

Oxfordshire Hospital School Admissions Policy

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1.0 Introduction

1.1 Context

The function and purpose of Oxfordshire Hospital School (OHS) is to provide continuity of educational provision for children and young people of school age who are temporarily absent from their home school due to their medical needs. Children and young people with medical needs include those who are physically ill or injured and those with mental health problems. Our vision is to be a centre of excellence which offers high quality educational experiences and support for all children and young people with medical needs in a caring environment which promotes achievement.

OHS, in agreement with Oxfordshire County Council, aims to:

- provide continued education as normally as the pupil's medical condition allow
- promote self-esteem and educational achievement amongst pupils
- promote equal access to education for all pupils at OHS
- establish effective mechanisms for liaison on behalf of individual pupils
- ensure a rapid response to need

1.2 Provision

OHS is an Oxfordshire Special School which provides teaching to children in hospital settings throughout Oxfordshire. Our Outreach Teaching Service (OTS) supports schools with their pupils who reside in Oxfordshire.

1.3 Roll Responsibilities

Pupils who are registered at OHS remain on roll at their home school. Although such pupils are taught by the OHS, at all times, they remain the responsibility of the home school and should be recorded on their home school's annual census return. The guiding principle is that the pupil's needs are best met within a school environment whether mainstream or special school. OHS supports inclusion and will work towards reintegrating pupils back into their home school / college at the earliest possible opportunity. This may involve a multi-professional approach, including participation in EHAs, TAFs and CPAs. The nature of educational provision through OHS is intended to be responsive to the demands of what can be a changing medical status.

1.4 Baseline Assessments

In order for OHS to keep accurate records and support pupils using the most relevant and up to date baseline assessments, home schools will be expected to send relevant data to OHS. This data is crucial to demonstrating pupil progress while pupils are being educated at OHS and is required for all pupils. OHS will request this information from home schools using the following timescales:

CHTS

- when there is clear evidence from medical professionals in a hospital setting to show that reintegration cannot be expected before a period of at least 15 days has elapsed
- when there is a clear indication that a repeated admission will total more than 15 days in any academic year

HAU

- on admission for all pupils

OTS

- immediately after a referral is accepted and OTS teaching is agreed

1.5 Application of the Policy

This policy applies to children and young people of school age on a school roll who have medical needs; for the CHTS and HAU, this policy also relates to pupils in Years 12 & 13 as in-patients and in some cases day patients. Support for reintegration of such pupils will take the form of a staff 'handover' between OHS and non-Oxfordshire schools / services – the handover being defined by the individual needs of the child or young person.

1.6 Regular Admissions

Outreach support and teaching for pupils who are regularly admitted to hospital may be considered upon submission of a referral from their home school. For those with mental health needs, OHS settings will work closely with CAMHS outreach teams in order to provide educational information, advice, guidance and teaching where relevant.

2.0 Admission to Hospital

2.1 Admissions to the CHTS / HAU

The following criteria which is also supported by Oxfordshire LA, help define the OHS roll for all admissions and are in line with other hospital schools nationally and DfE guidance. Our priority pupils will have at least one and probably more than one of the characteristics listed below:

Subject to medical advice, we will aim to teach pupils in hospital from day 1. Professional judgments will be made by OHS staff in prioritising our teaching with long stay and recurring pupils given most time and highest priority. These decisions will be made on a multi-disciplinary basis, taking individual medical health needs into account. Siblings of long stay in-patients may/may not be taught dependent on staffing and pupil numbers on any day.

2.2 Action Following an Admission to Hospital

For all pupils who fit OHS criteria:

- A Key Teacher will be identified by OHS to support the pupil.
- Plans for reintegration back to home school will be discussed.
- Review meetings will be held regularly.

Educational arrangements for children and young people in hospital will be made by OHS staff who will liaise with medical staff, home schools and other agencies as appropriate in order to give continuity of provision for each pupil. This would also apply during the reintegration process, which is integral to the key teacher role.

2.3 CHTS / HAU Responsibilities

OHS is responsible for:

- direct teaching and learning opportunities for pupils based on work sent in from the home school
- direct teaching and learning opportunities for pupils based on the OHS curriculum
- providing some baseline assessment and learning plans for all long-term pupils
- support and mentoring to pupils with a medical need to help prevent barriers to access to education
- providing data to and collecting data from home schools on attendance and curriculum coverage
- advice and / or training to home schools according to individual case needs
- contributing to assessment for pupils who have a declining or sudden change in educational functioning due to a medical condition or injury
- liaison with other educational, health and social care & professionals to ensure a joint approach to decisions about the educational and health care needs of the pupil

- supporting and possibly coordinating an appropriate school reintegration plan
- in conjunction with other agencies, planning educational provision for those pupils who may not immediately return to school
- monitoring the support for particular pupils with chronic health conditions once back in school
- ensuring that OHS staff receive appropriate in-service training and support
- attending and supporting relevant reviews (educational / multi-professional / CPAs etc.)

3.0 Referrals to the Outreach Teaching Service

3.1 OTS Purpose

The main purpose of the OHS Outreach Teaching Service (see Section 1) is to educate and meet the learning needs of children and young people of compulsory school age (5-16 years, up to the end of Year 11) whose medical condition, whilst not requiring hospitalisation, does not allow them to attend school. The home school of post 16 pupils who are in receipt of an EHCP may make a referral to the Outreach Teaching Service, in line with the usual referral procedures.

3.2 Referrals

Home schools organise the referral to OTS using the referral form and other documentation available on the OHS website. This documentation must include referral evidence from an appropriate medical professional (see section 3.4 for details of appropriate medical evidence), and relevant baseline / attendance data. Children and young people with a mental health need or a complexity of needs may also need an EHA, TAF or CPA in place at the outset of OTS involvement to ensure that a multi-professional approach is maintained.

Pupils with the following needs can be referred:

- those with medical / mental health needs as a primary need who are or will be absent from school for more than 15 working days (consecutive or cumulative absence due to the same illness)
- pupils who have complex other needs but also have a secondary medical health need which is diagnosed as temporary and treatable
- pupils who are re-integrating into school after a period of illness or injury
- pupils who are frequently absent from school for short periods of time due to the nature of their chronic illness or following a course of treatment and where the school cannot make their own reasonable adjustments to meet these needs

Exceptional circumstances include:

- School aged parents with additional health needs unable to remain in their home schools
- When a pupil does not meet our admissions criteria, OTS may agree to provide or support the education of a pupil with medical needs, subject to an appropriate medical referral and an agreed exit strategy. Such admissions will only take place as part of the LA Pupil Missing Out (PMO) strategy.
- When a child or young person with a primary medical need and an Oxfordshire postcode is on the roll of a non-maintained school, academy or free school, OHS will continue to operate a charged-for service. This will also be the case where pupils have an Oxfordshire postcode but attend a maintained school in another county.

3.3 SEN

The OHS takes seriously its commitment to promoting equality and diversity, and works with external colleagues to ensure each pupil accesses the provision they need in order to make good progress. Where possible, the OHS makes reasonable adjustments to ensure its staff have a range of expertise and liaises

closely with SEN services and health professionals to offer its usual ‘temporary and treatable’ support and reintegration plans for children who require longer term specialist provision.

3.4 Appropriate Medical Evidence

All referrals must be verified, in writing, by a Consultant Community Paediatrician, specialist consultant psychiatrist from CAMHS: this should indicate:

- if the child/young person is unfit for school
- for how long support might be required
- recommended teaching hours
- the most appropriate venue
- an outline of what medical intervention is currently in place

Advice from independent consultants who are appropriately qualified will be considered. For pupils who have returned from hospitals or other in-patient units out of county, medical evidence will be sought from the discharging hospital medical staff.

A lead medical professional with responsibility for overseeing the child or young person should be named at the time of referral.

3.5 Action Following a Referral to the Outreach Teaching Service

If a pupil meets all OTS admissions requirements and the appropriate evidence is provided, then the OTS Referral Panel may agree a pathway. The pathway will be agreed between OTS, Home School and the lead CAMHS/medical professionals as required. For details of our pathways, please see our website.

Support will be reviewed regularly and the continuation of support is subject to approval by the OTS Leader of Learning. Updated medical evidence will be sought at regular intervals.

3.6 Charging

All OTS teaching provision will be charged to the home school using the published weekly rate applied to the Average Weighted Pupil Unit (AWPU).

3.7 Outreach Teaching Service Responsibilities

OTS agree to:

- fulfil our safeguarding duties under Keeping Children Safe in Education 2018 as documented in our Safeguarding policy, including sharing all safeguarding concerns with the home school DSL.
- make personalised educational provision for individual pupils, ensuring continuity of educational provision.
- provide interventions, individually or in groups, to pupils with medical needs as agreed in the OHS Intervention Plan.
- to undertake appropriate educational assessments to ensure personalised programmes are designed to meet individual pupil needs.
- monitor and evaluate the effectiveness of provision for individual pupils who cannot attend school due to a medical need or who are on an integration programme, and support the school in the development of an appropriate and sustainable integration plan.
- to enter pupils for external examinations where appropriate
- support and advise schools/academies on the impact of a pupil’s medical conditions on the ability to access education.
- contribute to Education, Health and Care plan assessments according to the new SEN Code of Practice by providing Setting Reports.
- facilitate the greater involvement of pupils in making decisions about their own educational options, setting their own targets for learning and other priority health and social needs and in monitoring their own progress.

- where appropriate, work with families to ensure that their views are always taken into account and that the rights of children are paramount.
- provide regular information to school regarding pupil progress and attendance.
- attend reviews to discuss educational arrangements.

3.8 Home Schools' Responsibilities

The home school is solely responsible for making provision for the pupil for the first 15 school days of their illness.

3.9 Responsibilities of the Schools/Academies and their Governors:

- maintain their safeguarding duties under Keeping Children Safe in Education 2018 including liaising closely with OHS on all safeguarding concerns, updating and retaining their safeguarding files with information shared by OHS.
- maintain the pupil on the school roll.
- ensure that there is a named person for pupils with medical health needs.
- work with OHS staff to plan and implement Individual Learning Plan for pupils with medical health needs who may also have special or additional educational needs.
- provide all appropriate and relevant work, plans, and resources necessary for the pupil to closely follow their home school curriculum.
- implement the school's policy on Inclusion, Educating Pupils with Medical Needs, Equalities and Special Educational Needs taking into account the Code of Practice, DfE statutory guidance and OCC policies for pupils with medical needs.
- maintain close contact with parents and carers, helping them to understand the educational provision that may be suitable in each case.
- arrange, in collaboration with OHS staff, and attend an initial meeting and subsequent review meetings for all pupils with medical health needs and to invite the pupil, parents, and appropriate professionals.
- ensure that pupils are entered for appropriate external examinations and that predicted performance targets, appropriate coursework expectations and curriculum resources are communicated to the OHS teaching team.
- to administer the exam process for the pupil e.g. by providing an invigilator at an alternative venue, such as home or hospital, if required.
- to minute the meetings and distribute the minutes to all professionals.
- involve the Independent Advice and Support Service, the parent advisory service, when required.
- ensure that general school information for pupils, parents/carers is sent home to all pupils even if the pupil is not attending school in order to include the pupil in the life of the school as far as possible.
- plan and implement individual healthcare plans in line with school's own policy around educating pupils with medical needs, and DfE statutory guidance where required.
- make effective and appropriate arrangements to meet the needs of children and young people with additional educational needs due to medical health difficulties in line with the DfE statutory guidance 'Supporting pupils at school with medical conditions'.
- make alternative arrangements, or be flexible where possible, in order to include the pupil in the life of the school.

4.0 Parents’/Carers’ Responsibilities (all settings)

Parents / Carers are responsible for carrying out their part of any OHS and home-school agreement and supporting their child in the educational and reintegration process.

5.0 Withdrawal of OTS Support

There may be some instances where, after review or in collaboration with home school and other colleagues, it may be appropriate or necessary for OTS to withdraw support. In these circumstances, a final report or letter will be sent to the home school and parents / carers and we will endeavour to work with other professionals to identify alternative educational provision.

Examples:

- Pupils whose attendance becomes of concern and engagement is not considered to be related to their medical condition
- Pupils who present challenging behaviours and are unable to change their behaviour
- Pupils who do not attend school after a supported reintegration programme or refuse to engage with the reintegration process
- Pupils who refuse to collaborate with medical treatments
- Where updated medical evidence advises that OTS support is no longer required.
- Where the common view of the multidisciplinary team around the child is that we are no longer the most appropriate service to make an impact

6.0 Glossary

Throughout this document, **medical needs** include **physical** and **mental health** needs.

OHS	Oxfordshire Hospital School
OTS	Outreach Teaching Service
CHTS	Children’s Hospital Teaching Sector
HAU	Highfield Adolescent Unit
CAMHS	Child and Adolescent Mental Health Service
SAT	Standard Assessment Test
PLP	Personal Learning Plan
EHA	Early Help Assessment
TAF	Team Around the Family
CPA	Care Programme Approach
LAC	Looked After Children
EP	Education Psychologist