

Policy Name: Admissions Policy (Gloucestershire Hospital Education Service)	
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Member of staff responsible for the policy:	Beth Warren (Head of service)
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1.0 Introduction

1.1 Context

The purpose of Gloucestershire Hospital Education Service (GHES) is to meet the Local Authority's (LA) duty to provide equal access to appropriate education for young people who are temporarily medically too unwell to attend school. This may be due to physical illness, injury or mental health needs. GHES supports pupils to enable them to thrive and achieve their potential in spite of the health issues they have.

GHES aims to:

- provide continued education as normally as the pupil's medical condition allows
- address inclusion and reintegration issues specific to pupils to medical needs
- make it possible for a pupil to have a seamless education between hospital, home and school
- work in partnership with the main school the child is registered with to provide a flexible and balanced curriculum which meets the needs of each pupil whilst they are with GHES
- assist in a smooth transition back to the main school the child is registered with (where appropriate).

1.2 Provision

GHES is a medical Pupil Referral Unit and an Alternative Provision (AP). Gloucestershire County Council (GCC) discharges its duty 'to provide alternative provision for children who are medically too unwell to attend school' to GHES. It is mostly funded through the high-needs budget for GCC.

GHES has three sectors:

- education provision for paediatric inpatients – based at Gloucester Royal Hospital (GRH) schoolroom
- education provision for paediatric outpatients – based at St George's Road, Cheltenham
- education provision and support for pregnant school girls / school-aged mothers – based within paediatric outpatients at St George's Road, Cheltenham.

1.3 Roll Responsibilities

All pupils at GHES are dual-registered, meaning they remain on roll with the main school the child is registered with and GHES. Although such pupils are taught by GHES, at all times they remain the responsibility of the school they are registered with and should be recorded on that school's annual census return. The guiding principle is that the pupil's needs are best met within a school environment whether

mainstream or special school. GHES supports inclusion and will work towards reintegrating pupils back into the school they are registered with at the earliest possible opportunity, which may involve a multi-professional approach. Educational provision through GHES is intended to be responsive to the demands of what can be a changing medical status.

1.4 Application of the Policy

This policy applies to children and young people of school age on a school roll who have medical needs and reside in Gloucestershire.

2.0 Admission to Gloucester Royal Hospital (GRH)

2.1 Admissions to the GRH

Subject to medical advice, we will aim to teach pupils in hospital from day 1. Professional judgments will be made by GHES staff in prioritising our teaching with long stay and recurring pupils given most time and highest priority. These decisions will be made on a multi-disciplinary basis, taking individual medical health needs into account.

2.2 Action following an admission to GRH

Educational arrangements for children and young people in hospital will be made by GHES staff who will liaise with medical staff, home schools and other agencies as appropriate in order to give continuity of provision for each pupil.

2.3 Handover information from the school the child is registered with

- pupils who are admitted as day patients to GRH are able to participate in lessons in the classroom or at their bedside but we do not require information from the registered school
- for pupils where it is clear their stay will be long-term (more than 5 days), contact is made with the registered school to get baseline data and details of what they have been studying. This information is required before day 3 of being an inpatient to enable education for the pupil to be planned for at an appropriate level
- for pupils who are regularly admitted to GRH for on-going treatment which is known in advance, it is expected that both GRH and the main school the child is registered with will liaise over work requiring completion whilst they are in hospital.

3.0 Referrals to the Outpatient Team (OT)

3.1 Purpose

The main purpose of the GHES Outpatient Team (OT) is to educate and meet the learning needs of children and young people of compulsory school age (5-16 years, up to the end of Year 11) whose medical condition, whilst not requiring hospitalisation, does not allow them to attend school.

3.2 Referrals

Referrals to GHES are made using the referral form and other documentation available on the GHES website. This documentation must include referral evidence from an appropriate medical professional (see section 3.3 for details of appropriate medical evidence).

Pupils with the following needs can be referred:

- those with medical / mental health needs as a primary need who are or will be absent from school for more than 15 working days (consecutive or cumulative absence due to the same illness)
- pupils who have complex other needs but also have a secondary medical health need which is diagnosed as temporary and treatable
- pupils who are re-integrating into school after a period of illness or injury
- pupils who are frequently absent from school for short periods of time due to the nature of their chronic illness or following a course of treatment and where the school cannot make their own reasonable adjustments to meet these needs
- girls of compulsory school age who become pregnant and intend to follow through with the pregnancy.

3.3 Appropriate Medical Evidence

All referrals must be verified by a consultant community paediatrician or a registered clinician of a child in treatment with CAMHS. This should confirm:

- that the child is medically unable to attend school
- for how long support might be required
- number of recommended teaching sessions
- the most appropriate delivery of sessions: face to face in the home, one-to one online, group online, at OT classroom

- an outline of what medical intervention is currently in place and on-going treatment.

Information is also sought from the main school that the child is registered with to support the medical referral.

For girls who are pregnant, the school nurse or GP should contact GHES outpatients as soon as possible to ensure support is put in place for them.

For pupils who have returned from hospitals or other in-patient units out of county, medical evidence and advice will be sought from the discharging hospital medical staff.

A lead medical professional with responsibility for overseeing the child or young person should be named at the time of referral for ongoing advice.

3.4 Action following a referral to GHES Outpatients Team (OT)

Once a referral has been accepted, parents, schools and other relevant services are consulted to ensure delivery of effective education. Where appropriate, an initial meeting will be set up between the main school the child is registered with, GHES OT, the family and other professionals to share key information and determine likely timeline towards re-integration.

To allow GHES to keep accurate records and support pupils using the most relevant and up to date baseline assessments, the main school that the child is registered with will be expected to send relevant data to GHES. Schools are contacted on the same day that a referral is accepted and we expect information to be back to us within 5 working days, to enable us to provide education as quickly as possible.

3.5 Charging

GHES has its own charging and remissions policy which all schools should refer to and can be found on the GHES website.

4.0 Responsibilities

4.1 At GRH, as an inpatient, GHES is responsible for:

- direct teaching and learning opportunities for pupils based on work sent in from the main school the child is registered with
- providing some baseline assessment and learning plans for all long-term pupils
- support and mentoring to pupils with a medical need to help prevent barriers to access to education
- providing data to, and collecting data from, the main school the child is registered with on attendance and curriculum coverage

- advice and/or training to home schools according to individual needs
- contributing to assessment for pupils who have a declining or sudden change in educational functioning due to a medical condition or injury
- liaison with other educational, health and social care professionals to ensure a joint approach to decisions about the educational and health care needs of the pupil
- supporting and possibly coordinating an appropriate school reintegration plan
- in conjunction with other agencies, planning educational provision for those pupils who may not immediately return to school
- monitoring the support for particular pupils with chronic health conditions once back in school
- ensuring that GHES staff receive appropriate in-service training and support
- attending and supporting relevant reviews (educational multi-professional)
- ensuring a smooth handover to GHES Outpatient Team (where relevant).

4.2 GHES Outreach Team Responsibilities:

- fulfil our safeguarding duties under Keeping Children Safe in Education 2019 as documented in our Safeguarding policy, including sharing all safeguarding concerns with the DSL from the main school the child is registered with
- attend all multi-agency meetings for a child along with a member of staff from the home school
- make personalised educational provision for individual pupils, ensuring continuity of educational provision
- to undertake appropriate educational assessments to ensure personalised programmes are designed to meet individual pupil needs
- monitor and evaluate the effectiveness of provision for individual pupils who cannot attend school due to a medical need or who are on an reintegration programme, and support the school in the development of an appropriate and sustainable reintegration plan
- to liaise with the main school exams officer to ensure pupils are entered for the correct external examinations
- support and advise schools on the impact of a pupil's medical conditions on the ability to access education
- contribute to Education, Health and Care Plan (EHCP) assessments according to the SEN Code of Practice

- facilitate the greater involvement of pupils in making decisions about their own educational options, setting their own targets for learning and other priority health and social needs and in monitoring their own progress
- where appropriate, work with families to ensure that their views are always taken into account and that the rights of children are paramount
- provide regular information to school regarding pupil progress and attendance
- attend reviews to discuss educational arrangements
- develop an appropriate reintegration plan for a child alongside the family, child and home school through use of the graduated pathway or an Individual Healthcare Plan (IHP)
- fully support reintegration/transition back to the home school, a different setting or to post-16 provision.

4.3 Responsibilities of the Schools/Academies:

- maintain their safeguarding duties under Keeping Children Safe in Education 2019 including liaising closely with GHES on all safeguarding concerns, updating and retaining their safeguarding files with information shared by GHES
- maintain the pupil on the school roll
- ensure that there is a named person for pupils with medical health needs
- work with GHES staff to plan and implement Individual Healthcare Plans (IHPs) and/or SEN plans for pupils with medical health needs
- provide GHES with information requested on the essential handover document within 5 working days
- in collaboration with GHES staff, attend any initial meetings and subsequent review meetings for all pupils with medical health needs and to invite the pupil, parents, and appropriate professionals
- attend all multi-agency meetings for a child along with a member of staff from GHES
- ensure that pupils are entered for appropriate external examinations and that Access Arrangements are applied for as requested
- to administer the exam process for the pupil e.g. by providing an invigilator at an alternative venue, such as home or hospital, if required
- inform GHES of exam grades for all dual-registered pupils on exam results day

- ensure that general school information for pupils, parents/carers is sent home to all pupils even if the pupil is not attending school in order to include the pupil in the life of the school as far as possible
- make alternative arrangements, or be flexible where possible, in order to include the pupil in the life of the school whilst they are with GHES.

4.4 Parents'/Carers' Responsibilities (all settings)

Parents / Carers are responsible for carrying out their part of any GHES and the main school the child is registered with parental agreement, and supporting their child in the educational and reintegration process.

5.0 Withdrawal or Decline of GHES Support

There may be some instances where, after review or in collaboration with the home school, medical professionals and other colleagues, it may be appropriate or necessary for GHES to decline a referral or withdraw support. In these circumstances, a letter or final report will be sent to the main school the child is registered with, medical professionals and parents / carers.

5.1 Decline of Referral to GHES Outpatient Team (OT)

At every admission meeting we scrutinise the information given on each referral as we strongly believe that if a child can stay in the main school the child is registered with that is the best outcome for them. We may decline for the following reasons:

- If the referral has been made by someone who is not a consultant community paediatrician or a registered clinician of a child in treatment with CAMHS
- If the child is not a resident in Gloucestershire
- If the child is not on-roll with a mainstream/other school
- If the pupil is being educated at home (Elective Home Education, EHE) due to the child not being on-roll with a mainstream/other school
- If the pupil is currently attending a special school. Special schools are expected to support children with medical needs (who need period of education at home) from their existing budget in all circumstances. Specialist school staff have the specialist skills to best support their pupils on roll. We do provide support for special school pupils who are admitted to GRH from day one. Liaison between the specialist school staff and the teaching staff at GRH is especially important for pupils who have regular admissions

- Where it is clear a pupil is able to attend school but needs special arrangements. GHES is an alternative provision for pupils who are medically unable to attend school. If a pupil can attend school but needs special arrangements put in place (e.g. reduced timetable, leaving lessons early, lessons in a quiet space) then this remains the responsibility of the main school the child is registered with to ensure the right support and adjustments are put implemented. This may be through an IHP or through the Graduated Pathway. The LA Inclusion team can also provide advice and guidance for a school about what those adjustments might need to be
- GHES does not generally provide education for pupils with an EHCP other than in specific situations:
 - a pupil with a medical condition that is unrelated to the EHCP
 - a pupil with a medical condition requiring statutory assessment to identify and support access to school
 - post operative recovery support.

For all pupils with long-term medical needs, where there is a known need of periods of time where the pupil will be too unwell to attend school but well enough to learn at school this should be reflected in the pupil's EHCP and there should be school protocols in place. Schools can liaise with the GHES SENCo if they need support in this area.

5.3 Withdrawal of GHES Outpatient Team

The main reason for withdrawal of GHES outpatient team will be after a successful reintegration for a pupil back to the main school the child is registered with or to alternative provision, or on to Post-16 where appropriate. However there are other reasons why GHES may withdraw their provision:

- pupils whose attendance becomes a concern and engagement is not considered to be related to their medical condition
- pupils who do not attend school after a supported reintegration programme or refuse to engage with the reintegration process
- pupils who refuse to collaborate with medical treatments
- where updated medical evidence advises that GHES support is no longer required
- where the common view of the multidisciplinary team around the child is that we are no longer the most appropriate service to make an impact.