



Campion School

Policy on children with health conditions who cannot attend school

Dated: March 2020

Review: March 2022



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Children with health conditions who cannot attend school

Policy details

Date of policy: March 2020

Date of next review: March 2022

Policy to be reviewed by governors

Policy to be read in conjunction with the Medical Needs Policy

Members of staff responsible for overseeing that this policy is implemented and regularly reviewed:

Jassa Panesar (Headteacher),

Steve Bolsover (Deputy Headteacher)

Signature (Chair of governors): 

Signature (Headteacher): 

Policy on children with health conditions who cannot attend school

1. Introduction

An increasing number of children and young people with health needs, including long-term conditions and highly complex needs, are attending mainstream school. Some of these pupils have short-term needs for support, such as being helped to take prescription medicines. However, many require continuous and ongoing care and intervention while at school, including intimate or invasive care procedures.

The Children and Families Act 2014 brought with it a change in the law meaning that from September 2014, schools have to make arrangements to support pupils with medical conditions. The Department for Education (England) published new statutory guidance to accompany this change, called *Supporting pupils at school with medical conditions*, and schools must have regard to this.

The statutory guidance contains detailed information about what a school policy for supporting pupils with medical conditions should contain, and the roles and responsibilities of governors, staff, health professionals and parents.

2. Key roles and responsibilities

The school, as well as other partners are aware of their responsibility regarding children and young people who have health needs and has ensured that arrangements are in place to minimise, as far as possible, the disruption to normal schooling by continuing education as normally as the incapacity allows.

2.1 The child's role in managing their own medical needs:

- i. The governing body should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.
- ii. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.
- iii. Staff should not force a child to take their medicine or carry out a necessary procedure if the child refuses. Instead they should follow the procedure agreed in the individual healthcare plan and inform the child's parents.

2.2 The family is responsible for:

- i. Ensuring school is made aware of any changes to the treatment plan.
- ii. Keeping school updated about absences.
- iii. Attending meetings to discuss how support should be planned.

- iv. Providing any medication in line with the school's medicines policy.
- v. Working with school to ensure the best possible outcomes for the child or young person.

2.3 The school is responsible for:

- i. Ensuring arrangements are in place to support pupils with medical conditions.
- ii. Ensuring the school has a policy for working with pupils who have medical conditions that clearly identifies roles and responsibilities and is implemented effectively. See section 3 below.
- iii. Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity, national origin, religion or belief, sex, gender reassignment, pregnancy and maternity, disability or sexual orientation.
- iv. Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- v. Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life, participate in school visits, sporting activities, remain healthy and achieve their academic potential.
- vi. Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are competent to do so.
- vii. Staff to have access to information, resources and materials.
- viii. Ensuring written records are kept of, any and all, medicines administered to pupils.
- ix. Ensuring the policy sets out procedures in place for emergency situations.
- x. Ensuring the level of insurance in place reflects the level of risk.
- xi. Handling complaints regarding this policy as outlined in the school's Complaints Policy.

2.2 The governing body is responsible for:

- i. The statutory guidance applies to governing bodies of maintained schools, pupil referral units and academies (including free schools).
- ii. Governing bodies are legally responsible under Section 100 of the Children and Families Act 2014 to make arrangements to support pupils with medical conditions and must have regard to the new guidance.
- iii. The governing body must ensure that arrangements are in place to support pupils with medical conditions and those policies, plans, procedures and systems are properly and effectively implemented.

2.4 The Local Authority (LA) is responsible for:

- i. Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- ii. Providing support, advice /guidance and training to schools and their staff to ensure Individual Healthcare Plans are effectively delivered.
- iii. Working with schools to ensure pupils attend full-time or make alternative arrangements for the education of pupils who need to be out of school due to a health need and who otherwise would not receive a suitable education.

2.5 The role of health professionals:

Health professionals have a vital role in liaising with education staff to ensure that the planned provision is appropriate and that all the needs of the child, health, social, education and emotional are being addressed.

Health professionals should:

- i. Ensure that a holistic approach is taken regarding the welfare of the child by facilitating timely access to appropriate advice and to effective services which address their health, social, education and emotional needs throughout the period of their illness.
- ii. Establish clear procedures for staff which enable children who are in their care to participate in education.
- iii. Make arrangements at a strategic level for co-operation and planning between the health service and the education service.
- iv. Have agreed protocols for sharing information about children who are ill between the health service and the education service.
- v. Make arrangements for a health professional to participate in multi-agency meetings to plan and monitor the child's education and return to school once educational provision has been agreed.
- vi. In some cases, the nature of a child's illness may be unclear. Mental health problems in particular can involve frequent or long absence from school. A mental health condition may for example manifest itself in truancy, school refusal or disruptive behavior. Medical needs of this kind include conduct or hyperactivity disorders, emotional disorders such as depression, anxiety and in some cases psychosis. In such cases, mental health professionals should make every effort to provide the medical evidence necessary for the child to secure eligibility for educational support as quickly as possible.

3. School Policy for Pupils with Medical Conditions

3.1 Developing the school's policy

The governing body should ensure that this policy for supporting pupils with medical conditions is reviewed regularly and is readily accessible to parents and school staff.

- i. The headteacher has overall responsibility for effective policy implementation, although on a day-to-day basis this will have been delegated to the SENCO and the SLT SEND line manager.
- ii. Staff with responsibilities include:
 - The headteacher, who is responsible for ensuring that sufficient staff are suitably trained.
 - The SENCO, who is responsible for ensuring that strategies are in place to support children with medical conditions and that cover arrangements are in place in case of staff absence.
 - The Education Visits Co-ordinator (EVC), who is responsible for ensuring that risk assessments have been carried out for individual pupils with medical needs for school visits, holidays and other school activities outside of the normal timetable.
- iii. Governors must ensure the school policy identifies the roles and responsibilities of all those involved in supporting medical conditions.
- iv. Governors should ensure sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical needs.
- v. Supporting a child with a medical condition is not the sole responsibility of one person.
- vi. Policies should identify collaborative working arrangements between school staff, healthcare professionals, local authorities, parents, pupils and social care professionals where appropriate.
- vii. The headteacher should ensure that sufficient trained numbers of staff are available to deliver against IHPs, including contingency and emergency situations. This may involve recruiting a member of staff for this purpose.
- viii. The headteacher must make sure school staff are appropriately insured to support pupils with medical conditions.
- ix. The school has access to Compass, the School Nursing Service. School nurses 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.
- x. Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so and must be trained.
- xi. School staff that provide support to pupils should be able to access information and other support materials as needed.

3.2 Individual healthcare plans (IHPs)

- i. The governing body must ensure the school's policy identifies who is responsible for the development of individual healthcare plans (IHPs).
- ii. IHPs should be drawn up in partnership between the school, parents, healthcare professionals and whenever appropriate, the child.
- iii. IHPs should capture the key information and actions that are required to support the child effectively.
- iv. The governing body must ensure IHPs are reviewed at least annually or earlier if evidence is presented that the child's needs have changed.
- v. In producing IHPs, the governing body and the school must consider the following:
 - the medical condition: its triggers, signs, symptoms and treatments.
 - the pupil's resulting needs: including medical, education, social and emotional needs.
 - the level of support needed, including in emergencies: who will provide the support, their training needs, confirmation of their proficiency from a healthcare professional, and cover arrangements.
 - arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
 - separate arrangements required for school trips or other school activities outside of the normal school timetable, e.g. risk assessments.
- vi. Where a child has a special educational need (SEND) but does not have an Education Health Care Plan (EHCP), their special educational needs should be mentioned in their individual healthcare plan.
- vii. Where a child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

3.3 Emergency procedures

- i. Individual healthcare plans should clearly define what constitutes an emergency and explain what to do.
- ii. If a child is taken to hospital, staff should stay with the child until the parent arrives or accompany a child taken to hospital by ambulance.

3.4 Staff training and support

- i. The governing body must ensure that staff will be supported in carrying out their role to support pupils with medical conditions, and that this will be reviewed.

- ii. Healthcare professionals should lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.
- iii. Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure or in providing medication.
- iv. Training should be sufficient to ensure staff are confident and have confidence in their ability to support pupils with medical conditions. They will need an understanding of the specific medical conditions they are asked to deal with. *A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.*
- v. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (*updated to reflect any individual healthcare plans*).
- vi. Staff who provide support to pupils with medical conditions should be included in relevant meetings.
- vii. Parents may provide specific advice but should not be the sole trainer of staff.

4. Managing medicines on school premises

- i. The school has a policy for the management of medicines.
- ii. Medicines should only be administered at school when it would be detrimental to a children's health or school attendance not to do so.
- iii. No child under 16 should be given prescription or nonprescription medicines without their parents' written consent, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- iv. Children should know where their medicines are stored and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.
- v. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary.
- vi. School staff may administer a controlled drug to the child for whom it has been prescribed. Schools should keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom.

5. Day trips, residential visits and sporting activities

- i. The school has a School Visits Policy which sets out arrangements for the inclusion of pupils with medical conditions in day trips, residential visits and sporting activities.
- ii. For pupils with medical conditions the school visit leader will carry out a risk assessment in consultation with parents and pupils and advice from the relevant professional to ensure that the pupil(s) can participate safely.

6. Providing Additional Support

6a. Additional Support

- i. In line with Section 19 of the Education Act 1996 the Local Authority (LA) have a duty to: “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, or otherwise, may not for any period receive suitable education unless such arrangements are made for them.” This applies to children and young people: who are of statutory school age and who are permanently resident in Warwickshire (including children who attend schools outside the authority) and who are not in school due to ill health and where the health need and necessity for absence has been validated as necessary by a medical doctor and will not receive a suitable full-time education unless the local authority makes arrangements for this.
- ii. Health problems include physical illnesses, injuries and clinically defined mental health problems. Suitable medical evidence will be required. This would include details of the health problem, how long the condition is expected to last and the likely outcome, and a treatment plan. This must be provided by a suitable medical professional, normally a hospital consultant. However, where specific medical evidence is not available quickly, the local authority will liaise with other medical professionals (e.g. the child's GP), so that provision of education is not delayed.
- iii. This duty applies to pupils at schools of all types (maintained schools, Academies, Free schools, special schools, independent schools).
- iv. Arrangements for alternative education will not normally be made for children and young people above compulsory school age. Arrangements for alternative provision will be made as soon as it is clear that a significant period of health-related absence from school will be verified by a medical doctor. The provision will commence as quickly as possible. There may be circumstances in which suitable alternative education is already in place, for example, if the school has made arrangements for a pupil or the child is receiving education at a hospital school.

6b. Sources of support including the Flexible Learning Team

- i. The school can request support from the Flexible Learning Team (FLT) who will determine any relevant intervention. They are an agency of the local authority with responsibility for the provision of medical needs tuition.
- ii. All tuition through the FLT will be subject to regular reviews.
- iii. The Flexible Learning Team is meant to provide limited time support. It is not to be seen as a long term solution. The long term plan must be for the young person to be re-integrated into school at the earliest possible time.
- iv. It will be the responsibility of the school, in partnership with the Flexible Learning Team, to provide educational support and resources to ensure the pupils is able to access a full time provision equivalent to that which would be provided to other pupils in the school.

- v. Where a child or young person with a medical condition requires support in school the SENCO will determine any appropriate additional support.
- vi. Where the child or young person has an EHCP for a medical reason, this support should form part of the Plan. Funding allocated for this part of the Plan can be used to provide in-house support or to fund support from other agencies.
- vii. Where a child or young person requires support but does not have an EHCP, the school would be expected to fund this.
- viii. Where it is not appropriate to involve the FLT the school will work with the parents and the child to achieve a prompt return to full-time education. The school will put in place strategies to encourage the child to take part in education activities prior to a return to school, where this may be advantageous and the child may not be ready to return. These strategies may include:
 - a phased return to school
 - a temporary part-time timetable
 - access to online learning, for example, with numeracy and literacy
 - limited lessons taught off-site
 - activities to re-socialize and prepare the child for return
 - identifying a key worker to support the child in school
 - identifying a suitable member of his/her peer group to support the child in school

6c. Withdrawal of FLT teaching

- i. If a pupil fails to attend or make themselves available for FLT teaching on a regular basis without production of an appropriate medical certificate, or having a valid reason (usually medical) for absence then teaching will cease until a meeting is convened to establish a way forward.
- ii. The withdrawal of teaching will also be considered if the child ceases to follow a therapeutic programme recommended by any other agency as part of a rehabilitation and reintegration package. Isolated teaching sessions do not in themselves support a programme of reintegration, nor can they give sufficient confidence to ensure a successful return to school.

6d. Ensuring successful reintegration into mainstream school

- i. Returning to school after a period of long illness can be an emotional hurdle for a child or young person. Friendships can be damaged by a long absence and peer group contact during an absence, for example cards, letters, invitations to school events, are as important as formal contact. In these circumstances the school needs to develop a welcoming environment and encourage pupils and staff to be as positive and proactive as possible during the transition period.
- ii. Consultation with the child and parents and key staff about concerns, medical issues, timing and pace of return is important.

- iii. If a child can attend school part time this is preferable to teaching at home and usually enables speedier and more successful reintegration and monitoring of the child's needs.
- iv. Strategies for successful reintegration will be a key element of the child's PEP. The reintegration strategy should include:
 - Date for planned reintegration once known.
 - Details of regular meetings to discuss reintegration.
 - Clearly stated responsibilities and rights of all those involved.
 - Details of social contacts including the involvement of peers and mentors during the transition period.
 - A programme of small goals leading up to reintegration.
 - Follow up procedures.

6e. Warwickshire Attendance Compliance and Enforcement Team (ACE)

Warwickshire Attendance Compliance and Enforcement (ACE) plays a key role in resolving attendance issues, importantly that of identification of attendance problems related to medical issues.

Where ACE feel the needs of a pupil with medical needs are not being met, they will ask the school to complete a referral in order that the commissioned provider can carry out an assessment of needs.

6f. Other issues for consideration

- i. Campion has a defibrillator on the premises and staff have been given training on how to use it.
- ii. From 1 October 2014, the school has been able to hold asthma inhalers for emergency use for children on the school's asthma register, where written parental consent has been obtained and recorded in the child's individual healthcare plan.
- iii. School staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:
 - prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
 - assume that every child with the same condition requires the same treatment
 - ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
 - send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans

- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

6g. Liability and indemnity

- i. The governing body will ensure the appropriate level of insurance is in place.
- ii. The school must set out the details of the school's insurance arrangements that cover staff providing support to pupils with medical conditions, but individual cover may need to be arranged for any health care procedures.
- iii. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.
- iv. Insurance policies should be accessible to staff providing such support.
- v. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

6h. The Curriculum and Public Exams

Young people with medical conditions may be entitled to variations with regard to the sitting of Public Examinations. Where a young person is being supported by FLT this will be discussed at Review meetings.

6i. Post-16 Transition

A young person's educational needs Post -16 may require additional consideration, particularly where he or she has made slow progress up to the age of 16 because of interruptions in their education due to illness. The school will liaise with the future destination to ensure the young person has access to appropriate information.

6j. Transport

The provision of temporary transport for a pupil on medical grounds to and from school by the LA can sometimes enable a pupil to attend school. An application form needs to be completed and endorsed by suitable health professional and sent to Warwickshire County Council. Transport can be arranged for pupils in wheelchairs.

6k. Complaints

If you would like to make a complaint you can find a copy of our Complaints Procedure on the school website.