



This document outlines the policy and procedures for admissions of students to the Bristol Hospital Education Service (BHES), which is designed to meet the educational needs of children and young people who are absent from school through medical needs .

Children and young people are entitled to educational provision when they are absent from their home school on medical grounds for 15 consecutive school days or more but are still well enough to access education.

BHES will work with schools and LA officers in line with statutory guidance Supporting pupils at school with medical conditions. DfE-00393-2014 and Ensuring a good education for children who can not attend school because of health needs. DfE-00307-2013.

Following the acceptance of a referral students must remain on the role of their mainstream school or college, they will be dual registered with the BHES while the service is providing support. BHES will ensure that students are safeguarded during times that they are providing education.

## Referrals

For Children admitted to Hospital the following criteria will be applied:

1. Recurrent admissions.
2. Any inpatient of statutory school age admitted for 5 days or more.
3. Siblings of inpatients of the Children's Hospital who are not Bristol City Council residents.
4. Students who are aged 16 to 19, who are on roll at a school or college and meet criteria 1 or 2 above.

For Children who are residents of Bristol City Council or in the care of Bristol City Council and not in hospital, referrals must be made:

1. Using the service referral form which must be signed by a consultant or Community Paediatrician (see appendix 1)
2. Or using an appropriate hospital discharge notice.

Referrals will be processed centrally and acknowledged within 1 week. Incomplete referrals will not be taken up and returned to the referrer.

## On Referral

If the student meets the criteria for provision from the service, a multi agency planning meeting will be convened by the student's school which will involve.

- The student's home school/college.
- The parents/carers and student if appropriate.
- The Health professional making the referral.
- BHES referral follow up lead .
- Other agencies working with the student or their family as appropriate.

At this planning meeting an Individual Support Plan (ISP) will be agreed:

- Identifying and naming the key worker from the home school who will co-ordinate support in line with statutory guidance.
- Confirming ongoing contact names and details for all agencies.
- Stating how the student's additional needs including SEN will be met and resourced.
- Agreeing a reintegration plan or BHES exit strategy.
- Specifying roles and responsibilities of all parties.
- Setting the date for the first review.

The service recognises that it has an important role as part of a coordinated multi agency approach in situations where the student presents with a complex pattern of need and the medical diagnosis, treatment, benefits of BHES provision and period of absence may be unclear. In these cases educational provision will be provided by the BHES when there is:

- A clear and agreed time limit for support.
- Continued and regular input from health care provision.

### **Commencement of provision**

For non hospitalised students who are resident of Bristol City Council and are of statutory school age, provision and tuition from the BHES will commence when an ISP is agreed and completed.

In accordance with statutory guidance, it is recognised that the home school/college has a central role in ensuring continuity in a student's education, the home school/college will remain responsible for:

- Providing a key worker who will coordinate the ISP and monitor the student's progress.
- Placing the student on to the SEN code of practice. (If the student does not have a statement of special needs or EHCP.)
- Convening any subsequent planning and review meetings.
- Convening and planning any annual review meetings for students with statements of special educational needs/EHCP's.
- Requesting statutory assessment for students should that be an appropriate course of action.
- Communicating Information to all agencies involved.
- Ensuring termly work plans and schemes of work are available in all subjects which the student would normally be studying.
- The loan of any appropriate resources relating to the student's education.
- Examination entry fees and arrangements, including the application for any exam concessions and commissioning any required testing.
- Making arrangements for any national assessment procedures.
- Assessment of coursework for accreditation.
- Provision of Connexions support and information, advice and guidance for the student.
- Arranging or commissioning any work related learning placements for the student.
- Communicating any changes or alterations of the ISP to all agencies.
- Provision of suitable tutoring and mentoring facilities when BHES staff are working on their site.
- Implementation of the reintegration plan.

BHES tuition is not viewed as a long term alternative to mainstream educational provision. The expectation is that students will increase their engagement with education up to full time provision, ideally through a return to their mainstream school.

For student's in schools and colleges above the statutory school age provision by BHES is discretionary. In these cases any provision will be agreed by the Head Teacher based upon individual circumstances.

### **Nature of Provision**

The precise nature of provision will be determined at the initial multi agency meeting and recorded in the ISP. Provision will be reviewed at all subsequent review meetings.

In all cases BHES will provide:

- The agreed amount of education that the students health allows them to engage with.
- An appropriate member of staff to act as the service lead worker who will be aware of and sensitive to the medical needs of the student.

### **Case Reviews.**

Regularity of case reviews will be specified in the ISP, the minimum review period being termly. Reviews must include the lead professionals from all services providing support to the student.

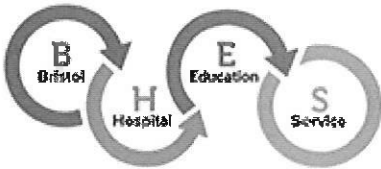
### **Cessation of Provision**

BHES provision will cease if:

- The Student is attending school/college.
- The student is too ill to access BHES education provision in which case the final review meeting will agree an appropriate course of action.
- The young person fails to engage with or access the provision in which case the final review meeting will agree an appropriate course of action.
- Other provision is agreed at a review meeting.
- The student leaves school or college.
- The student stops accessing the health care plan being provided by the referrer.
- BHES staff believe that the student is able to attend mainstream provision.
- The Health referrer ceases to provide a health care intervention.

If a student fails to attend or make themselves available for tuition for 3 consecutive sessions without an appropriate medical certificate or other valid reason, BHES will take action in line with the service attendance policy, continued non attendance may lead to withdrawal of the BHES provision.

If a student ceases to follow a therapeutic programme recommended or provided by any other agency as part of a rehabilitation or reintegration package provision may be withdrawn following planned review meetings.



**Bristol Hospital Education Service**  
**Falkland Road**  
**Montpelier**  
**BRISTOL**  
**BS6 5JT**



Tel: 0117 3772377

**Consultant's Referral Form**

PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW, INCLUDING CONTACT DETAILS

<b>Child's Name:</b>		<b>DOB:</b>
<b>Address:</b>		
<b>Parent/Carer:</b>		<b>Tel:</b>
<b>School:</b>	<b>School Contact:</b>	
<b>Tel Number:</b>	<b>E-Mail :</b>	
<b>Current Medical Condition:</b>		
<b>Current Medical Input/Treatment:</b>		
<b>Child's NHS Keyworker:</b>		

<b>Medical Diagnosis:</b>	<b>Date last seen:</b>
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We will wish to discuss this referral with you, to inform that discussion please give precise presenting difficulties as appropriate. This information may be used as part of a risk assessment (please continue on a separate sheet if necessary):

In order to make a decision about the most appropriate educational provision we are considering providing, please complete (or circle as appropriate) the following:

The pupil **HAS BEEN** absent from school\* since \_\_\_\_\_ (date)

The pupil **WILL BE** absent for more than 15 school days as of \_\_\_\_\_ (date)

Does the pupil have a statement of special educational needs?	YES	NO
If the pupil is unable to attend school, is she / he well enough to leave the home?	YES	NO
Is she / he well enough to receive some education?	YES	NO
Will this child be able to access their usual school within the near future (i.e. within 12 wks)?	YES	NO

In your opinion, what are the health care requirements that may have a bearing on educational provision? (please continue on a separate sheet if necessary)

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**We will value continued and ongoing support, please provide contact details below.**

Name:	Title:	
Signed:		Date:
Address:		Tel:
e-mail:		Fax:

**NB. Signature confirms permission already sought from parents / carers for the above information to be shared.**

**Also that you have discussed this referral with school and that they are in agreement with it.**

**By making this referral you are confirming that you are providing a health care plan aiming to return the student to school.**

**BHES's remit is to provide education to students as an interim measure while they are too ill to attend their on roll school. Hence BHES does not accept referrals for students who are not on the roll of a school.**

**Please contact Bristol City Council for advice with regards to students who are not on the roll of a school or are home educated by their parents.**

**If you have any questions, BHES are happy to discuss cases prior to referral**

**Bristol Hospital Education Service. Individual Support Plan.**

Student ..... DOB ..... Home School .....

School Key Worker ..... E mail ..... Tel .....

Health Referrer ..... E mail ..... Tel .....

BHES Lead Worker ..... E mail ..... Tel .....

Parent ..... E mail ..... Tel .....

**Other Agencies**

Name & Post ..... E mail ..... Tel .....

Name & Post ..... E mail ..... Tel .....

Name & Post ..... E mail ..... Tel .....

**Date for next review is:** .....

**Planned Provision (include actions and agency responsible for action)**

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**Planned outcome for student following BHES support.**

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Signed ..... Signed ..... Signed .....  
Signed ..... Signed ..... Signed .....  
Signed ..... Date .....