

Hammersmith & Fulham Medical Needs Guidance for Schools and Professionals

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Introduction

“Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.”¹

Schools are required by law to make arrangements for supporting pupils in their setting with medical conditions. This duty is detailed in Section 100 of the Children and Families Act 2014². Statutory guidance entitled *Supporting pupils at school with medical conditions* has been produced by the Department for Education in order to assist schools to understand and comply with this legislation.

Independent schools are under no legal obligation to follow the statutory guidance, however, the non-statutory advice within the DfE guidance is intended to assist and guide settings in promoting the wellbeing and academic attainment of children with medical conditions.

Government legislation places an obligation on statutory agencies to ensure joined up services and multi-agency working to improve outcomes for all. There is a need to develop and implement standardised policies and procedures which meet the individual needs of all children, ensuring an organised and coordinated approach which will enable children to access education and reach their full potential.

This document draws on national policy and legislation to develop a local approach to multi-agency working. It provides guidance on processes which schools and partners should follow, key roles and responsibilities, and training and other resources available to support schools in meeting the individual needs of pupils with medical conditions in Hammersmith & Fulham.

This guidance should be read alongside other local documents including:

- SEND Strategy
- Early Help Strategy

Statutory Guidance

The statutory guidance is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Supporting Pupils at School with Medical Conditions:

¹ [Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/362822/supporting-pupils-at-school-with-medical-conditions.pdf)

² [Children and Families Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/6/section/100)

Statutory guidance for governing bodies of maintained schools and proprietors of academies in England

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Mental Health and wellbeing support:

<https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges>

Equality Act:

<https://councilfordisabledchildren.org.uk/resources/all-resources/filter/inclusion-send/disabled-children-and-equality-act-2010-what-teachers>
[Equality Act 2010 \(legislation.gov.uk\)](https://legislation.gov.uk)

Legal Framework for Local Authorities:

Section 19 of the Education Act 1996 Local Authorities have a duty to: *'Make arrangements of the provision of suitable full-time or part-time education otherwise than at school for those children of compulsory school age who, by reason of illness (...) may not for any period receive suitable education unless such arrangements are made for them'*.

[Education Act 1996 \(legislation.gov.uk\)](https://legislation.gov.uk)

Government guidance - In January 2013 (with minor revisions in May 2013), the DfE published statutory guidance for Local Authorities entitled 'Ensuring a good education for children who cannot attend school because of health needs'. [Education for children with health needs who cannot attend school - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

It replaced the previous government guidance 'Access to Education for Children & Young People with medical needs (2001)'.

Definitions

Suitable – The Education Act 1996 defines a suitable education as one that is appropriate to a child's age, ability, aptitude and any special educational needs he/she may have.

Full time – Full-time education is not defined in law but it should equate to what the child would normally have in school, unless the child's condition means that full-time provision would not be in his/her best interests. If a child receives 1:1 tuition, the hours of face-face teaching could be fewer as the provision is more concentrated.

School – For the purposes of this policy, school is used to refer to any maintained school, academy, free school, independent school, or any education provision where a child is registered as their main education base.

Health Needs Provision – advice and guidance provided by health professionals to support children who have a medical condition to access education and to be fully included and able to achieve their full potential.

Working Together

We recognise the important role played by parents/caregivers in terms of the information they have about the medical needs of their child/young person. In all cases, effective collaboration between all relevant services is essential to delivering effective education for child or young person with additional health needs. It helps ensure continuity of provision and consistency in curriculum.

School and health professionals - roles and responsibilities for supporting pupils with medical needs

Parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils may require ongoing support, medicines, or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support provided; schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions. 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 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.

Developing school policy

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

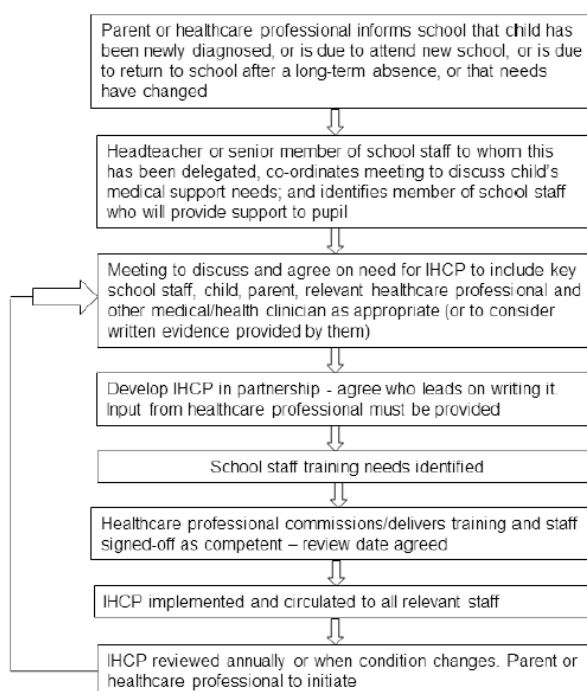
Schools may be informed by a parent or healthcare professional of a child/young person's medical needs; however, schools should make efforts to be aware of all children with a medical condition. Schools should make use of their own enrolment process and in year admissions processes to ask for medical information, even if they have received information through the admissions process. The school needs to recognise that any measures to identify pupils with medical conditions for their safety should be proportionate and consider confidentiality and emotional wellbeing and not be used to discriminate against the child or young person.

All pupils with a medical condition will require a meeting to discuss the pupils individual medical support needs. This may be as part of the induction or admissions process.

Developing a healthcare plan (in conjunction with relevant health professional)

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.

The governing body should ensure that plans are reviewed at least annually, 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 to the child's education, health and social wellbeing, and minimises disruption.



Refer to the [statutory guidance](#) for further information in developing a Health Care Plan.

Staff training

Further information about support and training for Medical Conditions is available and detailed in [Supporting children with medical conditions in schools – training for professionals](#).

Medication and medical procedures in education settings

Some pupils will have medical conditions requiring ongoing support, medicines, or care while at school. Others may require monitoring and interventions only in emergency circumstances.

Medication

Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, parents/carers should request their prescribing clinician to prescribe medication in dose frequencies which enable them to be taken outside the school day.

If medication is required at school, this will only be given as detailed in the pupil's health care plan, and when parents/carers fill out a medication consent form. If there is a short-term need parents/carer should contact the school to discuss and the medication consent form must be completed by parents/carers (appendix1c).

The school must keep an accurate record of all the medication administered, including the dose, time, date and supervising staff (appendix 1d). Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

The school ensures that there are sufficient members of staff trained to administer routine and emergency medication. All staff are aware of the specific members of staff trained to administer medication.

Storing medication and equipment at school

The school ensures that all medication is stored safely, and that pupils with medical conditions and staff know where medication is stored and who holds the key to the storage facility.

The school allows pupils to carry their own medication/equipment if this is appropriate for their age and their healthcare plan and has been risk assessed with input from the parent/carer. Parents/carers should check that this medication is in date.

The school ensures that medication stored by school is in date and labelled in its original container where possible (although insulin will generally be supplied in an insulin injector or pump), and in accordance with its instructions including storage temperature.

The school keeps controlled drugs stored securely, but accessible, with only named staff having access.

Parents/carers must collect all medication/equipment annually and provide new and in-date medication at the start of the academic year.

The school should not dispose of any medication. It is the parent/carer's responsibility to dispose of out-of-date medication.

Emergency inhalers and adrenaline pens

The school allows pupils to keep their own inhalers and adrenaline pens if appropriate or stored securely but accessible if not.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies³.

The school ensures that there are sufficient members of staff trained to undertake medical procedures either routine or in an emergency situation. Staff who may be regularly expected to administer tasks or medical procedures should have this responsibility recognised in their job description.

Training for specific tasks ranges from basic general training to more complex tasks, where a registered nurse or healthcare professional has trained a non-health care worker and signed off their competency in delivering the required skills. There are some skills which are not able to be delegated from a (health care professional) nurse to a non-health care professional.

Named Local Authority Officer for supporting children with additional health needs who cannot attend school

It is a statutory requirement that Local Authorities have a named person responsible for the education of children with additional health needs. In this Local Authority the named Officer responsible for this guidance is Andrea Boswell and can be contacted by emailing inspire@lbhf.gov.uk

The above Local Authority Officer will retain the oversight of this guidance.

The officer will liaise with schools and professionals from education and health services to ensure that cases are addressed where children and young people with long term medical needs are not accessing a suitable education.

Pupils unable to attend school

The vast majority of pupils with medical needs will be able to continue to attend school with reasonable adjustments made. However, there are a small number of children who may be unable to attend school for a period of time. As far as possible, children with health needs and who are unable to attend school should receive the same range and quality of education as they would have experienced at their home

³ <http://www.legislation.gov.uk/ukxi/2014/1878/contents/made>

school. Children unable to attend school because of health needs should be able to access suitable and flexible education appropriate to their needs. The nature of the provision must be responsive to the demands of what may be a changing health status, where appropriate the school should have in place a Health Care Plan for the child.

Where a child or young person is unable to attend school and their medical needs result in them being away from school for 15 days or more, whether consecutive or cumulative, the Local Authority has a duty to ensure suitable⁴ full-time⁵ education provision is arranged. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. It applies to children who are pupils in Academies, Free Schools, special schools, and independent schools as well as those in maintained schools.

In such scenarios, the school should make a notification to the Local Authority nominated officer to ensure oversight of provision arranged by schools, challenge any delays and where necessary to support with the arrangement of additional provision for the child.

For most children who are unable to attend school due to medical needs, the school will be able to provide suitable alternative provision utilising the notional funding that has been provided to them. However, in some instances, where the child's individual needs require a tailored approach over and above the notional funding the school has received, they may require financial support from the Local Authority to meet this additionality. This should be clearly set out in the application form.

The application should set out how the school have attempted to meet needs and secure attendance utilising the universal and targeted services available, and the reasons for escalation to specialist support.

Medical Evidence and Health Involvement

Prolonged absence from school for any child or young person is likely to have a considerable impact on educational and social outcomes. It is, therefore, vital that professionals working with children or young people with medical needs take extreme care when considering whether advice is appropriate or legitimate as sanction for periods of absence from school. For this reason, the local authority officer supporting pupils unable to attend school will not usually accept a letter from a GP alone in support of a referral.

Referrals from schools must be supported with appropriate recent written evidence from either:

- A consultant with responsibility for the child/young person's case

⁴ suitable" means suitable to the child's age, aptitude, ability and any special educational needs that he or she may have.

⁵ Unless the local authority considers that a pupil's condition means that full-time provision would not be in his or her best interests.

- The Hammersmith and Fulham School Health Service or Children's Community Nursing Team
- A Senior Mental Health Practitioner working with the child/young person and Adolescent Mental Health Service (CAMHS) with responsibility for the child/young person's case. As the process of referral to CAMHS can be lengthy, we consider children/young people on an individual basis and may provide support based on the recommendation of a GP or school nurse who will advise as an interim measure on the impact of the child's mental health needs on accessing learning. We would only take this step where other professionals working with the family felt that it was appropriate to do so.

It is the responsibility of schools and parents/caregivers to provide appropriate medical evidence in support of a referral or continuation of provision.

The Role of Parents/Caregivers

Parents/caregivers have a responsibility to secure education for their child/young person while they are of compulsory school age. Parents/caregivers are, therefore, obliged to ensure that their child or young person engages with the provision provided by the school. In order for the child or young person to make progress academically parents/caregivers have a vital role to play in supporting the planned provision. Whilst we recognise that the medical needs of the child or young person can make this difficult at times, it is important that parents/caregivers work towards an appropriate aim for their child/young person in line with advice from professionals supporting the family. There is an expectation that parents/caregivers ensure their child or young person is available for tuition at the agreed time. Parents/caregivers should support any homework or individual study given to their child/young person and attend meetings arranged with the school, particularly the ESP meeting.

The Education Support Plan (ESP)

Local Authorities are required to work with schools to set up an individually tailored education and reintegration plan for each child/young person. In practice this plan is agreed, recorded, and implemented through the ESP process. Schools and the local authority named officer arrange for the ESP meeting to take place every 6 weeks attended by the child/young person, parents/caregivers, relevant support agencies, the local authority named officer, and the named teacher at the school.

The ESP sets out responsibilities, records provision of resources, records the curriculum and work plan, and sets targets for integration. For older children and young people at KS4 it sets out access to public examinations and helps to plan for post 16 provision. The ESP forms the basis of the 'contract' between school, family and Interim Tuition Support and is agreed at the close of the meeting by all those present.

Monitoring Attendance

Schools have a responsibility to monitor attendance and pass this information to LA where requested. Parents/caregivers must ensure good attendance at planned interim support sessions so that the child/young person can make progress. We recognise that children/young people have medical needs, which can sometimes make full attendance difficult. However, we ask that parents/caregivers make every effort to avoid cancellation of teaching sessions. Recurrent cancellation may result in a review of the provision offered or closure of the case.

Public Examinations

Effective liaison becomes increasingly important for children and young people approaching public examinations.

Awarding examination bodies will make special arrangements for children/young people with permanent or long-term disabilities or learning difficulties, and with temporary disabilities or illness when they are taking public examinations. Applications for special arrangements to awarding bodies should be made as early as possible.

The local authority named officer will offer appropriate advice and written evidence can be requested from the medical evidence provider. It is the responsibility of the school to coordinate special arrangements where appropriate for the child/young person. It is also the responsibility of school to provide suitable invigilation arrangements including a venue for tuition which meets the medical needs of the child or young person.

Hospital Admission

Where a child or young person requires long periods of hospitalisation, local authority named officer, will:

- Liaise with schools and medical staff.
- Ensure the school provides educational resources so that the child/young person can continue their education while on the ward.
- Liaise with schools so that the school can provide appropriate access to public examinations.
- Record and monitor the progress of pupils and report back to schools where appropriate.

Where a period of convalescence of more than 15 days is required, after discharge from hospital, before the child/young person can return to school, it is the responsibility of the school to inform the local authority named officer and consider making a referral in the usual way.

Monitoring the Effectiveness of the Local Authority Guidance

The Local Authority will monitor the effectiveness of provision for children/young people who are unable to attend school due to medical needs.

All aspects of provision will be monitored, evaluated, and reported to the Children's Health, Education and Social Care Partnership Board on an annual basis. This includes suitability of provision, progress made by children and young people receiving education, integration back into mainstream schools and post 16 outcomes.

INSPIRE will provide an opportunity for parents/caregivers, children/young people, and schools to evaluate the support they receive. This information will be collected, evaluated, and reported on a regular basis. Where appropriate, changes to systems will be considered and implemented in order to improve outcomes for service users.

Appendix A – Inspire Medical Needs in School Guidance



InSplre Medical Needs in School Guidance

*INSPIRE ITMA complements the education provided by schools. The holistic support plan is designed and reviewed collaboratively with the child or young person, families, schools, and health professionals enabling them to feel **connected, included and supported**.*

UNIVERSAL GREEN MNA- CYP PROFILE	UNIVERSAL GREEN MNA – SETTING/SCHOOL	UNIVERSAL GREEN MNA – <i>InSplre</i>
<p>Minimal impact on attendance but CYP may be missing school due to medical treatment or appointments.</p> <ul style="list-style-type: none"> • Challenges with school timetable expectations due to health needs 	<p>Expected Setting/School Provision</p> <ul style="list-style-type: none"> • Individual Healthcare Plan • Quality First Teaching • Awareness/understanding of impact of medical condition. • Reasonable adjustments in line with health advice • Awareness/understanding of impact of environment • Some differentiation of activities/resources • Inclusive ethos to support learning and wellbeing • Pastoral interventions • PSHE programmes • Opportunities for social interaction 	<ul style="list-style-type: none"> • Signposting to support agencies such as School Health; health support organisations e.g., Diabetes Support; medical conditions at school • Statutory Guidance see H&F Local Offer for Documents • ASK US! session
UNIVERSAL GREEN PLUS MNA- CYP PROFILE	UNIVERSAL GREEN PLUS MNA – SETTING/SCHOOL	UNIVERSAL GREEN PLUS MNA – <i>InSplre</i>
<p>The CYP has identified health needs and may be receiving medical support which is impacting on attendance.</p> <ul style="list-style-type: none"> • They may be receiving support from health services e.g., GP • May exhibit low level anxiety in social situations 	<p>Expected Setting/School Provision</p> <p>As above plus:</p> <ul style="list-style-type: none"> • Information about CYP shared with relevant staff. • Individual targets agreed and monitored by school. • Flexible use of additional support from school resources and tailored to meet identified needs • Support for specific areas of difficulty e.g., Assembly; Drama; PE etc. 	<p>As above plus:</p> <ul style="list-style-type: none"> • Signposting to support agencies such as Well-being Team; School Health; Families First; specialist nurses e.g., Diabetic team • Signposting to Early Intervention • Signposting to information/resources e.g.: Healthy Young Minds

	<ul style="list-style-type: none"> • Oversight when moving between classrooms. • In-school support e.g., Counsellor 	
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TARGETED AMBER MNA- CYP PROFILE	TARGETED AMBER MNA– SETTING/SCHOOL	TARGETED AMBER MNA - <i>InSplre</i>
<p>The CYP has a specific medical need impacting on ability to access the curriculum & learning.</p> <ul style="list-style-type: none"> • Frequent medical appointments/physical conditions which vary from day to day. • May struggle with self-regulation; social isolation; anxiety, low self-esteem. • May be receiving therapeutic support for SEMH difficulties • The emotional/physical needs may co-exist with other needs. 	<p>Expected Setting/School Provision As above plus:</p> <ul style="list-style-type: none"> • Understanding/Awareness of physical and emotional aspects of additional need and focused work to support management of these needs. • Individual Healthcare Plan in place • Risk assessments of challenging situations to inform adaptations. • Provide support from Key staff/Mentor for support and delivery of interventions. • Development of peer understanding/awareness. • Access to a quiet area for ‘chill-out’ at times of fatigue/stress/increased emotional arousal as appropriate 	<p>As above plus: <i>School may make a referral via INSPIRE for consideration by Panel</i> regarding support/advice relating to impact on attendance/learning.</p>
TRAGETED AMBER PLUS MNA - CYP PROFILE	TARGETED AMBER PLUS MNA – SCHOOL	TARGETED AMBER PLUS MNA – <i>InSplre</i>
<p>The CYP has a specific medical condition impacting on ability to access the school plan due to on-going health appointments & treatment.</p>	<p>Expected Setting/School Provision As above plus:</p> <ul style="list-style-type: none"> • Regular multi-agency assessment meetings and/or reviews of strategies & progress. Identified lead provides support to staff & access to CPD. 	<p>As above plus: <i>Following PANEL decision may include:</i></p> <ul style="list-style-type: none"> • INSPIRE tailored advice to enable school to take effective action through identified time limited interventions.

<ul style="list-style-type: none"> • They may experience significant & persistent difficulties due to a high level of anxiety & may have emerging SEMH difficulties • May exhibit self-harming behaviours; increased levels of fear/irrational phobias; risk taking behaviours or have extremely high expectations of themselves leading to an inability to attempt tasks. 	<ul style="list-style-type: none"> • Liaison with health professionals e.g., Oncology team; Paediatrician; Diabetic Nurse. • Regular classwork provided to CYP to complete at home and marked by school. • May need to consider access to alternative teaching venues/programmes at KS4 e.g., supervised work placements. • Increased therapeutic intervention & non-educational input e.g., YC, TYS. • Signpost families to voluntary & statutory services e.g., Mind Ed has free online training tool & targeted resources (www.minded.org.uk); Anxiety UK (https://www.anxietyuk.org.uk) 	<ul style="list-style-type: none"> • Direct involvement from services to support delivery of interventions/offer advice, support development of reintegration programmes and teaching for complex health needs. • Specialist works together with the CYP, parents/caregivers and staff to identify priorities for the CYP's individual programme of work. • Signpost families and schools to a range of voluntary and statutory services e.g., www.familiesinfocus.co.uk/big-news; www.kids.org.uk/hub
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SPECIALIST RED MNA- CYP PROFILE	SPECIALIST REDMNA- SETTING/SCHOOL	SPECIALIST RED MNA
<p>The CYP has a medical condition which has prevented school attendance due to on-going health appointments & treatment impact</p> <ul style="list-style-type: none"> • Medical condition may be life limiting • They experience significant & persistent difficulties due to an extremely high level of health needs & may have mental health diagnosis. 	<p>Expected Setting/School Provision: As above plus:</p> <ul style="list-style-type: none"> • Detailed pupil profile with identified interventions and outcome targets. • Regular multi-agency meetings e.g., Access to alternative learning e.g., online learning platforms, classroom work sent home. • Management of specialist equipment as identified by Health. • School accessing support/advice from Specialist Advisory Teacher in reviewing the CYP's plan against targets to tailor support. 	<p>As above plus: Following PANEL decision may include:</p> <ul style="list-style-type: none"> • Direct involvement from support services which may include INSPIRE, In-patient teachers; Home Treatment Team; Hospital teachers allocated to deliver teaching/support for complex mental and physical health needs. • Services, school, and health working together with the CYP and parents/caregivers to identify priorities for the CYP's individual programme. • Additional funding for setting to meet needs over and above the notional SEN and what is ordinarily available.

Schools have a duty to respond swiftly when a pupil is absent from school to identify the cause of absence and work with parents/caregivers to remove any barriers preventing a child/young person from attending school. Absences linked to child/young person (or parental) anxiety requires schools to act promptly. The longer a child/young person is absent from school, particularly when linked to emotional wellbeing, will often increase anxieties further, create feelings of isolation and often result in disengagement and disaffection from school. Schools should act promptly to communicate with the parent/caregiver and child/young person to identify the cause of anxiety and any other barriers preventing the CYP from attending school and provide a plan of support. In doing so, the school may want to consider a modified learning plan for a short period to support a return to school, or in more complex circumstances, provide a remote learning platform, to ensure the child/young person doesn't fall behind with learning. Where schools are unable to identify the cause of absence, the school should contact ACE Team for advice and support. Where a family might need additional support, an early discussion with the family to consider a referral to Early Help Family Support should be considered.

Graduated Approach

Provision for five types of support – depending on medical evidence and the needs of CYP

1. Universal – School Support.

2. Universal Plus – School Support plus Specialist guidance on identifying and implementing reasonable adjustments in place for reintegration.

3. Targeted – Referral made via INSPIRE

There is various blended online learning options e.g.:

- i) *Microsoft Teams reconnects primary or secondary school age pupils, full time, with their school and their peers.*
- ii) *Real time online teaching in the core subjects (English, Math's & Science).*
- iii) *Small virtual classes providing interaction with peers and teachers, building confidence in a safe and secured environment where learning and progress is continually monitored.*

4. Targeted Plus – Referral presented to PANEL for consideration.

Group learning either in a classroom setting or online with Tutor in the core subjects (English, Math & Science).

Allocation of hours is dependent on health needs of CYP

5. Specialist – PANEL decision may include additional funding to support over and above the notional SEN or what is ordinarily available either in

- i) a classroom
- ii) neutral setting
- iii) Online.

Location and allocation of hours are dependent on the health needs of CYP

Learner Profile – Universal

This CYP's attendance will not have been impacted significantly however they may exhibit some of the following:

- Missing some school due to medical treatment/impact of treatment or appointments
- Challenges with school timetable expectations due to health needs.

Assessment, planning and review - Universal

- School early support plan
- Assessment for learning Individual Healthcare Plan supporting-pupils-at-school-with-medical-conditions
- Information from the parents/caregivers and health professionals
- Information from the CYP regarding their difficulties
- A proactive response in identifying individual needs and monitor that action is taken.

Classroom support - Universal

- The class/subject teacher is responsible for the learning and progress of the CYP.
- **Quality First Teaching** meets the needs of all pupils and includes:
- Understanding/Awareness of impact of medical condition on CYP's ability to learn and access timetabled arrangements
- Understanding/Awareness that CYP may need reasonable adjustments in line with health advice
- Understanding/Awareness of impact of environment due to health issues
- Some differentiation of activities/ resources in relation to health needs.
- An inclusive ethos that supports the learning and wellbeing of all CYP.

School support - Universal

- Pastoral interventions could include:
- Meet & greet, circle time, peer mentoring, buddy systems, lunch clubs
 - Peer to peer support is encouraged
 - CYP are aware of school support processes and feel confident to use them
 - PSHE programmes support medical and emotional needs e.g., Protective Behaviours, Life skills etc. e.g., www.gov.uk/phe
 - Anti-bullying is routinely addressed, and pupils are confident in reporting incidents
 - Opportunities for social interaction between peers and the wider community of the school may need to be engineered to support self-esteem and confidence
 - School trips/events are planned well in advance and take into consideration the needs of the CYP.

Additional support - Universal

- Liaison with health professionals and arranges for Individual Healthcare Plan as required
- Named person responsible for oversight of pupils with medical needs – A Health & Wellbeing Policy in place.
- CPD training in mental health first aid/physical health conditions for all staff
- The school may employ additional adult to support the needs of CYP e.g., Family Support Worker.
- Liaison time for school staff regarding CYP's support
- Named School contact 'Supporting pupils at school with medical conditions, statutory guidance for governing bodies of maintained schools and proprietors of academies in England. December 2015. Reference: DFE00393-2014
- School Health website –
- PSHE Association has guidance and lesson plans to support the delivery of effective teaching on mental & health issues

INSPIRE Intervention Support Service to SEND – Universal PLUS – MNA

Learner Profile – Universal PLUS	
<ul style="list-style-type: none"> CYP has identified on-going health needs and may be receiving medical support which is impacting on attendance. They may be receiving support from health services e.g., GP, Epilepsy Nurse. The CYP may exhibit low level anxiety in social/school situations. 	
Assessment, planning and review – Universal PLUS	
<ul style="list-style-type: none"> Observations by SENCO/Pastoral Lead/Named Member of Staff. Successful strategies shared with staff to reflect the changes in health needs. SMART targets reviewed and updated regularly. CYP involved in setting and monitoring their own targets. Parents/caregivers involved regularly and know how to support targets at home. Focused support during identified times 	
<p style="text-align: center; margin: 0;">Classroom support – Universal PLUS</p> <ul style="list-style-type: none"> Information about the CYP's difficulties/health needs is shared with relevant staff, in partnership with parents/caregivers and with advice on support strategies. Additional time to complete tasks as required, accommodating fatigue, pain & increased effort for routine daily tasks. Individual targets agreed and monitored by the identified member of staff, following discussion with CYP and parents. Sharing of advice from SENCO/Identified Lead on successful strategies and set targets Classroom Teaching support is targeted towards support for access for specific tasks/settings 	<p style="text-align: center; margin: 0;">School support – Universal PLUS</p> <ul style="list-style-type: none"> Consider referral to School Health School-nursing Flexible use of additional support from school resources and tailored to meet identified needs. Safe space to go to, to access medication etc CYP has access to support when they find the school environment difficult/ stressful. Teaching problem solving skills Solution focussed conversations. Home-school communication book/means of CYP recording issues Preparation for changes to activities/routines/ staffing Supporting specific areas of difficulty e.g., assembly, Drama, PE, etc. Oversight when moving between classrooms and other daily transitions.
Additional support – Universal PLUS	
<ul style="list-style-type: none"> CYP needs are highlighted to all staff with advice on support strategies provided and monitored by the SENCO/Identified Lead e.g., IHCP, Pupil profile, pen portrait, pupil passport etc. Access to in-school support e.g., Counsellor; Mentor. Use of pupil premium for 1-1 intervention and support. Time for scheduled meetings with parents on a regular basis. School may consult other professionals e.g., regarding issues relating to Autism or other identified learning needs May need to refer to external support providers e.g., School Health, Families First May access information/resources on Young Minds 	

INSPIRE Intervention Support Service to SEND – Targeted – MNA

Learner Profile – Targeted	
<p>CYP has a specific medical need impacting on ability to access the curriculum. They may have frequent hospital/medical appointments; physical conditions which vary from day to day • They may struggle with self- regulation; social isolation; anxiety; low self-esteem. They may be receiving therapeutic support for emotional/mental health difficulties e.g., Step 2 • Physical medical needs may co-exist with other secondary needs.</p>	
Assessment, planning and review – Targeted	
<ul style="list-style-type: none"> • School support plan in place e.g., Individual Healthcare Plan, PSP etc. • Pupil Profile drawn up and reviewed regularly in collaboration with CYP, parents and key staff • ‘Round Robins’ to staff for overview of needs to inform planning • Risk assessments of tricky situations to inform adaptations including educational visits • Consultation and assessment with external support e.g., Specialist Advisory Teacher, Educational Psychologist, School Health, • There is a commitment to developing independence with steps planned and agreed • Careful reviewing of needs before transition at key stages • In-school support is considered when planning to ensure any input is effective. 	
Classroom support – Targeted	School support – Targeted
<ul style="list-style-type: none"> • Manage access arrangements for internal and external examinations and assessments • Awareness of physical and emotional aspects of additional need and focused work to support management of these needs • Use of key-working approaches/mentor to ensure the pupil has a trusted adult to offer support during vulnerable times • Provide support from TA/Key Worker/Mentor for support and delivery of interventions e.g., meet & greet • Access to support equipment if needed. 	<ul style="list-style-type: none"> • Increased levels of individual additional support from school resources • A detailed time limited intervention programme e.g., reduced timetable to manage effect of medical needs Development of peer awareness • Support identified for managing a medical condition and training available • School will ensure that key information is passed on at times of transition and key times e.g., break/lunch Access to a quiet area for ‘chill-out’ at times of fatigue/stress/increased emotional arousal • Access to structured teaching approaches as required.
Additional support – Targeted	
<ul style="list-style-type: none"> • School will have involvement of Health providers e.g., Paediatrician • Signposting parents/carers to other external support e.g., external organisations supporting medical issues e.g. Teenage Cancer Trust; Chronic Health Conditions; Parenting Courses; Advance; Drop in Surgeries; Young Minds • High level of multiagency support for the family may be required • Time for formal meetings with parent/caregivers on a regular basis • Process to enable CYP to access missed curriculum e.g., digital folder from class/subject teacher; use of VLE; 1-1 time with a Key staff 	

INSPIRE Intervention Support Service to SEND – Targeted PLUS – MNA

Learner Profile – Targeted PLUS	
<ul style="list-style-type: none"> • CYP has a medical condition which makes attending identified school plan challenging due to on-going health appointments, impact of health care regime and treatment • Experience significant and persistent difficulties due to high level of anxiety; may have emerging mental health difficulties, exhibit self-harming behaviours, increased levels of fear/ irrational phobias, risk taking behaviours or have extremely high expectations of themselves/perfectionist ideals leading to an inability to attempt tasks. 	
Assessment, planning and review – Targeted PLUS	
<ul style="list-style-type: none"> • Specialist assessments e.g., by Specialist Teacher for Autism, Educational Psychologist, CAMHS etc. • Risk assessment to identify triggers and need for additional support • Evidence of the impact of interventions - APDR • Regular multi-agency assessment meetings and/or reviews of strategies and progress • Robust monitoring systems to identify progress and next steps by school and support services. 	
Classroom support – Targeted PLUS	School support – Targeted PLUS
<p>Identified member of staff for monitoring of reasonable adjustments and impact of in-school support measures</p> <ul style="list-style-type: none"> • Facilitate production of differentiated materials/specialist equipment in accordance with the advice from Health • Use of key working approaches to ensure the CYP has a trusted adult to offer support/withdrawal during vulnerable times • Time limited intervention programmes with familiar staff which have knowledge to address CYP’s specific needs • Support to manage their medical condition. Programmes to develop social interaction & emotional well-being as identified by IEP/Support Plan/Health Plan • Regular classwork provided to CYP to complete at identified venue and marked by school. 	<ul style="list-style-type: none"> • Identified Lead/SENCO provides support to staff; access to CPD and quality assures the learning experience of CYP • Regular multi-agency assessment meetings and/or reviews of strategies & progress • Consider access to alternative teaching venues/programmes at KS4 e.g., vocational/ college /supervised work placements • Skilled TA support with understanding of the implications of the health needs • Provision reviewed regularly to encourage reintegration and curriculum access • Formal monitoring systems to log & analyse needs to review & modify strategies and resources • Increased therapeutic intervention & noneducational input • Individual support around coping skills in relation to managing the impact of health condition on school and attendance.
Additional support – Targeted PLUS	
<ul style="list-style-type: none"> • Referral to PANEL • Direct involvement from support services e.g., staff allocated to deliver advice; reintegration programmes; teaching for health needs impacting on attendance significantly • Multi-agency works together with CYP, parent/caregiver and staff to identify priorities for the CYP’s individual programme of work • Range of voluntary and statutory services e.g., SWC Key Worker 	

Learner Profile – Specialist	
<ul style="list-style-type: none"> • CYP has a medical condition which has prevented school attendance due to on-going health appointments and impact of treatment • Experiencing significant and persistent difficulties due to complex physical and/or mental health difficulties. 	
Assessment, planning and review – Specialist	
<ul style="list-style-type: none"> • Involvement of Tier 4 support for Mental Health needs • Involvement of Specialist Consultants/Health teams • CYP will have a detailed pupil profile; provision map/IEP/IHP identifying individualised interventions and outcomes 	
Additional support – Specialist	
<ul style="list-style-type: none"> • Following PANEL decision: • Additional funding for setting to meet needs over and above the notional SEN and what is ordinarily available. • Direct involvement from support services e.g. In-patient teachers; Home Treatment Team; Palliative care; Hospital teachers allocated to deliver teaching/support for complex mental and physical health needs • Access to alternative learning mechanisms e.g., online learning platforms • School accessing support/advice in reviewing the CYP’s plan against targets to tailor support Increased therapeutic intervention & non-educational input e.g., Oncology Nursing Team. 	
Classroom support – Specialist	School support – Specialist
<ul style="list-style-type: none"> • Facilitate access to learning opportunities in relation to the detailed and diagnostic health assessment information • Trusted adult available during reintegration period • High levels of staff understanding/awareness of the support required to enable the CYP to manage their medical condition • Programmes to develop confidence and coping skills when returning to the school environment. 	<ul style="list-style-type: none"> • Identified member of staff liaises with external agencies involved in supporting CYP • School: ESMA and health working together with the child and parents to identify priorities for the child’s individual programme of work School and multi-agency support reviewed regularly to enable reintegration and curriculum access Liaison with Health providers to ensure accessibility on health grounds of provision on offer.

Appendix B - School Checklist when making a referral

- Notify the LA if a CYP is likely to be absent from school because of medical needs for more than 15 days.
- Discuss the referral to INSPIRE with parents/caregivers before making the referral
- Provide accurate and honest information on the referral form.
- Provide full information about the CYP's abilities and curriculum within the school.
- Provide medical evidence in support of the referral from an appropriate medical practitioner.
- Provide updated medical evidence where it is appropriate for support to be extended beyond the initial referral period of 12 weeks.
- Provide a Named Teacher with senior and appropriate responsibility in school to work with the support and the family
- Organise the Education Support Plan Meeting every 6 weeks.
- Keep the CYP and family informed about school life and events and maintain an active dialogue with the CYP's parents/caregivers
- For CYP with an EHCP provide support through the school SEND department including access to allocated TA support time.
- Provide access to external examination entry.
- Provide invigilation arrangements which are appropriate to the CYP's medical needs.
- Provide support to the CYP's social and emotional needs including access and communication with their peer group.
- Have high expectations for the achievement of the CYP
- Listen to the views of the CYP and family and seek to work in partnership with them.
- Make reasonable adjustments to support access to the school site and mainstream lessons as part of integration during and after tuition
- Provide a point of liaison between the tutor and the school, usually the named teacher
- Provide a suitable room in the school for tuition if appropriate and access back into mainstream lessons as part of a phased integration plan.