

Policy for access to education for school age children and young people with medical needs

‘Every child should have the best possible start in life through a high-quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum.’ (DfE2014)

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1 Forward

Some children and young people with medical needs will also have special educational needs and/or Disabilities (SEND). Special Educational Needs are likely to fall into areas of cognition and learning, Communication and interaction, social, emotional, and mental health, or sensory/physical needs. When this is the case it is important that any SEND provision is planned and delivered in a coordinated way with the Individual Health Care Plan (IHCP).

Please note that this document should be read in conjunction with the [SEND Handbook](#).

2 Our Ambition

Bolton Council's mission is to ensure that a child or young person's medical need does not become a barrier to their educational success, by providing a timely package of provision tailored to meet the needs of the individual child. School governing bodies, Trusts, school leaders, health and social care professionals work with children and their parents and carers to ensure that the needs of children with medical needs are properly understood and effectively supported. Schools and academies take a key role in supporting children with medical needs and, wherever possible, making reasonable adjustments so they can remain in their local school.

Bolton Council is aware that, in addition to the educational impacts, there are also sometimes social and emotional implications associated with medical needs. It is important that schools receive and fully consider advice from healthcare professionals and listen and value the views of parents and pupils. Individual health care plans (IHCP) are the key element and should be implemented by schools to support learning.

3 Principles

Bolton Council has a commitment to the following principles:

- The views of the family and child are pivotal to shaping the education programme.
- The child is supported in their local school as far as possible; the school will make appropriate adjustments to support the child's learning in line with their medical needs policy.
- Schools will work in partnership with the parents, local authority and health professionals to meet the individual needs of the child.
- Health professionals will provide ongoing advice to support the child's medical needs in terms of both physical and mental health.
- All children with medical needs will have access to regular, high-quality teaching to promote good academic attainments particularly in English, Maths and Science.

4 About this Policy

The local authority, through this guidance, seeks to ensure that children, wherever possible, can continue to be educated in their own school, and that all partners understand their roles and responsibilities to ensure access to a good education for children of compulsory school age.

This policy is based on the expectation that governing bodies will have regard to their responsibilities as set out in "Supporting pupils at school with medical conditions" (DfE, Dec 2015) and "It should ensure that such children can access and enjoy the same opportunities at school as any other child.", (DfE, December 2015).

The [Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) guidance is issued under Section 100 of the Children and Families Act 2014 and places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section. This guidance came into force on 1 September 2014.

Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

This Policy relates to pupils of statutory school age with medical needs, both mental and physical. Pupils with a wide range of medical needs may need support, but it is anticipated that in the vast majority of cases support will be provided by the school with the support of other professionals. In some cases, for pupils with severe or long-term needs, support may be needed beyond that which a school would be reasonably expected to provide.

Some children with medical needs may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, governing bodies must comply with their duties under that Act.

Some children will have a disability and a medical need. For example, they may have the disability of autism and also be impacted by mental health issue such as high levels of anxiety. These children are also protected by this legislation:

Equality Act 2010 – Disability is defined as: ‘a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities’

5 Core Duties

The core duties of governing bodies of schools (S100 Children and Families Act 2014)

*The guidance does not apply to maintained nursery schools, 16-19 academies and independent schools.

The guidance places a statutory duty on governing bodies of maintained schools, academies, and pupil referral units to make arrangements at school to support pupils with medical conditions. A child’s mental and physical health should be properly supported in school, so that the pupil can play a full and active role in school life, remain healthy and achieve their academic potential.

A duty is placed on governing bodies to make arrangements for pupils who cannot access school as a result of their medical needs. This should be outlined in an accessible, regularly reviewed policy. Within the policy it should be clear that schools must use Individual Health Care Plans (IHCPs) to detail how they will manage a child's medical needs and provide access to education (Appendix 2 Individual Health Care Plan (IHCP)). In doing so, it should ensure that such children can access and enjoy the same opportunities at school as any other child. This includes social as well as academic opportunities. The focus of the arrangements should be on the needs of each individual child and the impact of the medical condition on school life. The outcome should be that parents and pupils have confidence in the school's ability to provide effective support. Parents have a key role in ensuring that children attend school and this responsibility underpins this policy.

School attendance can be significantly affected by medical needs. Where schools are minded to request the attendance legal process, they should have in place an Individual Health Care Plan (IHCP) where there are medical needs. These needs may have been referenced in early school-based attendance or other meetings. This IHCP should be shared with the LA at the point of requesting a legal attendance meeting along with a letter from a medical clinician. Further bespoke guidance regarding attendance can be obtained from the service manager of the Early Intervention Service (EIS). For schools requiring further information regarding school non-attendance this can be found on the schools extranet - Early Intervention Service page.

Suggested adaptations to ensure that a child is able to attend school might include:

- A personalised timetable that reflects the child's health capabilities;
- Access to additional support in school both in class and/or catch up sessions;
- Access to IT to access from home; (loaning equipment from schools)
- Movement of lessons to more accessible classrooms;
- Adaptations to the environment to make it more accessible;
- A place to rest at school;
- Special exam arrangements to manage anxiety or fatigue.
- Opportunities for social interaction with peers.
- Access to a keyworker in school

Schools should take into account the DfE guidance around providing remote education where it is not possible for the pupil to be in school. [Providing remote education: non-statutory guidance for schools \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612127/Providing_remote_education_non-statutory_guidance_for_schools.pdf)

Schools should consider the approaches set out in this guidance while also working closely with pupils, parents, carers, and any other relevant partners such as the local authority, to remove any barriers to attendance as detailed in the working together to improve school attendance guidance.

<https://www.gov.uk/government/publications/working-together-to-improve-school-attendance>

Where a child is supported by other agencies, there is a need to collaborate and ensure that any Individual Health Care Plan (IHCP) sets out the support needed so that the pupil can learn effectively. The governing body/management committee needs to ensure that the school is being proactive in identifying what other services are involved and liaising with them as appropriate.

The school policy should set out in detail how the statutory guidance is implemented, including a named person who has overall responsibility. The policy should clearly identify:

- The procedures to be followed whenever a school is notified that a pupil has a medical need;
- The roles and responsibilities of staff in the development of individual health care plans (IHCP) and what should be recorded on them. A model IHCP is provided in Appendix 2.

The DfE's 2015 statutory guidance sets out the most important roles and responsibilities and expectations for staff training among other key elements to be included in the policy.

The school's duties for supporting pupils with mental and physical health needs are:

- To provide access to a full curriculum and teaching hours unless there are extenuating circumstances why this cannot be achieved.

Reasonable adjustments may include:

- Flexible timetable arrangements that may include a later start time or a shorter school day.
- Separate study / recreational areas.
- After school provision with a curriculum specialist.
- Specialist equipment e.g., height adjustable tables.
- Staff to have appropriate training to meet the child's medical needs. For example, Moving & Handling to meet toileting needs;
- Mental health awareness and access to bespoke training programmes that can be delivered in school setting i.e., CBT, counselling etc.

The school's role is to:

- Seek advice and maintain communication with the relevant health professionals – including the school nurse.
- Inform the Local Authority if the child is likely to be away from school for more than 15 school days and make a request to the Inclusion Service's Re-engagement Team.
- Inform the Local Authority of the child's needs, capabilities and the programmes of study.
- Inform the Local Authority how the school has been meeting the educational need for the first 15 days.
- Have a support package in place to enable the child to reintegrate upon return and to hold review meetings; in particular, Early Help Assessment and Individual Health Care Plan.
- Ensure the child is kept informed about school events and clubs; school should identify a named staff liaison link.
- Ensure that links with peers are maintained during absence.

In respect of implementation, the school policy should include:

- Who is responsible for ensuring that sufficient staff are suitably trained.
- A commitment that all relevant staff will be made aware of the child's medical needs.
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available.
- Comprehensive briefing for new and supply teachers.

- Ensure there are risk assessments in place for home visits and school activities outside the normal timetable.
- Monitoring of individual health care plan and Early Help Assessment.

Procedures should also be in place to support any transitional arrangements between schools. The receiving school should ensure there are arrangements in place for staff training and supported integration. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are in place within two weeks.

During any transition (e.g., to a new school or setting, or at secondary transfer etc.) a key person from the new setting should meet with the child and their family.

The governing body/management committee should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. The plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks in terms of the child's education, health, and social wellbeing, and minimises disruption. Individual Health Care Plans (IHCP) (appendix 2) must ensure that schools effectively support pupils with medical needs. They provide clarity about what needs to be done, when and by whom. They will be essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and be helpful in other cases, especially where medical needs are long-term and complex.

The format of Individual Health Care Plans (IHCP) can vary to enable schools to choose whichever is the most effective for the specific needs of each pupil and the school. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school but should capture the key information and actions that are required to support the child effectively. Where a child has special educational needs but does not have an EHCP, their special educational needs should be mentioned in their Individual Health Care Plan. For a detailed outline of health care plans see page 8 'Supporting pupils at school with medical conditions,' DfE September 2015.

Governing bodies/management committees must ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medication. After discussion with parents and children who are competent, they should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within Individual Health Care Plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Governing bodies/management committees should also ensure that the school's policy is clear about the procedures to be followed for managing medicines.

Reference should be made to the DfE Guidance on managing medicines in schools: <https://www.gov.uk/government/publications/supportingpupils-at-school-with-medical-conditions--3>

The local authority will only make available additional support and access to alternative tuition arrangements to schools, if it is confident and satisfied that governing bodies/management committees can demonstrate clearly that they have complied with the statutory guidance as part of determining what provision should be requested and

that all reasonable adaptations have been put in place to ensure that the child attends school. The onus will be on the governing body/management committee to provide this evidence.

5.1 The Core Duties of the Local Authority

The Local Authority should have a named officer responsible for the education of children with additional health needs and parents should know who this named person is. There should be an up-to-date policy in place which is reviewed regularly. Bolton Council's named person has the role of Education Access Officer within the Inclusion Service's Re-engagement Team.

Under Section 10 of the Children Act 2004, the Local Authority has a duty to promote cooperation between relevant partners – such as governing bodies of maintained schools, academy trusts, Integrated Care Partnerships and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local Authorities are also commissioners of school nurses for maintained schools and academies.

The Local Authority expects schools to support pupils with medical needs to attend full-time education wherever possible or for schools to make reasonable adjustments to pupils' programmes where medical evidence supports the need for those adjustments. The Local Authority would expect the school to generally continue to make these arrangements under its Individual Health Care Plans (IHCP) with homework or other support (TA/HLTA) as a short-term measure. This arrangement will ensure that the pupil can continue to obtain the required support linked to the IHCP promptly, from the organisation that best understands their educational needs.

This policy promotes the positive support of the home school in supporting pupils wherever practical, before referring to the Local Authority's Re-engagement Team and the Multi-Agency Medical Panel (MAMP) see appendix 3.

The Local Authority has a duty to work with schools to be ready to make arrangements when it is clear that a child will be away from school for 15 days or more (cumulative or one-off) because of health needs. Where pupils would not receive a suitable education in a mainstream school because of their severe or long-term health needs, the Local Authority has a duty to make other arrangements. The Local Authority provides education for children and young people who are unable to attend their home school, despite extensive adaptations being put in place by the school to support the child.

5.2 Key Responsibilities of the Health Services

Providers of health services are required by the statutory guidance to cooperate with schools that are supporting children with a medical condition, and this may include liaison, information, outreach, or training. Those commissioning services need to be responsive to children's medical needs in order for compliance with statutory duties (S100 Children Act 2014) so that pupils' medical needs can be met in school. The requirement is for health personnel to set out the specific medical needs and provide advice about how schools can support the pupil. General advice should be provided, based on the identified needs, to enable the Local Authority to determine the appropriate provision. This may include recommended core services, provision commissioned by the health service only or services to be commissioned by the school or Local Authority.

Every school has access to public health nursing (previously school nurse service) and Public Health Nursing have a responsibility to notify school when a child has a medical condition that will require support in school.

Other health care professionals including GPs and paediatricians are required by the statutory guidance to inform the School Nurse when a pupil has medical needs that will require support through specific health care plans and interventions. They may also be able to provide training or advice in shaping an Individual Health Care Plan and in implementing it, or to signpost schools to where they can access training and advice. They will also play a key role in liaison with clinicians regarding the appropriate support for planning.

It is the responsibility of the home school to make a referral to the Multi-Agency Medical Panel. Where a pupil is absent from school and parents/carers indicate that absence is persistently because of medical reasons, the school will (if the absence appears to raise concerns) ask parents for permission to contact health professionals for further information as part of their procedures for securing good attendance and planning.

Where parents refuse permission, the school should note the decision and inform parents of the risks in relation to safeguarding their child. In such cases the school may escalate following their safeguarding policy.

Where a pupil is unable to attend school, the key health specialists involved will be requested by the school/setting to provide information relating to the nature of the child's medical condition and specific advice around managing their health needs.

Health Services should also:

- Work closely with the home school, Inclusion Services Re-engagement Team, social care, the child or young person and their parents to ensure that the medical needs and the appropriate educational responses required are fully understood and clarified in any referral.
- Attend meetings or keep school updated on present likely impact on the child's health condition so adaptations can be made.
- Aim to provide intervention and advice that secures a personalised approach in the Individual Health Care Plan.
- Provide information that identifies the needs and the level of education (e.g. hours or days) that the child can manage given medical needs, and must review this regularly;
- Where mental health needs are complex, professionals will ensure that the Local Authority representatives will have the advice and support necessary to determine both eligibility and access to effective provision quickly. In such situations responsibility for liaison with the relevant partners will be clarified.
- Respond in a timely manner to requests for advice in the management of young people so that the Local Authority is able to make effective responsive provision promptly.

6 Children Requiring Education in Hospital Setting

Hospital education means education provided at a community special school or a foundation special school established in a hospital, education provider under any arrangements made by the local authority under section 19 of the Education Act 1996 (exceptional provision of education), where the child is being provided with such education by reason of a decision made by a medical practitioner. The Local Authority is not generally involved in decisions about admission to hospital – as admission is often

as an emergency, the home base school and Local Authority may only be notified after admission has occurred.

6.1 Health Trust's Relationship with Education Providers

To ensure hospital education provision is effectively planned and funded, NHS trusts and foundation trusts (FTs) should ensure that the hospital education provider is given information as early as possible (and if necessary, on a confidential basis) on any planned changes to capacity (e.g., an increase in paediatric beds), which might impact on them. Any change in the level of funding can then be discussed in advance with the Local Authority or other organization funding the provision. Trusts and FTs should endeavour to maintain links with local providers of hospital education.

Bolton Impact Trust are the commissioned education providers in Bolton and aim to visit any child admitted to hospital by the third day of their admission to discuss and formulate an appropriate education plan for them. If children are in Yr10/Yr11 the visit should take place on the first day of admission to make appropriate arrangements for commencement of teaching. Once it is judged appropriate for regular teaching to begin a child will be offered at least one teaching session per school day. Depending on circumstances more sessions may be offered and lengths of sessions may vary.

6.2 Returning to School

When a child is ready to be discharged from hospital clinical staff will advise as to when a return to school should be expected. Some children return to school straight away while others require more time before going back. If the child's home school is in Bolton the school will liaise with the clinical staff and commissioned education provider in producing a Medical Re-integration Plan and an Individual Health Care Plan (IHCP) (see appendix 2). If clinical staff and the school believe that the child will need additional support in the longer term to access education over and above what the school can provide, then a referral to MAMP should be made (See Appendix 3).

If the child is not resident in Bolton and their home school is not a Bolton school the commissioned education provider in the Local Authority where the child resides and clinical staff will contact the child's home school, offer advice and make the necessary arrangements.

6.3 Education Arrangements for Children in Tier 4 CAMHS Settings

Children and young people admitted to hospital for treatment of a mental health conditions/emotional health and wellbeing, should be admitted to an environment that is suitable for their needs, and be provided with a routine which allows them to continue their social, personal and educational development and equal access to educational opportunities as their peers. (S131a of the Mental Health Act, Mental Health Act Code of Practice – paras 19.90/1). For children and young people admitted to an inpatient child and adolescent mental health service (CAMHS), education is usually provided alongside a programme of therapeutic activities. It is good practice for education staff to be involved as much as possible in handovers, clinical meetings, and care programme approach (CPA) meetings to ensure continuity of care as well as education.

6.4 Discharge Planning

Discharge planning is key to successful re-integration for children back into their home schools.

The child's home school should discuss the child's needs and how they may be best met with the relevant clinicians. The education provider where a child has been admitted into hospital for a mental disorder is responsible for ensuring that the child's Local Authority is made aware the child has been admitted. In practice this is generally achieved by liaison with the child's home school. Effective collaboration between teaching staff and health professionals is essential to promote continuity of care and of education. Education staff need relevant information about the child's care and support needs while in school and appropriate arrangements should be in place and recorded relating to this in the child's Individual Health Care Plan (IHCP) and their Medical Re-integration Plan (MRP).

7 The Local Offer for Children and Young People with Medical Needs

Local Offer

[My Life in Bolton - a directory of services in Bolton - activities, events, things to do and what's on](#)

Inclusion Service – Re-engagement Team

inclusion@bolton.gov.uk

Emotional health and wellbeing information

<https://www.bekindtomymind.co.uk/>

The Bolton SEND Handbook

<https://www.bolton.gov.uk/sendlocaloffer/downloads/file/7/bolton-s-send-handbook>

8 Appendices

Appendix 1: Health Process- Supporting children and young people with Medical Needs in an Education Setting

Appendix 2: Model Individual Health Care Plans (IHCP)

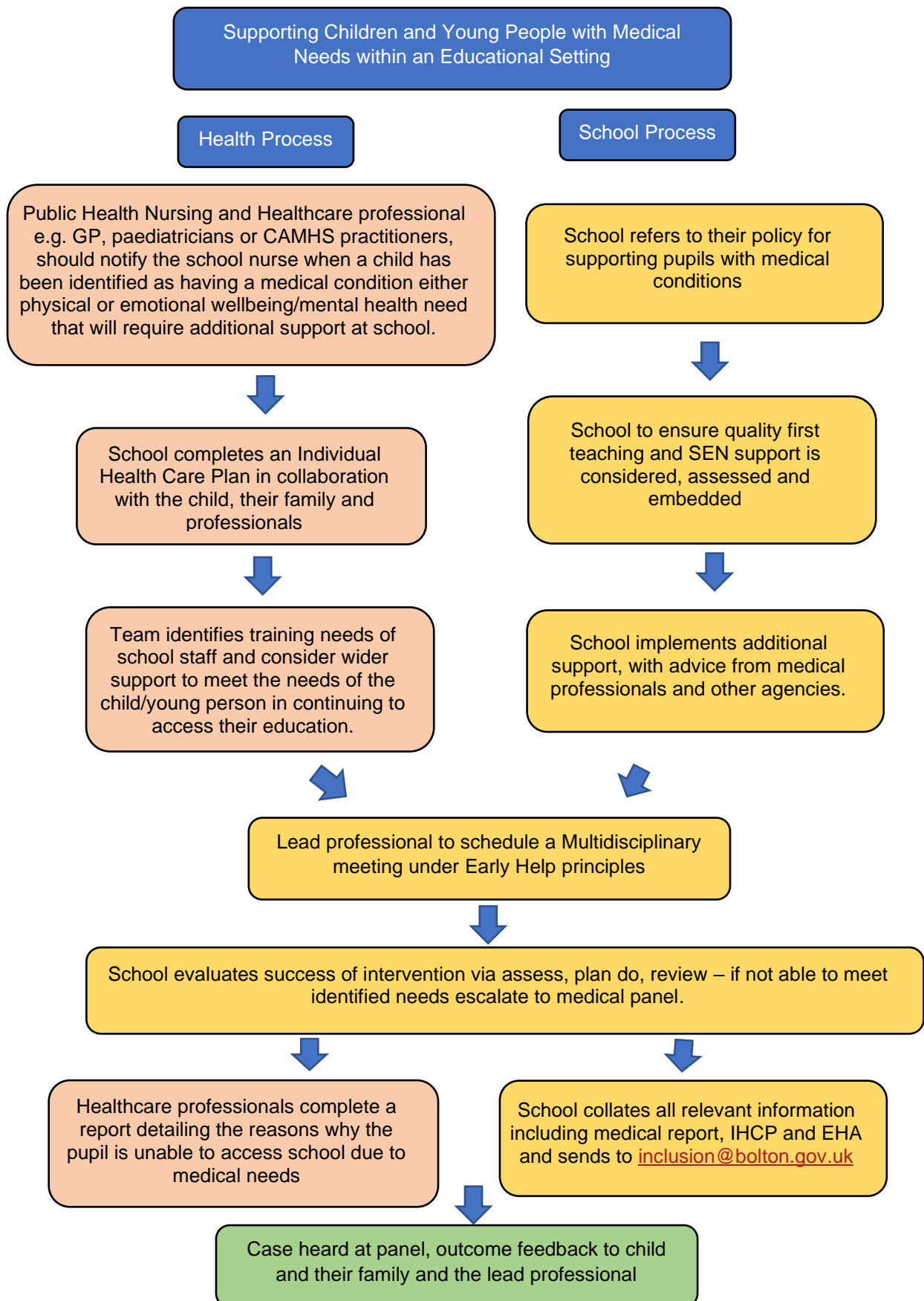
Appendix 3: Multi-agency Medical Panel (MAMP)

Appendix 4: Pupil Information for Medical Placement

Appendix 5: Parent/carer agreement for referral to MAMP

Appendix 6: Early Help Assessment and Action Plan

Appendix 1: Health Process- Supporting CYP with Medical Needs in an Education Setting



Appendix 2: Model Individual Health Care Plans (IHCP)

INDIVIDUAL HEALTHCARE PLAN				
Date of plan				
Planned review date				
1 Child's/Young Person's Information				
1.1 Child/Young Person's Details				
Child's / Young Person's name				
Name of school/setting				
Address of school/setting				
Academic Year				
Date of birth				
Child's address				
Medical diagnosis or condition				
1.2 Family Contact Information				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Address				
Email				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Address				
Email				

2 Health contacts	
2.1 Clinic/Hospital Contact	
Name	
Phone no.	
2.2 G.P.	
Name	
Phone no.	
2.3 Nurse	
Name	
Phone no	
3 Education Contacts	
Class Teacher	
SENCo	
Other support staff in school (if relevant)	
Who is responsible for providing support in school	
4 Medical Information	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	
5 Medication	
Name of medication	
Dose	
Method of administration	
When to be taken	
Side effects/contra-indications	
Administered by Supervision needed	

6 Daily Care Requirements		
7 Support for pupil's educational, social and emotional needs- including useful strategies		
8 Reasonable Adjustments/ Support for School / Recommendations		
9 Emergency Situations		
What is considered an emergency? What are the signs and symptoms? What are the triggers? What action must be taken? Follow up action		
10 Staff Training		
What training is required? Who needs to be trained? Sign and date when training is completed.		
11 Names of those involved in drawing up the plan.		
Name	Signature	Date

Appendix 3: Referrals to Multi-Agency Medical Panel (MAMP)

The Local Authority and schools have a statutory duty to make the necessary arrangements to provide ongoing education for children who, due to their medical condition, are unable to attend school for a period of time.

Short Term Education Support

Schools can make a referral, via the Inclusion Service Re-engagement Team, to the Multi-Agency Medical Panel (MAMP) to request access to **short- term education support** in helping the school/setting to provide continuity in education when a child or young person has been absent from school for 15 days or more due to a physical or mental health need. (Referral Form Appendix 3).

Longer Term

If after the period of short term intervention it is likely that a child or young person will be out of education for a longer period due to a medical need, the Review process through the Re-engagement Team will support requests to access **longer- term education support** through the Early Help process - in helping the school/setting to provide continuity in education when a child or young person has been absent from school for 15 days or more due to a physical or mental health need.

Multi-Agency Medical Panel (MAMP)

The Multi-Agency Medical Panel consists of the following representatives from Education and Health:

- Designated Clinical Officer for SEND – NHS Greater Manchester Integrated Care Complex Case Manager - NHS Greater Manchester Integrated Care
- CAMHS Practitioner
- Education Access Officer – Inclusion Services, Re-engagement Team
- Head of Inclusion Service
- Early Intervention Service manager
- Behaviour Support Service manager
- SENDAS manager
- Education Psychologist
- Admin (minutes)

As an outcome of the MAMP it may be that the medical criteria for additional education support has not been met and in this case MAMP may decide to provide advice to schools to fulfil their responsibility towards students with medical needs on their roll. This may include recommending education plans whilst off school and advice towards supporting reintegration back to school. If a school notices signs that a child or young person is at risk of not attending school due to medical reasons measures will need to be put in place to prevent this from happening.

Who are the children and young people referred to the Multi-Agency Medical Panel?

Once all reasonable adjustments and support have been met, children referred to MAMP must meet the following criteria:

- be resident in Bolton
- be aged 5-16 years old or up to 25 years if they have an EHCP
- They must be currently receiving specialist help and support from a recognised health professional.
- The pupil must have been absent from school for 15 days or more, either one off, cumulatively due to their medical condition.
- The request has been discussed with parents/carers and signed consent has been obtained from those with parental responsibility or from a young person themselves, where they are considered to be competent and are over 16 years of age.

How do I make a Referral to the Multi-Agency Medical Panel (MAMP)?

All referrals for medical education support for children and young people, of statutory school age, are to be submitted to the Inclusion Service Re-engagement Team. To be eligible for intervention, children and young people must be experiencing issues related to their health that is preventing them from attending school.

All the following documentation will be required and will serve as the referral to MAMP:

- Evidence from a medical professional currently involved in the pupil's care that highlights specifically why the pupil's medical needs are prohibiting them from attending school. This needs to be a detailed report about their medical needs/diagnosis and recommended strategies for school and other professionals to implement.
- Attendance Certificate that shows that the pupil has not been able to attend school due to illness for at least 15 school days
- The pupil's Individual Health Care Plan, which highlights the plan that is in place to support the pupil to attend school, and the education that school are providing on the days that the pupil is unable to attend school due to illness.
- The pupil's last academic school report.
- The pupil's Early Help Assessment and reviews.

How will the panel make decisions?

The panel will use all the required documentation to make their decisions. The panel will decide if the school has met its duties to support the child with medical needs and has put in place extensive adaptations in providing that support, this will be evident in the Individual Health Care Plan (IHCP) and that despite this level of support from the school the child is still unable to attend and access their education offer. The panel may want to consider the schools Accessibility Plan and their Equality Plan.

The panel will assess the medical needs of the child and in particular what additional specific interventions could be introduced to provide access and support in order for the child to access and engage with education.

What are the possible outcomes from the panel?

1. The panel's main aim is to maintain the child's home school placement, while providing advice or support to the main school.
2. The panel may suggest additional support/specific interventions it believes the school should/could be offering the child in relation to their medical needs and the impact on their education. The panel will identify how any additional support/interventions will be funded.
3. The panel may sign post the school to additional health support.
4. The panel may offer the child access to specific health programs outside of the school day.
5. The panel may offer access to more specialist equipment.
6. The panel may request additional more detailed information directly from health professionals and may also challenge their referral time frames.
7. The panel may believe that the child is being offered a good education package by the school taking into consideration all the professional advice regarding their medical needs and may recommend additional formal action in addressing the child's school absence through the Early Intervention Service.
8. The panel will consider the possible impact on the child's education of the introduction of any specific interventions and how worthwhile their introduction would be.
9. If the panel ever decides to place a child in a part-time/full-time placement with a specific provider it must be in order to access specific named interventions to address the child's medical needs which are impacting on their ability to access their education. Specific outcomes must be set and progress towards such outcomes must be reviewed through the Early Help Process. The detail of expectations for the education/health package must be included in the AP DPS Framework Request for Service letter. In such cases there-engagement Team will review the child's progress termly.
10. The panel will agree to share any learning/issues from panel duties with senior health and LA colleagues in order to improve local area systems.

Please note: If a child or young person is clinically or extremely clinically vulnerable and for this reason can no longer attend school the responsibility to continue their education lies with their home school.

All referrals and accompanying documentation will go to the Re-engagement Team and if the referral criteria has been met the team will then refer the case to the Multi-Agency Medical Panel (MAMP) where health and education will agree what the short- term medical education intervention will look like and how school will meet the needs of the child or young person long term. If the referral criteria has not been met the school will be advised. The Re-engagement Team will inform the school within 5 working days of the receipt of the initial referral whether the criteria has been met.

Panels are held on the 3rd Monday of the month and will run throughout the academic year. Outcomes from the panel will be shared with schools within 4 working days of the panel date. Schools will be expected to feedback the outcome to parents/carers.

Reviews

The panel may ask to review specific cases and will therefore detail timelines in the minutes of their meetings.

The placements of children placed in AP either part-time or full-time funded by the panel will be reviewed termly by the Re-engagement Team, unless the placements are short term where they will then be reviewed by the panel on conclusion of the placement.

The Re-engagement Team will maintain a calendar of review dates and ensure that the relevant review documentation is submitted to the panel.

The Re-engagement team will monitor the number of pupils who access the hospital home tuition service and provide regular updates to the MAMP with a breakdown of the details of the pupils who have accessed this service.

Individual Learning / Intervention Plan

Where a child or young person has been offered a placement in Alternative Provision or home tuition, the pupil's education will be monitored through an Individual Learning Plan which will be reviewed regularly with the AP, the home school, the parent and the child/young person. In addition, the child/young person should have an open Early Help Assessment throughout their placement in AP or home tuition. The child/young person's mainstream school should lead on the EHA, which should be reviewed regularly with all relevant professionals involved in the reviews.

Where a decision has been made by the MAMP for the LA to make alternative arrangements, this will be sourced by the Re-engagement team through the AP DPS Framework, or through alternative commissioning arrangements where the requirement falls outside of the availability on the DPS Framework. Children and young people accessing medical provision will be subject to the same quality assurance and monitoring as all children and young people placed in AP by the LA or schools.

Cost to Schools

Schools retain the basic entitlement funding and any Pupil Premium for the pupil. If a child or young person is eligible to receive education support as determined by MAMP, there is an expectation that the school will financially contribute to this. If a child or young person has an EHCP a proportionate amount of the Element 3 funding will be recovered from school.

Further Information?

If you would like any further information, please contact the Education Access Officer within the Re-engagement Team at inclusion@bolton.gov.uk

School submits MAMP referral with medical evidence.
Request goes to the Re-engagement Team to determine whether referral criteria has been met.

Evidence to inclusion@bolton.gov.uk



Referral criteria has / had not been met – school informed within 5 working days of receipt of referral.



If referral criteria met case referred to next MAMP meeting.
If not met advice given to school.



If education support is agreed at MAMP, school will be required to complete the Medical Placement referral form. Upon receipt of this, the Re-engagement Team will source placement via the DPS Framework. Once a placement has been agreed, school will be informed and the AP/tuition service will liaise with the family.



EHA and IHCP are both reviewed regularly. The home school is expected to lead on the EHA, attend all reviews and maintain links with the child/young person.

Once the child/young person is ready to return to their mainstream school, the school should liaise with AP to put a reintegration plan in place.

Appendix 4: Pupil Information for Medical Placement form



PUPIL INFORMATION FOR MEDICAL PLACEMENT – SECONDARY

This form *must* be completed and sent to inclusion@bolton.gov.uk in order for the Local Authority to source provision through the DPS Framework.

Student Information			
Full name:			Year Group:
Date of birth:		Age:	
Sex Assigned at Birth:		Gender Identity (if different):	
Any previous name(s):			
School:		UPN:	
Key contact in school:	Name:		
	Contact number:		
	Email:		
Attendance contact in school:	Name:		
	Contact number:		
	Email:		
Main home address (including postcode):			
Who does student live with:			
Are there any known risks for professionals visiting the property:			

Other home address (if applicable) & explanation:			
Ethnicity:		Language(s) spoken:	
Immigration Status:			
Social Care involvement:	YES / NO	Social Worker name and contact details:	
Child Protection register:	YES / NO	Contact details:	
Looked After:	YES / NO	Placement details:	
Special Guardianship:	YES / NO	Details:	
Open Early Help:	YES / NO	If Yes, date of last review:	
		Lead Professional (name & contact details):	

Parent/Carer Details

Name:			
Order of Priority (for updates & in case of an emergency):	1st	2nd	3rd
Relationship to student:			
Address:			
Home telephone:			
Mobile:			
Work number:			
Place of work:			
Usual work hours:			
Email address:			
Language(s) spoken:			

Reason for Referral to MAMP

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Pupil Profile

Please complete this section with a detailed overview of the reason why this pupil is unable to attend school because of their medical condition. Please also highlight the pupil's strengths, any subjects they particularly enjoy and any extra-curricular activities they engage in. This information is vital in helping the alternative providers to assess whether they are able to meet the needs of this pupil prior to placement. Please include details of any specific measures that an alternative provider would need to put in place in order to support this student.

(The box below will expand when completed electronically.)

--

Additional Needs

Medical:

		Comments		
Hearing:	<input type="checkbox"/>			
Vision:	<input type="checkbox"/>			
Speech & Language:	<input type="checkbox"/>			
Specific Learning Difficulties:	<input type="checkbox"/>			
Autistic Spectrum Disorder:	<input type="checkbox"/>			
ADHD:	<input type="checkbox"/>			
Allergies (please specify):	<input type="checkbox"/>			
Other (please specify):	<input type="checkbox"/>			
SEN:	<input type="checkbox"/> EHCP	<input type="checkbox"/> School Support	<input type="checkbox"/> ILP / PEP	
Date of last EHCP review:				
Additional medical conditions & any				

medication or special provision required:	
GP name & address:	
Any other medical professionals currently involved in the child's care (please provide contact details):	

Social:

		Contact Details
Early Intervention Team:	<input type="checkbox"/>	
CAMHS:	<input type="checkbox"/>	
Educational Psychology:	<input type="checkbox"/>	
Youth Offending Team:	<input type="checkbox"/>	
Project 360°:	<input type="checkbox"/>	
Fortalice:	<input type="checkbox"/>	
Behaviour Support Service:	<input type="checkbox"/>	
Targeted Early Help Team:	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Education Details

Please note you **must** attach the child's last academic report and attendance report.

Academic attainment:

	Key Stage 2 SATs	Current Grade	Exam Board
English:			
Maths:			
Science:			

Curriculum options:

Subject	Qualification & Current Grade	Subject	Qualification & Current Grade

Learning Profile:

Attendance % (year to date):

Please list any strategies used in school that have had a positive impact:

Other experience:

Any college course / work experience or alternative education (with contact names):

Risk Assessment:

Does this student pose any significant risk of harm to staff and/or other students? (eg Have they been known to carry a knife in the community, etc). if so, please give detail below.

APs – Please ensure you have contacted all professionals involved with this child prior to admission.

STAGE 1: a) Assessing Risk to Health and Safety

No

Low Risk

High Risk

Comments

1	Child has been known to assault another pupil				
2	Child has been known to assault an adult				
3	Assault led to Actual Bodily Harm				

4	Assault involved weapons/objects				
5	Assault led to medical treatment				
6	Child has been known to threaten other children				
7	Child has been known to threaten adults				
8	Children have had time off school as a result of assaults				
9	Adults have had time off as a result of assaults				
10	Child has been known to use offensive language				
11	Child has committed criminal offence				
12	There has been police involvement in previous incidents				
13	Child has been known to self harm				
14	Child has been known to damage property				
15	Child has been restrained (using known PI)				
16	Evidence child is unaware that their actions are unacceptable				
17	Evidence to suggest previous unacceptable behaviour is likely to reoccur				
18	Professionals report details of risk of physical violence				
19	Child has made allegations against a member of staff				
20	Parent/guardian has made allegations against a member of staff				
21	Parent/guardian has been known to be aggressive/abusive towards staff				

STAGE 1: b) Assessing Risk to Health and Safety		No	Maybe	Yes	Comments
1	Child has involved others in CSE				
2	Child has been victim of CSE				
3	Child has been involved with County Lines				
4	Child has been known to pull hair, kick, bite				
5	Child can be encouraged to leave area of conflict				
6	Child requires medication during the day				
7	Child presents known health risk				
8	Inoculation is required				
STAGE 2: Resource Requirements and Support		Not needed	May be needed	Essential	Comments
1	Attendance of trained Support Assistant				
2	Availability of suitable staff to meet child's medical needs				
3	Training for all relevant staff on dealing with forms of challenging behaviour identified by Risk Assessment				
4	Reduced class size				
5	Supervision during unstructured time				
6	Specialist training for Physical Intervention				
7	Specific teaching materials and resources				
8	Sufficient extra staff for effective early intervention (mentors or other professionals specifically)				

	employed to 'include' pupils whose behaviour may challenge)				
9	YOT referral				
10	Support from Social Care				
11	Support from CAMHS				
12	Multi-agency support/outreach				
13	Other – please state:				

Form Completed By	
Name:	
Signature:	
School / Provision:	
Date:	

Appendix 5 – Parent/carer agreement for referral to MAMP

**Parent/Carer Agreement – Application for Medical Provision
Multi Agency Medical Panel**

Name of Child:

Date of birth: **Age:**

Current school:

I agree to:

1. The information submitted as part of this referral (which may include Individual Health Care Plan (IHCP), Early Help Assessment and Action Plan, Medical Report/Discharge letter/Specialist advice, Academic Progress Report, Attendance Certificate for previous and current year), being securely shared with professionals who attend the Multi-Agency Medical Panel (professionals from the Local Authority and Clinical Commissioning Group (Health), for my son/daughter (if they are under 16 years of age) or myself (if over 16 years of age). Only the necessary information will be shared.
2. This information being shared with the allocated Alternative Provision, if a decision is made by the Multi-Agency Medical Panel to allocate medical provision to my son/daughter (if they are under 16 years of age) or myself (if over 16 years of age).
3. You can withdraw your consent at any time by contacting inclusion@bolton.gov.uk.

Privacy Notice:

Our core data protections, obligations and commitments are set out in the Council’s privacy notice at www.bolton.gov.uk.

This notice provides additional privacy information for people accessing the Inclusion Service and partners working with Bolton council.

It describes how we collect, use and share personal information about you:

1. In relation to placement in Alternative Provision under the Direct Purchasing System Alternative Provision Framework.
2. The types of personal information we need to process, including information the law describes as ‘special’ because of its sensitivity.
3. This information is stored on the Council’s secure server, with access only available to the Inclusion Service.

It is important that you read this notice, together with any other privacy information we may provide on specific occasions when we are collecting or processing personal information about you, so that you are aware of who is using such information and why.

Print Name: **Relationship to pupil:**

Address:

Email:

Tel:

Signed:

Date:

Appendix 6: Early Help Assessment and Action Plan

Early Help Assessment and Action Plan			
<u>Early Help Details</u>			
Date Early Help Started	Click here to enter a date.		
Main reason for completing the Early Help Assessment	Choose an item.		
Additional reasons/info	Click here to enter text.		
Names, job role and service of those involved in the assessment or at Child Action Meeting	Click here to enter text.		
List any questionnaires or tools you have used to help gather information for this assessment	Click here to enter text.		
<u>Child and Family Details</u>			
Child(ren)'s Name	Click here to enter text.	Gender	Click here to enter text.
Date of Birth	Click here to enter text.	Primary Language	Click here to enter text.
Ethnicity	Choose an item.	Other languages spoken	Click here to enter text.
Primary Address	Click here to enter text.	Telephone	Click here to enter text.
		Mobile	Click here to enter text.
<u>Parent/Carer details</u>			
	Parent	Parent	<p>Don't forget to ask parents and/or check with the Integrated Working Team to find out if there's already an Early Help Assessment in place.</p> <p>Tel No: 01204 331394/2.</p> <p>Have you done this?</p> <input type="checkbox"/>
Name	Click here to enter text.	Click here to enter text.	
Relationship to child	Click here to enter text.	Click here to enter text.	
Address (if different to above)	Click here to enter text.	Click here to enter text.	
Telephone (if different to above)	Click here to enter text.	Click here to enter text.	
Do parents have any special requirements such as disability or language / communication difficulties? (If so, explain clearly)	Click here to enter text.	Click here to enter text.	
<u>Lead Professional Details</u>			
Name	Click here to enter text.		
Address	Click here to enter text.		
Postcode	Click here to enter text.		
Contact Tel: number	Click here to enter text.		
Job Title	Click here to enter text.		
Agency	Click here to enter text.		
Email	Click here to enter text.		
<u>Assessment Information</u>			
Development of the unborn child, child or young person			
Health	Click here to enter text.		

Physical Development	Click here to enter text.		
Speech, language and communication	Click here to enter text.		
Identity, Emotional, Social Development, Relationships with friends, Self-Care skills	Click here to enter text.		
Behaviour	Click here to enter text.		
Learning including Attendance, Progress and Achievement and Aspirations	Click here to enter text.		
Parents and Carers			
Provision of care, protection and safety to the children	Click here to enter text.		
Provision of guidance, boundaries and stimulation to the children	Click here to enter text.		
Support needs of parents	Click here to enter text.		
Family and the Environment			
Family History	Click here to enter text.		
Wider Family (including siblings, other significant adults, if a child lives/visits with another family member regularly)	Click here to enter text.		
Housing employment and finance	Click here to enter text.		
Access to social and community support	Click here to enter text.		
<u>Early Help Action Plan</u>			
What support/provision is already in place?			
Education	Main Contact and Details	What goals are you working towards?	What progress has been made so far?
Nursery / School / College Click here to enter text.	Click here to enter text.	Click here to enter text. Click here to enter text.	Click here to enter text.

Provision/Services	Main Contact and Details	What goals are you working towards?	What progress has been made so far?
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
GP Name	GP Practice + contact details	List any additional support provided by GP	What progress has been made so far?
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
<u>Conclusions</u>			
What is going well?	Click here to enter text.		
What outstanding needs require actions?	Click here to enter text.		
How will everyone know that things have improved?	Click here to enter text.		
Are you holding a Child Action Meeting to coordinate your plan?	Choose an item.	When is this planned? Click here to enter a date.	Where will this be held? Click here to enter text.
<u>Action Plan – What needs to happen next?</u>			
Goal	Action	Who is requested to undertake this action?	Timescale
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
<u>Scaling – so you can measure progress over time, agree a score of the overall situation <u>with</u> the child/family</u>			
Choose an item.	On a scale of 1 – 10, where 1 is the worst and 10 is the best – how would you score the situation at this point? (Re-visit this at the review to measure overall progress)		
<u>Information Sharing</u>			
Which services need to receive this Early Help Assessment and Action Plan to help them to provide services to you?	Click here to enter text.		
<u>Consent</u>			
I understand and agree with the information recorded on this form. I understand and agree that it will be stored and used for the purpose of providing services. I have had the reasons for information sharing explained to me and I understand those reasons. The Integrated Working Team working with the Bolton Early Help Hub will assist practitioners to provide your family with the services and support to best meet your needs. The form will not be shared with other services without your consent.			
Parent/Carer	Choose an item.	Name: Click here to enter text.	Date: Click here to enter a date.

Parent/Carer Choose an item.	Name: Click here to enter text.	Date: Click here to enter a date.
Young Person (if old enough)	Name: Click here to enter text.	Date: Click here to enter a date.
Practitioner	Name: Click here to enter text.	Date: Click here to enter a date.
Is a signed copy kept in service?	Choose an item.	
Any other information:	Click here to enter text.	

This form should only be shared with the agencies listed above when signed agreement has been provided by the young person (if old enough) or their parent/carer. A copy should be provided to the family.

If you have sufficient reasons to over-ride consent – this should be recorded in the “any other information” box above.

For quality and monitoring purposes, a copy of this form should also be sent securely to:

BoltonISA@bolton.gov.uk or:

Integrated Working (IW) Team, Castle Hill Centre, Ground Floor, Castleton Street, Bolton, BL2 2JW

If you need any help or support in completing this form then please access the guidance at:

www.boltonsafeguardingchildren.org.uk or contact the Integrated Working team on 01204 331394 or via email to: BoltonISA@bolton.gov.uk

Reviewing the Plan

The Action Plan you have just agreed should be reviewed in 10 weeks’ time, to ensure that progress has been made and to identify any further actions/support needed. Please use an additional Early Help Review Form for each review you undertake. The review form can be found on the Early Help page of the website (as above).

IW Team Monitoring:

SMART plan <input type="checkbox"/>	Review recorded <input type="checkbox"/>	Choose an item.	Child Action Meeting? <input type="checkbox"/>
Agency Name: Click here to enter text.		Choose an item.	