



Supporting pupils at school with medical conditions

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Proprietor:	Lindsay Taylor
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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](#), and [Additional health needs guidance \(publishing.service.gov.uk\)](#)

It is also based on guidance provided by Warwickshire Council and/or Leicestershire County Council:

<https://www.warwickshire.gov.uk/send>

<https://www.leicestershire.gov.uk/education-and-children/special-education-al-needs-and-disability>

This policy complies with our funding agreement and articles of association.

3. The responsibilities of the school

3.1 Where the school can support the child's needs without additional support

Lake Haven schools provide support for children with medical needs under statutory duties as defined in 'Supporting pupils with medical conditions at school' (DfE, 2014) and as per the Lake Haven Medications Policy and Procedures. It is only when the child's medical condition becomes too complex to manage in school that this policy would then apply.

3.2 Local authority involvement

Once it becomes evident that the child's needs cannot be fully supported in school, Leicestershire Council or Warwickshire County Council (WCC) or whoever the Local Authority is who issued the child's EHCP will oversee suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age in consultation with the school. Where possible the child should remain on the school roll and must not be removed without parental consent and certification from the school medical officer.

Within WCC, the responsibility for educational provision for children with additional health needs which cannot be fully met in a school setting lies with **Hospital and Outreach Education (HOE)** which is a Pupil Referral Unit. Where the school decides to use the support of HOE, there is a charge, equivalent to the Age Weighted Pupil Unit (AWPU) of the year group.

3.3. School led support (with HOE advice and support)

Some schools may choose not to make use of HOE and set up their own educational support programme. In this case, HOE could provide advice and monitoring of the education provided if requested. HOE can support schools alongside school nurses in the development of individual healthcare plans for pupils with complex medical and mental health needs.

Shorter term illnesses or chronic conditions are best met by school support and resources.

See Statutory guidance about the support that pupils with medical conditions should receive at school:

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

Such conditions that might meet this criteria include short term post-operative support, and periods of reduced immunity. HOE and the referring school will decide how best to meet the needs of the child, this could be via HOE or the school with additional support and advice.

3.4 HOE led home/hospital based education

a) HOE seeks to provide the same opportunities for children and young people with health needs as their peers, including a broad and balanced curriculum, which is of good quality (as defined in Alternative Provision: Statutory Guidance 2013). The education will be flexible and appropriate to pupils' health needs, and regularly reviewed to reflect their changing health status. It will prevent them from slipping behind their peers in school and allow them to reintegrate successfully back into school as soon as possible.

b) All children who are supported will have an individual learning plan and clearly defined objectives, including plans for the next steps following placement, such as reintegration to school. This plan will incorporate the views of HOE, the school, the parents/carers and where possible the child.

c) The school will maintain their links with parents/carers who also have a vital role to play e.g. keeping in touch through school newsletters, emails, invites to school events etc.

d) Teaching staff within HOE will receive appropriate continuing professional development on curriculum and the impact of medical/mental health conditions on barriers to and engagement with education. HOE may, with agreement with the school and according to the charging policy, use electronic media e.g. Apricot Learning, or Academy 21 virtual school, to provide access to a broader curriculum and to increase the number of hours of provision. However, this will be used in association with face to face contact and never in isolation.

3.5 Identification and intervention

a HOE may provide appropriate education advice to school on how best they can meet their pupil's needs, once requested by the school, and as soon as it is clear that the child will be away from school for 15 days or more or is too unwell to access education at their home school/normal place of education. The 15 days can be consecutive or cumulative within a 12- month period.

b The Headteacher will liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child. Every effort will be made to minimise disruption to the child's education. Where there may be an initial delay in accessing specific medical evidence from a consultant, evidence from a GP may be used as part of an agreed assessment placement, provided that a referral to a specialist has also been made.

c If a child has a long term or complex health issue, the school will ensure that the educational provision is regularly reviewed with medical professionals, parents/carers and HOE and amended as appropriate. The best way to do this is to use an Individual Healthcare Plan (IEP) as outlined in the DfE statutory guidance. A template for an IEP is available in the Lake Haven Medications Policy and Procedures. Where an absence is planned e.g. hospital admission or recurrent stay in hospital, educational provision should begin as soon as the child is well enough. Teachers in the hospital settings will liaise with the child's home school and work with them to minimise any disruption to their education. Children with long term health problems will not be required to provide continuing medical evidence. However, regular liaison with health colleagues is important and the level of support required may be discussed with other multi-agency professionals as necessary. HOE and the child's home school will decide on the most appropriate provision as they are the educational specialists.

There is also an expectation that children and their parents/carers will cooperate fully with all medical advice and support offered and ensure they attend appointments.

d Recommendations from medical advice following a hospital discharge will be noted and HOE will liaise with the child's home school to complement the education provided until they are well enough to return. Educational provision will be put in place as quickly as possible with a view to reintegration back into mainstream as soon as appropriate. When a child is approaching public examinations, HOE teachers will focus on the most appropriate curriculum in order to minimise the impact of the time lost while the child is unable to attend school. Awarding bodies will make special arrangements for children with permanent or long term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations. School or HOE (whoever is most appropriate) should submit applications for special arrangements to awarding bodies as early as possible. If the school is making the application, HOE, in association with medical professionals, will provide advice and information to the school to assist it with such applications.

3.6 Working together – with parents/carers, children, health services and schools Parents/carers have a key role to play in their child's education and can provide helpful information to ensure that the teaching approach is successful. In the case of a Looked After Child, HOE, local authority representatives and primary carers would fulfil this role. Children will also be involved in decisions, their engagement dependent on their age and maturity. This supports HOE and the school in being able to arrange the most appropriate educational provision with which the child is able to engage. Effective multi-agency collaboration is essential in devising appropriate personalised individual learning plans.

3.7 Reintegration

The plans for the longer term outcome and the next steps in a pupil's education will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013). Reintegration into school is always anticipated, unless it is clear that it is in the interests of the pupil to remain with HOE until the end of the year.

HOE will work with the school to ensure education is maintained during this period. On return to school each child should have an individual healthcare plan which specifies the arrangements for the reintegration and may include extra support made available to help 'fill gaps' or provision of a 'safe place' if the child

feels unwell. Advice from other medical professionals, including school nurses, can be helpful. For children with long term or complex health conditions, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. Children and their families are informed at the outset that the long term intention will be to support the child's reintegration to school. While most children will want to return to their previous school routine promptly, it is recognised that some will need gradual reintegration over a longer period. The school will consider if any reasonable adjustments need to be made.

4. Monitoring arrangements

This policy will be reviewed annually.

5. Links to other policies

This policy links to the following policies: Lake Haven Medications Policy and Procedures, Lake Haven schools own SEND Policies.