Medical Need Intervention

Young people benefit most from being amongst their peers and studying the full curriculum offered by their home school, therefore it is always the intention to remove young people from their home school for as minimal a time as possible and to support with their re-integration.

Referrals for medical needs intervention must be informed by up-to-date medical advice from professionals involved with the child/young person's medical care but are agreed in partnership with the referring school and local authority's Alternative Provision Panel.

Placements are typically between 18 – 21 weeks, depending on individual need, medical advice and progress towards reintegration into school.

How do schools support learners with medical needs?

Schools should have a policy for supporting learners with medical needs, that is regularly reviewed and published on the school's website.

Schools do not need to wait for a formal diagnosis to provide support to a learner.

If the child's medical condition is unclear then the school should seek further medical advice, so that a judgement can be made about what support may be needed.

What does research tell us that children and young people with long-term medical conditions want?

Research tells us that they want, and need:

- A link member of staff in school that understands their condition and needs.
- All staff to have an awareness and understanding of different medical conditions.
- Regular two-way communication when they are not in school.
- A more understanding and supportive approach, e.g. not sending automated texts and letters to parents/carers/families.
- An Individual Healthcare Plan (IHP) to support their needs.
- That the IHP is shared with all relevant staff.
- To be recognised for their attendance and not to be excluded from attendance rewards.

What is an Individual Healthcare Plan or IHP?

An IHP is a plan for children and young people with on-going/long-term medical needs. It is used to ensure that schools know how to support them effectively and clearly explains what needs to be done, when and by who. It should be reviewed annually, or earlier if the child's needs have changed.

Do learners need a diagnosis for an IHP?

No.

Learners do not need a diagnosis for an IHCP. Some learners may be awaiting a diagnosis or may never receive a diagnosis, such as those who have medically unexplained symptoms or rare new conditions, but they will still have a medical need. They may require **reasonable adjustments** for the symptoms they are experiencing.

Who should be involved in developing the IHP?

Schools should be involved in the process of writing and reviewing the plan, **along with any relevant medical/para-medical professionals**. If possible, the child/young person should also be involved in any discussions about their medical support needs and be able to contribute to the development of their plan.

What should be considered when developing an IHP?

When developing an Individual Healthcare Plan, the following should be considered:

- The medical condition, signs, symptoms and treatments.
- The child/young person's resulting needs, including medication.
- The level of support needed - If a child/young person is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support and their training needs.
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff or self-administered by the child/young person during school hours.
- Arrangements for school trips or other school activities.
- What to do in the event of an emergency, including who to contact, and contingency arrangements.

Do IHPs need input from medical professionals?

IHPs **should** have input from a medical professional. For example:

- A hospital consultant or a specialist nurse may directly fill in part of the IHP
- An IHP may form part of a hospital discharge plan
- A specialist plan could be provided and attached to the IHP, such as an asthma care plan or an epilepsy emergency plan.

A medical professional may advice who needs some training to provide relevant medical assistance and who can provide this training.

Is an IHP the same as an EHCP?

No.

An Individual Healthcare Plan (IHP) is not a legal document but is good practice. It is developed in partnership between the school, parents, child/young person and relevant healthcare professionals. The aim is to make sure that the schools know how to support the child or young person, being clear about what needs to be done, when and by whom.

An Educational Health Care Plan (EHCP) is a legal document that outlines any special educational needs and the provision that the local authority must put in place to support a child or young person.

Both documents should be reviewed at least once every 12 months, or earlier if the learners' needs have changed.

When should a referral be considered?

If a child has missed 15 or more days of school, in an academic year, due to their **long-term medical condition**, their school should support them by providing a suitable education. For example, this could be through things such as:

- work being sent home
- an IT application for learning
- home tuition

When school can demonstrate that appropriate strategies, reasonable adjustments and professional advice have been implemented, without sustained impact then they should consider making a referral for medical needs intervention.

Who decides if a referral is appropriate?

Medical advice to schools should indicate that the learner has no medical barrier to accessing learning as part of an ongoing pathway back into school. The child/young person should have a current, comprehensive IHP

Before a referral is made it should have been discussed with the child/young person and their family. Consideration should be given to the child/young person's willingness to engage and any barriers to engagement should be identified and addressed.

There should be a shared understanding among all parties that the intervention is in the best interest of the learner. This includes:

- the parents/carers;
- professionals working with the child/young person, particularly medical professionals;
- the school, as the LA charge schools for these places.

However, with the final decision to refer made by the LA's Access to Education Panel

When is a referral not appropriate?

The Medical Needs Intervention is **not** suitable where:

- A learner's primary need relates to neurodevelopmental differences (e.g. Autism or ADHD) unless there is a co-occurring medical need that impacts school attendance;
- The referral is intended to act as a temporary arrangement pending the outcome of the statutory SEND processes, rather than an identified medical need
- An Education, Health and Care needs assessment (EHCNA) has been declined, and it is decided that needs can be met through the ordinarily available inclusive practice (OAIP) within a school, unless medical evidence indicates that an interim medical needs intervention is required
- An EHCP is in place and specifies provision that can reasonably be delivered within a school or specialist setting, unless medical evidence indicates that an interim medical needs intervention is required

Where the presenting issue is poor attendance – this should be addressed through a Section 19 (S19) referral for an EBSA intervention at the Engagement Centre or through Attendance Enforcement processes.

Who makes the referral?

Referrals for medical needs provision are usually made by the learner's school when they have exhausted all their in-house strategies, implemented professional advice for support/re-engagement and made reasonable adjustments in order for the learner to attend school.

Occasionally, medical professionals will consider a referral as part of a discharge plan following a substantial in-patient hospital stay.

How are referrals made?

Schools, or occasionally medical professionals complete the local authority's referral form and submit it to the LA's Access to Education Panel which meets fortnightly. Referrals must be informed by up-to-date medical advice from professionals involved with the child/young person's medical care and clearly demonstrate that appropriate strategies, reasonable adjustments and professionals' advice have already been implemented prior to referral.

This panel is made up of LA officers and professionals including representatives from the LA's Inclusion Service, CAMHS, TESS (Targeted Educational Support Services), SEND and EPs (Educational Psychologists).

If the panel agrees that the referral is appropriate, it will consider what provision it will then offer, including potentially referring to Three Towers.

Three Towers has a weekly panel which considers all new referrals and informs the LA if a referral is appropriate and accepted.

What does Three Towers offer as a medical needs intervention?

The Medical Needs intervention for children and young people who:

- are aged 11 to 16
- are unable to attend their mainstream school due to their ongoing / long-term medical or health needs
- have missed more than 15 days of school in the academic year due to their ongoing / long-term medical or health needs

A team of specialist teachers provide learners an age-appropriate core curriculum of English, math and science. Their aim is to make sure children/young people can continue to access education and allow them to return to their own school.

Our intervention is time-limited and temporary aimed at keeping learners in or returning learners to mainstream school within two terms.

What happens once a referral has been made to Three Towers?

Our placement panel meets weekly to consider all the new referrals we have received. Where a learner is referred for medical needs intervention, we expect the referral to include appropriate medical evidence/advice from professionals supporting the child/young person so that we can make an informed decision about whether we can meet their needs. It should be current and the learner's case should be actively under supervision by professionals.

Our panel will decide whether to accept or refuse the referral, and the next steps are outlined below.

Accepted	Refused
Three Towers contacts school to arrange a handover meeting. Following handover, a meeting is arranged with school, learner and parent/carer and a start date is agreed. We work together with the referring school, the learner and parents/carers to plan: ➢ Curriculum ➢ Maintaining links with school ➢ 4 - 6 weekly reviews incorporating ongoing health/medical advice ➢ Reintegration to school	Three Towers informs the LA of the reasons for refusal so that the LA can consider

What is the provision offered by Three Towers?

This is a short-term, part-time provision aimed at returning learners to their mainstream school and supporting them to catch up on lost learning of core subjects of English, maths, science, PSHE including digital skills and Thrive.

For learners in Y7 – Y10, this is delivered over 4 days either in a morning session usually 9:00am to 12:15pm or an afternoon session 12:15pm to 3:30pm, (11:15 – 2:30pm on a Wednesday). Y11 have an offer 5 days per week to focus on qualifications. The days and timings depend on the year group of the learner. Timetables are usually on the website by the start of each academic year.

Learners either attend onsite or remotely using TEAMS depending on their needs. There is flexibility to shift between either method depending on how a learner is feeling each day.

During the first week, we will conduct a series of baseline assessments, including reading, BPVS, Spelling, Phonics and numeracy to identify gaps in learners knowledge and then tailor the work done in the lessons to catch up lost learning

We will share academic updates with the school at each review meeting and if appropriate provide evidence in the form of report and recommendations to be supplied to mainstream school to support with EHCP process and submission.

School will receive a 360-learner profile as well as a Thrive Profile for each learner with suggestions of how to support and engage the learner going forward.

During Week 6, we will have a review with the school, learner and family to start to plan a reintegration pathway to gradually return the learner to their mainstream school.

There will be regular reviews following this to measure the progress of the re-integration.

What happens for the rest of the time during the week?

This will be set out in the plan at the start of the intervention and will be specific to each learner.

Generally, it allows the learner's school to provide pastoral support, home visits/welfare checks, opportunities for learners to keep in touch with friends/teachers, complete work in other subjects such as Humanities, Modern languages, or GCSE options.

It also allows learners to manage appointments with medical professionals and other agencies without missing further core learning.

Who is responsible for attendance monitoring & safeguarding during the intervention?
The learner is dual-registered subsidiary with Three Towers which means they remain on roll at their referring school and they retain overall responsibility for the learner. The mainstream school will work closely with Three Towers, and we will share attendance information on a weekly basis. Safeguarding is everyone's responsibility, but it will be the school who attends any safeguarding meetings, although we will provide reports to be shared in those meetings. Three Towers will always share safeguarding concerns with the school immediately.
Where does the intervention take place?
Either onsite at our Hindley Campus or live lessons delivered online via TEAMS in the learners home (there must be adult supervision in the home by a family member if the provision is online). Three Towers will loan learners a laptop to access online lessons. Learners **cannot** use their own laptops.
What about uniform?
Learners were our uniform if attending onsite. If learners are online, they are required to wear a Three Towers sweatshirt which is provided for them
What about transport?
This is the responsibility of the local authority; their AP panel will decide if the criteria set out in the councils School Transport Policy is met and inform both Three Towers and the referring school.
What about lunch?
If a child is entitled to a free school meal it is the responsibility of the referring school to put arrangements in place.
What do we expect of the referring school?
As the learner remains on the roll of their mainstream school, we expected them to: ➢ Provide a named member of staff who will attend all review meetings and either coordinate the support or directly support the learner during and after their reintegration back to school; ➢ Monitor attendance of the learner and undertake absence monitoring in line with their school policy ➢ Retain responsibility for early helps, CIN, CP, SEND and LAC meetings although Three Towers will inform/support with pertinent information in a report sent in advance of the meeting ➢ Ensure appropriate additional work and opportunities to keep-in touch with school are provided as agreed in the plan ➢ Keep the learner on their role and if required collected information to submit an EHC needs assessment

- Not to remove the child from the school or permanently exclude the learner whilst on the programme. This would terminate the placement immediately and a substitute learner would not be accepted.

What do we expect from learners?

Learners are expected to stick to the agreed plan and attend on time and regularly, unless they are unwell. If a learner is unwell, parents/carers should inform us of their absence as soon as possible in the morning.

Learners coming onsite are expected to comply with onsite rules including placing belongings into their locker on arrival and will only have access to them on departure.

Learner are only permitted to consume drinks and snacks provided by school when they are onsite.

Learners accessing online lessons must adhere to our Online Code of Conduct and our ICT Acceptable Use Agreement

What do we expect of parents?

If a learner is accessing the intervention remotely from home, there must be an adult present in the home to supervise the learner.

The learner must have an appropriate workplace within the home where they can work safely free from interruptions and distractions, such as pets, siblings, frequent visitors.

We expect parents to support our school policies and expectations just as they do those of their child's school.

When does the intervention end?

Placements are typically between 18 – 21 weeks, depending on individual need, medical advice and progress towards reintegration into school. Medical needs placements end when:

- the learner has successfully reintegrated to school;
- the learner no longer has a qualifying health/medical need;
- there is clear non-engagement with the provision offered over a period of 4-6 weeks.

Three Towers reserves the right to end the placement early if the behaviour of a learner is considered a safeguarding risk to any other learners or members of staff.