

# Supporting secondary aged pupils with medical & mental health conditions

Guidance to Local Authority, Schools, Health, Settings  
and Voluntary Sector provision in Cambridgeshire

January 2018

## Background

Pupils with medical needs may receive education provision in a range of settings. They may attend school with some support. If they cannot attend school they may be educated in an alternative provision setting, or whilst in hospital. A pupil may require intermittent support and require a flexible approach to meet needs.

In this document 'parent' has the meaning given by Section 576 of the 1996 Education Act and it includes:

all natural parents, whether or not they are married, and

any person who, although not a natural parent has parental responsibility for a child or young person, and

any person, although not a natural parent, who has care of a child or young person.

This document aims to clarify how secondary education providers working in partnership with health, and other professionals can support a child with Medical and Mental Health Needs by adapting the curriculum and when required applying the Local Authority's devolved funding to meet educational needs.

**This guidance is to be used to complement the Department of Education (DfE) guidance “Supporting pupils at school with medical conditions” – December 2015. School governing bodies should make reference to the DfE document which outlines responsibilities and guidance to ensure that arrangements are in place to support pupils with medical conditions.**

The statutory guidance sets out arrangements under this duty when it is clear that a child will be away from school for **15 days** or more because of ongoing health needs whether consecutive or cumulative across the school year

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

The DfE departmental advice, 'Mental health and behaviour in schools', March 2016 clarifies the responsibilities of the school, outlining what they can do and how to support a child or young person whose behaviour may relate to an unmet mental health need.

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

## The Statutory Framework

The Children and Families Act 2014 places a duty on the governing bodies of all Maintained schools, Academies, Alternative Provision Academy and Pupil referral Units to make arrangements to support pupils with medical conditions. Section 19 of the Education Act 1996 and section 3 of the Children, Schools and Families Act 2010, place local authorities under a duty to arrange full-time education for all children who, for reasons which relate to illness, exclusion or otherwise, would not receive suitable education unless arrangements are made for them.

In Cambridgeshire the devolved funding arrangements for Alternative Education Provision transfers this duty to secondary schools with the local authority maintaining the responsibility to monitor and quality assure the suitability of that provision. It is the responsibility of each individual commissioning school to reassure themselves of the quality and suitability of any alternative provision and the Alternative Provision Directory provides a guide of quality assured providers. Under this guidance there is provision that children with ongoing medical needs should receive full-time education unless reasons that relate to their medical condition mean that this would not be in their best interests.

The Local Authority has been clear that;

- Continuing quality assurance is a vital part of the Authority's role and position as advocate of the vulnerable child.
- The quality of the educational offer in terms of curriculum, hours, context and aspiration will all be part of the assessment made by the Authority in judging whether an appropriate offer is being made.

### Principles

- Young people should attend school wherever possible – school attendance can significantly improve the wellbeing of a young person
- Good planning between professionals enables young people to participate in education, and return to school wherever possible
- Schools should make every reasonable adjustment to enable a young person to be in school
- Pupil at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies and academy trusts must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies and academy trusts 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 properly understood and effectively supported

## **Recurrent short term/minor illnesses**

Pupils who have regular absence for illness, should be monitored carefully to ensure that the illness is not an indicator that there are other difficulties which are not encouraging regular attendance.

Absence due to illness needs to be raised sensitively with pupils and their parents with meetings being offered by the school as a way of intervening early and providing support.

Most minor illness are self-limiting and do not require contact with a GP. Medical certification for short term illness is not appropriate and should not be requested as standard school policy. GPs are not contractually obliged to provide a sick note for children off sick for school. Schools should authorise absences due to illness (using 'I' code) unless they have genuine cause for concern. If the authenticity of the illness is in doubt or where there are high levels of sickness absence, schools can request parents to provide medical evidence to support illness. Medical evidence can take the form of prescriptions, appointment cards, medicine bottles etc. rather than doctors' notes.

If this is not satisfactory schools should record the absence as unauthorised and should advise parents of their intention. Schools are advised not to request medical evidence unnecessarily. Medical or dental appointments should be coded with an 'M' code in the attendance register. Schools should encourage parents to make appointments out of school hours. If this is not possible, the pupil should only be out of school for minimum time and return to school immediately following their consultation.

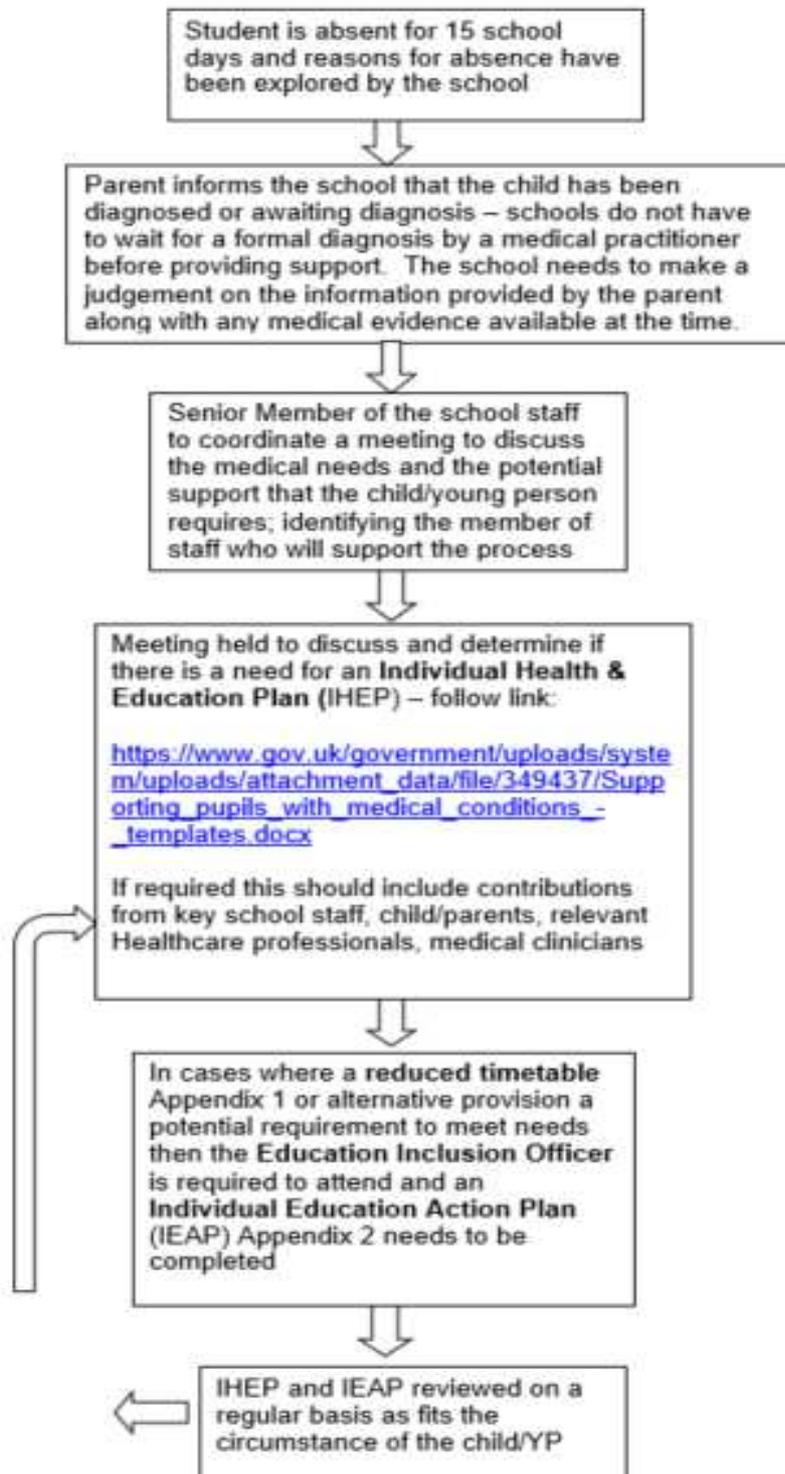
## **Long term illness**

When a child suffers from a long-term condition, it is the parent's responsibility to secure this medical evidence from the responsible specialist and / or the GP where appropriate. Some conditions may take a long time to diagnose and in these circumstances, the schools should not delay arranging a multiagency meeting to plan an alternative package of education. (See Flowchart below).

## **Medical and Mental Health Condition Pathway**

The Medical and Mental Health Condition Pathway describes the approaches taken and the standards of education required for Young People who are unable to attend school because of ongoing health needs.

# The Cambridgeshire Medical/Mental Health Needs Pathway



## Response to Absence due to Health Need

Level 1	Level 2	Level 3	Level 4
Emerging Needs	Additional Needs	Complex Needs	Severe Needs

PROVISION CONTINUUM →

<b>Minor Need in School</b>	<b>In School Significant Need</b>	<b>Out of School Significant Need</b>	<b>Inpatient / Severe Need</b>
<ul style="list-style-type: none"> <li>○ Parents and School meet to discuss need and duration</li> <li>○ Ensure young person is known about by all staff</li> <li>○ Provision made for young person to catch up on work missed</li> <li>○ Practical needs such as stairs, time between lessons, distance to classes are met</li> </ul>	<ul style="list-style-type: none"> <li>○ Named staff member for contact</li> <li>○ Identified space in school for rest</li> <li>○ Plan for non-attending days</li> <li>○ Plan for work catch up and prioritisation</li> <li>○ Enhanced pastoral offer</li> <li>○ Review meetings planned</li> <li>○ Timetable review</li> <li>○ Key contact with medical lead established</li> <li>○ Refer Reduced Timetable Guidance</li> <li>○ Involved linked Education Inclusion Officer</li> </ul>	<ul style="list-style-type: none"> <li>○ Up to 25 hours per week of learning</li> <li>○ Contact with qualified teacher essential – use of IT</li> <li>○ Referral to District team for support with home visits</li> <li>○ IHEP completed involving Education Inclusion Officer</li> </ul>	<ul style="list-style-type: none"> <li>○ If Young Person attending inpatient school ensure links are maintained assuming eventual return</li> <li>○ If YP at home, ensure contact with qualified teacher at agreed intervals</li> <li>○ Pastoral support agreed</li> <li>○ IHEP completed involving Education Inclusion Officer to support review meetings</li> </ul>

	<ul style="list-style-type: none"> <li>○ Pastoral Support may include: Cognitive Behavioural Therapy, Counselling, Play Therapy, Educational Psychology, Solution Focused Therapies</li> </ul>	
IHEP must have been completed for all young people whose access to education is restricted due to Medical Need		
Schools should make every effort to engage parents to maximise continuity of education provision		

## Hospital Provision in Cambridgeshire

- Currently the Pilgrim PRU (Pupil Referral Unit) a local authority PRU, based in Cambridge, in four distinct hospital centres occupying two sites, provides education on site to all pupils/patients of school age. Hence the PRU covers all key stages from foundation to KS5. There is no education provision at any other hospitals in Cambridgeshire.
- Three of the hospitals come under mental health - The Darwin Hospital which caters for adolescents with psychiatric disorders – The Phoenix hospital which caters for 11 to 18 year olds with eating disorders – The Croft Hospital which is a family assessment therapeutic hospital catering for 4 to 13 year olds with potential or actual psychiatric disorders.
- The fourth Hospital is Addenbrooke’s hospital which is a general hospital and the age range covered by the education personnel is 4 - 18.
- The Darwin, Phoenix and Croft pupils access education from the first day of admission unless too ill to do so.
- Addenbrooke’s patients access education on the third day of admission unless too ill but any pupils who are recurring patients access education on the first day of admission.
- The aim of the Pilgrim Pru is to provide continuity of education whilst delivering highest quality teaching.

Home schools play an important role in the maintenance and continuity of a hospitalised pupil’s education. There should be close collaboration between the home schools and the hospital schools to ensure that the pupils’ assessments, achievements and requirements are understood and acted upon. The hospital staff need to inform the home school when one of their pupils is admitted and the **school needs to have a named, known, nominated medical needs person whom the hospital teachers can contact**. Not having this contact causes unwarranted delay and is detrimental to the pupils. The home school should provide a detailed outline or actual work for their students and keep the hospital staff abreast of impending exams or other important events. The hospital staff should ensure the pupils are fully supported and made ready to integrate to their home school. On discharge of pupils the hospital staff should make the home schools aware.

## Key contacts

If you have any questions about anything in this document, or you have concerns relating to practice issues you can contact Karen Beaton, County Attendance Manager (Tel: 01223 715577) or Carol Way, Inclusion Manager (Tel: 01480 376302) or Anna Wahlandt, County Alternative Provision Manager (Tel:01354 750369). If the query relates to a young person with a statement or Health Care Plan then please contact 0 – 25 SEND SERVICES

# Temporary Reduced Timetables Guidance for Schools and Academies in Cambridgeshire

## Background

### INTRODUCTION & CONTEXT

The disruption to learning caused by poor pupil behaviour is an on-going challenge for schools. Three recent reports by the Children's Commissioner on the illegal exclusions of disruptive pupils has drawn attention to the way in which schools deal with difficult behaviour, and highlighted the need for schools to ensure they follow correct procedures and act early to intervene when problems arise.

The three reports are as follows:

**They never give up On You**, published 19 March 2012: Overview of legal and educational Issues,

[http://www.childrenscommissioner.gov.uk/content/publications/content\\_561](http://www.childrenscommissioner.gov.uk/content/publications/content_561)

**They Go the Extra Mile**, published 20 March 2013: a study of inequalities exclusions, with particular regard to disability, ethnicity, gender and poverty,

[http://www.childrenscommissioner.gov.uk/content/publications/content\\_654](http://www.childrenscommissioner.gov.uk/content/publications/content_654)

**Always Someone Else's Problem**, published 24 April 2013: illegal exclusions

[http://www.childrenscommissioner.gov.uk/content/publications/content\\_662](http://www.childrenscommissioner.gov.uk/content/publications/content_662)

The School Exclusions Inquiry report follows eight months of work gathering evidence from the Government, local authorities, Ofsted, Mencap and other organisations, and from visiting schools across England.

### Types of illegal exclusion identified include:

- Failing to follow proper procedures to record exclusions. These exclusions are usually for short periods, but they may be frequently repeated with the same child, causing them to miss substantial periods of education
- placing pupils on 'extended study leave', on part time timetables, or at inappropriate and questionable quality 'alternative provision', as a way of removing them from school
- coercing parents into moving their child to a different school, or expecting them to 'educate them at home', under threat of permanent exclusion
- encouraging children to stay at home rather than attend school

- sending home children with special educational needs (SEN) if their carer/ teaching assistant are unavailable.

Dr Maggie Atkinson, Children's Commissioner for England said:

"The decision about whether to exclude a pupil is always a tough call but schools must make sure they remain within the law when doing so. We recognise that some pupils can be very disruptive and that it may be necessary to exclude them but doing so can also have a hugely negative effect on the young person and an ongoing cost to society in later life as disrupting education is likely to make them less employable.

"We found that most schools are doing well and staying within the law but there are also areas for concern and improvement.

"Everyone working in education needs to pay closer attention to the issue of illegal exclusions and consider the implications it has on the individual child, as well as the impact their behaviour has on fellow pupils. We are not saying 'never exclude' but 'do your very best not to and if you must, do so within the law'. Asking the parents of a disabled child to repeatedly take them home early simply due to a lack of support is unacceptable."

### **SATUTORY GUIDANCE for Schools and Professionals on Exclusions:**

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

### **Cambridgeshire Guidance for Schools on Exclusions**

<https://www.learntogether.org.uk/Search/pages/results.aspx?k=exclusions%20guidance&cs=This%20Site&u=https%3A%2F%2Fwww.learntogether.org.uk>

## **Temporary Reduced Timetables**

Schools have a statutory duty to provide full time education for all pupils. This guidance sets out the Cambridgeshire County Council position in relation to reduced timetables.

Reduced timetables are permissible:

1. When agreed by schools as part of their reintegration approach for pupils who have not attended school for a period of time due to illness, disability, mental health issues, family circumstances, etc.

It is illegal for a school to **impose** a reduced or 'part time' timetable however it is accepted that a reduced timetable may be appropriate, as part of a planned reintegration for pupils who have not attended school for a period of time, provided that the setting can demonstrate that the Best Practice Guidance (see below) has been followed.

2. In limited circumstances reduced timetables are used as a method of managing pupils at risk of exclusion

Cambridgeshire County Council regards reduced timetables as undesirable as a method of managing pupils at risk of exclusion. This method is viewed as highly intrusive and may only be chosen – if at all – after other strategies have been implemented and exhausted and the Best Practice Guidance is adhered to.

A reduced timetable means by agreement with the pupil, parent/carer and school and Local Authority Officer\*, the number of hours spent in education are reduced for a time limited period of no more than six weeks. Once a reduced timetable has been agreed, the pupil should be marked as an authorised absence for the part of the day they are not in school.

Schools have a duty of care for all pupils who are on their school roll. The schools must ensure that when a pupil is not expected to attend, there is a written agreement with parents or alternative education providers about who is carrying out the duty of safeguarding for each session.

A pupil not attending school during this time should be provided with work which will be marked.

\*Local Authority Officer would depend on the individual's circumstances but would include:

- Specialist Teacher
- Education Inclusion Officer (In School Support)
- CREDS Officer

## **Best Practice Guidance**

### **When considering placing a pupil on a reduced timetable, the school and academy:**

1. Must be satisfied that a reduced timetable is an appropriate intervention given the needs of the pupil. There must be a clear and evidenced rationale for considering a reduced timetable as an intervention aimed at supporting the needs of the pupil. A detailed assessment through the use of a CAF and PSP (refer point 4), with LA Officers involvement, must be in place to determine additional support required for all pupils on reduced timetables.

2. Must not pursue a reduced timetable without parental permission as this can be construed as an unofficial exclusion which is unlawful as the parent has not requested leave for their child and/or the school could be regarded as preventing the pupil from accessing the curriculum.

3. Must have signed parental permission, evidenced on the pupil file prior to the commencement of a time limited reduced timetable. If the parent does not agree, the reduced timetable arrangements cannot be implemented. In these circumstances the school will have to consider alternative interventions.

4. Must complete a detailed action plan, agreed with the parents and the pupil and involving LA Officer, demonstrating a clear path of planned reintegration from part time to full time provision over a maximum of a six week period, reviewed regularly. The school must ensure the pupil has an active involvement in the process of planning, reviewing and evaluating the planned intervention.

5. Must not put in place a reduced timetable that exceeds a six week period. If the pupil is still on a reduced timetable as the time limit approaches, a multi professional review must be held to organise full time education. A maximum of one further period of six weeks should only be agreed in exceptional circumstances with parental agreement and the plan revised to reflect why an extension was appropriate. The plans must be open to Local Authority inspection upon request.

6. Ensure that where pupils have a Statement for Special Educational Needs, the Local Authority START Team must be involved to ensure the Statement is reviewed and amended where appropriate. An annual review should be convened to make the proposal known. The Local Authority must agree to the intervention and a reduced timetable must not interfere with additional support given to a student due to his/her educational needs.

7. Where English is not the first language and/or there is limited knowledge of the English education system, schools needs to ensure that appropriate systems are in place, e.g. interpreters, etc, so that parental permission is based on an accurate understanding of the situation.

8. Must undertake a risk assessment of the pupil's needs to assess the impact that a reduced timetable would have on the pupil. It is essential that the pupil's welfare during any absence from school is considered. Risk assessments should follow the five steps identified by the Health and Safety Executive:

Step 1: Identify possible hazards

Step 2: Decide who may be harmed and how

Step 3: Evaluate the risks and decide on precaution

Step 4: Record your findings and implement them

Step 5: Regularly review your assessment and update if necessary

The risk assessment should include the safety and wellbeing of the pupil as well as the risk of the pupil engaging in criminal activity or substance misuse whilst not in receipt of education during the school day.

9. School/academies lead on attendance, must keep a central record of all pupils on a reduced timetable. It is recommended that this person sets up a reduced timetable pupil group within SIMs.net. Registration code guidelines are shown in Appendix A

The person responsible for Attendance should provide school documentation relating to pupils on reduced timetables upon request. Education Welfare Officers are legally able to take extracts from schools registers under the Education (Pupil Registration) (England) Regulations 2006.

Parents/carers should receive a copy of this guidance by the school when discussing reduced timetables fro their child.

All pupils should receive full time education consistent with their key stage:

21 hours at Key Stage 1

23.5 hours at Key Stage 2

24 hours at Key Stage 3

24 hours at key Stage 4 (Year 10)

25 hours at Key Stage 4 (Year 11)

It is illegal for schools to discriminate against pupils on the basis of their SEN and/or disability, including those with BESD

# Advice on Pupil Registers and Attendance Codes

## **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 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.

## Consortia Schools

Pupils attending consortia schools as part of their course only need to be placed on the registers of their 'main' school rather than on all of the schools they attend. They should be treated as guest pupils at the other consortia schools. The consortia schools however, must ensure they have suitable systems in place for monitoring and reporting the attendance and absence of the pupils involved, which must be shared with the 'main' school.

## **Code C: Leave of absence authorised by the school**

Only exceptional circumstances warrant an authorised leave of absence. Schools should consider each request individually taking into account the circumstances, such as: the nature of the event for which leave is sought; the frequency of the request; whether the parent gave advance notice; and the pupil's attainment, attendance and ability to catch up on missed schooling.

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