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Schools Support Pack for Pupils with Medical Needs

Good practice for supporting pupils with medical needs in schools.

Why resources for best practice in supporting children with medical conditions in schools?

Every school wants every child to be successful. Including children with medical needs, and enabling them to meet their potential can be a challenge alongside the other demands of ever changing requirements and expectations of schools.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical condition.

Research shows that children like to remain connected to their peers and their school and that belonging to a community is an important part of their recovery process.

This resource pack is designed to support you, as a school, in providing the best possible package of educational support during a child's absence from school



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during a period of illness, to ensure continuity of education, that the child is not socially excluded, that they can remain connected to their peers and the wider school community and can participate in as many aspects of school life as possible. This will not only support the well being of the child during their period of absence/ill health, but will ease their transition back to school once they are well enough to begin to reintegrate/return to the school environment.

Please note, there is no set plan, amount of time required or limit on the time required for recovery – your plan should be personalised, individual and flexible so that it can be responsive to changes in the condition. Teaching does not have to be delivered by a teacher, but a teacher needs to complete the planning as normal.

Where do you start? Key things to consider (in no particular order)

1. a) Talk to the family

Make time to invite the family into school to talk to you so they can explain their challenges, to get an explanation of the illness and the impact and how the family are dealing with it.

Consider a visit to home if the family are not able to come to school.

Make arrangements for regular communications between school and the family e.g. newsletters, emails etc.



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1. b) Liaise with specialist nurses or other medical professionals

With parent's permission, liaise with the health professionals involved in the child's care to discuss implications of the illness on school attendance and how best to support them during their period of illness.

You may want to get written medical advice from the medical professional.

1. c) Write an individual healthcare plan

In consultation with parents and health professionals (could be school nurse), devise an individual healthcare plan to support continuity of education during the period of illness. This will take you through arrangements for different parts of the school day, including administration of medication (if required), social and emotional needs, as well as academic aspects.

The timeframe for reviewing the plan depends on the illness and plans should not be left for any longer than 6 weeks before reviewing, so that as the child's condition improves, they can be encouraged to engage in more education, eventually returning to school.

Ensure that arrangements for transport form part of the discussion and plan.

All plans need to be flexible and responsive to change as the illness takes its course.



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1. d) Use of reduced timetables

If, as part of the individual healthcare plan, it was agreed to use a part time timetable, you must follow the MCC guidance.

You need to keep a record of attendance at the sessions agreed in your normal register. You also need to keep a 'progressive timetable' which shows how you have made arrangements to increase the number of hours being accessed.

1. e) Safeguarding

As a school, you will still be responsible for the safeguarding of your pupil. Ensure you have in place arrangements for checking that they are safe e.g. regular home visits, phone calls etc.

Always seek verification from a medical professional that the information provided by the parent is correct, and hold a copy of the medical letter on school file.

If the child is not attending, although medical evidence indicates they should be well enough, and parent/carer says that they are too unwell, you should assess the risk and make a home visit if necessary to ensure that the child is safe.



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1. f) SEN register or provision map if appropriate

When a child has an individual healthcare plan, you will need to add them to your SEN register or provision map and ensure that they have an individual learning plan or equivalent in line with the requirements. This could be reviewed at the same time as the individual healthcare plan.

1. g) If the child is not well enough to attend school

If a child is not able to attend school for a period of time, but is well enough to be able to access teaching in the home, then you should make appropriate arrangements for this to take place. This will be guided by the age of the child, the home environment, the impact of the illness and the child's ability to access learning as a consequence of the illness. A timetable should be put in place for the child to indicate times when they will be in school, times when they will receive teaching at home, and time when they will be required to undertake independent study on their own. This should be reviewed regularly similarly to the IHCP, as the health of the child improves, and should include clear plans as to how the number of hours being offered will increase.

For certain illnesses e.g. cancer, the number of hours offered may fluctuate depending on the treatment programme and impact of e.g. chemotherapy.

1. h) How to arrange a home teaching programme

When a child requires home teaching as part of their plan, any teaching **MUST** be planned by a teacher. However, it is not always necessary for a teacher to



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deliver this. We recognise that support staff often have more flexibility and are appropriate to deliver the learning and activities to ensure the continuity of education.

If you decide to set up home teaching, we would strongly recommend that a written school & parent contract/agreement be put in place

1. i) Consider risk assessments

If a child requires teaching at home, you will need to conduct a risk assessment of travelling to and from the child's home and working in the home environment. This should be linked to your lone working policy.

When the child is well enough to attend some sessions in school, you will need to complete an appropriate risk assessment to ensure their safety. This may be done in consultation with parents and specialist health professionals and will sit alongside the IHCP. This may need to be linked to your 'Administration of Medication Policy'. At this point, the IHCP will need to clearly show the procedures to be followed in an emergency and all staff should be made aware.

1. j) Consider additional health and safety implications

You should refer to specific advice available on the issue from your health and safety provider guidance.

- Medical emergency arrangements



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- Medication procedures including storage and security of medicine
- Medical waste disposal including “sharps”
- Infection control
- First aid arrangements (modified according to medical condition)
- Toileting guidance
- Health-alert dogs
- Work experience arrangement
- Off-site visits (day trips and residential visits)
- Transport – home to school and off-site visits (e.g. is it suitable for the child’s needs, arrangements for emergencies en-route, etc.)
- Personal Emergency Evacuation Plan’s (PEEP’s) – linked to Fire Risk Assessment for the site
- Curriculum activities that may require adaptation, especially higher risk ones (e.g. swimming/PE, practical science, practical design technology, food technology, etc.)
- Access onto and around the site if mobility issues affect the child
- Special equipment / facilities required (e.g. mobility aids, disabled toilet, lifts/hoists, changing room, Evac chairs, etc.)
- Home visits by school staff
- Training requirements of school staff (e.g. first aid, administration of medication, manual handling of people, Team Teach techniques, etc.)

1. k) Staff teaching children at home – what to consider



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As no-one can predict when you might need a member of staff to support a child's education in the home, we would recommend that you include the possibility of home teaching in any interview questions and job descriptions and specifications. This will ensure that you have a bank of staff available who can be responsive if required.

Staff may be required to travel to the child's house to undertake the teaching. Please consider if the staff have their own transport available or if it is necessary to deploy staff flexibly to make this possible. Please note in line with the lone working policy, the staff member will need to have business insurance on their car.

1. I) Consider the impact of the child's illness on the wider family

Where there is a significant illness of any kind for a child in a family there is sure to be an impact on the whole family. This can be on the adults who are responsible for maintaining a stable home and family environment with a degree of consistency but also in the siblings.

If there are a number of hospital visits this can impact on the family's financial situation in terms of simply car parking and travel costs to regional hospitals and the impact of having to eat out.

It can, in some cases, mean that a parent has to give up work to become a carer at home.

The impact on siblings can be significant if the family are in financial difficulty and the purchase of new uniform and the cost of visits and trips can be an issue.



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Sudden hospital admissions in an emergency can seriously disrupt family life. Sometimes the simple provision of an adequate packed lunch and clean uniform and PE kit can be difficult if the family routines are severely disrupted by the ups and downs of a child's illness and unexpected visits to hospital. A contributory factor can also be the trauma on siblings when they are close to the ill child and sometimes it can be the amount of time parents have to give to the ill child and the reduction on time available to support siblings e.g. with homework etc.

We would ask that when talking with family in the early stages of planning for the child in your school you consider how you can help to support other siblings in your school and ask if the family are sharing the information with the school of siblings so they are aware of the possible implications of this and can make appropriate allowance for changes in behaviour etc. They may prefer you to share this information on their behalf.

Please try to show extra care and consideration when equipment is not available on time and money is tight.

1. m) Reintegration to school

As the child begins to recover from their illness the gradual reintegration process will need to be planned carefully and sensitively. This will involve gradually increasing their time in school from a part time to a full time timetable. While the initial illness has kept them out of school, the fact that



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they have not been able to attend for a while may well have initiated some anxiety around seeing their friends again and rejoining their class.

For a child who has been ill and off school for some considerable time they may look different or may even have changed their features due to treatment or medication; this may need to be shared with the class initially. Where treatment or a change of lifestyle in school is needed then this may need to be explained to the class and other close groups within the school so that they understand why things have changed. This could be done by a school nurse etc.

There is no particular way in which reintegration needs to be paced or planned but there will need to be medical advice to indicate the amount of time that should be spent in school and what additional considerations are needed e.g. rest breaks and remaining in a room with friends at break times.

Clear timetables that show an increase in time spent in school should be kept and the child should be consulted on how the gradual reintegration should be planned to help them feel comfortable with the process.

While some children will want someone with them and need close support and guidance, others will want this to be at a distance so as not draw attention to themselves and others will not require any additional support.

Contact with hospital schools at general hospitals and Child and Adolescent Mental Health In-Patient Units.



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Whilst your pupil is an in-patient for a considerable period of time, or has recurring admissions at any of the hospital settings within Manchester, they may be taught by teaching staff from MHS, depending on their health and length of stay.

MHS staff may contact you to request curriculum and assessment information. They may also liaise with you regarding reintegration to school following planned discharge and any safeguarding concerns that have arisen during the hospital stay.

If your pupil has been sent to a medical provision out of the city, the education staff from the setting will liaise directly with you regarding curriculum coverage and plans for reintegration. This includes private hospital settings.

Please take the time to read the other relevant documents which can be found below.

[Department for Education guidance documents](#)

- [Creating opportunity for all – Our vision for alternative provision \(March 2018\)](#)
- [Supporting pupils at school with medical conditions \(Dec 2015\)](#)
- [SEND Code of Practice: 0 – 25 years \(Jan 2015\)](#)
- [Ensuring a good education for children who cannot attend school because of health needs \(Jan 2013\)](#)
- [Alternative Provision – statutory guidance for Local Authorities \(Jan 2013\)](#)
- [Mental health and behaviour in schools \(Nov 2018\)](#)