

## **East & South Cambridgeshire Behaviour & Attendance Improvement Partnership (ESCIP)**

### **Medical Needs Policy and Statement**

#### **Background**

Since 2010, secondary schools in Cambridgeshire have been responsible for the commissioning and responsibility for provision for what was previously known as 'EOTAS', (Education other than at School), which covered those whose behaviour could not be supported in 'mainstream' schools and those whose medical needs meant they might be unable to attend a full-time, classroom-based curriculum.

The responsibility and resources have been delegated to secondary schools who are clustered into four partnerships (known as 'BAIPs'). This delegation has been formalized into a Service Level Agreement.

We recognise much has been achieved since 2010 and the most vulnerable children and young people are better supported and achieve more highly than they did before the advent of the partnerships. There are challenges for all schools as they seek to continue providing as resources diminish.

East & South Cambs Behaviour & Attendance Improvement Partnership (known as 'ESCIP') comprises the following schools, all of whom share these principles and practices:

Bassingbourn Village College  
Bottisham Village College  
Cambourne Village College  
Comberton Village College  
Cottenham Village College  
The Centre School, Cottenham  
Ely College  
Impington Village College  
Linton Village College  
Littleport & East Cambs Academy  
Melbourn Village College  
Sawston Village College  
Soham Village College  
Swavesey Village College  
Witchford Village College

#### **Overview**

This policy and statement is informed by relevant guidance and advice including:

- 'Ensuring a good education for children who cannot attend school because of health needs' (DfE, 2013)
- SEND Code of Practice (DfH/DoH, 2014)
- 'Mental health and behaviour in schools' (DfE 2014, updated 2016)
- 'Pathway for secondary aged young people with medical and mental health needs' (CCC, 2017)

ESCIP is fully committed to working in partnership across its cluster, with other BAIPs, with the Local Authority and other agencies to ensure the needs of children and young people are met. This policy and statement covers all medical needs; however the partnership recognises the particular challenges of rising cases of children and young people with mental health illnesses and needs.

## Principles

ESCIP is wholly committed to the following principles:

- supporting children and young people through understanding their needs and by fostering positive relationships in our schools and with our families
- young people should attend school wherever possible (and this includes the inclusive 'alternative provision' that has been developed in ESCIP schools over the past seven years)
- good planning between professionals enables young people to participate in education, and return to school wherever possible
- schools should make reasonable adjustment to enable a young person to be in educational provision
- good attendance results in better attainment in the long term.

## Provision

ESCIP schools have used delegated funds to transform schools and provision and to become highly inclusive in ethos and workings. Since 2010, there has been:

- investment in training and staffing despite reduced resource
- development of higher quality pastoral care & support
- the creation of 'alternative' and inclusive bases which mean that children and young people can be supported in more inclusive and personalised environments outside the 'mainstream' classroom setting
- the employment of practitioners (including those other than teachers) who work specifically to support and meet the needs of the most vulnerable
- development of all staff and raising awareness about medical and mental health needs
- investment in counselling and other supportive interventions to target those with greater needs

There are times when children/young people require a more bespoke or 'alternative' approach to meeting their needs, including that which is offered 'on-site' or that which takes place elsewhere (including the children's home). There are no 'hard and fast' rules to ensure needs of individuals can be creatively and resourcefully met.

As documented in 'Pathway for secondary aged young people with medical and mental health needs' (CCC, 2017), for those children/young people who have medical needs and this has been formally assessed by a professional medical practitioner<sup>1</sup>, ESCIP schools will provide education (of a minimum of five hours) which will be identified and developed through engagement with the young person, families, medical health practitioners and other agencies. Medical advice should be reviewed termly as should the provision to ensure that it is fit for purpose.

ESCIP schools will work individually and collaboratively, within certain constraints, to ensure educational needs are reasonably met. We will achieve this through:

- Maintaining a welcoming and inclusive ethos in each school
- A continued commitment to early intervention to support teaching & learning and improved wellbeing
- Referring identified or possible healthcare needs to appropriate agencies and professionals outside of our schools
- Working with parents and professionals to secure EHCP that will help needs to be met – where appropriate
- Making reasonable/proportionate adjustments to support young people to access education

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<sup>1</sup> We define a professional medical practitioner as someone equivalent to Doctor (or higher), registered in the UK, who has *seen*, appropriately assessed and formally diagnosed the child or young person

- In case of acute needs where access to education is not possible support will be provided if medical evidence is given (as outlined in BAIP Agreement and CCC Pathway)
- Offering bespoke and individualised provision to what is logistically/practically viable taking into account the limitations of a mainstream secondary school
- Managing expectations and communicating in partnership between all agencies to support needs of young people.
- Working collaboratively with the local authorities and healthcare provision to ensure 'joined up' workings

### **What is 'bespoke' and 'alternative' provision**

This means that since 2010, each school/college across ESCIP has developed more personalized provision which is typically outside of the 'mainstream' (i.e. that provision which most students receive for most of their time in school). This can mean:

- On-site learning in small groups or 1:1 in a location away from other students
- Supportive provision in specialist areas
- Off-site learning with other providers commissioned by the school to undertake this
- Off-site learning overseen directly by the school with school staff
- Extended work experience (for KS4 students)
- Remote or virtual learning with supervision undertaken 1:1 or remotely

ESCIP schools therefore have a range of approaches and strategies to shape a more *bespoke* offer for young people with medical conditions (including those with mental health illnesses) which mean education can continue in a reasonable and appropriate way to meet the educational needs of the children and young people in our schools' care. These needs are determined by the school, listening to the advice of relevant professionals (both within and beyond the school) and the views of children/young people and their families. Although additional resources have been provided to ESCIP schools to support children with medical needs, these broadly equate to £100 per student and therefore they are limited in what can be reasonably achieved.

For some students the percentage of 'bespoke' provision that they receive could form a significant proportion of their offer. If that is greater than 20%, then it is known formally as '*alternative provision*'.

## APPENDIX 1

### ESCIP Support for Children and Young People with Mental Health Illnesses Information for Parents

#### Overview

Since 2010, all secondary schools who are part of ESCIP have been managing its own educational provision for children with medical needs, including those who have mental health illnesses. We have some additional resource that means we can adapt our school settings, offer more bespoke provision and personalise the curriculum and support for individual children. Our approach is underpinned by the following principles:

- Commitment to young people in our care, no matter their individual circumstances
- Awareness and understanding of the needs of children and young people with additional medical needs, especially those with mental health illnesses
- Ensuring children and young people continue education appropriate to their medical needs
- Demonstrate flexibility and adaptability to respond to changing circumstances
- Engage positively and receptively with specialist mental health services

#### What we have done

In order to address these principles, ESCIP schools have

- Invested in training and staffing to support young people with mental health illnesses
- Established specialist and therapeutic bases away from mainstream classrooms to engage with students needing an alternative approach to teaching and learning
- Quality pastoral care and support which seeks to understand and demonstrate compassion for individual circumstances
- Access to specific provision and support from external specialist agencies who have the expertise
- Developed the expertise of staff and wider school community and raised awareness of the extent and impact of mental health conditions on individuals

#### Future

We will continue to uphold these principles and this practice through

- Continued commitment to early intervention to support teaching and learning and student wellbeing
- Signposting and playing an active role in engaging relevant specialist agencies to support more acute/complex needs
- Working with parents and professionals to secure EHCP that will help needs to be met, where appropriate
- Making reasonable and proportionate adjustments to support young people to access education
- In case of acute needs where access to school-based education is not possible, support will be provided if medical evidence is given (as outlined by ESCIP)
- Developing and offering bespoke provision that meet needs but are also logistically/practically viable to take into account the limitations of a mainstream secondary school
- Communicating and partnering with all relevant agencies to support the needs of young people and to manage expectations of those involved with each case

- Work positively and constructively with medical practitioners accepting that we are fundamentally educationalists and that healthcare needs are best met through provision within the NHS or private healthcare