



Policy for supporting children and young people with medical conditions and managing medicines

This policy has been structured based upon the most recent government advice "Supporting pupils at school with medical conditions" (DfE - December 2015), the "Guidance and Code of Practice - First Aid at Work" provided by Dorset County Council, guidance from local Health Services, professional teaching associations and Dorset County Council Health and Safety Team.

Damers First School adheres to the duty as stated in the Children and Families Act 2014 that pupils with medical conditions will have the same right of admission to our school as other pupils and will not be refused admission or excluded from school on medical grounds. Appropriate levels of assessments will be undertaken to establish and determine what support pupils with medical conditions require. This will be done in partnership with parents and health professionals.

The prime responsibility for a pupil's health rests with parents. It is anticipated that parents/carers will ensure that appropriate information is provided for the school that enables proficient management and a good understanding of their child's medical condition; this includes working in partnership in the management of any medicines administered at school.

Damers First School takes advice and guidance from a range of sources, including the School Nurse, Paediatric Consultants, and other Health professionals in addition to the information provided by parents in the first instance. This enables us to manage support effectively and to minimise any disruption to learning.

Key Personnel

The designated person with overall responsibility to implement this policy is:

Rachel Nesbitt (Inclusion Leader)

This person will also ensure that staff are appropriately aware of the medical condition of children with whom they work and that any confidential information pertinent to the medical condition is entrusted to individual staff.

The person responsible for developing Individual Healthcare Plans is:

Rachel Nesbitt (Inclusion Leader)

The Governor with specific responsibility to oversee the arrangements to support pupils at schools with medical conditions is:

Lesley Goldsack (SEND Link Governor)

AIMS

The school is committed to assisting children and young people with long-term or complex medical conditions and working in partnership with their parents/carers.

Our aims are:

1. To ensure that pupils at Damers First School with short or long term medical conditions, are properly supported so that they have full access to education, including off-site activities, residential visits and physical education.
2. To make arrangements for staff to ensure that they receive adequate and appropriate training for them to support children with medical needs.
3. To ensure that parents and children have confidence in the medical support arranged at school.
4. To work in partnership with Health Service colleagues.
5. To be fully compliant with the Equality Act 2010 and its duties.
6. To manage medicines within school in accordance with government and local advice.
7. To keep, maintain and monitor records as detailed in this policy.
8. To write and to monitor Individual Healthcare Plans, in partnership with health professionals.
9. To ensure that the pupils in our school are safe and are able to attend school regularly with their medical condition.
10. To support pupils with complex medical conditions and or long term medical needs in partnership with Health professionals and parents to enable their access to education.
11. To adhere to the statutory guidance contained in "Supporting pupils at school with medical conditions" (DfE – December 2015), and "Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People" (DSCB 2011)¹ as set out and agreed with the school's Governing Body.

THE GOVERNING BODY WILL:

- ensure that arrangements are in place to support children and young people with medical conditions and that support is tailored to individual medical needs;
- make arrangements for this policy to be published on the school website;
- review this policy annually;
- ensure that staff are identified to implement the policy from day to day;
- monitor the arrangements associated with Individual Healthcare Plans so that they are managed appropriately, reviewed and maintained in partnership with Health professionals;

¹ This document will be refreshed in 2016 to align guidance with more recent Statutory Guidance issued by DfE and DoH.

- ensure that staff receive appropriate training enabling them to provide bespoke and purposeful support to pupils with medical needs and that the training is refreshed regularly;
- ensure that specific arrangements are made for the self-management of medicine where applicable and how this will be both monitored and managed by staff;
- oversee the school's management of medicines to ensure that Health & Safety standards are met and that parents have confidence in the schools ability to support their child's medical needs;
- ensure that insurance arrangements cover staff in carrying responsibility for medical procedures;
- have 'due regard' to the rights of pupils who are disabled as set out in the Equality Act 2010;
- ensure that appropriate arrangements are made to include pupils with medical conditions on off-site activities;
- ensure that parents/carers are aware of the school's complaints policy.

INDIVIDUAL HEALTHCARE PLANS

Individual Healthcare Plans will be developed for pupils with medical conditions in accordance with the advice contained in "Supporting pupils at school with medical conditions" (*DfE – December 2015*). Individual Healthcare Plans will set out the support that is needed so that the impact on school attendance, health, social well-being and learning is minimised. Not all conditions will require an Individual Healthcare Plan. In some cases the agreement request to administer medicines will be sufficient to cover short term conditions and treatment. The plan will include the name of the member of staff who is appropriately trained and providing the agreed support.

Damers First School will use the recommended DfE Templates or develop their own versions in line with the advice provided by the DfE to capture relevant information that will enable an appropriate plan to be structured. The Templates cover a range of issues for which governors have responsibility. Health professionals will be involved in the development of Individual Healthcare Plans in addition to parents and pupils.

The Individual Healthcare Plans will be tailored to meet the needs of short term, long term and/or complex medical conditions. The plans will be kept under review by the designated person and revised as required, or at least annually, to ensure that they reflect current medical needs (e.g., changes in medication). Individual Healthcare Plans will include details on emergency arrangements and these will be shared with all relevant staff, First Aiders and school office staff as applicable.

Where pupils have been issued with an Education and Health Care (EHC) Plan by the local authority, any Individual Healthcare Plan will be linked to, or become part of that EHC Plan.

ROLES AND RESPONSIBILITIES

Parents

Parents are asked to provide the school with sufficient and up-to-date information about their child's medical needs and medication using a standard form (DfE - Template B) so that arrangements to manage their short or long term medical conditions can be implemented in partnership.

Parents are asked to deliver medicine to school if it is not possible for this to be administered outside the school day. Medicine should be provided in the original container(s) ensuring that the medicine is in date and that it has been stored correctly. All medicines must be marked with the following information clearly indicated:

- the child's name on the medicine;
- when the medicine should be given;
- the prescribed dose and pharmacist's instruction, e.g., after meals.

Parents are expected to notify the school immediately (in writing) of any changes or alteration to a prescription or recommended treatment so that adjustment can be made to Individual Healthcare Plans or previous agreement. It is important that the school is aware and informed by parents about other issues or symptoms their child may have experienced over night or before school; this is particularly important for asthma conditions

It must be remembered that the prime responsibility for a child's health rests with parents/carers.

The Headteacher will ensure the following:

- that governors are informed about the implementation and effectiveness of this policy;
- that arrangements are made with staff supporting pupils with medical conditions, and for any medicines required in delivering that support to be stored safely and in line with guidance provided by the local authority;
- suitable arrangements are agreed in partnership and liaison with parents/carers to support the medical needs of pupils;
- that appropriate training has been provided for staff that enables them to carry out agreed procedures;
- that staff will not be directed to administer medicines - they can choose to volunteer to do so if they so wish (all staff will be advised to refer to advice from their professional associations before volunteering to administer medicines);
- liaison with governors in the review of this policy at appropriate intervals, in line with local and national advice;
- that all staff and parents/carers are aware of this policy and the procedures for dealing with medical needs at Damers First School;
- make arrangements through the designated teacher to manage the following:
 - o prescription medicines in school;
 - o prescription medicines on trips and outings, including school transport;
 - o accurate record keeping when administering medicines;

- o the safe storage of medicines;
 - o procedures for access to medicines during emergency situations;
 - o adhering to risk management procedures involving medicines;
- that risk assessments and arrangements for off-site visits are checked and that governors are informed of the details.

The Designated Teacher will ensure the following:

- staff work in partnership with parents/carers to ensure the wellbeing of children and young people;
- that interruption to school attendance for medical reasons will be kept to a minimum;
- staff who have agreed to administer medicines will receive the appropriate training;
- adherence to Individual Healthcare Plans;
- all cultural and religious views, made known to the school in writing, will be respected;

STAFF TRAINING AND SUPPORT

Most medicines to be administered will not require professional training; however the school will ensure that staff supervising the administering of medicines will understand that accurate records are to be kept and are completed at the time of being administered. Staff who maintain these records should be clear about what action to take, (such as referring to the Designated Senior Person for Child Protection) if they become concerned about the welfare of an individual pupil. If child or young person is provided with an Individual Healthcare Plan, additional training must be given by a nominated Health professional, e.g., use of a nebuliser, using Epipens. Training received or cascaded from parents will not be accepted unless otherwise instructed by a health professional. Record of Training Forms must be completed and maintained (see DfE Template E: staff training record).

(Also see “Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People” (DSCB 2011); section 3.3 and 3.4 including Chart E.)

REASONABLE ADJUSTMENTS

The school understands its duties under the Equality Act 2010 to make reasonable adjustments and enable children and young people to have equitable access to education. Children and young people with complex or significant medical needs will be included in activities for as much as their health permits.

MANAGING MEDICINES ON SCHOOL PREMISES AND ON OFF-SITE ACTIVITIES

We will ensure that:

- DCC guidance on First Aid is followed;
- records are maintained detailing an accurate history of the administering of medicines as far as possible – this will not include self administering of over the counter medicines for older pupils for whom parents have requested

- permission using the appropriate Template;
- DfE Templates C and/or D (or an appropriate equivalent) will be used to log administering of medicines;
- suitable back-up systems are in place to cover administering of medicines in the event of staff absence;
- if there are any doubts or confusion about arrangements for administering medicines, staff must consult with the parents and the designated member of staff;
- no child or young person under 16 will be given medicines or be permitted to self-medicate without their parents' written request.

STORAGE OF MEDICINES

The school will adhere to the advice contained in "Guidance and Code of Practice - First Aid at Work" and local guidance provided by Dorset County Council's Health & Safety Team and the local authority's Physical and Medical Needs Service.

REFUSAL OR TOO UNWELL TO TAKE MEDICINES

If a child refuses to take medicine as prescribed and as requested by parents, the records (DfE Template C or D or appropriate equivalent) must state 'REFUSED' clearly and the parents/carer informed immediately. Children/young people will not be forced to receive medicine if they do not wish to do so.

If a child or young person is ill/injured and therefore unable to receive the agreed prescribed medication, the person designated to supervise the taking of medicine will consult with parents/carers immediately and advise the Headteacher of their actions. If the child vomits or has diarrhoea soon after receiving medication, parents must be contacted so that they can seek further medical advice.

SELF MANAGEMENT OF MEDICINES

In some cases it might be appropriate that pupils self administer medicines, e.g., inhalers, epipens. The school will encourage those with long term medical conditions to take responsibility for administering their own medication but continue to ask staff to supervise so that the appropriate records can be completed for safeguarding purposes.

Some pupils may carry 'over the counter medicines' (non-prescribed medicines) for their own use or self administer prescribed medicines that are appropriate to carry. When this occurs parents should request permission from the Headteacher in writing (using DfE Template B or appropriate equivalent) and provide relevant details about the type and dosage of the medicine. We understand the need for personal dignity in addressing this matter to avoid individual embarrassment. We recommend that only one dose should be brought to school at any one time in order to reduce potential risk of medicines being abused.

OFF-SITE ACTIVITIES/SCHOOL TRIPS

All arrangements for medicines, including the storage of medicines, Individual Healthcare Plans, and Risk Management programmes will apply for all off-site activities or school trips. A member of staff will be designated to ensure there are suitable off-site arrangements for storage, and recording of the medicines when assessing any risks associated for the trip, particularly for those children and young people with long term or complex health conditions. All plans and risk assessments will be discussed with parents/carers in preparation for the activity in advance of the departure day and agreed with the Headteacher (and Governors).

All off-site activities will be evaluated in terms of proximity and accessibility to emergency services and any implications for those with short or long term medical conditions before receiving approval to go ahead from the Headteacher/Governors.

EMERGENCY PROCEDURES

Care is taken to ensure that all pupils are safe. The school has 4 'First Aid at Work' qualified first aiders, 11 "Emergency First Aid at Work' qualified first aiders, 5 'Paediatric First Aid' qualified first aiders (if applicable) and 5 Emergency First-Aid trained staff.

Pupils with life threatening medical conditions or that require close monitoring/supervision may have Individual Healthcare Plans developed by school staff and Health professionals that provide contact details for emergency situations, e.g., anaphylaxis, diabetes, or epilepsy.

All cases deemed 'complex' or 'serious' medical conditions have emergency contact details held in the school office.

Asthma can also be life threatening; Damers First School will follow the "Guidance on the use of emergency salbutamol inhalers in schools" issued by the Department of Health (*September 2014*).

Pupils who are 'at risk' due to their medical condition hold a *Grab Pack* (collated information to pass to a doctor or ambulance crew in an emergency) that will accompany them at all times. The purpose of the pack is to provide emergency services with up to date information such as: diagnosis of principle conditions, key personnel and medical contacts, medication taken, up to date records of medicines that have been administered together with other relevant medical information and an agreement with parents/carers about what to do in an emergency.

BEST PRACTICE

Damers First School will endeavour to eliminate unacceptable situations by promoting best practice in supporting **pupils** with medical conditions. In doing so we will:

- ensure that pupils have access to the medicine they need as arranged with parents;
- where necessary, manage each medical condition through an Individual Healthcare Plan;
- listen to the views of **pupils** and their parents and take advice from medical professionals in planning the support needed;

- ensure that pupils with medical conditions are supervised appropriately and not left alone when ill;
- support access to the full curriculum or as much as medical consultants recommend;
- work in partnership with health services to ensure swift recovery or access to treatment;
- facilitate opportunities to manage medical conditions with dignity;
- manage medical needs such that parents are not required to support their child in school;
- include all children in school on and off-site activities, meeting their medical needs in the best way possible.

LIABILITY AND INDEMNITY

Damers First School is covered by the local authority's medical malpractice insurance policy. This covers all staff in the arrangements made to support pupils with medical conditions for whom particular training has been given. Staff must follow the guidance, procedures and administering of medicines accurately.

COMPLAINTS

Damers First School holds a Complaints Policy details of which can be found on the school website or via the school office. Should any complaint be received in respect of the support provided for individual medical conditions, it will be dealt with in accordance with the Complaints Policy.

EQUALITY STATEMENT

Damers First School is mindful of its Equality Duties; respecting religious belief and ensuring that support is provided for those with disability needs that might be affected by this policy. Where there are language or communication issues, and to avoid any misunderstanding, the parents/carers and Headteacher will agree an appropriate course of action. The Headteacher will engage interpreters or signers when required to ensure that full understanding of a pupil's medical needs are determined accurately.

With regard to off-site visits and residential opportunities, Damers First School will ensure that reasonable adjustments enabling pupils to be included are appropriate and made in consultation with parents/carers.

Date effective	January 2019	Approval	FGB
Maintenance	SLT	Role/responsibility	Rachel Nesbitt (Inclusion Leader)
Date of next review	January 2022	Date of last update	January 2020

Local Authority Policy

September 2018

1. Summary

1.1 Dorset County Council is committed to supporting and improving outcomes for children and young people with medical conditions. Our aim is for these children and young people to be able to participate in all aspects of educational life and achieve their potential.

1.2 Whilst schools have specific duties to support children and young people with medical conditions under the Children and Families Act 2014, other educational settings must also be mindful of supporting this cohort, some of whom will also be considered to have a disability under the Equality Act 2010.

1.3 This policy explains what is expected of schools and other educational settings when making arrangements to support children and young people with medical conditions.

1.4 For the purposes of this document, 'schools' includes academies, free schools and learning centres. 'Settings' includes early years providers and FE colleges. Any reference to 'governing bodies' also includes proprietors and management committees. 'Parents' refers to all parents and carers of children and young people.

1.5 This policy also sets out the criteria and mechanisms through which schools and FE colleges can apply for additional, short-term funding from the Local Authority to support 'high needs' children and young people (up to their 19th birthday), who have complex medical conditions but who do not have an Education, Health and Care (EHC) Plan.

1.6 Early years providers are unable to apply for additional, short-term funding for children with medical conditions in line with this policy as they can already apply for [Early Years SEN Additional Needs Funding](#) through the Early Years and Childcare Service.

1.7 This policy does not cover arrangements for [children and young people who cannot attend school due to health needs](#); schools are encouraged to contact the Alternative Provision Service with any queries of this nature.

2. Definition of medical conditions

2.1 Medical conditions can include both physical and mental health needs.

2.2 Schools and settings may need to support a wide range of conditions from asthma, diabetes or epilepsy to anxiety and depression. They may need to support children and young people with toileting difficulties, or those with a gastrostomy or tracheostomy.

2.3 It is impossible to list every medical condition. Some will be long term whilst others will be relatively short term.

3. Relevant legislation

3.1 Section 100 of the Children and Families Act 2014 introduced a legal duty on the governing bodies of schools to make arrangements to support pupils with medical conditions.

3.2 The aim of this duty is to ensure that pupils with medical conditions can access

and enjoy the same opportunities as their peers, play a full and active role in school life, remain healthy and achieve their academic potential.

3.3 The duty is explained in detail in the Department for Education (DfE) guidance,

[Supporting pupils at school with medical conditions](#) which governing bodies must have regard to.

3.4 Whilst the legal duty does not apply to early years providers and FE Colleges,

they are advised by Dorset County Council to follow the DfE guidance to ensure a consistent approach from 0 – 25 years.

3.5 Schools and settings should note that many children and young people with a medical condition are also considered to be disabled. The Equality Act 2010 defines a disability as when a person has a 'physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities'. Schools and settings have [additional duties](#) towards disabled children and young people under the Equality Act.

3.6 Any legislation or guidance referenced in this policy should be read in full.

Reading of this policy is intended to complement, not replace, reading of these.

Similarly, schools and settings should familiarise themselves with any guidance that is made available by the Local Authority around supporting children and young people with medical conditions.

4. Support available within schools and settings

4.1 Children and young people with medical conditions should be properly supported

so that they have full access to their education, including trips and physical education.

4.2 To achieve this, schools and settings may have to change how they do things,

make reasonable adjustments, relax or alter rules, and plan in advance. Advance planning is particularly important if children and young people are to be included on trips, and schools and settings are strongly encouraged to use risk management processes early to overcome any barriers to inclusion.

4.3 Leaders of schools and settings should consult with health professionals, children

and young people, their parents and where necessary, social care professionals, to ensure that medical needs are properly understood and effectively supported. Support should always be based upon such discussions, and particularly the advice of medical practitioners, rather than assumptions of what the child or young person might require.

4.4 Schools and settings should be mindful of the [Guidance for safer working](#)

[practice for those working with children and young people in education settings](#).

This is particularly relevant for children and young people with intimate care needs.

4.5 How support will be provided will vary due to the individual needs of each child or

young person. Some might need support from a member of staff throughout the day, or at specific points during the day. They may need help to take their medication or to keep them well. Others might require monitoring and intervention in emergency circumstances and staff may require specialist training from medical professionals to ensure they can do this properly. It should be recognised that each child or young person is unique.

4.6 Schools, by law, must have a written policy explaining how they will support

pupils with medical conditions and how complaints can be made by parents. A Model Policy has been provided by the Local Authority for this purpose; however,

schools must take ownership of their policy and to tailor it to their individual requirements. It should reflect and detail a school's own practice in supporting pupils with medical conditions.

4.7 All early years providers must have a policy for administering medicines.

4.8 FE colleges are encouraged to produce a policy for their students with medical conditions.

5. Individual healthcare plans

5.1 All children or young people who require regular support or monitoring due to their medical condition, or those who require intervention in an emergency situation because of an existing medical condition should be provided with an individual healthcare plan (IHP) by the school or setting.

5.2 IHPs provide clarity about:

- the child/young person's medical condition
- what needs to be done to help them in the school or setting
- when this needs to happen
- who should provide the support needed.

5.3 IHPs help ensure that children and young people are as well as possible and that they are in a fit state to learn and take part in school or setting life.

5.4 A school's policy must state who is responsible for developing and monitoring

IHPs in their school. Early years providers and FE colleges should aim to provide the same information in their policies. Schools and settings should write their IHPs in liaison with:

- a relevant healthcare practitioner
- parents
- the child or young person (wherever possible).

5.5 IHPs should be reviewed on at least an annual basis and sooner if the condition,

or support required, changes in any way. IHPs can be appended to, or incorporated into an Education, Health and Care (EHC) Plan.

5.6 The DfE have provided a [template IHP](#) for schools and settings to use if

they
wish.

6. The impact of medical conditions

6.1 Schools and settings should recognise that absences due to medical conditions

can affect educational attainment. Returning to the school or setting after a period away should be properly supported so that children and young people can fully engage with their learning without falling behind.

6.2 Schools and settings could consider providing handouts for any lessons likely to be missed, recording lessons or offering catch up sessions and lowering homework expectations where suitable. It is recommended that schools and settings are creative in how they manage support for sustained or frequent absences due to medical conditions and they may wish to investigate the use of ICT to do this.

6.3 Additionally, children and young people may be self-conscious about their

condition and some may be bullied or develop emotional disorders such as anxiety or depression. Long term absences can also impact upon a child or young person's ability to integrate with their peers. Schools and settings should therefore ensure that social and emotional wellbeing is supported in addition to academic achievement.

7. Unacceptable practice

7.1 In line with [Supporting pupils at school with medical conditions](#), schools and settings should not:

- prevent children and young people from easily accessing and administering their medication when and where necessary
- assume that every child or young person with the same condition requires the same treatment
- ignore the views of the child or young person, their parents or medical evidence/opinion
- send children and young people with medical conditions home frequently or prevent them from staying for normal activities, including lunch, unless this is specified in their IHP
- if the child or young person becomes ill, send them to the office or medical room unaccompanied or with someone unsuitable
- penalise children and young people for their attendance record if their absences are related to their medical condition

- prevent children and young people from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend the school or setting to administer medication or provide medical support to their child, including with toileting issues
- prevent children or young people from participating, or create unnecessary barriers to them participating in any aspect of school or setting life, including trips, e.g. by requiring parents to accompany them.

7.2 Children and young people who are unable to access full-time provision due to ill

health must not be subject to Fair Access or Managed Move protocols.

8. Eligibility criteria for additional, short-term funding (schools and colleges)

8.1 Most medical conditions can be effectively managed by schools and FE colleges

from within their existing funding mechanisms. However, the Local Authority recognises that in a small number of exceptional cases, schools and occasionally FE colleges may require financial support to enable them to meet the needs of children and young people with significant and complex medical conditions where support is not already provided through an EHC Plan.

8.2 Additional funding may be provided to schools and FE colleges by the Local

Authority in such circumstances, using High Needs Block funding (part of the Designated Schools Grant) which it holds on behalf of schools and colleges.

8.3 High Needs Block funding will only be provided where a child or young person

(up to their 19th birthday) meets the 'high needs' criteria; that is where the cost of their provision exceeds the nationally prescribed threshold (currently set at £6,000 per annum). Schools and colleges are expected to fund up to £6,000 per annum themselves from within their existing funding mechanisms.

8.4 Significant and complex medical needs are typically those where a child or young

person requires a high level of support, considerable adjustments or differentiated provision because of their medical condition and where these cost in excess of the nationally prescribed threshold. Such needs might occur due to the age of a child, a sudden onset illness, or where substantial medical needs are identified following an accident or injury.

8.5 In terms of the additional funding that can be accessed in line with this policy,

medical diagnoses such as Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) are not considered to be significant and complex medical needs. The [Special educational needs and disability code of practice: 0 – 25 years](#) and the Equality Act 2010 state that schools and colleges are expected to arrange special educational provision or provide reasonable adjustments for such children and young people as necessary.

8.6 The additional, short-term funding accessed in line with this policy is intended to

help schools and colleges support children and young people (up to their 19th birthday) with significant and complex medical conditions who do **not** have an Education, Health and Care (EHC) Plan.

8.7 Where children and young people with significant and complex medical needs

have an EHC Plan, it is expected that support for such needs will be incorporated into the identified special educational provision and funding will be provided in line with SEN mechanisms.

8.9 If a child or young person with an EHC Plan develops a significant and complex

medical condition that requires additional support, the school should discuss this matter with their SEN Planning Coordinator with a view to bringing the Annual Review forward.

9. Links to EHC needs assessments

9.1 Additional funding provided by the Local Authority for significant and complex

medical needs is expected to be provided on a short-term basis only, usually two to three terms although each case will be considered on an individual basis.

9.2 Additional, short-term funding helps to ensure that the immediate needs of the child or young person are met, whilst providing the opportunity to 'skill up' the school or college workforce and embed meeting such needs into the culture and ethos of the setting. In the case of a sudden onset illness or injury, this also allows the school or college time to determine whether to apply for an Education, Health and Care (EHC) needs assessment when longer-term needs are better understood.

9.3 It is recognised that the long-term impact of medical conditions, particularly those

which are sudden onset, can be unclear and schools and colleges may not have an opportunity to implement the graduated response as advocated by the [Special educational needs and disability code of practice: 0 – 25 years](#). As such, additional, short-term funding for significant and complex medical conditions is designed to

reflect the need for early intervention whilst allowing for a child or young person's needs to be assessed and for support to be planned, implemented and reviewed.

9.4 Additional, short-term funding accessed in line with this policy is not expected to

replace the Education, Health and Care (EHC) needs assessment process in any circumstance. An application for additional, short-term funding must not be made alongside a request for an EHC needs assessment. Schools and colleges should continue to request an EHC needs assessment where they believe a child or young person's special educational needs to be severe, complex and long term and where they have implemented the graduated response.

10. Application process (schools)

10.1 In order to apply for additional, short-term funding to support pupils with

significant and complex medical needs who meet the high needs criteria, schools must evidence that they have met their legal duties in line with [Supporting pupils at school with medical conditions](#).

10.2 Schools must complete the **Request for additional, short-term funding (medical conditions)** form (available from the [Physical & Medical Needs Service](#)). The information provided should evidence how schools are using existing funding to support the pupil, how they will use any additional funding and what outcomes they hope to achieve.

10.3 Schools **must** also supply a copy of the pupil's Individual Healthcare Plan (IHP), implemented by the school with input from the family and relevant health practitioners, with the application.

10.4 Applications for additional, short-term funding should be submitted to the [Physical & Medical Needs Service](#). Cases will then be considered by relevant advisors within the Local Authority, before being scrutinised by the Senior Manager for SEND Services 0 – 25. Where required, further medical opinion will be sought by the Local Authority.

10.5 Any additional, short-term funding that is agreed will be in line with the [Dorset SEN Banding Thresholds](#). Schools are encouraged to consider these before making a request for additional, short-term funding.

10.6 Decisions regarding additional, short-term funding will be made within 4 weeks of the receipt of the completed application. If additional short-term funding is agreed, this will start from the date a decision is made.

11. Application process (FE colleges)

11.1 In line with [High needs funding: operational guidance](#), FE colleges are unable to apply for additional, short-term funding for students aged 19 years and over. High needs block funding cannot be used for this cohort. Support funding for young people aged 19 years and over is available through the Education & Skills Funding Agency (ESFA) funding methodology.

11.2 FE colleges can apply for additional, short-term funding for students up to their 19th birthday and will be expected to provide the same evidence as schools by completing the **Request for additional, short-term funding (medical conditions)** form (available from the [Physical & Medical Needs Service](#)). Colleges will need to evidence that students for whom they are applying meet the 'high needs' criteria.

11.3 The information provided in the application should evidence how the college is using existing funding to support the student, how they will use any additional funding and what outcomes they hope to achieve.

11.4 FE colleges must supply a copy of the student's Individual Healthcare Plan (IHP), implemented by the college with input from the student, their family and relevant health practitioners, with the application.

11.5 Applications for short-term, additional funding should be submitted to the [Physical & Medical Needs Service](#). Cases will be considered by relevant advisors within the Local Authority, before being scrutinised by the Senior Manager for SEND Services 0 – 25. Where required, further medical opinion will be sought by the Local Authority.

11.6 Any additional funding agreed will be in line with the Dorset FE Funding Matrix. Element 2 funding (£6,000) will **not** be provided for students who meet the criteria set out in this policy, even where a college has filled all their commissioned high needs places because of the short-term nature of this funding.

11.7 Decisions regarding additional, short-term funding will be made within 4 weeks of the receipt of the completed application. If additional, short-term funding is agreed, this will start from the date a decision is made.

12. Local authority contacts

12.1 Schools and settings should always seek appropriate advice and training from relevant healthcare practitioners to ensure that they are meeting the individual needs of their children and young people with medical conditions.

12.2 For queries about how schools and settings should meet their statutory duties in supporting pupils with medical conditions or whether to apply for additional, short-term funding in line with this policy, please contact:

Kelly Lambert Senior Advisor - Physical & Medical Needs South Annexe, County Hall
Colliton Park Dorchester, Dorset DT1 1XJ

01305 224063

k.lambert@dorsetcc.gov.uk

12.3 Schools who have queries about supporting pupils who are unable to attend school due to health needs should contact:

Sylvie Lord Advisor for Alternative Provision, Exclusions and Elective Home Education Monkton Park Winterborne Monkton Dorchester DT2 9PS

01305 224530 s.lord@dorsetcc.gov.uk

12.4 Any queries regarding support in the early years should be directed to the:

Early Years and Childcare Service
County Hall Dorchester DT1 1XJ
01305 228425
earlyyearsadvice@dorsetcc.gov.uk

13. Complaints

13.1 Parents and carers should contact the school or setting in the first instance if they have concerns that their child's medical condition is not being appropriately supported.

13.2 If schools or settings, or parents are unhappy with the service that they have received from the Local Authority in relation to this policy, having an open discussion at an early stage can usually resolve difficulties quickly. Dorset County Council welcomes feedback.

13.3 However, it is recognised that in some cases, things might not go to plan or parents or young people might have concerns that a service is inadequate or doesn't meet expectations. If this is the case, parents and young people can seek advice and get support about how they might approach the Local Authority from the Dorset Parent Carer Council, SEN and Disability Information, Advice and Support Service (SENDIASS) or a professional working with the family. In most cases, this approach is successful and things

improve.

13.4 If however, parents or young people feel that their concerns still need to be resolved and want to take matters further, they can make a complaint and should contact the Local Authority to do so.

14. Review

14.1 This policy will be reviewed after 1 year of operation and every 3 years thereafter. September 2018