

Oxfordshire Hospital School Admissions Policy – Sept 2017

1.0 INTRODUCTION

1.1 The function and purpose of Oxfordshire Hospital School (OHS) is to provide continuity of educational provision for children and young people 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 allows
- promote self esteem and educational achievement amongst pupils
- promote equal access to education for all children and young people at OHS
- establish effective mechanisms for liaison on behalf of individual pupils
- ensure a rapid response to need

1.2 OHS is an Oxfordshire Special School which is comprised of the following sectors:

Children's Hospital Teaching Sector: (CHTS) with bases in:

- the Oxford Children's Hospital (OCH), John Radcliffe Hospital site, Oxford
- the Nuffield Orthopaedic Hospital, Oxford
- Helen and Douglas House

Highfield Sector: (HAU) with a base at

- the Highfield Unit, Warneford Hospital, Oxford

Outreach Teaching Sector (OTS): which includes off-site teaching for children and young people with medical / mental health needs – in groups, at pupils' homes, and teaching at the Horton Hospital, Banbury.

1.3 Children and young people who access OHS fall into different categories:

- CHTS : in-patients:
- CHTS : day patients who are re-admitted on a regular basis
- HAU : in-patients (Tier 4) and day patients
- OTS : children and young people at home who are temporarily unable to attend their home school due to a **primary** medical need

Many of these children and young people are at risk of not achieving their potential in education, employment and life skills when they finish their period of statutory education. In conjunction with the school where they are on roll (the home school), OHS maintains links with other agencies in order to support their future opportunities.

1.4 Children and young people 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 children and young people back into their home school / college at the earliest possible opportunity. This may involve a multi-professional approach, including participation in CAFs, TACs 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.

1.5 In order for OHS to keep accurate records and support children and young people 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 on the OHS roll. It will be required for all pupils who are registered with OHS for more than 15 days. 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 a referral is received and OTS teaching is agreed

OHS will make updated progress information available to home schools according to appropriate, agreed intervals.

1.6 This policy applies to children and young people of school age on a school roll who are physically ill or injured or who have mental health needs. For the CHTS and HAU, this policy also relates to pupils in Years 12 & 13 who come from outside Oxfordshire 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.

1.7 Due to the mixed and complex needs of children and young people attending OHS, referrals for pupils without a primary medical / mental health need who are excluded or in danger of exclusion for presenting aggressive behaviors should be made to other agencies.

1.8 Outreach support and teaching for children and young people who are regularly admitted to hospital may be offered dependent upon individual circumstances. For those with mental health needs, OHS sectors will work closely with CAMHS outreach teams in order to provide educational information, advice, guidance and teaching where relevant.

2.0 ADMISSIONS TO HOSPITAL

2.1 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:-

Admissions to the CHTS / HAU

Subject to medical advice, we will aim to teach children and young people 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 / mental health needs into account. Siblings of long stay in-patients may/may not be taught dependent on staffing and pupil numbers on any day.

Action Following an Admission to Hospital

2.2 For all children and young people 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.

CHTS / HAU Responsibilities

2.3 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 longer 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 CHTS / HS 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 Sector

3.1 For children and young people who are not hospital inpatients, 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 3.2 for details of appropriate medical evidence), a pupil risk assessment and relevant baseline / attendance data. Children and young people with a mental health need or a complexity of needs may also need a CAF, TAC or CPA in place at the outset of OTS involvement to ensure that a multi-professional approach is maintained. This service is for compulsory school aged pupils only.

Circumstances that may trigger requests for OTS involvement or support:

Children and young people 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 / mental 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
- pupils who have accessed PCAMHS but whose illness prevents them from attending their home school may be referred directly by the home school. The OHS will consider referrals for short term reintegration on a case by case basis

Exceptional circumstances include:

- School aged parents with additional health needs unable to remain in their home schools
- When a pupil is not on a school roll 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.

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 central services and health professionals to offer its usual 'temporary and treatable' support and reintegration plans for children who require longer term specialist provision.

Appropriate Medical Evidence

3.2

All referrals must be verified, in writing, by a Consultant Community Pediatrician, 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. The form also contains a brief pupil risk assessment with particular reference to the medical need.

For pupils with other medical conditions as their primary need, the appropriate referral form, or equivalent, must be completed by the consultant. The referral requires an **indication of time spans** for teaching and the most appropriate venue (i.e. in the home or a learning centre).

Action Following a Referral to the Outreach Teaching Sector

3.3 If a pupil meets all OTS admissions requirements and the appropriate evidence is provided, then the OTS Assistant Headteacher may agree, initially for no more than an 8 week period, a personalised learning plan. In some cases, one to one teaching at home may be arranged. Teaching hours will be agreed between OTS, Home School and the lead CAMHS/medical professionals as required. Teaching might be individual or group, or might be delivered via e-learning or a combination of both.

Support will be reviewed within every 8 school week period and the continuation of support is subject to approval by the OTS Assistant Headteacher. Updated medical evidence will be needed for each 8 school week block of provision.

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

Outreach Teaching Sector Responsibilities

3.4 OTS is responsible for:-

- assessing pupil progress and providing appropriate reports
- setting and reviewing targets in discussion with the home school
- delivering a curriculum agreed with the home school
- providing opportunities for a broad and balanced curriculum with a primary focus on the core subjects of Maths, English and Science.
- supporting the completion of a Pupil Target Sheet
- providing data on attendance
- implementing and advising on a programme of reintegration
- attending initial planning meetings and review meetings
- quality assurance related to OHS staff

Home Schools' Responsibilities

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

Responsibilities of the Home School Lead Professional

3.6 For liaison purposes, all home schools must identify a lead professional within the school who will take the following responsibilities for the pupil with medical needs.

- In liaison with OTS, organise, chair, complete and distribute the required paperwork for the initial meeting; this requires familiarity with key dates and meetings relevant to outreach teaching
- Retain overall responsibility for the pupil's educational provision
- Liaise with the OTS key teacher and comply with OTS protocol and procedure
- Organise, chair, complete and distribute the required paperwork for OTS review meetings
- Liaise with medical professionals, as appropriate and invite to review meetings when appropriate

4.0 Parents'/Carers' Responsibilities (all sectors)

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

5.0 EXCEPTIONAL CASES (OTS specific)

When a child or young person with a primary medical / mental health 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.

6.0 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 endeavor to work with other professionals to identify alternative educational provision.

Examples:

- Pupils who do not keep to attendance targets with no valid reason
- 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.

GLOSSARY

OHS	Oxfordshire Hospital School
CHTS	Children's Hospital Teaching Sector
HAU	Highfield Adolescent Unit
OTS	Outreach Teaching Sector
CAMHS	Child and Adolescent Mental Health Service
PCAMHS	Primary Child and Mental Health Service
SAT	Standard Assessment Test
PLP	Personal Learning Plan
CAF	Common Assessment Framework
TAC	Team Around the Child
CPA	Care Programme Approach
LAC	Looked After Children
EP	Education Psychologist