

Supporting pupils with medical needs – School Self-assessment/Audit document and Action Plan:

Requirements	Starting point Date: _____			Actions required	Date Completed/ comments
	Red (no or unsure)	Amber (partially in place/ not embedded)	Green (fully in place)		
<ul style="list-style-type: none"> <u>Head and Governing body fully aware of their legal duties to support children with medical needs:</u> The Head and the Governing Body are fully aware of Section 100 of the Children and Families Act 2014 placing a legal duty on schools, and academies to make arrangements for supporting pupils at their school with medical conditions. <u>There is evidence to show that the Head and the Governing body have read and considered the DfE statutory guidance Dec 2015 document, “Supporting Children in School with medical conditions”</u> (evidence would include the document signed and dated or minutes or a governor’s meeting that this has been read and discussed or that this statutory guidance is referenced in the ‘supporting pupils with medical needs policy’ and that this policy has been ratified or discussed with governors) 					
<ul style="list-style-type: none"> <u>Policy: The school has a ‘Supporting pupils with medical needs policy’ in place</u> (and this is reviewed regularly) and this is publicised on the schools website so that it can be viewed by parents/carers and other professionals (this is a <u>statutory</u> policy. Please see the DfE document ‘statutory policies for schools’ December 2014 for more information). <i>Please see HOE website for exemplar policy for schools.</i> 					
<ul style="list-style-type: none"> <u>Designated member of staff for children with medical needs:</u> The school has a designated member of staff responsible for children with medical needs. <i>The name of this person is publicised (e.g. on the school website).</i> 					
<ul style="list-style-type: none"> <u>Designated member of staff responsible for IHCPs:</u> A designated member of staff or clear lines of responsibility are in place for overseeing IHCP’s (this could be a different person for the designated member of staff for children with medical needs. School policy could be for a class teacher or form tutor to work on IHCPs with parent/carers or the SENDCO may be involved. In some schools one person may have this responsibility). 					
<ul style="list-style-type: none"> <u>IHCPs (individual Healthcare Plans) in place:</u> IHCPs are in place, as appropriate, for all children with medical needs. 					
<ul style="list-style-type: none"> <u>IHCPs (individual Healthcare Plans) are reviewing AT LEAST annually</u> (in line with DfE statutory guidance) 					

<ul style="list-style-type: none"> • Managing Medicines: We have robust processes in place to manage medicines in school. Our policy and practice is in-line with the latest DfE statutory guidance (“Supporting Children in school with medical conditions) 					
<ul style="list-style-type: none"> • School trips and Offsite visits: Our school External Visits Co-ordinator is fully aware of the statutory guidance for supporting children with medical needs. Our policy and practice in regards to school trips and external visits reflect this. We plan well in advance for school trips when there are children with medical needs who need to be considered for the school trip. 					
<ul style="list-style-type: none"> • Safeguarding (verification of medical needs): if pupil is absent <u>long-term</u> or regularly for health reasons we always seek verification/details from a medical professional that the information provided by the parent is correct and hold a medical letter on school file. 					
<ul style="list-style-type: none"> • Safeguarding (When a child is in hospital or receiving education through Medical Outreach Education): <ul style="list-style-type: none"> • We are aware that all paediatric inpatients units are legally required to have education attached. Pupils become dual-registered between MOE and our school. • If a pupil is in hospital for a period of time then we make contact with the MOE staff based at the hospital and liaise regarding continuity of education and share key information (which will include safeguarding concerns that are shared with the MOE Designated Safeguarding Lead). • We check the MOE website (www.nhoe.org.uk) for a copy of their child protection policy (so that we are satisfied that procedures are in place to keep our pupil safe whilst dual-registered). For long-term hospital admissions we liaise with the MOE staff at the hospital especially when the pupil is due to be discharged back to school and may need reintegration support (this may include a visit). • We are mindful that when a child is in hospital this can be a strain for the whole family. We consider if there is an offer of ‘early help’ that may be required for the family. • We have strong partnership working with Hospital and Outreach Education and ask for regular updates, share safeguarding concerns, share curriculum information and attend multi-agency meetings for any pupils receiving education through MOE. <p>Please note that in recent Ofsted inspections in schools have been asked how that they know that their pupils are safe and receiving appropriate education whilst with Medical Outreach Education.</p>					
<ul style="list-style-type: none"> • Partnership with other agencies and awareness of their roles: <ul style="list-style-type: none"> • HOE: If a child is absent and unable to attend school for 15 days and this looks like it will continue due to medical reasons (which have been verified) advice and guidance is sought from MOE. • If necessary, a referral is made to MOE then the school make contact with relevant medical professionals to seek medical advice to support the referral. • School nurses: Good links are in place with the school nurses. • Other agencies: We have solid partnership working with a range of agencies and ensure the appropriate agencies are consulted to support our work with individual pupils as appropriate. 					
<ul style="list-style-type: none"> • Appropriate training: 					

<ul style="list-style-type: none"> • Appropriately trained staff and CPD is arranged to ensure staff can support children with medical needs. • Someone in school is trained to deal with self-harm and has the confidence to deal with it should the need arise. 					
<ul style="list-style-type: none"> • Children with medical needs: have an individual learning plan as well as an IHCP or EHCP (as appropriate) and process is triggered when children with medical needs may need additional support or adjustments in school for their health needs. 					
<ul style="list-style-type: none"> • <u>Equality for children with medical needs: None of the policies, processes or reward systems with the school discriminate against children with medical needs.</u> • Children with ongoing medical needs (i.e. Beyond normal childhood illnesses) are not penalised for their lower school attendance (e.g. awards/certificates or school prom attendance). We are confident that as a school that any attendance reward policy is not a potential disability discrimination issue. Attendance rates are discussed with medical consultants if appropriate and individual attendance targets set, Effort is rewarded appropriate to the individual child. 					
<ul style="list-style-type: none"> • <u>Reintegration support and flexibility in the face of medical needs:</u> • As a school we are able to offer flexible and effective reintegration programmes in order to accommodate children returning to school following a period of absence due to medical needs. • As a school we are flexible and creative in terms of how we make reasonable adjustments to enable pupils with medical needs to access school and the curriculum, 					
<ul style="list-style-type: none"> • <u>Pupil Voice</u> Pupil voice and pupil dignity is always a priority for children with medical needs. Use of the IHCPs (individual Healthcare plans) enables the pupil feelings to be captured effectively. Other opportunities are found for pupils to be able to talk about their feelings towards their medical conditions and the way that they are supported with these in school. (e.g. when considering wheelchairs and who pushes it pupils are consulted as to whether they are happy with their peers pushing their wheelchair if appropriate (this is a dignity issue). 					