How to support medical needs



Cambridgeshire & Peterborough Adults & C&YP Mental Health







Objectives



Schools and professionals have increased confidence on how to support young people with medical needs to access education



Strategies put in place are appropriate for the individual needs of the pupils



Schools have increased confidence in recording and attendance monitoring

Tier approach to medical needs

Tier 4	Alternative Provision
Tier 3	Specialist support: training, interventions and referrals to external services.
Tier 2	Targeted support: Individualised assessments and reasonable adjustments
Tier 1	Universal support: Whole school policies, planning and OAP

SEND services: Access & Inclusion CoOrdinator

- We advise Primary schools on:
- Exclusions and suspensions
- Medical needs
- Reduced timetables
- Alternative provision
- Wider SEND team:
 - Specialist Teachers
 - Specialist practitioners
 - Educational Psychologists
- How to access A&I support:
- Referred via Link Practitioners
- Email Directly
- A&I consultations
- Exclusion hotline

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Recognising medical needs:

'Acute' and 'Chronic' conditions

Medical practitioners might refer to a child's diagnosed medical condition as being "chronic" or "acute".

Acute

Conditions which are severe and sudden in onset.

Examples: broken bone

asthma attack

Chronic

Long-developing conditions which are persistent or long-lasting. This term is often applied when the course of the disease lasts for more than three months.

Example:

osteogenesis imperfecta (known as 'brittle bones')

Life-limiting/life-shortening

Conditions for which there is no reasonable hope of cure and from which children or young people will die. Some children might live into early adulthood, but their life will be shortened as a result of the diagnosed condition. Some of these conditions cause progressive deterioration increasing a child's reliance on parents and carers.

Life-threatening

Life-threatening conditions are those for which curative treatment may be feasible but can fail, such as cancer.

For more information see 'Together for Short Lives' www.togetherforshortlives.org.uk

<u>children-with-medical-needs-miniguide.pdf (nasen.org.uk)</u>

Tier 1 - Universal

Whole school policies, planning and OAP

- Whole school medical needs and attendance policies.
 - Policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition. Including assessments, planning and strategies to support e.g. reasonable adjustments.
 - Processes for implementing IHCP.
 - Storing and administering medication.
 - · Emergency procedures.
 - Identifies the Designated Medical Officer (DMO).
- Designated medical officer. (DMO)

Point of contact for implementing medical needs policy and liaising with parents and professionals involved e.g. LA, medical team, and Social Care.

- Individual Health and Care Plan (IHCP).

 plan_Part 2.pdf (medicalconditionsatschool.org.uk)

 Individual Healthcare
 - Outlines the medical condition, its triggers, signs and symptoms.
 - The pupil's resulting needs e.g. medication, treatments, environmental issues e.g. crowded corridors / barriers to attendance.

Emotionally Bas

- Impact on educational, social and emotional needs and strategies to support.
- Risk assessment /provision for trips away from school.
- Emergency responses.
- Ordinarily Available Provision toolkit.
 <u>Secondary SEND OAP Toolkit (cambslearntogether.co.uk)</u>
 <u>Primary and</u>
- EBSA Toolkit and resources. School Avoidance Toolkit (cambslearntogether.co.uk)
- Discussions with parents/carers.

Tier 2: Targeted support

Individualised assessments and reasonable adjustments

- Tier 1 strategies.
- Individualised assessments:
 - Pupil voice.
 - SEND screening including SEMH and sensory needs.
 - School environment accessible classrooms.
 - information from medical professionals/ researching conditions.
- Individual Health Care Plan (IHCP).
- Reasonable adjustments:
 - Environment e.g. seating, safe space, classroom location.
 - **Timetable and routines** e.g. alternative activities, rest time, Lunchtime provision, transport/ moving around school.
 - Resources e.g. visuals, laptop / iPad / dictaphone.
 - Policies e.g. uniform, healthy eating.
- Adult support. E.g. daily check-ins. personal care support.
- Small group interventions: Forest School, Lego Therapy, music groups. ELSA/ THRIVE / Nurture.
- Nessie: Training and targeted support.
- Early Intervention Family Advisors.
- Early Help Assessments (EHA's).
- Regular review meetings e.g. TAF's.

Tier 3: specialist support

Training, interventions and referrals to external services.

- Tier 1 and 2 strategies.
- Exploring medical information.
- **Specialist training** e.g. gastrostomy, manual handling, physio, diabetes monitoring, epilepsy.
- Additional equipment e.g. standing frames, splints, blood glucose monitors.
- Referrals to Mental health support agencies.
- Nessie: specialist support.
- Regular review meetings: MDT Involvement from medical professionals e.g. school nurse, incontinence team, OT, mental health support agencies.
- LA support: Primary: Specialist teacher / A&I coordinator.
 Secondary: EIO.
- 1:1 interventions: Play therapy/ Art therapy/ ELSA / THRIVE / Nurture/ School Counselling / Physio.
- Internal alternative provision e.g. sports coaching, PAT dogs.
- Outreach support e.g. at home or in the community.
- Temporary reduced timetables.



Nessie EBSA Programme™

A joint approach to supporting children who are struggling to attend school











NESSIE

Helping Children & Young People Thrive

Providing easy access to arts therapy and counselling for children and young people

Not for profit social enterprise working in schools and community organisations in Hertfordshire, Cambridgeshire and Peterborough

Supporting young people with complex needs though an evidence based, child led, Partnership approach.

Community Interest Company Number 11719406

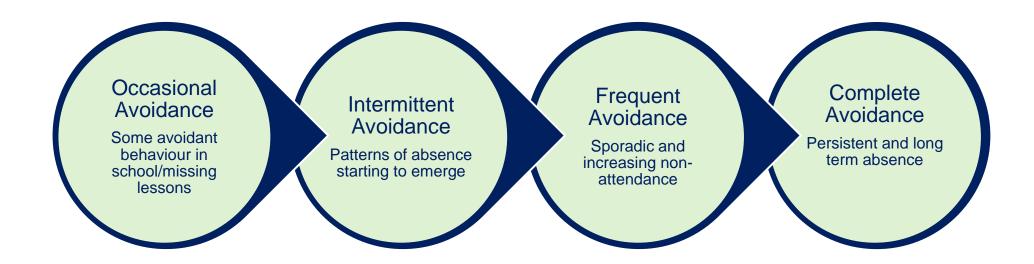
https://Nessieined.com/

Registered Office: KJAR Senior Site, Garden Walk, Royston, England, SG8 7JH 81%
Of children and young people demonstrate improvement

Helping children and young people thrive



The Spectrum of EBSA





Risk Factors

Home/community: Parent illness, bereavement, poverty, young carer, parent mental health, first or only child, attachment & trauma, need for parenting support

School: transitions, difficulties in accessing learning, friendship dynamics, academic demands, exams, relationship difficuties with staff

Child specific: sensitive nature, traumatic childhood – ACEs, illness, low confidence for learning, learning difficulties, ADHD, ASC or Learning difficulties, age in year, specific age, puberty – undiagnosed needs



The Recommendations:

- Do more to examine the root causes of absence and build the evidence base on what works to reduce it
- Gain a greater understanding of pupils' and parents' experiences
- Use evidence based approaches to explore reasons behind EBSA
- Work together to shift the social norms and culture around EBSA
- Use data to identify and support at-risk pupils
- learn from the small number of schools

Adapted from the Nesta report



Nessie Levels of Support – EBSA programme

Universal

- Task force of stakeholders: discuss/gather/feedback/co-ordinate
- Training support, resources, digital hub. Consultation & support for parents and schools
- CYP peer support in settings and online
- Parent participatory group
- Participatory groups initiated for CYP and parents

Targeted

- Solution circle supervision for schools; SENCO support, bespoke CYP plans/profiles
- CYP assessment and planning support
- CYP peer support groups in school communities and helping schools to run interventions
- Parent /child SST solution focused therapy

Specialist

- CYP 1-1 bespoke therapy
- ASC/LD specialist therapy
- CYP 1-1 youth work
- CYP Groups run by Nessie in the community or online
- SENCO consultancy and support for schools and parents

Education Inclusion Officers (EIO's)

- What they do work with secondary schools to ensure all students have access to suitable education provision, that meets the needs of the students.
- They work with schools, families and external agencies to oversee educational provision for students with medical and mental health needs, in line with Section 19 statutory requirements.
- **How they can support** EIO's will attend meetings and give advice on next steps and appropriate alternative provision to meet the child's needs.
- What they offer Advice to schools on gathering and recording information, available alternatives to mainstream education and mediation with families. EIO's can signpost to external agencies that may be able to support the young person. Guidance to schools around recording and following the Local Authority's processes. EIO's work with Attendance colleagues to ensure a joined up approach.
- How to access them Each secondary in Cambridgeshire is assigned an EIO and they meet regularly with Inclusion Leads and Heads in schools to discuss students not accessing their mainstream timetable.

Tier 4

External alternative provision - time limited

Reduced time table - time limited

Oversight from EIO or SEND Access and Inclusion Co-ordinator

IAEP in place (secondary) to be reviewed every 6 weeks

Schools still lead on attendance, safeguarding and reviews

Transition/reintegration plan in place

How to record interventions

- IAEP secondary age pupils
- Individual health care plans (as part of ADPR)
- Electronic reduced timetable (records hours and type) for LA
- One page profile or written record signed by parent
- Provision map/ ADPR
- TAFs and/or meeting notes
- Full chronology of all interventions and communication
- Secondary use AP directory for approved provision and quality assured
- Transition plan from AP back into school for both short and long term
- Outcomes which are measurable and realistic, developed based on individual need

Medical Information

Don't



- Repeatedly ask for medical information.
- Ask for a sick note/ medical certificate.
- Refuse to put in adaptions because medical information has not been received.
- Refuse to use the I code (not unless medical needs process has been followed first).

Do



- Use the term medical information
- Follow your medical needs process in your attendance policy
- Liaise with medical professionals to discuss provision on offer and obtain guidance
- Consider I coding absences, unless you have reason to doubt the validity of the absence
- Explain why medical information and gaining consent is so important

Attendance Codes

- I Code The pupil is unable to attend due to illness (both physical and mental health related).
- K Code The pupil is attending a place, other than the school or another school at which they are a
 registered pupil, for educational provision arranged by a local authority under section 19(1) of the 1996
 Act(1) or section 42(2) or 61(1) of the 2014 Act.
- B Code The pupil is attending a place for an approved educational activity that is not a sporting activity
 or work experience e.g. taster day, course or external AP (not for medical needs).
- C Code Leave of absence for exceptional circumstances.
- C2 Code Leave of absence for compulsory school aged pupil subject to a part-time timetable.
- M Code Pupil is accessing a medical appointment.

Reporting to the Local Authority

Attendance Codes/ Length of absence	Who to Notify
10 consecutive days of O codes	Complete NSA online form. If location of pupil is unknown, please complete CME online referral form.
15 days of I codes – Primary school age	Complete SEND online form
15 days of I codes – Secondary school age	Raise pupil during fortnightly inclusion meeting with EIO.

Available Support & Useful Resources

- Keep your head
- Inclusion directory
- EBSA toolkit CCC
- Safe and well template letters
- Learn Together webpage
- OAP Toolkit https://www.cambslearntogether.co.uk/cambridgeshire-send/cambridgeshire-send-oap-toolkit
- Alternative Provision Directory https://www.cambslearntogether.co.uk/cambridgeshire-services-to-schools/alternative-education-provision-directory
- SENDIASS
- Early Help Hub EHA