



# Boroughbridge High School

## **Policy: Students with health needs who cannot attend school**

Policy Reviewed	September 2022
Policy Ratified by Governors	September 2022
Next Policy review due	September 2023
Staff Lead	SENDCo & Associate Assistant Head (Student Experience & Welfare)

### **Significant Revisions since last review:**

No significant revisions since last review

## **CONTENTS**

1. Policy Scope	3
2. Aims	3
3. Legislation and guidance	3
4. The responsibilities of school	3
5. Monitoring arrangements	5
6. Links to other policies	5
Appendix 1	6

## **1. Policy scope**

This policy is for staff, students, parents and carers, governors and partner agencies who work with the school. It provides principles, guidelines and procedures as to how Boroughbridge High School provides suitable education for students with health needs who cannot attend school.

## **2. Aims**

- To ensure that suitable education is arranged for students who cannot attend school due to health needs
- Students, staff and parents understand what the school is responsible for when this education is being provided by the local authority

## **3. Legislation and guidance**

This policy reflects the requirements of the Education Act 1996.

It also based on guidance provided by our local authority.

<https://cyps.northyorks.gov.uk/medical-education-service>

## **4. The responsibilities of the school**

### **4.1 If the school makes arrangements**

Initially, Boroughbridge High School will attempt to make arrangements to deliver suitable education for students with health needs who cannot attend school.

This will be done as follows:

- The Pastoral Manager will meet with parents, carers and students to assess and to plan for provision to be made.
- The student's Pastoral Manager will then make arrangements with the student's teachers to organise work to be sent home.
- This work will be delivered electronically through the school's online learning platforms i.e. Google Classrooms.
- The plan will be reviewed every two weeks with the parents, carers and students.
- If the student is able to return to school, a reintegration plan will be created in consultation with the student, parents, carers and any relevant health professionals. A reintegration plan may include:
  - A personalised timetable that reflects the student'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.
- If a student has 15 days of absence, consecutive or accumulative, due to a medical need and school are unable to offer an education, an access request to the MES will be made by the school. To be eligible for short-term intervention from the Medical Education Service Student, students must have a diagnosed health condition which in itself is preventing them from attending school.
- All requests for medical education for students, of statutory school age, must be submitted to the Inclusion Service using the medical education request form. See Appendix 1.

#### **4.2 If the local authority makes arrangements**

If the school cannot make suitable arrangements, The Medical Education Service team will provide short-term education to help provide continuity in education when a student has been absent from school for 15 days or more due to a physical or mental health need.

All students referred for support from the Service must meet the following criteria:

- A resident in North Yorkshire, or is receiving education in a North Yorkshire educational establishment.
- Aged 5-18 years or up to 25 years if they have an EHC Plan.
- A diagnosis from a recognised health specialist which does not include a GP. It is this diagnosed health condition which is the reason they are unable to attend school.
- Currently receiving specialist help and support from a recognised health professional.
- Evidence from the health specialist, delivering the help and support which describes what the child or young person can do from an educational perspective.
- The student must have been absent from school for 15 days or more (one off or cumulatively) due to their medical condition.
- The request has been discussed with parents/carers and signed consent has been obtained from those with parental responsibility or from a young person themselves, where they are considered to be competent and are over 16 years of age.

In cases where the MES make arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies, parents and carers to ensure the best outcomes for the student.
- Share information with the local authority and relevant health services as required.
- Help make sure that the provision offered to the student is as effective as possible and that the student can be reintegrated back into school successfully.

- Organise regular review meetings between school, health, MES and parents/carers.
- Provide resources needed to the MES so the student can be taught Maths and or English as if they were in school full-time.
- Ensure the student has the appropriate resources to be able to engage in the offer of education made by school and or the MES.
- Ensure there is an Individual Health Care Plan (IHCP) in place for all students with medical needs and this needs to be completed with health professionals and parents/carers.
- The school will continue to maintain a safeguarding responsibility for the student. If a student does not attend the offer of education made by the MES, the school will carry out a welfare check. The MES will inform the schools safeguarding lead of any concerns.
- The school will continue to maintain regular contact with the student's family.

When reintegration is anticipated, the school will work with the local authority to:

- Plan for consistent provision during and after the period of education outside the school, allowing the student to access the same curriculum and materials that they would have used in school as far as possible.
- Enable the student to stay in touch with school life (e.g. through bulletins, emails, invitations to school events or internet links to lessons from their school).
- Create individually tailored reintegration plans for each child returning to school.
- Consider whether any reasonable adjustments need to be made.

#### **4. Monitoring arrangements**

This policy will be reviewed annually by Sue Wilson, SENCO. At every review, it will be approved by the full governing board.

#### **5. Links to other policies**

This policy links to the following policies:

- Supporting students with medical conditions
- Safeguarding and Child Protection
- Positive Mental Health
- Self-Harm and Suicide Ideation Policy
- Equalities

## Appendix 1

### Request form for short-term medical education

#### **Guidance:**

Step 1: Gain parental consent to complete request form for short-term medical education. Please note that parents can request to see the completed form.

Step 2: School to complete sections 1,2 and 3

Step 3: Health Specialist to complete section 4. Please do not share other sections of the form with health specialist.

Step 4: School to submit request form with completed sections 1,2,3 & 4 & parental consent form to [ypmedical@northyorks.gov.uk](mailto:ypmedical@northyorks.gov.uk)

Date of Request		Name of school staff member referring	
Email address of Referrer		School	

#### **1. Child or Young Persons Details**

Surname		First Name	
Gender identity		Date of Birth	
Year Group		UPN	
EHCP	Y/N If Y date of last annual review _____	In receipt of pupil premium	Y/N
EHCAR	Y/N If Y date submitted & name of PARO _____	Forces family	Y/N
SEN support	Y/N If Y description of stage _____	Young Carer	Y/N
Looked After Child	Y/N	CSC involvement	Name of worker:
Early Help Involvement:	Name of worker:	Home Address & Telephone Number	

## 2. School Attendance History of CYP

How many days absence has the child or young person had due to their medical needs this academic year?

What arrangements have school put in place to continue their education during these absences? *(Please attach the schools policy on 'Supporting children and young people with medical needs'.)*

Attendance this academic year (22/23): %	Last Year (21/22) %	Previous Year (20/21) %
Number of Internal Exclusions in 22/23:	Number of fixed term Exclusions in 22/23:	Permanent Exclusion:  (Please put N/A if one or all of these do not apply)

## 3. Persons with parental responsibility

Name	Address (if different from above)	Home Telephone No	Mobile No	Relation to child/young person	Order of whom to contact

**Parental consent for:** Insert name

Dear Parent/Carer

We would like support to meet your child's learning needs and will be submitting a request for involvement to inclusive education service and the North Yorkshire SEND Hub. The request will be considered by a team of specialist educationalists. If they consider the request meets service eligibility criteria, the most appropriate professional to become involved will work closely with us and/or with your child directly to ensure their learning needs are met.

To proceed with the request for involvement your written permission is required, by signing the parental consent section of this form before we submit it. The request will not be processed without your signed parental consent.

By signing you will also give your consent for inclusive education service specialists to contact other professionals who may already be involved with your child to gain relevant information regarding their needs.

If you wish to discuss the matter further before signing below, please do not hesitate to contact me and we can talk further. If this consent form is sent separately from the completed RFI form, it must be returned directly to:

**NYSENDhubs@northyorks.gov.uk**

Alternatively, it can be posted to **Inclusion Service, NYCC, County Hall, Northallerton DL7 8AE** NYCC, County

Hall, Northallerton DL7 8AE

#### Parental Statement

I agree to the involvement of inclusion service and the North Yorkshire SEND hub and understand that this may involve specialist staff working directly with my child, family and school/setting staff, with my knowledge.

If we agree together that it is in the best interests of my child, I understand that some information about them may be shared with other professionals who are already involved with them. This will be done in line with the 'North Yorkshire Multi-Agency Information Sharing Protocol' which can be found at: <https://www.northyorks.gov.uk/information-sharing>. To ensure that my child receives the optimum service, information may be shared with other services within the County Council. Further consent will be sought from me for any direct contact with my child by another service not already involved.

I understand that both paper and electronic records may be kept by the inclusive education service as a result of this involvement and that these records will be kept securely by NYCC and destroyed safely, according to the County Council's document retention and deletion schedule.

Under the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), I have the right to request a copy of the information the County Council holds about me/my child.

For more information I can contact the Data Protection Officer at: **infogov@northyorks.gov.uk** or write to **Information Governance Office, Veritau Ltd, County Hall, Northallerton, North Yorkshire, DL7 8AL**. For further information on how the Council processes my personal data I can refer to <https://www.northyorks.gov.uk/privacy-notice>

**Please tick YES or NO** to the following consent statement and, if consent is given, and you have parental responsibility for the child/young person named on this form, please sign below.

**I give consent to a referral to the Medical Education Service and to the North Yorkshire SEND Hub service**      **YES**     **NO**

I understand that I have the right to withdraw my consent at any time by contacting the Data Protection Officer at the above address.

<b>Relationship to CYP</b>		<b>Print Name</b>	
<b>Address</b>			
<b>Email</b>		<b>Tel</b>	
<b>Signed</b>		<b>Date</b>	



**Request form for short-term medical education**

**4. Health Specialist Evidence (N.B this section is to be completed by the health specialist who is currently providing help & support to the child/young person)**

Name		Job Title Organisation	
Email Address		Telephone Number	
Date involvement started with child or young person			

Please describe the physical or mental health need/condition the child or young person is receiving help and support:

Please confirm if the child/young person is aware of your views:

Please describe the help and support you are providing to the child or young person to help them improve their health. Please include any treatments and therapy and state the frequency of contact.

<p>What are the barriers to this child/young person attending school (physical, social &amp; sensory):</p>	
<p>Please suggest strategies that can be used to overcome barriers described above:</p>	
<p>To the best of your knowledge, is this child/young person able to socialise with their peers either in school or outside of school:</p>	
<p>Do you think the child/young person will be medically able to reintegrate into school in the next 12 months? Please explain</p>	
<p>How long do you think you will be working with this child/young person?</p>	
<p>Any further comments:</p>	

Signed \_\_\_\_\_ Date \_\_\_\_\_