



# Mountjoy School

## Supporting Children & Young People with medical Conditions Policy



This is a Dorset County Council Policy

Reviewed by Pupil Welfare & Curriculum Committee

Signed:.....Name.....

Date: 19<sup>th</sup> September 2018

Date of next review: September 2019



## Supporting children and young people with medical conditions

### Local authority policy

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## 1. Summary

- 1.1 Dorset County Council is committed to supporting and improving outcomes for children and young people with medical conditions. Our aim is for these children and young people to be able to participate in all aspects of educational life and achieve their potential.
- 1.2 Whilst schools have specific duties to support children and young people with medical conditions under the Children and Families Act 2014, other educational settings must also be mindful of supporting this cohort, some of whom will also be considered to have a disability under the Equality Act 2010.
- 1.3 This policy explains what is expected of schools and other educational settings when making arrangements to support children and young people with medical conditions.
- 1.4 For the purposes of this document, 'schools' includes academies, free schools and learning centres. 'Settings' includes early years providers and FE colleges. Any reference to 'governing bodies' also includes proprietors and management committees. 'Parents' refers to all parents and carers of children and young people.



- 1.5 This policy also sets out the criteria and mechanisms through which schools and FE colleges can apply for additional, short-term funding from the Local Authority to support 'high needs' children and young people (up to their 19<sup>th</sup> birthday), who have complex medical conditions but who do not have an Education, Health and Care (EHC) Plan.
- 1.6 Early years providers are unable to apply for additional, short-term funding for children with medical conditions in line with this policy as they can already apply for [Early Years SEN Additional Needs Funding](#) through the Early Years and Childcare Service.
- 1.7 This policy does not cover arrangements for [children and young people who cannot attend school due to health needs](#); schools are encouraged to contact the Alternative Provision Service with any queries of this nature.

## **2. Definition of medical conditions**

- 2.1 Medical conditions can include both physical and mental health needs.
- 2.2 Schools and settings may need to support a wide range of conditions from asthma, diabetes or epilepsy to anxiety and depression. They may need to support children and young people with toileting difficulties, or those with a gastrostomy or tracheostomy.
- 2.3 It is impossible to list every medical condition. Some will be long term whilst others will be relatively short term.

## **3. Relevant legislation**

- 3.1 Section 100 of the Children and Families Act 2014 introduced a legal duty on the governing bodies of schools to make arrangements to support pupils with medical conditions.



- 3.2 The aim of this duty is to ensure that pupils with medical conditions can access and enjoy the same opportunities as their peers, play a full and active role in school life, remain healthy and achieve their academic potential.
- 3.3 The duty is explained in detail in the Department for Education (DfE) guidance, [Supporting pupils at school with medical conditions](#) which governing bodies must have regard to.
- 3.4 Whilst the legal duty does not apply to early years providers and FE Colleges, they are advised by Dorset County Council to follow the DfE guidance to ensure a consistent approach from 0 – 25 years.
- 3.5 Schools and settings should note that many children and young people with a medical condition are also considered to be disabled. The Equality Act 2010 defines a disability as when a person has a 'physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities'. Schools and settings have [additional duties](#) towards disabled children and young people under the Equality Act.
- 3.6 Any legislation or guidance referenced in this policy should be read in full. Reading of this policy is intended to complement, not replace, reading of these. Similarly, schools and settings should familiarise themselves with any guidance that is made available by the Local Authority around supporting children and young people with medical conditions.

## **4. Support available within schools and settings**

- 4.1 Children and young people with medical conditions should be properly supported so that they have full access to their education, including trips and physical education.
- 4.2 To achieve this, schools and settings may have to change how they do things, make reasonable adjustments, relax or alter rules, and plan in advance. Advance planning is particularly important if children and young people are to be included on trips, and schools and settings are strongly encouraged to use risk management processes early to overcome any barriers to inclusion.



- 4.3 Leaders of schools and settings should consult with health professionals, children and young people, their parents and where necessary, social care professionals, to ensure that medical needs are properly understood and effectively supported. Support should always be based upon such discussions, and particularly the advice of medical practitioners, rather than assumptions of what the child or young person might require.
- 4.4 Schools and settings should be mindful of the [Guidance for safer working practice for those working with children and young people in education settings](#). This is particularly relevant for children and young people with intimate care needs.
- 4.5 How support will be provided will vary due to the individual needs of each child or young person. Some might need support from a member of staff throughout the day, or at specific points during the day. They may need help to take their medication or to keep them well. Others might require monitoring and intervention in emergency circumstances and staff may require specialist training from medical professionals to ensure they can do this properly. It should be recognised that each child or young person is unique.
- 4.6 Schools, by law, must have a written policy explaining how they will support pupils with medical conditions and how complaints can be made by parents. A Model Policy has been provided by the Local Authority for this purpose; however, schools must take ownership of their policy and to tailor it to their individual requirements. It should reflect and detail a school's own practice in supporting pupils with medical conditions.
- 4.7 All early years providers must have a policy for administering medicines.
- 4.8 FE colleges are encouraged to produce a policy for their students with medical conditions.

## 5. Individual healthcare plans

- 5.1 All children or young people who require regular support or monitoring due to their medical condition, or those who require intervention in an emergency situation because of an existing medical condition should be provided with an individual healthcare plan (IHP) by the school or setting.



5.2 IHPs provide clarity about:

- the child/young person's medical condition
- what needs to be done to help them in the school or setting
- when this needs to happen
- who should provide the support needed.

5.3 IHPs help ensure that children and young people are as well as possible and that they are in a fit state to learn and take part in school or setting life.

5.4 A school's policy must state who is responsible for developing and monitoring IHPs in their school. Early years providers and FE colleges should aim to provide the same information in their policies. Schools and settings should write their IHPs in liaison with:

- a relevant healthcare practitioner
- parents
- the child or young person (wherever possible).

5.5 IHPs should be reviewed on at least an annual basis and sooner if the condition, or support required, changes in any way. IHPs can be appended to, or incorporated into an Education, Health and Care (EHC) Plan.

5.6 The DfE have provided a [template IHP](#) for schools and settings to use if they wish.

## 6. The impact of medical conditions

6.1 Schools and settings should recognise that absences due to medical conditions can affect educational attainment. Returning to the school or setting after a period away should be properly supported so that children and young people can fully engage with their learning without falling behind.



- 6.2 Schools and settings could consider providing handouts for any lessons likely to be missed, recording lessons or offering catch up sessions and lowering homework expectations where suitable. It is recommended that schools and settings are creative in how they manage support for sustained or frequent absences due to medical conditions and they may wish to investigate the use of ICT to do this.
- 6.3 Additionally, children and young people may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression. Long term absences can also impact upon a child or young person's ability to integrate with their peers. Schools and settings should therefore ensure that social and emotional wellbeing is supported in addition to academic achievement.

## 7. Unacceptable practice

- 7.1 In line with [Supporting pupils at school with medical conditions](#), schools and settings should not:
- prevent children and young people from easily accessing and administering their medication when and where necessary
  - assume that every child or young person with the same condition requires the same treatment
  - ignore the views of the child or young person, their parents or medical evidence/opinion
  - send children and young people with medical conditions home frequently or prevent them from staying for normal activities, including lunch, unless this is specified in their IHP
  - if the child or young person becomes ill, send them to the office or medical room unaccompanied or with someone unsuitable
  - penalise children and young people for their attendance record if their absences are related to their medical condition
  - prevent children and young people from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
  - require parents, or otherwise make them feel obliged, to attend the school or setting to administer medication or provide medical support to their child, including with toileting issues





- prevent children or young people from participating, or create unnecessary barriers to them participating in any aspect of school or setting life, including trips, e.g. by requiring parents to accompany them.

7.2 Children and young people who are unable to access full-time provision due to ill health must not be subject to Fair Access or Managed Move protocols.

## **8. Eligibility criteria for additional, short-term funding (schools and colleges)**

- 8.1 Most medical conditions can be effectively managed by schools and FE colleges from within their existing funding mechanisms. However, the Local Authority recognises that in a small number of exceptional cases, schools and occasionally FE colleges may require financial support to enable them to meet the needs of children and young people with significant and complex medical conditions where support is not already provided through an EHC Plan.
- 8.2 Additional funding may be provided to schools and FE colleges by the Local Authority in such circumstances, using High Needs Block funding (part of the Designated Schools Grant) which it holds on behalf of schools and colleges.
- 8.3 High Needs Block funding will only be provided where a child or young person (up to their 19<sup>th</sup> birthday) meets the 'high needs' criteria; that is where the cost of their provision exceeds the nationally prescribed threshold (currently set at £6,000 per annum). Schools and colleges are expected to fund up to £6,000 per annum themselves from within their existing funding mechanisms.
- 8.4 Significant and complex medical needs are typically those where a child or young person requires a high level of support, considerable adjustments or differentiated provision because of their medical condition and where these cost in excess of the nationally prescribed threshold. Such needs might occur due to the age of a child, a sudden onset illness, or where substantial medical needs are identified following an accident or injury.
- 8.5 In terms of the additional funding that can be accessed in line with this policy, medical diagnoses such as Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) are not considered to be significant and



complex medical needs. The [Special educational needs and disability code of practice: 0 – 25 years](#) and the Equality Act 2010 state that schools and colleges are expected to arrange special educational provision or provide reasonable adjustments for such children and young people as necessary.

- 8.6 The additional, short-term funding accessed in line with this policy is intended to help schools and colleges support children and young people (up to their 19<sup>th</sup> birthday) with significant and complex medical conditions who do **not** have an Education, Health and Care (EHC) Plan.
- 8.7 Where children and young people with significant and complex medical needs have an EHC Plan, it is expected that support for such needs will be incorporated into the identified special educational provision and funding will be provided in line with SEN mechanisms.
- 8.9 If a child or young person with an EHC Plan develops a significant and complex medical condition that requires additional support, the school should discuss this matter with their SEN Planning Coordinator with a view to bringing the Annual Review forward.

## **9. Links to EHC needs assessments**

- 9.1 Additional funding provided by the Local Authority for significant and complex medical needs is expected to be provided on a short-term basis only, usually two to three terms although each case will be considered on an individual basis.
- 9.2 Additional, short-term funding helps to ensure that the immediate needs of the child or young person are met, whilst providing the opportunity to 'skill up' the school or college workforce and embed meeting such needs into the culture and ethos of the setting. In the case of a sudden onset illness or injury, this also allows the school or college time to determine whether to apply for an Education, Health and Care (EHC) needs assessment when longer-term needs are better understood.
- 9.3 It is recognised that the long-term impact of medical conditions, particularly those which are sudden onset, can be unclear and schools and colleges may not have an opportunity to implement the graduated response as advocated by the [Special educational needs and disability code of practice: 0 – 25 years](#). As such,



additional, short-term funding for significant and complex medical conditions is designed to reflect the need for early intervention whilst allowing for a child or young person's needs to be assessed and for support to be planned, implemented and reviewed.

- 9.4 Additional, short-term funding accessed in line with this policy is not expected to replace the Education, Health and Care (EHC) needs assessment process in any circumstance. An application for additional, short-term funding must not be made alongside a request for an EHC needs assessment. Schools and colleges should continue to request an EHC needs assessment where they believe a child or young person's special educational needs to be severe, complex and long term and where they have implemented the graduated response.

## 10. Application process (schools)

- 10.1 In order to apply for additional, short-term funding to support pupils with significant and complex medical needs who meet the high needs criteria, schools must evidence that they have met their legal duties in line with [Supporting pupils at school with medical conditions](#).
- 10.2 Schools must complete the **Request for additional, short-term funding (medical conditions)** form (available from the [Physical & Medical Needs Service](#)). The information provided should evidence how schools are using existing funding to support the pupil, how they will use any additional funding and what outcomes they hope to achieve.
- 10.3 Schools **must** also supply a copy of the pupil's Individual Healthcare Plan (IHP), implemented by the school with input from the family and relevant health practitioners, with the application.
- 10.4 Applications for additional, short-term funding should be submitted to the [Physical & Medical Needs Service](#). Cases will then be considered by relevant advisors within the Local Authority, before being scrutinised by the Senior Manager for SEND Services 0 – 25. Where required, further medical opinion will be sought by the Local Authority.



- 10.5 Any additional, short-term funding that is agreed will be in line with the [Dorset SEN Banding Thresholds](#). Schools are encouraged to consider these before making a request for additional, short-term funding.
- 10.6 Decisions regarding additional, short-term funding will be made within 4 weeks of the receipt of the completed application. If additional short-term funding is agreed, this will start from the date a decision is made.

## 11. Application process (FE colleges)

- 11.1 In line with [High needs funding: operational guidance](#), FE colleges are unable to apply for additional, short-term funding for students aged 19 years and over. High needs block funding cannot be used for this cohort. Support funding for young people aged 19 years and over is available through the Education & Skills Funding Agency (ESFA) funding methodology.
- 11.2 FE colleges can apply for additional, short-term funding for students up to their 19<sup>th</sup> birthday and will be expected to provide the same evidence as schools by completing the **Request for additional, short-term funding (medical conditions)** form (available from the [Physical & Medical Needs Service](#)). Colleges will need to evidence that students for whom they are applying meet the 'high needs' criteria.
- 11.3 The information provided in the application should evidence how the college is using existing funding to support the student, how they will use any additional funding and what outcomes they hope to achieve.
- 11.4 FE colleges must supply a copy of the student's Individual Healthcare Plan (IHP), implemented by the college with input from the student, their family and relevant health practitioners, with the application.
- 11.5 Applications for short-term, additional funding should be submitted to the [Physical & Medical Needs Service](#). Cases will be considered by relevant advisors within the Local Authority, before being scrutinised by the Senior Manager for SEND Services 0 – 25. Where required, further medical opinion will be sought by the Local Authority.



- 11.6 Any additional funding agreed will be in line with the Dorset FE Funding Matrix. Element 2 funding (£6,000) will **not** be provided for students who meet the criteria set out in this policy, even where a college has filled all their commissioned high needs places because of the short-term nature of this funding.
- 11.7 Decisions regarding additional, short-term funding will be made within 4 weeks of the receipt of the completed application. If additional, short-term funding is agreed, this will start from the date a decision is made.

## 12. Local authority contacts

- 12.1 Schools and settings should always seek appropriate advice and training from relevant healthcare practitioners to ensure that they are meeting the individual needs of their children and young people with medical conditions.
- 12.2 For queries about how schools and settings should meet their statutory duties in supporting pupils with medical conditions or whether to apply for additional, short-term funding in line with this policy, please contact:

Kelly Lambert  
Senior Advisor - Physical & Medical Needs  
South Annexe, County Hall  
Colliton Park  
Dorchester, Dorset  
DT1 1XJ

01305 224063  
[k.lambert@dorsetcc.gov.uk](mailto:k.lambert@dorsetcc.gov.uk)

- 12.3 Schools who have queries about supporting pupils who are unable to attend school due to health needs should contact:

Sylvie Lord  
Advisor for Alternative Provision, Exclusions and Elective Home Education  
Monkton Park  
Winterborne Monkton



Dorchester  
DT2 9PS

01305 224530  
[s.lord@dorsetcc.gov.uk](mailto:s.lord@dorsetcc.gov.uk)

- 12.4 Any queries regarding support in the early years should be directed to the:

Early Years and Childcare Service  
County Hall  
Dorchester  
DT1 1XJ

01305 228425  
[earlyyearsadvice@dorsetcc.gov.uk](mailto:earlyyearsadvice@dorsetcc.gov.uk)

## 13. Complaints

- 13.1 Parents and carers should contact the school or setting in the first instance if they have concerns that their child's medical condition is not being appropriately supported.
- 13.2 If schools or settings, or parents are unhappy with the service that they have received from the Local Authority in relation to this policy, having an open discussion at an early stage can usually resolve difficulties quickly. Dorset County Council welcomes feedback.
- 13.3 However, it is recognised that in some cases, things might not go to plan or parents or young people might have concerns that a service is inadequate or doesn't meet expectations. If this is the case, parents and young people can seek advice and get support about how they might approach the Local Authority from the Dorset Parent Carer Council, SEN and Disability Information, Advice and Support Service (SENDIASS) or a professional working with the family. In most cases, this approach is successful and things improve.



- 13.4 If however, parents or young people feel that their concerns still need to be resolved and want to take matters further, they can make a complaint and should contact the Local Authority to do so.

#### **14. Review**

- 14.1 This policy will be reviewed after 1 year of operation and every 3 years thereafter.

September 2018