAL NEEDS POLICY**

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**‘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.’ (DfE2014)**

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## Our Ambition

The STAR Multi Academy Trust, in partnership with North Yorkshire County Council's (NYCC) mission is to ensure that a child or young person's medical need does not become a barrier to their educational success, by providing a timely package of provision tailored to meet the needs of this vulnerable population. School local governing bodies, school leaders, health and social care professionals work with children and their parents and carers to ensure that the needs of children with medical needs are properly understood and effectively supported. Schools take a key role in supporting children with medical needs and, wherever possible, making reasonable adjustments so they can remain in their local school.

The STAR Multi Academy Trust is aware that, in addition to the educational impacts, there are social and emotional implications associated with medical needs. It is important that schools receive and fully consider advice from healthcare professionals and listen and value the views of parents and pupils/students. Individual health care plans (IHCP) are the key element and can be implemented by schools to support learning.

## Principles

The STAR Multi Academy Trust, alongside NYCC has a commitment to ensuring that the principles set out in this policy underpin those outlined in the NYCC strategic plan for SEND:

Strategic Plan Principles		
An inclusive culture and ethos	Joint commitment and accountability to children and young people	Right support, right time, right place

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

## About this policy

The STAR Multi Academy Trust and its schools through this guidance, seeks to ensure that children, wherever possible, can continue to be educated in their own school, and that all partners understand their roles and responsibilities to ensure access to a good education for children of compulsory school age.

This policy is based on the expectation that local governing bodies will have regard to their responsibilities as set out in "Supporting pupils at school with medical conditions" (DfE, August

2017) and “It should ensure that such children can access and enjoy the same opportunities at school as any other child.”, (DfE, December 2015).

Who is this Policy for?

This Policy applies to:

- Governing bodies of maintained schools and management committees of PRS (excluding maintained nursery schools);
- Proprietors of academies, including alternative provision academies (but not 16 – 19 academies).

This Policy is also provided to assist and guide:

- The Local Authority;
- Clinical commissioning groups (CCGs), NHS England, and health service providers; · Anyone who has an interest in promoting the wellbeing and academic attainment of children with medical needs, including alternative provision, e.g. independent schools, parent/carers and pupils.

This Policy relates to pupils/students of statutory school age with medical needs, both mental and physical. Pupils/students with a wide range of medical needs may need support, but it is anticipated that in the vast majority of cases support will be provided by the school with the support of other professionals. In some cases, for pupils/students with severe or long term needs, support may be needed beyond that which a school would be reasonably expected to provide.

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

Some children will have a disability and a medical need. For example, they may have the disability of autism and also be impacted by mental health issues, such as anxiety. These children are also protected by this legislation:

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

## **Core Duties**

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

\*The guidance does not apply to maintained nursery schools, 16-19 academies and independent schools.

The guidance places a statutory duty on governing bodies of maintained schools, academies and pupil referral units to make arrangements at school to support pupils/students with medical conditions. A child’s mental and physical health should be properly supported in school, so that the pupil/student can play a full and active role in school life, remain healthy and achieve their academic potential.

The Department for Education has issued Statutory Guidance and Departmental Advice (best practice) on “[Supporting pupils at school with medical conditions](#)”. The governing body of a maintained school, proprietor of an academy and management committee of a pupil referral unit must have regard to the Statutory Guidance in this document. This means that they must follow it

unless there is a good reason not to.

A duty is placed on governing bodies to make arrangements for pupils/students who cannot access school as a result of their medical needs. This should be outlined in an accessible, regularly reviewed policy. In doing so, it should ensure that such children can access and enjoy the same opportunities at school as any other child. The focus of the arrangements should be on the needs of each individual child and the impact of the medical condition on school life. The outcome should be that parents and pupils/students have confidence in the school's ability to provide effective support. Parents have a key role in ensuring that children attend school and this responsibility underpins this policy.

School non-attendance can be significantly affected by medical needs. Where schools are minded to request the attendance legal process, they should have in place an Individual Health Care Plan (IHCP) where there are medical needs. These needs may have been referenced in early school-based attendance or other meetings. This IHCP should be shared with the LA at the point of requesting a legal attendance meeting. A standard template letter from a medical clinician. Further information regarding school non-attendance can be found at:

<https://www.northyorks.gov.uk/truancy>

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

- A personalised timetable that reflects the child's health capabilities
- Access to additional support in school both in class and/or catch up sessions
- Access to IT curriculum to access from home
- Movement of lessons to more accessible classrooms
- A place to rest at school
- Special exam arrangements to manage anxiety or fatigue

Where a child is supported by other agencies, there is a need to collaborate and ensure that any Individual Health Care Plan (IHCP) sets out the support needed so that the pupil/student can learn effectively. The governing body needs to ensure that the school is being proactive in identifying what other services are involved and liaising with them as appropriate.

The schools should set out in detail how the statutory guidance is implemented, **including a named person who has overall responsibility, (please see separate document on schools' websites)**. The policy should clearly identify:

- The procedures to be followed whenever a school is notified that a pupil/student has a medical need
- The roles and responsibilities of staff in the development of individual health care plans (IHCP) and what should be recorded on them. A model IHCP is provided in Appendix 1.

The DfE's 2015 statutory guidance sets out the most important roles and responsibilities and expectations for staff training among other key elements to be included in the policy. The school's duties for supporting pupils/students with medical and physical health needs are:

- To provide access to a full curriculum and teaching hours, unless there are extenuating circumstances why this cannot be achieved
- Reasonable adjustments may include:
  - Flexible timetable arrangements that may include a later start time or a shorter school day
  - Separate study / recreational areas
  - After school provision with a curriculum specialist

- Specialist equipment e.g. height adjustable tables
- Staff to have appropriate training to meet the child's medical needs

For example:

- Moving & Handling to meet toileting needs
- Mental health awareness, access to bespoke training programmes that can be delivered in school setting i.e. CBT, counselling etc

The school's role is to:

- Inform the Local Authority if the child is likely to be away from school for more than 15 school days and make a request to Inclusive Education
- Inform the Local Authority of the child's needs, capabilities and the programmes of study
- Inform the Local Authority how the school has been meeting the educational need for the first 15 days
- Have a support package in place to enable the child to reintegrate upon return and to keep in touch through regular review meetings
- Ensure the child is kept informed about school events and clubs
- Ensure that links with peers are maintained during absence

In respect of implementation, the schools should detail as their level:

- Who is responsible for ensuring that sufficient staff are suitably trained
- A commitment that all relevant staff will be made aware of the child's medical needs
- Understanding of confidentiality in respect to some medical needs
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available
- Comprehensive briefing for new and supply teachers
- Ensure there are risk assessments in place for home visits and school activities outside the normal timetable (including lone working arrangements, see Appendix 2 for model policy)
- An explanation as to how the policy operates in relation to the school's attendance policy/monitoring of individual healthcare plans

Procedures should also be in place to support any transitional arrangements where a pupil/student would benefit by a change of school placement. The receiving school should ensure there are arrangements in place for staff training and supported integration. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are in place within two weeks.

During transition a key person from the new setting should meet with the child and their family. The local governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. The plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks in terms of the child's education, health and social wellbeing.

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

The format of individual health care plans can vary to enable schools to choose whichever is the

most effective for the specific needs of each pupil and the school. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should capture the key information and actions that are required to support the child effectively. Where a child has special educational needs, but does not have an EHC Plan, their special educational needs should be mentioned in their individual health care plan. A model IHCP is provided in Appendix 1.

Governing bodies must ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medication. After discussion with parents and children who are competent, they should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual health care plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Governing bodies should also ensure that the school's policy is clear about the procedures to be followed for managing medicines. Reference should be made to the DfE Guidance on managing medicines in schools: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

The local authority will only make available additional support and access to alternative tuition arrangements to schools, if it is confident and satisfied that governing bodies can demonstrate clearly that they have complied with the statutory guidance as part of determining what provision should be requested and that all reasonable adaptations have been put in place to ensure that the child attends school. The onus will be on the governing body to provide this evidence

### **The core duties of the local authority**

The local authority should have a named officer responsible for the education of children with additional health needs and parents should know who this named person is. There should be an up-to-date policy in place which is reviewed regularly. NYCC's named person has the role of Lead Medical Officer.

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

The local authority expects schools to support pupils/students with medical needs to attend full-time education wherever possible or for schools to make reasonable adjustments to pupils'/students' programmes where medical evidence supports the need for those adjustments. The local authority would expect the school to generally continue to make these arrangements under its Individual Health Care Plans (IHCP) with homework or other support (TA/HLTA) as a short term measure. This arrangement will ensure that the pupil/student can continue to obtain the required support linked to the IHCP promptly, from the organisation that best understands their educational needs.

This policy promotes the positive support of the home school in supporting pupils/students wherever practical, before referring to the local authority's alternative provision.

The local authority has a duty to work with schools to be ready to make arrangements when it is clear that a child will be away from school for 15 days or more because of health needs. Where

pupils/students would not receive a suitable education in a mainstream school because of their severe or long term health needs, the local authority has a duty to make other arrangements. The local authority provides education for children and young people who are unable to attend their home school, despite extensive adaptations being put in place by the school to support the child.

### **Key Responsibilities of the Health Services**

Providers of health services are required by the statutory guidance to cooperate with schools that are supporting children with a medical condition and this may include liaison, information, outreach or training. Those commissioning services need to be responsive to children's medical needs in order for compliance with statutory duties (S100 Children Act 2014) so that pupils'/students' medical needs can be met in school. The requirement is for health personnel to set out the specific medical needs and provide advice about how schools can support the pupil. General advice should be provided, based on the identified needs, to enable the local authority to determine the appropriate provision. This may include recommended core services, provision commissioned by the health service only or services to be commissioned by the school or Local Authority.

Every school has access to Healthy Child services. Other health care professionals including GPs and paediatricians are required by the statutory guidance to inform the Health Child Practitioner when a pupil/student has medical needs that will require support through specific health care plans and interventions. They may also be able to provide training or advice in shaping an individual health care plan and in implementing it, or to signpost schools to where they can access training and advice. They will also play a key role in liaison with clinicians regarding the appropriate support for planning.

It is the responsibility of the home school to make a referral to the Medical Education Service (MES). Where a pupil/student is absent from school and parent/carer indicate that absence is persistently because of medical reasons, the school will (if the absence appears to raise concerns) ask parents for permission to contact health professionals for further information as part of their procedures for securing good attendance and planning.

Where parents refuse permission, the school should note the decision and inform parents of the risks in relation to safeguarding their child.

*School nursing provision will continue where a school currently receives school nursing service if it changes to academy status. School academies will be required to commission their own school nursing provision. A signposting and advice service is available for post 16 institutions.*

Counselling services in North Yorkshire are commissioned:

Compass REACH is a nurse-led service that delivers evidence-based psychosocial interventions to children and young people aged 9 – 19 (and up to 25 for those with special educational needs or disabilities) who live in North Yorkshire. The service also works with children and young people who may benefit from receiving early help and prevention work in relation to emotional wellbeing and mental health issues. Where a pupil/student is unable to attend school, the key health specialists involved will be requested to provide information relating to the nature of the child's medical condition and specific advice around managing their health needs.

Health Services should also:

- Work closely with the home school, EOTAS staff, social care, the child or young person and



their parents to ensure that the medical needs and the appropriate educational responses required are fully understood and clarified in any referral

- Attend meetings or keep school/EOTAS updated on present likely impact on the child's health condition so adaptations can be made
- Aim to provide intervention and advice that secures a personalised approach in the individual health care plan
- Provide information that identifies the needs and the level of education (e.g. hours or days) that the child can manage given medical needs, and must review this regularly
- Where mental health needs are complex, professionals will ensure that the local authority representatives will have the advice and support necessary to determine both eligibility and access to effective provision quickly In such situations responsibility for liaison with the relevant partners will be clarified
- Respond to request for advice in the management of young people to ensure that the local authority is able to make effective responsive provision promptly
- Provide counselling to help support children who are reintegrating into school (even if mental illness is not their medical need) because these children are emotionally vulnerable

### **The local offer for children and young people with medical needs**

Local Offer

<https://www.northyorks.gov.uk/children-and-families/send-local-offer>

### **Appendices**

Appendix 1: Model Individual Health Care Plans (IHCP)

Appendix 2: Medical Education Service (MES) Information & Pathway

Appendix 3: Medical Education Service (MES) Request Form

**(Appendix 2 and 3 can be accessed via the link [here](#).)**

Appendix 1: Model Individual Health Care Plan (IHCP)

**Individual Health Care Plan**

<b>Name</b>		
<b>DOB</b>		
<b>Address</b>		
<b>Telephone number</b>		
<b>Medical Condition</b>		
<b>Known Allergies</b>		
<b>Indicate Identified needs</b>	Emergency Care	
	Medication	
	Medical procedures	
	Intimate personal care (including continence )	

	Staff Training	
	Managing education during medical absences	
	Home to school transport	
<b>Named person responsible for Health Care Plan</b>		
<b>Role of named person</b>		

<b>Address of provision</b>	
<b>Telephone number</b>	

**In an emergency:**

<b>What to watch out for</b>	<b>What to do</b>
Increased pain in the back and shoulders (high)	
Increased pain in back and shoulders (low)	

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Contact Details	Name	Address	Telephone
Emergency			
Parent 1			
Parent 2			
Main Provision			
Other Provision			

<b>Health Professionals</b> <ul style="list-style-type: none"> <li>● GP</li> <li>● Consultant</li> <li>● Specialist nurse</li> </ul>			
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**Medication**

<b>Medicine</b> (Indicate whether taken inside/outside of provision hours. Include dose and form e.g. tablet)	<b>Persons who will administer</b>	<b>Possible side effects &amp; action to be taken/Comments</b>

**Medical Procedure**

<b>Procedure</b>	<b>When?</b>	<b>How?</b>	<b>Comment</b>

**Intimate Personal Care/ Contenance Management** (this section does not require the signature of a registered health professional) **PLEASE REFER TO THE INTIMATE CARE POLICY AND ASSOCIATE DOCUMENTATION IF REQUIRED**

Description of care and procedure for staff to follow including hygiene control measures	
Identity which parts of the care the child can do independently	
Resources required and provider	
Frequency/times when care required	
Where will personal care be carried out?	

Identify any moving and handling needs (complete a moving and handling profile if required)	
Any additional relevant information? e.g. communication needs, behaviour,	
Management of wet/soiled clothing	
Number of staff required	
Names of staff identified to carry out intimate personal care	



**Staff training:**

Training required	Who will provide?

**Managing education during medical absences (Schools only )**

**Transport:**

**Health Care Plan Agreed By:**

	Name	Signature	Date
Registered Health Professional			
Main Provision			
Second Provision (if applicable)			
Third Provision (if applicable)			
Child/Young Person (if appropriate )			

**Parent/Carer Consent**

By signing this plan, you are agreeing for your child to receive the treatment/care detailed. You are agreeing for copies of this plan to be shared with:

- On occasions the Trust Central Team
- Staff who have a role/responsibility in managing your child's health care needs
- Transport providers as required

I confirm I will not hold the school or its staff responsible unless loss, damage or injury is occasioned as a result of their negligence.

Parent/Carer Name: .....

Parent/Carer Signature: .....Relationship to child: .....Date: .....