

# **POLICY ON ACCESS TO EDUCATION FOR CHILDREN AND YOUNG PEOPLE WITH MEDICAL NEEDS IN SURREY**

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## Introduction

Schools and the Local Authority share responsibility under the January 2016 statutory guidance for the education of children unable to attend school because of medical needs.

Reigate School believes that inclusion and equal opportunities for children with medical needs are an entitlement and we believe that, as a school, we have the responsibility to create the conditions for each one of our children to access their education. As a school staff and governing body, we will give regard to the required curriculum adjustments, necessary environmental aspects and desirable social support to minimise barriers for these most vulnerable members of our school community. We intend to foster a school community which accepts others as they are and values the diversity of life.

### **1. Definition of Medical Needs**

Children on roll at Reigate School may be affected by a wide-range of medical needs. These needs include:

- Long term medical conditions such as cystic fibrosis, epilepsy, diabetes;
- Recurring medical conditions such as CFS/ME, leukaemia;
- Life threatening conditions such as leukaemia, cystic fibrosis;
- Operations, road accidents and sports injuries resulting in a period of recuperation;
- Mental Health: mood disorders (including depression), anxiety disorders, obsessional compulsive disorders, eating disorders, self-harming behaviour, ADHD, psychotic disorders, tic disorders (including Tourette's syndrome);
- Effects of treatment for diagnosed medical conditions: steroids, chemotherapy, radiotherapy, medications affecting performance and behaviour e.g. psychotropic medication;
- Infectious diseases: tuberculosis;
- Degenerative conditions where deterioration in eyesight or physical mobility are expected: Duchenne Muscular Dystrophy.

## **2. School Aim**

The School Aim is:

To enable all children to realise their academic, social and personal potential.

As a school we are committed to providing children with medical needs with as much education as their condition allows in line with the advice of medical professionals in order to minimise disruption. The emphasis is on continuance of the learning process for those children with physical or mental health problems, including children with life threatening or terminal illness. The situations of the children/young people on roll vary widely, but they all have the right to education suited to their age, ability, needs and health at the time. For children recovering from trauma or illness, a teacher can play a vital part in the recovery process because education is seen as a normal childhood activity.

## **3. Rights and Responsibilities of the Child**

Children at Reigate School have the right to an education that helps them reach their potential and secure the attainments needed to pursue a chosen career path and prepare them for full participation in adult life. They have the right to an education in the school community alongside those who they see as peers and role models. They have a right to be consulted and will accept that they (or their parents on their behalf for younger children) will have to agree to co-operate with their negotiated Personal Education Plan (PEP). They will remain on roll at Reigate School. They can expect flexible approaches, e.g. timetabling, full use of Information and Communication Technology, and small steps or negotiated tasks toward their maximum involvement in school life.

## **4. Rights and Responsibilities of Reigate School**

It is the school's responsibility to keep the child on roll and work closely with the child and their parents/carers to ensure access to education. The child's Head of Year at Reigate School will liaise with parents/carers and various agencies as part of ensuring that the child has full and continuous access to education. For a child whose medical need is not thought to be recurring and whose absence is likely to be less than 15 days, it is our responsibility to provide work to be done at home.

The Assistant Headteacher and Heads of Year for children with medical needs will:

- produce and co-ordinate the PEP. This includes arranging, chairing, and recording of planning meetings and re-integration meetings with associated services. For those children on the Special Educational Needs Code of Practice, the Special Educational Needs Co-ordinator (SENCo) will conduct review meetings in liaison with the Assistant Headteacher and Heads of Year;

- seek written parental permission to liaise with health and related services including Child and Adolescent Mental Health Services(CAMHS);
- ensure that arrangements for exam entry fees and requests for concessions are well planned in discussion with the SENCo as to the child's need for special arrangements e.g. extra time to allow for rest breaks.

For children out of school, the school will:

- ensure that children who have an illness/diagnosis which indicates prolonged or recurring periods of absence from school, whether at home or in hospital, have access to education in line with advice from medical professionals, so far as possible;
- ensure that half-termly work plans are made available to hospital or home teaching staff in the agreed National Curriculum subjects which the child would normally be studying and realistically can continue to study in light of their medical condition;
- supply the hospital or home teaching staff with up to date information about the child, including Code Of Practice details. This includes any current provision plans;
- offer a loan of appropriate resource materials, where possible to hospital or home teaching staff;
- ensure prompt assessment of coursework;
- ensure that concessions for GCSEs are well planned with the SENCo, additional professionals and hospital teaching and home tutoring staff.

Children with medical needs can expect help in priority referral to U-Explore to:

- have career interviews;
- investigate work experience placements;
- visit colleges on open days.

The school expects the health network to fulfil their responsibility as part of facilitating continuous access to education for our children with medical needs. This may include advice or practical tasks to enable training of ancillary staff to carry out medical procedures.

The school expects the child and parents/carers to abide by the Home-School Agreement and any agreements in individual plans.

### **5. Rights and Responsibilities of Parents/Carers**

Each child's parents or carers at Reigate School have signed a Home-School Agreement and this is extended as needed. Parents/ Carers may need frequent feedback on how their child's medical condition or medical treatment is impacting on the youngster's day at school: academically, physically or socially. Parents/Carers may be asked to agree to adjust their parenting approaches or patterns in delicate situations involving mental health conditions. At all times, parents/carers are involved as much as is practical and their knowledge and instinct is given regard. Permission to

liaise with outside agencies is always sought and recorded in writing. It is expected that parents/carers will share relevant information in a timely way.

## **6. Surrey Children's Services**

### Education Welfare

- If the school daily check of registers and prompt contact with parents or carers on the first day of absence raises any concern or worrying pattern, we will liaise immediately with our Education Welfare Officer (EWO).
  - If the school is made aware that a child is away or is likely to be away from school due to medical needs for more than 15 working days, the EWO will be notified.
  - Referral: BPS can provide support through the normal referral procedure (see attached form) for children with medical needs who will have a medical absence of a minimum of 15 days.
  - Teaching: Teaching can be at home, at hospital, within school as a staged return, any other agreed venue, e.g. Pupil Referral Units or a combination of these. Teaching can be individual or in groups. Children generally do better educationally and socially when taught in groups; this may also help re-integration into school.
- ~ Children absent from school for 15 days or more, receive a minimum of 5 hours teaching per week.
- ~ Children known to be chronically sick, receive teaching from day five of absence, for a minimum of 5 hours per week.
- ~ Children admitted to hospital receive teaching from day five for a minimum of 5 hours per week.
- ~ Children with a recurrent hospital admission have teaching from day one, providing the child's medical condition can tolerate the teaching on offer. The teaching support in hospital is for a minimum of 5 hours per week.

### Educational Psychology

The advice of appropriate professionals is sought as to the psychological effects or impact an illness may have on the learning task or expected progress through the work schemes.

### Social Services

- The Assessment Team and Children's Team join with the School Care Committee in promoting the welfare of children and young people known jointly to us. This includes looked after children.
- The role of foster carers and residential social workers in loco parentis during the formulation of the Personal Education Plan is vital.

## **7. Related Agencies**

### Health Services

- The school uses the school nurse as the first point of advice and referral unless there is ongoing liaison with other health practitioners due to previous involvement. This could be for a child who is co-working within the Special Educational Needs Code of Practice, or a child with a Pastoral Support Plan where the parent has already given written permission for the exchange of information.
- Child and Adolescent Mental Health Services (CAMHS). We use the professional's 'One-Stop' advisory telephone line for our first point of contact. If the advice suggests a referral should be made, we discuss the referral with the family and obtain their agreement and consent.

### U-Explore (Careers)

U-Explore can provide a personal adviser to help prepare children for their next step in education and work while overcoming any medical barriers to full participation. The expert advice and guidance will be especially important to have at the earliest opportunity for our children with medical needs.

**Approved by the Full Governing Board on Wednesday 16<sup>th</sup> October 2019**

**Date for Review: October 2021**

