

Policy and procedures for supporting children and young people with medical/health needs in education settings in Bromley

1. Introduction

This policy provides advice to schools and education providers on their responsibilities with regard to supporting children and young people with medical needs. Medical needs are defined, for this purpose, as children and young people with either physical and / or mental health needs. It explains how the Local Authority undertakes the duty of monitoring and supporting those children and young people where medical needs are affecting school attendance and their ability to access education. This guidance applies to all children of compulsory school age.

2. The underlying principles

The Local Authority and its partners are committed to ensuring that all children and young people in Bromley receive a good education to maximise the learning potential of each individual. A fundamental part of our Local Offer aims to ensure that all children and young people are given the opportunity of an inclusive education that meets their specific needs. Children and young people who have additional health needs are, by the nature of their difficulties, at risk of failing to reach their true potential within an educational context and will need support through an individual healthcare plan to ensure their needs are met safely in the education setting.

There is particular concern for those children and young people whose health needs prevent them from attending school for an extended period of time, or for those who are restricted by their health needs to attending school on a part-time or sporadic basis.

The policy explains how we work together to ensure all children and young people with medical needs have their education needs met with due consideration to their dignity and safety.

The [Bromley Children and Young People's Plan](#) (2021-2024) seeks to make Bromley a place where children and young people grow up, thrive and have the best life chances in families who flourish and are happy to call Bromley home.

3. Roles and responsibilities of schools

Schools in the Local Authority, as in the rest of the country, (including maintained schools, maintained nursery schools, academies, alternative provision academies) are required by law to make arrangements for supporting pupils at their school with medical conditions.

This duty is detailed in Section 100 of the [Children and Families Act 2014](#) and statutory guidance entitled [Supporting pupils at school with medical conditions](#) has

been produced by the Department for Education in order to assist schools to understand and comply with this legislation.

The Children and Families Act 2014 places a statutory duty on schools to support pupils with medical conditions, including bladder and bowel problems. If a child has an identified continence issue which won't be resolved before they start school (whether related to toilet training or not), the school cannot refuse entry.

The [Equality Act 2010](#) states that schools must not refuse admission to a child who is not toilet-trained because of a disability. A delay in achieving continence - or not being toilet trained - is considered a disability. It is therefore not acceptable for a school to refuse or delay admission to children who are not yet continent.

Independent schools are under no legal obligation to follow the statutory guidance contained within the document Supporting Pupils at School with Medical Conditions. This non-statutory advice and the guiding principle within this document is intended to assist and guide/advise all schools in promoting the wellbeing and academic attainment of children with medical conditions.

The key points detailed in the statutory guidance indicate that:

- Pupils at school with medical conditions should be properly supported so that they have access to a full and varied education and learning offer in line with their level of attainment, including school trips and physical education.
- Governing bodies or equivalent Trust Boards must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies or equivalent Trust Boards should ensure that school leaders consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

The statutory guidance details that Governing Bodies or equivalent Trust Boards 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. All schools should ensure that there is a named person who is responsible for the practical implementation of this policy within each school.

4 Legal Framework for Local Authorities

[Section 19 of the Education Act 1996](#) Local Authorities have a duty to:

'Make arrangements of the provision of suitable full-time or part-time education at school or otherwise than at school for those children of compulsory school age who, by reason of illness (...) may not for any period receive suitable education unless such arrangements are made for them'.

Statutory guidance for Local Authorities entitled '[Ensuring a good education for children who cannot attend school because of health needs](#)'.

The Equality Act 2010 is also an important part of the legal framework around children and young people with significant medical needs.

5. Definitions

Suitable – The Education Act 1996 defines a suitable education as one that is appropriate to a child's age, ability, aptitude and any special educational needs he/she may have.

Full time – Full-time education is not defined in law but it should equate to what the child would normally have in school, unless the child's condition means that full-time provision would not be in his/her best interests. If a child receives 1:1 tuition, the hours of face-face teaching could be fewer as the provision is more concentrated.

School – For the purposes of this policy, school is used to refer to any maintained school, academy, free school, independent school, or any education provision where a child is registered as their main education base.

Governing Body / Trust Board - The school's governing body is responsible overall for the conduct of the school and must lead the school with a view to promoting high standards of achievement. It should fulfil its functions in a strategic way. Broadly speaking governing bodies have responsibilities in the following areas:

- Ensuring the schools clarity of vision, ethos and strategic direction
- Holding the head teacher to account for the educational performance of the school and its pupils, and the performance management of staff, and,
- Overseeing the financial performance of the school and making sure its money is well and appropriately spent

6. Role and responsibilities of the Local Authority

The statutory guidance is clear that in most circumstances where a child has a health need, they will receive suitable education without the intervention of the Local Authority. In many cases this will be where the child can still attend school with some support or where the school has planned to deliver suitable education outside of school for the child. Where this is not the case for a compulsory school age child, the Local Authority has a responsibility to see that arrangements are put into place for that child to access suitable full-time education. This duty applies to all children and young people who live in the Local Authority. Agreement on the education provision for the child will be made with reference to advice from relevant educational and medical professionals, and in consultation with the young person, carer, and school.

7. Named Person

It is a statutory requirement that Local Authorities have a named person for children with long term medical needs. In this Local Authority the named Officer responsible for this Policy is:

Scott Bagshaw, Head of Access to Education and Inclusion
(Scott.bagshaw@bromley.gov.uk)

The above Local Authority Officer will retain the oversight of this Policy. The link officer contact for notifications from schools sits within the Access and Inclusion Team:

Debbie Partington, Inclusion Manager (Debbie.partington@bromley.gov.uk)

The link officer will liaise with schools and professionals from education and health services to ensure that cases are addressed where children and young people with long term medical needs are not accessing a suitable education.

8. Provision in the Local Authority

Home and hospital tuition service

When children and young people are unable to attend school due to medical reasons (physical or mental health), there is support available to enable the student to receive education.

Home and Hospital Tuition is a short-term, interim service, providing tuition either in one of our centres, one-to-one or small group setting, virtually or in a library. We provide a welcoming, safe, nurturing, and supportive environment led by fully qualified teachers.

Who can get support?

Pupils from reception to Year 11 are eligible for support from this service if they are resident in Bromley and have a medical letter requesting support from the Home and Hospital Tuition Service as part of a medical care plan stating that the child is unable to attend school. The letter cannot be from a GP and must come from a member of the medical team currently working with the child, ideally this would be a consultant or in the case of mental health concerns a clinical psychologist or consultant psychiatrist.

Home and Hospital Tuition Service – What is available?

Whilst the student's medical condition (mental and/or physical health) prevents them from attending school, our standard tuition offer is 6 hours per week, which would usually cover core subjects. This can be adapted according to individual need. Each student is allocated a caseworker, the service has a specialist SEN caseworker and a qualified therapist. This team works closely with the teaching team to implement a personalised programme of tuition and support. Our goal is to get the young person back into full time education as soon as they are well enough to do so. We review the placement every six weeks working in partnership with the child, family, and other agencies to support the student's reintegration back into the mainstream school or alternative setting.

Referral

Referral to the service can be made by a child's school or another professional currently caring for the child, with agreement from parents/carers. Referrals are submitted to Bromley's Gateway panel for consideration and decision making. If the referral is successful, the referring agency and family will be contacted.

Parents/carers should contact their school's SENCo, inclusion manager or pastoral lead at the school where their child is on roll in the first instance should they have any concerns.

Details

- Tuition is delivered at The Link or Castlecombe youth centres. In exceptional circumstances, tuition can also take place at local libraries or at home. This can either be delivered by a tutor or via online learning.
- If a referral is accepted, and with the agreement of all parties, we offer a standard six hours per week to every child. However, the amount of tuition and how it can be accessed is assessed on an individual basis taking into consideration the medical needs of the child, and advice from the medical team.
- Liaison with schools is maintained where a child is on roll so there is continuity of learning.
- This service is designed to be a short-term, interim provision which is reviewed on a regular basis.
- Children admitted in the Princess Royal University Hospital (PRU) can receive support from a qualified teacher and teaching assistant, either in the hospital classroom or at their bedside. Access to education is guided by medical staff.

Health needs child specific funding in schools (HNCSFS)

Many children and young people with medical needs (sometimes linked to physical needs) are able to access education in mainstream schools with support, and the Department for Education has provided guidance for supporting pupils at school with medical conditions outlining a school's responsibility to do this. Health needs child specific funding provides support to schools to enable children with medical needs to access learning and the wider school environment within their chosen mainstream school. Schools are expected to provide the first 10 hours of support.

Parents/carers wishing to seek further advice regarding support for their child's health needs in school should contact the child or young person's school inclusion team **or** SENCo in the first instance.

Schools can request HNCSF or support and advice by referring to the Complex Needs Team (CNT). Every Bromley school has a single point of contact with the CNT should a professional discussion be helpful. Details of each of the single point of contacts can be found [here](#).

For further support and information please contact isatandcnt@bromley.gov.uk

Personalised Pathways

Within the community there are increasing numbers of children and young people (CYP) who are living with complex disabilities and medical conditions accompanied by severe or profound learning difficulties. A small number of these CYP are unable to attend a special school due to the severity of their medical needs.

The Personalised Pathways project is delivered in the child's home by a Higher-Level Teaching Assistant (HLTA) who is overseen by a Senior Advisory Teacher from the Complex Needs Team.

The HLTA works on targets set termly by a multi-disciplinary team of professionals working with the child. The other professionals involved also do joint visits to the family home to work alongside the HLTA on these targets. Progress is tracked, amendments made to the activities and targets as the professionals supporting the child learn more about the responses that they are demonstrating. These activities inform the curriculum delivered in the home by the HLTA. This multiagency approach to supporting the child and family ensures the provision outlined in the EHCP is delivered and outcomes are monitored.

Should a family want their child or young person to return to school the decision will be made in collaboration with the medical teams, education setting, the family and local authority SEN service (where relevant). Decisions will be made in the best interest of the child or young person ensuring their safety and well-being at school. The transition back into school will be supported by the personalised pathway team.

Schools can make a referral by contacting the Complex Needs Team. Each school has a single point of contact to enable them to seek advice and support at the earliest opportunity – please contact isatandcnt@bromley.gov.uk

Pupils with emotional well-being and mental health needs

In Bromley there is recognition of the impact that mental ill-health can have on a child's education and well-being with a network of mental health leads signposting to appropriate support in school. Schools can access information and resources for use across different settings using the [Mental Health and Wellbeing Toolkit](#). It also provides additional information about referring to the [Single Point of Access](#) for Bromley's emotional wellbeing and mental health services.

If child or young person is known to Bromley CAMHS and their mental health is worsening or they are experiencing a mental health crisis, they should contact their Care Coordinator on **0208 315 4430** between the hours of 9-5, Monday-Friday. If they do not yet have a Care Co-ordinator they will be directed to the CAMHS duty clinician, who will be able to support them.

If there are concerns outside of working hours, please contact the Oxleas Mental Health Urgent Advice Line on **0800 330 8590**, the South London Mental Health and Community Partnership CAMHS Crisis line on **020 3228 5980** or your GP emergency service. If you have immediate concerns for the child's safety please seek advice from the nearest Accident and Emergency department..

Pupils with a diagnosed medical condition

For pupils diagnosed with medical conditions, the provision put in place will be guided by the medical advice provided by relevant professionals. Schools will need to work together with pupils, families, and professionals. This will ensure that the right support is in place and children with additional health needs are not disadvantaged and can thrive in their education.

Roles of respective parties in supporting children who have medical/health needs

The School's role is to (for children **not** currently attending school):

- Host and chair regular review meetings (normally every 6 weeks) enabling all medical evidence to remain up to date or current
- Produce action plans and distribute along with meeting minutes including any targets/goal setting to all relevant parties including parents/carers and young people
- Provide materials for an appropriate programme of work and work plans
- Ensure all staff are kept informed and up to date
- Ensure appropriate arrangements, including entry and invigilation are made for all examinations; provide the pupil's academic attainment levels including any relevant examination requirements
- Make arrangements for SATs or examinations
- Provide a named teacher with whom each party can liaise (usually the SENCO)
- Be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration into school
- Ensure that pupils who are unable to attend school, are kept informed about school social events, are able to participate, for example, in homework clubs, study support and other activities
- Encourage and facilitate liaison with peers, for example, through visits and videos

The School's role is to (for children attending school):

- Carry out necessary risk assessments in relation to health needs
- Develop and maintain Individual Healthcare Plans for children with medical needs
- Safely store, manage medications (including checking they are in date), and keep up-to-date records of when they have been administered

- Participate in recommended training in relation to a child's specific medical needs and delegated tasks
- Keep up-to-date records in relation to training and staff competency assessments
- Following training and sign off of competencies, carry out delegated healthcare tasks for individual children. See appendix 1 for list of tasks that can be delegated to non-healthcare workers who have undergone the necessary training
- Carry out delegated tasks in a way that offers respect and protects the dignity of the child or young person
- Provide a suitable working area within the school, where necessary
- Enable health professionals to provide intervention to the child or young person in their education setting where required including the identification of a private space where needed.
- Ensure there are an adequate number of first aiders in school

The parent/carer's role

Parents/carers know their child well. It is really important that parents/carers are involved in decisions regarding the support that their child requires. Parents/carers should:

- Be willing to work with everyone involved in supporting their child
- Provide early communication if a problem arises or help is needed
- Attend necessary meetings
- Notify the school of any health condition and provide relevant and up-to-date information
- Contribute to discussions about the support and care for their child (such as their individual healthcare plan)
- Support their child's return to school and work with professionals on a plan for reintegration

The pupil's role is to:

Where appropriate, the child or young person should be invited to share their views. They should engage in their learning and work with the agencies who are supporting them, in order to reintegrate as soon as possible. Where possible they will:

- Be prepared to communicate their views with the support of a trusted adult
- Engage with the health and education services supporting them
- Engage with other agencies as appropriate and be actively engaged in discussions regarding reintegration with the appropriate support

The Local Authority's role is to:

- Keep a record of all children and young people with long term medical needs that have been notified to the Local Authority

- Ensure that cases are channelled through the appropriate professional support pathways e.g. SEN, Early Help
- Ensure that an appropriate professional is assigned to each case, as appropriate

The Health Visitor's Role within the 0-19 service is to:

- Support the early identification of children with long term health conditions
- Offer advice to early years settings on managing medical needs
- Liaise with school nursing team prior to a child transitioning to school
- Be involved with Safeguarding and contribute to child protection procedures

The role of the School Nursing Team within the 0-19 service is to:

- Provide advice and support to schools for children with medical needs
- Support schools to develop the necessary policies and procedures for managing medical needs in school
- Be involved with Safeguarding and contribute to child protection procedures
- Provide schools with support, advice and 'sign off' of Individual Healthcare Plans for children with medical needs
- Liaise with specialist clinical services

The role of the Children's Community Nursing Team is to:

- Provide specific nursing advice to the named person in school for children and young people on their caseload
- Be involved with Safeguarding and contribute to child protection procedures
- Liaise with other relevant professionals involved with children/families on their caseload
- Notify relevant school and the local authority of children who come onto the children's community nursing caseload, who require support at school
- Where required, advise the school on how training can be sourced
- Contribute professional advice to a child's EHC needs assessment and the annual review of a child's EHCP

The Role of the Special School Nursing Team is to:

- Be familiar with the health needs of individual children and young people on their caseload who require daily nursing intervention
- Be involved with Safeguarding and contribute to child protection procedures
- Liaise with the appropriate partners i.e. school staff, relevant professionals and agencies to plan for a child's health needs in school
- Work jointly with clinical nurse specialists in relation to a child's specific needs
- Identify training needs of educational staff working with individual children with specific health needs and provide training and assessment of competencies

where appropriate, including support with training for associated transport operator's staff

- Contribute professional advice to a child's EHC needs assessment and the annual review of a child's EHCP

Other involved agencies:

There may be other professionals involved in the support and care of the child. They should work jointly with schools, families and other agencies, and provide support, advice and written documentation where necessary.

Individual Healthcare Plans

School policies for Supporting Children in School with Medical Conditions should include the role of Individual Healthcare Plans (IHPs). An IHP should be developed in partnership between the school, families, pupils and the relevant health professionals. All children with on-going and significant medical needs should be supported using an IHP. Best practice guidance indicates that every child with conditions such as asthma and epilepsy should have an IHP that describes their condition and how it is managed. The aim is to ensure all staff understand the specific nature of a child's health needs and understand how to support a child's health needs effectively and safely. There must be appropriate record keeping ensuring healthcare plans are updated yearly or more frequently if there is a change in the child's health needs or the level of care required. Schools must employ strict version control procedures and make sure that all relevant documentation is attached (such as emergency care protocols). The IHP should be signed off by a school nurse within the 0-19 service and shared with all appropriate staff (including temporary staff).

An IHP is different from an EHCP. On occasions when a request for EHC needs assessment is necessary, schools should include the IHP as health evidence when making the request for EHC needs assessment (this will form part of the child's provision should the Local Authority agree to issue an EHC plan). Further information and an example IHP template can be found on the [Education Matters](#) website.

Further information

Additional information relating to specific health conditions e.g. epilepsy, asthma, allergies can be found on the Education Matters website using the link above.

Appendix 1

School staff may be required to carry out medical tasks for specific children under the advice and guidance of the clinical team supporting them. Any school staff required to carry out medical tasks for an individual will be provided with training and an assessment of competency by an appropriately qualified healthcare professional. The below is a list of tasks that the Royal College of Nursing deem to be appropriate for delegation to non-health professionals such as teachers and teaching assistants. This is not intended as an exhaustive list but examples of tasks that can be delegated.

<ul style="list-style-type: none"> Administer prescribed medication. 	<ul style="list-style-type: none"> Administration and care of liquid oxygen administration.
<ul style="list-style-type: none"> Administer rectal medications pre-packed with necessary dosage. 	<ul style="list-style-type: none"> Blood glucose monitoring and carbohydrate counting.
<ul style="list-style-type: none"> Administer emergency medications such as midazolam, paraldehyde, EpiPen and inhalers. 	<ul style="list-style-type: none"> Intermittent catheterisation and catheter care (use of a flexible tube inserted into the bladder to empty it of urine).
<ul style="list-style-type: none"> Suctioning of nasal or oral mucus (that does not go beyond the back teeth and where the child has an active cough). 	<ul style="list-style-type: none"> Stoma care (care of the small opening to allow bowel contents to pass into a bag)
<ul style="list-style-type: none"> Assistance with prescribed oxygen administration including oxygen saturation monitoring where required. 	<ul style="list-style-type: none"> Administration of enteral feeds (tube feeds) such as enteral gastrostomy (feeds given through a tube straight to the stomach) and nasogastric tube (feeds given via tube through the nose to the stomach).

School staff may also be required to support a child's care needs and may include support for intimate care such as support to use the toilet and changing a pad. Click [here](#) to access a sample Intimate Care Policy.