



## Sefton Local Authority Policy

### Supporting Pupils at School with Medical Conditions

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## Introduction

Sefton Council is committed to ensuring the continuity of high-quality education for all pupils. Wherever possible it is expected that pupils experiencing illness can continue their education within their school setting with planned and purposeful adjustment and support.

Sefton recognises that in some circumstances this is not possible and alternative arrangements need to be made to ensure pupils can continue to access education.

This guidance applies to

- pupils with temporary and recurring health needs requiring additional support to continue their education within their school communities.
- Pupils unable to attend school because of medical needs, both those who are physically ill or injured, and those with mental health issues.

In September 2014 a duty was introduced for governing bodies to make arrangements to support pupils at school with medical conditions, in terms of both physical and mental health, to enable them to play a full and active role in school life, remain healthy and achieve their academic potential.

All schools are required to have a policy to support the continuing education of pupils with medical needs.

A model policy is available for schools to adapt to their individual circumstances and can be accessed via the Sefton intranet.

The primary aim of educating children and young people who cannot attend schools due to illness or medical reasons is to minimise, as far as possible, the disruption to schooling by continuing education in their familiar setting, as their health needs allow.

Pupils who are unable to attend school because of medical needs should be able to access suitable and flexible education appropriate to their needs and the nature of provision must be responsive to the demands of a changing medical status.

## Statutory Framework

Sefton's policy is underpinned by the following legislative and statutory frameworks.

**Section 19 of the Education Act 1996** provides that each local education authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.

**Section 100 of the Children and Families Act 2014** places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

**Equality Act 2010** provides a context to Local Authority policies on education for children with medical needs and the need to comply with the equality duties. 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.

**Ensuring a good education for children who cannot attend school because of health needs - Statutory guidance for local authorities.**

**Special educational needs and disability code of practice** explains the duties of local authorities, health bodies, schools, and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

**Supporting pupils at school with medical conditions** – Statutory guidance for governing bodies of maintained schools and proprietors of academies in England

All the above guidance and legislation applies to:

- Schools, academies (including alternative provision academies) and PRUs.
- Local authorities
- Integrated Care Board, NHS England

## **Key Points**

- Pupils 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 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 properly understood and effectively supported.
- Local authorities must arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

## **School responsibility**

- The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child.
- Schools must have a policy, reflecting statutory guidance (Supporting Pupils at School with Medical Conditions December 2015), for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

- Governing bodies should ensure that the 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.
- Governing bodies should ensure that the school's policy covers the role of individual healthcare plans (IHP), and who is responsible for their development, in supporting pupils at school with medical conditions.
- Schools should refer to the additional support information Templates - Supporting pupils with medical conditions and Supporting pupils with medical conditions: links to other useful resources
- Schools should notify the local authority when a pupil is absent for a period of 15 days. However, the pupil must remain on the school roll. The named person should liaise with the local authority and continue to review the IHCP. In the event that there is a significant change in the condition of the pupil, or the attendance declines, school are required to notify The Education Welfare Service.
- Schools remain responsible for all agreed examination entries and ensuring examination fees; arrangements should be made for pupils to sit GCSE examinations including invigilation & assessment of coursework.
- Schools remain responsible for convening annual review meetings, or earlier if evidence is presented that the child's needs have changed, for those pupils who have an Educational Health Care Plan (EHCP).

## Statutory School Policy Requirement (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 should set out the following details:

- Roles and responsibilities of governors, headteacher, 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

The policy should include 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 including roles, responsibilities, and monitoring arrangements.

A model policy for schools to adapt to their individual circumstances is available on the Sefton intranet.

There is an expectation that schools will meet the needs 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.

For some pupils with medical needs, they may need to work towards an EHC needs assessment if there are significant additional educational needs as a result of the medical condition.

## Individual Healthcare Plans (IHPs)

Individual Healthcare Plans (IHP) differ from Education Health Care Plans. However, they do sit neatly alongside these other documents where required. A child or young person may have an IHP and not an 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 basis.

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 in order to ensure they can keep the child or young person safe and fully included in school life.

All children with significant ongoing medical needs should have an IHP or equivalent document, i.e., a clinical care plan from a health professional.

**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 headteacher 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.
- In implementing an individual healthcare plan, consideration needs to be given to the views, experiences and insight of parents and carers with regard to the presenting condition of the child or young person.
- 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 Headteacher 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.
- Transfer of information to transport providers including needs of the pupil and including the same information as outlined in the healthcare plan and risk assessment.

A template for an Individual Healthcare Plan (IHP) is available at ~~~~~

- All schools must review IHPs (Individual Healthcare Plans) **at least** annually.
- **School staff are not medical professionals.** Therefore, we would **strongly advise** that all IHPs either directly involve clinical professionals, whilst they are being formulated, or that a copy of any completed IHP is sent to the key clinical professional (such as paediatric consultant or psychiatrist or in the absence of these being involved the GP, or specialist nurse) to ask for their confirmation that

they are in agreement with the plan from a safety and clinical governance perspective and can endorse it

## **Managing Medicines in Education Settings**

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

Further advice for schools is referenced within **Supporting pupils at school with medical conditions**, Department for Education *statutory guidance* for governing bodies, December 2015

### **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. If a child needs to be taken to hospital, staff should stay with the child until the parent or carer arrives.

### **Day trips, Residential Visits and Sporting Activities**

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.

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.

## **Local authority responsibility**

Local authorities should:

- Ensure that appropriate full-time education is provided as soon as it is known that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.
- Ensure that the education children receive is of good quality, as defined in the statutory guidance Alternative Provision (2013), allows them to take appropriate qualifications,



prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.

- Address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.
- LAs are responsible for supporting schools to arrange suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. (Need to consider Elective Home Education and independent schools although guidance is not statutory for independent)
- The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated.
- Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should ensure that part-time education is on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science. Schools should refer to the Sefton's guidance for reduced timetables.
- Have a named officer responsible for the education of children with additional health needs. Sefton's named officer is John Baden.
- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs. The policy should make links with related services in the area - for example, Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Welfare/Attendance Improvement Services, educational psychologists, and, where relevant, school nurses.
  - Review the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.
- Have clear policies on the provision of education for children and young people under and over compulsory school age.

Sefton will:

- Provide a model policy and guidance for schools.
- Provide a contact e-mail for all initial enquiries and notifications - [cme@sefton.gov.uk](mailto:cme@sefton.gov.uk)
- Implement a referral and tracking process of pupils who are absent from school for a period of 15 days or more, where the absence is caused by a medical condition. This duty is met through the fortnightly review referral and monitoring arrangements via the multidisciplinary Monitoring and Placement Group
- Provide support to school staff in monitoring & challenging pupil absence.
- Ensure the pupil is receiving a suitable education in line with the law.

- Where the Monitoring and Placement Group identify that alternative provision is required, ensure that it is arranged as quickly as possible and that it appropriately meets the needs of the child. Transport to any base other than the pupil's main base may be considered.
- Ensure that schools have a re-integration process which focuses on the child's physical and emotional health and education needs.
- Support EYFS children through:
  - Providing information around SEN needs
  - Medical care plan
  - Keyworkers who support children with complex needs until they reach five.
  - Occupational therapy, physiotherapy completing an access visit to check the building is accessible for the children prior to them attending.
  - Health visitors supporting transition to nursery and/or reception.
- Support Post 16 students through: -
  - Ensuring that commissioned services and post 16 providers have appropriate provision in place for students with medical conditions.

## Partnership Working

The Local Authority, Integrated Care Board and statutory partners under Section 10 of the Children Act 2004, have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.

- LAs and Integrated Care boards (formerly CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- LAs should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered.
- LAs should work with schools to support pupils with medical conditions to attend full-time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).
  - Integrated Care Boards commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 and must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (as described above for local authorities).
- Integrated Care Boards should be responsive to local authorities and schools seeking to strengthen links between health services and schools and consider how to encourage health

services in providing support and advice (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and Integrated Care Boards to consider with other partners, including locally elected representatives, how to strengthen links between education, health, and care settings.

- Since 2013 Local Authorities have been responsible for commissioning public health services for school-aged children including school nursing. Integrated Care Boards should be aware that this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a commissioning Integrated Care Board's responsibility. Children in special schools in particular may need care which falls outside the remit of local authority commissioned school nurses, such as gastrostomy and tracheostomy care, or postural support. Integrated Health Boards should ensure their commissioning arrangements are adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school.
- Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.
- School nursing services should be notified by the school when a child has been identified as having a medical condition. Wherever possible, they should begin their involvement before the child starts at the school.
- School nurses will liaise with lead clinicians regarding appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.
- Other healthcare professionals, wherever possible, including GPs, CAMHS practitioners and paediatricians, will notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g., asthma, diabetes, epilepsy, mental health/neuro developmental conditions).

## [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 (sometimes determined through a Send Support Plan or EHCP processes)

**If a school can demonstrate that it has taken all possible steps to support the young person's needs through reasonable adjustments and that these have been implemented and reviewed over time**, then a request for educational support from the Complementary Education Service can be made to the Monitoring and Placement Group

## Referring for Educational Support

The Complementary Education Service is centrally funded. One of its main roles is to support the continuing education of children of statutory school age who are out of school for medical reasons, with the help of school, with minimal disruption to the education that was planned for them prior to their illness.

At all times, the pupil remains the responsibility of the school where they are on roll.

The main aims of the Complementary Education Service are:

- to support the continuing education of young people with minimal disruption,
- to enable pupils to reintegrate into mainstream provision as soon as their health needs allow.
- to help pupils who have experienced a period of illness, develop their self-confidence resilience and academic progress.

All referred pupils are discussed at the Monitoring and Placement Group which meets fortnightly. The group is represented by School Health (0-19 Enhanced Team), SEN, Schools, Alderhey, School Admissions, CME, Inclusion, Career Connect, Schools and the Complementary Education Service.

Requests for support from the Complementary Education Service must originate from the mainstream school's SENDCO. The group also requires supporting medical evidence from

- Consultant Paediatricians
- Specialist CAMHS Clinicians
- Mental Health Practitioners
- Hospital based Paediatric Services
- GPs
- Clinicians and medical professionals from hospital settings

## The Referral Process

If a school is concerned about a pupil and can demonstrate that it has taken all possible steps to support the young person's needs, then the school can request support through completion of a [Request for Educational Intervention for Sick Children](#)

Before making a request for support it is expected that an Early help assessment will have been completed by the school. Schools will appoint a lead practitioner.

For pupils experiencing mental ill health it is expected that a SEND support plan has already been implemented before a request for support is considered.

If an Individual Health Care Plan has been implemented this should also be included

Within the application schools must fully evidence the reasonable and purposeful measures implemented and reviewed over time to support the pupil's presenting needs and difficulties.

If a child or young person cannot attend school, then clarity needs to be established as to why this is the case. There are actually no official 'sick notes' or 'fit notes' for children from medical professionals; however, a referral accepted by the Monitoring and Placement Group, where a medical professional has confirmed a child or young person is medically unable to attend school even with adjustments, is effectively this.

Schools are required to collate any medical advice and append this to the school's referral.

Forms are available on request via [CME@sefton.gov.uk](mailto:CME@sefton.gov.uk)

### **Multi Agency Planning Meeting**

Once a young person has been accepted for support from the Complementary Education Service, the school should convene a multi-agency meeting within 10 school days to include the following if applicable: -

- Pupil
- Parent
- Appropriate School Staff, e.g., Designated Contact Teacher/Learning Mentor
- Home Tuition Manager/Complementary Education Tutor
- Health representative
- Social Worker
- Careers Service representative

## **Complementary Education Referral Agreement**

### **Obligations of Schools**

- To ensure that wherever possible a time allocation is planned and resourced for the pupil to attend their setting for single lesson or support session per week. Schools will report the pupil's attendance on the given day to Pinefield. It is vital for pupils to retain a connection with their host school to enable a successful planned reintegration.
- Pupils must **in all cases** remain on the roll of their host school for the duration of Pinefield's involvement and maintain a key role in a planned reintegration from the outset.

- Parents must be informed of the nature of the referral, implications for teaching hours and that the support is intended to be provided on a temporary short-term basis. Parents should also be made aware of how the referring school will maintain overall accountability for educational outcomes and how it intends to maintain connection with the referred pupil.
- A written parental signature is required in all cases and consent should always be on a fully informed basis. In essence the full referral should be discussed in person.
- It is expected that the time in school will increase over the timescale of teaching support provided by Pinefield to help facilitate a full reintegration back to the host school.
- Schools are expected to maintain connection and oversight through visits to Pinefield, home visits (in the case of pupils taught in their homes), Pinefield review meetings, and any reviews of EHCP, EHAT, CIN or Early help. Ofsted expect schools to maintain oversight of support given by alternative providers and to check on provision, progress, and attendance of pupils.
- Logs of individual school involvement, support and intervention will be kept and will be reviewed on a termly basis. These contacts will evidence the school's oversight and involvement during pupil reviews and will provide evidence of involvement and oversight when OFSTED routinely check on schools' oversight of alternative providers.
- It is vital that pupils are always held in mind by their referring school and feel part of the wider school community. Opportunities for them to be involved in extracurricular events, and activities should be provided, and families should be included in normal school correspondence and communications.
- Pupils should maintain connections with their peers wherever possible. This can be achieved when pupils can attend "lunch dates" to reconnect with staff / peers or where possible to attend over break times. For pupils who may find this difficult initially then early morning contacts or after school contacts should be considered to help the pupil begin to reconnect.
- For Y11 students, schools are responsible for all examination entries and invigilation arrangements.
- Schools will be made aware of any required access arrangements and will be required to support any agreed concession / access arrangement.
- Careers support including interviews and support with post 16 applications.
- Liaise with the Sensory and Complex Team where appropriate to ensure access needs and continuing individual healthcare plans are in place to help facilitate reintegration as health needs allow.

### **Complementary Education Service will:**

- Provide teaching and learning in core subjects. This will take place either in the pupil's home or in small teaching groups at the Pinefield Centre.
- Provide first day response in reporting attendance to schools.
- Implement the agreed continuing support plan.
- Carry out any relevant and agreed actions within an early help plan.
- Ensure teaching considers pupils' cognitive abilities, learning preferences and social and emotional needs and any required adaptive approaches.

- Ensure baseline assessments are completed within the first 6 weeks of support.
- Liaise closely with the host school to ensure continuity of provision.
- Work with the mainstream school's attendance officer to communicate pupil attendance and submit attendance records as part of first day response to referring schools.
- Implement attendance plans where concerns arise.
- Ensure all pupils referred for SEMH reasons have a reviewed SEN support plan reflecting their needs from point of referral.
- Provide half termly pupil progress and attendance updates for review points.
- Provide additional supplementary support to the young person to enable access to online learning packages or VLEs.
- Liaise with health, social care teams, health professionals, mental health practitioners and other supporting agencies.
- Coordinate termly review meetings.
- Facilitate and support a gradual reintegration of pupils back into their school settings as and when health needs allow.
- Establish a clear educational plan and timetable to support the pupil's reintegration with a named member of school staff responsible for overseeing and supporting agreed arrangements.
- Work with school staff in ensuring pupils are adequately prepared for examinations.
- Host involvement of school-based careers staff for respective referred pupils
- Host examinations at the Pinefield Centre for pupils attending groups.
- Attend EHCP reviews where applicable.
- Report safeguarding concerns to the host school and supporting agencies as appropriate including CAMHS practitioners and Social Care colleagues.
- Host parent consultation meetings twice yearly
- Host schools' consultation evenings twice yearly
- Provide additional support for careers guidance through Career Connect
- Support pupils in accessing independent travel training.
- Support post 16 preparation through college visits

### Supporting a return to the host school or next appropriate setting.

- A reintegration to school should be planned at the earliest opportunity, with a clear plan of support involving school and any supporting services.
- Consideration should be given to a flexible / reduced timetable.
- Full consideration should be made of any special educational needs / differences as identified in the pupil's SEND Support Plan and profile.
- It might be necessary to look at special arrangements for lunchtime, or for the beginning and end of the school day.
- Schools may need to look at the possibility of relocating lessons to the ground floor.
- Consideration may need to be given to allowing pupils to leave lessons five minutes early to avoid crowded corridors.
- Other pupils may need to be prepared for the returning pupil.
- involvement with learning mentors or peer mentors will ensure young people feel supported and can communicate any issues or concerns.

- It helps if school staff are aware that some returning pupils will need follow-up medical appointments including counselling or therapeutic support and this may need sympathetic handling and flexibility.
- flexible opportunities should be provided for pupils to catch up on any missed learning as and when the pupil's health needs allow. This can be through homework clubs/ lunchtime or after school support sessions, flexible use of catch-up funding.