

# Procedures for Supporting Children & Young People with Medical Conditions

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**All appendices can be downloaded from the MES CPYS page:**

[Medical education service | CYPInfo \(northyorks.gov.uk\)](#)

## Document Aims

This procedural document has been written to set out:

- The duty on governing bodies of maintained schools and proprietors of academies to make arrangements for supporting pupils at their school with medical conditions.
- The Local Authority's (LA's) duty to promote co-operation between relevant parties to improve the wellbeing of children with regard to their physical and mental health, their education, training and recreation.
- The LA's duty to arrange suitable full-time education for children who are not able to attend school because of their health.

It relates to the following legislation:

- Section 100 Children & Families Act 2014
- Section 19 Education Act 1996
- Equality Act 2010

## Review Date

This document will be reviewed when there is a significant update from the DfE, or in Autumn 2023, whichever is the sooner.

## Introduction

This document aims to inform Governing bodies and Head teachers of maintained schools, proprietors of academies, parents/carers, Clinical Commissioning Groups (CCGs), health service providers, local authority advisors and other related agencies across North Yorkshire about the procedures to be followed, where a child of statutory school age has a medical condition.

The term "parent" is used throughout this policy to include all those with parental responsibility. The term 'Governing Body' is used throughout this policy to include the proprietor of an academy.

## The Duty & Role of the Governing Body in Supporting Children at School with Medical Conditions

On 1 September 2014, a duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance [Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance/supporting-pupils-at-school-with-medical-conditions) is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

In meeting the duty to make arrangements to support pupils with medical conditions, functions can be conferred on a governor, a Headteacher, a committee or other member of staff as appropriate. However, the governing body remains legally responsible and accountable for fulfilling its statutory duty. The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so, it should ensure that such children can access and enjoy the same opportunities at school as any other child.

In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life threatening. The focus must be on the needs of each individual child and how their medical condition impacts on their school life. The governing body should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase confidence and promote self-care. They should ensure that staff are properly trained to provide the support that pupils need.

In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported, so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Governing bodies must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

### **School's Policy: Supporting Pupils with Medical Needs**

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. The school's policy must set out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

School policies should:

- Include the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions;
- Identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively;
- Include who is responsible for ensuring that sufficient staff are suitably trained (*for further information on suitable training please see Appendix 1*);
- Include cover arrangements for children who are competent to manage their own health needs and medicines (*for further information please see Appendix 2a & 2b*);
- Include clear information about the procedures to be followed for managing medicines (*for further information please see Appendix 3*);
- Ensure that written records are kept of all medicines administered to children;
- Ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed;
- Include what should happen in an emergency situation (*for further information please see Appendix 4*);
- Include a commitment that all relevant staff will be made aware of the child's condition;
- Describe cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- Explain how supply teachers will be briefed;
- Include risk assessments for school visits, holidays, and other school activities outside the normal timetable;
- Set out how Individual Health Care Plans (IHCPs) will be monitored;
- Be explicit about what practice is not acceptable (*for further information please see Appendix 5*);
- Set out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled (*for further information please see Appendix 6*).
- Refer to the school's obligations under the UK General Data Protection Regulation (GDPR) and set out how the schools privacy notice include the basis upon which health information for pupils is shared as this is special category information and additional safeguards apply. The policy must also set out how all staff who have access to the medical records will receive training regarding their duties under the Data Protection legislation and in particular the UK GDPR duties regarding special category data.

Governing bodies should ensure that their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so (*for further information please see Appendix 7*).

## **School's Policy: The Duty & Role of the Head Teacher**

Head teachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.



Head teachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all Individual Health Care Plans (IHCPs), including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Head teachers have overall responsibility for the development of IHCPs. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the 5-19 Healthy Child Team in the case of any child who has a medical condition that relates to Emotional Health & Resilience who has not yet been brought to the attention of the Emotional Health & Resilience Nurse.

For further information on the Schools Policy, please see *Appendix 8* and for a template of a school policy please see *Appendix 9*

### **Schools Policy: Individual Health Care Plans (IHCPs)**

Governing bodies should ensure that the school's policy covers the role of IHCPs, and who is responsible for their development, in supporting pupils at school with medical conditions. Plans must be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

**Please note that the IHCP would normally cover everything that would be covered in a Risk Assessment so it is unlikely that a separate risk assessment would be required.**

IHCPs can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

The Head teacher has overall responsibility for the development of IHCPs and for ensuring that they are finalised and implemented. It is essential that Head teachers seek support from relevant health care professionals for the necessary advice and that parents are fully involved and the child/young person where appropriate.

A child/young person will generally need an IHCP if they:

- Require medical procedures e.g. managing a tracheotomy, tube feeding;
- Require medication on a regular basis/have a number of medical conditions;
- Have personal care or continence needs (not occasional "accidents");
- Need monitoring for emergency symptoms and emergency procedures in place;
- Have a registered health professional e.g. community paediatrician, school nurse, specialist nurse involved who has identified the need.

### **Situations where an IHCP is generally not required:**

Many medical conditions are mild/short term and can be managed without the need for an IHCP, e.g. completion of a course of antibiotics. Other conditions may be long term but can be managed through generic policy and procedures e.g. a generic asthma plan.

If consensus cannot be reached on whether an IHCP is needed, the Head teacher is best placed to take a final view.

The format of IHCPs may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

### **Sharing IHCPs:**

It is important that IHCPs are shared, following parental permission, with other provisions that a child/young person attends e.g. after school club, out of school activities. NB. There may be situations where the IHCP needs to be shared without parental permission to safeguard the child. There should be a reference to the UK GDPR legislation and schools should have a good understanding regarding their obligations for health information, which is special category data.

If a Plan is shared with evening, weekend or overnight services, they may need to expand the plan to cover these periods. It is the responsibility of the short break provision to request a copy of the IHCP from school and to write any additional information, with advice from health care professionals.

If a child/young person has a package of short break care, or they are in the care of the Local Authority the social worker has responsibility to ensure that the IHCP is applicable and co-ordinated across all services used by the child/young person (with advice and support from Health Care professionals).

### **Individual Health Care Plans for 24 hour care**

Children/young people may require 24 hour care during school trips these needs must be taken into account and may require to be detailed in an IHCP.



## **Children and young people with IHCPs attending more than one school**

A single IHCP should be drawn up and, with parental consent, copied and used within all provisions. However, care must be taken to ensure that the single IHCP meets the needs in each school. The Head teacher of the school where the child/young person spends the majority of their time should take the overall responsibility for the IHCP. NB If a parent refuses to give consent for the IHCP to be shared there may be situations where the IHCP needs to be shared without parental permission to safeguard the child. There should be a reference to the UK GDPR legislation and schools should have a good understanding regarding their obligations for health information, which is special category data.

### **Transition**

In order to assist transition planning a school should seek parental consent to share a child/young person's IHCP with the receiving school as soon as is reasonably possible. This will allow the receiving school to plan ahead and to make any amendments to the plan that the new environment may bring. Receiving schools should also be proactive in requesting a copy and arranging relevant training in good time.

### **Allowing a child/young person to attend school before an IHCP has been drawn up:**

The responsibility for this decision lies with the Head teacher who will need to consider advice from everyone involved.

This requires a balanced decision, which takes into account:

- The nature of the child/young person's condition e.g. are there life-threatening circumstances?
- The likelihood of an emergency occurring;
- The risk to staff and whether they are insured to undertake required procedures;
- Whether staff have received the necessary training and feel confident;
- Whether any interim measures can be put in place/alternative solutions
- Advice from health professionals.

Any decisions made, the reasons for them must be adequately recorded, and the information shared with parents unless there is a safeguarding concern.

*Please see Appendix 10 & 10a for IHCP and parent letter templates.*

### **School Staff**

Any member of staff may be asked to provide support to children/young people with medical conditions, including the administration of medicines, although they cannot be required to do so. Although administering medicines is not part of a teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

**School staff must not give prescription medicines or undertake Health Care procedures without appropriate training (updated to reflect any IHCPs).**

At different times of the day other staff may be responsible for children/young people e.g. lunchtime supervisors. It is important that they are also provided with training and advice.

If a member of staff does not feel competent or has any issues that may affect their undertaking of such duties or has any concerns, they should inform their Head teacher as soon as possible. All staff should know what to do and should respond accordingly if/when they become aware that a child/young person with a medical condition needs help.

It is good practice to identify a named person within school to whom the Headteacher can delegate some responsibilities.

The named person may:

- Co-ordinate the implementation of this guidance in school;
- Keep track of all medications held in school; regularly check supply and use by dates;
- Monitor that records are being kept according to NYCC guidance & the requirements of the UK GDPR;
- Monitor any IHCPs held in school; check they are up to date, signed, implemented, reviewed and keep a list of all copyholders;
- Monitor medical absences and ensure continued access to education;
- Co-ordinate and monitor visits from therapy colleagues, record visits and, when appropriate, liaise with the therapy services to balance therapy and curriculum needs (i.e. to ensure that children/young people are not missing the same lessons or key lessons).

The named person does not need to be a teacher. The head teacher should contact Human Resources for advice and support around job descriptions and job evaluation

## Staff Training

### Health Care procedures

Training needs should be identified during the development/review of the IHCP. The Plan should specify how and by whom training will be commissioned and provided. Staff who provide the support to children and young people should be included in meetings where this is discussed. The named person needs an overview for all children with IHCPs so training needs can be planned for and accommodated over the year.

The health professional involved with the child/young person will lead on identifying and agreeing with the school the type and level of training required and how this can be obtained. They will also inform school on how often the training should be refreshed.

Schools may choose to arrange the training themselves through a private provider, this should be a recognised body e.g. Diabetes UK, Young Epilepsy, etc. The Head teacher should ensure that this remains up to date as advised by the training provider.

## Other training

In order for processes to run efficiently, staff will need to be aware of their schools procedures including how to complete records, manage storage of medicines etc. Records must be kept by schools of all training.

## Determining Competency

The Head teacher should ensure that staff are competent before they take on responsibility to support children/young people with medical needs. They should also check that their staff are competent over time and are physically fit enough to perform the roles they have been asked to perform.

Determining competence may also involve:

- The member of staff;
- The trainer;
- The governing body;
- Health Service providers;
- Healthy Child Service link representative.

## Parents Duty & Role: IHCPs

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may, in some cases, be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's IHCP, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

*For further information on the role of school staff, school nurses and other health care professionals please see Appendix 11.*

## Children with SEND

Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHCP. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education and how they might work with other statutory services.

Where the child has a SEND need, identified in an EHCP, the IHCP should be linked to, or become, part of that EHCP. For children with SEND, the [Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/671112/supporting_pupils_at_school_with_medical_conditions.pdf) should be read in conjunction with the [SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25-years)

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

## Equality Act 2010

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, governing bodies must comply with their duties under that Act. Children/young people with disabilities may require reasonable adjustments such as additional procedures, and/or support in place in order for them to be able to attend and participate in school.

Examples might include:

- Assisting children/young people with toileting issues and personal care;
- Testing of blood sugar levels and the administering of insulin;
- Supervision of children/young people who undertake their own medical procedures, e.g. supervising using an asthma inhaler;
- Keeping records;
- Following Feeding plans/tube feeding;
- Hoisting and manual handling for children/young people with physical disabilities;
- Administering medication;
- Undertaking a physiotherapy or occupational therapy programme;
- Making timetable adjustments;
- Improving accessibility e.g. flexible use of classrooms, using alternative routes;
- Postural support e.g. specialist seating;
- Support for mental health and wellbeing;
- Including rest breaks for children/young people whose medical conditions cause them to fatigue.

## Managing Risks

Schools may need to manage the risks relating to:

- managing and administering medication;
- the undertaking of certain procedures of an intimate or invasive nature;
- the storage of medication;
- infection control;
- emergency procedures;
- emergency evacuation;
- off-site visits;
- moving and handling;
- equipment (e.g. hoists, height adjustable change beds etc.);
- hazardous substances;
- combustibles e.g. oxygen;
- insurance cover;
- behaviour.

Refer to your named Health and Safety Risk Adviser from the School H&S Team.

## Managing Medication

Agreeing to administer medication

Medication should only be administered in school when it would be detrimental to a child/young person's health or school attendance not to do so.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

Schools will need:

- a written agreement and consent from parent (*Appendix 12*)
- staff to be given training where appropriate (a first aid certificate does not constitute appropriate training in supporting children/young people with medical conditions);
- insurance in place to cover medication administration.

**Exceptional circumstances** – where a medicine has been prescribed without the knowledge of the parent, schools should make every effort to encourage the child/young person to involve their parents whilst respecting their right to confidentiality.

### Prescribed medication

This should be prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Medication must be appropriately labelled and in the original packaging. The **exception** to this is insulin which will generally be available to schools inside an insulin pen, a pump or a vial, rather than its original container.

The container/package for prescribed medicine must show the following:

- name of patient;
- name of medication;
- the dosage;
- frequency of dosage;
- strength of medication;
- date prescribed and expiry date;
- specific directions for the administration;
- precautions relating to the medication (e.g. possible side effects, storage instructions);
- the name of the dispensing pharmacy.

Check the measuring device, if applicable, supplied by the pharmacist is included.

It is the responsibility of a parent to ensure medication is delivered to school appropriately.

Good practice would be for schools to inform parents of their procedures for bringing medication into school e.g. there should be a single delivery/collection point. Wherever possible, medication should be handed adult to adult.

### **Asthma inhalers**

Regulations (October 2014) allow schools to hold their own Salbutamol asthma inhalers for emergency use. This is entirely voluntary and detailed guidance around this can be found in *Appendix 13*.

### **Controlled Drugs**

Supply, possession and administration of some medicines are controlled by the **Misuse of Drugs Act 1971** e.g. Methylphenidate.

A child/young person who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child/young person for use is an offence. Monitoring arrangements may be necessary.

In cases where a child/young person does not carry their own prescribed, controlled drug the school should store these securely in a non-portable container to which only named staff should have access. Controlled drugs should be easily accessible in an emergency. School staff may administer a controlled drug to the child/young person for whom it has been prescribed according to the prescriber's instructions. School staff must put arrangements in place for carrying controlled drugs during off site visits.

A record must be kept (record what quantity comes in, what is used, what remains).

### **Non-prescribed medication**

Non-prescribed medication can only be administered in a school/setting where it is absolutely essential to the child's health and where it cannot be taken out of the schools/settings hours.

When non-prescribed medicine is administered it must have prior written parental consent form and a record of administration form must be kept (*Appendix 12 & Appendix 14*).

The school/setting should ensure they treat the non-prescribed medication the same as if it were prescribed i.e. checking the packaging, expiry date, dosage, administration instructions, correct storage etc.

Schools/settings should detail in their policy the circumstances in which they agree to administer non-prescribed medications.

Non – prescribed medication should be provided by the parents. Schools/setting should not routinely hold their own stocks of medication

Medicine for pain relief should never be administered without first checking maximum dosages and when the last dose was administered. Parents should be informed.



## **Aspirin**

A child under 16 should never be given medicine containing aspirin unless it has been prescribed by a doctor.

## **Complimentary Medicines including homeopathy**

These will be either prescribed or non-prescribed and so schools should treat them accordingly.

## **Request to carry and self-administer**

Wherever possible children/young people should be encouraged to take responsibility for managing their own medicines. Head teachers should consider requests on an individual basis after discussion with parents, taking into account:

- Maturity of the child/young person;
- Implications to the child/young person and to others;
- Nature of the medication.
- Before agreeing Head teachers may wish to seek further advice from:
  - relevant health professionals;
  - NYCC Insurance and Risk Management;
  - Your named Health and Safety Risk Adviser from the School H&S Team.

A parental request form will need to be completed. (*Appendix 12.*)

Children/young people who self-administer may still require an appropriate level of supervision.

## **Storage**

All medicines should be stored appropriately.

For medicines which are in a locked cabinet the child/young person should know who holds the key.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and young people and not locked away. If they not carried by the child/young person they must be securely stored in an easily accessible location.

Medication requiring refrigeration should be stored in a sealable plastic container, with the child/young person's name on, in a fridge that is only accessible to staff.

Usually not more than one week's supply should be received and stored. However for children/young people who are on long-term medication or within residential settings this may be extended at the discretion of the Head teacher.

Children and young people should know where their medicines are at all times and should be able to access them immediately.

## **Medication must not be stored in a first aid box**

### **Administration**

Ensure the correct medication is given by checking against parental request form (*Appendix 12*). In some circumstances e.g. administration of a controlled drug it is good practice for a second adult to witness. (**A requirement in Residential Care settings**).

Ensure staff are trained to administer it. Give according to the instructions on the medication or according to the IHCP.

Ensure medication is taken in the presence of a member of staff.

Complete the Administration of Medication Record form immediately (*Appendix 14*).

Medication must be given in a manner that offers respect, privacy and dignity for the child/young person.

### **Record Keeping**

Head teachers should ensure that the following records are kept:

- Written request to administer medication
- Request to carry and self-administer form, where appropriate (*Appendix 2b*);
- Record of administration (*Appendix 14*)
- Staff training record (*Appendix 15*).

### **All records must be kept in accordance with the NYCC Records Retention and Disposal Schedule.**

In **early years settings** parents must sign the Record of Administration form when collecting their child at the end of each session, or as soon as reasonably possible.

**Residential schools** have additional protocols determined by their own Inspection Framework.

### **Return/Disposal**

Medication should be returned, by an adult where possible/applicable, to the parent for disposal.

Disposal should be recorded on the Administration of Medication Record (*Appendix 15*).

When not practical to return medication to a parent e.g. in a residential school, then medication should be returned to a pharmacy where a receipt should be obtained and attached to the Administration of Medication Record. (*Appendix 15*)

Sharps boxes should always be used for the disposal of needles and other sharps. Sharps boxes are prescribed items and therefore should be provided by parents and taken away by parents.

### **Refusal by Child/Young Person to take medication**

Staff should not force a child/young person who is refusing medicine to take it. They should follow the procedure agreed in the IHCP and record the refusal on the administration of medication form (*Appendix 15*). Parents should be informed, as soon as is reasonably possible, so that alternative options can be considered.

**Residential Schools, Children's Social Care Provisions and Early Years Settings also have their own frameworks and Guidance regarding Medication and Health Care needs.**

## **Emergencies**

### **Emergency procedures**

All schools must have arrangements in place for dealing with general emergencies. These should be set out in the school policy.

Children/young people should also know what to do, in general terms, if they think there is an emergency or if help is needed e.g. tell a member of staff.

Where a child/young person has an IHCP, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. There should be a copy held in reception to hand to an ambulance crew in case of emergency.

In most circumstances, staff should not take children/young people to hospital in their own car; it is safer to call an ambulance. The national standards require that early years settings must ensure that contingency arrangements are in place to cover such emergencies.

**Parents should be informed of the incident as soon as is reasonably possible.**

### **Calling an ambulance**

All staff must know how to call the emergency services and must not hesitate to call 999 if they feel an ambulance is needed. When dialling 999 schools will need to give:

- Their name;
- Their telephone number;
- Their location including postcode for ambulance navigation systems;
- The location within the school - best entrance for the ambulance crew and where they will be met by a staff member;
- The name of child / young person;
- A brief description of symptoms.

It is good practice to keep this information by the telephone. A template for this is available from your Safety Risk Adviser. Good practice would also be to send a copy of the Individual Health Care Plan with a child/young person who is taken to hospital and any medication school holds for them.

### **Accompanying a child/young person to hospital**

In the absence of a parent, a member of staff should always accompany a child / young person taken to hospital, by ambulance, and stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

### **Defibrillators**

Sudden cardiac arrest is when the heart stops beating and can happen to anyone at any age and without warning. When it does happen, quick action (in the form of early Cardiac Pulmonary Resuscitation and defibrillation) can help save lives. The DfE advises that schools should “consider purchasing a defibrillator as part of their first aid equipment”. Head teachers should obtain further information from their named Health and Safety Risk Adviser from the School H&S team. If schools do choose to provide a defibrillator they should inform their local NHS ambulance service and should ensure school first aiders are trained in its use.

## **School Trips, Residential Visits and Sporting Activities**

**Governing bodies should ensure that their arrangements are clear and unambiguous about the need to actively support children/young people with medical conditions to participate in school trips, visits and sporting activities and not prevent them from doing so.**

Schools should seek information from parents regarding any medical needs that may require management during an off-site visit. Teachers should be aware of how a child/young person's medical condition might impact on their participation and differentiate/make arrangements accordingly unless evidence from a health care professional states that this is not possible.

### **Planning school trips**

It is good practice to carry out a pre-visit and to write an individual risk assessment for a child/young person with medical needs to ensure that they are safely included. Decisions must be balanced i.e. the degree of risk to staff/child/young person weighed against the benefit of the activity for the child/young person.

Risk assessments should be documented so that there is evidence of the rationale for the decisions taken.

Parents have the greatest knowledge about their child's condition and should be involved in the planning of the visit.

For a planning checklist, see *Appendix 16*

Schools will need to:

- Identify all medications needed during the visit by asking parents;
- Consider storage, quantity and transportation of medicines;
- Consider arrangements for administering medication including appropriate environment;
- Consider the sharing of information with relevant staff e.g. medical needs and emergency procedures;
- Consider the need for and undertaking of any additional staff training;
- Take the Administration of Medication Record of a child/young person on the trip and complete as appropriate;
- Establish a system whereby medication is signed for when it is taken out of school and signed back in on return;
- Take IHCPs on the visit;
- Identify roles and responsibilities of staff accompanying the child/young person;
- Consider what care will be required e.g. toileting/medication and where it can be carried out;
- Consider risk factors which could trigger anxiety or challenging behaviour and how this will be managed;
- Consider how many staff will be required;
- Liaise with the venue and ask to see their generic risk assessment where appropriate;
- Consider the appropriateness of the activities. Do alternatives need to be organised?
- Consider moving and handling tasks e.g. getting on/off transport, getting in/out of bed. Is a formal moving and handling risk assessment required? (*Appendices 17*);
- Consider the implications for emergencies if the destination is remote, e.g. is there a telephone landline available or reliable mobile phone signal?
- Additional safety measures including postcode of venue for ambulance sat nav;
- A 'plan B' scenario to address additional supervision that may arise from the child/young person's medical needs e.g. consider making an additional staff vehicle available that travels separately and could be used to summon help NOT to transport the child.

**Plan well in advance** – it takes time to put things in place. The support/information/services/products required from other people may not be available at short notice e.g. prescribed oxygen can require at least 10 days to organise a supply.

## Liability & Indemnity

Governing bodies of maintained schools should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Proprietors of academies should ensure either that the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA) (For further information please see *Appendix 18*).

NYCCs insurance policy can be viewed on NYCC intranet. Insurance policies should be accessible to the staff who are providing the support. NYCC Liability Insurance does cover staff when undertaking a Health Care procedure. However, if alternative or additional arrangements are required then these will be dealt with by Insurance and Risk Management on an individual case. It is therefore essential that copies of IHCPs are sent to NYCC Risk Management and Insurance following parental consent. Due to the numbers of IHCPs, CYPs Insurance and Risk Management will only contact a school if they have a query or if they think additional cover may need to be taken out. If schools require a receipt for their message they should add a tag for this.

NYCC maintained schools must send completed and signed IHCPs electronically to:

[InsuranceAndRiskManagement@northyorks.gov.uk](mailto:InsuranceAndRiskManagement@northyorks.gov.uk)

This includes IHCPs detailed using the NYCC template or any other format.

In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer.

## **Parental Consent**

Prior to sending an IHCPs to CYPs Insurance the Headteacher must:

- Inform the parent as to why this is necessary;
- Ensure parent has signed the plan thereby giving consent for it to be shared with Insurance and Risk Management;
- Inform parent that NYCC Insurance and Risk Management has Data Protection systems in place;
- Explain to parent that the staff who will carry out the health care procedure(s) are not health professionals but will be trained by a registered health professional.

Headteachers and governing bodies should consult with NYCC Insurance and Risk Management for any further information/advice:

Tel: 01609 532721 email: [InsuranceAndRiskManagement@northyorks.gov.uk](mailto:InsuranceAndRiskManagement@northyorks.gov.uk)

NB There may be situations where the IHCP needs to be shared without parental permission to safeguard the child. There should be a reference to the UK GDPR legislation and schools should have a good understanding regarding their obligations for health information, which is special category data.

## **Confidentiality and Data Protection**

A school's approach to confidentiality and data protection should enable a parent to discuss their child's medical condition knowing that the information will only be shared with those staff carrying out the care, those with supervision responsibility and those as agreed with the parent e.g. NYCC Insurance Risk Management. Informed staff should be made aware that they must not divulge information regarding Health Care needs to anyone who does not have a role in managing those needs.



Information must be handled sensitively as it is special category information and is therefore subject to additional safeguards under the UK GDPR.

Schools must ask parents for Health Care information when a child/young person is first admitted and then at regular intervals e.g. annually in order to obtain current and up-to-date information. Due to patient confidentiality, the onus is on the parents or young person to reveal appropriate information. Schools can only act on information that they have been informed about and which has been verified by a Health professional involved with the child/young person.

All paper based records and information must be securely stored and access control mechanisms must be in place e.g. password protected. Refer to NYCC Data protection policy for further guidance [www.northyorks.gov.uk/privacy](http://www.northyorks.gov.uk/privacy)

Because of the wider public health risk, some infections are reportable – refer to NYCC CYPS Health and Safety Policy [Health & Safety Risk Management | CYPInfo \(northyorks.gov.uk\)](http://www.northyorks.gov.uk/Health-Safety-Risk-Management)

## Ofsted

Ofsted's new common inspection framework came into effect on 1 September 2015, aimed at promoting greater consistency across inspection remits. Inspectors must consider how well a school meets the needs of the full range of pupils, including those with medical conditions. Key judgements will be informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development ([Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](http://www.publishing.service.gov.uk) )

## The LA's Duty & Role in Supporting Children at School with Medical Conditions: NYCC

### Co-operation

LAs are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners – such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).

Schools, local authorities, health professionals, commissioners and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part-time attendance at school in combination with alternative provision arranged by the local authority. Consideration may also be given to how children will be reintegrated back into school after periods of absence.

## **NYCC's Arrangements: The Medical Education Service**

In North Yorkshire the named contact for the education of children with additional health needs is the Lead for EOTAS and Medical Education Service (MES).

There is a MES Coordinator in each of the localities below:

- Hambleton & Richmondshire
- Selby
- Harrogate, Ripon, Knaresborough, Craven
- Scarborough, Ryedale & Whitby

Within each locality there are also:

- MES English Teachers
- MES Maths Teachers
- MES HLTAs

As outlined above schools have a statutory duty to make the necessary arrangements to provide ongoing education for children who, due to their medical condition, are unable to attend school for a period of time.

There will be a wide range of circumstances where a child has a health need but will receive suitable education that meets their needs without the intervention of NYCC. Examples include where the child can still attend school with some support; where the school has made arrangements to deliver suitable education outside of school for the child; or where arrangements have been made for the child to be educated in a hospital by an on-site hospital school. NYCC would not expect to become involved in such arrangements unless it had reason to think that the education being provided to the child was not suitable or, while otherwise suitable, was not full-time or for the number of hours the child could benefit from without adversely affecting their health. This might be the case where, for example, the child can attend school but only intermittently.

NYCC aims to maintain good links with all schools in North Yorkshire and promotes co-operation between them when children cannot attend school because of ill health. Schools can do a lot to support the education of children with health needs and the sharing of information between schools, health services and NYCC is important. Schools can also play a big part in making sure that the provision offered to the child is as effective as possible and that the child can be reintegrated back into school successfully.

If a school is unable to make the arrangements necessary for a child to have full-access to education, based on the best interests of the child's health needs, they can make a request to the MES. The MES provide short-term education to help schools and settings to provide continuity in education when a child or young person has been absent from school for 15 days or more due to a physical or mental health need. Schools must notify the MES if a child/young person has 15 days of absence, consecutive or accumulative, due to a medical need and school are unable to offer an education the child/young person can access.

Schools must satisfy the MES that they have complied with the statutory guidance by sharing their policy on supporting children with medical needs. They also need to detail in the MES

request form how they have implemented the policy for each individual child and that all arrangements have been put in place to ensure the child has 'full-access to education.' ([Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)) If a school is unable to satisfy the MES of these factors, this will be taken up with the Governing Body.

The MES is not an Alternative Provision nor a long-term solution. If it is likely that a child or young person will be out of education for a long period due to a medical need further discussions will take place between the school and the Local Authority regarding a longer term plan.

The MES is also able to provide advice and support to schools to fulfil their responsibility towards medical students on their roll. This may include IHCPs, education plans whilst off school and advice towards supporting reintegration back to school. If a school notices signs that a child or young person is at risk of not attending school due to medical reasons, measures will need to be put in place to prevent this from happening. The MES can offer advice to schools around what these measures should look like.

### **Children referred for support from the MES will be assessed on the following criteria:**

- A resident in North Yorkshire
- Aged 5-18 years or up to 25 years if they have an EHC Plan
- A health condition which is the reason they are unable to attend school
- Currently receiving specialist help and support from a recognised health professional.
- Evidence from the health specialist, delivering the help and support which describes what the child or young person can do from an educational perspective.
- Children must have been absent from school for 15 days or more (one off or cumulatively) due to their medical condition
- The request has been discussed with parents/carers and signed consent has been obtained from those with parental responsibility or from a young person themselves, where they are considered to be competent and are over 16 years of age.

### **How to make a request to the MES:**

All requests for medical education for children and young people, of statutory school age, are to be submitted to the Inclusion Service using the MES request form. This form is available at [Medical education service | CYPInfo \(northyorks.gov.uk\)](https://northyorks.gov.uk/cypsinfo) and should be returned to [ypmedical@northyorks.gov.uk](mailto:ypmedical@northyorks.gov.uk) **Section 4 of the form must be completed by the health specialist who is currently working with the child or young person.**

All requests received up to a Wednesday will go to the SEND Hub Allocation panel on the following Monday save in the case of exceptional circumstances. Please note the panel is term time only. The MES Locality Coordinator will notify the school of the panel outcome. If the panel agree that the criteria has been met, the school will be asked to arrange a multi-disciplinary meeting known as a Pupil Reintegration Education Plan (PREP) where health, education, parents/carers, child/young person (if appropriate) will:

- agree what the short-term MES provision will look like
- review the arrangements that have been made by the school and identify any other necessary arrangements
- Identify Outcomes for the child/young person
- Discuss how school will meet the needs of the child or young person long term.

Schools are asked to arrange this PREP meeting in a timely way as per the DfE Guidance. A PREP will be required at a minimum of every 6 weeks subject to the level of MES involvement. If this duty is not been fulfilled by school it will be taken up with the Governing body.

### **Provision from the MES & School**

Each child or young person will have a Personal Reintegration Education Plan (PREP) which will be tailored to their needs. The plan will be a working document that will be created in collaboration between school, parents/carers, child/young person and the MES. It will detail the different types of provision the child/young person is receiving. The provision put in place by the MES and school will be based on the information from health regarding what the child/young person is able to access. The provision will be tailored to the child's individual needs and may include:

- Part-time timetable
- School's Online Learning Platform
- Work set by child/young person's school teachers, completed & submitted by child/young person, feedback from school teachers to child/young person face to face or online on an agreed day each week
- Group Tuition
- 1:1 Tuition
- AV1 [AV1 – the robot for children with long-term illness \(noisolation.com\)](https://www.noisolation.com)
- Online Classroom: Academy 21

Where appropriate, according to health guidance, any tuition will take place face-to-face on school site, however if this is not possible, it will take place in a public space such as a Children's Centre. In circumstances where health do not think the child is medically able to leave the family home, tuition may take place in the home or online via Microsoft Teams.

For tuition to take place in a family home or online a home tuition agreement will need to be signed by the parent/carer. All types of tuition delivered by the MES will require a risk assessment.

## **Roles and Responsibilities when a child/young person is open to the MES**

The School's role is to:

- have a named person for each child/young person open to the MES who is responsible for liaising with the MES Coordinator & returning any information/data that is required;
- Schools are responsible for keeping in contact with the CYP and their parents/carers even though they may not be attending school;
- Maintain safeguarding responsibility and confirm the Designated Safeguarding Lead
- Organise regular PREP meetings with health, parents/carers, child/young person (if appropriate), MES;
- Organise for the child/young person's Maths and English teachers to contact the MES teacher or tutor to provide schemes of work, lesson plans and resources so the child/young person can follow what their peers are doing in lessons. These teachers will be required to standardise and moderate a minimum of one piece of work each term;
- Provide appropriate resources for the CYP to engage in the offer of education which may include a laptop, tablet, access to the schools online platform or any other resources needed;
- Identify whether an IHCP is needed and if so follow the guidance set out in this procedural document regarding it;
- ensure appropriate exam arrangements are made, including entry, invigilation and access arrangements for all examinations;
- Support transition to Post-16 and where appropriate collect and record information about destinations;
- make arrangements for EHCARs and EHCP Reviews where appropriate;
- facilitate career interviews;
- provide a suitable working area within the School, where necessary;
- be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration into school.

The child/young person's role is to:

- attend the provision from school and the MES;
- engage with the teachers and tutors from the MES;
- be prepared to communicate their views;
- engage with other agencies as appropriate;
- prepare for reintegration when medically able to.

The parents'/carers' role is to:

- Produce appropriate medical evidence;
- Commit to working towards Outcomes agreed in PREP;
- be willing to work together with all concerned;
- be present in the home during the tuition time (or nominate an appropriate adult);
- provide early communication if a problem arises or help is needed;
- attend necessary meetings;
- reinforce with their child, the value of a return to school.

The Medical Education Service's role is to:

- liaise with the named person in school;
- liaise, where appropriate, with outside agencies;
- be sensitive to the needs of the child and family;
- provide an education provision with school that the child can access based on information from health;
- provide regular reports on the child/young person's progress and achievements;
- provide an opportunity for the child/young person to comment on their report;
- ensure appropriate course work and any other relevant material is returned to school;
- work with the school and other services where appropriate to ensure good attendance with the education provision ;
- attend PREP meetings;
- help set up an appropriate reintegration programme at the earliest opportunity as soon as the pupil is ready to return to school.

Health Professional's role is to:

- Offer medical treatment and advice where appropriate;
- Ensures that the needs of the child / young person are addressed and they are able to attend school where possible;
- Provide up to date information regarding the child/young person's medical condition and what arrangements need to be made to enable them to access education;
- Support school to complete an Individual Health Care Plan if necessary;
- Organise for training to be delivered to school staff around individual medical conditions;
- Assist school with determining the competency of staff in a medical procedure;
- Keep the Named Person in school and the MES informed of any changes to care or provision;
- Work with school, MES and any other involved professionals to ensure that there are clear pathways and communication across services;
- Attend/provide reports for PREP review meetings.



Other involved agencies role is to:

- work with others, for the benefit of the child/young person;
- attend PREP meetings where necessary;
- Work with school, MES and any other involved professionals to ensure that there are clear pathways and communication across services;
- provide written reports where necessary;
- give appropriate advice and support.

## **Reintegration**

The aim of the provision from the MES will be to reintegrate pupils back into school at the earliest opportunity as soon as they are well enough. A reintegration programme will be put together following discussion with the child or young person, parent/carer, school, relevant health professional(s) and other involved agencies as appropriate.

The offer of education will be based on the information from health regarding what the child/young person is medically able to access.

## **Children with Long Term Medical Conditions**

It would not be in the best interests of the child to remain with the MES for a long period of time. Discussion should take place between the Local Authority, school, health care providers, parents and pupils to determine what will best meet the needs of the child.

## **Pupils who are not of Compulsory School Age**

NYCC will not normally provide support for pupils who are not of compulsory school age. For early years settings, NYCC will work with the provider to help them make arrangements to support the health needs of the pupil.

For post-16 settings requests will be considered on an individual basis. The post-16 MES guidance provides more information. (*Appendix 21*).

## **Cost**

If a child or young person is eligible to receive support from the MES there will be no cost to the school for the education that is provided. If a child or young person has an EHCP the cost of the services provision will be deducted from the element 3 funding received by school. Where a child or young person does not meet the criteria there will opportunity for schools to purchase support from the service.

## **Clinical Commissioning Groups (CCGs)**

CCGs are responsible for commissioning a range of acute and community based specialist health services for children/young people. CCGs should ensure that commissioning is responsive to children/young people's needs and that health services are able to co-operate with schools supporting children and young people with medical needs. They have a reciprocal duty to co-operate to improve the wellbeing of children/young people under

Section 10 of the Children Act 2004. Commissioners of health services should ensure that service specifications clearly indicate any responsibility for training so that it can be agreed and provided by the responsible service in a timely manner. This ensures that the needs of the child/young person are addressed and they are able to attend school.

## Home to School Transport

The Local Authority is responsible for obtaining transport Health Care plans (These are separate to the IHCPs used in schools but should reflect the information in a child/young person's IHCP). Some children/young people may require specific medical interventions during their journey to and from school that require the assistance of an adult, in these cases a transport assistant is specifically employed by the Local Authority.

NYCC Integrated Passenger Transport is responsible for ensuring that:

- Passenger assistants are trained in the required procedures as detailed in the child/young person's transport Health Care plan.
- Passenger assistants understand and follow the designated procedures. Transport operators are made aware of transport health care plans.
- School staff must liaise with the passenger assistant regarding:
- The exchange of any medication/equipment.
- Information about any concerns, changes to procedures, emergencies and of any medication given.
- Any "Positive Behaviour Plan" or Challenging Behaviour Risk Assessment that is also in place for a child/young person.

Where children/young people have Education Health and Care Plans, NYCC Integrated Passenger Transport will be notified of any medical needs via the SEN admin team. For children/young people without Education, Health and Care plans, parents are responsible for notifying the school transport team when they apply for transport or if their child develops a medical need at a later date.

Schools should liaise with NYCC Transport Team regarding any queries. Transport Team: 01609 533693 / [schooltransport@northyorks.gov.uk](mailto:schooltransport@northyorks.gov.uk) SEND Transport Team: 01609 535077 / [sendtransport@northyorks.gov.uk](mailto:sendtransport@northyorks.gov.uk)

## Attendance

If it becomes apparent that progress is hampered by **non- attendance** to the personalised package or **non-engagement** without the health specialist's recommendation then the short-term intervention provided by the MES will come to an end and school attendance procedures will follow.

If it emerges that an assessment is needed and Special Educational Needs & Disabilities (SEND) is the cause of non-attendance at school or the pupil is awaiting change of a school place to meet their SEND needs, then again the MES's involvement will come to an end and the SEND Hubs will become involved if they are not already. Schools can make a referral to the SEND hubs by completing the referral form on the SEND Hub CYPS page.

The SEND Hub team work into schools and settings across the 0-25 age range and also with parents in their home where appropriate. Each CYP will have a key worker who will be their main point of contact from the SEND Hub team. For further information on the SEND hubs please visit [SEND hubs | CYPsinfo \(northyorks.gov.uk\)](#)

If a CYP's absence from school is not due to a medical need but is due to Emotional Based School Reluctance (EBSR) schools should:

- Take the initiative in making early contact with parent/carers to discuss the CYP's non-attendance
- Refer to the [NYCC Ladder of Intervention](#) in order to put in place a pastoral support programme
- Initiate an *Early Help Assessment* (EHA)
- Hold a *Team around the Family* (TAF) meeting (and subsequent reviews)

For more information on EBSR and a guide to aid identification, support and intervention schools can attend the following training [Emotional Based School Refusal | North Yorkshire Education Services \(nyestraining.co.uk\)](#)

The following services are available to support schools and families of young people with EBSR. To make use of any of the services, contact your local SEND Locality Hub at [NYSENDhubs@northyorks.gov.uk](mailto:NYSENDhubs@northyorks.gov.uk)

## Locality SEND Hubs

Four multi-disciplinary SEND hubs serve North Yorkshire and can be contacted for guidance and support. SEN Caseworkers, specialist teachers, SEND specialists, practitioners, Educational Psychologists, and Speech and Language and Occupational Therapists can provide a range of services and support.

Locality SEND Hubs can provide:

- A range of psychological approaches to help reduce anxiety and to help the young person feel more confident about attending school.
- Advice to home and school on managing/working with young people with EBSR.
- Advice to home and school on the design and implementation of a reintegration programme into school.
- Support to parent/carers as the programme of reintegration is underway.
- Facilitation of communication between young person and parent/carers or young person and staff.
- Training to school staff on EBSR and extended non-attendance

## Early Help Service

Early Help is able to support school in identifying cases of non-attendance which requires further action and may contribute in some of the following ways:

- Act as mediator between home and school.
- Help to assess reasons and circumstances that could have led to the breakdown in school attendance.
- Helping school staff to become more aware of strategies to support reluctant attendees.
- Support ideas to assist in resolving the problem.
- Carry out home visits and attend relevant meetings in school to plan actions with the young person, family and school, aimed at re-establishing attendance.
- Help to plan and review strategies.
- Encourage the young person/parent/carer in ensuring they manage to get to school in the morning.
- Help to refer on to other agencies if appropriate where specialist support may be provided.
- Maintain awareness and where appropriate initiate statutory duties with regards to school attendance.

## The Emotional Health & Resilience Team

The Emotional Health & Resilience Team are integrated within the North Yorkshire Growing Healthy 0-19 Service providing advice, consultation and support for children and families to enable them to address, the mental health and emotional needs of children and young people. The Emotional Health & Resilience Nurse:

- Focuses on positive mental well-being and promotes resilience in Children, Young People and their families.
- Delivers home contacts to complete the Family Health Needs Assessment and Home Environment Assessment Tool to identify and support needs.
- Delivers Low level interventions around anxiety, self-esteem, emotional distress, bullying and low mood.

The 5-19 Healthy Child Team are working to a recovery plan and only accept referrals related to Emotional Health & Resilience as per the revised service menu. A referral can be made via the Universal Referral Form found at [NYSCP \(safeguardingchildren.co.uk\)](https://www.nyscp.org.uk/safeguardingchildren.co.uk)

They can be involved in coordinating ongoing support for those children with identified EBSR. Parents are also able to discuss their concerns with their General Practitioner (GP) who can refer to agencies as appropriate.

## Compass Phoenix

Compass Phoenix is a free service that operates across North Yorkshire, supporting **children and young people aged 9-19** (and up to 25 for those with special educational needs or disabilities) who are experiencing **mild to moderate emotional wellbeing and mental health** difficulties. Our team of experienced and dedicated emotional wellbeing practitioners deliver evidence-based psychosocial interventions on a one-to-one or group

work basis. Practitioners conduct a comprehensive assessment, create a collaboratively agreed SMART care plan and deliver up to six tailored sessions with a child or young person.

Compass Phoenix training and consultation workers deliver **free emotional wellbeing and mental health training to schools and colleges** in order to increase the skills, confidence and competence of staff dealing with emotional and mental health concerns.

**Professional consultation** is available to colleagues working in education settings, providing advice, guidance, resources, and signposting in relation to pupil and students emotional wellbeing and mental health.

**BUZZ US** is a confidential text messaging service, young people aged 11-18 can text **07520 631 168** for confidential advice, support, and signposting in relation to emotional wellbeing concerns.