

Children, Schools & Families

Access to Education for Children and Young People Unable to Attend School for Medical Reasons

PUBLICATION SCHEDULE NUMBER:	CSF 3956
PUBLICATION DATE:	
AUTHORISING OFFICER:	Mike Griffin
AUTHORISING OFFICER SIGNATURE:	
AUTHOR OF PUBLICATION:	Brenda Loveday
POST:	Hospital & Home Education Adviser
UNIT:	Early Years & Early Intervention
REVIEW DATE:	January 2005
TARGET AUDIENCE:	ALL
PUBLISHED BY Hertfordshire Children, Schools and Families	



GUIDING PRINCIPLE

CSF aims to maximise the attainment and life chances of all children and young people. In most cases school provides the best learning environment for children.

However some children have medical needs that temporarily disrupt their ability to attend school. Hospital and Home Education (HHE) supports schools to provide learning opportunities for children in these circumstances in partnership with health and other CSF services. The goal is to reintegrate children back into school as soon as their medical condition allows, through an holistic approach to meeting their needs.

This applies equally to all children and young people with physical illness, pregnant schoolgirls and schoolgirl mothers, and those with mental health problems.

INCLUSION AND ACCESS

In order to promote inclusion we will identify barriers to learning and participation and promote flexibility within school and HHE.

We recognise that some groups of children and young people may face particular barriers and/or experience unfair discrimination because of their race, ethnicity, religion and beliefs, sexual orientation or because they are disabled. We are committed to ensuring that where barriers and/or discrimination are identified that we put in place remedial action to eliminate discrimination and provide a service which ensures learning and participation for all.

We seek to continue education for children and young people as normally as the child's medical condition allows.

EARLY IDENTIFICATION

A child or young person who is unable to attend school because of medical needs will have their educational needs identified and receive appropriate support quickly and effectively.

CONTINUITY

The child's school will retain responsibility for the child's education and the school's active participation in supporting continuity will be crucial to the success of reintegration. CSF will provide support for the continuity of education wherever possible, similar to that provided at the pupil's home school.

INTEGRATED INTERVENTION

We will ensure that all children receiving educational support through HHE have an integrated package of holistic support that promotes re-integration to full time school at the earliest opportunity.

This will be achieved through effective partnership working with schools, health, other services in CSF and external agencies, the young people themselves and their parents or carers.

PARENTS, CARERS AND PUPILS

Parents and Carers have a crucial role to play and hold key information and knowledge. Parents and Carers will be supported to be co-operative partners and we will involve them in their children's educational programme and performance.

We will ensure that children, young people and Parents and Carers are included in making decisions and exercising choice.

QUALITY AND EQUALITY

We will ensure that the education provided by HHE is of a consistently high quality, and follows the principle of equality of opportunity.

Children, Schools & Families
Access to Education
for Children and Young People
Unable to Attend School for Medical Reasons

CONTENTS

	Page
Section 1 Guiding Principle	6
Section 2 Inclusion and Access	8
Section 3 Early Identification	10
Section 4 Continuity	11
Section 5 Integrated Intervention	13
Section 6 Parents, Carers and Pupils	15
Section 7 Quality and Equality	16
Appendix A – Statutory Evidence	
Appendix B – School Exemplar Policy for the Education of Children and Young People with Medical Needs	

1.

GUIDING PRINCIPLE

1.1 **CSF aims to maximise the attainment and life chances of all children and young people. In most cases school provides the best learning environment for children.**

However some children have medical needs that temporarily disrupt their ability to attend school. Hospital and Home Education (HHE) supports schools to provide learning opportunities for children in these circumstances in partnership with health and other CSF services. The goal is to reintegrate children back into school as soon as their medical condition allows, through an holistic approach to meeting their needs.

This applies equally to all children and young people with physical illness, pregnant schoolgirls and schoolgirl mothers, and those with mental health problems.

1.2 Hertfordshire County Council policy reflects the principles of the Access to Education Document November 2001 and Section 19 of the Education Act 1996, which are to ensure that all children and young people continue their education as normally as their medical condition allows.

1.3 We will ensure that our planning and decision making will provide holistic support, which is driven by the needs of the children and young people and will respond appropriately to people's religious beliefs and/or observance, cultural, linguistic and all other needs of the individual young person.

1.4 We will work in partnership with Health and other CSF services to provide appropriate learning opportunities, which take into account the young person's medical condition.

1.5 We will actively involve young people in the preparation and planning of a programme to ensure continuity of education with the minimum of disruption.

1.6 Hertfordshire County Council will ensure that it fulfils its statutory duties to provide a broad and balanced curriculum for children with medical needs by continuing education for children and young people as normally as the child's medical condition allows.

1.7 The best learning environment for most children and young people is in school. The children receiving support from HHE remain on roll and the responsibility of the school and we will actively support schools in meeting the pupil's needs while they are absent for medical reasons.

- 1.8 We will ensure that each young person has an individually tailored personal education plan with an holistic reintegration package in place in order to facilitate their reintegration to mainstream education.
- 1.9 We will provide a range of learning opportunities, such as home tuition, group teaching and supported reintegration working in partnership with health professionals, Parents and Carers, schools and other support services.

2.

INCLUSION AND ACCESS

In order to promote inclusion we will identify barriers to learning and participation and promote flexibility within school and HHE.

We recognise that some groups of children and young people may face particular barriers and/or experience unfair discrimination because of their race, ethnicity, religion and beliefs, sexual orientation or because they are disabled. We are committed to ensuring that where barriers and/or discrimination are identified that we put in place remedial action to eliminate discrimination and provide a service which ensures learning and participation for all.

We seek to continue education for children and young people as normally as the child's medical condition allows.

- 2.1 All children have an entitlement to personal social and intellectual development and will be given opportunities to achieve their potential in learning.
- 2.2 We will adopt a policy of providing a service which meets the particular needs of any individual child or young person.
- 2.3 We will clarify and publish criteria for support to schools and children and liaise with schools and other CSF services to ensure that children and young people with medical needs are not at home without access to education for more than 15 working days.
- 2.4 We will collaborate with Healthy Schools Co-ordinators to support social inclusion by addressing health issues as a contribution to school improvement.
- 2.5 We will support schools to ensure that the roles and responsibilities of the whole school community in meeting the needs of sick children, are clearly defined in policies.
- 2.6 We will actively involve schools in the recognition of a safe and supportive teaching environment where pupils and teachers can work together to promote health.
- 2.7 Children and young people who are known to have a recurrent medical illness will have access to flexible education appropriate to their needs so far as possible from day one. We will work with schools, Health and other CSF services together with parents, carers and young people to ensure the nature of the provision is responsive to the requirements of what may be a changing medical status.

- 2.8 In order for children to return to school after a period of absence due to ill health it is sometimes necessary for schools to make changes in the way they work. We will therefore offer advice, guidance and practical support to help schools look at flexible responses to the delivery of teaching and learning for sick children and young people. This may include access to a temporarily reduced curriculum, limited and flexible timetables and provision of education at a different venue.
- 2.9 We will ensure that children and young people with a variety of progressive or degenerative medical conditions receive a rapid response from CSF and other agencies to maintain educational input and an holistic approach to meeting their needs.
- 2.10 We will liaise with Health and CSF colleagues in order to recognise when the child or young person is not well enough to benefit from teaching and this will be kept under regular review.
- 2.11 We will work with CSF transport services to ensure that an equitable, effective and efficient means of access to school is available.
- 2.12 We will work with schools, parents and carers to ensure that children and young people who are unable to attend school for medical reasons are kept informed about school social events, and when appropriate are able to participate for example in homework clubs, study support and other activities.
- 2.13 We will ensure that information is accessible to all parents, carers and young people by working with CSF colleagues to provide translations of written information, interpreters and alternative formats whenever appropriate.

3.

EARLY IDENTIFICATION

- 3.1 **A child or young person who is unable to attend school because of medical needs will have their educational needs identified and receive appropriate support quickly and effectively.**
- 3.2 CSF operates an effective referral system and mechanisms for ensuring a prompt response. We will ensure that there are clear lines of communication so that all concerned know who is responsible for identifying the pupil's needs and how to activate the relevant services quickly.
- 3.3 Regular consultation and analysis of absences currently undertaken by the school and EWO, will be used to develop efficient monitoring of pupils absent from school with medical needs. This will help schools to recognise patterns of absence to facilitate early intervention from Hospital and Home Education, where there is a recurrent or unresolved medical need.
- 3.4 Headteachers or senior staff within school are responsible for ensuring that a referral to CSF is made when it is anticipated that a child or young person will be away from school for medical reasons for more than 15 working days. It is the total time of absence from school for medical reasons that is important, not the length of a possible stay in hospital.
- 3.5 School liaison with the appropriate hospital education service if attending an out of county hospital, will enable an appropriate CSF referral and a prompt response to that referral to be made when the child returns to Hertfordshire.
- 3.6 We will collaborate closely with Health, particularly the Child and Adolescent Mental Health services, and other services when the nature of an illness and its effects are not clear.
- 3.7 We will establish protocols between Health and CSF to agree procedures as to who should be approached for particular advice and information. We will take account of the Cabinet Office report in March 2001, "Making a Difference, reducing GP paperwork" when recognising the most appropriate role for GPs in the development of local protocols.

4.

CONTINUITY

- 4.1 The child's school will retain responsibility for the child's education and the school's active participation in supporting continuity will be crucial to the success of reintegration. We will provide continuity of education wherever possible, similar to that provided at the pupil's home school.**
- 4.2 We will work with schools to ensure that procedures are in place to facilitate the two-way flow of information between school and HHE teachers. This will result in rapid access to schemes of work and reports on progress to ensure continuity of education while the child or young person is unable to attend school.
- 4.3 We will ensure that hospital and home teaching services liaise with schools and Health to enable a personal education plan to be drawn up which will facilitate the continuity of education for the child or young person.
- 4.4 We will ensure that the personal education plan drawn up by the school and hospital and home teachers develops a strategy for helping the child or young person to keep up with work in school rather than having to catch up. A young person working towards public examinations needs special consideration, and the arrangements will be stated in the Hospital and Home Education and school procedures.
- 4.5 It is important that schools provide information about records of achievement and curriculum for individual children and young people as promptly as possible to facilitate continuity and enable appropriate education to continue while the young person is unable to attend school.
- 4.6 We will work together with colleagues in Connexions Hertfordshire, Learning Skills Council and other CSF services to enable the personal education plan to take into consideration any assessment or work that may have been undertaken through those agencies.
- 4.7 Many pupils with particular needs based in special schools require input from specially trained teachers. We will ensure that there is close liaison between the school, SEN Officers and HHE to provide the specialist support these young people need.
- 4.8 Children and young people who are admitted to hospital on a recurring basis may experience particular educational disruption. We will therefore work with schools and health colleagues to ensure that these pupils have work prepared in advance to take into hospital and that there is access to education from day one.

- 4.9 Children and young people with degenerative medical conditions may not be able to make progress in the same way as their peer group. We will work closely with Health, school and the young person and their family, to provide appropriate activities with more frequent reviews of educational provision.
- 4.10 We will promote efficient and effective liaison with schools when pupils with medical needs are entering public examinations.
- 4.11 We will arrange continuing education for a young person over compulsory school age but under 18 where, because of illness, he or she is a "year behind". This will enable them to study for a further year to complete examination courses, which they would in normal circumstances have completed before they reached compulsory school leaving age.
- 4.12 We will work with Connexions Hertfordshire and Learning Skills Council to agree working protocols. This will enable procedures to be put in place to translate the protocols into actions and co-ordinate access to appropriate Post-16 provision for young people aged 16-19 who have missed out on education due to prolonged illness.

INTEGRATED INTERVENTION

- 5.1 **We will ensure that all children receiving educational support through HHE have an integrated package of holistic support that promotes re-integration to full time school at the earliest opportunity.**

This will be achieved through effective partnership working with schools, health, other services in CSF and external agencies, the young people themselves and their parents or carers.

- 5.2 Changing patterns of hospital treatment mean that the vast majority of pupils are now in hospital for a short time. Some pupils return regularly and while the stay in hospital is shorter, care in the community means that time out of school and recovering at home may still be substantial. Teaching at home during that period therefore has a greater significance and we recognise the importance of good links between all those involved with the young person.
- 5.3 We will ensure that all partners in CSF and Health are involved through the planning process to support better co-ordination and innovative approaches to help children and young people return to school after an absence through ill-health.
- 5.4 We will ensure that the needs of children and young people with physical illness and those with mental health problems will be addressed through the planning and review process of HHE. This applies equally to pregnant schoolgirls and schoolgirl mothers.
- 5.5 We will work in partnership with Health colleagues, particularly CAMHS developing information systems to support collaboration between different agencies. We will support the establishment of effective information sharing systems to ensure successful partnership working.
- 5.6 Reintegration to school after a period of illness can be an emotional hurdle for a child or young person. We will work to ensure that all pupils have well structured support from the home school in liaison with other agencies to assist in the young person's successful return to school.
- 5.7 We will provide opportunities for the young person to be taught in small groups when appropriate to offer a "halfway house" as part of a reintegration programme. We will work with schools to prepare a flexible programme including issues over timetabling and opportunities for social contact with friends in school.
- 5.8 We will use ICT to provide links between home and school to enable young people to maintain contact through collaborative working at a distance to ensure they are supported both educationally and socially.

- 5.9 We will initiate a multi-professional review if a young person has been absent from school for 2 terms, or sooner if appropriate. The review will be chaired by the Case Co-ordinator and attended by all other CSF case workers, as well as personnel from other agencies and the school, who are involved with the young person. The purpose of the review will be to ensure an integrated assessment and response to the young person's continued absence from school. HHE will work with the school on a programme to enable the young person to access education. This programme will be reviewed at no more than 12 week intervals.
- 5.10 When a child or young person is too unwell for scheduled tuition to take place, the teacher must be informed. If the pupil fails to make themselves available for tuition without such notification then there will be discussion between the parents and carers, Quadrant Co-ordinator and young person. If this happens on a regular basis then a review will be held. Tuition may be withdrawn if there is continued failure to keep the agreed contract. In each case withdrawal would only happen after a multi-professional meeting.
- 5.11 Tuition may also be withdrawn if the young person ceases to follow an agreed therapeutic programme recommended by CAMHS or other relevant agency as part of an agreed reintegration package. In each case withdrawal would only happen after a multi-professional meeting. Isolated tuition sessions do not support a programme of reintegration nor do they give the child enough confidence to ensure a successful return to school. Appeals against this decision to withdraw tuition will follow the agreed CSF procedure and advice will be given to parents and carers regarding the procedures.

- 6.1 **Parents and carers have a crucial role to play and hold key information and knowledge. Parents and carers will be supported to be co-operative partners and we will involve them in their children's educational programme and performance.**

We will also ensure that children, young people and parents and carers are included in making decisions and exercising choice.

- 6.2 In this document "parent" has the meaning given by Section 576 of the 1996 Education Act and it includes:
- all natural Parents and Carers, whether or not they are married and
 - any person who, although not a natural parent has parental responsibility for a child or young person and
 - any person, although not a natural parent, has care of a child or young person.
- 6.3 We will ensure that all Parents and Carers are consulted before teaching begins at home and are offered advice and support during the pupil's illness and absence from school.
- 6.4 Parents and Carers, children and young people's views will be taken into account when education plans are being drawn up. They will be kept fully informed about any arrangements that affect the child and will be involved in determining the way that provision is organised.
- 6.5 Parents and Carers and young people will receive regular reports on pupil progress. This will often be through the informal contact they have with teachers at the beginning and end of teaching sessions. They will also receive written reports at review meetings.
- 6.6 Parents and Carers and young people are invited to all review meetings which will be held wherever possible in the young person's school.
- 6.7 Parents and Carers and young people's views have an important part to play in tailoring services to meet their needs. They will be closely involved in the planning and implementation of any reintegration packages and their views will be sought in reviewing the service received and its strengths and weaknesses. These views will be fed into planning improvements for the quality of support received.
- 6.8 We will encourage Parents and Carers to be fully involved in their child's learning and they will be able to provide very helpful additional liaison with the home school. This can support the possibility of part time attendance or a temporarily reduced curriculum prior to full attendance during the recovery phase.

7.

QUALITY AND EQUALITY

- 7.1 **We will ensure that the education provided by HHE is of a consistently high quality, and follows the principle of equality of opportunity.**
- 7.2 Every child should have the best possible start in life through a high quality education, which allows him or her to achieve their potential. That principle applies whether the child is at school or absent for medical reasons.
- 7.3 Good teachers, using the most effective methods, are the key to higher standards. We will ensure that there are opportunities provided for staff who often work in isolation from their colleagues and from each other to have access to continuing professional development and share good practice. They will be encouraged to share good practice and to keep up to date with new teaching methods.
- 7.4 We will provide equal opportunities training for permanent staff who will disseminate best practice to all teachers.
- 7.5 We will continue to hold multi-professional training opportunities to support the development of work across traditional boundaries and provide a flexible service in order to meet the individual needs of each pupil.
- 7.6 To enhance the quality of education for all pupils and raise standards of achievement we recognise the growing potential of ICT. We are committed to improve access to a broad and balanced curriculum for all children and young people who are unable to attend school for medical reasons.
- 7.7 ICT can also help to keep children in touch with their peers and reduce isolation. We will therefore look to extend the opportunities to include the use of ICT wherever possible.
- 7.8 We will monitor the effectiveness of school and CSF policies by target groups (children and young people who may face particular barriers and/or experience unfair discrimination) and ensure positive outcomes for all children's learning. We take account of parents and carers, children and young people's views through ongoing discussions, evaluation sheets and independent interactive questionnaires and interviews.
- 7.9 We monitor and evaluate the quality and effectiveness of teaching through ongoing performance management and close scrutiny of the Personal Education Plan. The child's learning is monitored through observation, pupil report forms and regular multi-disciplinary review meetings.

7.10 We recognise the importance of a safe and supportive teaching environment and will ensure that working agreements are established when pupils and teachers can work together to promote health and will work with colleagues in CSF and Health to ensure the best quality environment.

Appendix A – Statutory Guidance and Legislation

This policy takes account of the statutory guidance contained in:

- The Access to Education Document for children and young people with Medical needs Circular 732/2001.
- The Special Needs and Disability Act 2001.
- The DfEE/QCA Guidance on Inclusion contained in “The National Curriculum” - Handbooks for primary and secondary teachers.
- DfES Guidance “Inclusive Schooling, Children with Special Educational Needs” 2001.
- DfES SEN Code of Practice Nov 2001.
- CSF Hospital and Home Education (HHE) service policy September 03.
- Race Relations (Amendment) Act 2000 (RRAA)
- Hertfordshire County Council Equality Policy

The Local Education Authority (LEA) has a duty set out in the Education Act 1996 to “.... 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, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.”

This policy has been drafted in the light of the requirements of the Race Relations (Amendment) Act 2000 and HCC Equality Policy and the impact of RRAA tested as part of the consultation.

Appendix B – School Exemplar Policy for the Education of Children and Young People with Medical Needs.

This appendix offers a model exemplar policy for a school to modify and adopt formally through their own Governing Body.

Schools Exemplar Policy - Appendix B

Appendix B offers a model exemplar policy for a school to modify and adopt formally through their own Governing Body.

School Exemplar Policy For the Education of Children and Young People Unable to attend School for Medical Reasons

The school policy takes account of the statutory guidance and legislation contained in:

The Access to Education Document for children and young people with Medical needs Circular 732/2001

The Special Needs and Disability Act 2001

The DfEE/QCA Guidance on Inclusion contained in "The National Curriculum" - Handbooks for primary and secondary teachers

DfES Guidance "Inclusive Schooling, Children with Special Educational Needs" 2001

DfES SEN Code of Practice Nov 2001

CSF, Hospital & Home Education (HHE) Policy September 2003

Race Relations (Amendment) Act 2000 (RRAA)

Hertfordshire County Council Equality Policy

Context of school

Mission Statement

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively reintegrated once they are well enough to attend.

Children with medical needs will not be disadvantaged regarding admissions to this school. Every application will be considered according to the published admissions criteria as required by law.

Our policy seeks to overcome potential barriers to learning for our pupils who have medical needs. This includes children who are physically ill or injured, those with mental health problems and pregnant schoolgirls who are unable to attend school for medical reasons.

The aim is to minimise the interruption and disruption to the pupil's schooling by continuing education as normally as the child's condition permits, and working towards their reintegration into school as soon as possible.

Named Person

The designated teacher in this school who is responsible for ensuring that the needs of all pupils with medical needs are met is They will take an active and continuing role in the pupil's educational, social and emotional progress.

To meet their needs in school this named contact will ensure that wherever possible facilities are available to meet individual needs, e.g. a designated toilet for pupils with Crohn's disease.

The school will at all times aim to work in partnership with parents or carers to ensure the best possible outcomes and a return to school as soon as possible.

The designated teacher will have the responsibility for liaising with parents or carers and various agencies where the pupils are too ill to attend school.

This contact will ensure that procedures are followed when a pupil is absent from school for medical reasons including procedures to support;

early identification
referrals
personal education plans
reintegration into school
pupils working towards public examinations.
involvement of the pupil
pregnant schoolgirls and schoolgirl mothers
Post 16
evaluation

Early Identification

All staff take responsibility for the identification for the children/young people who are on school roll but are absent from school with a medical need which may impact on their ability to access the curriculum. This will be monitored through the pastoral staff, form teachers, Heads of Year and the Named Person.

All staff will support the named person to establish, where possible, the amount of time a pupil might be absent and identify ways in which the school can support the pupil in the short term e.g. providing work to be done at home in the first instance.

Referrals

The named person will fill in a CSF referral form clearly identifying HHE as the provider and will set in place the referral process where a child/young person has been absent for 15 school days in a term or earlier where it is clear that pupils will be absent for such a period. They will liaise with parents or carers to provide medical evidence to accompany the referral.

The school will ensure that where pupils with long-term and recurrent conditions are absent, the Hospital and Home Education Quadrant Co-ordinator will be informed and medical evidence secured. The school will communicate with other parties, attend reviews and facilitate communication between the pupil and the school.

Personal Education Plans

The plan will set out the education that will be delivered during the period of absence. It is an on-going document or set of documents that will be updated and revised at each review meeting according to the child's medical and educational needs.

The school will provide work and materials for pupils who are absent from school because of medical needs. Strategies for ensuring support in cases of long-term absences, will include the provision of information on the pupil's capabilities, a current programme of work, half-termly plans of work and curriculum plans and schemes of work.

The school will work with HHE staff to ensure continuity of education and the named person will initially arrange for the setting, collection and marking of work, depending on the child's needs. A flexible approach will be needed to take into account any gaps in pupils learning resulting from missed or interrupted schooling.

Reintegration

The school recognises the key role it can play in ensuring successful reintegration of pupils returning after a period of illness. We will provide support, together with HHE staff, to assist a smooth reintegration back into school. We will work in partnership with parents, CSF and medical staff, to ensure a flexible approach to meeting the pupil's needs. We will involve the young person's peers to ensure they support the pupil's reintegration. We will consider exempting pupils from the full range of National Curriculum arrangements on a temporary basis whilst they readjust to normal school life.

Public Examinations

The school will implement procedures for ensuring that pupils who are unable to attend school for medical reasons have access to public examinations, possibly as external candidates, and applications for special arrangements are made to the awarding bodies where appropriate.

Involvement of the pupil

The school will ensure that pupils who are unable to attend school because of medical needs are kept informed about school social events, and extra curricular activities. This will enable such pupils to participate, for example in homework clubs, study support and other activities. We will encourage contact with peers through visits, cards and e-mails where possible and will ensure that all procedures and arrangements take account of pupils' views.

Pregnant Schoolgirls and Schoolgirl Mothers

We will refer pregnant girls at any age to HHE in order to make sure appropriate support (e.g. teaching, childcare) is available if needed.

The pupil will remain in school for at least 24 weeks and longer if she is fit and able to do so. If it is agreed that an alternative short term placement out of school is required this will be supported in the same way as a child with medical needs. The same curricular and exam liaison procedures will apply.

Post 16

We will ensure that all young people who are absent from school for medical reasons will be referred to the Connexions Hertfordshire service at the earliest opportunity. They will have access to advice and guidance from the Connexions Hertfordshire service to help them prepare for their next steps in education and work to overcome any barriers to participation. One of our aims will be to give intensive support to pupils facing complex problems.

Where a young person has had their education significantly disrupted for medical reasons and is taking external examinations a year late, we will work together with HHE during Year 12 to ensure that they are able to complete their statutory education.

Evaluation

We recognise that a pupil who is unable to attend school because of medical needs must not be removed from the school register without parental consent, even during a long period of ill health. The school and the named person will always seek to work as closely as possible with parents and carers. If however, parents and carers are not satisfied with the service they receive they should in the first instance raise this with the Headteacher.

The School's policy for the education of pupils with medical needs will be included in the prospectus. It will be presented to staff and Governors by**DATE**..... and then this policy will be reviewed annually.

This policy statement and the school's performance in supporting pupils with medical needs will be monitored and evaluated regularly by the Governing Body. It will be formally reviewed annually to ensure that the physical environment of the school and the policy enables all children to have equal access to continuity of education.

A report on the implementation of this policy will be included in the Governors' Annual Report to parents.