



HARROGATE  
GRAMMAR SCHOOL  
EXCELLENCE FOR ALL

## **Policy: Students with health needs who cannot attend school**

**Member of Staff Responsible**

**Kristin Smith**

**Approved by Full Board on:**

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## **Students with health needs who cannot attend school policy**

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## **1. Policy scope**

This policy is for staff, students, parents and carers, governors and partner agencies who work with the school. It provides principles, guidelines and procedures as to how Harrogate Grammar School provides suitable education for students with health needs who cannot attend school.

## **2. Aims**

- To ensure that suitable education is arranged for students who cannot attend school due to health needs
- Students, staff and parents understand what the school is responsible for when this education is being provided by the local authority

## **3. Legislation and guidance**

This policy reflects the requirements of the [Education Act 1996](#).

It is also based on guidance provided by our local authority.

<https://cyps.northyorks.gov.uk/medical-education-service>

## **4. The responsibilities of the school**

### **4.1 If the school makes arrangements:**

Initially, Harrogate Grammar School will attempt to make arrangements to deliver suitable education for students with health needs who cannot attend school.

This will be done as follows:

- The Year Manager/SENDCo will meet with parents, carers and students to assess need and to plan for provision to be made.
- The student's Year Manager will then contact the student's teachers to ensure that accessible work is set. This work will be delivered electronically through the school's online learning platforms i.e. Showbie.
- The plan will be reviewed every two weeks with the parents, carers and students.
- If the student is able to return to school, a reintegration plan will be created in consultation with the student, parents, carers and any relevant health professionals. A reintegration plan may include:
  - A personalised timetable that reflects the student's health capabilities
  - Access to additional support in school both in class and/or catch-up time in Learning Support where appropriate
  - Access to curriculum from home for those lessons yet to be phased back onto their timetable
  - Movement of lessons to more accessible classrooms where possible
  - A place to rest at school where needed

- Special exam arrangements to manage anxiety or fatigue
- A PEEP card to reflect the need of the student such as leaving lesson 2 minutes early for travel time between spaces
- If a student has 15 days of absence, consecutive or accumulative, due to a medical need and school are unable to offer an education, an access request to the Medical Education Service (MES) will be made by the school. To be eligible for short-term intervention from the MES, students must have a diagnosed health condition which in itself is preventing them from attending school and has been diagnosed by a medical specialist.
- All requests for medical education for students of statutory school age, must be submitted to the Inclusion Service using the medical education request form. See Appendix 1.

#### **4.2 If the local authority makes arrangements**

If the school cannot make suitable arrangements, The Medical Education Service team will provide short-term education to help provide continuity in education, when a student has been absent from school for 15 days or more, due to a physical or mental health need and where the following criteria has been met.

- A resident in North Yorkshire or is receiving education in a North Yorkshire educational establishment.
- Aged 5-18 years or up to 25 years if they have an EHC Plan.
- A diagnosis from a recognised health specialist which does not include a GP. It is this diagnosed health condition which is the reason they are unable to attend school.
- Currently receiving specialist help and support from a recognised health professional.
- Evidence from the health specialist, delivering the help and support which describes what the child or young person can do from an educational perspective.
- The student must have been absent from school for 15 days or more (one off or cumulatively) due to their medical condition.
- The request has been discussed with parents/carers and signed consent has been obtained from those with parental responsibility or from a young person themselves, where they are considered to be competent and are over 16 days of age.

In cases where the MES make arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies, parents and carers to ensure the best outcomes for the student.
- Share information with the local authority and relevant health services as required.
- Help make sure that the provision offered to the student is as effective as possible and that the student can be reintegrated back into school successfully.

- Organise regular review meetings between school, health, MES and parents/carers.
- Provide resources needed to the MES so the student can be taught maths and/or English as if they were in school full-time.
- Ensure the student has the appropriate resources to be able to engage in the offer of education made by school and or the MES.
- Ensure there is an Individual Health Care Plan (IHCP) in place for all students with medical needs. This must be completed with health professionals and parents/carers.
- The school will continue to maintain a safeguarding responsibility for the student. If a student does not attend the offer of education made by the MES, the school will carry out a welfare check. The MES will inform the schools safeguarding lead of any concerns.
- The school will continue to maintain regular contact with the student's family.

When reintegration is anticipated, the school will work with the local authority to:

- Plan for consistent provision during and after the period of education outside the school, allowing the student to access the same curriculum and materials that they would have used in school as far as possible.
- Enable the student to stay in touch with school life (e.g. through bulletins, emails, invitations to school events or, where possible, work delivered electronically through the school's online learning platforms i.e. Showbie, for a maximum of 15 days).
- Create individually tailored reintegration plans for each child returning to school.
- Consider whether any reasonable adjustments need to be made.
- Consider options around online classrooms: Academy 21

#### **4. Monitoring arrangements**

This policy will be reviewed annually by Kristin Smith, Deputy Headteacher. At every review, it will be approved by the full governing board.

#### **5. Links to other policies**

This policy links to the following policies:

- Supporting students with medical conditions
- Equalities
- Safeguarding

## Appendix 1

**All sections of this form are mandatory – forms will be returned if not fully completed which may delay support. Sections 1-14 should be completed by the School and sent to the relevant medical professional for completion of section 15.**

**Section 15 of this request form must be completed by the Relevant Medical Professional. Submitting a letter ‘in lieu’ will not be accepted because the MES requires specific information to be able to plan next steps, if appropriate.**

### Request form for short-term medical education

**Before completing this form, please answer the following questions:**

1. Does the C/YP have an identified medical diagnosis or need? Yes (  ) No (  )
  
2. Is the C/YP currently receiving support (or on the waiting list for support) from a medical professional? Yes (  ) No (  )
  
3. Has the medical professional completed the Section 15 Medical Education Form, clearly describing the C/YP’s medical need, intervention, duration of input and likely prognosis? Yes (  ) No (  )

**If you have answered no to question 3, please contact the appropriate Health Professional for further information before submitting the referral.**

#### 1. Child or Young Persons Details

Surname		First Name	
Preferred name		Ethnicity	
Gender Identity		Date of Birth	
Home address		Home telephone number	
Year Group		UPN	
Pupil Premium	Y/N	FSM	Y/N
LAC	Y/N	Early Help	Y/N
CIN	Y/N	CP	Y/N
Forces Family	Y/N	Young Carer	Y/N
Gypsy Roma Traveller	Y/N		

Has the Child/young person consented to the referral? Y / N

Is the C/YP known to any of the following NYCC SEND Locality teams?

SEMH	C&I	C&L
Visual Impairment	Hearing Impairment	SLCN

## 2. School information

Name of school		Address of school	
Name of referrer		Role of referrer at the school	
Referrer telephone number		Referrer email address	
Name and contact details of SENCo		Name and contact details of DSL	

## 3. School Attendance History of C/YP

Date the CYP last attended school		% attendance for current term	
% attendance for current academic year		% attendance previous academic year	
Is the child open to fast track / attendance procedures at present or previously? If so please give details			

## 4. SEN Information

Please complete if the Child/Young Person has Special Educational Needs:

What is the Primary SEN		Have you submitted an ECHAR? Date of Submission?	
Please identify how CYP's SEN needs are being met:			

Please complete if CYP has an EHCP

Date of EHCP/last annual review		SEN Casework Officer	
Planned date for next review if applicable		Level of Banding	

Please identify how the designated funding is being used (including breakdown of cost):

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**5. CSC / LAC Information**

Please complete if the C/YP is open to CSC or LAC team

Stage of support	Early Help / CIN/ CP	LAC	Y/N
Name of worker		Phone number of worker	
Email of worker		Are there current safeguarding concerns	Y/N

**6. Other agency Information**

Please complete if there are any other agencies working with the C/YP not already listed

Name of organisation		Name of worker	
Phone number of worker		Email of worker	
Please give information about the nature of their work with the CYP including frequency of contact:			

**7. Chronology**

Please give a clear chronological overview of the situation that led to a request for Medical Education, including the strategies that have been used to enable the C/YP's medical needs to be met within school

Aside from the professional completing section 15, please record the names and contact information for any additional medical professionals who are working with the C/YP.	

## 8. Current School Support

If the C/YP is not currently in school, what education are they receiving?
What is in place to ensure that the C/YP remains in contact with their peers?
What is in place to ensure the school are fulfilling their safeguarding responsibilities?
What needs to take place to enable C/YP to reintegrate back into school?

## 9. School Data

Subjects	End of Key Stage		
	KS1	KS2	KS3
English Reading			
English Writing			
Maths			
SPAG			N/A

  

Subjects	Current Level			End of year target
	Term 1	Term 2	Term 3	
English Literature/ Reading				
English Language/Writing				
Maths				
SPAG			NA	

Any other information about progress / attainment:

If you are unable to provide attainment data, please state why:

## 10. Examination information

Please complete if the C/YP is expected to be taking any national examinations this year

Subject	Exam board	Qualification	Predicted grade	Any other information
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Name and contact details of School exam officer	
Will the C/YP be sitting exams at school or have alternative arrangements been made by the school?	
Please give details of any access arrangements in place / needed:	

**11. Post 16 arrangements**  
**Please complete if the C/YP is currently in Y11**

Has post 16 provision been identified?	
What post 16 provision has been identified?	
If the C/YP has an EHCP, has consultation taken place?	
Will the C/YP have access to a careers advisor? If so, when?	
If post 16 provision has been identified, please give name and contact details of the key member of staff supporting transition	

**12. Secondary school arrangements**  
**Please complete if the C/YP is in Y6**

Has a secondary school been allocated?	
Which school has been allocated?	
If the C/YP has an EHCP, has consultation taken place?	
If a secondary school has been identified, please give name and contact details of the key member of staff supporting transition	

**13. Persons with parental responsibility**

Name	Address (if different from above)	Home Telephone No	Mobile No	Relation to child/young person	Order of whom to contact

		-			
		-			

**Parental consent for:** Insert name

Dear Parent/Carer

We would like support to meet your child’s learning needs and will be submitting a request for Medical Education Service which may involve wider involvement from inclusive education service and the North Yorkshire SEND Hub. The request will be considered by a team of specialist educationalists. If they consider the request meets service eligibility criteria, the most appropriate professional to become involved will work closely with us and/or with your child directly to ensure their learning needs are met.

To proceed with the request for involvement your written permission is required, by signing the parental consent section of this form before we submit it. The request will not be processed without your signed parental consent.

By signing you will also give your consent for medical education specialists from inclusive education service to contact other professionals who may already be involved with your child to gain relevant information regarding their needs.

If you wish to discuss the matter further before signing below, please do not hesitate to contact me and we can talk further. If this consent form is sent separately from the completed RFI form, it must be returned directly to:

[ypmedical@northyorks.gov.uk](mailto:ypmedical@northyorks.gov.uk)

Alternatively, it can be posted to **Inclusion Service, NYCC, County Hall, Northallerton DL7 8AE** NYCC, County Hall, Northallerton DL7 8AE

**Parental Statement**

I agree to the involvement of medical education service from inclusion service and the North Yorkshire SEND hub and understand that this may involve specialist staff working directly with my child, family and school/setting staff, with my knowledge.

If we agree together that it is in the best interests of my child, I understand that some information about them may be shared with other professionals who are already involved with them. This will be done in line with the ‘North Yorkshire Multi-Agency Information Sharing Protocol’ which can be found at: <https://www.northyorks.gov.uk/information-sharing>  
To ensure that my child receives the optimum service, information may be shared with other services within the County Council. Further consent will be sought from me for any direct contact with my child by another service not already involved.

I understand that both paper and electronic records may be kept by the medical education service within inclusive education service as a result of this involvement and that these records will be kept securely by NYCC and destroyed safely, according to the County Council’s document retention and deletion schedule.

Under the Data Protection Act 2018 and the UK General Data Protection Regulation (UKGDPR), I have the right to request a copy of the information the County Council holds about me/my child.

For more information I can contact the Data Protection Officer at: [infogov@northyorks.gov.uk](mailto:infogov@northyorks.gov.uk) or write to **Information Governance Office, Veritau Ltd, County Hall, Northallerton, North Yorkshire, DL7 8AL** For further information on how the Council processes my personal data I can refer to <https://www.northyorks.gov.uk/privacy-notice>

**Please tick YES or NO** to the following consent statement and, if consent is given, and you have parental responsibility for the child/young person named on this form, please sign below.

**I give consent to a referral to the Medical Education Service and to the North Yorkshire SEND Hub service**      YES     NO

I understand that I have the right to withdraw my consent at any time by contacting the Data Protection Officer at the above address.

Relationship to CYP		Print Name	
Address			
Email		Tel	
Signed		Date	

**14. Essential documentation to include with this request form**

**If any of the below documentation is not provided, the processing of this referral may be delayed**

	Yes / No / Not Applicable
Section 15 Form (and care plan from medical professional if available)	
EHCAR/EHCP/School SEN Information	
Risk Assessments (for C/YP who may be a risk to themselves or others)	
Any other Agency Reports	

**Please return this form and all relevant documentation securely to [ypmedical@northyorks.gov.uk](mailto:ypmedical@northyorks.gov.uk)**

**If the request is accepted, school will be asked to organise an initial planning meeting (PREP) inviting all professionals. Delays in professionals attending this meeting may result in a delay to processing the request.**

**If you have any queries, please contact [ypmedical@northyorks.gov.uk](mailto:ypmedical@northyorks.gov.uk) or your area MES Coordinator.**

**Section 15 Request form for short-term medical education - Health Specialist Evidence.**

**This section is to be completed by the health specialist who is currently providing medical help & support to the child/young person. Please read the information below BEFORE submitting your specialist evidence and guidance.**

The Medical Education Service is a team of English and maths teachers and HLTA's, delivering tuition to children and young people with medical needs whilst they are receiving medical support and treatment, until they are ready to reintegrate back into their school. We are not a long term alternative to a school or an alternative provision.

It is vital that the medical advice is thorough and offers clear guidance as to what a young person will need in order to reintegrate back into their school setting, alongside estimated timescales.



<p>What are the barriers to this child/young person attending school (physical, social &amp; sensory):</p>	
<p>Please suggest strategies that can be used to overcome barriers described above:</p>	
<p>To the best of your knowledge, is this child/young person able to socialise with their peers either in school or outside of school:</p>	
<p>Please indicate, to the best of your knowledge, the suggested exit strategy for MES and likely timescales considered.</p>	
<p>It is vital that the young person continues to have medical support until they are able to reintegrate back into school. How long do you think you will be working with this child/young person?</p>	
<p>Any further comments:</p>	

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return the completed form to the school for submission.