

Supporting pupils at school with medical conditions

This document is intended as a model document for maintained and academy mainstream, special schools and Pupil Referral Units in Salford

DfE Ref:

[Supporting pupils at school with medical conditions](#) – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (December 2015)

[Templates - Supporting pupils with medical conditions](#)

[Supporting pupils with medical conditions: links to other useful resources](#)

[Arranging education for children who cannot attend school because of health needs](#) (December 2023)

Schools also need to be aware of their responsibilities when mental health issues are impacting on a child's attendance. [DfE guidance February 2023](#)

Supporting pupils within the school community

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. In September 2014 a new duty was introduced for governing bodies to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential.

The school's co-ordinator for children with medical needs will have overall responsibility for ensuring that this, and other policies and procedures, are regularly reviewed and fully implemented.

At St Paul's, the Coordinator for pupils with medical needs is: *Collette Marshall and Lauren Armstrong (SENDCOs)*

Procedure to be followed when notification is received that a pupil has a medical condition

This section covers any transitional arrangements between schools, or when pupil's needs change and include arrangements for staff training. 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, this should normally take no more than two weeks. School should consider whether the child should be put on the SEN register.

A flow chart setting out the process that may be followed for identifying and agreeing the support a child needs is provided at appendix A

Individual healthcare plans

Individual healthcare plans (IHCP) can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They are likely to be helpful in the majority of cases, and especially for long-term and complex medical conditions, although not all children will require one. [A model IHCP is provided at Appendix B]

**At St. Paul's the individual(s) responsible for drawing up IHCPs will be:
Headteacher/ Collette Marshall and Lauren Armstrong (SENDCOs)/Deputy
Headteacher/SBM**

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Plans will be reviewed at least termly or earlier if the child's needs change. They will be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan will be linked to the child's EHC plan where they have one.

When drawing up an IHCP the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (its side-effects and its storage) and other treatments, dose, time, facilities, equipment, testing, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their own medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role, cover arrangements for when they are unavailable and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional;
- who in the school needs to be aware of the child's condition and the support required
- written permission from parents and the head teacher at your school for medication to be administered by a member of staff, or self-administered by individual pupils during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements. Other pupils in the school should know what to do, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

In the event of an emergency, the ambulance (or other emergency service) should be directed to: St. Paul's C. E. Primary School, Walkden, Salford, M28 3HP

Collaborative working arrangements

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Partnership working between school staff, healthcare professionals, and where appropriate, social care professionals, local authorities and parents and pupils is critical.

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The Governing body/Management Board will:

- Ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. No child with a medical condition will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made
- Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. They will often be long-term, on-going and complex and some will be more obvious than others. The governing body will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life
- Ensure that their arrangements give parents confidence in the school's ability to support their child's medical needs effectively. The arrangements will show an understanding of how medical conditions impact on a child's ability to learn, increase their confidence and promote self-care. in line with their safeguarding duties, not place other pupils at risk or accept a child in school where it would be detrimental to the child and others to do so
- Ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.
- Consider implementing an asthma policy to ensure compliance with national guidance as Salford's statistics for childhood hospital admissions due to asthma-related emergencies surpass the England average.



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- **Governing bodies should ensure that written records are kept of all medicines administered to children.**
- **Headteachers have overall responsibility for the development of individual healthcare plans.**

The Headteacher will:

- Ensure that policies are developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- Ensure that all staff who need to know are aware of the child's condition
- Ensure that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose
- Contact the designated School Health Advisor in the case of any child who has a medical condition that may require support at school but who has not yet been brought to the attention of the school nurse;

- Make sure that the school is appropriately insured and that staff are aware that they are insured to support pupils in this way (see Liability and Indemnity below for further details).

School staff:

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- All staff will have received suitable training, and their competency will be assured, before they take on responsibility to support children with medical conditions.
- Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Pupils will:

- Often be best placed to provide information about how their medical condition affects them. They will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures. Wherever possible, children will be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication, quickly and easily. Children who can take their medicines themselves or manage procedures may require a level of supervision.

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases notify the school that their child has a medical condition. They will also be involved in the development and review of their child's individual healthcare plan. 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.

School Health Advisor or other qualified healthcare professionals will:

- Notify the school when a child has been identified as having a medical condition who will require support in school. Wherever possible, they will do this before the child starts at the school.

The School Health Advisor would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but can support staff on implementing a child's individual healthcare plan (if required) and provide advice and liaison.

- The School Health Advisor is able to provide support and training to school staff to administer the following medications:
 - Epipen (for allergies)
 - Buccal Midazolam (for epilepsy)
 - Inhalers (for asthma) * Refer to the Salford Schools Asthma Guide Policy

At St. Paul's, the allocated school nurse/qualified healthcare professional is: *Julie Hood and Amy Heywood*

GPs, paediatricians and other healthcare professionals:

- May notify the school health advisor when a child has been identified as having a medical condition that will require support at school.
- They may provide advice on developing healthcare plans.
- School Health Advisors and Specialist Advisors may be able to provide support in schools for children with particular conditions e.g. asthma (* Refer to the Salford Schools Asthma Guide Policy), diabetes, epilepsy or other health needs as appropriate).

Local authorities will:

- Promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation;
- Wherever possible, provide support, advice and guidance, including suitable training for school staff through the School Health Advisors, to ensure that the support specified within individual healthcare plans can be delivered effectively;
- Work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs then the local authority has a duty to support schools in making other arrangements.

Providers of health services will:

- Co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school health advisors, and participation in locally developed outreach and training.

Clinical commissioning groups will:

- Ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions.

Staff training and support

This section outlines how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. It specifies how training needs are assessed and how and by whom, training will be provided – this includes raising whole staff awareness of relevant issues. **Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional.**

Managing medicines on school premises

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents (It is good practice for professionals to follow the criteria commonly known as the Fraser guidelines). In such

cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

- No child under 16 will be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- The school will only accept prescribed medicines that are in-date, labelled (with the child's name and instructions for administration, dosage and storage) and provided in the original container as dispensed by a pharmacist. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers (* Refer to the Salford Schools Asthma Guide Policy), blood glucose testing meters and adrenalin pens will be readily available to children and not locked away.
- 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.
- The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted; and if medication is for any reason not given a record must be kept and the parent informed.
- A record of all allergies of the child must be maintained.
- When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Liability and indemnity

Governing bodies of maintained schools and management committees of academies and PRUs should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

Maintained schools - Salford City Council's Risk Manager has been consulted on this policy and the insurers have provided a medical treatment decision tree and an explanation of cover available.



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Insurance School Treatment endorsement;

It is a condition precedent to the right of the Insured to be defended or indemnified under the Medical Malpractice Policy that the Insured shall ensure and record that throughout the Period of Insurance;

- a) Each child who receives a medical procedure or intervention in school has a specific individual care plan signed off by the child's parents, the school head teacher and the child's General Practitioner or supervising consultant.
- b) The care plan must include full details of the emergency procedures in the event of a medical emergency.
- c) The child's parents have provided written consent for a non-Medical or Healthcare practitioner to provide the medical procedure or intervention to their child.
- d) The employee who is providing the medical procedure or intervention has received full training from a registered Medical or Healthcare professional and has been signed off as fully competent in the procedure they are providing.
- e) The employee who is providing the medical procedure or intervention has provided written confirmation that they have read and understood the individual care plan.

N.B. Each claim is treated on its own merits and it is up to insurers if they accept a claim although (up to a certain limit) Salford City Council are self-insured.

Proprietors of academies - should ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangements (RPA), a scheme provided specifically for academies. It is important that the school policy sets out the details of the school's insurance arrangements which cover staff providing support to pupils with medical conditions. Insurance policies should be accessible to staff providing such support.

Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures. The level and ambit of cover required must be ascertained directly from the relevant insurers. Any requirements of the insurance, such as the need for staff to be trained, should be made clear and complied with.

Day trips, residential visits and sporting activities

Reasonable adjustments will be made to encourage pupils with medical conditions to participate in school trips and visits, or in sporting activities. Teachers will be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities. The schools will make arrangements for the inclusion of pupils in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

Home to school transport for pupils requiring special arrangements

This section sets out the arrangements to be made in relation to pupils with medical conditions travelling to and from school. This includes what should be done in emergency situations.

Governing bodies *may want the school's policy to refer to home-to-school transport* – this is the responsibility of local authorities and is operated by the Passenger Transport Unit team in line with the requirements of the *Education Act 1996, section 508 (a, b & c)*

- All students accessing Home to School SEND transport support have an assessment of need carried out before being placed on any transport service vehicle.
- Each vehicle carries a route card listing address and contact details of students carried, seat type or wheelchair requirement, and a brief set of “*in transit*” care notes that may have a bearing on the journey to and from home together with emergency instructions specific to individual students.
- It should be noted that the detail level within the care note varies with the students level of need and is aimed at the journey requirements only, all information is supplied by parents and carers at point of the students “needs assessment” prior to service starting so that there is a clear understanding of how a student’s needs may be accommodated during their journey.
- Parents/carers are advised that it their responsibility to update this care information where changes may occur for the student.
- Passenger Assistants and/or Drivers are not employed, trained or authorised to carry out intimate care or medical intervention of any kind during a journey to or from home or school. The default and only course of action for vehicle crews in case of medical concerns will be to contact the emergency services.
- Where students may require specialised medical assistance en route, it remains the duty of the parents/carers to inform the transport department of this and make their own arrangements at their own cost for the provision of such specialised assistance whilst the student travels on the allocated vehicle.
- All parents/carers of students accessing the transport support supplied by the local authority are issued with a copy of “student conditions of carriage” which outlines the procedures, guidelines and requirements under which the service is operated.
- Transport support and assistance should be viewed as a means of accessing provisions and services and not as part of the medical care package for any student.

Unacceptable practice

Although 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
- Send children with medical conditions home frequently or prevent them from staying for normal school activities including lunch
- If the child becomes ill, send them to the school office or medical room unaccompanied
- 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 or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. requiring parents to accompany the child.

Complaints

Should parents be dissatisfied with the support provided to their child they should discuss their concerns directly with the school. If for whatever reason this doesn't resolve the issue, they may make a formal complaint via the school's complaints procedure available on the school's website.

Supporting pupils through periods of absence from school

For some pupils, their health condition will require them to have an extended period of time out of school. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school's co-ordinator for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

Some children with medical conditions may have a disability. Where this is the case the governing body will comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

The school will continue to maintain a contact with a pupil who is unwell and not attending and will contribute to their academic and reintegration plans in order that they may enjoy a continuous level of education and support from the school during their period of absence. This may include providing other agencies with relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement.

The school will do all that it can to maintain links with appropriate agencies and the Local Authority. Reintegration back into school will be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

Local Authority Support

The aim of the Local Authority will be to support the school in its work to reintegrate pupils into full time education at the earliest possible opportunity. In the greatest number of cases this means a return to mainstream education.

The Local Authority Policy outlines the responsibilities for schools, local authority and health service. This should be read in conjunction with the school's policy.

Where a child's health condition requires an extended period of absence or repeated absences for the same condition, the school is required to notify the Local Authority.

These pupils may be:

- (a) Children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school which becomes significant in the longer term.
- (b) Pupils with mental health problems who are unable to attend school.

The policy explains the Referral and Tracking Process in place with supporting information in the Annexes;

Annex A - Pathway for supporting pupils at school with medical conditions
Annex B – Model Individual Health care plan.

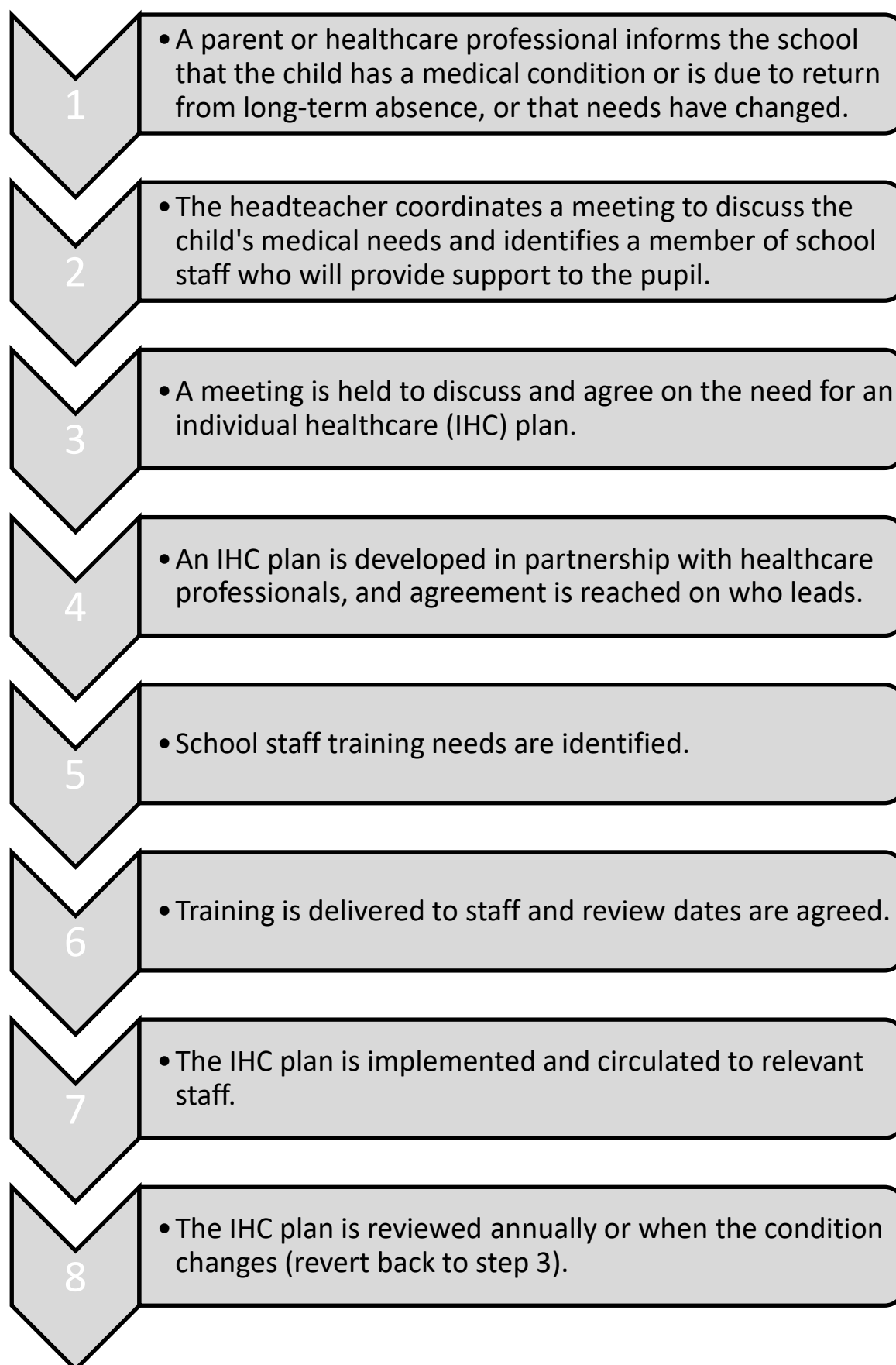
The school will do all that it can to fully implement Salford’s policy on the education of children and young people with medical needs.

This policy will be reviewed regularly and will be accessible to parents/carers via *[indicate access points]*

Date ratified by the governing body: 25.01.2024

Date of next review: January 2025

Appendix A: Individual Healthcare Plan Implementation Procedure



Appendix B: Individual Healthcare Plan

Child's name:

Group/class/form:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:

Family contact information

Name:

Phone number (work):

(home):

(mobile):

Name:

Relationship to child:

Phone number (work):

(home):

(mobile):

Clinic/hospital contact

Name:

Phone number:

Child's GP

Name:

Phone number:

Child's name:

Group/class/form:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:

Family contact information

Name:	
Phone number (work):	
(home):	
(mobile):	
Name:	
Relationship to child:	
Phone number (work):	
(home):	
(mobile):	

Clinic/hospital contact

Name:	
Phone number:	

Child's GP

Name:	
Phone number:	

Who is responsible for providing support in school?

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.

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Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

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Daily care requirements:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits/trips:

Other information:

Describe what constitutes an emergency, and the action to take if this occurs:

Responsible person in an emergency (state if different for off-site activities):

Plan developed with:

Staff training needed/undertaken – who, what, when:

The employee who is providing the medical procedure or intervention has received full training from a registered Medical or Healthcare professional and has been signed off as fully competent in the procedure they are providing.

Name	Signature	Date
Parent/Carer		
Head Teacher		
Employee providing the medical procedure		
GP/Supervising consultant		

** It is a condition of the insurance that the plan is agreed and signed by the above*

Form copied to:

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Review date:

*This IHCP should be used as an ongoing 'live' risk assessment document which should be distributed to other services as appropriate and link into existing processes such as EHCP, PEP reviews, Community Paediatrics, CAMHS etc.
It should include mental health as well as physical health conditions to ensure everyone has a holistic overview of the difficulties a CYP may be facing in their access to education*

Salford Local Authority Policy

Supporting Pupils at School with Medical Conditions Adopted by St. Paul's
C.E. Primary School January 2024



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Introduction

Salford City Council is committed to providing a good education to all pupils regardless of circumstances or settings.

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

Where a pupil is unable to attend school for medical reasons the local authority will work alongside schools, parents, health and other professionals to provide an alternative education provision to meet a pupil's individual needs to enable them to thrive and prosper in the education system.

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

Definitions of Medical Conditions:

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

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

The Statutory Framework

Section 19 of the [Education Act 1996](#) provides that each local education authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.

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

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

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

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

[Arranging education for children who cannot attend school because of health needs](#) December 2023. This guidance outlines how local authorities and schools can best support children who cannot attend school because of physical or mental health needs.

Schools also need to be aware of their responsibilities when mental health issues are impacting on a child's attendance. [DfE guidance February 2023](#)

In this document;

References to schools are taken to include academies and PRUs

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

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

The statutory guidance applies to:

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

This guidance is also provided to assist and guide:

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

Key Points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.

- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- Local authorities **must** arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

School responsibility

- The governing body **must** ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child
- Schools **must** have a policy, reflecting statutory guidance (*Supporting Pupils at School with Medical Conditions December 2015*), for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.
- Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a **named person** who has overall responsibility for policy implementation.
- Governing bodies should ensure that the school's policy covers the role of **individual healthcare plans** (IHCP), and who is responsible for their development, in supporting pupils at school with medical conditions.
- Schools should refer to the additional support information [Templates - Supporting pupils with medical conditions](#) and [Supporting pupils with medical conditions: links to other useful resources](#)
- Schools are strongly urged to implement an asthma policy to ensure compliance with national guidance as Salford's statistics for childhood hospital admissions due to asthma-related emergencies surpass the England average. Schools should notify the local authority when a pupil is absent for a period of 15 days. However, the pupil **must** remain on the school roll. The named person should liaise with the local authority and continue to review the IHCP. In the event that there is a significant change in the condition of the pupil, or the attendance declines, school are required to notify The School Attendance Service.
- School remain responsible for all agreed examination entries and ensuring examination fees; arrangements should be made for pupils to sit GCSE examinations including invigilation & assessment of coursework.
- Schools remain responsible for convening annual review meetings, or earlier if evidence is presented that the child's needs have changed, for those pupils who have an Educational Health Care Plan (EHCP);

Local authority responsibility

Local authorities should:

- Ensure that appropriate full-time education is provided as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.
- Ensure that the education children receive is of good quality, as defined in the statutory guidance *Alternative Provision* (2013), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.
- LAs are responsible for supporting schools to arrange suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. (Need to consider Elective Home Education and independent schools although guidance is not statutory for independent)
- The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated.
- Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should ensure that part-time education is on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science. Schools should refer to the Salford guidance for reduced timetables.
- Have a **named officer** responsible for the education of children with additional health needs. Salford's named officer is Cathy Starbuck, Director for Education and Inclusion
- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health

needs. The policy should make links with related services in the area - for example, Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), School Attendance Service, educational psychologists, and, where relevant, school nurses.

- Review the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.
- Have clear policies on the provision of education for children and young people under and over compulsory school age.

The LA will:

- Provide a model policy and guidance for schools.
- Provide a contact e-mail for all initial enquiries and notifications - cme@salford.gov.uk
- Implement a referral and tracking process of pupils who are absent from school for a period of 15 days or more, where the absence is caused by a medical condition.
- Provide support to school staff in monitoring & challenging pupil absence.
- Implement an escalation process to the Access to Education panel to ensure the pupil is receiving a suitable education as outlined in the Access to Education/Section 19 policy.
- Where they have identified that alternative provision is required, ensure that it is arranged as quickly as possible and that it appropriately meets the needs of the child. Transport to any base other than the pupil's main base may be considered.
- Ensure that schools have a re-integration process which focuses on the child's physical & emotional health and education needs.
- Support EYFS children through;
 - My story giving information around SEN needs
 - Medical care plan
 - Early support keyworkers who support children with complex needs until they reach 5
 - Occupational therapy, physiotherapy completing an access visit to check the building is accessible for the children prior to them attending
 - Health visitors supporting transition to nursery and/or reception
- Support Post 16 students through;
 - Ensuring that commissioned services and post 16 providers have appropriate provision in place for students with medical conditions.

Health Service responsibility

Local Authorities (LAs);

- Commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

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

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

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

Advice on providers of health services:

- Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide

valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

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

Referral and Tracking Process

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

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

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

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

Referral Process for Health and Social Care

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