Oxfordshire Hospital School Admissions Policy

Person responsible for Policy:	Headteacher
Date to Governors:	10/12/24
Date Agreed:	10/12/24
Review Due:	December 2026
Is this Policy to appear on school website:	Yes

Headteacher's Signature: Date: 10/12/24	Steve Lowe
Chair of Governor's Signature: Date: 10/12/24	

Version	Author	Date	Changes
V 1.0	Headteacher	16/11/20	
V2.0	Headteacher	08/03/23	Minor revisions throughout to reflect current practice and guidance
V3.0	Headteacher	01/01/25	Significant - in line with new national guidance

In-year updates to this version

Date	Section	Update	Reason

Contents

1.0 Introduction 3
- 1.1 Context 3
- 1.2 Provision 3
- 1.3 Roll Responsibilities 3
- 1.4 Baseline Assessments 3
- 1.5 Application of the Policy 4
- 1.6 Regular Admissions 4

2.0 Admission to Hospital as an Inpatient 4
- 2.1 Admissions to the CHTS / HU 4
- 2.2 Action Following an Admission to Hospital 4
- 2.3 Inpatient Setting Responsibilities at CHTS / HU 4

3.0 Referrals to the Outreach Teaching Service 5
- 3.1 OTS Purpose 5
- 3.2 Referrals 5
- 3.3 SEN 6
- 3.4 Appropriate Medical Evidence 6
- 3.5 Action Following a Referral to the Outreach Teaching Service 7
- 3.6 Charging 7
- 3.7 Outreach Teaching Service Responsibilities 8
- 3.8 Enrolled Schools' Responsibilities 8
- 3.9 Responsibilities of the Enrolled Schools/Academies and their Governors: 8

4.0 Parents'/Carers' Responsibilities (all settings) 9

5.0 Withdrawal of OTS Support 9

6.0 Glossary 9

7.0 Definitions 10

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 enrolled 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 that offers high-quality educational experiences and support for all children and young people with medical needs in a caring environment that promotes achievement and personal development.

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

- Enable pupils to access as much education as their medical condition allows
- Maintain the momentum of education and provide continuity of education for all
- Provide home tuition for pupils[1] who are unable to attend school due to a medical condition and ensure that they receive the appropriate education their condition allows
- Support pupils to reintegrate to school as soon as practically possible
- Work in partnership with parents, medical and educational professionals and other professional agencies to minimise interruption and disruption to education
- Promote high-quality outcomes and raise aspirations for all pupils.

1.2 Provision

OHS is an Oxfordshire Special School that 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 enrolled school. Although such pupils are taught by the OHS, at all times, they remain the responsibility of the enrolled school and should be recorded on their enrolled 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 enrolled school/college at the earliest possible opportunity. This may involve a multi-professional approach, including participation in Strengths and Needs Forms, 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, enrolled 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 enrolled 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

[1] Aged between 5 & 16 years, up the end of year 11 where applications are reviewed for Outreach Support

- 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.

1.6 Regular Admissions

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

2.0 Admission to Hospital as an Inpatient

2.1 Admissions to the CHTS / HU

The following criteria are 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, decisions around the commencement of teaching will be based on the length of the young person's admission. Professional judgments will be made by OHS staff in prioritising our teaching with long stay and recurring pupils being given the most time and the 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 Tutor will be identified by OHS to support the pupil.
- Plans for reintegration back to enrolled school will be discussed.
- Reviews, either meetings, telephone conversations or emails, 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, enrolled 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 OHS Tutor role.

2.3 Inpatient Setting Responsibilities at CHTS / HU

OHS is responsible for:

- Direct teaching and learning opportunities for pupils based on work sent in from the enrolled 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 pupils with a medical need to help prevent barriers to access to education.
- Providing data to and collecting data from enrolled schools on attendance and curriculum coverage.
- Advice and/or training to enrolled 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.
- 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 resident in Oxfordshire and of compulsory school age (5[2]-16[3] years, up to the end of Year 11) whose medical condition, whilst not requiring hospitalisation, does not allow them to attend school. The enrolled 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; OHS can make provision up to the pupil's 18th birthday.

3.2 Referrals

Enrolled schools make 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 mental health needs or complexity of needs may also need a Strengths and Needs Form, 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:

- When a young person is not on the roll of a school, the OHS may agree to provide or support their education if they have temporary, treatable medical needs, subject to an appropriate referral from the OCC that includes the relevant medical diagnosis and an agreed exit strategy. Such admissions will only take place:
    - following discussion with the Oxfordshire County Council Elective Home Education team, and
    - as part of the Oxfordshire County Council Children Missing Education (CME) strategy,

[2] https://www.gov.uk/schools-admissions/school-starting-age
[3] https://www.gov.uk/know-when-you-can-leave-school

i. For pupils who are Electively Home Educated or otherwise not on the roll of a school (CME), OCC will make every effort to place the pupil on the roll of a school. At this point, the receiving school is expected to take over the responsibility for support and funding;
ii. CME places should be kept under constant review with OCC determining a timeline for the cessation of the placement;
iii. Where a school place is not found or where parents decline the offer of a school placement, places at OHS will be commissioned by the OCC which will provide a Lead Professional from the EHE team who is responsible for setting review meetings during the term of the agreement and will act as the Case Holder for all safeguarding matters.

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.

Referrals for pupils with EHCPs
Referrals for pupils with EHCPs are welcome where the pupil has a temporary and treatable medical need beyond the scope of their EHCP. For example, such a pupil may be recovering from temporary injuries or may be off school recovering from a surgical procedure.

If the medical need for which they are being referred is documented within their EHCP and is not short-term, then it would be expected that the EHCP would describe the appropriate provision.

If the medical need for which they are being referred is not documented, then it would be expected that the enrolled school would also contact the LA's SEN Casework team who will work with the school to review any changing needs of a child with an Education, Health and Care Plan (EHCP), who is unable to attend school because of their medical needs. The EHCP will link the long-term educational needs associated with the child's medical condition to the most appropriate teaching and learning provision. (see OCC Policy: The Education of Children and Young people who are unable to Attend School due to Medical Needs Revised January 2020 section 4.2)

Pupils that get an EHCP while OTS is working with them
The EHCP should document the long-term provision for the pupil at the time of writing the outcomes. We will work with the enrolled school or new named placement to devise a timely handover plan to ensure a positive transition for the pupil.

3.4 Appropriate Medical Evidence

All referrals must be verified, in writing, by a Consultant Community Paediatrician, specialist CAMHS Consultant Psychiatrist or diagnosing mental health practitioner, this should indicate:

- if the child/young person is unfit for school
- for how long OHS 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 in-patient units, 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.

Referring agencies should note the following:

- Referrals will only be accepted for young people on prescribed CAMHS intervention treatment (therapeutic or medicinal) programmes led and reviewed by a suitably qualified mental health practitioner.
- A placement review meeting will be triggered in the event of medical (therapeutic or medicinal) treatment stopping to ascertain if the condition is still considered 'temporary' and treatable.

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 on a pathway. The pathway will be agreed upon between OTS, the enrolled school and the lead CAMHS/medical professionals as required. For details on 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

Page 7 of the DfE guidance 'Arranging education for children who cannot attend school because of health needs'[4], provides local authorities with the flexibility to charge for the service.

The Outreach Teaching Service will be charged to the enrolled school using the published weekly rate applied to the Average Weighted Pupil Unit (AWPU). This evidence-based service ensures optimal outcomes for pupils and provides:

1. A fully supported inclusive package of safeguarding support;
2. A multi-agency approach that partners with other professionals (medical, social care, education and charity);
3. An initial assessment of need;
4. A comprehensive engagement programme led by skilled, supervised staff;
5. A bespoke tuition programme focussed on the enrolled school's curriculum and taking account of the OHS initial assessments and feedback from the engagement programme;
6. A skills-based reintegration programme that successfully facilitates a return to school.

The charges will apply to all types of schools including maintained, non-maintained, academy or free schools. This will also be the case where pupils have an Oxfordshire postcode but attend a school in another county.

Whilst it is not recommended, a not for charge tuition only offer can be provided. In the event that this option is agreed, a Service Level Agreement will be signed that clarifies expectations and provides review points. The SLA will recognise the temporary nature of the OHS's support and will describe exit points if the intervention is unsuccessful.

[4] https://assets.publishing.service.gov.uk/media/657995f0254aaa000d050bff/Arranging_education_for_children_who_cannot_attend_school_because_of_health_needs.pdf

3.7 Outreach Teaching Service Responsibilities

OTS agrees to:

- Fulfil our safeguarding duties under Keeping Children Safe in Education 2020 as documented in our Safeguarding policy, including sharing all safeguarding concerns with the enrolled school DSL.
- Make personalised educational provisions for individual pupils ensuring continuity of educational provision.
- Provide interventions, individually or in groups, to pupils with medical needs as agreed.
- 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 work alongside enrolled schools around the entry of pupils for external examinations.
- Support and advise schools/academies to implement advice from medical teams on how pupils can be supported to access education.
- Contribute to Education, Health and Care Needs Assessments according to the 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 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 the school regarding pupil progress and attendance.
- Attend reviews to discuss educational arrangements.

3.8 Enrolled Schools' Responsibilities

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

3.9 Responsibilities of the Enrolled Schools/Academies and their Governors:

- Maintain their safeguarding duties under Keeping Children Safe in Education 2022 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 needs.
- Work with OHS staff to plan and implement Individual Learning Plans 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 enrolled 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, where appropriate and necessary.
- To minute the meetings and distribute the minutes to all professionals.
- 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 the 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 enrolled schools 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 enrolled school and parents/carers and we will endeavour to work with other professionals to identify alternative educational provision.
Examples:

- 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 the OHS is no longer the most appropriate service to make an impact.
- When a pupil receives an Education, Health and Care Plan which describes a long-term provision to meet their medical needs.
- Pupils whose attendance becomes of concern and engagement is not considered to be related to their medical condition.
- 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.

6.0 Glossary

Throughout this document, **medical needs** include **physical** and **mental health** needs. The **enrolled school** is the school where the pupil is on roll - OHS does not have pupils on roll. The **OHS Tutor** is a member of the OHS staff that meets with the pupil regularly and, with the Leader of Learning, coordinates aspects of a pupil's learning journey at the OHS

AWPU	Average Weighted Pupil Unit
CAMHS	Child and Adolescent Mental Health Service

CHTS	Children's Hospital Teaching Service
CPA	Care Programme Approach
CME	Child Missing Education
CWCF	Children We Care For (same as LAC)
EHCP	Education Health and Care Plan
EHE	Electively Home Educated
EP	Education Psychologist
HAU	Highfield Adolescent Unit
IHP	Individual Healthcare Plan
LAC	Looked After Children (same as CWCF)
OHS	Oxfordshire Hospital School
OTS	Outreach Teaching Service
OCC	Oxfordshire County Council
PLP	Personal Learning Plan
SLA	Service Level Agreement
TAF	Team Around the Family

7.0 Definitions

Temporary	Lasting for only a limited period of time; not permanent. For the purposes of this policy, the OHS will keep referrals under constant review and will liaise with healthcare professionals over expected time frames.
Treatable	A condition that will improve