

Cranbury College
Education for children with medical needs policy
2013
amended Sept 2016

Introduction

Statutory guidance from the Department for Education 'Ensuring a good education for children who cannot attend school because of health needs' (Jan 2013) states that

Local authorities must:

Have regard to guidance when carrying out their duty to

Arrange suitable¹ full-time education²³ (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.

This duty applies to all children and young people who would normally attend mainstream schools, including Academies, Free Schools, independent schools and special schools, or where a child is not on the roll of a school. It applies equally whether a child cannot attend school at all or can only attend intermittently. Reading Borough Council commission this provision from Cranbury College which is an Alternative Curriculum Provider. Cranbury College employs Hospital and Home teachers and support staff to ensure delivery in accordance with the commissioning arrangements. Cranbury College will make provision for pupils of statutory school age who are physically ill, injured or who have clinically defined mental health problems

The College aims to prevent exclusion and inequality by protecting and promoting high standards in the education of all vulnerable pupils. No child or young person will be excluded from support because of ethnicity, culture or religion, home language, family background, special educational needs, disability, gender, sexuality or ability.

The College's aims are achieved through excellent partnerships between Cranbury College and the Children's Wards of the Royal Berkshire Hospital, Schools, parents and Readings CAT teams.

¹ "suitable" means suitable to the child's age, aptitude, ability and any special educational needs that he or she may have.

² Unless the pupil's condition means that full-time provision would not be in his or her best interests.

³ Unless the pupil's condition means that full-time provision would not be in his or her best interests.

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 the hours of face-to-face for one-to-one tuition will 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 Cranbury College will provide part-time education in the child's best interests. All education packages will aim to achieve good academic attainment and achievement particularly in English, Maths and Science.

Cranbury College will provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. This will be apparent through admission to the Royal Berkshire hospital or through referral from schools. Cranbury College will liaise with appropriate medical professionals, schools and parents to ensure minimal delay in arranging appropriate provision for the child.

Guidance states that local authorities should not:

- Have processes or policies in place which prevent a child from getting the right type of provision and a good education.⁴
- Withhold or reduce the provision, or type of provision, for a child because of how much it will cost (meeting the child's needs and providing a good education must be the determining factors).
- Have policies based upon the percentage of time a child is able to attend school rather than whether the child is receiving a suitable education during that attendance.
- Have lists of health conditions which dictate whether or not they will arrange education for children or inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

'Supporting pupils with medical conditions' DfE April 2014 - duty of schools effective from September 2014

A new statutory duty comes into force for governing bodies to make arrangements to support pupils at school with medical conditions. Schools would usually provide support to children who are absent from school because of illness for a shorter period, for example when experiencing chicken pox or influenza. There will be also be a wide range of circumstances where a child has a health need for longer periods but will receive suitable education that meets their needs without the intervention of the LA – for example,

- where the school has made arrangements to deliver suitable education outside of school for the child

⁴ For further guidance on providing a good education to pupils in alternative provision, see 'Alternative Provision: a guide for local authorities, head teachers and governing bodies of schools, pupil referral units and other providers of alternative provision'.

- Where arrangements have been made for the child to be educated in a hospital by an on-site hospital school (for example admission to specialist mental health provision).

The LA is not expected to become involved in such arrangements unless it had reason to think that the education being provided to the child was not suitable or, while otherwise suitable, was not full-time or for the number of hours the child could benefit from without adversely affecting their health. This might be the case where, for example, the child can attend school but only intermittently. In Reading schools are required to notify the Children Missing Out on Education Panel of any such cases so that Local Authority can monitor and assess the suitability of provision

Key points for schools from September 2014:

- Governing bodies should ensure that a school's policy sets out the procedures to be followed when a school is notified that a pupil has a medical condition including how complaints will be made and handled concerning support provide to such pupils
- The governing body must ensure that arrangements are in place to support pupils with medical conditions working in partnership with LAs, health professionals and other support services
- Parents and pupils should have confidence in the school's ability to provide suitable education
- Head teachers have overall responsibility for the development and review of Individual Healthcare Plans with partners and parents; decisions will be made about who takes the lead in writing the plan
- Head teachers are responsible for ensuring that school staff are suitably insured to support such pupils
- Education should be full time and flexible potentially with part time attendance at school in combination with alternative provision arranged by the LA (Cranbury College) working in the best interests of the pupil
- Pupils with medical needs have the same rights of admission to school as other children
- Under Regulation 5 of the School Premises (England) Regulations 2012 (as amended) schools must have a separate medical room which must not be teaching accommodation

The guidance replaces the previous guidance, Access to Education for Children and Young People with Medical Needs (2001).

Ensuring children have a good education

Every child should have the best possible start in life through a high quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum. As far as possible, children with health needs and who are unable to attend school should receive the same range and quality of education as they would have experienced at their home school.

Children unable to attend school because of health needs should be able to access suitable and flexible education appropriate to their needs. The nature of the provision must be responsive to the demands of what may be a changing health status. The use of electronic media – such as 'virtual classrooms', learning platforms

and so on – can provide access to a broader curriculum, this will generally be used to complement face-to-face education, rather than as sole provision (though in some cases, the child's health needs may make it advisable to use only virtual education for a time).

Cranbury College seeks to maintain excellent links with all schools and has in place systems to promote co-operation between them when children cannot attend school because of ill health. Schools play an essential part in making sure that the provision offered to the child is as effective as possible and that the child can be reintegrated back into school successfully.

On admission contact is made with schools by designated teachers within the hospital and the Individual Programme Coordinator. Schools are responsible for providing work programmes and current attainment levels in the National Curriculum. Data on recent standardized tests will also be sought from schools to help College staff assess the educational needs of pupils and plan accordingly. This information is requested in all referral documents.

Staff provide a range of curricular experiences to ensure that disruption to learning as a result of any medical condition is minimized. Work with pupils is monitored regularly by the College leadership Team and as a Pupil Referral Unit is subject to OFSTED inspection. Self-evaluation and rigorous internal monitoring processes are in place.

Pupils are taught within the National Curriculum or Examination programmes of study. Pupils' progress is assessed and recorded on an individual basis, using APP and the levels of both the National Curriculum, Foundation Stage and, where appropriate, the P Scales. Arrangements are made for pupils to undertake national tests and public examinations. Children remain on the roll of their school but may depending on the individual package become dual roll with Cranbury College

Identification and intervention

Children with medical needs receive provision via Cranbury College via two pathways

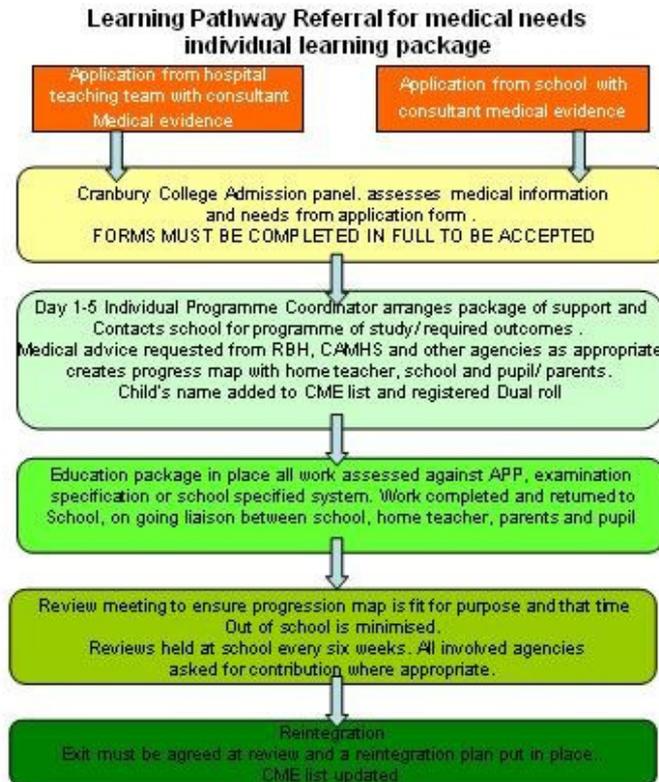
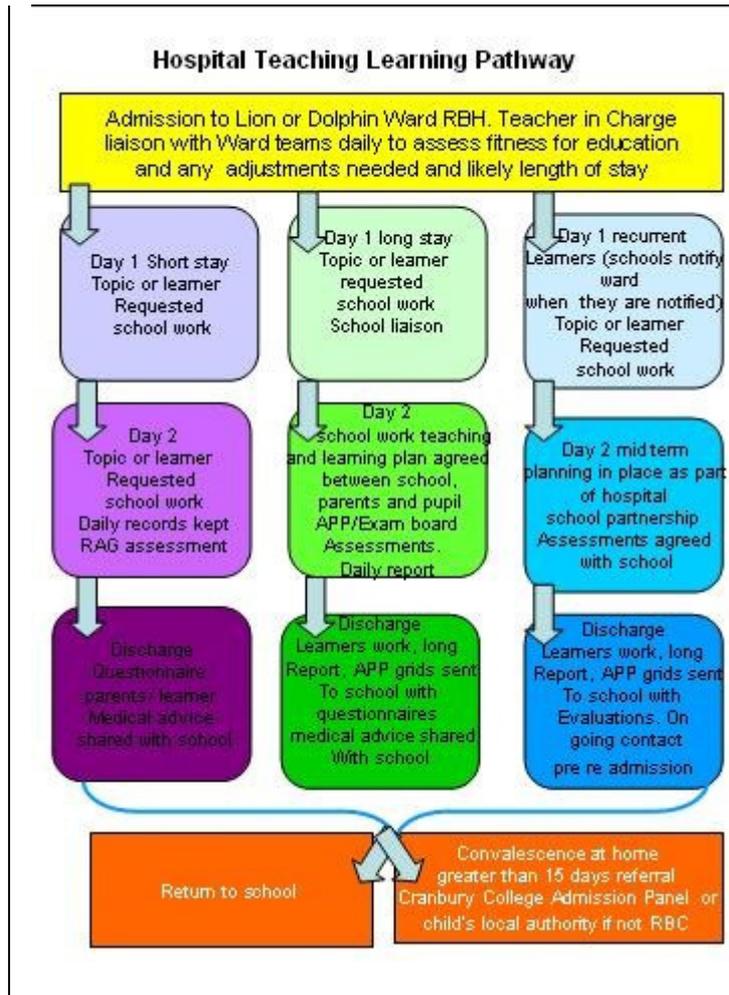
- Admission to the children's wards of the Royal Berkshire Hospital.
- Referral to Cranbury College Admissions Panel.

Referrals are made using the forms found in the appendices of this policy. Referrals must be completed in full and be supported by medical evidence from a consultant or psychiatrist. Incomplete referrals cannot be considered and will be returned to the school or Hospital Teaching department for amendment. This process is in place to ensure the provision is of high quality and in the best interests of the learner. In exceptional circumstances referrals may be made by other professionals and officers within RBC. The protocols above must still be adhered to in full. Examples of such circumstances could be

- Referral from school admissions team or PAM for a student without school roll or who is hard to place

- Referral from SEN for a child with ongoing disabilities that effect their health and education

Diagrams depicting referral



pathways:

Every effort will be made to provide alternative provision as quickly as possible after applications are accepted and that it appropriately meets the needs of the child.

Once consultant evidence is gained Cranbury College will not unnecessarily demand continuing evidence from the consultant without good reason, even where a child has long-term health problems. Evidence of the continuing additional health issues from the child's GP will usually be sufficient. In cases where we believe that a consultant's on-going opinion is absolutely necessary, we will give parents sufficient time to contact the consultant to obtain the evidence.

With planned hospital admissions, parents should give schools as much forewarning as possible so that schools can prepare work and inform the hospital teaching team of the re-admission. Where the hospital team are made aware of a re-admission they will contact school with the consent of parents. This allows Cranbury College to liaise with the child's school about the programme to be followed while the child is in hospital and to prepare progression maps.

When the Hospital teaching team are responsible for passing on to schools any medical advice given by the hospital when they discharge a child, as to how much education will be appropriate for them after discharge, when they might be ready to return to school and whether they should initially return to school on a part-time basis only. This information will be sent by e-mail or telephone call on the day of discharge.

Information sharing medical details

When liaising with schools and other agencies information sharing policy should be followed at all times.

- Hospital teaching staff and Individual Programme Co-ordinator must agree with the parent, pupil and where relevant medical staff what to share
- Focus should be placed on relevant details for learning on return to school or in the home. e.g. mobility, anticipated length of absence, adaptations to spaces or equipment etc
- Medical information will only ever be provided by medical staff; education staff must not comment verbally or in writing regarding medical issues
- Avoid speculating with school staff about medical causes of absence, psychological or physical symptoms and or diagnosis
- Any information shared by school that may be relevant to other professionals should be noted either by incident sheet or if based in the hospital by green sheet

Long-term medical conditions – provision at home or hospital

Where children have complex or long-term health issues, the pattern of illness can be unpredictable. The hospital Teaching Team should discuss the child's needs and how these may best be met with the school, the relevant clinician and the parents, and where appropriate with the child. In cases where children are not admitted to hospital but have long term medical conditions the Individual Learning Co-ordinator will assume this role. It is the responsibility of Cranbury College staff to ensure that they pass on attendance information to schools. Schools will mark their register 'D' to show dual roll attendance. All long term students must be Dual roll with Cranbury College.

Under the Education (Pupil Registration) England Regulations 2006⁸, a school can only remove a pupil who is unable to attend school because of additional health needs where:

- a) The pupil has been certified by the school medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age, and;
- b) Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.

22. A child unable to attend school because of health needs must not, therefore, be removed from the school register without parental consent and certification from the school medical officer, even if the LA has become responsible for the child's education. Continuity is important for children and knowing that they can return to their familiar surroundings and school friends can help their recovery and their educational progress.

Working together – with parents and children

Parents will always be consulted before teaching begins. Parents have an important role to play, whether their child is at home or in hospital. Parents and carers can provide useful information that can inform the teaching approach. In the case of a looked after child, the LA is responsible for safeguarding the child's welfare and education. Both the LA and primary carers (foster carers or residential social workers) would fulfil the parental role here and should be engaged.

Children will also be involved in decisions from the start, with the ways in which they are engaged reflecting their age and maturity. This will help ensure that the right provision is offered and encourage the child's commitment to it.

Public examinations

Awarding bodies will make special arrangements for children with permanent or long-term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations. School should submit applications for special arrangements to awarding bodies as early as possible. Cranbury College will provide advice and information to the school to assist it with such applications.

Provision for siblings

When treatment of a child's condition means that his or her family have to move nearer to a hospital, and there is a sibling of compulsory school age, the local authority into whose area the family has moved should seek to ensure that the sibling is offered a place, where provision is available, for example, in a local mainstream school or other appropriate setting. The school admissions team will be alerted by the Teacher in Charge of Hospital teaching where this is applicable.

Staff training

All Cranbury Staff working within the hospital wards and or in pupil homes during a period of convalescence or long term ill health will receive special training in the following areas

- Infection control
- Working with distressed and challenging parents
- Working at the bedside
- Hospital protocols,
- Safeguarding level one

- Lone working
- Health and safety level one

Standards in the areas listed may form part of performance appraisal within these departments.

Due to the nature of work within these departments agency staff will not be used to cover absence for short periods. In exceptional circumstances short term contracts may be issued to cover absence.

Staff well being

Working with children with medical conditions can sometimes be challenging. Staff may come in to contact with children who are very sick or dying, mentally ill, very badly hurt, in severe pain, and or distressed. Some conditions can cause bad smells, disfigurement and or unusual side effects. In all cases parents may be present while teaching takes place and may themselves be distressed, depressed, angry and or anxious.

It is particularly important that staff working with medical pupils manage their own behaviours in line with College policy and seek help when they are emotionally affected by their experiences. Line managers are always available to talk through issues and RBC operates a confidential Employee Assistance Programme EAP. Line managers will inform staff of medical issues that may cause distress prior to teaching commencing

Butterfly

The butterfly is used within the hospital wards as a symbol for bereavement and palliative pathways. Teaching staff should be alert to this and its significance on that day. Staff should not enter a room displaying the butterfly without invitation. Children that are dying are entitled to education. The teacher in charge will make a special plan in liaison with the nursing team, child and family if this is requested.

Working Protocols

All Cranbury College Staff must follow the policies and procedures contained in the staff handbook. The protocols below are in addition to these policies.

Behaviour Management

Few people want to work when they are in pain or feeling ill. Staff will be informed by medical staff if a child is too sick to receive education

Where children are deemed fit for work, staff should positively encourage learning. Useful strategies are as follows;

- Consult with parents and pupils to agree work schedules, tasks and targets
- Work with health professionals and parents to encourage good learning routines e.g. being ready for lessons on time
- All learning tasks should be put into context to motivate learners “we are learning this because it will help you to...”
- All tasks must be differentiated to ensure adequate challenge
- Scaffolding is offered where necessary
- Independent work is encouraged, planned, highly praised and rewarded
- Behaviour issues are shared and risk reduction plans put in place

Challenging behaviour should be reported to line managers immediately. Home teachers and ward staff should disengage immediately from tuition if behaviour

becomes challenging. All incidents must be reported using incident sheets, safeguarding report forms and in the hospital using the rainbow book and green sheets

Home teachers must follow lone worker policy and advice regarding challenging behaviour.

High risk learners on hospital wards

Some children admitted to hospital present a high risk to themselves and others. Staff will be informed via nursing staff of issues and concerns on a daily basis. Any issues must be passed on and discussed and reported to nursing teams via green sheets.

- When working with high risk learners the following protocols must be observed at all times
- Teach where you are observed by nursing/ teaching colleagues, curtains should be open. No work will be undertaken with high risk learners in side rooms without a nurse present
- only when the learner is cooperative
- Count in and out any equipment used during teaching, no objects can be left with the learners
- Teach only where the learner (and or their family) is cooperative and appropriate make an excuse and leave, report to line manager immediately to report why the session was ended.
- You may give reminders about appropriate behaviours, this must be communicated in a relaxed and open way without judgement
- School work is helpful to re-establish 'normal' routines so continue when possible
- If the learner leaves the ward notify the nurses immediately and security. Do not follow the learner

Infection control

Children that are unwell should not be exposed to further risk from education.

The following procedures should be followed by home and hospital teaching staff

- Follow medical or daily nursing advice on visiting learners with active infections and or reduced immunity
- Staff with coughs colds and runny noses can cause distress be sensitive to parents with sick children. Move away from learners to cough, sneeze and blow your noses, tissues should be used to catch coughs and sneezes then disposed of and hands washed immediately
- Allow 48 hours after last diarrhoea and vomiting symptoms before returning to work
- Ask advice from your GP or hospital infection control if you have other infections
- Follow ward guidelines on hand washing, we advise home tutors to carry alcohol hand wash solution
- Cover wounds with washable plasters
- Draw attention to any small cuts or grazes you receive while working on the ward and follow occupational health advice
- Clean all teaching equipment and resources with hospital wipes (anti bacterial wipes if home teaching) all resources that are used more than once must be wipe clean. Other resources must be disposed of after single use

- High standards of personal hygiene must be kept as work at the bed side and one to one often involves close proximity.
- Bare below the elbows policy should be followed- no sleeves below the elbow, no jewellery or watches to be worn except one plain flat ring.
- Hair must be tied back on hospital wards
- Aprons and gloves must be worn in hospital side rooms or as directed by infection control notices
- High heeled shoes are not permitted on hospital wards
- Avoid touching medical equipment such as; bed rails, infusion lines and stands, traction rings

Manual Handling

Cranbury staff must not lift, handle or move children with medical needs. Permission from parents and nursing staff must be obtained if teachers are assisting children in making hand movements. Staff working in homes must not assist with manual handling or intimate care

Food and Drink

Food and drink must not be given to children by education staff and staff must not eat and drink on hospital wards. Home tutors are permitted to accept food and drink offered in homes at their own discretion.

Not drinks must not be consumed on the wards and only carried through ward areas if covered by a lid

Mobile Phones

Personal calls may not be taken in children's homes or on the wards. Mobile phones should be kept securely

IT Safety

All staff should refer to the policies within the Cranbury College Handbook Staff must never give their personal details including, address telephone, email, Facebook, Twitter or other social networking details to learners or their families. Staff must never communicate with patients and their families via social network sites. To do so breaches council policy and safeguarding protocols

Modesty and Dignity of learners

Respect care routines and privacy both at home and in hospital. Give learners time to be ready for learning. Modest dress is essential education staff should not work with children where intimate body parts are uncovered. In the home education staff are not expected as a general rule to work with children or adults in night wear. If a child has to be in night wear for medical reasons this should protect their dignity adequately. In the hospital ask nurses to make suggestions if required

Education staff should always be sensitive to signs of early anxiety or embarrassment from learners and withdraw if the child becomes uncomfortable, overly anxious or has to have a procedure. Staff should ask "would I want someone to see me or someone I love in this situation"

Some conditions may mean that learners are incontinent, have excessive flatulence, emit bad odours or have other unpleasant symptoms. These can be highly distressing for learners. To protect dignity staff should

- Not draw attention to the issue
- Keep conversation focused to learning
- If a patient comments a simple statement such as “that’s what bodies do”, “no worries” “ do you want me to give you privacy” “ I hadn’t noticed” can help
- Avoid any suggestion that you find the issue, “shocking, disgusting, upsetting, horrible, foul” Remember to think about your face and body language as these often communicate more than our words.
- Never talk about learner conditions or difficulties with others on the ward or over the learner’s heads/ body. If other staff or parents attempt to engage you in such conversations politely state that you “wouldn’t know about that” and refocus the conversation on learning.

The gender of the teacher may sometimes be relevant and we need to be sensitive to this and organise staff to accommodate issues.

Managing discussions with parents, visitors and learners on the ward

A stay in hospital and long term illness can be a frightening time. Many parents and children will feel they are out of control, don’t have enough information and or are not being told enough. Some families will also be trying to make sense of senseless situations and will be searching for meaning in their experiences. The stress and pressure of a child’s illness should never be underestimated by staff and it is essential that our communications do not add to difficulties. People in difficult situations do not always act rationally and a careless comment from education staff could have medical consequences for a child. All staff working with medical students must observe the following protocols when working with children, their families and visitors

If families tell staff problems or worries staff should listen but offer no advice and pass on concerns to the individual’s nurse and the teacher in charge. In the home this information should be shared with the programme coordinator.

Staff must never discuss medical issues or advice if it is about physical or psychological matters. Never give an opinion about medical matters of any kind, suggest alternatives or signpost support. Your actions could effect treatment. Suggest that parents talk with medical issues and state that you cannot give opinions or advice as you are not qualified to do so. Do not be drawn in to conversations about what you think. e.g. “do you think he looks better today?” “Do you think she is out of the woods” “she is in pain isn’t she” always refer to medical staff for opinion. We can only make judgements about education matters.

All staff must keep medical information confidential this includes information about an individual’s presence on the ward or at home. School contact requires written consent from the parent. Cases must not be discussed with friends and family outside of work.

Staff must not discuss any aspect of a child’s care, condition or education with visitors to the ward. Never assume that even close family members are aware of a

child's condition or its implication. You must keep this information confidential at all times

Swear words and risqué humour are inappropriate and education staff must not engage in conversations of this nature nor should they support negative comments made about learners.

Share relevant conversations with nursing team or Individual programme coordinator using green sheets (hospital) and incident sheets (home)

If teaching the children of friends, colleagues or family staff must still observe the protocols above. Any information you are privy to as a result of your access to medical staff, education file etc must remain confidential. Talk to your line manager immediately if you feel compromised or in a conflict of interest.

Requests for teachers and teaching assistants to visit children when they are admitted to hospital

Ward policy is to allow only parents and carers to visit the ward outside visiting hours. To ensure continuity in education it may be possible for other education staff such as home teachers to visit the ward with the prior agreement of the teacher in charge, parent, pupil and nursing team. This can be arranged through the Teacher in Charge of the hospital.

Support for Medical Pupils – KS1

Pupil:	
School:	
Plan for pupil/desired outcomes:	
Maths	
SOW/ topics pupil is working towards/needs to cover:	
Text books and Specialist Resources provided:	
Links to useful websites:	
Current level: Predicted level:	
Teacher/Phase Leader Contact name:	
Email address and phone number:	
English	
SOW/topics that pupil is working towards/needs to cover:	
Text books, Reading Scheme Books and Specialist Resources provided:	
Links to useful websites:	
Current Level: Predicted Level:	

Teacher/ Phase LeaderContact name:	
Email address and phone number:	
Special Notes:	

Support for Medical Pupils – KS2

Pupil:	
School:	
Plan for pupil/desired outcomes:	
Maths	
SOW/ topics pupil is working towards/needs to cover:	
Text books and Specialist Resources provided:	
Links to useful websites:	
Current level: Predicted level:	
Teacher/Phase LeaderContact name:	
Email address and phone number:	
English	
SOW/topics that pupil is working towards/needs to cover:	
Text books, reading Scheme Books and Specialist Resources provided:	
Links to useful websites:	
Current Level: Predicted Level:	
Teacher/ Phase LeaderContact name:	

Email address and phone number:

Special Notes:

Support for Medical Pupils – KS3

Pupil:	
School:	
Plan for pupil/desired outcomes:	
Maths	
SOW that pupil is working towards/needs to cover:	
Text Books and Specialist Resources provided:	
Links to useful websites:	
Current level: Predicted level:	
Head of Department Contact name:	
Email address and phone number:	
English	
SOW that pupil is working towards/needs to cover:	
Texts currently being covered:	
Texts and Specialist Resources provided:	
Links to useful websites:	
Current Level: Predicted Level:	

Head of Department Contact name:	
Email address and phone number:	
Special Notes:	

Support for Medical Pupils – KS4

Pupil:	
School:	
Plan for pupil/desired outcomes:	
Maths	
Exams pupil is working towards:	
Exam board and specification :	
Current Grade: Predicted Grade:	
Exam dates:	
Text books and Specialist Resources provided:	
Head of Department Contact name:	
Email address and phone number:	
English Language	
Exams pupil is working towards:	
Exam board and specification:	
Current Grade: Predicted Grade:	
Exam dates:	

Coursework/controlled assessment dates:	
Completed coursework/controlled assessment, details and date:	
Text books and Specialist Resources provided:	
Head of Department Contact name:	
Email address and phone number:	
English Literature	
Exams pupil is working towards:	
Exam board and specification:	
Current Grade: Predicted Grade:	
Exam dates:	
Coursework/controlled assessment dates:	
Completed coursework/controlled assessment, details and date :	
Text books and Specialist Resources provided:	
Head of Department Contact name:	
Email address and phone number:	

Special Notes: