



Ellenbrook Community Primary School

Longwall Avenue, Ellenbrook,
Worsley, M28 7PS



Supporting Children with Medical Conditions Policy

Date	Review Date	Coordinator	Responsible Body
13/07/2021	13/07/2022	Headteacher	Full Governing Body

Aims

We follow the Salford Local Authority Policy for Supporting Pupils at School with Medical Conditions. Please see Appendix 1.

Appendix 1

Introduction

Salford City Council is committed to providing a good education to all pupils regardless of circumstances or settings. Where a pupil is unable to attend school for medical reasons the local authority will work alongside schools, parents, health and other professionals to provide an alternative education provision to meet a pupil's individual needs to enable them to thrive and prosper in the education system.

Wherever possible the local authority will look at education provision being provided by school to ensure continuity for pupils. However, it is recognised that in some circumstances that may not be possible and provision for such cases may require additional advice and/or support from the local authority.

As part of the interface with these children and their healthcare needs all professionals should maintain awareness of potential safeguarding/child protection concerns and refer to the relevant service if appropriate.

Definitions of Medical Conditions:

Pupils' physical and/or mental health medical needs may be broadly summarised as being:

- Short-term - affecting their participation in school activities because they are on a course of medication or recovering from an illness. E.g. infections, broken limb, post-operative support.
- Long-term - potentially limiting their access to education and requiring extra care and support (deemed special medical needs). E.g. Asthma, cancer treatments, pending transplant, mental health/neuro developmental conditions.

The Statutory Framework

[Section 19 of the Education Act 1996](#) provides that each local education 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 otherwise, may not for any period receive suitable education unless such arrangements are made for them.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

[Equality Act 2010](#) provides a context to Local Authority policies on education for children with medical needs and the need to comply with the equality duties.



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Ensuring a good [education for children who cannot attend school](#) because of health needs - Statutory guidance for local authorities

[Special educational needs and disability code of practice](#) explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

[Supporting pupils at school with medical conditions](#) – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England

In this document;

References to schools are taken to include academies and PRUs

References to governing bodies include proprietors in academies and management committees of PRUs.

References to parents include carers and those who have parental responsibility for the child

The statutory guidance applies to:

- Schools, academies (including alternative provision academies) and PRUs
- Local authorities
- Clinical commissioning groups (CCGs), NHS England

This guidance is also provided to assist and guide:

- Anyone who has an interest in promoting the wellbeing and academic attainment of children with medical conditions, including alternative provision and independent schools
- Parents/carers and pupils
- Health service providers

Key Points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- 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.
- Local authorities **must** arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

School responsibility

- The governing body **must** ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child



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- Schools **must** have a policy, reflecting statutory guidance (*Supporting Pupils at School with Medical Conditions December 2015*), 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 arrangements they set up include details on how the school's policy will be implemented effectively, including a **named person** who has overall responsibility for policy implementation.
- Governing bodies should ensure that the school's policy covers the role of **individual healthcare plans** (IHCP), and who is responsible for their development, in supporting pupils at school with medical conditions.
- Schools should notify the local authority when a pupil is absent for a period of 15 days. However, the pupil **must** remain on the school roll. The named person should liaise with the local authority and continue to review the IHCP. In the event that there is a significant change in the condition of the pupil, or the attendance declines, school are required to notify The Education Welfare Service.
- School remain responsible for all agreed examination entries and ensuring examination fees; arrangements should be made for pupils to sit GCSE examinations including invigilation & assessment of coursework.
- Schools remain responsible for convening annual review meetings, or earlier if evidence is presented that the child's needs have changed, for those pupils who have an Educational Health Care Plan (EHCP);

Local authority responsibility

Local authorities should:

- Ensure that appropriate full-time education is provided as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.
- Ensure that the education children receive is of good quality, as defined in the statutory guidance *Alternative Provision* (2013), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.
- LAs are responsible for supporting schools to arrange suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. (Need to consider Elective Home Education and independent schools although guidance is not statutory for independent)
- The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. 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.



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- Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should ensure that part-time education is on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science. Schools should refer to the Salford guidance for reduced timetables.
- Have a **named officer** responsible for the education of children with additional health needs, and parents should know who that person is. The named officer is Cathy Starbuck.
- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs. The policy should make links with related services in the area - for example, Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Welfare/Attendance Improvement Services, educational psychologists, and, where relevant, school nurses.
- Review the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.
- Have clear policies on the provision of education for children and young people under and over compulsory school age.

The LA will:

- Provide a model policy for schools.
- Provide a contact e-mail for all initial enquiries and notifications - cme@salford.gov.uk
- Implement a referral and tracking process (Annex A) of pupils who are absent from school for a period of 15 days or more, where the absence is caused by a medical condition.
- Provide support to school staff in monitoring & challenging pupil absence.
- Implement an escalation process to the Education on Track (EOT) panel to ensure the pupil is receiving a suitable education in line with the law. (Annex B)
- Where they have identified that alternative provision is required, ensure that it is arranged as quickly as possible and that it appropriately meets the needs of the child. Transport to any base other than the pupil's main base may be considered.
- Ensure that schools have a re-integration process which focuses on the child's physical & emotional health and education needs.
- Support EYFS children through;
 - My story giving information around SEN needs
 - Medical care plan
 - Early support keyworkers who support children with complex needs until they reach 5
 - Occupational therapy, physiotherapy completing an access visit to check the building is accessible for the children prior to them attending
 - Health visitors supporting transition to nursery and/or reception
- Support Post 16 students through;



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- Ensuring that commissioned services and post 16 providers have appropriate provision in place for students with medical conditions.

Health Service responsibility

Local Authorities (LAs);

- Commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, 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.
- LAs and clinical commissioning groups (CCGs) **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- LAs should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- LAs should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities health needs sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Advice on the role of clinical commissioning groups (CCGs):

- CCGs commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and **must** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities).
- CCGs should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.
- Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. CCGs should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. CCGs should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.

Advice on providers of health services:



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- Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- School nursing services are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example, on training.
- School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- Other healthcare professionals, including GPs, CAMHS practitioners and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy, mental health/neuro developmental conditions).

Referral and Tracking Process

The aim will be to increase education provision so as to provide as much education as a pupil's health condition allows. Where a pupil requires alternative provision, the overall aim, in all cases, is to reintegrate pupils back into mainstream education as soon as possible, through an individually tailored reintegration plan.

- Where a pupil is, or likely to be, absent for a period of 15 days due to a medical condition, schools are required to notify the local authority Education Welfare Service. All referrals should be made using Annex C and emailed to cme@salford.gov.uk All referrals should be accompanied by an individual health care plan (IHCP) and **must** be supported by medical confirmation from one of the following health professionals via existing correspondence e.g. appointment letter;
 - Hospital Consultant
 - GP
 - Paediatrician
 - Consultant Child or Adolescent Psychiatrist
 - Senior Mental Health Practitioner or Clinical Psychologist
 - 0-19 service
- Schools should have made reasonable adjustments to allow the pupil to access a suitable full time education (or as much as the child's health condition can manage) in line with statutory guidance 'Supporting pupils at school with medical conditions'.

This may include arrangements for school work being sent home for short periods of absence, a part-time timetable or on-line learning.



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- Once notified by schools that a child will be absent for 15 days or more, the local authority will work alongside schools, health and other professionals (where appropriate) to ensure that suitable education is available. This will be facilitated by the school identifying a member of staff who will act as lead professional to work with an Education Welfare Officer (EWO) and other professionals to ensure that the education provision is in place and appropriate through the monitoring of Individual Health Care Plans (IHCP).
- Where the EWO, school staff or any other professional involved in the IHCP require further support by the local authority, the EWS will refer the case to EOT.
- The panel will consider information provided by school, pupil, parents & medical staff and additional information will be provided on an individual basis as required.
- The panel will determine whether any alternative provision should be provided on a temporary basis. The intention in all cases will be to reintegrate the pupil back into mainstream provision on a full time basis as soon as possible.
- This alternative provision may consist of on-line learning, one to one tuition or small group teaching in a specialised setting, such as The Canterbury Centre, or can be engagement activity with a specialist provider. Consideration will be given to providing transport where placement is other than the pupil's main base.
- Schools retain responsibility for funding provision utilising pupil's age weighted pupil unit (AWPU), pupil premium and SEND funding.

Referral Process for Health and Social Care

This protocol should be followed where health and social care professionals identify a pupil who has been absent from school, either authorised or unauthorised, due to physical or mental health issues for **15 school days or more**.



Children Missing
Out on Education P



ANNEX A

Pathway for supporting pupils at school with medical conditions

- Schools are made aware of a pupil with a medical condition from parent, health professional or referral made to EWS from health and social care.

- School to ensure they meet their statutory responsibilities as set out in the statutory guidance. This will involve liaising with health professionals to develop an Individual Health Care Plan (IHCP). Within the IHCP school will need to establish if any absence relating to the medical condition is to be authorised or otherwise.

- School **must** inform the Education Welfare Service when a pupil is absent for 15 days over any academic year if the absence relates to the medical condition. This information will be recorded on CPOMS.

- An Education Welfare Officer (EWO) will be allocated within 5 days from receipt of the referral and will contact the school to ensure that;
- School have made reasonable adjustments to allow the pupil to access a full time education. This may include arrangements for school work being sent home for short periods of absence, part-time timetable or on-line learning.
- An IHCP is in place and has been written having taken the views of the health professional's parents / carers / pupils.
- Regular contact is being made with the parent/carers and pupil.
- The level of attendance is reviewed regularly.
- There is a date scheduled so that the IHCP is reviewed.

- Where necessary, the case can be referred, via the EWO, to the Education on Track panel. The panel will consider each case on individual need and will recommend appropriate provision. The school will be notified of the outcome.



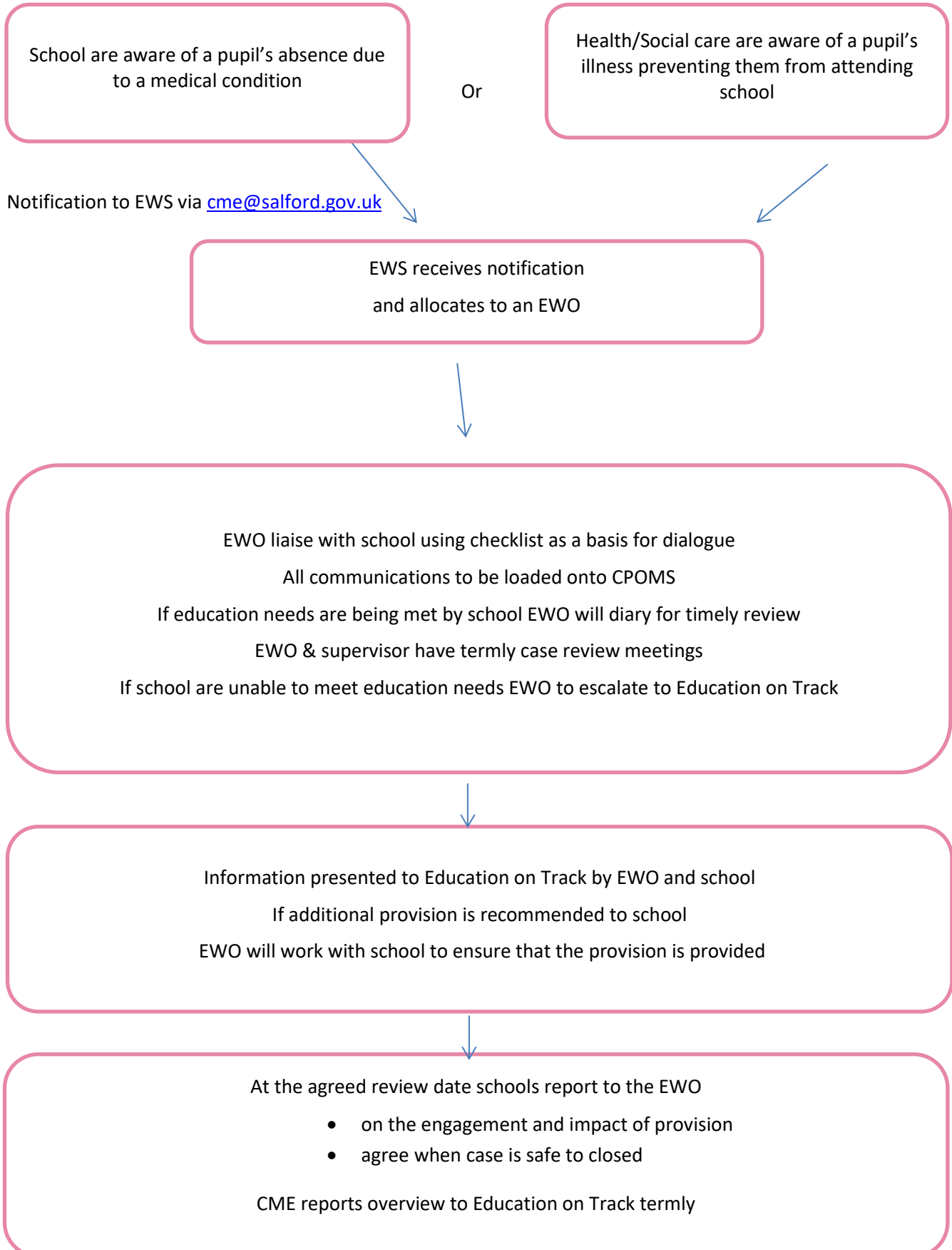
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ANNEX B – Escalation Flowchart





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ANNEX C

SUPPORT FOR PUPILS WITH MEDICAL CONDITIONS

Referrer:		Date:		Job Title:			
Email:			Telephone:				
Child Details							
Name:		Stud ID:					
NHS No:		P Number:					
Address:							
Date of birth:			Gender:				
Ethnicity:			Age:		Year :		
First Language:			School/Education provision				
Religion:			Attendance: overall		%		
			I code		%		
LAC	CP	CIN	TAF	EHA	EHC plan	SEN support	
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	

Other service Involvement	Past <i>Name and contact details</i>	Current <i>Name and contact details</i>
Royal Manchester Childrens Hospital:		
Health:		
CAMHS:		
Disability Team:		
Education Psychology:		
SEND:		
Social Care:		
Early Help:		



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YJS:		
Missing From Home:		
CSE/Protect:		
Outreach:		
0-25:		
Primary Intervention Team:		
Education Welfare:		
Other:		

Attach pupil registration certificate

Provide brief details of pupil's medical condition:

Does school have an Individual Healthcare Plan (IHCP) in place for this pupil? Yes/No *If Yes, please attach.*

If No, Provide details of any special arrangements in place at school

What is working well? What are the protective factors?

Lived Experience, Views and wishes of child/young person.

Views and wishes of the parents/carers.

This form should be returned to Education Welfare Service via cme@salford.gov.uk

Headteacher:	Roger Blackburn	Date:	13/07/2021
Chair of Governors:	Suzanne Charlesworth	Date:	13/07/2021
Policy Number:	Supporting Pupils at School with Medical Conditions		

