



Inclusion Team

Policy for access to education for school age children and young people with medical needs

'Every child should have the best possible start in life through a high quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum.' (DfE2014)

Autumn 2020

Contents

Summary and background	
The core duties of governing bodies of schools (S100 Children and Families Act 2014)	page 5
Core duties for the Local Authority (LA)	page 9
Key responsibilities of the Health Services	page 9
The local offer for children and young people with medical needs	page 11

Appendices

Appendix 1: A model Individual Health Care Plan (IHCP)	page 12-14
Appendix 2: Medical Education Service Information & Pathway	page 15-18
Appendix 3: Request form for Medical Education Service	page 19-24

Our Ambition

North Yorkshire County Council's (NYCC) mission is to ensure that a child or young person's medical need does not become a barrier to their educational success, by providing a timely package of provision tailored to meet the needs of this vulnerable population. School governing bodies, Trusts, school leaders, health and social care professionals work with children and their parents and carers to ensure that the needs of children with medical needs are properly understood and effectively supported. Schools and academies take a key role in supporting children with medical needs and, wherever possible, making reasonable adjustments so they can remain in their local school.

NYCC is aware that, in addition to the educational impacts, there are social and emotional implications associated with medical needs. It is important that schools receive and fully consider advice from healthcare professionals and listen and value the views of parents and pupils. Individual health care plans (IHCP) are the key element and will be implemented by schools to support learning.

Principles

NYCC has a commitment to ensuring that the principles set out in this policy underpin those outlined in the strategic plan for SEND:

Strategic Plan Principles		
An inclusive culture and ethos	Joint commitment and accountability to children and young people	Right support, right time, right place

- The views of the family and child are pivotal to shaping the education programme;
- The child is supported in their local school as far as possible; the school will make appropriate adjustments to support the child's learning in line with their medical needs policy;
- Schools will work in partnership with the parents, local authority and health professionals to meet the individual needs of the child;
- Health professionals will provide ongoing advice to support the child's medical needs in terms of both physical and mental health;
- All children with medical needs will achieve good academic attainment particularly in English and Maths.

About this policy

The local authority, through this guidance, seeks to ensure that children, wherever possible, can continue to be educated in their own school, and that all partners understand their roles and responsibilities to ensure access to a good education for children of compulsory school age.

This policy is based on the expectation that governing bodies will have regard to their responsibilities as set out in “Supporting pupils at school with medical conditions” (DfE, August 2017) and “It should ensure that such children can access and enjoy the same opportunities at school as any other child.”, (DfE, December 2015).

Who is this Policy for?

This Policy applies to:

- Governing bodies of maintained schools and management committees of PRS (excluding maintained nursery schools);
- Proprietors of academies, including alternative provision academies (but not 16 – 19 academies).

This Policy is also provided to assist and guide:

- The Local Authority;
- Clinical commissioning groups (CCGs), NHS England, and health service providers;
- Anyone who has an interest in promoting the wellbeing and academic attainment of children with medical needs, including alternative provision, e.g. independent schools, parent/carers and pupils.

This Policy relates to pupils of statutory school age with medical needs, both mental and physical. Pupils with a wide range of medical needs may need support, but it is anticipated that in the vast majority of cases support will be provided by the school with the support of other professionals. In some cases, for pupils with severe or long term needs, support may be needed beyond that which a school would be reasonably expected to provide.

Some children with medical needs may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, governing bodies must comply with their duties under that Act.

Some children will have a disability and a medical need. For example, they may have the disability of autism and also be impacted by mental health issue such as anxiety. These children are also protected by this legislation:

Equality Act 2010 – Disability is defined as: ‘a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities’

Core Duties

The core duties of governing bodies of school (S100 Children and Families Act 2014)

*The guidance does not apply to maintained nursery schools, 16-19 academies and independent schools.

The guidance places a statutory duty on governing bodies of maintained schools, academies and pupil referral units to make arrangements at school to support pupils with medical conditions. A child’s mental and physical health should be properly supported in school, so that the pupil can play a full and active role in school life, remain healthy and achieve their academic potential.

The Department for Education has issued Statutory Guidance and Departmental Advice (best practice) on “**Supporting pupils at school with medical conditions**”. The governing body of a maintained school, proprietor of an academy and management committee of a pupil referral unit must have regard to the Statutory Guidance in this document. This means that they must follow it unless there is a good reason not to.

A duty is placed on governing bodies to make arrangements for pupils who cannot access school as a result of their medical needs. This should be outlined in an accessible, regularly reviewed policy. In doing so, it should ensure that such children can access and enjoy the same opportunities at school as any other child. The focus of the arrangements should be on the needs of each individual child and the impact of the medical condition on school life. The outcome should be that parents and pupils have confidence in the school’s ability to provide effective support. Parents have a key role in ensuring that children attend school and this responsibility underpins this policy.

School non-attendance can be significantly affected by medical needs. Where schools are minded to request the attendance legal process, they should have in place an Individual Health Care Plan (IHCP) where there are medical needs. These needs may have been referenced in early school-based attendance or other meetings. This IHCP should be shared with the LA at the point of requesting a legal attendance meeting. A standard template letter from a medical clinician. Further information regarding school non-attendance can be found at: <https://www.northyorks.gov.uk/truancy>

Suggested adaptations to ensure that a child is able to attend school might include:

- A personalised timetable that reflects the child’s health capabilities;
- Access to additional support in school both in class and/or catch up sessions;
- Access to IT curriculum to access from home;

- Movement of lessons to more accessible classrooms;
- A place to rest at school;
- Special exam arrangements to manage anxiety or fatigue.

Where a child is supported by other agencies, there is a need to collaborate and ensure that any Individual Health Care Plan (IHCP) sets out the support needed so that the pupil can learn effectively. The governing body needs to ensure that the school is being proactive in identifying what other services are involved and liaising with them as appropriate.

The school policy should set out in detail how the statutory guidance is implemented, including a named person who has overall responsibility. The policy should clearly identify:

- The procedures to be followed whenever a school is notified that a pupil has a medical need;
- The roles and responsibilities of staff in the development of individual health care plans (IHCP) and what should be recorded on them. A model IHCP is provided in Appendix 1.

The DfE's 2015 statutory guidance sets out the most important roles and responsibilities and expectations for staff training among other key elements to be included in the policy.

The school's duties for supporting pupils with medical and physical health needs are:

- To provide access to a full curriculum and teaching hours, unless there are extenuating circumstances why this cannot be achieved.

Reasonable adjustments may include:

- Flexible timetable arrangements that may include a later start time or a shorter school day;
- Separate study / recreational areas;
- After school provision with a curriculum specialist;
- Specialist equipment e.g. height adjustable tables.
- Staff to have appropriate training to meet the child's medical needs.

For example:

- Moving & Handling to meet toileting needs;
- Mental health awareness, access to bespoke training programmes that can be delivered in school setting i.e. CBT, counselling etc.

The school's role is to:

- Inform the Local Authority if the child is likely to be away from school for more than 15 school days and make a request to Inclusive Education;
- Inform the Local Authority of the child's needs, capabilities and the programmes of study;
- Inform the Local Authority how the school has been meeting the educational need for the first 15 days;
- Have a support package in place to enable the child to reintegrate upon return and to keep in touch through regular review meetings;

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- Ensure the child is kept informed about school events and clubs; □ Ensure that links with peers are maintained during absence.

In respect of implementation, the school policy should include:

- Who is responsible for ensuring that sufficient staff are suitably trained;
- A commitment that all relevant staff will be made aware of the child's medical needs;
- Understanding of confidentiality in respect to some medical needs;
- Cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- Comprehensive briefing for new and supply teachers;
- Ensure there are risk assessments in place for home visits and school activities outside the normal timetable (including lone working arrangements, see Appendix 2 for model policy);
- An explanation as to how the policy operates in relation to the school's attendance policy / monitoring of individual healthcare plan.

Procedures should also be in place to support any transitional arrangements where a pupil would benefit by a change of school placement. The receiving school should ensure there are arrangements in place for staff training and supported integration. For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are in place within two weeks.

During transition a key person from the new setting should meet with the child and their family.

The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. The plans should be developed with the child's best interests in mind and ensure that the school assesses and manages risks in terms of the child's education, health and social wellbeing.

Individual health care plans (IHCP) must ensure that schools effectively support pupils with medical needs. They provide clarity about what needs to be done, when and by whom. They will be essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and be helpful in other cases, especially where medical needs are long-term and complex.

The format of individual health care plans can vary to enable schools to choose whichever is the most effective for the specific needs of each pupil and the school. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should capture the key information and actions that are required to support the child effectively. Where a child has special educational needs but does not have an EHC Plan, their special educational

needs should be mentioned in their individual health care plan. For a detailed outline of health care plans see page 9 '*Supporting pupils at school with medical conditions*,' DfE September 2015. A model IHCP is provided in Appendix 1.

Governing bodies must ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medication. After discussion with parents and children who are competent, they should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual health care plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Governing bodies should also ensure that the school's policy is clear about the procedures to be followed for managing medicines. Reference should be made to the DfE Guidance on managing medicines in schools: <https://www.gov.uk/government/publications/supportingpupils-at-school-with-medical-conditions--3>

The local authority will only make available additional support and access to alternative tuition arrangements to schools, if it is confident and satisfied that governing bodies can demonstrate clearly that they have complied with the statutory guidance as part of determining what provision should be requested and that all reasonable adaptations have been put in place to ensure that the child attends school. The onus will be on the governing body to provide this evidence

A year 10 student was finding it difficult to attend school due to Chronic Fatigue Syndrome and she was also anxious about getting behind in her GCSE studies. The head of year and SENCo met with her subject teachers to discuss how they could support her whilst she was unable to come to school. A package of online learning was put in place that consisted of PowerPoints and the school recommended an online learning site to further support her. The school also hired an AV1 device so she that she could see lessons and was also able to keep in touch with her friends. This worked successfully at first and the student made progress. However, as time progressed her condition became worse. Her energy levels were low during the school day and she was only able to study in the evenings. When the programme of study changed, her anxiety became worse as she wasn't able to work without direct support from a tutor. At this time, the school made an application to the local authority that was able to arrange evening twilight tutorials. The student became less anxious about her study and this helped with her CFS. Soon she was able to benefit from both the face-to-face tuition and viewing some of her lessons through the AV1 device and talking with her best friend. After 9 months she made a slow phased return to school. There were still days when her energy levels were low but she no longer was anxious about missing school as she knew she could catch up remotely if necessary.



The core duties of the local authority

The local authority should have a named officer responsible for the education of children with additional health needs and parents should know who this named person is. There should be an up-to-date policy in place which is reviewed regularly. NYCC's named person has the role of Lead of the Medical Education Service.

Under Section 10 of the Children Act 2004, the local authority has a duty to promote cooperation between relevant partners – such as governing bodies of maintained schools, academy trusts, clinical commissioning groups and NHS England – with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities are also commissioners of school nurses for maintained schools and academies.

The local authority expects schools to support pupils with medical needs to attend full-time education wherever possible or for schools to make reasonable adjustments to pupils' programmes where medical evidence supports the need for those adjustments. The local authority would expect the school to generally continue to make these arrangements under its Individual Health Care Plans (IHCP) with homework or other support (TA/HLTA) as a short term measure. This arrangement will ensure that the pupil can continue to obtain the required support linked to the IHCP promptly, from the organisation that best understands their educational needs.

This policy promotes the positive support of the home school in supporting pupils wherever practical, before referring to the local authority's alternative provision.

The local authority has a duty to work with schools to be ready to make arrangements when it is clear that a child will be away from school for 15 days or more because of health needs. Where pupils would not receive a suitable education in a mainstream school because of their severe or long term health needs, the local authority has a duty to make other arrangements. The local authority provides education for children and young people who are unable to attend their home school, despite extensive adaptations being put in place by the school to support the child.

Key Responsibilities of the Health Services

Providers of health services are required by the statutory guidance to cooperate with schools that are supporting children with a medical condition and this may include liaison, information, outreach or training. Those commissioning services need to be responsive to children's medical needs in order for compliance with statutory duties (S100 Children Act 2014) so that pupils' medical needs can be met in school. The requirement is for health personnel to set out the specific medical needs and provide advice about how schools can support the pupil. General advice should be provided, based on the identified needs, to enable the local authority to determine the appropriate provision. This may include recommended core services,

provision commissioned by the health service only or services to be commissioned by the school or Local Authority.

Every school has access to Healthy Child services. Other health care professionals including GPs and paediatricians are required by the statutory guidance to inform the Health Child Practitioner when a pupil has medical needs that will require support through specific health care plans and interventions. They may also be able to provide training or advice in shaping an individual health care plan and in implementing it, or to signpost schools to where they can access training and advice. They will also play a key role in liaison with clinicians regarding the appropriate support for planning.

It is the responsibility of the home school to make a referral to the Medical Education Service (MES). Where a pupil is absent from school and parent/ indicate that absence is persistently because of medical reasons, the school will (if the absence appears to raise concerns) ask parents for permission to contact health professionals for further information as part of their procedures for securing good attendance and planning.

Where parents refuse permission, the school should note the decision and inform parents of the risks in relation to safeguarding their child.

School nursing provision will continue where a school currently receives school nursing service if it changes to academy status. School academies will be required to commission their own school nursing provision. A signposting and advice service is available for post 16 institutions.

Counselling services in North Yorkshire are commissioned:

Compass REACH is a nurse-led service that delivers evidence-based psychosocial interventions to children and young people aged 9 – 19 (and up to 25 for those with special educational needs or disabilities) who live in North Yorkshire. The service also works with children and young people who may benefit from receiving early help and prevention work in relation to emotional wellbeing and mental health issues.

Where a pupil is unable to attend school, the key health specialists involved will be requested to provide information relating to the nature of the child's medical condition and specific advice around managing their health needs.

Health Services should also:

- Work closely with the home school, EOTAS staff, social care, the child or young person and their parents to ensure that the medical needs and the appropriate educational responses required are fully understood and clarified in any referral;
- Attend meetings or keep school/EOTAS updated on present likely impact on the child's health condition so adaptations can be made;
- Aim to provided intervention and advice that secures a personalised approach in the individual health care plan;

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- Provide information that identifies the needs and the level of education (e.g. hours or days) that the child can manage given medical needs, and must review this regularly;
 - Where mental health needs are complex, professionals will ensure that the local authority representatives will have the advice and support necessary to determine both eligibility and access to effective provision quickly. In such situations responsibility for liaison with the relevant partners will be clarified;
 - Respond to request for advice in the management of young people to ensure that the local authority is able to make effective responsive provision promptly;
 - Provide counselling to help support children who are reintegrating into school (even if mental illness is not their medical need) because these children are emotionally vulnerable.

The local offer for children and young people with medical needs

Local Offer

<https://www.northyorks.gov.uk/send-local-offer>

Inclusion Education Service

Medical Education Service

InclusiveEducation@northyorks.gov.uk

Mental Health Services

<https://www.northyorks.gov.uk/mental-health>

Appendices

Appendix 1: Model Individual Health Care Plans (IHCP)

Appendix 2: Medical Education Service (MES) Information & Pathway

Appendix 3: Medical Education Service (MES) Request Form

Appendix 1: Model Individual Health Care Plans (IHCP)

INDIVIDUAL HEALTHCARE PLAN				
Date of plan				
Planned review date				
1 Child's/Young Person's Information				
1.1 Child/Young Person's Details				
Child's/ Young Person's name				
Name of school/setting				
Address of school/setting				
Academic Year				
Date of birth				
Child's address				
Medical diagnosis or condition				
1.2 Family Contact Information				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Address				
Email				
Name				
Relationship to child				
Phone no. (work)				
(home)				
(mobile)				
Address				
Email				
2 Health contacts				

2.1 Clinic/Hospital Contact	
Name	
Phone no.	
2.2 G.P.	
Name	
Phone no.	
2.3 Nurse	
Name	
Phone no	
3 Education Contacts	
Class teacher	
SENCo	
Other support staff in school (if relevant)	
Who is responsible for providing support in school	
4 Medical Information	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	
5 Medication	
Name of medication	
Dose	
Method of administration	
When to be taken	
Side effects/contra-indications	

Administered by Supervision needed		
6 Daily Care Requirements		
7 Support for pupil's educational, social and emotional needs- including useful strategies		
8 Reasonable Adjustments/ Support for School /Recommendations		
9 Emergency Situations		
What is considered an emergency?		
What are the signs and symptoms?		
What are the triggers?		
What action must be taken?		
Follow up action		
10 Staff Training		
What training is required?		
Who needs to be trained?		
Sign and date when training is completed.		
11 Names of those involved in drawing up the plan.		
Name	Signature	Date

Appendix 2

Medical Education Service Information & Pathway

From September 2020 we will launch the new **Medical Education Service** in North Yorkshire which will replace all current arrangements.

The local authority and schools have a statutory duty to make the necessary arrangements to provide ongoing education for children who, due to their medical condition, are unable to attend school for a period of time.

The Medical Education Service is a central service provided by the local authority and is based within the Inclusion Service. The team provide **short-term education** to help schools and settings to provide continuity in education when a child or young people has been absent from school for 15 days or more due to a physical or mental health need. The medical education service is not an alternative provision nor a long term solution. If it is likely that a child or young person will be out of education for a long period due to a medical need further discussions will take place between the school and the Local Authority regarding a longer term plan.

The Medical Education Service is also able to provide advice and support to schools to fulfil their responsibility towards medical students on their roll. This may include education plans whilst off school and advice towards supporting reintegration back to school. If a school notices signs that a child or young person is at risk of not attending school due to medical reasons measures will need to be put in place to prevent this from happening. The medical education service can offer advice to schools around what these measures should look like.

Structure

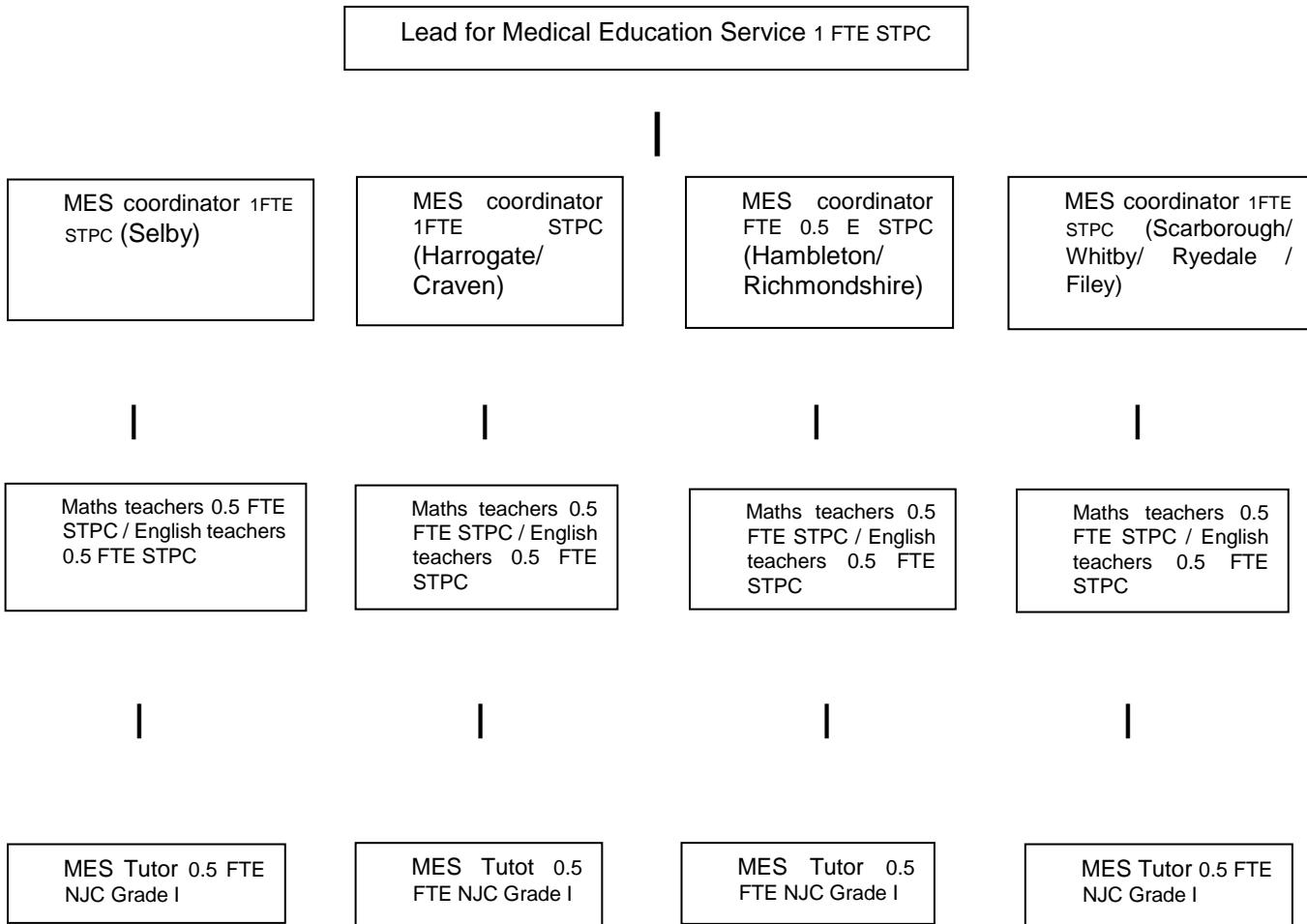
The Medical Education Service sits within Inclusion's 4 multi-disciplinary Hubs that will operate across all localities in North Yorkshire.

The individual Hubs will cover the following localities:

- Selby
- Scarborough, Ryedale, Whitby & Filey
- Hambleton/Richmondshire
- Harrogate, Knaresborough, Ripon & Craven

The service is made up of a service lead, 3 locality co-ordinators, Maths Teachers, English Teachers and Tutors.

Structure



Who are the children and young people supported by the service?

All children referred for support from the Service must meet the following criteria:

- A resident in North Yorkshire.
- Aged 5-18 years or up to 25 years if they have an EHC Plan
- **diagnosis** from a recognised health specialist which does not include a GP. It is this diagnosed health condition which is **the reason** they are unable to attend school.
- **Currently receiving specialist help and support** from a recognised health professional.
- Evidence from the health specialist, delivering the help and support which describes what the child or young person can do from an educational perspective.

-
- Children must have been absent from school for 15 days or more (one off or cumulatively) due to their medical condition
 - The request has been discussed with parents/carers and signed consent has been obtained from those with parental responsibility or from a young person themselves, where they are considered to be competent and are over 16 days of age.

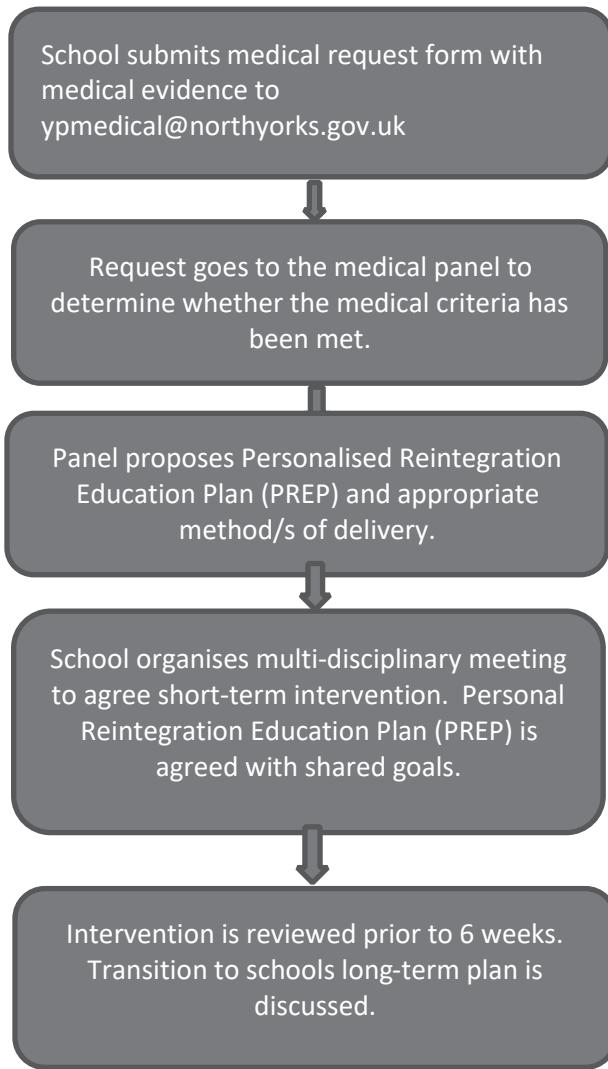
How Do I make a Request to the Service?

All requests for medical education for children and young people, of statutory school age, to be submitted to the Inclusion Service using the medical education request form. This form is available on the hub pages on CYPSError and should be ypmedical@northyorks.gov.uk To be eligible for short-term intervention from the Medical Education Service Children and Young People must have a diagnosed health condition which in itself is preventing them from attending school.

Please note: If a Child or Young Person is clinically or extremely clinically vulnerable to Covid 19 and for this reason can no longer attend school the responsibility to continue their education lies with their home school.

All requests will go to the medical education service panel within 5 working days of receipt. If the panel agree that the criteria has been met the school will be asked to organise a multidisciplinary meeting where health, education and parents/carers will agree what the short-term medical education intervention will look like and how school will meet the needs of the child or young person long term.

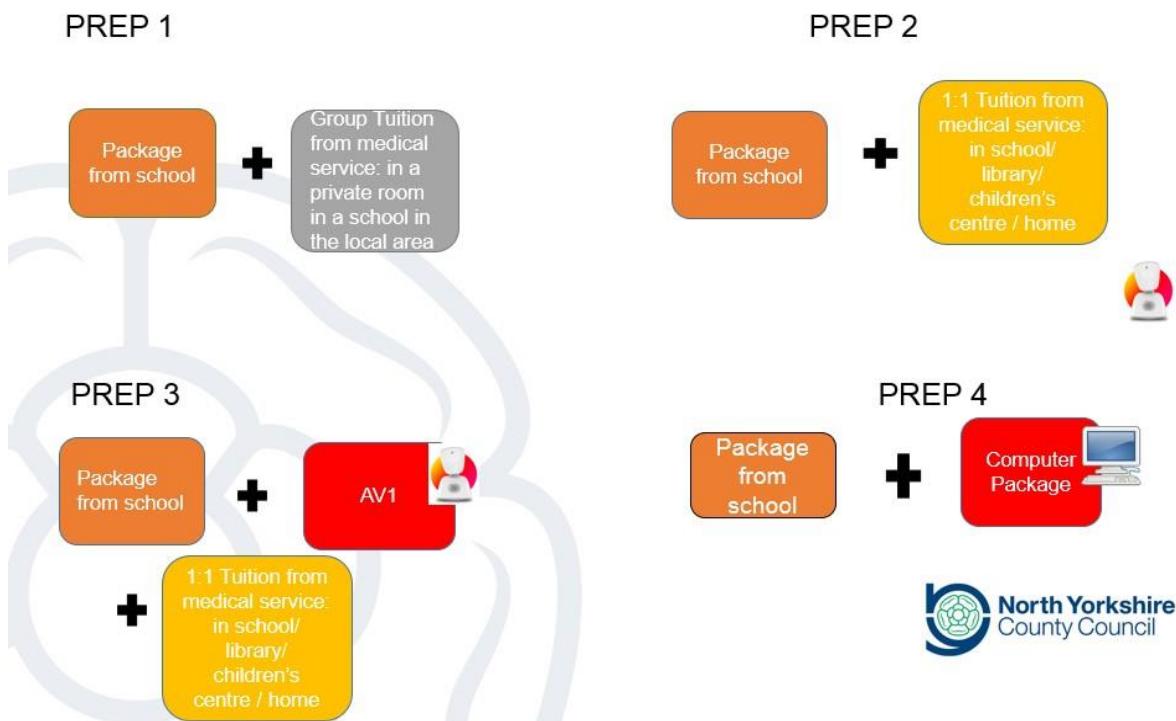
The intervention will be reviewed no later than up to 6 weeks where a discussion around whether the child or young person is ready to start the transition back to school will be held.



Personalised Reintegration Education Programme (PREP)

Each child or young person will have a Personal Reintegration Education Programme (PREP) which will be tailored to their needs. The plan will be a working document which will be created in collaboration between school, parents/carers, child/young person and the medical education service. It will detail the different types of provision the child/young person is receiving which will include the schools offer and that of the service which may include 1:1 tuition, group tuition, AV1 and or Academy 21.

Examples of what a PREP may look like:



Costs to Schools

If a child or young person is eligible to receive support from the Medical Education Service there will be no cost to the school for the education that is provided. If a child or young person has an EHCP a proportionate amount of the E3 funding will be recovered from school. Where a child or young person does not meet the criteria there will opportunity for schools to purchase support from the service.

Further Information?

If you would like any further information please contact the Lead of the Medical Education Service at sarah.fawcett@northyorks.gov.uk

More information about the Medical Education Service can be found at:

<https://cyps.northyorks.gov.uk/medical-education-service>

Appendix 3

Medical Education Service Request Form

Request form for short-term medical education

Guidance:

Step 1: Gain parental consent to complete request form for short-term medical education. Please note that parents can request to see the completed form.

Step 2: School to complete sections 1,2 and 3

Step 3: Health Specialist to complete section 4. Please do not share other sections of the form with health specialist.

Step 4: School to submit request form with completed sections 1,2,3 & 4 & parental consent form to

ypmedical@northyorks.gov.uk

Date of Request		Name of school staff member referring	
Email address of Referrer		School	

1. Child or Young Persons Details

Surname		First Name	
Gender		Date of Birth	
Year Group		UPN	
EHCP EHCAR	Y/N If Y date issued _____ Y/N If Y date submitted & name of PARO _____	In receipt of pupil premium	Y/N
SEN support	Y/N If Y description of stage _____	Young Carer	Y/N
Looked After Child	Y/N	CSC involvement	Name of worker:

Early Help Involvement:	Name of worker:	Home Address & Telephone Number	
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How many days absence has the child or young person had due to their medical needs?
What education programme(s) have the school delivered to continue the child or young person's education during these absences?

2. School Attendance History of CYP

This academic year (20/21): _____ %	Last Year (19/20) _____ %	Previous Year (18/19) _____ %
Number of Internal Exclusions in 20/21:	Number of fixed term Exclusions in 20/19:	Permanent Exclusion: (Please put N/A if one or all of these do not apply)

3. Persons with parental responsibility

Name	Address (if different from above)	Home Telephone No	Mobile No	Relation to child/young person	Order of whom to contact

Parental Consent Form

Parental consent for: Insert name

Dear Parent/Carer

We would like support to meet your child's learning needs and will be submitting a request for involvement to inclusive education service and the North Yorkshire SEND Hub. The request will be considered by a team of specialist educationalists. If they consider the request meets service eligibility criteria, the most appropriate professional to become involved will work closely with us and/or with your child directly to ensure their learning needs are met.

To proceed with the request for involvement your written permission is required, by signing the parental consent section of this form before we submit it. The request will not be processed without your signed parental consent.

By signing you will also give your consent for inclusive education service specialists to contact other professionals who may already be involved with your child to gain relevant information regarding their needs.

If you wish to discuss the matter further before signing below, please do not hesitate to contact me and we can talk further. If this consent form is sent separately from the completed RFI form, it must be returned directly to:

NYSENDhubs@northyorks.gov.uk

Alternatively it can be posted to **Inclusion Service, NYCC, County Hall, Northallerton DL7 8AE** NYCC, County Hall, Northallerton DL7 8AE

Yours Sincerely

Parental Statement

I agree to the involvement of inclusion service and the North Yorkshire SEND hub and understand that this may involve specialist staff working directly with my child, family and school/setting staff, with my knowledge.

If we agree together that it is in the best interests of my child, I understand that some information about them may be shared with other professionals who are already involved with them. This will be done in line with the 'North Yorkshire Multi-Agency Information Sharing Protocol' which can be found at: <https://www.northyorks.gov.uk/information-sharing>. To ensure that my child receives the optimum service, information may be shared with other services within the County Council. Further consent will be sought from me for any direct contact with my child by another service not already involved.

I understand that both paper and electronic records may be kept by the inclusive education service as a result of this involvement and that these records will be kept securely by NYCC and destroyed safely, according to the County Council's document retention and deletion schedule.

Under the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), I have the right to request a copy of the information the County Council holds about me/my child.

For more information I can contact the Data Protection Officer at: infogov@northyorks.gov.uk or write to **Information Governance Office, Veritau Ltd, County Hall, Northallerton, North Yorkshire, DL7 8AL**. For further information on how the Council processes my personal data I can refer to <https://www.northyorks.gov.uk/privacy-notices>

Please tick YES or NO to the following consent statement and, if consent is given, and you have parental responsibility for the child/young person named on this form, please sign below.

I give consent to a referral to the Medical Education Service and to the North Yorkshire SEND Hub service **YES** **NO**

I understand that I have the right to withdraw my consent at any time by contacting the Data Protection Officer at the above address.

Request form for short-term medical education

- 4. Health Specialist Evidence (N.B this section is to be completed by the health specialist who is currently providing help & support to the child/young person)**

Name		Job Title/Organisation	
Email Address		Telephone Number	
Office Address			
Date involvement started with child or young person		Diagnosis given to child/young person Date diagnosis given	

Please describe the physical or mental health need for which the child or young person is receiving help and support:

Please describe the help and support you are providing to the child or young person to help them improve their health.
Please include any treatments and therapy and state the frequency of direct contact:

<p>Is the child/young person able to attend lessons in a full classroom of approximately 30 peers? Is the child able to attend full time or on a reduced timetable? Has the school supported this? Please provide details/explanation</p>	
<p>Can this child/young person attend small groupbased learning in a room in school that is separate to the classroom? Has the school supported this? Please provide details/ explanation</p>	
<p>Does the child/young person learn more effectively at a certain time of day such as morning/afternoon/twilight? Please provide details/explanation</p>	
<p>Is this child/young person able to socialise with peers on school site at break & lunchtime? Has the school supported this? Please provide details/ explanation</p>	
<p>Is this child/young person able to leave the home to engage with peers at a location which does not include school? Please provide details/ explanation</p>	

<p>Describe the environment this child/young person needs to engage with education. Are there any specific barriers that will prevent the child/young person accessing learning such as noise and crowds?</p>	
<p>How long do you think you will be working with this child/young person?</p> <p>When do you plan to stop working with them?</p>	
<p>Any additional advice that you think may be useful in planning this child/young person's education</p>	

Signed _____ Date _____

These forms can be downloaded from: <http://cyps.northyorks.gov.uk/medical-education-service>