TRIMLEY ST. MARTIN

Medical Policy

Suffolk County Council

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Section 1: Our Ambition

1. 1 Suffolk County council's vision is that all children should fulfil their full potential. We aim to work together with schools, health care partners and families to ensure that all children and young people with medical needs receive the right level of support to enable them to remain in education.

Section 2: Aims

2.1 Through working with schools, families, health and other professionals it is our aim that:

- Children are supported to continue to access education at their home school as far as it is possible.
- The views of the family and child are pivotal to shaping the education programme.
- Schools will make reasonable adjustments to the curriculum and support children's learning in line with their medical needs policy.
- Schools, parents, Local Authority and health teams work in partnership to support the individual needs of children.
- 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 achieve good academic attainment, particularly in literacy and numeracy.

Section 3: About this policy

3.1
The Local Authority seeks to ensure that children, wherever possible, can continue to be educated in their local school.

This policy is based in the following key documents from the Department for Education (DFE):

Supporting children at school with medical conditions*" (DfE, December 2015*) and

Ensuring a good education for children who cannot attend school because of health needs", *(DfE, January 2013)*

Section 4: Who is this Policy for?

4.1
This Policy applies to:

- All schools in the Suffolk County Council area
- Children of compulsory school age living in Suffolk

Section 5: Policy Description

5.1
This policy sets out what the Local Authority (LA) will do to ensure that a suitable education is provided for children of compulsory school age who, because of health reasons (physical or mental health), would not receive this without such provision. It details what the LA offers outside of what schools can reasonably be expected to put in to place to support children with medical and health needs.

5.2
In many circumstances when children have a medical need they will continue to receive a suitable education without intervention by the LA as the school will continue to meet its responsibilities to provide education for its children as set out in the DfE guidance **"Supporting children at school with medical conditions"** ***December 2015.***

5.3
This will be the case where the child can attend school with support; where the school has made arrangements to deliver suitable education outside of school; or where arrangements have been made for the child to be educated in a hospital school.

5.4
Some children with medical needs may be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. In The 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'

Section 6: Core duties of Governing Bodies, Proprietors, and Managing Committees ***(S100 Children and Families Act 2014)***

6.1
A duty is placed on governing bodies of schools, proprietors of academies, and the managing committees of pupil referral units to make arrangements for pupils who cannot access school because of their medical needs. This should be outlined in an accessible, regularly reviewed policy. In doing so it should ensure that these pupils can access and enjoy the same opportunities at school as any other child.

6.2
The focus of arrangements should be on the needs of each individual pupil and the impact of the medical condition on school life. The outcome should be that parents and pupils have confidence in the school's ability to provide effective support in school.

6.3
The full details are found in the DfE guidance "**Supporting pupils at school with medical conditions"** ***December 2015***.

Section 7: Duties of parents/carers

7.1
The parents/carers of every child of compulsory school age are required to ensure that their child receives a suitable full-time education, appropriate to the child's ability, age, aptitude and considers any special education needs the child may have, either by regular attendance at school or otherwise (Section 7 of the Education Act 1996). It is also vital that they encourage their child's regular and punctual attendance at school. Parents/carers must ensure the regular attendance of their child at the registered school.

7.2
Parents/carers should work in partnership with the school, notifying the school of the reason for any absence without delay and on the first day of absence from school.

7.3
Parents/carers should provide the school with relevant and up-to-date information about their child's medical needs. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan and may be involved in its drafting. They should carry out any 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.

Section 8: School attendance and illness:

8.1
Schools should advise parents to notify them on the first day the child is unable to attend due to illness. Schools should authorise absences due to illness, unless they have genuine cause for concern about the veracity of an illness.

If the authenticity of illness is in doubt, schools can request parents to provide medical evidence to support illness. Schools can record the absence as unauthorised if they are not satisfied of the authenticity of the illness, but should advise parents of their intention.

Schools are advised not to request medical evidence unnecessarily. Medical evidence can take the form of prescriptions, appointment cards, etc. rather than doctors' notes.

8.2
As is the case with every period of absence it should first be looked at in line with the school policy, and the medical evidence should only be asked for if the school requires clarity due to genuine cause for concern about the veracity of the illness. The level of medical evidence required should be proportionate to the persistent level or pattern of absence.

8.3
However, for a child who has a Special Education Need or Disability (SEND) then the child or young person needs should be seen in the light of this SEND and the impact that it may have on the child's school attendance.

8.4

If there is an Education and Health Care Plan (EHCP) in place, then the identified needs for this plan for the child are acknowledged and the appropriate reasonable adjustments can then be made, which should make attendance achievable. If there is an EHCP in draft then it is suggested that any reasonable adjustments that can be made by the school should be made until the EHCP has been delivered or any other advice is given should an EHCP not be required.

8.5
Missing registration for a medical or dental appointment is counted as an authorised absence. Further guidance is available in **School attendance, Guidance for maintained schools, academies, independent schools and local authorities, *(July 2019)***.

8.6
Suffolk Family Focus Attendance Service clarification on the above national guidance
The Suffolk Family Focus Attendance Service will work with the school, parents/carers of the child and medical professionals where there is a medical and/or a wellbeing issue to promote realistic attendance. At all times the outcome for the child is the priority.

8.7
In the absence of a GP letter or note then medical evidence can take the form of prescriptions, appointment cards, etc. (this would include a CAMHS referral letter). Each piece of medical evidence should be judged on its merits by the school. They should seek advice from the School Attendance Service if in doubt.

Additional medical evidence should not be requested where the above can be produced. It is only in cases of concern regarding the veracity of an illness where there should be further requests for medical evidence.

Where there is no other medical evidence then a medical professional's letter or note will be required, which should state if the child is fit or not fit to attend school and for how long, and where possible it should be time limited so all know what the child can realistically achieve.

There is no need for a consultant's report to authorise an absence.

8.8
The DfE defines persistent absence occurs when a pupil's overall absence is 10% or more of their possible sessions, i.e. children with attendance below 90%.

Where a pupil is absent from school and parent/carers indicate that absence is persistently due to medical reasons the school should request from parents/carers the permission to contact health professionals (e.g. School Nurse or GP) 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. Clarification can be sought from the School Attendance Service.

Section 9: The Role of Schools

9.1
Schools have a vital role in supporting children with medical and health needs in accessing education. They also provide the child and the family with the continuity of support and familiarity at a time when there may be significant changes. The school should work collaboratively with the child, family and health care professionals and act on the advice given by the health care professional to ensure that a suitable education is in place.

9.2
Suggested adaptations to ensure that a child is able to attend school could include:

- a personalised timetable
- access to additional support in school (to support in class or catch up sessions)
- access to an IT based curriculum, accessible from home
- movement of lessons to more accessible classrooms
- special exam arrangements
- opportunities for rest breaks during the school day

9.3
The school policy should set out in detail how the statutory guidance is implemented, including a named person who has overall responsibility for the education of children with medical needs. The policy should clearly identify:

- the procedures to be followed whenever a school is notified that a pupil has a medical need
- the roles and responsibilities of staff in the development of individual health care plans (IHP) and what should be recorded on them.

9.4
The **school policy** should include:

- who is responsible for ensuring that 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
- briefing for new and supply teachers
- risk assessments for home visits
- an explanation of how the policy operates in relation to the school's attendance policy
- how individual healthcare plans are monitored.

9.5
Procedures should also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when children' needs change, and arrangements for any staff training or support.

9.6

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 put in place as soon as possible and within two weeks of the child being place on roll.

9.7
The Local Authority will make available additional support and access to the Alternative Tuition Service provided that the LA is confident and satisfied the governing body has clearly demonstrated compliance with the statutory guidance and that all reasonable adjustments have been put in place to ensure that the child attends school.

Section 10: Individual Healthcare Plans

10.1
Individual healthcare plans (IHPs) must ensure that schools effectively support children 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.

10.2
IHPs should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should be written using advice from relevant health/mental health professionals. For a more detailed outline of health care plans see **page 10** ***Supporting children at school with medical conditions, DfE December 2015.***

10.3
Governing bodies must ensure that the school's medical policy covers arrangements for children who are competent to manage their own health needs and medication. This should be reflected within individual healthcare plans. Wherever possible, and where safe to do so, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines 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.

10.4
The governing body should ensure that IHPs are reviewed in consultation with the child and their parents/carers at least termly, or earlier if evidence is presented that the child's needs have changed. They 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, and minimises disruption for the child.

Section 11- The core duties of the Local Authority

11. 1
The Local Authority should have named officers responsible for the education of children with additional health needs and parents should know who these named persons are. Suffolk's named person is Maria Hough, Deputy Headteacher, Specialist Education Services.

11.2
Under Section 10 of the Children Act 2004, the Local Authority has a duty to promote co-operation 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.

11.3
The Local Authority expects schools to support children with medical needs to attend full-time education wherever possible, and for schools to make reasonable adjustments to children's education provision where medical evidence supports the need for this. The LA would expect the school to reflect the adjustments made within the Individual Healthcare Plans.

11.4
The provision and the IHP should be regularly reviewed so that a child is able to undertake as much education as their health condition permits. Part time timetables should only be used whilst a child cannot manage a full-time timetable due to their health condition. It is important that part time timetables are only used as an interim measure with a clear plan identified as to how and when the child will be re-integrated back into full time education.

Section 12: Local Authority Provision

12.1
This policy promotes the positive engagement of the child's school in supporting children with medical needs wherever practical, before referring to the Local Authority's Alternative Tuition Service or the Local Offer. 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 school days or more because of health needs (including mental health needs). It is the responsibility of the school to notify the Local Authority when a child or young person is likely to be absent from school for more than 15 days.

12.2
Where children would not receive a suitable education in a mainstream school because of their severe or longer-term health needs, the Local Authority has a duty to support the implementation of other arrangements. The Alternative Tuition Service will support an education setting to provide for children who are unable to attend school, despite adjustments having been put in place by the school to support the child.

12.3
Whilst there is no absolute legal deadline by which the Local Authority must have

started to provide education for children with additional health needs, Suffolk County Council aim to support provision as soon as a school has informed the LA that an absence will last more than 15 days.

Section 13: The Alternative Tuition Service (ATS)

13.1
There will be times when a child with medical needs or otherwise is unable to sustain their education at school and, despite the reasonable adjustments being made, this may not be enough to improve the situation for them. A small number of children may require access to more specialist provision, to support the significant and on-going nature of their medical needs. Where this applies, a referral can be made to the Alternative Tuition Service.

13.2
Access to the Alternative Tuition Service (ATS):

- ATS is only able to take referrals from children who are living in Suffolk.
- ATS does not take direct requests from parents.
- Referrals from practitioners from across education, health and care are through the Special Education Services inbox.

13.3
ATS can provide:

- advice to schools on the procedures to be followed when a child is absent from school as a result of medical difficulties;
- where appropriate, education for children both at agreed locations such as libraries, their school and if necessary, in the home, and online
- education which is tailored to the individual child's needs as advised by the referring medical professional, the family and the school;
- regular monitoring and evaluation of the child's progress;
- re-integration planning and support be it with the child's existing school, or a new placement;
- close liaison with school based and external partners/professionals – including CAMHS and other health professionals;
- Close liaison with the family around the child's education, but not decisions around their onward school placement

13.4

The referral form can be found on the Suffolk Local Offer, and Suffolk Learning websites. Referrers must give as much detail as possible about the exact nature of the child's difficulties. All referrals must be discussed with the Headteacher and signed. The referral must also be discussed with the family/parents/carers and the child or young person. The referral must be signed by the parent/carer.

The first point of contact in schools for the ATS should be a member of the senior leadership team (SLT); the second point can be a non SLT member of staff who is given authority to make decisions regarding the day-to-day learning and timetabling for the child.

Where a school/health professional believes a child requires medical tuition, a fully completed referral form and, as soon as reasonably possible, an accompanying letter of evidence from a senior health professional is required such as:

- Paediatrician
- Psychiatrist
- Clinical Psychologist

The accompanying letter of evidence should contain:

- details of the current medical issue that prevents the pupil accessing school;
- details of ongoing treatment;
- information regarding the hours of education that the child is able to access;
- an indication of the length of time the tuition may be required;
- where the medical tuition can take place.

13.5
Responsibilities of the school whilst a pupil is with ATS:

- The school must agree to the partnership agreement and the responsibilities therein, which outline the ways in which leading and monitoring regular reviews take place for children whilst they are being supported by ATS. The reviews should consider when a child is ready to reintegrate back into the mainstream environment and look at ways that the pupil can be supported with the transition.

- Most children will be supported to reintegrate back into their school; however, in some instances, it may have been assessed by ATS, the parents/carers, the school, and the medical professional(s), that a new school should be sought. In this instance the case will be brought to the In-Year Fair Access Panel (IYFAP) for allocation of a new school so that the reintegration is properly supported and successful for all concerned. Alternatively, the service will support the application into other services to identify the appropriate setting for the child.

- The school should maintain, together with the health contact, the Individual Healthcare Plan.

Section 14: Registration arrangements at ATS

14.1
Whilst the child is at ATS, the school should record the pupil as code B if the child is receiving direct tuition and code C if it is a wholly online education. The safeguarding of the child is the joint responsibility of both the school and the ATS, and there should be an agreement with parents/carers and the school as to who will make checks with the child if it is an online offer and the child is not then coming back into school.

It is expected that there should be regular communication between the mainstream school and the ATS and the families.

14.2
The school should not remove a child from their school roll without appropriate

consultation with the Local Authority.

Section 15: Children with medical needs in Alternative Provision

15.1
In line with the duty of LAs to arrange suitable education as set out above, children who are in hospital or placed in other forms of alternative provision because of their health needs should have access to sufficient full-time education that is suitable for the child's age, aptitude, ability and any special educational needs that they may have. 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, then the LA should provide part-time education on a basis they consider to be in the child's best interests. The education the child receives should be good quality and prevent them from slipping behind their peers. It should involve suitably qualified staff who can help children progress and enable them to successfully reintegrate back into school as soon as possible. This includes children and young people admitted to hospital under Section 2 of the Mental Health Act 2007.

15.2
When a child with an EHCP is admitted to hospital, the LA that maintains the Plan should be informed so that they can ensure the provision set out in the Plan continues to be provided and reviewed as appropriate.

15.3
Where children with health needs are returning to mainstream education, the LA should work with them, their family, the current education provider and the new school or post-16 provider to produce a reintegration plan. This will help ensure that their educational, health and social care needs continue to be met. Where relevant, a reintegration plan should be linked to an EHCP or Individual Healthcare Plan.

15.4
For LAs to meet their duties, medical commissioners should notify them as soon as possible about any need to arrange education. Ideally, this will be in advance of the hospital placement. For example, where a child of compulsory school age is normally resident in a LA but is receiving medical treatment elsewhere, it is still the duty of the 'home' LA to arrange suitable education if it would not otherwise be received.

15.5
In certain circumstances, the LA may be required to commission independent educational provision. Such providers would need to be funded directly by the home LA. Their duties do not specifically require them to commission an educational provider. Medical commissioners should, therefore, avoid making commitments to fund education without the agreement of the LA. Decisions about educational provision should not, however, unnecessarily disrupt education.

Section 16: Key Responsibilities of the Health Services

16.1
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 to comply with statutory duties (s100 Children Act 2014) so that children's medical needs can be met in school.

16.2
The requirement is for health personnel to set out the specific medical needs and provide advice about how schools can support the child. General advice should be provided to enable the local authority to determine the appropriate provision, based on the needs. They may include recommended core services, provision commissioned by the health service only or services to be commissioned by the school or local authority.

16.3
Every school has access to school nursing services. Other health care professionals such as GPs and paediatricians are required by the statutory guidance to inform the school nurse when a pupil has medical needs that will require support through specific health care plans and interventions.

16.4
Where a pupil is unable to attend school, the key health professionals involved will be requested to provide regularly updated information relating to the nature of the child's medical condition and specific advice around managing their health needs in school.

16.5
Health Services should also:

- work closely with the home school, ATS staff, social care, the child and their parents/carers to ensure that the medical needs and the appropriate educational responses required are fully understood and clarified in any referral.
- 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; review this regularly.

Section 17: Policy Review

This policy will be updated in three years, or earlier if there are any changes to processes or to local and national policies and/or standards that impacts upon it. Comments on the policy are welcome and can be sent to ATS@suffolk.gov.uk.

Section 18: Feedback and Complaints Procedure

18.1 Concerns about the conduct of a school

In the first instance parents/carers should contact the school and follow the school's complaints procedure, which is available on the school website or should be provided on request.

18.2 Complaints about the conduct of the Alternative Tuition Service

In the first instance, a conversation with the lead officers within the service can often resolve issues that arise. However, should a parent/carer, child or school wish to pursue a complaint, they should contact the Local Authority through the website for Suffolk County Council, or call 03456 066 067.