



GLENBROOK SPENCER ACADEMY

Children with health needs who
cannot attend school policy

2021-2022

Glenbrook Spencer Academy

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1. Aims

The policy aims to ensure that:

- Suitable education is arranged for pupils on roll who cannot attend school due to health needs
- Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

2. Legislation and guidance

The policy reflects the requirements of the Education Act 1996.

It also based on guidance provided by our local authority. <https://hhe.nottingham.sch.uk/>

3. The responsibilities of the school

3.1 If the school makes arrangements

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

Jennifer Gibb (SENDCo) is responsible for making arrangements for delivering a high education package for the child. Arrangements that could be made include: sending work home, sending videos of lessons, providing equipment required for the children to continue learning at home and co-ordinate with outside agencies, such as hospital schools, to ensure education can continue where possible.

All arrangements will be created with parents and children and will be reviewed weekly. When the child is healthy and it is medically safe for them to return to school, a transition plan will be created with parents and the child to re-integrate the child back into school.

3.2 If the local authority makes arrangements

If the school can't make suitable arrangements, Nottingham City Council will become responsible for arranging suitable education for these children, School will complete a referral form (appendix 1) to the Hospital and Home Education Learning Centre. This will be arranged if the child would need to be absent from school for more than 15 school days (3 weeks) and sent with an accompanying letter from the child's Consultant or Community Paediatrician.

In cases where the local authority makes arrangements the school will:

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

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

- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made.

4. Monitoring arrangements

This policy will be reviewed annually by Jennifer Gibb (SENDCo). At every review, it will be approved by the full governing board.

5. Links to other policies

The policy links to the following policies:

Glenbrook Spencer Academy

Children with medical needs who cannot attend school

- Accessibility plan
- First aid policy
- Administration of medication and Medical conditions policy
- SEND information report.

Policy prepared by:	Jennifer Gibb
Date prepared	July 2021
Date ratified by the full Governing Body:	
Signed: Neil Healey	Chair of Full Governing Body
Signed: Miss V Cairns	Head of School
<u>Review date: July 2022</u>	

Appendix 1: HHE referral form

Referral Date	28.1.2021
Name of person making referral	Victoria Cairns (Head of Glenbrook)
School/Agency	Glenbrook Primary School
Email	v.cairns@glenbrook.nottingham.sch.uk
Tel No	0115 915 5717

Parent/Carer Consent	<p>It is essential that the pupil and parents/carers/guardian are fully aware that this referral is being made and that personal and sensitive information is being shared with the HHELC. Please confirm that you have discussed this referral with the pupil's parent/carer and that they are in agreement with the referral being made. If the pupil is not currently registered with HHELC we may require you to obtain further information from relevant professionals if required.</p>	<p>Has Parent/Carer consent been obtained? (Please delete as appropriate)</p> <p>Yes</p>
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<p>Pupil Voice – What are the views of the pupil?</p> <ul style="list-style-type: none"> Please discuss the referral with the pupil and provide a summary of their views on a potential placement at HHELC. These views will be discussed at the referral meeting if a place is offered.

→ Pupil Details

Pupil Name		UPN	
Date of Birth		ULN	
Academic Year Group		Local Authority in which the pupil resides	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	First Language	
Identified Gender (if different from above)		Home Language	

Ethnic Origin - Please tick as appropriate			
AOTH – Any Other Asian Background	<input type="checkbox"/>	ABAN - Bangladeshi	<input type="checkbox"/>
APKN - Pakistan	<input type="checkbox"/>	WOTH – Any other White Background	<input type="checkbox"/>
BCRB – Black Caribbean	<input type="checkbox"/>	WBRI – British	<input type="checkbox"/>
Both – Any other Black Background	<input type="checkbox"/>	WIRT – Traveller – Irish Heritage	<input type="checkbox"/>
CHNE - Chinese	<input type="checkbox"/>	WROM – Gypsy/Roma	<input type="checkbox"/>
MWAS - White/Asian	<input type="checkbox"/>	AIND – Indian	<input type="checkbox"/>
MOTH – Any Other Mixed Background	<input type="checkbox"/>	MWA – White/Black African	<input type="checkbox"/>
MWBC – White/Black Caribbean	<input type="checkbox"/>	BAFR – Black African	<input type="checkbox"/>
NOTB – Info not obtained	<input type="checkbox"/>	WHRI – Irish	<input type="checkbox"/>
OOTH – Any other Ethnic Group	<input type="checkbox"/>	REFU - Refused	<input type="checkbox"/>

Please ensure that all personal and sensitive information is kept secure.

Parent/Carer Details

Primary Responsibility	Other with parental Responsibility
Name of Parent/Carer 1	Name of Parent/Carer 2
Relationship to Pupil	Relationship to Pupil
Address	Address
Tel No	Tel No
Mobile No	Mobile No
Email Address	Email Address
Contact Prohibited?	Contact Prohibited?
Agency (If applicable)	Agency (If applicable)

Monitored Groups

Child Protection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	SEN Support	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child in Need?	Yes <input type="checkbox"/> No <input type="checkbox"/>	EHCP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Looked After Child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pupil Premium?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previously LAC?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Early Help Assessment completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Most Able?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Request for Support made?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please ensure that all personal and sensitive information is sent securely.

HHE Referral Form

Young Carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other?	
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School Details

School		Tel. No	
Key Contact Person and position		Email	
SENCO		Email	
Exams Officer		Email	
Careers Contact		Email	
Date last in school		Attendance %	

Curriculum Information

Subjects you wish to be covered	Level (eg. KS3 GCSE)	Exam Board

Please ensure that all personal and sensitive information is sent securely.

HHE Referral Form

Does the student qualify for Access Arrangements?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state:

Professionals/Agencies involved with the pupil

Other Agencies Involved	Ed Psych	Mental Health Services	Autism Team	CAT Team	Family Support	Social Services
Name						
Agency						
Contact Numbers						
Email Address						

Please ensure that all personal and sensitive information is sent securely.

HHE Referral Form



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Please provide details of any other agencies not mentioned above: E.g. School Nurse

Referral Information

Why are you referring this pupil to HHELC?

Please include:

- Specific detail relating to why the pupil is unable to attend their school, even after all adjustments and inclusion strategies have been implemented.
- Detail of support strategies that school has implemented to engage the pupil and support inclusion.
- Detail of any support provided by external agencies e.g. Mental Health professionals, Educational Psychologist, CAT Team, Family Support, Health Professionals, Social Services, etc, targeted at supporting engagement with school and supporting inclusion.
- If the pupil does not have an EHCP please state whether this process has been started.
- Reasons for any exclusions (temporary and/or permanent)
- Ideal outcome – what do you hope to gain from this referral?

Please ensure that you send the following supporting information to us in addition to the completed referral form. Please use the tick list to double check that you have included the information as requested. If you do not supply the information requested this may delay the referral being taken to our referral panel.

Supporting Evidence Required	Evidence Supplied?
<ul style="list-style-type: none"> EHCP (If applicable) 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Evidence of formal medical diagnosis (copies of appointment letters if the pupil is awaiting an appointment/assessment) 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Copies/summary of any school support plans 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Reports and summary of ongoing involvement from health services. 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Evidence of involvement from other professionals e.g. Educational Psychologist, Communication and Autism team (if applicable), family support, school nursing service. 	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please ensure that all personal and sensitive information is sent securely.

HHE Referral Form



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<ul style="list-style-type: none"> Attendance reports for the current and previous academic year. 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Most recent school report 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Behaviour Logs (Including details of any exclusions) 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Early Help Referral/Family Plan (if applicable) 	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> Any other information you feel is relevant to the referral Please list here: 	Yes <input type="checkbox"/> No <input type="checkbox"/>

SEN Needs	Please Tick	SEN Needs	Please Tick
ASC: Autistic Spectrum Condition	<input type="checkbox"/>	PMLD: Profound and Multiple Learning Difficulties	<input type="checkbox"/>
HI: Hearing Impairment	<input type="checkbox"/>	SEMH: Social, Emotional & Mental Health	<input type="checkbox"/>
MLD: Moderate Learning Difficulties	<input type="checkbox"/>	SLCN: Speech, Language & Communications Needs	<input type="checkbox"/>
MSI: Multi-Sensory Impairment	<input type="checkbox"/>	SLD: Severe Learning Difficulties	<input type="checkbox"/>

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HHE Referral Form

NSA: SEN support but no specialist assessment of need type	<input type="checkbox"/>	SPLD: Specific Learning Difficulties	<input type="checkbox"/>
OTH: Other Difficulty/Disability	<input type="checkbox"/>	VI: Visual Impairment	<input type="checkbox"/>
PD: Physical Disability	<input type="checkbox"/>		

Other specific identified needs:	Please Tick	Medical Needs	Please Tick
ADHD: Attention Deficit & Hyperactivity Disorder	<input type="checkbox"/>	ONCOLOGY	<input type="checkbox"/>
ANX DEP: Anxiety & Depression	<input type="checkbox"/>	ORTHOP: Orthopaedics	<input type="checkbox"/>
OCD: Obsessive Compulsive Disorder	<input type="checkbox"/>	RESP: Respiratory	<input type="checkbox"/>
EATING DISORDER: Eating Disorder	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
POST TRAUM SD: Post Traumatic Stress Disorder	<input type="checkbox"/>	CARDIAC	<input type="checkbox"/>
PSYCHOSIS: Psychosis	<input type="checkbox"/>	DEGENERENESS: Degenerative Illness	<input type="checkbox"/>
SCHOOL REFUSAL: School Refusal	<input type="checkbox"/>	DERMATOLOGY	<input type="checkbox"/>
SELF HARM: Self Harm	<input type="checkbox"/>	GASTRENTEROLOGY	<input type="checkbox"/>
TOURETTES: Tourette's Syndrome	<input type="checkbox"/>	HAEMOTOLOGY	<input type="checkbox"/>
PSYCHIATRIC: Psychiatric Other	<input type="checkbox"/>	HEPATOLOGY	<input type="checkbox"/>

ODD – Oppositional Defiance Disorder	<input type="checkbox"/>	NEPHROLOGY	<input type="checkbox"/>
PDA – Pathological Demand Avoidance	<input type="checkbox"/>	NEUROLOGY	<input type="checkbox"/>
CFS – Chronic Fatigue Syndrome	<input type="checkbox"/>	OTHER – Please state:	<input type="checkbox"/>
OTHER – Please state:	<input type="checkbox"/>	M - ALLERGIES, Please state -	<input type="checkbox"/>

There is a cost to schools for HHELC provision. Please provide contact details for your finance department

Name		Email Address	
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This referral form is tied to the Nottingham City Council contract and traded services agreement for education services. By completing the referral form you are agreeing to the terms and conditions of the external contract (for academies) and the traded services agreement (for maintained schools)

The Hospital and Home Education Learning Centre (HHELC) will have responsibility for the safeguarding of this pupil during timetabled teaching sessions. Safeguarding of this pupil outside of these sessions remains the responsibility of their mainstream school.

HHELC will inform the pupil's mainstream school of any safeguarding concerns which arise during teaching sessions, or those that come to our attention. All safeguarding concerns will also be dealt with in accordance with HHELC's Safeguarding Policy.

Person Making the referral: I understand that costs relating to support from HHELC will be recouped from School/Academy respectively at the end of each school term.

Signed		Print Name	
Date		Position - Must be Head Teacher/Principal/Member of Senior Leadership Team (please delete)	

Please email the completed referral form and supporting documents to referrals@hhe.nottingham.sch.uk. Please ensure that all personal and sensitive information is sent securely. For administrative purposes, please ensure that the referral form is returned in WORD format.