



Derby City Council

ENSURING A GOOD EDUCATION FOR CHILDREN WHO CANNOT ATTEND SCHOOL BECAUSE OF HEALTH NEEDS

All Local Authorities have a duty set out in Section 19 of the Education Act 1996 and the Department for Education (DfE) Statutory Guidance January 2013 'Ensuring a good education for children who cannot attend school because of health needs' which states:

'Each local education 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..... may not for any period receive suitable education unless such arrangements are made for them;

Other related documents are The Equality Act (2010), the Academies Act (2010), DfE's Supporting Pupils in School with Medical Condition - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England - Dec 2015, 'Alternative Provision: Statutory Guidance for local authorities (2013) School and Early Years Finance Regulations (2012).

'The Governments policy intention is that all children, regardless of circumstances or setting should receive a good education to enable them to shape their own futures. Therefore, alternative provision and the framework around it should offer good quality education on a par with mainstream schooling, along with the support the child/young person needs to overcome barriers to attainment. This support should meet a child/young person's individual needs, including social and emotional needs....'

The following information sets out the statutory duties and requirements for local authorities.

Local authorities must arrange suitable full-time education (or as much education as the child/young person's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education. This applies whether or not the child/young person is on the roll of a school and whatever the type of school they attend. It applies to a child/young person in academies, free schools, special schools and independent schools as well as those in maintained schools.

The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school, "unless the child/young person's health means that full time education would not be in his or her best interests". If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated. Full time could also be made up in one or more settings.

Where full-time education would not be in the best interests of a particular child/young person because of reasons relating to their physical or mental health, LAs should provide part-time education on a basis they consider to be in the child/young person's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Mathematics and Science.

Responsibility for education for children who cannot attend school because of health needs remains with the school. However, the LA retains the responsibility for providing a strategy to ensure appropriate provision is available and in place. In all cases the nature of any required intervention, the objectives, the expected outcomes and timeline to achieve the objectives should be made clear. Where re-integration to school is an objective, there should be an agreement on how to assess when the child/young person is ready to return and the school should provide or commission a package of support to assist re-integration. Objectives and plans should be set out in writing and regularly monitored and reviewed.

Arrangements in Derby City

Derby City Council has delegated the responsibility for the education of children with additional health needs to Respect Collaboration of Schools. Educational provision for children with additional health needs which cannot be met in a school setting will be made, typically, through the Castle School. This work is funded from an allocation within the High Needs Block of the Dedicated Schools Grant.

Where a child/young person is on the roll of a mainstream city school and is referred for an intervention under this policy then an initial 6 weeks provision will be offered for an appropriate referral and funding will then be agreed with the referring school from week 7. See the attached charges to schools and academies. (**Appendix 1**)

This policy also includes a child/young person with a Derby city address but is on the roll of a non-city school, and where a child/young person moves into the city from out of the area but requires provision to be made under these regulations (this applies for both primary & secondary referrals).

Respect Collaboration of Schools is committed to working in partnership with schools, educational settings, health professionals, parents/carers and other professionals in order to ensure the educational and emotional needs of this vulnerable group of children and young people are appropriately met.

Working Together March 2018, Para 16, p11 states - '*Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child/young person's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.*'

In all cases, where full time is not appropriate, a personalised education programme will be agreed between the referring school, health professionals, Castle School, the parent/carer and the young person with a view to achieving the most realistic and positive outcomes for the young person. Any plan should be reviewed regularly and recorded in a commissioning agreement. Plans should also link to other relevant information, such as Education, Health and Care Plans, safeguarding assessments etc.

As part of this plan the Castle School could take on the main delivery role, a shared delivery role with school and/or another provider or offer advice and guidance to the school where it is more appropriate for them to take the lead role in delivering the programme.

Schools, including Academies, Free Schools and University Technical Colleges (UTC's) should:

- Have a clear policy for the child/young person with additional health needs or include this area as part of their medical or SEN policy, which sets out how they provide support.

- Identify a senior member of staff within school who will oversee all Hospital/Medical referrals, including being able to agree on funding, programme and potential outcomes.
- Work with all professionals, parents and the young person to review the personal education programme as agreed.
- Be encouraged to maintain their links with parents/carers who also have a vital role to play by keeping in touch through school newsletters, emails, invites to school events etc.

It is important that a school offers the statutory education entitlement (where possible) for the child/young person albeit through alternative sources. If a school opts to make provision through a provider which is not commissioned by the LA or part of the AP Framework held by The Respect Collaboration of Schools (J16), then they will remain fully responsible for the quality assurance, outcomes and all other aspects of the provision (including funding) and this will form part of the agreement so that all parties are clear of their roles and responsibilities.

Castle School will:

Seek to provide the same opportunities for children and young people with health needs as their peers, which include:

- A broad and balanced curriculum, which is of good quality (as defined in Alternative Provision: statutory Guidance 2013).
- A package that will attempt to prevent them from slipping behind their peers in school and allow them to reintegrate successfully back into school as soon as possible.
- Opportunity to take qualifications if appropriate.
- A reviewing mechanism to ensure the parental, child/young person's needs and wishes are central to discussions around provision.
- Provision which is regularly reviewed to reflect the child/young person's changing health status.
- Effective multi-agency collaboration, which is essential in devising appropriate personalised education plans and where all professionals involved will be encouraged to cooperate fully with review meetings. A commissioning agreement is provided to support the process (**Appendix 4**)
- Clearly defined exit strategies for the child/young person with support provided for any reintegration back into mainstream education.
- Ensure schools and other education providers have a good understanding of the roles and responsibilities of both Castle School and their own setting in relation to the child/young person with medical and emotional needs.
- Ensure that any staff absence resulting in cancellation of sessions is clearly communicated with the parent and the referring school and alternative arrangements made whenever possible.
- Provide teaching and support staff within Castle School with appropriate continuing professional development, including curriculum; the impact of medical/mental health conditions on barriers to and engagement with education.

Castle School will use a variety of delivery options to create a personalised approach which best meets the needs of the child/young person. This will provide access to a broader curriculum and to increase the number of hours of provision – this may include access to the hospital education based on children's ward at The Derby Royal Hospital *, virtual learning, access to appropriate commissioned alternative providers as well as small group or one to one tuition in the home or another setting dependant on the specific needs of each referral.

*Provision on the children's wards at the hospital is available for children and young people who have been admitted to the hospital and are resident on a ward. This work is completed in collaboration with the home school and only offered after the 5th day of absence from the home school, it is intended that children continue with school work by home schools to maintain current educational offer.

Appendix 5 demonstrates how longer term patients on the children's ward at The Derby Royal Hospital may be able to access more formalised and appropriate education, depending on their needs.

About the Terms and Conditions

The plan for the longer term outcome and the next steps will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013). This will focus on the best possible outcomes for the child/young person but will be realistic in terms of the timeframe and the specific needs of the child/young person at this time.

See the attached Terms and Conditions (**Appendix 2**)

As part of setting up a plan and agreeing targets for a young person and through ongoing reviews, discussions will be needed about a wide range of factors, including:

- Agreed curriculum with Castle school and responsibilities clearly identified
- Ongoing health input/support and any information to indicate capacity of the child/young person to engage meaningfully in education provision at this time.
- Potential outcomes, targets for intervention and next steps, including any plans for reintegration where appropriate
- Exam entry and access arrangements to include any controlled assessments/mock exams
- Support around post 16 pathways. It is the home school's responsibility to arrange and share these.
- Schools financial contribution to the programmes from week 7 of the intervention
- Any transport requirements including funding stream
- Personal, social and academic targets as appropriate
- The next agreed review date – reviews to be held at least termly to ensure a child/young person's needs are being appropriately met.

*This will all be recorded in the commissioning agreement (Appendix 4)

Re-integration into school is always anticipated, unless it is clear that, for example in Year 11 (post January), it is in the best interests of the child/young person to remain with Castle School until the end of the academic year. Castle School will work with the school to ensure education is maintained during this period. On return to school each child/young person should have an individual reintegration plan, which may include extra support made available to help 'fill gaps' or provision of a 'safe place' if the child/young person feels unwell. Advice from other medical professionals, including school nurses, is essential. For children with long term or complex health conditions, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child/young person in the early stages of their absence. However, children and their families are informed at the outset that the long term intention will be to support the child/young person's reintegration to school. While most children will want to return to their previous school routine promptly, it is recognised that some will need gradual reintegration over a longer period.

Referral:

Referrals may be made by either school or health professionals (statutory bodies or directed by statutory bodies); however, referrals will only be accepted once both parties have agreed that this is appropriate and realistic for the child/young person.

A child/young person with a Derby city address who is on the roll of a non-city school, or where they move into the city from out of the area but require provision to be made under these regulations then for both primary & secondary the referral will be made through In Year Fair Access and discussed at Primary Placement Panel (PPP) or Secondary Placement Panel (SPP). If the child/young person moves into the city, the panel will determine if it is appropriate to seek a mainstream school at this point, in anticipation of the child/young person returning to such provision as soon as possible. In the interim, they will be placed on the Bridge Street School (Gateway Assessment placement).

Referrals for Hospital Medical alternative provision should be sent direct to In Year Fair Access YFA@derby.gov.uk using the agreed form (**Appendix 6**). This should be completed in full in order to provide as much information as possible. The referral should be accompanied or supported by a letter from the medical professional (consultant level or above) whom the child/young person is under the care of. A letter from a GP is not sufficient. It is also important that parental consent is included as part of the referral. This forms part of the referral form.

All referrals will be reviewed by In Year Fair Access and discussed at Primary Placement Panel or Secondary Placement Panel. If a situation arises where it is felt that the referral does not meet criteria, then the referral and the rationale for not making provision in this case will be shared with the referring school by In Year Fair Access. This will ensure transparency in decision making; that all options have been considered and provide the referring school a right of appeal through the ladder of consequences.

Any referral from health for intervention should be made via headed paper with information provided as to why the child/young person is unable to attend full time, mainstream education. It is also important to include any specific information about the level of provision that they would be able to access such as frequency and duration. This letter should be signed by a consultant or identified medical practitioner and sent direct to YFA@derby.gov.uk.

It is expected that the referring school and health professionals (such as a consultant or paediatrician) will liaise closely to ensure that all parties are fully aware of the needs of the child/young person.

See Referral Flowchart (**Appendix 3**) for further guidance.

Castle School staff will liaise with the school and the appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child/young person and to minimise disruption to the child/young person's education. As highlighted above, if a child/young person has a long term or complex health issue, the school needs to ensure that the educational provision is regularly reviewed with medical professionals, parents/carers and Castle School, and amended as appropriate.

Where an absence is planned e.g. hospital admission or recurrent stay in hospital, educational provision should begin as soon as the child/young person is well enough after the 5th day of absence. The parents/carers should apply to the mainstream school to request this absence.

Children with long term health problems will not be required to provide continuing medical evidence. However, regular reviews to include health colleagues are important and the level of

support required may be discussed with other multi-agency professionals. The school and Castle School, as the educational specialists, will decide on the most appropriate provision. There is also an expectation that children and their parents/carers will co-operate fully with all medical advice and support offered and ensure they attend appointments. Advice from medical professionals following a hospital discharge will be noted and Castle School will liaise with the child/young person's home school to complement the education provided until they are well enough to return. Educational provision will be put in place as quickly as possible with a view to re-integration into mainstream as soon as appropriate.

If at any point in the process a medical professional makes a decision to close the case then a review will be required prior to closure to discuss the ending of the placement or the most appropriate next steps to support the child/young person. All professionals involved in the specific case would need to contribute. This is where the commissioning agreement is important in terms of recording all the reviews, targets and communications.

The question would need to be posed as to why other agencies were withdrawing from the case but that the child/young person was not able/ready to return to their usual school placement.

Reasons might include

- lack of engagement from young person/family with health or other professionals
- interventions to date have been unsuccessful
- all routes are felt to have been exhausted and no further support options are forthcoming

If it is agreed that the case is closed to health, then the case will also be closed to **Castle School**. The child/young person be expected to return to their home school placement. If this is the decision, then arrangements will be made to reintegrate the child/young person back into this provision as soon as possible and the case will be closed to **Respect Collaboration of Schools**.

Identification and intervention

Castle School aim to provide appropriate education once notified by the school, other professionals or parent/carer if a child/young person is not on roll, as soon as it is clear that the child/young person will be away from school for 15 days or more, whether consecutive or cumulative within a 12 month period, with the relevant consultant letter or diagnosis.

It is important to note that for a referral to be successful a medical professional should be involved with the child/young person.

In all cases of a referral being made, a meeting should be held with all parties to ensure there is an agreed Terms and Conditions and a commissioning agreement in place for the child/young person.

Registration:

Schools **must not** remove the child/young person from roll because of an additional health need, whilst attending Castle School. Children and young people must be dual registered with Castle School being the subsidiary school.

The referring school should continue to monitor the attendance of the child/young person concerned. Non-attendance, without appropriate written medical support, will result in a review of the placement, and the referring school should follow their own attendance procedures.

The following information is the 'current' guidance on the use of the D code in the registers. The guidance below should be followed in all cases:

Meaning – Code D – Dual Registered – at another educational establishment

- The code is NOT counted as a possible attendance in the school census
- The law allows for the dual registration of a child/young person at more than one school
- This code is used to indicate that the child/young person was not expected to attend the session in question because they were scheduled to attend the *other* school at which they are registered

Recording of the register and managing absence

- Each school should **only** record the child/young person's attendance and absence for those sessions that the child/young person is **scheduled** to **attend their** school.
- The **referring school** should record the D code for each session the child/young person is expected to attend elsewhere.
- The **host school (Castle)** should record the daily absence and attendance as normal.
- Both schools should ensure that they have in place **arrangements** whereby all unexplained absence is followed up in a timely manner.

Castle School will send attendance for all hospital medical child/young persons to the referring school on a weekly basis.

Provision for education of children under and over compulsory school age

Education for children or young people of compulsory school age will be provided either at the hospital*, through virtual learning, via appropriate commissioned alternative providers as well as small group or one to one tuition in the home or another setting.

For young people between the ages of 16 – 18yrs (Y12/13) who require support from The Kingsmead School each case will be considered individually through a referral to In Year Fair Access and in discussion with their school or college and relevant health professionals.

A Child/Young Person who is LAC

Where a LAC child/young person is eligible for Pupil Premium Plus grant, Castle School will liaise with the Virtual School Head Teacher and/or the home school as appropriate to determine how the funding continues to support the needs of the individual.

Examinations

When a child/young person is approaching public examinations, Castle School, in liaison with the home school, will focus on the most appropriate curriculum in order to minimise the impact of the time lost while the child/young person is unable to attend school (See Curriculum Offer outlined in Terms and Conditions (**Appendix 2**)). Awarding bodies will make special/access arrangements for children with permanent or long-term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations.

Castle School and the referring school will ensure that all parties are clear about which examinations the child/young person will be entered for and which party will register the entries, apply for access arrangements and any assessments required. This should include identifying how these entries will be funded.

It is important to remember that Castle School has a high proportion of children/young people requiring special arrangements at exam time for example, one to one, readers, scribes etc. We

may therefore be in a position to request support from the referring school to facilitate the special arrangements where these cannot be met within existing resources.

Complaints

For all complaints refer to the policy on Respect Collaboration of Schools website. [The Kingsmead School \(kingsmead-derby.co.uk\)](http://kingsmead-derby.co.uk) and / or refer to the Ladder of Consequences, In Year Fair Access protocols [primary-iyfa-protocol-nov-22-sip.pdf \(derby.gov.uk\)](http://derby.gov.uk) [secondary-iyfa-agreement-oct-22-sip.pdf \(derby.gov.uk\)](http://derby.gov.uk)

CHILDREN WHO CANNOT ATTEND SCHOOL BECAUSE OF HEALTH NEEDS

POLICY ON CHARGES TO SCHOOLS & ACADEMIES FROM APRIL 2023

1. Core Funding

Hospital and medical tuition is funded from an allocation within the High Needs Block of the Dedicated Schools Grant.

Respect Collaboration of Schools delivers provision for the LA and the budget funds core activities such as:-

- Premises costs – contribution to Hospital Coordinator and Castle School.
- Core teaching and delivery staff to act as Key Workers.
- Teaching resources /equipment including ICT.
-
- Education for the following child/young person:
 - Those admitted to the Royal Derby hospital and resident on a ward but well enough to be taught; returning for regular treatment as out patients or have been specifically referred by a hospital based consultant.
 - Provision for a child/young person of compulsory school age who, because of illness, would otherwise not receive suitable education.

There is an expectation that the education offer is as close to full-time as the child/young person can access at any point and that where possible there will be the opportunity to continue to access a similar curriculum and work towards the same accreditation as their peers.

At any point in time, on average, provision is being made for 18 children/young people. Where children and young people become longer term referrals the core funding for this child/young person remains with the school and with increased expectations schools are being requested to make a financial contribution through the release of the AWPU on a pro-rata basis from week 7 of the intervention.

2. Charges to Schools

If the referral is agreed and supported by a medical professional, work with a child/young person will be core funded for the first 6 weeks of any agreed intervention.

From week 7 the weekly proportion of the AWPU **will be charged to schools**. This will be charged in line with the current AWPU, plus any pupil premium, and any element of SEN funding.

These costs will contribute to the provision that is offered as part of the Hospital Medical support for the child/young person.

A contract will be sent to the named member of staff in the referring school to be signed to agree funding. It is stated on this form that initial agreement for funding should be given by the Head Teacher. School needs to ensure that internal systems are in place to gain this agreement.

Costs for external examinations for which a child/young person is entered, come from the referring school budget. Exams are not funded by Castle School.

Appropriate transport arrangements and any costs will be discussed and agreed at the outset, and through the commissioning agreement according to the child/young person's individual need and level of independence. Transport can be arranged by Castle School or through the individual School/Academy. Transport arrangements will be discussed at all review meetings, adjusted as appropriate and recorded in the commissioning agreement. Depending on child/young person's needs, these costs could be incurred by the referring school.

A school can choose to end provision at any point but must ensure the child/young person is receiving their statutory entitlement to education through an alternative route. Schools will be asked to confirm in writing that they are picking up this responsibility and do not require input from Castle School. This will also be recorded in the Primary and Secondary Placement Panel minutes.

We would advise that due to the sensitivity of some cases, for example those with mental health issues, that a 2 week notice period is required to allow for appropriate endings work to be carried out. However, this will be agreed with the school at the time of ending the support for the child/young person.

Where a medical professional closes the case, Castle School placement will also end. The referring school would no longer be charged.

Where a child/young person is ready for integration back into a mainstream school and where appropriate, Castle School may support the plan for an additional 6 weeks – The integration plan could consist of up to 2 X half days per week for a maximum of a six-week period, according to the needs of the specific case. Each child/young person will require a personalised reintegration programme supported by the home school.



This agreement is between

Provider: Respect Collaboration of School Hospital Medical Provision

And

Commissioner:

This agreement reflects the commitment of all parties working in collaboration to raise the attainment and opportunities for progression for young people. In particular, this agreement is intended to:

- 1. Clarify the responsibilities of each party for and to the learners.
- 2. Clarify the commitment and responsibilities of each party in respect of the placement.

Student Name:	
DOB:	
Commissioning School:	
Commissioning School Headteacher:	
Commissioning School Contact	
Castle Key Contact	
Start Date:	
Six Week Date:	
1 st Review Date Required:	<i>(enter the week before the six week end)</i>
Anticipated Full Time Return to Commissioning School Date	

Castle School Will:

- provide appropriate and suitable education for the named student for the duration of this contract and notify the home school of any timetable changes
- Review the placement on a termly basis with the referring school.
- dual register the student as subsidiary and the commissioning school will register as main
- carry out all statutory safeguarding duties for the duration of the contract, providing feedback to the commissioning school where appropriate.
- provide appropriate data for the commissioning relating to
 - Progress and attainment (termly)
 - Exams/certified qualifications (annually or at the end of Y11)
 - Behaviour (termly)
 - Attendance (weekly)
- ensure that multi-agency health meetings are communicated with the commissioning school
- be responsible for ensuring that appropriate insurance cover is in place at all times (currently through Derby City Council)
- ensure that all staff have appropriate Enhanced DBS checks
- comply with all current GDPR regulations

The Commissioning School Will:

- provide Castle school will all appropriate information regarding the student including but not exhaustive to below:
 - Behaviour/risk assessments (including any friendship groups of concern)
 - SEND
 - Attendance
 - Safeguarding
 - Progress and attainment
 - Medical and health details
- notify Castle School of any timetable changes where shared responsibilities are in place and will affect Castle School
- ensure the referred child remains on their school role for the duration of the placement.
- attend all review meetings and where relevant contribute to any assessments
- agree to pay all charges relating to the placement

This Agreement:

Starts on:

ends on:

Provider:

Commissioner/LA:

Signature:

Signature:

Printed Name:

Printed Name:

Position:

Position:

Date:

Date:

Charging

- Annual cost for this place AWPU relevant to the Key Stage only applicable 6 school weeks after admission
- Placements less than 6 school weeks will not incur any charges
- Charges will be calculated weekly and invoiced termly
- For the purposes of charging the academic year will be split into the following charging periods

Summer Term- 14 weeks
 Autumn Term- 14 weeks
 Spring Term- 11 weeks

- Charges are all based on financial years (April to March)
- For students in year 7 to 10 charges will be calculated on a 39-week academic year
- For students in year 11 charges will be calculated on a 35-week academic year
- Where the students placement at Castle School ends, charging will cease the day they are taken off roll, in line with CME protocols.

Dispute Resolution

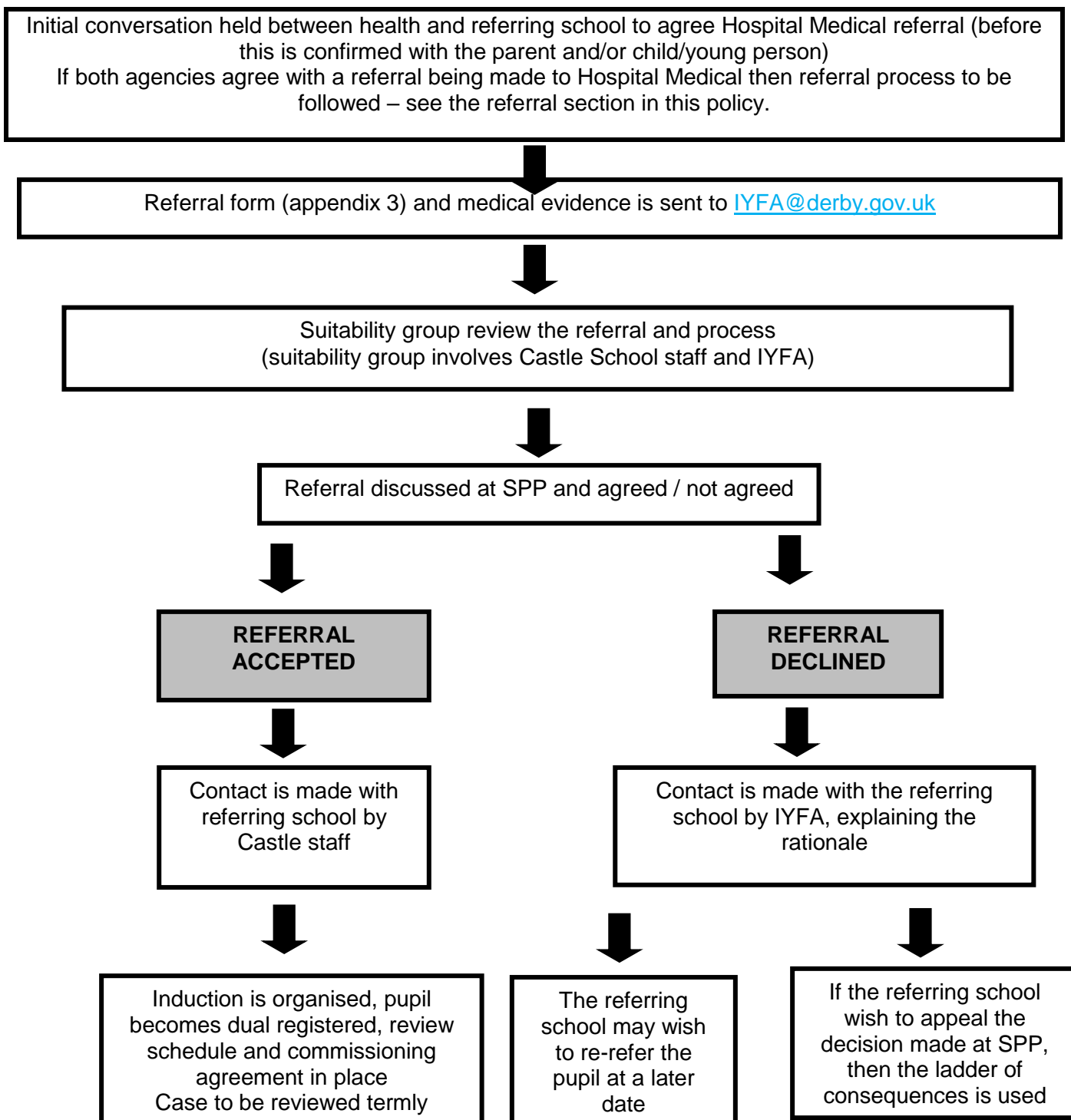
- If any dispute arises between Respect Collaboration of Schools and the commissioning school, the following process should apply-
 - A representative from each school shall meet as soon as possible to resolve the matter to each parties satisfaction
 - If a resolution cannot be reached, the matter will be passed to the relevant headteachers to resolve
 - If issues cannot be resolved then the matter should be referred to Primary Placement Panel or Secondary Placement Panel and the Ladder of Consequences will be followed
 - If issues cannot be resolved to mutual satisfaction a formal complaint should be made through the relevant schools complaints procedure



Referral Process

Children unable to attend school for medical reasons

Reference the agreed policy 'Ensuring a Good Education for Children who cannot attend School because of Health Needs'.



Alternative Provision Commissioning Agreement

Student:		Year:	
Placement:		Date of set up visit:	
Name of Staff Member Completing Document		Date on roll:	

<i>Commissioning Aims – to be completed with provider before placement begins</i>	
Rationale – Why?	
Student profile <i>Note their strengths and barriers</i> <i>Offer insight into what works to meet their needs</i>	
DIT Completed	Y / N
DIT Outcomes	

Target setting- to be completed with provider when setting up placement		
Target / EHCP outcome	Support from school	Support from AP provider

<p>How will this be assessed?</p> <ul style="list-style-type: none"> • Daily attendance checks. • Bi weekly feedback and communications via email. • Ongoing regular communications if there are any safeguarding or other concerns. • Half termly review meeting • Termly report and face to face review meeting. (Due to Covid this may be virtual) 		

Set-up meeting agenda

Details of Discussion:

Agree rationale and targets

Agree timetable –

NB for F/T placement students are entitled to the equivalent time in education as their school placement (this can be made up of different AP aspects)

Agree accreditation / qualification aim –

What are they studying? At what level? What will they be accredited with on completion? How is progress reported? Is there flexibility to move up/down levels as needed?

Personal/Social/Wellbeing – *share information on this -how is the student managing friendships/community/their mental health. What support is in place?*

Safeguarding – *Share relevant info. Establish reporting procedures – who will communicate concerns – phone/email? Ensure they have our DSL details and safeguarding email address. Ensure you have their DSL details*

Careers/P16 – *Agree plan and share contact details of relevant professionals at each site*

Access Arrangements – *Discuss current and plan for future assessment – ensure clear actions*

Date of next visit:

Staff member completing review:

Review (INSERT DATE)

Behaviour

Attendance

Safeguarding queries/concerns

Progress to previous targets

Progress (Academic)

Comments

Target setting reive

Target / EHCP outcome

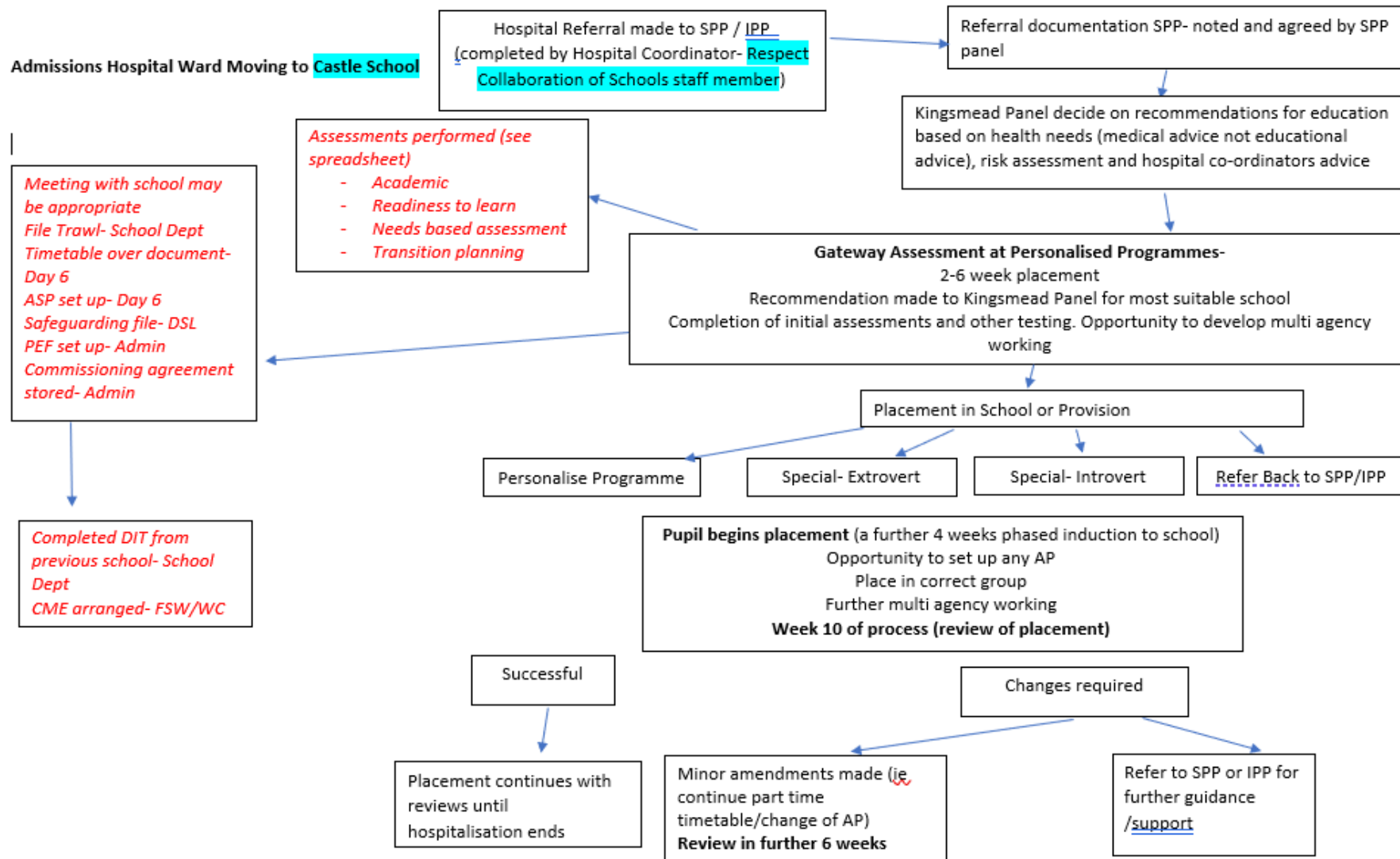
Support from school

Support from AP provider

Date of next visit:

Staff member completing review:

Appendix 5



Additional Notes;

If the pupil does not engage or attend; KM Panel (as a group of people), will decide on next steps which may include ending the placement or restarting the gateway assessments

Pupils will be offered a minimum of 2 periods per day (those who have been in education more frequently will be offered more); where required P7 may be used.

HOSPITAL MEDICAL / PPP / SPP REFERRAL FORM

Complete this form as comprehensively as possible and send to YFA@derby.gov.uk Further information may be required before the referral can be considered.

Young Person's Details							
Child/Young Person Legal Name in Full		Date of Birth		Year Group		Gender	M/F
Ethnic Group		First Language		UPN			
Religion				UCI			
Current School		Previous School		ULN			
Date of Referral		Is the child/young person considered to be disabled? If yes, provide details			Yes/No		
Name of Referring School							
School contact	Name			Telephone number and email			
GP Information							
Name of Doctors Surgery				GP Name			
Name of Hospital Consultant (If under the Hospital)							
Does this child have an Individual Health Plan to support their medical needs?				Yes/No (send a copy)			
Parent/Carer Details							
First Parent/Carer Name in Full			Relation to child/young person				
Second Parent/Carer Name			Relation to child/young person				
Address				Telephone			
				Mobile			
				Email Address			
Any Other Information							
Is there any other information you feel would be useful?							

Other Agencies Involved		
Name of Agencies	Contact Name	Phone Numbers

ALL sections below MUST be completed (Click in box if applicable. If left blank, assumed n/a):

LAC	Voluntary	<input type="checkbox"/>	Child protection SEC 47	<input type="checkbox"/>	Child in Need SEC 17	<input type="checkbox"/>	Private Foster	<input type="checkbox"/>	YOS	<input type="checkbox"/>
	Statutory	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		

If LAC or CP which local authority holds the order:

Pupil Premium			
Entitled to free school meals.	<input type="checkbox"/>	Pupil Premium (+).	<input type="checkbox"/>

Code of Practice			
EHCP/Statement	<input type="checkbox"/>	Undergoing Assessment	<input type="checkbox"/>
SEN Support	<input type="checkbox"/>		

SEN Details							
SENCO/SEN School Contact Name				Telephone			
Email							
Specific SEN	ADHD	Asperger's	ASD	SEMHD	HI	MLD	
	MSI	PD	PMLD	SLD	SpLD	Other	
Are there any access arrangements in place i.e., reader, scribe, extra time, prompter, rest breaks, enlarged paper's etc.							
Describe briefly the child/young person's Special Educational Needs (Attach supplementary information as appendix A – last two IEPs/MEPs, EP reports, copy of interim review if stated).							
Summarise any health and safety concerns that have been raised. (Attach any supplementary information as appendix G).							
Does the child/young person have any medical needs / health concerns / physical needs / prescribed medication: (attach any supplementary information as appendix F).							

Safeguarding/Risk Assessment			
DSL School Contact Name		Telephone	
Email			
Has a pre-EHA or EHA been completed for this child/young person?	YES NO		
Does this child/young person have a history of violence towards others? If yes, to whom? Please provide brief details.	YES NO Who: Details:		
Does this child/young person pose a significant threat of harm to others?	YES NO		
Does this child/young person have any history of substance misuse?	YES NO		
Any other significant event we need to be aware of that may impact on child/young person behaviour.			
Does this child have a risk assessment?			

Any other referrals Made (Previous history/interventions)		
Date	Details	Outcome

Current Academic Information*		
Is the child/young person currently accessing provision within your school?	YES/NO	
Is the child/young person accessing alternative provision's e.g. inclusion unit/part time timetable/vocational?	YES/NO	
Attendance Data (Please provide Current/previous two years data)		
Year Group	Attendance/Current	Reason for absences

Fixed Term Suspension Data*			
FTS Date	FTS Duration	Reasons for FTS	Reintegration Steps Taken

Interventions Implemented

Details of intervention Programmes:
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Meetings/Strategy	Impact	Date/Duration	Outcome

Primary Assessment of Child/Young Person's Attainment
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Subject	End of KS1 attainment	Age Related Expectation (ARE)	Actual working age / year group	Current target
Reading				
Writing				
Speaking & Listening				
Maths				
Science				

Other Assessment information

Spelling Age		Current phonics phase	
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KS2 Assessment Data

End of Key Stage Assessment Data:
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	Teacher Assessment	SAT
English		
Maths		
Science		

KS3 Assessment Data

(Individual sub-levels required in each subject)

Subject	End of Year 7	End of Year 8	End of Year 9	KS3 Target
English				

Maths				
Science				
ICT				
PHSE				

Current Subjects Studied				
Subject	Exam Board	Specification/ Course	Target Grade	Current Grade
English				
Maths				
Science				
ICT				
PHSE				

Any other information regarding current subjects studied:

Exams Officer			
Name		Telephone	
Email			

Other Assessment information							
CATS Average		Verbal		Quantitative		Non Verbal	
Reading Age		Date		Spelling Age		Date	

KS4 Assessment Data				
Year 10/11: (Working levels required for each term in each subject)				
Subject	Autumn Term	Spring Term	Summer Term	End of Year
English				

Maths				
Science				
PE				
ICT				

What are the Child/Young Person's strengths / interest, including activities outside school?

School to give a brief statement of why you feel this referral could be successful for this child/young person?

Behaviour

Outline any behaviour concerns or needs:

Mental Health

If there have been concerns about the child/young person's mental health describe briefly the reasons. Please indicate whether or not a referral has been made to a mental health professional. If information is available – provide a brief summary below and attach any supplementary information)

Social / Home Circumstances

If there have been concerns or information about the child/young person's social circumstances, please describe these briefly below. In particular, comment on any information provided by Social Services, EWS etc. Are there any child protection issues?

Any family circumstances we should be aware of.

Health and Safety

Summarise any health and safety concerns that have been raised.

Further information

The following information will be used to assist in making decisions regarding the most appropriate next steps for this child/young person.

1. Within the school setting

	Copes well →		difficulty coping (please tick ✓)		
	1	2	3	4	5
Whole class settings					
Small group settings					
One to one basis					
On corridors / general movement around building					
Lunch / break times					
Before and after school					

2. Other indicators of risk

Please indicate whether any of the following apply to the child/young person (please tick ✓)

	Never	Occasionally	Frequently
Gives in easily to pressure from others			
Has poor control of temper			
Challenges authority			
Has caused damage to property			
Verbally abuses peers			
Verbally abuses staff			
Displays aggressive behaviour			
Has caused deliberate injury to peers			
Has caused deliberate injury to staff			
Displays sexually inappropriate behaviour			
Attempts to manipulate / control others			
Is at risk of self-harm/Suicidal ideologies			
Drugs / alcohol have an impact on behaviour			
Has brought in or used an offensive weapon			
Has shown racist behaviour			
Leaves school site without permission			

Check List – Please Tick ✓

Please include the following documents where applicable:

Letter from Medical Professional (consultant) to outline medical needs – this must evidence that a child is unable to attend school due to medical reasons.	
Attendance Record	
Timetable	
Behaviour Log	
SEN: EHCP/Statement or information submitted for statutory assessment	
IEP/MEP/Individual Plan	
EP/Steps Assessment	
TA (Leader Support) Identified in any Lessons	
PEP/LAC Review	
EHA or Pre EHA	
Risk Assessment/IHP (individual Health Plan)	
*Parental Consent form - (Must be signed by parent/carer)	
Interim Review	
Disciplinary Record, exclusions, seclusions	
Medical Reports/Prescribed Medication	
Social Worker Reports	
Parent Contracts/Orders	
Any other useful information	



We will treat all information provided in confidence and in accordance with the Data Protection Act 2018. We will use the information for the purpose of identifying appropriate support for you and your son/daughter and may share information with our partner organisations for the same purpose. Our partner organisations include the Community Safety Partnership, Central Derby Primary Care Trust, Derbyshire Mental Health Trust, Greater Derby Primary Care Trust, Connexions Derbyshire, Derbyshire Police and Derby Hospitals NHS Foundation Trust.



**Castle
School**



Derby City Council

Parental Agreement/Consent

Student Name _____

School _____

Name of Member of Staff _____

Role of Member of Staff _____

I can confirm that the referral for Hospital/Medical tuition has been discussed and explained to both myself and my child by the member of staff.

I consent to all information relevant to this referral being shared with Castle School from both the referring school named above and from medical professionals involved in this joint referral (both school and medical professional must agree on a rationale for referral and information is required from both to meet the criteria for support).

I am aware that my child will remain the responsibility of the referring school (named above) and that Hospital Medical provision should always be considered a short intervention dependent on need. This means that we will always work with a referring school for children to return where that is possible and realistic.

I agree for the process to go ahead.

Signed _____ (Parent/Carer) Date

Signed _____ (Parent/Carer) Date

Signed _____ (Student) Date