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|  | Medical Needs In Schools |
|  | Version 1.2 |
|  | Oxfordshire Hospital School |





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# Medical Needs Self Evaluation and Review Tool

## Overview

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance, [*Supporting pupils at school with medical conditions*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf) is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

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.

Governing bodies should ensure that schools develop a policy 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 school’s policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.

The governing body should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child’s needs have changed. They should be developed with the child’s best interests in mind and ensure that the school assesses and manages risks to the child’s education, health and social wellbeing, and minimises disruption.

In very exceptional circumstances there may be a need for a temporary reintegration timetable[[1]](#footnote-1) to meet a pupil’s individual needs. For example, where a medical condition prevents a pupil from attending full-time education and a part-time timetable is considered as part of a re-integration package. A reintegration timetable must not be treated as a long-term solution. Any pastoral support programme or other agreement must have a time limit by which point the pupil is expected to attend full-time or be provided with alternative provision. In agreeing to a reintegration timetable, a school has agreed to a pupil being absent from school for part of the week or day and therefore must record it as authorised absence. Oxfordshire County Council provide very clear guidelines for schools to manage this process[[2]](#footnote-2).

The self-evaluation standards set out below reflect statutory DFE guidance and have been carefully considered following feedback from home schools, mainstream and special, primary and secondary and agreed between Oxfordshire Hospital School and the Paediatric Psychology Network, part of the British Psychological Society as being the custom and best practice by which schools should work to support pupils with medical conditions. The standards are to be used as a guide for schools to consider their existing practice against what is considered to be best practice in terms of meeting the needs of pupils with medical conditions.

The self-evaluation is best completed as a collaborative, early intervention process between colleagues from the MNIS project and schools themselves. Self-evaluation is intended to assist schools to improve their own practice and affect long term cultural change within their settings.

## The 5 Stage Process

**Follow up**

The school may agree follow up visits, support and training.

**School Visit**

MNIS representatives visit the school to discuss the self-evaluation and review the school’s evidence used to complete the task.

**Identification**

Either through a school-based request or through direct discussions with the school following referrals, a school is identified.

**Reporting**

Alongside the school, the MNIS colleagues complete a written report including agreed recommendations and actions.

**Self-Evaluation**

The school completes a self-evaluation of current provision.

The full self-evaluation tool appears in [appendix 1](#_Appendix_1_-).

# Appendices

## Appendix 1 - Self-evaluation tool:

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| **Standard** | **In place** | **Strengths** |
| Standard 1 - Policy The **school** has a Medical Needs Policy in place that meets the basic, statutory DfE requirements.   * That it is reviewed annually; * That it takes account of staff training needs; * That it covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions; * That it clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions; * That it explains what to do in the event of an emergency. * The **school** has a named person who has overall responsibility for the implementation of the policy. * All **staff** have received suitable training and are competent before they take on responsibility to support children with medical conditions. * The **policy** makes it clear how medicines on school premises will be managed. * The **policy** explains where and how written records are kept of all medicines administered to children. * The **policy** promotes full access to education including trips, visits & residential trips where appropriate. |  |  |
| **Recommendations / Actions** | | |

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| **Standard** | **In place** | **Strengths** |
| Standard 2 - Individual Healthcare Plans (IHPs)  * All **pupils** with complex health needs have an IHP. * **IHPs** are reviewed annually or earlier if evidence is presented that the child’s needs have changed. * **IHPs** should be developed with the child’s best interests in mind and ensure that the school assesses and manages risks to the child’s education, health and social wellbeing, and minimises disruption. * **IHPs** should be easily accessible to all who need to refer to them, while preserving confidentiality. * **Where a child has SEN** but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan. * **IHPs** should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school nurse, specialist or children’s community nurse or paediatrician, who can best advise on the particular needs of the child. * **Pupils** should be involved whenever appropriate and independence encouraged. * **Partners** should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. |  |  |
| **Recommendations / Actions** | | |

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| **Standard** | **In Place** | **Strengths** |
| Standard 3 - Roles & Responsibilities **Governing bodies** should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.  **Headteachers** should ensure that their school’s policy is 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.  **Headteachers** should ensure that all staff who need to know are aware of the child’s condition.  **Staff** who need to know are familiar with the details of IHPs and are confident in delivering the strategies included within them.  **Headteachers** should also ensure that sufficient trained numbers of 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.  **Headteachers** have overall responsibility for the development of individual healthcare plans.  **Headteachers** should make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.  **Headteachers** should contact the school nursing service 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.  **The School Nurse** 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. |  |  |
| **Recommendations / Actions** | | |

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| **Standard** | **In place** | **Strengths** |
| Standard 4 – Equality of Access **Governing bodies** should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.  **Teachers** should 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 and with any reasonable adjustments.  **Schools** should make arrangements for the inclusion of pupils in such activities with any reasonable adjustments as required unless evidence from a clinician such as a GP states that this is not possible.  **Risk assessments** are in place that have been completed with parents and pupils.  Where appropriate, **IHPs** include details of how these arrangements will be implemented. |  |  |
| **Recommendations / Actions** | | |

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| **Standard** | **In place** | **Strengths** |
| Standard 5 – Promoting Attendance Oxfordshire County Council remains committed to every child’s right to a full-time education offer.  **Part time timetables** are implemented with written agreement from parent/carer.  **Part time timetables** are only be used as part of a planned reintegration into school (no longer than one half term) the school should:   * Carry out an assessment using the Early Help Assessment (EHA) to establish if there are wider needs and identify what support is required from external agencies * Undertake a thorough risk assessment and give consideration to safeguarding measures for the duration. * Notify the Education Inclusion team of the intention to implement a reduced timetable for a pupil. * Inform other services who are involved with the child/family e.g. Locality and Community Support Service (LCSS), Social Care, SEN. * Establish a plan (Team around the Family (TAF), Pastoral Support Plan, Individual Learning Plan, Personal Education Plan etc.) for the reduced timetable. |  |  |
| **Recommendations / Actions** | | |

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1. DFE guidance on School Attendance – see page 10: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/739764/Guidance_on_school_attendance_Sept_2018.pdf> [↑](#footnote-ref-1)
2. OCC Guidance on the use of reduced or part-time timetables: <http://schools.oxfordshire.gov.uk/cms/sites/schools/files/folders/folders/documents/schoolsnews/2016/GuidanceforSchoolsonReducedTimetables.pdf> [↑](#footnote-ref-2)