

Southampton City Council

Inclusion Services

Supporting Pupils with Medical Needs



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Supporting Pupils with Medical Needs			
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Introduction

The aim of this guidance is to support schools to establish and implement policies, in line with the legislation, for managing the use of medication and the ongoing implementation of supporting children with medical needs in schools and other educational settings. It sets out how Southampton City Council (SCC) will comply with its statutory duty to arrange full time (or part time when appropriate to needs) education for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

This statutory duty applies to all children and young people of compulsory school age, permanently living in Southampton, who are enrolled in mainstream schools or special schools, including academies, free schools and independent schools, or where a child is not on roll of a city school.

Wherever possible, SCC believe that reintegration and maintaining a stable placement within a school environment are the best paths forward for these children and young people (CYP). There are proven benefits and improved recovery rates associated with pupils having a sense of community. Meeting the needs of these CYP both socially and emotionally whilst enabling access to good quality education provides them with the best chance of future success.

The remit of the SCC medical needs service is particularly broad. This document offers guidance covering more commonly diagnosed conditions to the more complex cases requiring further consultation or a multi-agency approach to reintegration such as Tier 4 discharge.

Advances in medical treatment and practice have inevitably led to increasing numbers of pupils accessing mainstream schools with medical needs and no significant special educational needs. These needs can be extremely complex in nature and increase the demands placed on settings and their staff not only logistically, but also from a protocols and safeguarding perspective. Should the guidance not cover a particular situation, or your setting would like additional support, the local authority is happy to consult. Please contact the Inclusion Officer for Pupils with Medical Needs.

Not only are we seeing increasing numbers of complex physical medical conditions within mainstream schools, there are growing numbers of children with mental health needs. Often it is the pupils with mental health needs that pose the greatest challenge and research indicates that the reintegration of these children can be exceptionally difficult. Time and again we see that these pupils are spending the longest periods out of school, requiring significant multi-agency approaches and truly inclusive practice from settings.

Local authority estimates in August 2018¹ reported that *in an average class of 30 pupils, six pupils may be self-harming and three will have a diagnosable Mental Health (MH) condition. While the response needs to be system-wide, schools have a key role to play.* Nationally, the impact of Covid-19 has been an increase of numbers of mental health problems in children and young people. Since 2017/18 rates have increased and in 2020, one in six (16%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017.

This guidance offers clarity over the mainstream ownership, requirement for flexibility in approach and the timely responsiveness of schools in reintegrating and managing pupils with medical conditions. In the same way that local authority expectation is a graduated response to special educational needs, the same can be said for a graduated response to medical needs.

¹ <http://www.publichealth.southampton.gov.uk/images/cyps-wellbeing-and-mental-hna-final.pdf>

Legislative framework and key documents

Schools have statutory duties to promote children and young people's wellbeing and statutory responsibilities to provide a curriculum that is broadly based, balanced and meets the needs of all pupils. Under **section 78 of the Education Act 2002 and the Academies Act 2010** such a curriculum must: promote the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and prepare pupils at the school for the opportunities, responsibilities and experiences of later life.

The Children and Families Act 2014 (section 100) placed a legal duty on schools, academies and Pupil Referral Units to make arrangements for supporting pupils at their school with medical conditions.

Statutory policies for schools and academy trusts: Guidance on the policies and documents that governing bodies and proprietors of schools are required to have by law, September 2014 outlines the policies and other documents school governing bodies and proprietors of independent schools are legally required to hold. The updated 2022 version includes both *Supporting Children with Medical Conditions* and *Children with health needs who cannot attend school*. This document is now updated on their website [here](#), last updated 15th March, 2022.

Some children with medical conditions may be considered to be disabled under the definition set out in **the Equality Act 2010**. Where this is the case, governing bodies must comply with their duties under that Act.

Supporting Pupils at School with Medical Conditions (Department for Education, December 2015) is statutory guidance for head teachers and governing bodies of maintained schools and proprietors of academies in England with which all schools should be familiar. This document should be considered essential reading.

Key Points from the statutory guidance:

- Pupils 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 effectively supported.

Information: The Equality Act 2010

The NHS, local authorities and all schools in England, Scotland and Wales have duties towards children with medical conditions, many of whom are legally defined as being disabled. Fee-paying independent schools are also legally obliged to meet the duties in the Equality Act 2010.

The relevant aspect of this act to schools is that governing bodies or proprietors must make reasonable adjustments to ensure that children and young people with disabilities are not put at a substantial disadvantage compared with their peers.

Importantly, this duty is anticipatory, which means adjustments must be put in place in advance to prevent disadvantage from occurring.

This is particularly relevant to schools in making sure they have enough staff trained so that a child with a medical condition can take part in all aspects of school life. If all the trained members of staff leave, contingency plans must be in place to train up replacements quickly to ensure continuity of support.

The Equality Act also states children with disability must not be discriminated against, harassed or victimised.

You can find out more on the Equality and Human Rights Commission website: www.equalityhumanrights.com/

Definition of disability or a disabled child

Schools should be aware of the definition of 'disabled' according to the Equality Act. A child or young person does not need to be registered disabled in order to meet the definition. In fact very few children are registered disabled (in receipt of the disability living allowance) and this could be because parents want to avoid putting a label on the child.

A person is disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to carry out normal daily activities. However, a person automatically meets the disability definition under the Equality Act 2010 from the day they are diagnosed with HIV infection, cancer or multiple sclerosis.

The government clarifies these terms as follows:

- 'substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed.
- 'long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection.

Therefore, a child with a long-term condition such as depression, anxiety, ME or Chronic Fatigue Syndrome can meet the definition of being disabled if they have had the condition for 12 months or more and it is having a negative impact on their ability to carry out normal daily activities.

There are special rules about recurring or fluctuating conditions, e.g. arthritis.

Progressive conditions are ones that get worse over time. People with progressive conditions can be classed as disabled. More information can be found on the GOV.UK website, including the guidance on special rules as above.

Schools must be aware of this and act accordingly, making reasonable adjustments to enable the child or young person to continue to access education.

The Equality Act dovetails well with the definition of a child with SEND (Special Education Needs and Disabilities) which is a separate definition. There would be an expectation that children who meet the definition of being disabled would have an Early Help Plan or a Continuing Healthcare Plan and possibly an Education Health and Care Plan (EHCP). It would be good practice for there to be an Individual Healthcare Plan (IHP) in place for all children with long-term medical conditions (see page 8 of this document).

Statutory school policy (Supporting Children with Medical Needs)

The governing body is responsible for making sure that there is a policy in place for supporting pupils with medical conditions. Statutory guidance makes it clear **that the governing body should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.** The arrangements should show an understanding of how medical conditions impact on the child's ability to learn, as well as increase confidence and promote self-care. The governing body should ensure that members of staff are properly trained to provide the support that pupils need **and that there is a named person with responsibility for implementing the statutory policy.**

The policy, which should be reviewed annually, should set out the following details:

- Roles and responsibilities of: governors, head teacher, school staff, school nurses, pupils, parents/carers.
- Staff training and support.
- How staff will be supported in their role with pupils with medical needs.
- How training needs are assessed.
- How and by whom training will be commissioned.
- Arrangements for staff absence and briefing of supply/cover staff.
- Procedures for:
 - How to respond to a notification that a pupil has a medical condition, including developing an Individual Healthcare Plan.
 - Managing medicines on school premises.
 - Risk assessments for school visits and other school activities.
- Individual Health Care Plans:
 - Who is responsible for developing Healthcare Plans and who should be consulted.
 - Roles and responsibilities in Healthcare Plans.
 - Arrangements for monitoring and reviewing Healthcare Plans.

The Health Conditions in Schools Alliance have provided a model/template policy for schools here:

[External Sample/Template Medical Conditions Policy](#)

They add, *“This policy statement should be developed with pupils, parents, school nurse, school staff, governors, the school employer and relevant local health services. This policy statement should be made publicly available on the school's website.”*

Procedure when a pupil has a medical condition

In Southampton a child or young person is considered to have a medical condition if their physical or mental health needs are such that, without reasonable adjustments, their attendance at school or access to the curriculum and other school activities would be compromised.

The school's procedure for pupils with medical conditions should ensure that **every effort** is made to put arrangements in place within two weeks of notification of admission or diagnosis.

As per the statutory guidance, '*Schools **do not have to wait for a formal diagnosis before providing support to pupils.** In cases where a pupils condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some sort of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.*' Support in these cases should concentrate on meeting the needs of the child or young person and not subject to blanket decision making policies.

Procedures could include:

- Who is responsible for developing the Individual Healthcare Plan (IHP)
- Who should contribute to the Individual Healthcare Plan
- Consultation with parents and medical professionals
- Development of the Individual Healthcare Plan
- Transitional arrangements between schools
- Process for reintegration or for when the pupil's needs change
- Arrangements for staff training

There is an expectation that schools will make adjustments to meet the need of the child if they are able to attend school with adjustments. For example, a child may be suffering from anxiety and may be able to access a school learning support centre in small groups rather than mainstream lessons. There is an expectation that schools will be creative and flexible in meeting needs. It is, however, left to the school's discretion as to how they meet the needs, providing the school can demonstrate it is meeting those medical needs. This includes meeting the needs of pupils who can attend school part-time and intermittently, particularly when there are known medical needs and this can be planned for. **In all cases the [SCC Reduced timetable protocol and guidance for schools and school leaders](#) should be followed and schools should be able to demonstrate a clear benefit to the child, with a carefully planned transition to a full time timetable.**

If other services are likely to be involved e.g. Child & Adolescent Mental Health Service (CAMHS) an Early Help Assessment (EHA) should be triggered which is designed to assist practitioners in a range of settings to assess the needs of families, children and young people. This replaces the Universal Help Assessment (UHA), formerly the Common Assessment Framework (CAF) and may lead to an Early Help Plan (EHP). [You will find more detailed information here.](#)

For some pupils with medical needs they and the setting may need to work towards an EHCP if there are significant additional special educational needs as a result of the medical condition.

Individual Healthcare Plans (IHPs)

Individual Healthcare Plans (IHP) are different from Education Health Care Plans (EHCP) or Early Help Plans (EHP). However, they do sit neatly alongside these other documents if required. A child or young person may have an IHP and not an EHP or EHCP. An IHP is important to ensure that the school knows how to handle a medical emergency with the child and that it is providing the right support for a child on an ongoing and consistent basis. IHPs and the information contained within them, should routinely be shared with all relevant staff. All staff members must be aware of IHPs, the procedures involved and their importance within a setting.

It is unacceptable practice to assume that all children with the same medical condition require the same treatment. An IHP ensures schools will have the correct information about the medical condition and how it impacts upon the individual child's needs, in order to ensure they can keep the child or young person safe and fully included in school life.

Good practice is that all children with significant ongoing medical needs should have an IHP or equivalent document.

Supporting pupils at school with medical conditions, Department for Education statutory guidance, December 2015:

“Individual healthcare plans 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 will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher is best placed to take a final view.”

The information recorded in an Individual Healthcare Plan could include:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments.
- Specific support for the pupil's educational, social and emotional needs.
- The level of support needed. If appropriate, some children and young people may wish to have some responsibility for managing their own health needs. This needs to be agreed with the child or young person and made clear within the individual healthcare plan.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency.
- Who in the school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities 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.

A basic template for an Individual Healthcare Plan (IHP) is available from [Gov.UK here](#).

SCC **Safe Working Procedures** can be found [here](#) on the SCC website within downloadable documents.

There are also 17 Individual Healthcare Plan templates you will find within the [Schools Extranet](#). Where a template exists for a specific condition, we ask that all schools use these templates for consistency across the city and to aid transition between Primary and Secondary mainstream and Special schools.

It will still be necessary to personalise the plans for each pupil, but the basis of the plan is easily accessible.

All schools must review IHPs (Individual Healthcare Plans) **at least annually** (page 10 of the December 2015 statutory guidance for schools on supporting children with medical needs). However, many plans will be reviewed more regularly based on information from specialist nursing teams, following medical appointments and/or medication reviews.

The help a child needs is likely to change as time goes on, so their IHP will need to change to reflect this. As stated above, at the very least it should be reviewed annually, but must also be reviewed when management of a medical condition changes or the level of care a child needs changes.

Also included in the IHP should be:

- When it will be reviewed.
- Who can alter the plan and which parts they can alter.
- What is the process for reviewing the plan.

Once the plan is in place and the child (if applicable), parent/carer, school and specialist (if appropriate) are happy with it, the parent/carer (and child, where appropriate) should sign it, as should relevant school staff and an associated healthcare professional.

It is important to stress that school staff are not medical professionals. Therefore, we would strongly advise that all IHPs either directly involve medical professionals, whilst they are being formulated, or that a copy of any completed IHP is sent to the key medical professional (such as paediatric consultant or psychiatrist or in the absence of these being involved the GP or school nurse) to ask for their confirmation that they are happy with the plan from a medical perspective and can sign it off.

More advice regarding Individual Healthcare Plans can be externally sought through [Medical Conditions at School](#).

Some Southampton Schools send a copy of IHPs to the local authority where a pupil's needs are particularly complex. This is highlighted as good practice but not obligatory. Should there be any concerns or queries as to whether to share the IHP with the Inclusion team, please contact Inclusion Services to discuss.

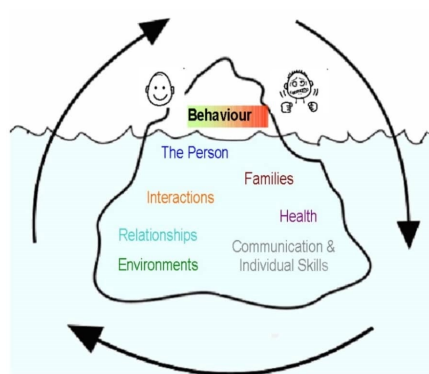
Early identification

Emotionally Based School Absence (EBSA) and Restorative practice

Within the city, we have experienced growing numbers of children and young people that have fallen in to a cycle of school absence. In many cases, this has resulted in far greater issues that require multi-agency support to progress and reengage individuals and families. This often puts increased pressure upon Inclusion Services, Social Care, Outreach Teaching CAMHS and the pupil's home school. **The local authority expectation is that there are clear cycles and evidence of assess-plan-do-review, prior to any referrals for outreach support.** Early identification and whole school approaches to tackling this increasingly widespread topic should be commonplace.

Entrenched cycles are more difficult to break and reengagement becomes increasingly challenging. Often, the links between issues such as absences, late arrival, less engagement in learning and negative feelings and/or conversations are picked up too late. On occasion this has led to significant mental health concerns, family crisis and relationship breakdown between the family and home school. It is important to pick up the signs as early as possible.

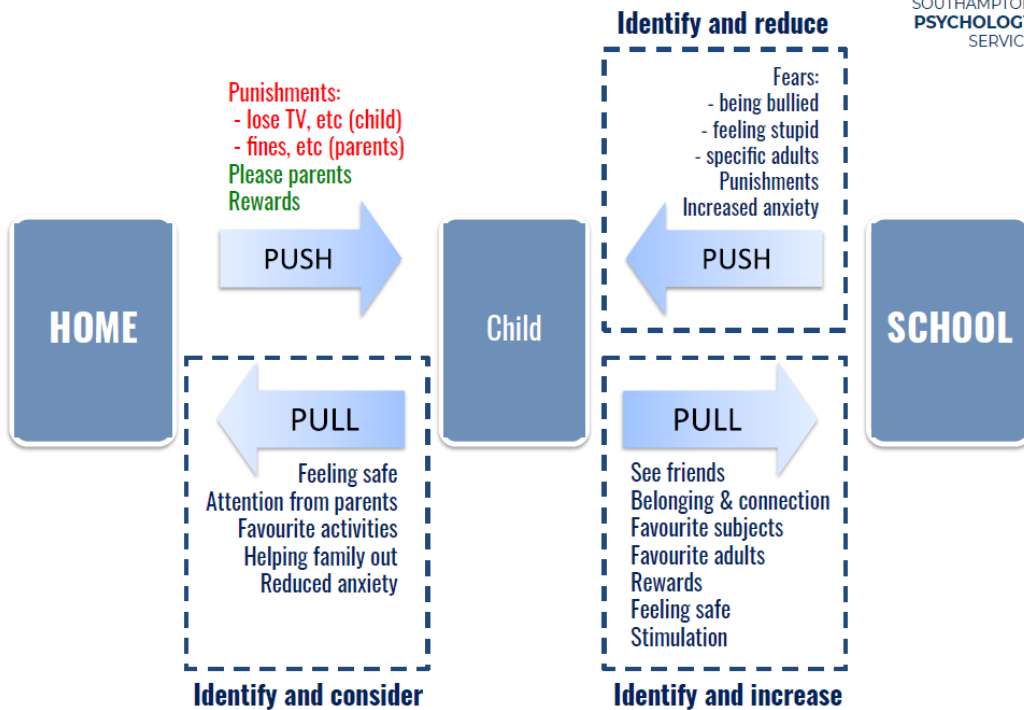
All behaviour has a communicative function, so while we might only see the behaviour on the surface, there will always be an underlying reason that the child is not attending school, so we need to identify what function the EBSA behaviour is serving for each particular child.



Often lots of factors are interacting and contributing to the child's difficulties attending school. Whether that be individual factors (e.g. learning difficulties), school factors (e.g. exams, lessons), family factors (e.g. divorce) or health factors e.g. physical illness. Lots of factors will be underlying the EBSA behaviour and so it is our job to identify what these are and how we can intervene.

The research into EBSA suggests that contributory factors of '**risk and resilience**' can be divided and understood, in terms of 'push' and 'pull' factors.

- **Push from home** – factors that may make someone want to leave the home e.g. family stresses, parental fines, boredom, punishments
- **Pull to home** – factors that may make a pupil want to stay at home e.g. tangible rewards, spending time with family
- **Push from school** – factors that may make the child want to avoid school e.g. learning, social and emotional demands
- **Pull to school** – factors that make the child want to attend school e.g. spending time with favourite teachers, subjects the pupil likes/is good at, friendships



Functional Model of Emotionally Based School Absence

Four functions of school refusal (absence) were proposed by Kearney (2003):

1. Avoidance of school related stimuli that provoke negative affectivity, general anxiety or depression e.g. transition times, busy environments, break/lunch times, certain lessons, the school bus etc.
2. Escape from aversive social and/or evaluative situations at school e.g. they may want to avoid things such as, answering questions in class, exams, sports activities, eating in the dining hall.
3. Pursuit of attention from significant others (i.e. family, carers). In this case, school itself may not be aversive, but the child may prefer to be at home or at the parent’s workplace. This function is commonly associated with separation anxiety, though excessive worry about separation is not always present.
4. Pursuit of tangible reinforcers outside the school setting (e.g. gaming, watching TV, social media). This function is closely related to the concept of truancy.

The presence of any of these functions reinforces ongoing school absence.

Often, the best placed persons to pick up the signs are support staff, reception staff and parents as the issues may be presenting prior to a pupil getting to class. Open and transparent relationships with all parties are key. **Particular attention should be paid around key stage transition points, as this is often a trigger to school anxiety.**

Once signs are picked up, these pupils may well need alternative timings to their day; schools may need to ‘flex’ rules for these pupils; creation of new routines and boundaries. Schools will need to make it clear what the expectations are on all parties involved. Key workers or trusted persons in the school will need to ascertain where the anxiety is stemming from and what can be done to

increase pull factors and alleviate the anxieties. This will all help to build or create a predictable consistent environment.

It is exceptionally important for children and young people to feel like they are wanted. That they belong. That the school is delighted to see them. What can make them want to come in? This could start with a warm welcome each time they arrive, a soft landing. Staff will need to be in a position to soften the transition and schools may need to individually plan what the start of a school day looks like for some pupils. It is important to stress the importance of predictability – ensuring there are clear routines and structure in place.

Getting pupils into school is only part of the battle. How you can ensure they are ready for learning or enable this readiness will have a substantial impact on development. Simply getting over the threshold for these children and young people can leave them in a heightened state of anxiety or anger. Guidance from Creative Education adopts the approach of Share it – Shelf it – Shout it. Three simple principles to help enable pupils to be ready for the day ahead. Sharing could be vocal, written, secret, independent, in a journal. Shelf it, so that it can be approached in an appointment to worry later on (that appointment MUST absolutely happen for this principle to work). That follow up appointment, enabling the Shout It principle, that their voice is heard and acted upon.

Working with the family is vital. Find ways to work together, rather than against each other. Communication should be open and honest. This situation may have been going on for weeks behind closed doors – feelings of guilt and anxiety can be prevalent. Schools should be empathetic and understand that the families are often doing their best and likely to be at their wits end. Provide the empathy and assurance they need that you are all on the same team.

Schools will need to build in regular ‘resets’ for these vulnerable pupils. They will need to have structure. Set times for relaxation space, which could include mindfulness or breathing based exercises. This routine, through set times, should be proactive not reactive, enabling activities **before** anxiety/anger to aim to avoid reactionary management. Ensuring there are preemptive steps will offer emotional regulation and can restore a sense of control and calm. All members of staff, including supply staff, should be kept up to date with individual plans.

Schools will need to develop a signal for ‘overwhelm’. Rather than pupils verbally asking for help, build in ways to signify elevated anxiety, anger or if they are struggling. Children and young people could ‘sign’ the feeling. Empower the pupil to use these nonverbal cues and signs. In planning these strategies, you will have the opportunity to discuss how to be able to acknowledge the early stages of recognition. Once again, collaboration is key and all other adults/staff will need to be aware of signals and what the agreed response is.

Consideration will need to be given to managing break times. This provides another reset time. Break times should be restorative. There may be pent-up anxiety surrounding these times and give another opportunity to be proactive, to mitigate the potential for negative impact on the child or young person. How can break times be reframed? Build in structure, routines and activities.

Develop a Monday morning plan. Monday morning sets the tone for the whole week and everyone will need to know their individual role. What is the shared expectation? What part does everyone need to play to ensure success? A carefully executed plan can negate and diminish negative feelings that have built the anxiety. Ensure that the pupil and their family inform the planning around what success will look like. Why a Monday morning plan? Families often need to start on the Sunday evening prior, to pave the way, as anxiety and stress will be building around returning to school.

It is crucial to work as a team around the child or young person, but also that you take time to work directly with these vulnerable pupils. This team must be led by comprehensive child centered planning that has been informed by the pupil (and their family). The voice of the child or young person needs to be heard – they need to feel listened to and acted upon. There should be no illusions here that this will be easy but rather, it is likely at times to feel very hard. Ensure that success is celebrated! Note when things work and go well, as this informs planning and also helps communicate good news with parents – no matter how small. Through sharing successes, your comments help change the conversation within these families.

There is a wealth of information available on this particular subject and this guidance only offers a snapshot of the approaches. The advice above is based upon Creative Education's *You Can: Break the cycle of emotionally based school avoidance (school refusal)*.

You can also request involvement from the Southampton Educational Psychology Service for an initial consultation, a more focused EBSA support pathway for a pupil or whole school training.

All Southampton City Council schools have a link educational psychologist (EP). Support for children and young people can be requested direct via their EP or through the website [Educational psychology \(southampton.gov.uk\)](https://www.southampton.gov.uk/education/educational-psychology) where further information and resources can also be found.

In many cases, we have observed a distinct relationship breakdown between a family and school that has affected how emotionally based school absence solutions can be delivered and/or initiated. This is very much the home school's responsibility to rectify. **The local authority expectation is that there is clear evidence of restorative practice within Southampton city schools. Timely restorative meetings (accurately minuted) to facilitate reengagement and reintegration, can serve to confirm early intervention is established and adopted by a setting.**

More information on Restorative Practice can be found in the following sections.

Early Intervention - The Mental Health in Schools Teams (MHST)

Mental Health in Schools Teams (MHST) is a government initiative to help increase access to mental health support for children and young people as part of the National Children and young people's Increasing Access to Psychological Therapies (CYP IAPT).

The MHST initiative supplements the existing support within schools and colleges. They work collaboratively with schools, taking a 'whole school approach', to address the mental health and emotional wellbeing of pupils.

The MHST are an early intervention service offering a range of evidence-based interventions.

For children and young people aged 11-18 years, there is targeted support such as guided self-help for children and young people who are experiencing low mood and anxiety. The interventions on offer provide strategies to help with low mood, anxiety, stress and other common mental health or wellbeing difficulties.

For children aged 4-10 years there are parent-led interventions for children presenting with anxiety and also working with parents to support them in addressing mild behavioural difficulties using an Incredible Years approach.

Another important part of the MHSTs work is to facilitate a range of workshops and groups on a variety of topics to reach a wider audience of children, young people, parents and education staff. The core offer of the service encompasses:

- Improving access to mental health support and services
- Delivering training and workshops for schools and parents
- Providing consultation to schools on mental health and wellbeing
- Individual and group interventions for children and young people experiencing difficulties with managing emotions

The MHST service offer runs 52 weeks of the year and delivers a continued service offer to children and families during school term closures.

WHO they work with:

Children, young people, parents or carers and school staff who are on roll at one of the schools and colleges working with the MHST project.

WHERE they work:

The MHST are usually working in schools and colleges, however they also offer virtual sessions.

HOW do you contact the MHST:

If you are the parent or carer of a child or young person that attends a school in the Southampton City MHST network, you can contact the team via:

- Speaking to the Senior Mental Health Lead at your child's school
- Emailing at snhs.southamptonmhst@nhs.net
- Calling 0300 123 6689

If you are a school and are currently signed up to the MHST project, please contact your MHST link worker. Any referrals should be discussed and suitability agreed with your link worker in the first instance and then sent to <mailto:lewishamMHST@slam.nhs.uk> snhs.southamptonmhst@nhs.net, copying in your link worker.

Restorative Practice

The ambition for Southampton to become a restorative child friendly city was launched in November 2017 building on a number of initiatives already in place. We want Southampton to be the best city for all our children and young people, working restoratively is the way we will achieve this. Restorative working is a way of being.

It focuses on building relationships that create positive change to improve outcomes. It is about working with and not doing to people. It can be used working with families and supporting customer engagement and experience in all services.

The Restorative Justice Council define Restorative Practice as:

“Restorative practice can be used anywhere to prevent conflict, build relationships and repair harm by enabling people to communicate effectively and positively... Restorative practice can involve both a proactive approach to preventing harm and conflict and activities that repair harm where conflicts have already arisen.”

Principles of Restorative Practice

It is...	It's NOT....
Fairness	Punishment
Empathy	Humiliation
Effective communication	Controlling
Inclusiveness	Lecturing/telling
Having a say	Naming and shaming
Harmed person led	A magic wand
Voluntary	Blame
Equality	Reparation suggestion
Neutrality	Enforced
Objectivity	What people “should” do
Respect	Making assumptions
Empowerment	Alternative to consequences
Responsibility	Soft option
Reparation	
Re-integration	

The local authority expectation is that there is clear evidence of restorative practice within Southampton city schools. Timely restorative meetings (accurately minuted) to facilitate

reengagement and reintegration, can serve to confirm early intervention is established and adopted by a setting.

SEND Ordinarily Available Provision and Children with Medical Needs

A significant number of children with long-term medical needs and an IHP in place, may also be on the SEND register and have involvement with other agencies (such as CAMHS or specialist paediatric teams/consultants), an Early Help Plan may already be in place. For some pupils, their medical needs mean they may need to work towards an EHCP if there are significant additional special educational needs as a result of the medical condition.

All information related to the Southampton Special Educational Needs and Disabilities Ordinarily Available Provision Guidance can be found through [this link](#).

IHPs are different from an EHP (Early Help Plans) and are also different from EHCPs (Education Health Care Plans). IHPs are important so that staff fully understand the medical condition and any implications for keeping the child safe, know how the particular medical needs impact on the child and know what to do in a medical emergency. IHPs can sit neatly alongside Early Help Plans (EHP) and EHCPs. Sometimes the information from the IHP can help to inform the other paperwork for the SEND graduated pathway. However, an IHP should always be done first if required. An Early Help Plan or EHCP does not replace an IHP as, without an IHP, the full details of the medical condition may not be known and therefore it may not be possible to undertake a full risk assessment or make informed decisions about any reasonable adjustments that are required.

Regarding Medical Outreach Service referrals for children and young people with an EHCP:

Prior to any referral to Medical Outreach Service panel setting must discuss the case and reasoning with the allocated SCC SEND case officer or SCC SEND team. The following points **must** be considered:

- Every pupil is considered on a case by case basis through panel with added guidance/consultation with SEND Team and/or setting.
- What are the setting doing to meet the needs of the pupil? Is an urgent (interim) Annual Review (AR) required? Is the SEND best practice and Ordinarily Available Provision Guidance being used effectively within the setting? An AR will enable a revised package of support, coordinated and aligned with the child's needs. All reasonable adjustments must have been made.
- How are the settings using the EHCP funding where pupils are not attending? Consideration to be given to the prioritising of funds for outreach tutoring through agency tutors.
- Medical need must be clarified as *unrelated to their SEN*. Where needs may be associated with for example Autism and Anxiety, settings must work closely with their allocated case officer to ensure provision is suitable.
- Where medical need is not linked to the EHCP, settings must follow the existing referral process after the 15 days of absence or if it is clear this will be met due to proactive planning e.g. surgery rehabilitation. This will satisfy the S19 duties of the local authority.

Electively Home Educated children and young people

Southampton City Council believes that, for the majority of children, the best place to educate a child is in school, but it recognises that home education is a key aspect of parental choice in education law.

Elective home education is a term used to describe a choice by parents to provide education for their children at home – or at home and in some other way which they choose – instead of sending them to school full-time. This is different to education provided by a local authority otherwise than at a school.

Should a family wish to access medical needs outreach support, the child or young person will be required to be on roll with a local authority home school. The focus will be upon reintegration to mainstream school following the Southampton City Council admissions process. Contact should be made with the Elective Home Education Team at Southampton City Council and consultation with an Elective Home Education visitor will ensure the necessary steps are followed.

You can contact the Elective Home Education team [here](#).

Managing medicines on school sites

The governing body should ensure that the school's policy clearly sets out the procedures to be followed for managing medicines.

The information below has been taken from the document, **Supporting Pupils at School with Medical Conditions**, Department for Education *statutory guidance* for governing bodies, December 2015:

- *Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Individual school staff may not be comfortable administering medicine, however, if it is detrimental to the child's health or attendance the school must make arrangements so as not to disadvantage the child.*
- *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. In such cases, every effort should be made to encourage the child or young person to involve their parents which respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered.*
- *A child under 16 should never 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 dosage 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.*
- *Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. 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 should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips. Clear arrangements regarding the safe storage of medicines need to be available to all relevant staff and the children and young people also need to know how they can access their medicines.*
- *When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.*
- *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. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held.*
- *School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should 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 in school.*

The Southampton City Council templates and guidance regarding the management of medicines on school sites can be found here on the website within [Health and safety guidance](#) and [Forms library](#).

The SCC Corporate Health and Safety Service have provided a variety of options for schools to assist them in fulfilling their statutory responsibilities. Please take the opportunity to see if a template exists which will save you time or offer guidance on a particular case. If you have cause to create an IHP for a condition that is not an existing template, please share an anonymised version with the Inclusion Officer for Pupils with Medical Needs in order that it may be used to support all city schools.

There have been occasions where a more bespoke training package has been sought by schools in particularly complex cases. The initial IHP meeting would ideally be the appropriate place for this to be raised and the Inclusion Officer for Pupils with Medical Needs invited accordingly. However, should this be unforeseen, or Inclusion Services are not in attendance at the meeting please contact Inclusion Services as soon as possible. If there are further queries, contact the Inclusion Service using the contact details at the end of this guidance.

Emergency procedures

There should already be arrangements in place in school for dealing with emergencies for all school activities. Where a child has an Individual Healthcare Plan it should **clearly define what constitutes an emergency and explain what to do – an Emergency Plan**. If a child needs to be taken to hospital, staff should accompany the child until the parent arrives. For pupils that have an Individual Healthcare Plan, this should already be an integral part of pre-emptive planning to ensure the process is not a reactive one. Proactive involvement in planning for emergency situations can only benefit robust safeguarding of vulnerable children and young people within the school environment.

You will find a standalone emergency services contact form [here](#).

South Central Ambulance Service

Occasionally, it is necessary to take emergency planning a step further. In more complex and life-threatening cases, you may be advised by the NHS professionals involved in the writing of an IHP to contact the South Central Ambulance Service (SCAS), so they are aware of a particular child or young person in your school.

If a pupil has a care plan written that includes flagging the ambulance service, it can be sent to the Special Patients Notes Team (SPN) Generic email address of scas.AACP@nhs.net. The team then place a flag on the system called an SS (Special Situation) which will elude to the fact that the patient has a care plan. This is linked by address, patient name and NHS Number.

It is normally down to the author of the plan (Normally a health care professional but could be the medical lead within your setting) to keep this up to date and then share this with SCAS. If you require further information, then please contact the interim line manager Dave Sherwood on Dave.Sherwood@scas.nhs.uk. **To note, a paper copy of the plan is always helpful if handed to the attending crew.**

Tier 4 settings and reintegration

There may be occasions where the mental health of a child or young person deteriorates significantly enough for them to be admitted to hospital for therapeutic treatment. This may be within one of the national CAMHS settings or a commissioned independent provider. The duration of admissions will vary from case to case and can be a matter of weeks, months or years. More often we see admissions following children and young people being sectioned under the Mental Health Act, however they may also be voluntary admissions.

Schools should make themselves aware of the Local Authority Tier 4 CAMHS Independent Education Provision Policy, which outlines LA expectations on providers. Inclusion Services are happy to share this document upon request, please email for details.

A pupil's admission to a Tier 4 CAMHS hospital provision is without prior consultation with the school or LA. There is therefore no opportunity for the LA or school to determine where the pupil is placed and limited or no opportunity to determine who provides the education. The statutory guidance for local authorities on Ensuring a Good Education for Children who Cannot Attend School because of Health Needs states that:

“When a child is in hospital, liaison between hospital teaching staff, the LA's alternative provision/home tuition service and the child's school can ensure continuity of provision and consistency of curriculum.”

Following admission to a Tier 4 hospital, the education provider within the setting is to provide the pupil's home school and the local authority in a timely manner with the following:

- Admission and discharge notices – must be notified promptly.
- Invitations to Care Planning Approach (CPA) meetings – more information below.
- Written evidence of education being provided e.g. Individual Education Plan (IEP), objectives and progress towards agreed objectives must be shared with the school and LA etc.
- Evidence of two-way liaison with the pupil's home school regarding content of education and transition back to the home school upon discharge.
- The LA will contact the home school to confirm that education being provided is appropriate and to confirm liaison with the Education Provider and agreement of appropriateness of provision.

From the outset of their admission, it may not be possible for children and young people to access a full-time curriculum for clinical reasons. This should be apparent from conversations between the clinical team, the home school and LA, either within or outside of CPA meetings.

The Care Planning Approach (CPA) is for people in England with severe or complex mental health problems, currently or recently admitted. Often, support will be required from a number of agencies and services and this approach allows for the right level of planning.

The range of issues included within the planning should include:

- What medical treatment is required both for mental and physical health and to include medication – This may affect a reintegration strategy.
- Current and updated risk assessments from the setting – Which will be helpful to the home school and LA when planning for discharge.
- Any crisis support and how this will be managed and provided.
- Personal circumstances including family and carers.
- Financial circumstances.
- Housing needs.
- Employment, education and training needs.

CPA meetings should be held every 3 – 6 months and will be dependent on diagnosis and clinical presentation and management. The time between each meeting is established by the previous meeting when another date is usually set. The final CPA may also be called the discharge CPA meeting.

It is exceptionally important for there to be representation from the home school and/or the local authority, whether this be Inclusion Services or the SEND Team. If you are aware of a child or young person that has been admitted, BUT NOT RECEIVED ANY CPA INVITES OR NOTIFICATION FROM THE EDUCATION PROVIDER OR HOSPITAL, please contact the Inclusion Officer for Pupils With Medical Needs as soon as possible to highlight the case.

In an ideal scenario, the package of therapy, education provision and community NHS/social care will enable the child or young person to reengage with the home school, albeit initially under some revised capacity. The education provider will have kept the home school informed as to this capacity meaning all parties will be aware of current health and therapeutic needs and also attainment and progress moving forwards.

It is important to be mindful that sectioned patients (as per NICE guidelines) should be given at least 48 hours' notice of their discharge from hospital, where prior attention has been given to the right level of discharge planning. If the home school and local authority have not been party to the CPA meetings, reintegration to education settings can be made more difficult. The differing timescales of services and agencies should be given due consideration where an education reintegration package is being deliberated.

All parties must consider planning as comprehensively as possible to achieve the best possible chance for success for these vulnerable children and young people. Discharge planning should be started as early as possible and be completed collaboratively, being patient-centred. Where NICE guidance is not adhered to, it can put recovery at risk, possibly leading to further crisis, readmissions and even suicide.

Bespoke packages

It has in the past been appropriate for bespoke packages to be provided to pupils and local authority schools. No two reintegration packages will be identical. All will be child and family centred, dependent on clinical advice from the relevant NHS professionals.

Where a case is particularly complex, attention must be given to timescales prior to discharge. If a multi-agency/service package is to be implemented, it will need its due time for funding streams to be made available, which in some cases will involve presentation before the Children's Complex Needs Panel (CCNP) and/or the Multi-Agency Resources Panel (MARP).

Where discharge is planned for proactively, 3-6 months as per CPA timetabling will in theory provide a suitable amount of time for such financial and placement planning.

Reintegration following periods of hospital admission will be considered on a case by case basis. Contact should be made with Inclusion Services and/or where an EHCP is in place, the SEND Team.

Audit Tool

The table below should be used when reviewing a school's provision for supporting children with medical conditions. To be used in conjunction with the listed documentation and arrangements. Ideally, a designated governor and the medical lead within the setting can jointly address each statutory statement and added key questions, supplying evidence for each. This service can also be voluntarily commissioned through SCC Inclusion Services and will be a set day rate whereby the Inclusion Officer for Pupils With Medical Needs can review alongside setting staff. Importantly, good practice can be highlighted through using the audit tool along with areas for improvement or areas where clarification of protocols and process are required.

Statutory Statement*	Key Questions	School's Evidence
<p>1. The governing body must 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.</p>	<p>What provision is in place?</p> <p>How do you ensure the equality of access and potential for enjoyment necessary?</p>	
<p>2. In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.</p>	<p>How do governors ensure that children are treated as individuals and that consideration is given to the impact of their particular needs on their school life?</p>	
<p>3. The governing body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.</p>	<p>How do you ensure that parents and pupils have confidence in your arrangements?</p> <p>How do you know?</p> <p>What do you do to promote pupils' confidence and promote self-care?</p> <p>How do you ensure that staff are properly trained?</p>	
<p>4. Governing bodies must 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.</p>	<p>Are arrangements sufficient to meet statutory responsibilities?</p> <p>How do governors ensure that policies, plans, procedures and systems are properly implemented?</p>	

<p>5. Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.</p>	<p>Does school have a policy for supporting children with medical conditions in school?</p> <p>When was it last reviewed?</p> <p>Where can parents and staff view the policy?</p>	
<p>6. 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.</p>	<p>Who has overall responsibility for implementation of the policy?</p> <p>What arrangements are in place to ensure that the policy is implemented effectively?</p>	
<p>7. Governing bodies should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.</p>	<p>What does school do when notified that a pupil has a medical condition?</p>	
<p>8. 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.</p>	<p>Does the policy state the role of IHPs?</p> <p>Who does it say is responsible for their development?</p>	
<p>9. 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 well-being and minimises disruption.</p>	<p>Are review arrangements explicitly stated in the policy?</p> <p>Does practice reflect policy?</p>	
<p>10. When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:</p> <ul style="list-style-type: none"> ➤ the medical condition, its triggers, signs, symptoms and treatments; ➤ the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to 	<p>Has consideration been given to the items identified in the Guidance?</p> <p>Do IHPs contain appropriate information?</p>	

<p>food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;</p> <ul style="list-style-type: none"> ➤ 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 medication, this should be clearly stated with appropriate arrangements for monitoring; ➤ who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable; ➤ who in the school needs to be aware of the child's condition and the support required; ➤ arrangements for written permission from parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil 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; and ➤ what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan. 		
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<p>11. The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.</p>	<p>Does the policy identify roles and responsibilities? Who are the individuals identified?</p>	
<p>12. Governing bodies - must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and 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.</p>	<p>Has a policy been developed and implemented? Have sufficient staff received suitable training?</p>	
<p>13. Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.</p>	<p>Does the policy identify how staff will be supported and how this will be reviewed? How are training needs assessed? How and by whom is training commissioned and provided?</p>	
<p>14. The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.</p>	<p>Is the requirement for training explicitly stated in the policy?</p>	
<p>15. Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans).</p>	<p>What training has taken place? How is a record kept of training undertaken? Is the training required and undertaken documented on IHPs?</p>	
<p>16. Governing bodies should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.</p>	<p>What arrangements are identified in the policy as being in place for children to manage their own health needs? What happens in practice?</p>	
<p>17. The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines.</p>	<p>Is the school's policy clear about the procedures in place?</p>	

	Are the procedures followed?	
18. Governing bodies should ensure that written records are kept of all medicines administered to children.	Are appropriate written records kept?	
19. Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation.	Does the policy set out what should happen in an emergency?	
20. 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.	Are appropriate arrangements in place to support participation in trips, visits and sporting activities?	
21. Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.	Does the school's policy identify unacceptable practice?	
22. Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.	Is the appropriate insurance in place?	
23. Governing bodies should ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.	Does the policy set out how complaints will be made?	

*Schools must have regard to these statements when carrying out their statutory duties i.e. they must take account of the guidance and carefully consider it. Having done so, there would need to be sufficient, evidence based justification for non-compliance.

Documentation:	✓
Supporting children with medical conditions policy	
Individual Health Care Plans/Education and Health Care Plan (EHCP)	
Consent forms	
Records of medication administered	
Emergency medication forms (may be part of IHP)	
Records of training undertaken	
Stock record for storage of long-term medication	
Emails/letters reminding parents to check medication/update care plans	
Arrangements:	
Storage of long-term medication	
Storage of emergency medication	
Storage of temperature sensitive medication	
Storage of IHPs/Administration of medicine records	
Appropriateness of labelling on medication	
First aid boxes (and Sharps boxes where applicable)	

Day trips, residential visits and sporting activities

Plan well in advance for trips, residential visits and sporting events:

It is vital that schools plan well in advance for the needs of children with medical needs. It takes time to put things in place and support/information/services/ products required from other people may not be available at short notice, e.g. prescribed oxygen can require at least 10 days to organise a supply. Not planning in advance can mean a child with medical needs is disadvantaged and may not be able to attend a trip, residential visit or sporting activity and this could be disability discrimination. Statutory guidance makes it clear that it is the school's responsibility, not the parent/carer's responsibility, to ensure that children with medical needs have the same opportunities as those who do not have medical needs, e.g. requiring parents to accompany a pupil on a school-trip is unacceptable practice. However, there may be occasions where through discussion/planning with the family, this is acceptable and suitable given individual circumstances.

Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The school policy must be "clear and unambiguous" about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities. 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 will need to:

- Identify medications needed during the visit by referring to the IHP and also liaising with the parents/carers and/or medical professionals about this.
- Consider storage, quantity and transportation of medicines.
- Consider arrangements for administering medication including appropriate environment.
- Consider the sharing of information with relevant staff e.g. medical needs and emergency procedures.
- Consider the need for, and undertake, any additional staff training.
- Take an Administration of Medication Record form for a child/young person on the trip and complete as appropriate.
- Establish a system whereby medication is signed for when it is taken out of school and signed back in on return.
- Take Individual Healthcare Plans (IHPs) on the visit.
- Identify roles and responsibilities of staff accompanying the child/young person.
- Consider what care will be required, e.g. toileting/medication and where it can be carried out.
- Consider risk factors which could trigger anxiety or challenging behaviour and how this will be managed.
- Consider how many staff will be required.
- Liaise with the venue and ask to see their generic risk assessment where appropriate.
- Consider the appropriateness of the activities. Do alternatives need to be organised?
- Consider moving and handling tasks, e.g. getting on/off transport, getting in/out of bed.
- Is a formal moving and handling risk assessment required?
- Consider the implications for emergencies if the destination is remote, e.g. is there a telephone landline available or a reliable mobile phone signal?
- Additional safety measures including postcode of venue for ambulance sat nav.
- A 'Plan B' scenario to address additional supervision that may arise from the child/young person's medical needs, e.g. consider making an additional staff vehicle available, that travels separately, and could be used to summon help if required (NOT to transport the child).

Unacceptable practice

The statutory guidance is clear about what the school policy should say about what is **not** generally acceptable.

Unacceptable Practice (taken directly from Statutory Guidance)

- *Preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;*
- *Assuming that every child with the same condition requires the same treatment;*
- ***Ignoring the views of the child or their parents; or ignoring medical evidence or opinion, (although this may be challenged);***
- *Sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;*
- *If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable;*
- *Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;*
- *Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;*
- ***Requiring 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; or***
- *Preventing children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. **by requiring parents to accompany.***

Coding and SIMS

Following the completion and acceptance of a SCC Medical Outreach Service referral, the pupil will **remain on roll** for the duration of the outreach placement. There should be **no dual roll status** applied to children or young people participating in outreach provision through the service provider. The placement will be reviewed on at least a six weekly/half termly schedule. This may change according to individual needs or situation. Within this section on coding and SIMS, text in italics has been used from the DfE's School Attendance Guidance for schools, August 2020².

Can a school place a pupil on a part-time timetable?

As a rule, no. All pupils of compulsory school age are entitled to a full-time education. In very exceptional circumstances there may be a need for a temporary part-time timetable 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 part-time 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 part-time 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.

The Local Authority's expectations and guidance regarding part-time timetable usage can be accessed here: <https://www.southampton.gov.uk/media/2iabnv4x/scc-reduced-timetable-guidance-for-schools-2023.docx>

While the outreach tuition package and reintegration programme takes place the pupil will be **Present at an Approved Off-Site Educational Activity:**

An approved educational activity is where a pupil is taking part in supervised educational activity such as field trips, educational visits, work experience or alternative provision. Pupils can only be recorded as receiving off-site educational activity if the activity meets the requirements prescribed in regulation 6(4) of the Education (Pupil Registration) (England) Regulations 2006. The activity must be of an educational nature approved by the school and supervised by someone authorised by the school. The activity must take place during the session for which the mark is recorded.

As the pupil remains the responsibility of the home school, the process of *authorising* the service provider will be set out clearly within the Home School agreement or SLA that all home schools must complete and sign prior to any tuition taking place.

Many, if not all children and young people accepted for outreach tuition will be on a reduced timetable which will track their progress. As part of implementing a reduced timetable, the proforma will detail the provision that feeds into the home school coding of attendance.

Attendance codes for when pupils are present at approved off-site educational activity are as follows:

Code B: Off-site educational activity

*This code should be used when pupils are present at an off-site educational activity that has been approved by the school. Ultimately **schools are responsible for the safeguarding and welfare of pupils educated off-site**. Therefore by using code B, schools are certifying that the education is*

² <https://www.gov.uk/government/publications/school-attendance>

*supervised and measures have been taken to safeguard pupils. This code should not be used for any unsupervised educational activity or where a pupil is at home doing school work. **Schools should ensure that they have in place arrangements whereby the provider of the alternative activity notifies the school of any absences by individual pupils. The school should record the pupil's absence using the relevant absence code.***

Where provision is timetabled with the service provider within the reduced timetable proforma, this should be coded as **B**, unless the session has not been delivered. See below for non-attendance or absence codes.

Due to the nature of reintegration planning, the use of the reduced timetable guidance and proforma completion, sessions outside of the dedicated teaching times should be coded as an authorised absence from school. *Authorised absence means that the school has either given approval in advance for a pupil of compulsory school age to be away, or has accepted an explanation offered afterwards as a justification for absence.*

Code C: Leave of absence authorised by the school

Only exceptional circumstances warrant an authorised leave of absence. Schools should consider each application individually taking into account the specific facts and circumstances and relevant background context behind the request.

Where no provision is timetabled with the service provider and the pupil is not expected on (the home school) site within the reduced timetable proforma, this should be coded as **C**. See below for non-attendance or absence codes.

The above B and C codes should be used consistently unless there is an absence or non-attendance. This may well be due to an illness, medical appointment or due to non-engagement. Close contact should be maintained between the home school attendance officers and service provider to maintain the accuracy of reporting and provide accurate data management.

As a general rule, if a pupil misses a timetabled session due to illness or medical (dental) appointments, the **B** code will be replaced by:

Code I: Illness (not medical or dental appointments)

Schools should advise parents to notify them on the first day the child is unable to attend due to illness. Schools should authorise absences due to illness unless they have genuine cause for concern about the veracity of an illness. If the authenticity of illness is in doubt, schools can request parents to provide medical evidence to support illness. Schools can record the absence as unauthorised if not satisfied of the authenticity of the illness but should advise parents of their intention. Schools are advised not to request medical evidence unnecessarily. Medical evidence can take the form of prescriptions, appointment cards, etc. rather than doctors' notes.

Code M: Medical or dental appointments

Missing registration for a medical or dental appointment is counted as an authorised absence. Schools should, however, encourage parents to make appointments out of school hours. Where this is not possible, the pupil should only be out of school for the minimum amount of time necessary for the appointment.

The responsibility for gathering evidence to support the above coding lies with the home school. Steps will be in place for tutors to contact a home school should this occur.

Should the home school and/or service provider not be satisfied with the reasons given for absence, this will be coded as an **Unauthorised Absence** from school and would replace the normal **B** code for attendance with an **O** code, unless the home school is following up/waiting for evidence (as outlined below).

Code O: Absent from school without authorisation

If the school is not satisfied with the reason given for absence they should record it as unauthorised.

Code N: Reason for absence not yet provided

Schools should follow up all unexplained and unexpected absences in a timely manner. Every effort should be made to establish the reason for a pupil's absence. When the reason for the pupil's absence has been established the register should be amended. This code should not be left on a pupil's attendance record indefinitely; if no reason for absence is provided after a reasonable amount of time it should be replaced with code O (absent from school without authorisation).

It is important that coding is consistent and accurate. This is especially the case with **O** codes as it may be indicative of persistent non-engagement that requires expedited review measures.

Not attending in circumstances relating to coronavirus (COVID-19)

For the school year 2020 to 2021, a new category has been added to record instances when a pupil is 'not attending in circumstances relating to coronavirus (COVID-19)'. See this addendum for further information, including advice on the application of code X.

Code X: not attending in circumstances relating to coronavirus (COVID-19)

(This code is not counted as an absence in the school census)

This code is used to record sessions where the pupil's travel to or presence at school would conflict with:

- *guidance relating to the incidence or transmission of coronavirus (COVID-19) from Public Health England or the Department of Health and Social Care¹² or*
- *any legislation (or instruments such as statutory directions) relating to the incidence or transmission of coronavirus (COVID-19).*

Schools across Southampton will have tried and tested measures in place to enable their pupils to access education from home in the event of isolation due to COVID-19, this includes outreach provision through Southampton Hospital School. If access to education is medically possible and the pupil is already on a reduced timetable reintegration package, every effort will be made to provide remote learning where face to face sessions are not appropriate.

Reintegration coding

As a pupil moves through stages of reintegration and begins the transition back to the home school, normal coding for 'present' should be used. This may be building on sessions attended with the service provider or as existing timetabled sessions where the outreach tutor accompanies a pupil to aid transition. In these cases, and as attendance builds, the following coding will apply:

Present at School

Pupils must not be marked present if they were not in school during registration. If a pupil were to leave the school premises after registration they would still be counted as present for statistical purposes.

Registration Code / \: Present in school / = am \ = pm

Present in school during registration.

Code L: Late arrival before the register has closed

Schools should have a policy on how long registers should be kept open; this should be for a reasonable length of time but not that registers are to be kept open for the whole session. A pupil arriving after the register has closed should be marked absent with code U, or with another absence code if that is more appropriate.

It may be important for attendance officers to review their use of these codes when reintegrating a pupil that has a bespoke timetable that allows for entry and exit of school premises at times outside of the norm. This is particularly appropriate in cases of anxiety or where a pupil has spent a significant amount of time out of a school environment.

Example of coded attendance for a reintegrating pupil over a six week programme:

Week	Mon a.m.	Mon p.m.	Tues a.m.	Tues p.m.	Weds a.m.	Weds p.m.	Thurs a.m.	Thurs p.m.	Fri a.m.	Fri p.m.	Sat a.m.	Sat p.m.	Sun a.m.	Sun p.m.
1	B	C	B	C	B	C	C	C	C	C	#	#	#	#
2	B	C	B	C	B	C	B	C	C	C	#	#	#	#
3	B	C	B	C	B	C	B	C	B	C	#	#	#	#
4	B	C	/	C	B	C	/	C	B	C	#	#	#	#
5	B	C	/	C	/	C	/	C	B	C	#	#	#	#
6	/	C	/	\	/	C	/	\	/	C	#	#	#	#

During week six of the example above, transition planning should have taken place to enable the home school to take ownership of the reduced timetable planning and proformas in week seven. Although not visible from attendance data, weeks four, five and six may have involved the support of outreach tutors within the home school to aid transition.

The detail within the plan, regarding the actual provision, would be available through service provider reporting and the reduced timetable proforma. Through these, a clear picture of progress against goals should be evident to provide transparency and accountability.

Please note, this is not an exhaustive list of coding available to schools. Alternative codes for absence and more comprehensive coding details can be found within the DfE’s **School Attendance: Guidance for maintained schools, academies, independent schools and local authorities, August 2020.**

What happens when a child cannot attend school due to medical needs

Section 19 of the Education Act 1996

When children and young people are unable to continue at school because of illness, the Education Act 1996 requires Local Education Authorities to provide them with 'suitable education' for example in a hospital school or in home tuition. Suitable education refers to efficient education suitable to the child or young person's age, ability and aptitude and to any special educational needs he may have.

It is the responsibility of the school to continue to provide education for a pupil who can access school with adjustments even if these are significant adjustments (often determined through an IHP or EHCP process). Support in the home is only provided due to the medical needs of the child and cannot be due to school not making appropriate adjustments to keep a child in school, if they could be there with the appropriate adjustments.

Examples of adjustments made by some Southampton Schools

- Anxiety Based School Absence consultations held with the Southampton Educational Psychology Service leading to introduction of bespoke reintegration plan utilising the [Reduced Timetable guidance and proforma](#).
- One to one outreach support in line with local authority referral process to reintegrate, following inpatient admission. Reintegration planned to transition, through the inclusion support area of setting, with a view to increase to mainstream classes.
- Through multi-agency planning meetings, school inclusion lead working closely with Family Engagement Worker and CAMHS professionals to reengage and transition at a child led pace (while taking account of medical professional advice).
- Key workers from schools maintaining contact with pupils to ensure some stability in accessing homework and curriculum-based activities.
- Wherever possible, online education, such as SENECA, established as a means to supplement studies independently.
- Contact maintained over holiday periods by way of key worker emails. Building contact towards term start dates in preparation of reintegration plan.
- Key worker/medical lead ensuring contact with hospital setting is maintained, not only through CPA meetings but also through consistent family contact.
- Outreach teachers have used video conferencing tools to initiate/maintain contact with pupils that have more complex mental health needs. This has supported more opportunities for successful communication.

If a child or young person **cannot** attend school (even with adjustments) then the child or young person will effectively need to be signed off school by a medical professional. There are actually no official 'sick notes' or 'fit notes' for children from medical professionals; however, a referral accepted by Southampton City Council Inclusion Service, where a medical professional has confirmed a child or young person is **medically unable** to attend school even with adjustments, is effectively this.

Southampton City Council Inclusion Service

A referral to Southampton City Council Inclusion Service (SCCIS) is made when a pupil is medically unable to attend school and this is likely to be for at least 15 days or more (e.g. surgical recovery). The referral form is to be completed by a pupil's home school alongside a NHS paediatric consultant (or consultant practitioner or psychiatrist) or the child or young person's specialist NHS team in conjunction with the medical lead within the home school. The referrer is asked to provide detailed information about the pupil, including:

- Confirmation that the pupil is medically unable to attend school – This will be through a diagnosis, evidenced by a current letter from a Consultant Medical Professional.
- The reason for the absence (medical condition) – Confirmation and description of the specific medical diagnosis.
- Likely duration of absence from school – While this is an estimate. Clinicians may be aware of suggested rehabilitation times based on previous admissions to hospital.
- Amount of education (in hours) that is suitable for the young person, taking into account their medical condition and the intensity of tuition.

Referrals and full information

You will find linked access to the online referral form [HERE](#) within the Schools Extranet section of the SCC website. You will also find guidance regarding pupils with medical needs and guidance for schools within [Support and inclusion in education](#).

SCCIS works in partnership with the commissioned service provider, to ensure continuity of education whilst a child or young person is unable to attend school.

When a child is in hospital – good practice for schools

Children and young people can be in hospital long-term or short-term. It is a requirement for any paediatric inpatients unit to have an education facility attached.

It is good practice for schools to maintain contact with pupils when in hospital, particularly when this is for more than just a few days. Within University Hospital Southampton for example, Southampton Hospital School will provide educational provision for any pupil having had more than 3 days as an inpatient, if this is also deemed appropriate by a medical professional involved in the child's admission. They will also provide educational provision for day patients who are returning for planned follow up procedures and appointments as part of their ongoing treatment. When a pupil is referred to the Hospital School, contact will be made with home schools to ensure that an effective and appropriately tailored educational package is put into place for the child. Home schools will receive updates and discharge reports to ensure effective continuity of educational provision.

Evidence recommends that contact with a pupil's peer group and maintaining the feeling of community is exceptionally important to the recovery rate of this vulnerable group of children and young people. Wherever possible, meetings, video calls, emails, letters, even birthday cards etc... should be pursued to support this process of recovery, albeit a physical or mental illness. The role of the home school should never be underestimated and may not be an academic one in the first instance. Accurate assessment of how to increase the 'pull factors' for these pupils can make a dramatic difference to recovery.

Given that there is education attached to paediatric inpatients units, liaison between hospital schools and home-schools is essential to make sure that education is as effective as possible. Schools should respond quickly to any contact made by the hospital school staff (by email and/or telephone) and share key information about the pupil that will help the hospital school. This includes information relating to any Special Educational Needs that must be met, current levels of academic achievement and progress and any information which the Designated Safeguarding Lead has on file about the child that may help the hospital school keep the child or young person safe.

Sharing the child's current academic attainment will also help to inform the hospital school's teaching, including sharing any specific learning needs (e.g. sharing the EHCP if the child has one). Hospital schools, wherever possible, aim to assist with continuity of education and want to ensure that work is pitched appropriately. In Southampton Hospital School, teaching staff can assist with GCSE coursework tasks being completed and even arrange for the GCSE examinations to be conducted in hospital if necessary. The Hospital School operates its own curriculum that is fully in line with national curriculum standards and expectations and aims primarily to challenge pupils and ensure their continued academic and emotional progress.

Schools should ensure that their privacy notice indicates that information sharing will take place in such circumstances.

As pupils are dual-registered between the hospital provision and the home-school, it is important for home-schools to check that they are satisfied with the provision that the pupils are accessing on a dual-registered basis. All copies of statutory policies, including the school's SEN and child protection policy are available through their website. These include the name and contact details for the SENDCO and designated safeguarding lead of the hospital school and detail the robust child protection processes and procedures that are in place. The website also allows access to inspection reports, all curriculum documents and important contact information. Essentially, pupils in hospital schools are pupils being educated off-site. Unlike other Alternative Provision, schools do not have a choice about where pupils are placed in hospital as this is a medical decision and a medical placement. However, this is not to say that the head teacher of the home-school should not satisfy

themselves as to the quality and safety of this provision. Southampton Hospital School welcomes all contact with home schools, as provision for children is always most successful when this is fully in place.

Sometimes, due to a shortage of beds for mental health inpatients or due to specialist consultants only being available in certain hospitals, pupils can be sent to hospital miles away from home. The landscape of hospital schools is changing and more and more private hospital schools are registering with Ofsted for the first time, and private hospitals are able to charge the LA for this provision. It is good practice for the home-schools to be communicating with the hospital schools and also getting updates as to when a pupil is admitted or discharged so that the whereabouts of a pupil is known and verified. Good communication and collaboration over the education provision will ensure this is as effective as possible whilst a child is in hospital. Communication between hospital and home schools is also important for safeguarding reasons. Schools must not lose sight of their pupils.

It is worth stating that families, including siblings, can be under tremendous stress when a child is unwell and in hospital. It can lead to so many additional pressures, including the financial pressures of constantly travelling to hospital for visits and, potentially, pressure on parents' jobs or careers due to the need for more flexibility to support a sick child. Some parents have no choice but to give up work. From a safeguarding perspective the family or young person may need additional support at this time (early help). Even whilst a child is in hospital, the home-school may be in the best position to organise some early help or signpost the family to appropriate agencies for support.

A copy of Southampton Hospital School's statutory policies, as well as more information about the provision, can be found on their [dedicated website](#).

What Southampton Families say

"I just wanted to express my appreciation to your service... for being such a great help and support for X at a very difficult time in his life. Your service is like a lighthouse for families in challenging situations and we were extremely grateful for the help."

"The school and teaching staff have been very supportive. They always give me updates on my son's progress and his confidence has grown enormously."

"X has benefitted so much from his tuition. He was away from any form of education for a long time and the one to one teaching has helped him to concentrate better. He now feels more confident about being in a classroom."

"The teaching staff have gone above and beyond to ensure X can get to school and access his schooling with his friends."

"X has had a few problems at her previous schools so I was a bit worried about this. But she has loved every minute and is keen to tell me what she has learned every day. Very pleased."

"X has gained so much confidence whilst being in this unique and small school setting."

"My daughter has always struggled at school but is now finding it a very positive experience."

"A wonderful, stimulating and caring environment. Perfect for children who are already coping with so much. Thank you."

"X attended the sessions for 8 weeks and really enjoyed it. I met with the headteacher and discussed what he was doing and areas of concern which were addressed during this time there. He settled in quickly and felt positive about being part of something again."

"We, as a family would just like to say a massive thank you for all the support, guidance and help you have given us over the last 10 months. We really wouldn't have got here without you. X managed to stay all day at school for the first time in years and has done a full day today. It's amazing, we are forever grateful."

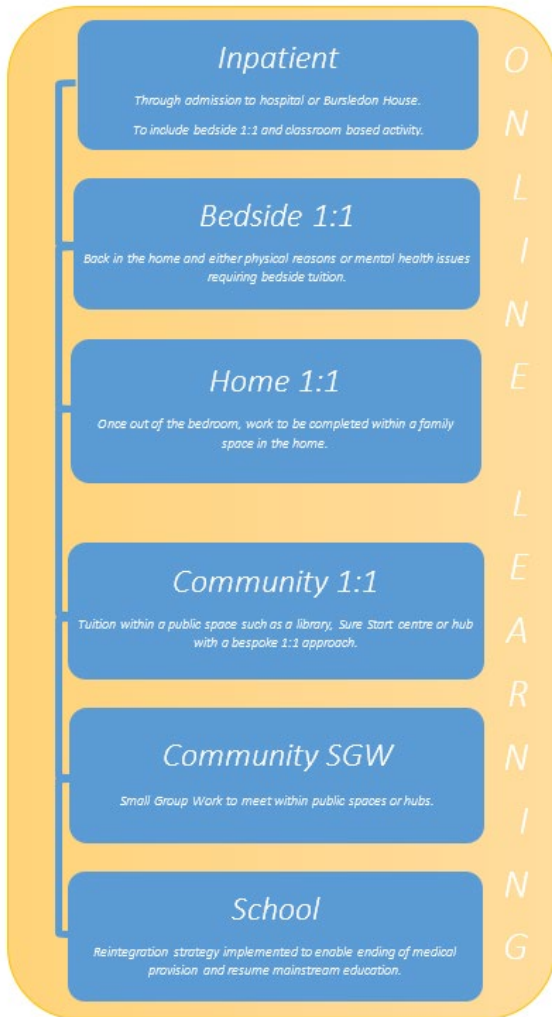
Ofsted have commented that...

- *Parents recognise that the school provides wide-ranging support for pupils' personal development as well as their learning. One parent stated, 'The school couldn't do any more.'*
- *Staff and pupils interact very well together, providing what one parent described as 'just the right balance of care and learning'.*
- *When pupils leave, detailed and personalised plans support their reintegration back into their 'home school'. Parents and staff from pupils' 'home schools' report that this process is 'smooth' and based on 'excellent communication'. Consequently, pupils leave well prepared for the next stage in their education.*

Frequently Asked Questions

What might education look like for my child?

Please refer to the flow chart below. Your child may well enter medical needs teaching at any point within this flow chart. The ultimate aim is for reintegration to a school setting, preferably return to the referring home school.



How long might my child need outreach support?

This will change dependent upon individual need. Most referrals are based on a six week block of support. Interventions will be reviewed every six weeks. Sometimes, in more complex cases or where progress is faster, referrals will be reviewed on a more regular basis e.g. every two weeks.

What is the difference between and Education, Health and Care Plan (EHCP) and an Individual Healthcare plan (IHP)?

The key thing to remember here is that EHCPs are directly related to Special Education Needs that affect how your child accesses education. Individual Healthcare Plans are specifically regarding the management of your child's medical need on a daily basis.

In many cases, children with a medical need do not have any special educational needs. This may well change over time, but initially it's important to speak with your child's school and/or [Inclusion Services](#) to determine which plan (or both) should be completed.

EHCPs are assessed, written and maintained by Southampton City Council Special Educational Needs Team, whereas the Individual Healthcare Plans are assessed, written and maintained by the home school (where your child is on roll).

The funding for the plans is also separate and can be quite complicated. If you require further explanation or clarification when considering a particular case, please contact [Inclusion Services](#).

Do I need both plans? An EHCP and an IHP? Both plans are important, different and work exceptionally well alongside each other. In many cases, the IHP will come first and may well have been completed in an Early Years setting. It can then follow your child and be reviewed and adapted when required.

What if my child's school refuses to put an Individual Healthcare Plan in place?

Good practice is that all children with significant ongoing medical needs should have an IHP or equivalent document.

Supporting pupils at school with medical conditions, Department for Education statutory guidance, December 2015 states:

"Individual healthcare plans 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 will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher is best placed to take a final view."

Should you, following meetings with the school, still be in disagreement with the school or Headteacher please contact the Inclusion Officer for Pupils With Medical Needs to discuss further.

Who can refer my child? Can I?

The Inclusion Service does not take referrals directly from families. As the Medical Outreach packages are a service provided to schools, the home school will complete a referral form once a need is established.

My child cannot go to school because of their mental health, can they get outreach provision?

Where mental health is concerned, the situation may be more complicated than only requiring outreach. If mental health has been an ongoing concern, families should be in contact with Child and Adolescent Mental Health Services (CAMHS) locally. Details of contact can be found in the 'Key Contacts' section of our guidance. Outreach can form part of the *jigsaw* of support for your child and referrals can be made by your child's home school. Important steps towards reintegration and alleviating anxiety can be discussed with you and your child's home school.

How long will the provision last? How long can the support run for?

Length of provision is always based upon the needs of the child or young person. There is no definite timeline of support and reintegration packages will be different for every referral that we

take. Our review period is based on a six-week rolling review. However, reviews may take place more regularly. Reviews should never take longer than six weeks. In an ideal situation six weeks will be enough time. If the early intervention strategies within the home school and joint working approach and support are in place, we would hope to be looking at reintegration within the six weeks.

Can I apply for this provision instead of his school?

No, Southampton Hospital School is not a home tuition service. Wherever possible, SCC believe that reintegration and maintaining a stable placement within a school environment are the best paths forward for these children and young people (CYP). There are proven benefits and improved recovery rates associated with pupils having a sense of community. Meeting the needs of these CYP both socially and emotionally whilst enabling access to good quality education provides them with the best chance of future success.

My school hasn't done anything to support my child, what can I do?

There are two questions initially here. Is it a medical need or a special educational need your child needs support for? Special educational need would need to be addressed by you collaboratively with the school's Special Educational Needs Coordinator. If it was not resolved, you would then need to contact the Southampton City Council Special Educational Needs Team using the contact details in the Southampton Key Contacts section of this document.

If it is a medical need you are concerned about, you have met with the school to discuss and the headteacher has declined to put in an Individual Healthcare Plan, you are welcome to contact the Inclusion Officer for Pupils With Medical Needs for advice, again using the contact details in the Southampton Key Contacts section of this document.

What is the purpose of the outreach?

If a child or young person cannot attend school (even with adjustments) then the child or young person will effectively need to be signed off school by a medical professional. There are actually no official 'sick notes' or 'fit notes' for children from medical professionals; however, a referral accepted by Southampton City Council Inclusion Service, where a medical professional has confirmed a child or young person is medically unable to attend school even with adjustments, is effectively this.

For the most part, the outreach teaching service is about reintegration and this would ideally be within a 6week package of support. Southampton Hospital School aims are as follows:

- Improving pupil confidence, attendance and engagement.
- Identifying and meeting pupils' personal, social and academic needs, by increasing resilience and removing barriers due to medical or clinical presentation.
- Reducing the lack of engagement and attendance (for example) due to anxiety-based school refusal by offering high quality short intervention programmes for pupils in both the primary and secondary phases.
- Supporting pupils' re-integration and progression into mainstream education and further education in an effective, bespoke and timely manner.
- Ensuring that pupils make academic progress, with good attainment. This will be achieved by providing a high-quality education offer, which fills learning gaps, and leads to appropriate accreditation and qualifications to include English, Mathematics and Science

Will you be coming to our house?

Each referral is unique and if appropriate, the intervention may well begin in the home. The decision as to where the involvement will initially take place will be discussed during the initial meeting with the hospital school.

How much will this cost?

Accepted referrals are part of a service provided by the Local Authority to Southampton schools. There will be no cost incurred on families associated with a reintegration package.

Can I purchase the tutoring?

There are currently no plans to offer tutoring outside of the Outreach Teaching Service reintegration packages. There are many local tutors and national agencies that could provide tutoring privately, but this would be the responsibility of the family.

What if my child has an EHCP?

Children and Young People with Education, Health and Care Plans will have a package of support in place through their EHCP. These plans will be provided through Southampton City Council Special Educational Needs and Disability (SEND) Team and any concerns should be raised with the school and/or associated SEND Officer. All plans will be reviewed yearly unless concerns are raised regarding the suitability of provision. This should be discussed firstly with the school's Special Educational Needs Coordinator.

What are the age groups?

Referrals will be received from Southampton Schools only and as such, pupils will be of national school age. Children in the UK have to legally attend primary and secondary education which runs from about 5 years old until the student is 16 years old.

Will this be full time?

For the most part, given the nature of referrals, many pupils accessing outreach tutoring will be on a reduced timetable to begin with. This will be monitored by the pupil's home school and Southampton Hospital School with a view to increasing in line with the needs of the child or young person. Ideally, each pupil's reintegration package will aim to return to a full-time timetable as soon as practically possible.

What happens if they don't attend?

Attendance is monitored by the home school in conjunction with Southampton Hospital School and normal school coding will be applied in line with national attendance coding guidance. As an example, while on a reduced timetable, a pupil will be expected to attend sessions that are timetabled unless illness or a medical appointment mean otherwise. Evidence for non-attendance will be followed up by the home school and as pupils remain on roll with their home school, normal rules apply.

The expectation on families is highlighted in the home school agreement with Southampton Hospital School and should (non-evidenced) absences highlight a lack of engagement, this will be reviewed by the Local Authority and Hospital School. Engagement and support from the family are essential to positive outcomes and it may be the case that the service pull out and an Education Welfare Service referral takes place.

Will my child still have to go into school?

Wherever possible, the Local Authority believe that reintegration and maintaining a stable placement within a school environment are the best paths forward for these children and young people. There are proven benefits and improved recovery rates associated with pupils having a sense of community. Meeting the needs of these pupils both socially and emotionally whilst enabling access to good quality education provides them with the best chance of future success.

The outreach teaching service provides reintegration packages for these particularly vulnerable pupils. While the outreach support may not initially be in school, the aim is reintegration. At some point in their programme, pupils will hopefully reach a point where returning to school is not the cause of great anxiety but a natural progression.

Can the 1:1 continue when they are in school?

It may be the case, as it has been in the past, that tutors aid reintegration through an overlap of provision. The aim of this is not to provide long term 1:1 support within a school setting, but to provide a period of settling in and acclimatising to the new normal.

What happens if I want to change schools?

These applications are known as in-year applications and can be made at any time in the year.

In-year applications are when you need to apply for a school place at any time in the year that it is not part of the 'normal admissions round'. There are three main reasons for making an in-year application. You might: Be moving to a new home; Be unhappy with your child's current school; Want your Year 2 child enrolled at an infant school to start Year 3 in a primary school.

Changing schools is a big decision and should not be made lightly. If your child is having difficulties at their current school, discuss the reason you want to change schools with your child's current school to try and resolve the situation before making an application.

Changing school can be difficult for a child and rarely solves their difficulties. It is important to consider the emotional, social and academic consequences for your child connected with a change of school before making an application to another school. In-year places are not always available.

Further details of in year applications and [Southampton admissions process can be found here](#):

How long does a referral take?

There is no hard or fast rule to how long a referral takes. Referrals are sent to Southampton City Council and a panel sits every two weeks to make decisions based on each application. If a decision is made to offer the outreach teaching service, the start date will depend upon the needs of the pupils versus the capacity within the service. It may be the case that places will be offered, but pupils will be temporarily on a waiting list until a space becomes available.

Decisions are made on a case by case basis and it may be necessary for a school to make an urgent referral through contact with the inclusion Team. These will be dealt with as situations arise.

Can they still sit exams if they aren't able to get into school?

Yes. All schools have the ability to organise invigilation for exams where pupils are unable to get in to school. There will be measures and steps required for this to take place, but this will be handled by the home school and Southampton Hospital School when necessary.

What happens if the provision is ended at a 3 month review?

Provision would normally have ended due to a successful reintegration, in which case the pupil should be back in their home school.

In a minority of cases, where there has been a lack of engagement with the provision over an extended period of time and measures have been unable to redress the situation please see the section **What happens if they don't attend?** Earlier within the FAQs.

Which subjects will be covered in 1:1 sessions?

Reintegration packages in most cases will provide the core subjects English, Maths and Science. Schools, particularly secondary, should have ample online and remote teaching or subject resources for independent learning outside of the 1:1 tutoring sessions.

Will my child still receive offers of trips/prom etc from home school?

This will be dependent upon the clinical or medical needs of the child or young person. The expectation upon Southampton schools is that wherever possible they maintain contact with pupils being offered outreach support and if it is appropriate for these offers to take place, they should.

How will it affect their attendance rates at school? (This is especially a concern if they have had FPNs)

The nature of the service referrals means that many pupils requiring outreach support will be required to have a reduced timetable which is to be built upon during reintegration packages.

Reduced timetables are subject to Local Authority protocols and guidance, should be temporary and reviewed regularly with the aim of reintegration.

Attendance coding and absence has been covered within the section **What happens if they don't attend?**

How do we communicate with schools?

School will have a contact regarding all pupils with medical needs, particularly where a package of support through the Southampton Hospital School is taking place. This will be your point of contact with your child's home school. It may well be your child's class teacher, form tutor or SENCO.

You will also be provided with the contacts within Southampton Hospital School following a successful referral and initial meeting.

Should you find it difficult to contact through the above methods or you have concerns you wish to share with the Local Authority, you can email the Inclusion Officer for Pupils With Medical Needs.

Will this feed into EHCP application/process/review?

Southampton Hospital School (SHS) and their outreach tutors can feed in to any element of the EHCP process, should that be appropriate.

It is however, important to understand that applications for Education, Health and Care Plans (EHCPs) are submitted either by a child or young person's home school or through parental application. SHS can supply supplementary evidence to support an application to the home school or parent/guardian upon request.

The decision making, writing and review of EHCPs is handled by the Local Authority SEND Team and as such requests or questions should be raised directly with the SEND Team. Please see the Southampton Key Contacts section.

If my child deteriorates/has treatment/operation etc, and needs time out of the provision, can it be picked up again when they are ready?

While with each case all parties should be planning ahead regarding eventualities, sometimes this is just not possible.

Should your child deteriorate and become an inpatient within University Hospital Southampton, SHS will automatically pick up the education and teaching should your child be there for three days or more. If they are an existing pupil of the outreach teaching service, the service will endeavour to keep the placement open for as long as possible.

There is no blanket policy or decision-making process surrounding these situations and all will be dealt with on a case by case basis.

The needs of the child are our paramount concern and will inform planning and strategies.

What happens if I can't get them out of their bedroom?

There is no simple answer to this. Ultimately, this behaviour may well be hiding things like separation anxiety, social anxiety, depression or panic disorder and treatment or solutions will be as part of a team around the child or involve a wider support network.

Ideally, this will have been picked up through early intervention strategies in place within schools and addressed before the school refusal becomes magnified and a much more complicated problem. It may be that the school has been kept up to speed with difficulties as they arise and have an allocated member of staff with strategies in place.

If there have been ongoing mental health concerns and families have been in touch with CAMHS, they may well have an allocated CAMHS worker.

Wherever a family, child or young person are at, the outreach tutors and packages provided through the Southampton Hospital School can complement treatment and reintegration. The normal referral route, through the home school, should be used and further information can be shared through initial meetings.

Southampton Key Contacts

<p>Inclusion Officer for Pupils with Medical Needs Elliot Nolan Inclusion Officer Inclusion Services Southampton City Council Civic Centre, Civic Centre Road, Southampton, SO14 7LY Tel: 023 8083 3098/07760 388219 Email: elliott.nolan@southampton.gov.uk</p>	<p>Southampton Hospital School Nell Giles Head of School Southampton Hospital School 119 Tremona Road Southampton SO16 6HU Tel: 02381 206667 Email: nell.giles@shs.jetrust.org</p>
<p>Educational Psychology Service Educational Psychology Southampton City Council Civic Centre Southampton Hampshire SO14 7LY Tel: 023 80 833272 Email: education.supportservices@southampton.gov.uk</p>	<p>Education Welfare Service Southampton Education Welfare Service Southampton City Council Civic Centre Southampton Hampshire SO14 7LY Email: education.welfare.service@southampton.gov.uk</p>
<p>Special Educational Needs Team Civic Centre (North Block) Southampton Hampshire SO14 7LY Tel: 023 8083 3013 Email: 0-25services@southampton.gov.uk</p>	<p>Elective Home Education Team Southampton City Council Civic Centre Southampton Hampshire SO14 7LY Email: home.education@southampton.gov.uk</p>
<p style="text-align: center;">Safeguarding</p> <p>If you are concerned about the immediate safety of a child, please call the police on 999. Once you have done this, please share your concerns with the Children’s Resource Service by telephone. Professionals can contact the Children’s Resource Service on 02380 83 2300 (Monday to Friday 8.30am to 5pm and Friday 8.30am to 4.30pm) or 02380 23 3344 (weekends, Bank Holidays and outside of office hours) You will need to follow this up by completing the online referral form.</p> <p style="text-align: center;">Any concerns of a safeguarding nature should be reported to the Children’s Resource Hub.</p> <p>To make a referral for Early Help (Children and Families First), or for Children’s Social Care support, please complete the online referral form.</p>	

Medical Needs Teaching Referral Flow Chart

Working Together: Developing a Child Centred, Multi-agency Approach to Planning and Provision

