Thirsk School
& Sixth Form College

Supporting Students with Medical Conditions Policy

Document Status	
Date Adopted	December 2024
Policy Owner	SENDCO/HoS
Implemented By	Governing Board
Signed	E Lambden **Emma Lambden** **Headteacher**
Signed	**Nick Horn** **Chair of Governors**

Thirsk School & Sixth Form College has the responsibility to ensure that students who are absent from school with medical needs diagnosed by a Medical Officer, have the educational support they need to maintain their education. Good communication and cooperation between the school, home, medical professionals and the Local Authority are essential if good quality education is to be provided. The school's policy reflects the DfE's statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs' (January 2013 updated May 2013), 'Supporting students at school with medical conditions' (September 2014), the report from Ofsted published in November 2013 'Students missing out on education' and the North Yorkshire Policy Statement.

Key aims of the policy

The key aims of the policy are:

• To identify student's medical needs early and to ensure that prompt action is taken.
• To provide continuity of high-quality education, so far as the medical condition or illness allows.
• To reduce the risk of lowering self-confidence and educational achievement.
• To establish effective liaison and collaboration with all concerned in ensuring that students with medical needs have access to education.
• To ensure successful reintegration into school for students with long term or recurring illness or medical conditions.

Role of the Head of School (Lower, Upper or Sixth Form College)

The Head of School (Lower, Upper or Sixth Form College) will:-

- Ensure that there is effective communication with other parties.
- Attend, or ensure attendance at, planning meetings and reviews.
- Maintain, or ensure that communication is maintained generally between the student and the school, especially with regard to activities and social events that may enable the student to keep in touch with peers.
- Be responsible for monitoring and developing Individual Healthcare Plans.
- Liaise with the SENCo as to whether to proceed with an Education and Health Care Plan.
- Monitor attendance of all students with medical conditions and for absences of 15 working days or less, that are not part of a pattern of a recurring illness, liaise with the student's parents to provide homework as soon as the student is able to cope with it and ensure continuity of learning.
- Liaise with the Prevent Service regarding all students expected to be absent from school for 15 working days or more (including time in hospital) and make a referral as soon as possible to the local behaviour and attendance Collaborative for support in making educational provision for the student.
- Co-ordinate with the PRS the education provision from the first day of absence for students who have disrupted patterns of attendance due to recurring illness or chronic conditions.
- Ensure that where a referral is made, access to the planning and assessments in all national curriculum subjects which the student is studying is made available to PRS staff within 5 working days and work programmes on a termly basis where appropriate.
- Liaise with the designated home/medical teacher regarding the action plan as agreed at planning and review meeting.
- Make available to the PRS staff Individual Education Plans, Personal Education Plans, Individual Health Care Plans and Risk Assessments where appropriate.

- Supply PRS hospital teachers with background information on the child or young person and liaise to ensure that work set at an appropriate level for long and recurring admissions to hospital.
- Organise part-time attendance at school in combination with alternative provision if appropriate.
- Monitor provision, progress and reintegration arrangements.
- Ensure that students who are not able to attend school because of medical needs have access to public examinations.
- Ensure that the views of students and parents/carers are taken into account
- Ensure that arrangements are in place to comply with procedures set out in the SEN Code of Practice (2014) where applicable.
- Promote equality of opportunity for students with medical needs having due regard for their duties under the Equality Act 2010.
- Keep the child on the school roll.
- Review this policy annually.

Procedure to be followed when notification is received that a student has a medical condition

The named person for implementing the policy will ensure, through liaison with the school nursing team, that the individual medical needs of students, where appropriate, are suitably recorded via a school Health Care Plan.

<u>Students who transfer from Year 6:</u>

- For students who make the transition to Thirsk School & Sixth Form College from their primary school, the identification of medical needs of the student will be identified by the primary liaison team during their visits as well as through the admission form.

<u>Students who make a mid-year application to Thirsk School & Sixth Form College:</u>

- For students starting at Thirsk School & Sixth Form College through the mid-year application process, the identification of medical needs will be identified at the initial admission meeting with parents and the admission form.
- The Head of Year (Lower, Upper and Sixth Form College) with responsibility for that student will contact the student's previous school prior to admission to discuss the student's needs.

<u>Students currently on roll</u>

- Where the school is notified that an existing student has a new medical condition the designated member of staff will ensure that a meeting is held between the Head of Year (Lower, Upper and Sixth Form College), school nurse and parents to discuss the student's needs.

In any of these cases, if the need to complete an individual health care plan is recognised, the designated member of staff will liaise with school staff, the school nurse, parents and healthcare professionals to ensure their child has access to their full curriculum offer, if this is appropriate. Individual health care plans will help ensure that Thirsk School & Sixth Form College effectively supports students with medical conditions. The school does not need to wait for a formal diagnosis before implementing a health care plan and not all students with a medical condition will require a

plan. The school staff, school nurse, parents and healthcare professionals should agree, based on evidence, when a plan would be appropriate.

If the plan indicates medicines need to be administered during school hours it will clearly state the procedure for this, as well as how the medicines will be stored.

Health care plans will be disseminated to school staff on a case-by-case basis. The breadth of distribution will be decided by the parents, student, school staff and healthcare professionals when drawing up the plan, taking into account the need for confidentiality and ensuring that appropriate support is delivered.

Staff training

The designated member of staff will ensure that any member of school staff providing support to a student with medical needs will have received suitable training. The level of training required will be identified on an individual level through the health care plan. The relevant healthcare professional will be invited to lead on the type and level of training required, and how this can be obtained.

There is a number of staff who are first aid trained.

The child's role in managing their own needs

The school recognises that some students will be competent to manage their own needs and medicines. After discussion with parents, students who are deemed competent will be encouraged to take responsibility for managing their own medical needs and procedures.

Wherever possible, and with consent from parents, students should be encouraged to carry their own medicines with spares being held at reception.

If it is not appropriate for a child to self-manage, then other trained staff should help to administer medicines and manage procedures for them.

Managing Medicines on school premises and record keeping of medicines administered

No student under 16 will be given prescription or non-prescription medicines without parental consent. If the school is required to administer medicines a signed NYCC consent form is required.

All medicines are stored in a locked cupboard in the original prescribed container, except for Epipens which are kept in the nurses room during school hours for easy access and locked away at the end of the day (in line with NYCC guidelines).

Emergency inhalers are also available for students diagnosed with asthma. These will only be used where a parent has given prior written consent to use in such circumstances.

Any medication that is administered is logged on the school Management Information System.

No medication will be administered if it is the wrong dose, prescribed for a different family member or without consent. If this is the case parents will be informed.

If a student requires analgesics which will then allow them to remain in school and there is no consent or they have not been provided, parents are contacted and asked to come into school and administer the medication to their child.

As a school we do not provide medication, we will only administer following the above criteria.

Risk assessments for school visits, holidays and other school activities outside of the normal timetable

School staff should be aware of how a student's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and reasonable adjustments.

The school will make arrangements for the inclusion of students in activities with any adjustments required unless evidence from a health care professional states that it is not possible.

The school's *Educational Off-site Visits and all Adventurous Activities Policy* ensures trip leaders plan for the needs of students with medical conditions, undertake the necessary risk assessments and make the necessary adjustments so that a students with medical conditions are able to participate.

Emergency procedures

In the event of an emergency during school hours, every effort is made to inform parents as soon as possible. However, if they cannot be contacted the student will be accompanied to hospital by a member of staff, who will stay with them until the next of kin arrives.

It is the responsibility of parents to ensure that the school and their sons/daughters have their current telephone numbers or an address where they can be contacted during the school day.

Unacceptable practice

Although school staff should use their discretion and judge each case in turn with reference to a student's individual health care plan, it is not generally acceptable practice to:-

- Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every student with the same condition requires the same treatment
- Ignore the views of the student or their parents; or ignore medical evidence and opinion (although this may be challenged)
- Send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual health care plan
- Prevent students from eating, drinking or taking toilet or other breaks in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child (unless parents have failed to provide the correct consent)
- Prevent students from participating, or create unnecessary barriers to them participating in any aspect of school life, including trips

Liability and indemnity procedures and complaints

Thirsk School's insurance policies will provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any health care procedures. The level and ambit of cover required must be ascertained by the relevant insurers. Any requirements of the insurance such as the need for staff to be trained should be made clear and complied with.

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

Policy monitoring and review

This policy will be reviewed on an annual basis by Thirsk School & Sixth Form College's Governing Board.

Roles and responsibilities of all involved in school

- Governing Board
  The Governing Board must make arrangements to support students with medical conditions in school, including making sure that a policy for supporting students with medical conditions in school is developed and implemented. It should ensure that a student with medical conditions is supported to enable the fullest participation possible in all aspects of school life. The Governing Board should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. It should also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

- Headteacher
  The Headteacher should ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation. The Headteacher should ensure that all staff who need to know are aware of the child's condition and should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. The Headteacher has overall responsibility for the development of individual healthcare plans and should also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way. The Headteacher should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

- School Staff
  Any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

- School Nurse (Local Authority)
  Thirsk School & Sixth Form College has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

  Reception is responsible for storage of medicines. Reception will also ensure that the school MIS is up to date with medical information and will liaise with the Pastoral Team to ensure relevant information is disseminated to teaching staff.

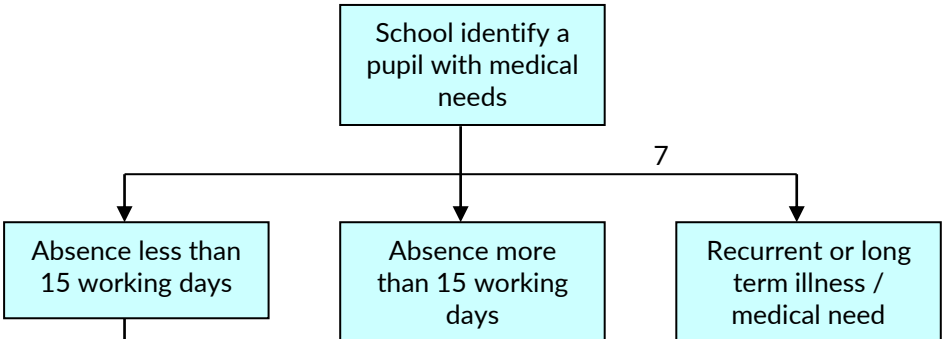
- Other Health Care Professionals
  Other health care professionals should notify the school nurse when a child has been identified as having a medical condition that will require support at school.

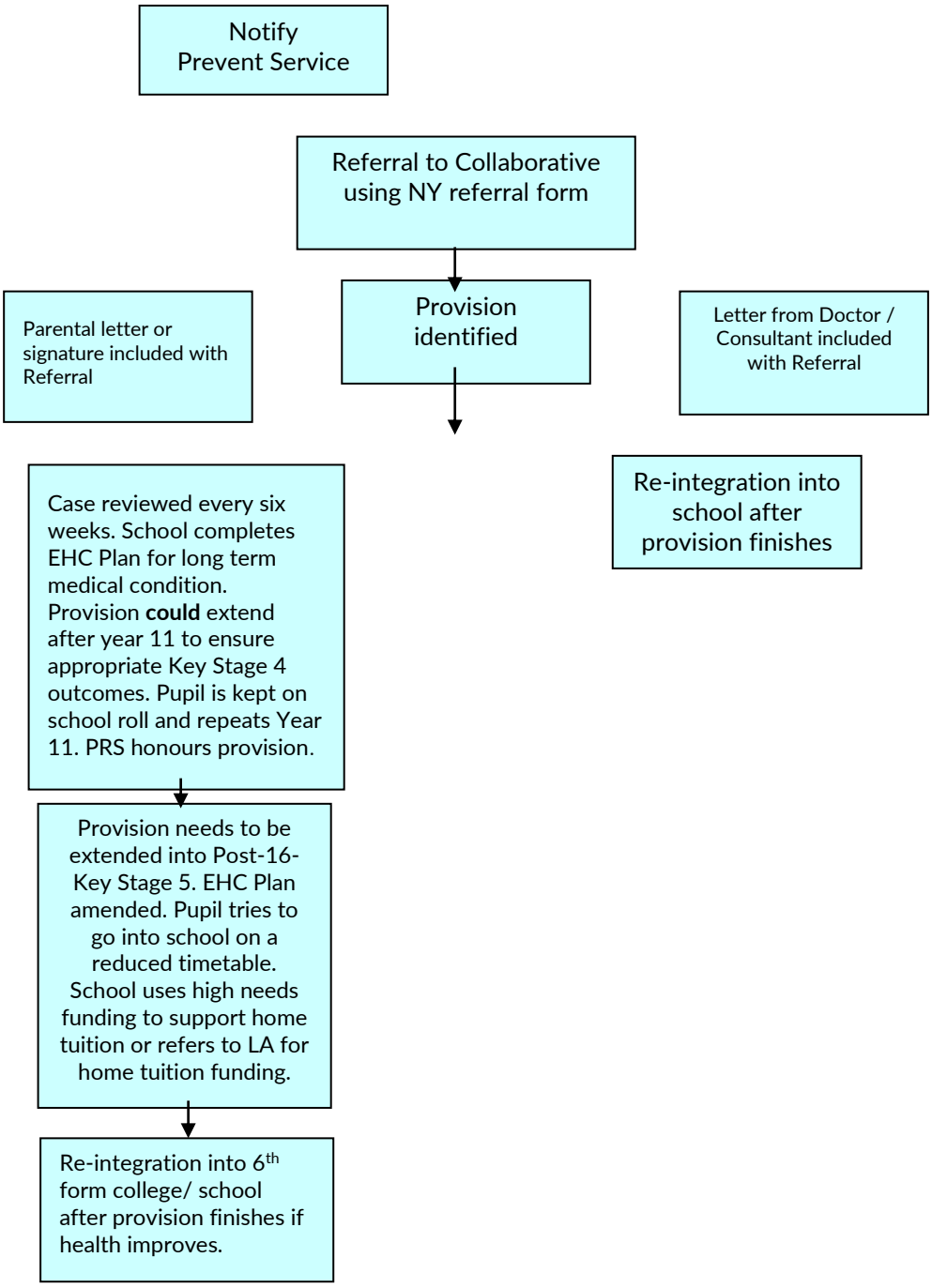
  They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support.

- Students
  Students with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

- Parents
  Parents are responsible for providing 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 individual healthcare plan, 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.

REFERRAL PROCESS




Notify
Prevent Service
Referral to Collaborative using NY referral form
Parental letter or signature included with Referral
Provision identified
Letter from Doctor / Consultant included with Referral
Re-integration into school after provision finishes
Case reviewed every six weeks. School completes EHC Plan for long term medical condition. Provision **could** extend after year 11 to ensure appropriate Key Stage 4 outcomes. Pupil is kept on school roll and repeats Year 11. PRS honours provision.
Provision needs to be extended into Post-16- Key Stage 5. EHC Plan amended. Pupil tries to go into school on a reduced timetable. School uses high needs funding to support home tuition or refers to LA for home tuition funding.
Re-integration into 6th form college/ school after provision finishes if health improves.

North Yorkshire County Council
Children and Young People's Service

North Yorkshire Policy Statement

Access to Education for Students with Medical Needs

1.0 Introduction

1.1 This policy statement applies to North Yorkshire students with medical needs of compulsory school age who:-

- are unable to attend school because they are physically ill, injured, have a diagnosed medical condition or have a mental health problem
- who are pregnant and consequently will have an interrupted education.

1.2 Section 19 of the Education Act 1996 provides that:

Each Local Authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for a period receive suitable education unless such arrangements are made for them.

1.3 Suitable education is defined as efficient education suitable to the age, ability and aptitude and to any special educational needs (SEN) a student may have. In determining what arrangements to make, the Local Authority must have regard to guidance given from time to time by the Secretary of State.

1.4 This policy statement is in accordance with the statutory guidance published by the Department for Education in January 2013 and updated in May 2013 'Ensuring a good education for children who cannot attend school because of health needs', the statutory guidance for schools published in September 2014 'Supporting students at school with medical conditions' and the report from Ofsted published in November 2013 'Students missing out on education'.

1.5 The arrangements for the suitable education will be made through local Behaviour and Attendance Partnerships (Collaboratives) for secondary age students and through the local Enhanced Mainstream School (EMS) for Social, Emotional and Behaviour Needs (SEBN) for primary age students. Each secondary Collaborative has a behaviour and attendance panel to manage referrals from their local schools.

1.6 The Local Authority will publish information about how the service can be accessed by parents, schools and health professionals, including named contact points.

1.7 This policy statement and the information published will be reviewed annually.

2.0 Aims

2.1 The Local Authority aims to ensure that:-

- All parties are aware of their roles and responsibilities
- All parties are clear about the services that are expected of them and the statutory duties of the Local Authority to provide education for students where they are unable to attend school because of medical needs
- Students with diagnosed medical needs have access to as much high quality education as is appropriate in view of their condition
- The provision will be flexible and responsive to the educational needs of students with
  medical conditions and mental health needs that prevent them from attending school
- Students will have supported re-integration back into full time, mainstream or special education at the earliest opportunity. This may include a period of time when the student can receive a balance of home tuition and part-time school as decided at a review meeting
- There will be continuity of education including access to public examinations
- Good working partnerships with students, parents, carers, schools, Health Service and other professionals are in place to ensure individual students can make educational progress

3.0 The role of the Local Authority

3.1 For students of statutory school age the Local Authority will seek to ensure that:-

- Students with medical needs are not at home, or in hospital, without access to education for more than fifteen working days including any period that the student has spent in hospital where tuition may already have taken place. Educational provision may be delayed if the student is unable to access provision
- Suitable full-time education (or as much education as the child's condition allows) is provided, depending upon the medical needs, the educational context and in the child's best interests. (For absences of less than 15 days, refer to 4.3.)
- Where appropriate, students with recurring conditions will be provided with education from day one. Education should be provided as soon as it is clear that the student will be away from school for 15 days or more, whether consecutive or cumulative. There is no absolute legal deadline by which LAs must have started to provide education for children with additional health needs. However provision should start at the latest by the sixth day of absence
- Planning and review meetings will be integral to the intervention and support arrangements and address the individual needs of the child. Hard and fast rules are inappropriate. However, it is recommended that review meetings take place at least every six weeks. Medical documentation to support a medical referral should be re-submitted at least every six months and can be provided by a General Practitioner in place of a Consultant (see appendix 1)
- Depending upon the medical condition, for example when a student is approaching public examinations, access hours may be increased to enable the student to keep up with their studies
- Students will have access to a broad and balanced curriculum but there will be a particular focus on the core subjects of English, mathematics and science. Wherever possible, external examinations and tests at all key stages will be completed
- There is effective transition planning at every key stage. For post 16, Key Stage 5 schools are encouraged to complete an Education and Health Care Plan to ensure

continuing home tuition, provided by the school/college through high needs funding, for post 16 courses, if appropriate

3.2 The cost of tuition will be met by the Collaborative through the local Student Referral Service (PRS) for secondary students and through the local EMS (SEBN) for primary students.

3.3 Under national agreements, from April 2013, the Local Authority takes financial responsibility for meeting the costs of tuition after the third day whilst a student who lives in North Yorkshire is in hospital in North Yorkshire, or, a student from another authority is in a hospital in North Yorkshire. If a North Yorkshire student attends a hospital outside of North Yorkshire then the authority in which the hospital is situated takes responsibility for the tuition.

3.4 The Local Authority is responsible for arranging suitable provision whether or not a child is on the roll of a school. It applies to children who are students in Academies, Free Schools, special schools and independent schools as well as those in maintained schools.

4.0 <u>The role of schools maintained by the Local Authority</u>

4.1 At all times, the student should remain the responsibility of the school where they are on roll. The school can only remove a student from the school roll, who is unable to attend school because of additional health needs where:-

a) the student has been certified by a medical officer as unlikely to be in a fit state of health
to attend school, before ceasing to be of compulsory school age, and
b) neither the student nor their parent has indicated to the school the intention to continue to attend school, after ceasing to be of compulsory school age.

A child unable to attend school because of health needs must not, therefore be removed from the school register without parental consent and certification from a medical officer, even if the Local Authority has become responsible for the child's education.

Schools and local Behaviour and Attendance Collaboratives (secondary) and local EMSs (SEBN) (primary) will work in partnership to ensure students with medical needs, unable to attend school, have the opportunity to make good progress.

4.2 All schools are required to have a written policy and procedures for providing the education of students who are unable to attend school because of medical needs.

4.3 For absences of 15 working days or less, that are not part of a pattern of a recurring illness, the school should liaise with the student's parents/carers to provide homework as soon as they are able to cope with it.

4.4 It is the school's responsibility, along with the Local Authority to monitor student attendance. Schools must inform the Local Authority via the Collaborative (secondary) or EMS (SEBN) (primary) when a student has an authorised absence due to illness or other medical needs which it is anticipated will be for more than 15 working days, or the student has a recurring long term illness that affects attendance at school.

4.5 Where a doctor or hospital identifies the need for educational provision otherwise than at school for a student with medical needs, the school should complete a referral to the local Collaborative (Secondary) or EMS (SEBN) (Primary). The Collaboratives and EMSs will arrange provision in line with the Local Authority's policy statement.

4.6 Schools should:-

- Have a named person to aid communication between the school and other professionals, the student and their family; to attend reviews and ensure continuity of education
- Consider how the views of the student and parents or carers will be taken into account
- Ensure that where tuition is requested, the local PRS or EMS (SEBN) has access to planning and assessments in all national curriculum subjects which the student is studying within 5 working days and work programmes on a termly basis where appropriate
- Make available to the local PRS or EMS (SEBN), Individual Education Plans, Personal Education Plans, Individual Health Care Plans and Risk Assessments. Resources/teaching materials where possible should also be made available as part of the referral
- Have procedures for ensuring that students are reintegrated smoothly into school and monitored by their named person
- Make a referral to the Local Authority immediately they have been informed that a student will be admitted to hospital and is likely to be unable to attend school for more than 15 working days, including any period the student will be an in-patient
- Supply teachers from the PRS or EMS (SEBN) working in hospitals with background information on the student and liaise to ensure that work set is at an appropriate level for long and recurring admissions to hospital
- Consider the use of electronic media (for example virtual classrooms, learning platforms) to provide 'additional and different' access to the curriculum and the life of the school. However this should generally be used to complement face-to-face education rather than be sole provision

5.0 <u>The referral process</u>

5.1 Electronic Collaborative and EMS (SEBN) referrals from schools should be forwarded to the clerk of the local Collaborative (secondary) or teacher in charge of the EMS (SEBN) (primary). All referrals will be entered onto a database. Referrals must be confidential, secure and password protected.

5.2 Referrals:

- Must include a medical note or written advice from a medical professional setting out the needs of the student and where possible identify the duration of the medical needs for which the Local Authority may be required to provide tuition out of school. Parents /Carers are responsible for the payment of the medical note if charged by the medical professional
- Will usually be made by the school where the student is on roll but may come on behalf of the school from an officer of the Local Authority

5.3 Referrals from parents/carers can in exceptional circumstances be made directly to the clerk of the local Collaborative or the teacher in charge at the EMS (SEBN) but in most cases the

student's school should, in liaison with the parents/carers, have strategies in place to identify where a student may need education otherwise than at school because of medical needs.

5.4 Referrals may come directly to the clerk of the local Collaborative or to the teacher in charge at the EMS (SEBN) from a medical consultant, general practitioner or the Child and Adolescent Mental Health Service (CAMHS). Referrals of secondary students may require immediate action prior to the next collaborative panel meeting, but will always be confirmed at the next panel meeting.

5.5 The venue for tuition may be in the home, at one of the PRSs, EMS (SEBN), in an off-site venue or in a school, depending upon the needs of the student.

5.6 In all cases where tuition is provided in the home, a responsible adult must be present.

6.0 Hospital tuition

6.1 The planning of education provision should begin as soon as the school knows that a student is to be admitted to hospital.

6.2 All hospitals in North Yorkshire will have a named contact in the Local Authority, (Lead Adviser for Behaviour and Attendance) so that tuition can be made available for students in the local hospital, where appropriate, when students are admitted for more than 3 days.

6.3 Other hospitals in the region will have a named contact (Lead Adviser for Behaviour and Attendance) for planning continuity of education for a student who will continue to be unable to access education.

6.4 When students are admitted to hospital on a recurring basis every effort will be made to provide tuition from day one or as soon as appropriate.

6.5 For long and recurring admissions to hospital, schools should supply PRS /EMS(SEBN) hospital teachers with background information on the student and ensure that work is set at an appropriate level.

7.0 Monitoring of Attendance

7.1 Schools are responsible for the monitoring of attendance and liaising with parents/carers, where appropriate to improve attendance. A representative of the Prevent Service may attend local panels and may complete a referral on behalf of the student. However, a note from a medical practitioner will still be required where the absence is due to medical needs.

8.0 Students with Special Educational Needs (SEN)

8.1 In the case of students with a statement of SEN or an Education and Health Care Plan (EHCP), who have prolonged or frequent absences from school due to illness or other medical needs, the home school should inform the local Assessment and Reviewing Officer (ARO) and send a copy of the Collaborative/EMS referral form for their information. The ARO should be invited to planning and review meetings for students with a statement /EHCP who have recurring or long term medical needs.

8.2 Where the medical need is reflected in the student's statement of SEN or EHCP and they attend a special school, the school should consider including a reference to any Outreach Service they offer in their Access to Education Policy Statement.

8.3 A medical diagnosis does not necessarily imply that a student has a special educational need. Where a student has a long term illness or medical need which is associated with, or the cause of, a significant learning difficulty or disability which prevents them from accessing the educational facilities generally available to students of the same age in the schools in the Local Authority, the school should consider whether a referral for a EHCP may be appropriate. In doing so the school should consider the guidance as set out on the SEN Code of Practice 2014; the Local Authority's guidelines on Statutory Assessment and the delegated resources provided to the school for students with low need, high incidence SENs.

9.0 Partnership with parents/carers and students

9.1 Parents hold key information and knowledge and have a crucial role to play. They should be full collaborative partners and be informed about their child's progress and performance.

9.2 The views of parents/carers and the student must be sought and taken account of when arranging tuition out of school or in the home and in monitoring and reviewing the provision being made.

9.3 Provision for interpretation, translation and communicators will be available where required.

9.4 Students must be provided with the opportunity to attend planning meetings or be involved in making decisions and exercising choice both prior to absence through medical needs, when known and in preparation for return to school.

9.5 If a student persistently refuses to access home tuition or attend group teaching sessions without valid medical reasons, provision may be temporarily suspended until a further planning meeting is held and medical advice sought.

9.6 An officer in the Prevent Service should be invited to attend this meeting.

10.0 Transport

10.1 On the basis of professional advice, it may be considered appropriate that a student works in a small group, after receiving 1:1 home tuition for a period of time, before integration back into school.

10.2 If so, it is likely tuition will be based at a PRS/EMS (SEBN) or other off-site provision made by a school. Transport will be provided by the Collaborative or EMS (SEBN) where necessary.

11.0 Quality Assurance and Accountability

11.1 The named officers with responsibility for the provision of education for students who are unable to attend school because of medical needs, are the area Education Development

Adviser (EDA) for Behaviour and Attendance (B&A) and the Lead Adviser for Behaviour and Attendance.

11.2 The EDA (B&A) will liaise closely with the Collaboratives, PRS and the EMS (SEBN) to ensure students' needs are met and outcomes are monitored and reported.

11.3 Teachers providing tuition will produce reports which will include details of learning objectives for the curriculum areas covered and outcomes; attendance records and a record of the liaison with other professionals, the school and parents /carers. These reports will be shared with all relevant colleagues including, at an appropriate level, the student and the parents/carers.

11.4 The student will be encouraged and supported to participate in raising issues around progress and re-integration.

11.5 The Local Authority, through the Collaboratives or the PRS/EMS (SEBN), will monitor the progress and attainment of children educated otherwise than at school and the quality of the education provided.

11.6 Timescales for processing referrals and putting provision in place will be monitored and where necessary local improvement targets will be set.

11.7 Complaints will be dealt with under the Local Authority complaints procedure.