



# CHILDREN WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL POLICY

<b>Status</b>	Approved at FGB 18 07 23	<b>Approval</b>	Full Governing Body
<b>Maintenance</b>	CSIP Committee	<b>Role(s) responsible</b>	Head Teacher
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<b>Date of next review</b>	September 2024	<b>Date withdrawn</b>	Not withdrawn.
<b>Lead Professional</b>	Deputy Headteacher	<b>Location of policy</b>	www.coltonhills.co.uk

## Colton Hills Community School

### Rationale

This policy aims to ensure that suitable education is arranged for pupils on roll who cannot attend school due to health needs. Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

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### 1. Aims

This policy aims to ensure that:

- Suitable education is arranged for pupils on roll who cannot attend school due to health needs
- Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

### 2. Legislation and guidance

This policy reflects the requirements of the:

Education Act (1996)

Special Educational Needs and Disabilities Code of Practice (2014)

Department for Education: Supporting pupils at school with medical conditions

Children’s and Families Act (1996)

It also based on guidance provided by Wolverhampton Local Authority.

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. At CHCS we aim to build a strong working partnership between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, parents and pupils.

### 3. The responsibilities of the school

#### Area of Need: Physical/Medical

Children and young people with motor disabilities and severe medical problems are most frequently identified at the pre-school stage. Exceptions to this would be a child/young person experiencing severe trauma, possibly as the result of an accident or illness, leading to long term disability.

Physical disabilities or impairment may arise from:

- physical, neurological or metabolic causes such as cerebral palsy, achondroplasia, or spina bifida
- severe trauma, perhaps as a result of an accident, amputation or serious illness
- degenerative conditions, like muscular dystrophy (Duchenne)
- moderate or severe gross motor and/or fine motor dysfunction in conjunction with other learning difficulties e.g. dyspraxia and autistic spectrum disorders
- moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes

Physical disabilities arising from this wide spectrum of need may show themselves by difficulties with accessing the following:

- physical environment of the school
- educational facilities and equipment
- whole school and class activities, including assessments
- practical lessons, safely e.g. Technology
- all areas of the curriculum especially practical subjects such as Physical Education and Technology
- information and communication technology.

As well as difficulty in:

- achieving independent self-care skills
- communicating through speech and other forms of language.

Emotional stress, physical fatigue, complex learning and social needs and multi-sensory difficulties can also be experienced.

### **SEN Support: Band 1 Levels and Descriptors of Need**

Children and young people will achieve their mobility independently (whether or not they are wheelchair users or require mobility aids), although building adaptations such as ramps and disabled toilet facilities may need to be in place.

Children and young people will be independent in the majority of self-help skills.

Children and young people may:

- have medical conditions which reduce their levels of independence e.g. need for staff to monitor signs of severe asthma.
- have intermittent needs which require monitoring, e.g. arthritis and diabetes.
- tire more quickly than other children and young people.
- physical abnormalities which make them self-conscious, isolated, defensive or behave erratically.
- require medication to stabilise condition.
- have medical conditions which reduce their levels of independence e.g. need for staff to monitor signs of severe asthma.
- have intermittent needs which require monitoring, e.g. arthritis and diabetes.

## **At SEN Support Assess - Plan – Do - Review**

### **Assess:**

- The setting staff, class/ subject teacher or tutor, working with the SENCO, should carry out a clear analysis of the child/young person's needs.
- Setting staff/teacher's/tutors assessment and experience of the child/ young person, their previous progress and attainment, as well as information from the settings, schools, providers core approach to pupil progress, attainment, and behaviour.
- Settings, schools and providers must consult with the child/young person and their parents/carers.
- Outside professionals should liaise with the setting, school, or provider to help inform the assessments. Assessment should be reviewed regularly.

### **Plan:**

- Child, young person and their parents/carers, understand and agree on the intervention, support and expected outcomes, with transparency on school funded support.
- Curriculum planning should take account of specialist advice.
- Targeted provision must be recorded on the settings, school's or providers' information system. These recording systems must be able to evidence base planning, target setting, monitoring, as well as the support that has been delivered for the child/ young person at SEN Support as part of the process of raising achievement. It is vital for the school to be clear about the outcomes required. Open conversations must be held with child/young person and their parents/carers about what the support is intended to achieve.
- Planning for differentiated resources may be required

### **Do:**

- Targets may require individual and/or small group sessions by setting staff, class teacher or tutor, as well as implementation across the curriculum. The setting, school or provider's SENCo will oversee the child/ young person's targeted support, including how this is being delivered.
- The setting, school or provider will have sought and be implementing advice from appropriate specialist services.
- Quick and concise communication tools are in place to convey outcomes of targeted provision.
- Additional differentiation and scaffolding of tasks will be necessary in order to deliver appropriate outcomes.
- The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting, school or post 16 provision.
- Delivery of the targeted support may be required as part of a small group or on an individual basis.
- Access to specialist equipment and resources should be provided as necessary.
- Deliver focused skill development or reinforcement of targets.
- Assistance with developing self-help skills, e.g. dressing, toileting, feeding
- Child/ young people must be involved in school in an inclusive way, integrated with peers to develop relationships and to foster friendships.

### **Review:**

- Targeted provision and progress is monitored and reviewed by setting staff, class teachers/ tutors, SENCo, using the multi-professional Team Around the Child (TAC) model of working to monitor the impact of the plan.
- Evidence progress and attainment from observations, assessed work, against outcomes. This should be reviewed on an agreed date.

- The school should meet with the child/young person and their parents/carers at least three times each year.
- Children and young people and their parents/carers, must be involved planning for targeted support and any changes. The schools should talk to the child/young person and their parents/carers regularly to set clear outcomes and review progress towards them, discuss the activities and support that will help achieve them, and identify the responsibilities of the child/young person, their parents/carers and the school.
- The school must provide an annual report for parents/cares on the child/young person's progress
- The setting, school or provider will need to liaise closely with other professionals involved.
- SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes for. Where, despite the setting, school or provider having taken relevant and purposeful action to identify, assess and meet the child/young persons' special educational needs, he/she has not made expected progress, the school or the child/young person's parents or young person should consider requesting an Education, Health and Care needs assessment. (To inform its decision the authority will expect to see evidence of the action taken as part of SEN support).

When any child or young person is referred for consideration for Statutory Assessment for an EHC Plan the following guidance will be applied. The evidence required to assist in this process should reflect the levels indicated. The guidance is issued as recommendations and each case will be considered individually.

### **Guidance on When to Request an Education Health and Care Needs Assessment for Physical and Medical**

A child of compulsory school age or a young person has a learning difficulty or disability if they have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

All of:

- The CYP is likely to have a conditions that are complex, severe and long-term, requiring specialist and /or additional support to access the curriculum
- The CYP will have significant additional learning, communication and/or behavioural difficulties
- The CYP may need support with equipment, in the management of self-help and the development of independence
- Rate of learning is limited and is likely to be affected by absences, fatigue, medication

### **EHCP: Band 2 Levels and Descriptors of Need**

Children and young people may need support:

- to set up equipment/learning environment but works independently in a range of curriculum areas
- in the management of self-help e.g. toileting and other self-help skills in order to develop independence.
- with some aspects of mobility e.g. supervision.
- in developing confidence and independence.

Children and young people's medical condition may inhibit progress with the curriculum.

Children and young people may have intermittent medical needs which will impact on learning at these times.

### **EHCP: Band 3 Levels and Descriptors of Need**

- Access to specialist changing facilities over and above a disabled toilet facility.
- Needs help with mobility at some points in the day.
- Problems with spoken language because of their physical difficulties.
- Needs help in order to access some parts of the building, e.g. two storey buildings.
- High levels of medical need at regular points requiring prompt response by the school.
- Significant intermittent medical needs

### **EHCP: Band 4 Levels and Descriptors of Need**

- Some aspects of muscular control may be limited.
- Medical condition requires regular treatment/therapy.
- May have problems with bladder/bowel control.
- Self-help skills will be limited by physical condition.
- May be exceptionally slow to complete physical activities and/or independence skills.
- Will be slow to complete school work due to tiring or poor physical co-ordination
- Communication skills may be impaired by physical condition.

### **At EHCP: Assess – Plan – Do – Review (in addition to SEN Support)**

#### **Assess:**

- Outside professionals should liaise with the school to help inform the assessments.
- Assessment must be reviewed regularly against outcomes.

#### **Plan:**

- Co-production of EHC Plan will address needs and agree outcomes for targeted provision.
- All staff working with the child/young person have read and understood EHC Plan.
- Parents, child and young person understand and agree on the intervention, support and expected outcomes, with transparency on school and high needs funded support.
- Strategies to and approaches to support class differentiation are in place and based on specialists advice.
- High quality training is provided for all staff involved in delivering and monitoring targeted provision.
- Time and place for targeted provision is established and adhered to with targeted provision recorded on the school's information system.
- The school or setting will need to specialist advice from health into targeted provision.

#### **Do:**

- Therapy services work in conjunction with setting/school staff to provide targets for the child/young persons' individual action plan.
- Support staff involved in joint planning of targeted support.
- Use of specific IT programmes and specialist equipment to enhance recording and presentation of work.
- Structured teaching strategies should be embedded into programmes of work.
- Work presented in a manner to the child/young person's level of development.
- Appropriate adjustments to the environment to meet the individual needs and preferred learning styles. Where required total assistance with self-help skills and use of total communication approach may be necessary.

## **Review:**

- Analysis and evidence must reflect the effectiveness of targeted support and expected outcomes. Consideration must be given to whether there is need for any changes of targeted support or outcomes.
- The EHCP must be formally reviewed as a minimum every 12 months and focus on progress towards achieving the outcomes specified in the EHC Plan. For children 0 – 5 years the EHC Plan may require review every 3 - 6 months to ensure that provision continues to be appropriate. For LAC children and young people the annual review should, where possible and appropriate, coincide with one of the reviews of their Care Plan.
- The reviews must be undertaken in partnership with the child/ young person and their parents/carers, and must take account of their views, wishes and feelings, including their right to request a Personal Budget.

### **3.1 If the school makes arrangements**

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

When a child is unable to attend school:

- The attendance officer will contact home to discuss the child's absence in more detail. This information where relevant will be shared with the Pastoral/Inclusion team, including the Special Educational Needs team.
- The SENCo will contact the parents, GP and any other agencies involved with the child to identify the appropriate layer of support required in school.
- Any planned outside agency referral will be shared and agreed with the parent, child, Pastoral Lead and the Deputy Head Teacher.
- Should a referral be made to the Nightingale Centre, ocular proof will be needed by a specialist medical professional to state the reason why the child is medically unfit to attend a mainstream provision to support an application to the Local Education Authority.
- The following arrangements could be made:
  - Teaching staff to send work to the Year Leader or SENCo.
  - Work will be sent home to the student.
  - The student will be able to communicate with staff through TEAMS.
  - When requested work can be given to the NHS teacher if required by the hospital school teams.
- How information will be shared with the parent and child:
  - Face to face meeting or telephone discussion with the parent & child before a planned procedure/after a procedure.
  - Create an agreed plan which outlines specific deadlines and share this with relevant staff.
  - Decide a reasonable date for work to be dropped off or collected from school after the procedure when the child is more comfortable.
  - Ensure the child has access to TEAMS to communicate with staff.

#### **Parent contacts school regarding a child after a significant injury:**

- Face to face meeting with the parent and child, before they leave the school site.
- Create a plan which clearly states any agreed plans and/or specific deadlines. Share this information with SLT and relevant staff.

- Where relevant create a Special Personalised Learning Plan (Modified Timetable) outlining the agreed days and times that the child will attend school. Share this plan with the Local Authority.
- Ensure any Health and Care Plans are correct and are held on file. Share this information with relevant staff and the school nurse.
- If required agree a designated space within school should the child be unable to access a full timetable.
- Share information with the Business Director to ensure an up to date risk assessment has been included if required.
- Agree a date to review the implemented changes.

#### **How you'll reintegrate pupils back into school:**

- Face to face meeting with the parent and child, before they leave the school site.
- Create a plan which clearly states any agreed plans and/or specific deadlines. Share this information with SLT and relevant staff.
- The SENCo will contact any outside agencies currently involved to provide an update to any existing plans that are currently in place.
- Where relevant create a Special Personalised Learning Plan (Modified Timetable) outlining the agreed days and times that the child will attend school. Share this plan with the Local Authority.
- Ensure any Health and Care Plans are correct and are held on file. Share this information with relevant staff and the school nurse.
- If required agree a designated space within school should the child be unable to access a full timetable.
- Share information with the Business Director to ensure an up to date risk assessment has been included if required.
- Agree a date to review the implemented changes.

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

If the school can't make suitable arrangements, Wolverhampton will become responsible for arranging suitable education for these children.

Nightingale Centre

Medical professional (NHS, CAMHS or Educational Psychologist) will provide written evidence to state the child is medically unable to attend a mainstream provision.

In cases where the local authority makes arrangements, the school will:

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

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

- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible

- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

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

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

(The DfE advises that you review this policy annually, in its [list of statutory policies](#).)

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

This policy links to the following policies:

- Accessibility plan
- Supporting pupils with medical conditions