# Children with Health Needs who cannot attend school 2023





Date of policy publication: Sept 2023

Author/s of policy: Chellaston Infant & Junior Schools

Date of next review: September 2024

Policy review dates and changes

Review date	By whom	Summary of changes made	Date implemented	Approved by FGB
September 2023	LTR	Combined policy for CIS and CJS	24.9.2023	

# **Contents**

1. Aims	3
2. Legislation and guidance	3
3. The responsibilities of the school	3
4. The responsibilities of the Local Authority	3
5. Monitoring arrangements	10
6. Links to other policies	10
Appendix 1 - policy on charges to schools & academies from April 2022	11
Appendix 2 - Kingsmead Agreement	13
Appendix 3 - Referral Process Flow Chart	15
Appendix 4 - Target Plan	16
Appendix 5 - Referral Form	18

#### 1. Aims

This 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

This policy reflects the requirements of the Education Act 1996.

It also based on guidance provided by our local authority.

This policy complies with our funding agreement and articles of association.

## 3. The responsibilities of the school

Schools, including Academies, Free Schools and University Technical Colleges (UTC's) should:

- Have a clear policy for the child/young person with additional health needs or include this area as part of their medical or SEN policy, which sets out how they provide support.
- Identify a senior member of staff within school who will oversee all Hospital/Medical referrals, including being able to agree on funding, programme and potential outcomes.
- Work with all professionals, parents and the young person to review the personal education programme as agreed.
- Be encouraged to maintain their links with parents/carers who also have a vital role to play by keeping in touch through school newsletters, emails, invites to school events etc.

It is important that a school offers the statutory education entitlement (where possible) for the child/young person albeit through alternative sources. If a school opts to make provision through a provider which is not commissioned by the LA or part of the AP Framework held by Kingsmead School (J16), then they will remain fully responsible for the quality assurance, outcomes and all other aspects of the provision (including funding) and this will form part of the agreement so that all parties are clear of their roles and responsibilities. DCC

# 4. The responsibilities of the Local Authority



# ENSURING A GOOD EDUCATION FOR CHILDREN WHO CANNOT ATTEND SCHOOL BECAUSE OF HEALTH NEEDS

All Local Authorities have a duty set out in Section 19 of the Education Act 1996 and the Department for Education (DfE) Statutory Guidance January 2013 'Ensuring a good education for children who cannot attend school because of health needs' which states:

'Each local education authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness..... may not for any period receive suitable education unless such arrangements are made for them;

Other related documents are The Equality Act (2010), the Academies Act (2010), DfE's Supporting Pupils in School with Medical Condition - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England - Dec 2015, 'Alternative Provision:

Statutory Guidance for local authorities (2013) School and Early Years Finance Regulations (2012).

'The Governments policy intention is that all children, regardless of circumstances or setting should receive a good education to enable them to shape their own futures. Therefore, alternative provision and the framework around it should offer good quality education on a par with mainstream schooling, along with the support the child/young person needs to overcome barriers to attainment. This support should meet a child/young person's individual needs, including social and emotional needs....'

# The following information sets out the statutory duties and requirements for local authorities.

Local authorities must arrange suitable full-time education (or as much education as the child/young person's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education. This applies whether or not the child/young person is on the roll of a school and whatever the type of school they attend. It applies to a child/young person in academies, free schools, special schools and independent schools as well as those in maintained schools.

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, "unless the child/young person's health means that full time education would not be in his or her best interests". If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated. Full time could also be made up in one or more settings.

Where full-time education would not be in the best interests of a particular child/young person because of reasons relating to their physical or mental health, LAs should provide part-time education on a basis they consider to be in the child/young person's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Mathematics and Science.

Responsibility for education for children who cannot attend school because of health needs remains with the school. However the LA retains the responsibility for providing a strategy to ensure appropriate provision is available and in place. In all cases the nature of any required intervention, the objectives, the expected outcomes and timeline to achieve the objectives should be made clear. Where re-integration to school is an objective, there should be an agreement on how to assess when the child/young person is ready to return and the school should provide or commission a package of support to assist re-integration. Objectives and plans should be set out in writing and regularly monitored and reviewed.

#### **Arrangements in Derby City**

Derby City Council has delegated the responsibility for the education of children with additional health needs to The Kingsmead School. Educational provision for children with additional health needs which cannot be met in a school setting will be made through The Kingsmead School. This work is funded from an allocation within the High Needs Block of the Dedicated Schools Grant.

Where a child/young person is on the roll of a mainstream city school and is referred for an intervention under this policy then an initial 6 weeks provision will be offered for an appropriate referral and funding will then be agreed with the referring school from week 7. Please see the attached charges to schools and academies. (Appendix 1)

This policy also includes a child/young person with a Derby city address but is on the roll of a non-city school, and where a child/young person moves into the city from out of the area but requires provision to be made under these regulations (this applies for both primary & secondary referrals).

The Kingsmead School is committed to working in partnership with schools, educational settings, health professionals, parents/carers and other professionals in order to ensure the educational and emotional needs of this vulnerable group of children and young people are appropriately met.

Working Together March 2018, Para 16, p11 states - 'Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child/young person's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.'

In all cases, where full time is not appropriate, a personalised education programme will be agreed between the referring school, health professionals, The Kingsmead School, the parent/carer and the young person with a view to achieving the most realistic and positive outcomes for the young person. Any plan should be reviewed regularly. Plans should also link to other relevant information, such as Education, Health and Care Plans, safeguarding assessments etc.

As part of this plan the Kingsmead School could take on the main delivery role, a shared delivery role with school and/or another provider or offer advice and guidance to the school where it is more appropriate for them to take the lead role in delivering the programme.

#### The Kingsmead School will:

Seek to provide the same opportunities for children and young people with health needs as their peers, which include:

- A broad and balanced curriculum, which is of good quality (as defined in Alternative Provision: statutory Guidance 2013).
- A package that will attempt to prevent them from slipping behind their peers in school and allow them to reintegrate successfully back into school as soon as possible.
- Opportunity to take qualifications if appropriate.
- A reviewing mechanism to ensure the parental, child/young person's needs and wishes are central to discussions around provision.
- Provision which is regularly reviewed to reflect the child/young person's changing health status.
- Effective multi-agency collaboration, which is essential in devising appropriate
  personalised education plans and where all professionals involved will be encouraged to
  cooperate fully with review meetings. A review template is provided to support the
  process (Appendix 5)
- Clearly defined exit strategies for the child/young person with support provided for any reintegration back into mainstream education.
- Ensure schools and other education providers have a good understanding of the roles and responsibilities of both The Kingsmead School and their own setting in relation to the child/young person with medical and emotional needs.

- Ensure that any staff absence resulting in cancellation of sessions is clearly communicated with the parent and the referring school and alternative arrangements made whenever possible.
- Provide teaching and support staff within the Kingsmead School with appropriate continuing professional development, including curriculum; the impact of medical/mental health conditions on barriers to and engagement with education.

The Kingsmead School will use a variety of delivery options to create a personalised programme which best meets the needs of the child/young person. This will provide access to a broader curriculum and to increase the number of hours of provision – this may include access to the hospital education based on Children's Ward at The Derby Royal Hospital \*, virtual learning, access to appropriate commissioned alternative providers as well as small group or one to one tuition in the home or another setting dependant on the specific needs of each referral.

\*Provision on the children's wards at the hospital is available for children and young people who have been admitted to the hospital and are resident on a ward. This work is completed in collaboration with the home school and only offered after the 5<sup>th</sup> day of absence from the home school.

#### **About the Terms and Conditions**

The plan for the longer term outcome and the next steps will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013). This will focus on the best possible outcomes for the child/young person but will be realistic in terms of the timeframe and the specific needs of the child/young person at this time.

Please see the attached Terms and Conditions (Appendix 2)

As part of setting up a plan and agreeing targets for a young person and through ongoing reviews, discussions will be needed about a wide range of factors, including:

- Agreed curriculum with the school/Kingsmead responsibilities clearly identified
- Ongoing health input/support and any information to indicate capacity of the child/young person to engage meaningfully in education provision at this time.
- Potential outcomes, targets for intervention and next steps, including any plans for reintegration where appropriate
- Exam entry and access arrangements to include any controlled assessments/mock exams
- Support around post 16 pathways. It is the home school's responsibility to arrange and share these.
- Schools financial contribution to the programmes from week 7 of the intervention
- Any transport requirements including funding stream
- Personal, social and academic targets as appropriate
- The next agreed review date reviews to be held at least termly to ensure a child/young person's needs are being appropriately met.

Re-integration into school is always anticipated, unless it is clear that, for example in Year 11 (post January), it is in the best interests of the child/young person to remain with The Kingsmead School until the end of the academic year. The Kingsmead School will work with the school to ensure education is maintained during this period. On return to school each

child/young person should have an individual reintegration plan, which may include extra support made available to help 'fill gaps' or provision of a 'safe place' if the child/young person feels unwell. Advice from other medical professionals, including school nurses, is essential. For children with long term or complex health conditions, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child/young person in the early stages of their absence. However, children and their families are informed at the outset that the long term intention will be to support the child/young person's reintegration to school. While most children will want to return to their previous school routine promptly, it is recognised that some will need gradual reintegration over a longer period.

#### Referral:

Referrals may be made by either school or health professionals (statutory bodies or directed by statutory bodies); however, referrals will only be accepted once both parties have agreed that this is appropriate and realistic for the child/young person.

A child/young person with a Derby city address who is on the roll of a non-city school, or where they move into the city from out of the area but require provision to be made under these regulations then for both primary & secondary the referral will be made through In Year Fair Access and discussed at Primary Placement Panel (PPP) or Secondary Placement Panel (SPP). If the child/young person moves into the city, the panel will determine if it is appropriate to seek a mainstream school at this point, in anticipation of the child/young person returning to such provision as soon as possible. In the interim, they will be placed on the Kingsmead PRU roll.

Referrals for interventions should be sent direct to In Year Fair Access <a href="IYFA@derby.gov.uk">IYFA@derby.gov.uk</a> using the agreed form (Appendix 3). This should be completed in full in order to provide as much information as possible. The referral should be accompanied or supported by a letter from the medical professional (consultant level or above) whom the child/young person is under the care of. A letter from a GP is not sufficient. It is also important that parental consent is included as part of the referral. This forms part of the referral form.

All referrals will be reviewed by In Year Fair Access and discussed at Primary Placement Panel or Secondary Placement Panel. If a situation arises where it is felt that the referral does not meet criteria, then the referral and the rationale for not making provision in this case will be shared with the referring school by In Year Fair Access. This will ensure transparency in decision making; that all options have been considered and provide the referring school a right of appeal through the ladder of consequences.

Any referral from health for intervention should be made via headed paper with information provided as to why the child/young person is unable to attend full time, mainstream education. It is also important to include any specific information about the level of provision that they would be able to access such as frequency and duration. This letter should be signed by a consultant or identified medical practitioner and sent direct to <a href="IYFA@derby.gov.uk">IYFA@derby.gov.uk</a>.

It is expected that the referring school and health professionals (such as a consultant or paediatrician) will liaise closely to ensure that all parties are fully aware of the needs of the child/young person.

Please see Referral Flowchart (Appendix 4) for further guidance.

Kingsmead staff will liaise with the school and the appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child/young person and to minimise disruption to the child/young person's education. As highlighted above, if a child/young person

has a long term or complex health issue, the school needs to ensure that the educational provision is regularly reviewed with medical professionals, parents/carers and The Kingsmead School, and amended as appropriate.

Where an absence is planned e.g. hospital admission or recurrent stay in hospital, educational provision should begin as soon as the child/young person is well enough after the 5<sup>th</sup> day of absence. The parents/carers should apply to the mainstream school to request this out of education.

Children with long term health problems will not be required to provide continuing medical evidence. However regular reviews to include health colleagues are important and the level of support required may be discussed with other multi-agency professionals. The school and The Kingsmead School, as the educational specialists, will decide on the most appropriate provision. There is also an expectation that children and their parents/carers will co-operate fully with all medical advice and support offered and ensure they attend appointments. Advice from medical professionals following a hospital discharge will be noted and The Kingsmead School will liaise with the child/young person's home school to complement the education provided until they are well enough to return. Educational provision will be put in place as quickly as possible with a view to re-integration into mainstream as soon as appropriate.

**Please note** that if at any point in the process a medical professional makes a decision to close the case then a review will be required prior to closure to discuss the ending of the placement or the most appropriate next steps to support the child/young person. All professionals involved in the specific case would need to contribute.

The question would need to be posed as to why other agencies were withdrawing from the case but that the child/young person was not able/ready to return to their usual school placement. Reasons might include

- lack of engagement from young person/family with health or other professionals
- interventions to date have been unsuccessful
- all routes are felt to have been exhausted and no further support options are forthcoming

If it is agreed that the case is closed to health, **then the case will also be closed to The Kingsmead School**. The child/young person be expected to return to their home school placement. If this is the decision, then arrangements will be made to reintegrate the child/young person back into this provision as soon as possible and the case will be closed to The Kingsmead School.

#### Identification and intervention

The Kingsmead School aim to provide appropriate education once notified by the school, other professionals or parent/carer if a child/young person is not on roll, as soon as it is clear that the child/young person will be away from school for 15 days or more, whether consecutive or cumulative within a 12 month period, with the relevant consultant letter or diagnosis.

It is important to note that for a referral to be successful a medical professional should be involved with the child/young person.

In all cases of a referral being made, a meeting should be held with all parties to ensure there is an agreed Terms and Conditions agreement in place for the child/young person.

#### Registration:

Schools **must not** remove the child/young person from roll because of an additional health need.

Children and young people should be dual registered with The Kingsmead School (PRU) being the subsidiary school.

The referring school should continue to monitor the attendance of the child/young person concerned. Non-attendance, without appropriate written medical support, will result in a review of the placement, and the referring school should follow their own attendance procedures.

Please be advised that the following information is the 'current' guidance on the use of the D code in the registers. The guidance below should be followed in all cases:

#### Meaning - Code D - Dual Registered - at another educational establishment

- The code is NOT counted as a possible attendance in the school census
- The law allows for the dual registration of a child/young person at more than one school
- This code is used to indicate that the child/young person was not expected to attend the session in question because they were scheduled to attend the *other* school at which they are registered

#### Recording of the register and managing absence

- Each school should **only** record the child/young person's attendance and absence for those sessions that the child/young person is **scheduled** to **attend their** school.
- The **referring school** should record the D code for each session the child/young person is expected to attend elsewhere.
- The host school (Kingsmead or other) should record the daily absence and attendance as normal.
- Both schools should ensure that they have in place **arrangements** whereby all unexplained absence is followed up in a timely manner.

The Kingsmead School will send attendance for all hospital medical child/young persons to the referring school on a weekly basis.

#### Provision for education of children under and over compulsory school age

Education for children or young people of compulsory school age will be provided either at the hospital\*, through virtual learning, via appropriate commissioned alternative providers as well as small group or one to one tuition in the home or another setting.

For young people between the ages of 16 – 18yrs (Y12/13) who require support from The Kingsmead School each case will be considered individually through a referral to In Year Fair Access and in discussion with their school or college and relevant health professionals.

#### A Child/Young Person who is LAC

Where a LAC child/young person is eligible for Pupil Premium Plus grant, The Kingsmead School will liaise with the Virtual Head Teacher and/or the home school as appropriate to determine how the funding continues to support the needs of the individual.

#### **Examinations**

When a child/young person is approaching public examinations, The Kingsmead School, in liaison with the home school, will focus on the most appropriate curriculum in order to minimise the impact of the time lost while the child/young person is unable to attend school (See Curriculum Offer outlined in Terms and Conditions (Appendix 2). Awarding bodies will make

special/access 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.

The Kingsmead School and the referring school will ensure that all parties are clear about which examinations the child/young person will be entered for and which party will register the entries, apply for access arrangements and any assessments required. This should include identifying how these entries will be funded.

It is important to remember that The Kingsmead School has a high proportion of children/young people requiring special arrangements at exam time for example, one to one, readers, scribes etc. We may therefore be in a position to request support from the referring school to facilitate the special arrangements where these cannot be met within existing resources.

#### **Complaints**

For all complaints please refer to the policy on The Kingsmead School website. The Kingsmead School (kingsmead-derby.co.uk)

# 4. Monitoring arrangements

This policy will be reviewed annually by the 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:

- > Accessibility plan
- > Supporting pupils with medical conditions

#### CHILDREN WHO CANNOT ATTEND SCHOOL BECAUSE OF HEALTH NEEDS

#### POLICY ON CHARGES TO SCHOOLS & ACADEMIES FROM APRIL 2022

#### 1. Core Funding

Hospital and medical tuition is funded from an allocation within the High Needs Block of the Dedicated Schools Grant.

The Kingsmead School delivers provision for the LA and the budget funds some core activities such as:-

- Premises costs contribution to Hospital Classroom and Castle Education Centre.
- Some core teaching and delivery staff to act as Key Workers.
- Some teaching resources /equipment including ICT.
- Advice /consultation to Schools & Academies on a child/young person with medical needs.
- Education for the following child/young person:
  - Those admitted to the Royal Derby hospital and resident on a ward but well enough to be taught; returning for regular treatment as out patients or have been specifically referred by a hospital based consultant.
  - Provision for a child/young person of compulsory school age who, because of illness, would otherwise not receive suitable education.

There is an expectation that the education offer is as close to full-time as the child/young person can access at any point and that where possible there will be the opportunity to continue to access a similar curriculum and work towards the same accreditation as their peers.

At any point in time, on average, provision is being made for 30 plus children/young people. Where children and young people become longer term referrals the core funding for this child/young person remains with the school and with increased expectations schools are being requested to make a financial contribution through the release of the AWPU on a pro-rata basis from week 7 of the intervention.

#### 2. Charges to Schools

If the referral is agreed and supported by a medical professional, work with a child/young person will be core funded for the first 6 weeks of any agreed intervention.

From week 7 the weekly proportion of the AWPU will be charged to schools. This will be charged in line with the current AWPU, plus any pupil premium, and any element of SEN funding.

These costs will contribute to the provision that is offered as part of the Hospital Medical support for the child/young person.

A contract will be sent to the named member of staff in the referring school to be signed to agree funding. It is stated on this form that initial agreement for funding should be given by the Head Teacher. School needs to ensure that internal systems are in place to gain this agreement.

Costs for external examinations for which a child/young person is entered, come from the referring school budget. Exams are not funded by the Kingsmead School.

Appropriate transport arrangements and any costs will be discussed and agreed at the outset according to the child/young person's individual need and level of independence. Transport can be arranged by The Kingsmead School or through the individual School/Academy. Transport arrangements will be discussed at all review meetings and adjusted as appropriate. Depending on child/young person's needs, these costs could be incurred by the referring school.

A school can choose to end provision at any point but must ensure the child/young person is receiving their statutory entitlement to education through an alternative route. Schools will be asked to confirm in writing that they are picking up this responsibility and do not require input from The Kingsmead School.

We would advise that due to the sensitivity of some cases, for example those with mental health issues, that a 2 week notice period is required to allow for appropriate endings work to be carried out. However, this will be agreed with the school at the time of ending the support for the child/young person.

Where a medical professional closes the case, The Kingsmead School placement will also end. The referring school would no longer be charged.

Where a child/young person is ready for integration back into a mainstream school and where appropriate, The Kingsmead School may support the plan for an additional 6 weeks – The integration plan could consist of up to 2 X half days per week for a maximum of a six-week period, according to the needs of the specific case. Each child/young person will require a personalised reintegration programme supported by the home school.







#### This agreement is between

**Provider:** The Kingsmead School Hospital Medical Provision

#### And

	_				
1	$\cap$	mm	ICCIA	nor.	
٦			IISSIU	HEI.	

This agreement reflects the commitment of all parties working in collaboration to raise the attainment and opportunities for progression for young people. In particular, this agreement is intended to:

- 1. Clarify the responsibilities of each party for and to the learners.
- 2. Clarify the commitment and responsibilities of each party in respect of the placement.

Student Name:	
DOB:	
Commissioning School:	
Commissioning School Headteacher:	
Commissioning School Contact	
Kingsmead Key Contact	
Start Date:	
Six Week Date:	
1 <sup>st</sup> Review Date Required:	(enter the week before the six week end)
Anticipated Full Time Return to	
Commissioning School Date	

#### The Kingsmead School Will:

- provide appropriate and suitable education for the named student for the duration of this contract and notify the home school of any timetable changes
- Review the placement on a termly basis with the referring school.
- dual register the student as subsidiary and the commissioning school will register as main
- carry out all statutory safeguarding duties for the duration of the contract, providing feedback to the commissioning school where appropriate.
- provide appropriate data for the commissioning relating to
  - Progress and attainment (termly)
  - Exams/certified qualifications (annually or at the end of Y11)
  - Behaviour (termly)
  - Attendance (weekly)
- ensure that multi-agency health meetings are communicated with the commissioning school
- be responsible for ensuring that appropriate insurance cover is in place at all times (currently through Derby City Council)
- ensure that all staff have appropriate Enhanced DBS checks
- comply with all current GDPR regulations

#### The Commissioning School Will:

- provide Kingsmead school will all appropriate information regarding the student including but not exhaustive to below:
  - Behaviour/risk assessments (including any friendship groups of concern)
  - SEND
  - Attendance
  - Safeguarding
  - Progress and attainment
  - Medical and health details
- notify the Kingsmead School of any timetable changes where shared responsibilities are in place and will affect the Kingsmead School
- ensure the referred child remains on their school role for the duration of the placement.
- attend all review meetings and where relevant contribute to any assessments
- agree to pay all charges relating to the placement

#### This Agreement:

Starts on:	ends on:
Provider:	Commissioner/LA:
Signature:	Signature:
Printed Name:	Printed Name:
Position:	Position:
Date:	Date:

#### Charging

- Annual cost for this place AWPU relevant to the Key Stage only applicable 6 school weeks after admission
- Placements less than 6 school weeks will not incur any charges
- Charges will be calculated weekly and invoiced termly
- For the purposes of charging the academic year will be split into the following charging periods

Summer Term- 14 weeks Autumn Term- 14 weeks Spring Term- 11 weeks

- Charges are all based on financial years (April to March)
- For students in year 7 to 10 charges will be calculated on a 39-week academic year
- For students in year 11 charges will be calculated on a 35-week academic year
- Where the students placement at The Kingsmead School ends, charging will cease the day they are taken off roll, in line with CME protocols.

#### **Dispute Resolution**

- If any dispute arises between the Kingsmead School and the Commissioning School the following process should apply-
  - A representative from each school shall meet as soon as possible to resolve the matter to each parties satisfaction
  - If a resolution cannot be reached, the matter will be passed to the relevant headteachers to resolve
  - If issues cannot be resolved to mutual satisfaction a formal complaint should be made through the relevant schools complaints procedure



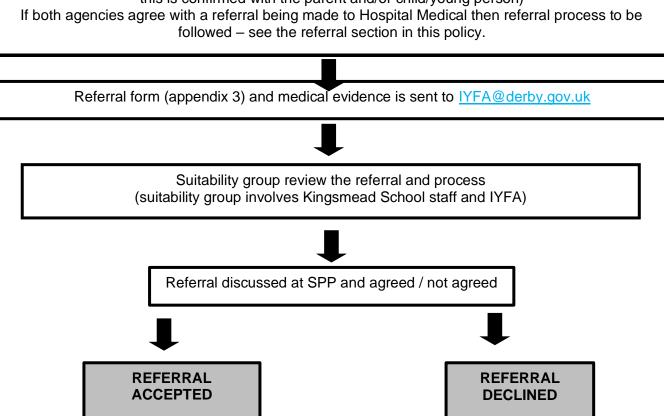
### **Referral Process**

# Children unable to attend school for medical reasons

Please reference the agreed policy 'Ensuring a Good Education for Children who cannot attend School because of Health Needs'.

Initial conversation held between health and referring school to agree Hospital Medical referral (before this is confirmed with the parent and/or child/young person)

If both agencies agree with a referral being made to Hospital Medical then referral process to be





Contact is made with referring school by Kingsmead staff



Induction is organised Pupil becomes dual registered Review schedule agreed Case to be reviewed termly



Contact is made with the referring school by IYFA, explaining the rationale



The referring school may wish to re-refer the pupil at a later date



If the referring school wish to appeal the decision made at SPP, then the ladder of consequences is used



# Review/Target Plan

Appendix 4

Child/Young Person's Name:		Year Group:			Da	Date:		
Referring School and contact:			Referring Medical Agency and contact:			Ki	Kingsmead Staff:	
Name	Agen	ICV		Email				Contact number(s)
Name	Agen	Су		Lillali				Contact number(s)
Targets		Progress	mada		Tarç	not.	Action	
Targets		Flogress	illaue		met	? ?	Action	
Personal:								
Social:								
Academic:								
Access Arrangements and Mock	ζ							
Attendance								
Post 16/Transition Arrangement	S							
Parent/Carer Comments:							1	
Child/Young Person Comments:								
Medical Update:								
School Update:								
Other:								

Exam	Exam Board	QAN number	Predicted Outcome	Whose Registering exam/Where is the YP sitting the exam?

If KS4 has coursework been provided?	Yes	No
Please tick		

#### Next review date:

For internal use only.....when completed pass to admin – ensure next review date is shown

# HOSPITAL MEDICAL / PPP / SPP REFERRAL FORM

Please Complete this form as comprehensively as possible and send to <a href="https://example.com/IYFA@derby.gov.uk">IYFA@derby.gov.uk</a>
Further information may be required before the referral can be considered.

Young Person's Details										
Child/Young			Date of			Year		Gender	M/F	
Person Legal			Birth			Group				
Name in Full										
Ethnic Group			First			UPN				
			Language	age						
Religion										
Current			Previous			ULN				
School			School							
Date of			Is the child/	young	person co	nsidered	Yes/No	<b>O</b>		
Referral			to be disabl		es, pleas	е				
			provide det	ails						
Name of										
Referring										
School										
School		Nar	ne			Telepho	one nur	nber and	email	
contact						•				
	'		GI	Inforn	nation					
Name of Doctors Surge	rv				GP Nan	ne				
Name of Hosp		sultant (If unde	r the Hospital	1)						
				,						
Does this chil	d have	an Individua	l Health Plan	ı to	Yes/No	(please	send a	conv)		
support their					100,110	(picuse	JU114 4	COP,,		
зоррен шеш	meane	ai necus.	Pare	nt/Care	er Details					
			raiei	iii/Cuie	or Delais					
First Parent/Ca	ırer				tion to					
Name in Full					/young					
					erson					
Second	_				tion to					
Parent/Carer N	Name				/young					
				pe	erson		11			
Address						Telephor	ne			
						Mahila				
Mobile										
	Email									
	Address									
Any Other Information										
Is there any ot	her info	mation you fee	el would be u	seful?						

Other Agencies Involved							
Name of Agencies	C	Contact Name			Phone Numbe	rs	
ALL sections b	elow MUST be co	ompleted (Clie	ck in box if ap <sub>l</sub>	plicable. If lef	t blank, assur	ned n/a):	
LAC Volunte Statuto	protection						
If LAC or CP which	If LAC or CP which local authority holds the order:						
		Pupi	il Premium				
Entitled to free sch	ool meals.		Pupil Premiu	ım (+).			
		Code	of Practice				
EHCP/Statement	□ Underg	oing Assessme	nt 🗆	SEN Sup	pport 🗆		
		SEN	N Details				
SENCO/SEN School Contact Name			Telephon	е			
Email							
Specific SEN	ADHD	Asperger's	ASD	SEMHD	НІ	MLD	
Specific SER	MSI	PD	PMLD	SLD	SpLD	Other	
	ess arrangements ra time, prompter, etc.						
Educational Need information as app	e child/young pers s (Attach supplemo pendix A – last two terim review if state						
	ealth and safety co (Attach any suppl pendix G).						
needs / health co	ung person have a ncerns / physical n ation: (attach any ormation as apper	eeds /					

# Safeguarding/Risk Assessment

DSL School Contact Name		Telephone			
Email					
Has a pre-EHA or EHA been cor person?	mpleted for this child/young	YES NO			
Does this child/young person he towards others? If yes, to whom? Please provide brief details.	ave a history of violence	YES NO Who: Details:			
Does this child/young person pharm to others?	pose a significant threat of	YES NO			
Does this child/young person t misuse?	nave any history of substance	YES NO			
Any other significant event we need to be aware of that may impact on child/young person behaviour.					
Does this child have a risk assessment?					
Any other referrals Made (Previous history/interventions)					

Current Academic Information*							
Is the child/young pe	l?	YES/NO					
Is the child/young pe timetable/vocational	YES/NO						
Att	endance Data (Please provide Current/previous	s two years data)					
Year Group	Attendance/Current	Reason for a	absences				

Outcome

Details

Date

Fixed Term Suspension Data*					
FTS Date FTS Duration Reasons for FTS Reintegration Steps Taken					

Interventions Implemented									
Details of intervention	Details of intervention Programmes:								
Meetings/Strategy	/ Impact Date/Duration Outcome								

Primary Assessment of Child/Young Person's Attainment						
Subject	End of KS1 attainment	Age Related Expectation (ARE)	Actual working age / year group	Current target		
Reading						
Writing						
Speaking & Listening						
Maths						
Science						

Other Assessment information					
Spelling Age		Current phonics phase			

KS2 Assessment Data						
End of Key Stage Assessment Data:						
Teacher Assessment SAT						
English						
Maths						
Science						

				KS3 Asse	essment Dat	a				
(Individual sub-l	evels req	uired in	each s	subject)						
Subject		End of Year 7 En			of Year 8 End of Year 9		ar 9		KS3 Target	
English										
Maths										
Science										
ICT										
PHSE										
		1		Current Su	ubjects Stud	ied	11		<u> </u>	
Subj	ect		Exc	am Board	Specific Cour	ation/ se	Targ	Target Grade		Current Grade
English										
Maths										
Science										
ICT										
PHSE										
Any other inform	ation reg	arding o	urrent	subjects stu	died:					
				Exai	ms Officer					
Name		Telephone								
Email										
			Of	ther Assess	ment inform	ation				
CATS Average		Verba	I		Quantitativ	9		Non Verbal		
Reading Age		Date								

Year 10/11: (Working levels required for each term in each subject)							
Subject	Autumn Term	Spring Term	Summer Term	End of Year			
English							
Maths							
Science							
PE							
ICT							
,							

What are the Child/Young Person's strengths / interest, including activities outside school?
School to give a brief statement of why you feel this referral could be successful for this child/young person?

Behaviour
Outline any behaviour concerns or needs:
Mental Health
If there have been concerns about the child/young person's mental health describe briefly the reasons.  Please indicate whether or not a referral has been made to a mental health professional. If information is available – provide a brief summary below and attach any supplementary information)

## Social / Home Circumstances

If there have been concerns or information about the child/young person's social circumstances, please describe these briefly below. In particular, comment on any information provided by Social Services, EWS etc. Are there any child protection issues?

Any family circumstances we should be aware of.

Health and S	Safety
--------------	--------

Summarise any health and safety concerns that have been raised.

#### **Further information**

The following information will be used to assist in making decisions regarding the most appropriate next steps for this child/young person.

## 1. Within the school setting

Copes well → difficulty coping (please tick ✓)							
	1	2	3	4	5		
Whole class settings							
Small group settings							
One to one basis							
On corridors / general movement around building							
Lunch / break times							
Before and after school							

#### 2. Other indicators of risk

Please indicate whether any of the following apply to the child/young person (please tick ✓)

	Never	Occasionally	Frequently
Gives in easily to pressure from others			
Has poor control of temper			
Challenges authority			
Has caused damage to property			
Verbally abuses peers			
Verbally abuses staff			
Displays aggressive behaviour			
Has caused deliberate injury to peers			
Has caused deliberate injury to staff			
Displays sexually inappropriate behaviour			
Attempts to manipulate / control others			
Is at risk of self-harm/Suicidal ideologies			

Drugs / alcohol have an impact on behaviour		
Has brought in or used an offensive weapon		
Has shown racist behaviour		
Leaves school site without permission		

#### Check List - Please Tick ✓

Please include the following documents where applicable:

Letter from Medical Professional (consultant) to outline medical needs – this must evidence that a child is unable to attend school due to medical reasons.	
Attendance Record	
Timetable	
Behaviour Log	
SEN: EHCP/Statement or information submitted for statutory assessment	
IEP/MEP/Individual Plan	
EP/Steps Assessment	
TA (Leader Support) Identified in any Lessons	
PEP/LAC Review	
EHA or Pre EHA	
Risk Assessment/IHP (individual Health Plan)	
*Parental Consent form - (Must be signed by parent/carer)	
Interim Review	
Disciplinary Record, exclusions, seclusions	
Medical Reports/Prescribed Medication	
Social Worker Reports	
Parent Contracts/Orders	
Any other useful information	

We will treat all information provided in confidence and in accordance with the Data Protection Act 2018. We will use the information for the purpose of identifying appropriate support for you and your son/daughter and may share information with our partner organisations for the same purpose. Our partner organisations include the Community Safety Partnership, Central Derby Primary Care Trust, Derbyshire Mental Health Trust, Greater Derby Primary Care Trust, Connexions Derbyshire, Derbyshire Police, Derby Hospitals NHS Foundation Trust.





# **Parental Agreement/Consent**

Student Name	
School	
Name of Member of Staff	
Role of Member of Staff	
I can confirm that the referral for Hospital, myself and my child by the member of sta	/Medical tuition has been discussed and explained to both
the referring school named above and fro	s referral being shared with The Kingsmead School from both om medical professionals involved in this joint referral (both ree on a rationale for referral and information is required from
Hospital Medical provision should always	esponsibility of the referring school (named above) and that be considered a short intervention dependent on need. This ferring school for children to return where that is possible and
I agree for the process to go ahead.	
Signed	(Parent/Carer) Date
Signed	(Parent/Carer) Date
Signed	(Student)