

DRAFT FOR APPROVAL



September 2014

KCC Policy on Supporting Children and Young People with Medical Conditions including Mental Health Needs

1. Introduction

1.1 This policy aims to meet the needs of Kent schools in a difficult and complex area. The intention of this policy is to clarify the responsibilities of schools, the LA and other health and social care professionals in supporting pupils with physical and mental health needs. Furthermore this policy attempts to describe newly developed systems of support available in Kent which are aimed at meeting the needs of these learners.

1.2 Following the review of the three Health Needs Pupil Referral Units and consultation on the proposed new Education Health Needs Service, a new delivery model and service structure has been agreed. The new service will meet the educational needs of pupils with chronic illness, or long-term or other serious medical conditions, including those with mental health diagnoses, who form potentially vulnerable groups of pupils at risk of underachieving. A summary is given at Section 7.

The new service will provide a new education support service to schools for young people with medical needs and up to 120 placements and education outreach for young people with mental health needs located in six new specialist resourced bases and the Oakfield Education Unit.

The new service is based on the clear expectation that all schools and Alternative Curriculum Pupil Referral Units will identify and support pupils with chronic or long-term health needs.

1.3 *How schools can promote their pupils' mental health*

The culture and structures within a school can promote their pupils' mental health through:

- ***a committed senior management team that sets a positive and supportive culture within the school; that values all pupils; allows them to feel a sense of belonging; and makes it possible to talk about problems in a non-stigmatising way;***

- **an ethos of setting high expectations of attainment for all pupils with consistently applied support.** This includes clear policies on behaviour and bullying that set out the responsibilities of everyone in the school and the range of acceptable and unacceptable behaviour for children. These should be available and understood clearly by all, and consistently applied by staff;
- **an effective strategic role for the qualified teacher who acts as the special educational needs co-ordinator (SENCO),** ensuring all adults working in the school understand their responsibilities to children with special educational needs and disabilities (SEND), including pupils whose persistent mental health difficulties mean they need special educational provision. Specifically, the SENCO will ensure colleagues understand how the school identifies and meets pupils' needs, will provide advice and support to colleagues as needed and will liaise with external SEND professionals as necessary;
- **working with parents and carers as well as with the pupils themselves,** ensuring their opinions and wishes are taken into account and that they are kept fully informed so they can participate in decisions taken about them;
- **continuous professional development for staff** that makes it clear that promoting good mental health and emotional resilience is the responsibility of all members of school staff and the community, informs them about the early signs of mental health problems, what is and isn't a cause for concern, and what to do if they think they have spotted a developing problem;
- **clear systems and processes to help staff who identify children and young people with possible mental health problems;** providing routes to escalate issues with clear referral and accountability systems. Schools should work closely with other professionals to have a range support services that can be put in place depending on the identified needs (both within and beyond the school). These should be set out clearly in the school's published SEND and medical needs policies; and,
- **working with others to provide interventions for pupils with mental health problems that use a graduated approach to inform a clear cycle of support:** an assessment to establish a clear analysis of the pupil's needs; a plan to set out how the pupil will be supported; action to provide that support; and regular reviews to assess the effectiveness of the provision which lead to improvements for the learner.

Schools with these characteristics mitigate the risk of mental health problems in their pupils by supporting them to become more resilient and preventing problems arising or escalating to a more serious level. In addition, schools should also have in place arrangements which reflect the importance of safeguarding and protecting the welfare of all pupils as set out in the latest safeguarding guidance.¹

1.4 Each school should have a policy which articulates how the school will work with pupils with these needs, including the administration of medication. Schools are advised also to work to the guidance of the new KCC policy, and within its procedures for accessing additional support and resources. Where pupils have long and persistent absences from school due to long-term chronic or health needs (including mental health) schools must work with health professionals and other organisations to help continue to support pupils' education, personal development and well-being, and facilitate their early return to school.

2. Medical Needs Service

2.1 A dedicated service will support schools in meeting the educational needs of pupils with physical medical conditions, through a County Outreach Team. This service is for learners with medical conditions, excluding mental health problems, which need a differentiated support system. The team will coordinate support to the home school from specialist health support (including school nurses), Home Tuition, a Virtual Learning Environment, KIAS (Kent Integrated Adolescent Support Service), KIFSS (Kent Integrated Family Support Service) and other family support. For these pupils the home school remains accountable for educational provision and will have access to this integrated additional educational support to meet these pupils' needs.

Based on current referral cases, approximately 20% of the learners referred to the Health Needs PRUs have medical needs. A number of these are short term medical conditions such as broken limbs, recovery from accident or glandular fever.

The new service differentiates Kent's education support for these pupils, from those with mental health needs, where the complexity of need requires a different delivery model including resourced provision and fully planned reintegration processes for pupils as their health improves.

2.2 The delivery structure for medical needs will be through a Head of School (Medical Needs Outreach) and specialist teachers who will support the home school in delivering education appropriate to the needs of the individual learner. This service will work closely with Early Help and Preventative Services and other family support services.

3. Mental Health Needs Pupil Referral Unit which includes: 1 Specialist unit, 6 Resourced Bases and Outreach

3.1 Pupils with mental health needs will be supported by one county Pupil Referral Unit to provide co-ordinated and distinct services for those pupils with mental health needs. Useful guidance on the main types of mental health needs is set out in Annex C of *Mental health and behaviour in schools: Departmental advice for school staff* (June 2014).

The PRU will build on the existing framework of effective partnership working between Oakfields Education Unit, Specialist Children Services and clinical professionals to deliver Tier 3 and 4 CAMHS educational provision. Links with the Health Services will be strengthened and joint integrated delivery models to support pupils with mental health conditions will be established in six new locality bases across the county. An outline of this structure is set out in Appendix 2.

3.2 The PRU, including the six specialist resourced bases, will be managed by two Heads of School for Mental Health Educational Services. There will be one Head of School for the specialist tier 4 Oakfields Education Unit and one for Mental Health Outreach (who will line manage 6 locality managers).

Admissions to Oakfields Education Unit are restricted to in-patients of the Kent and Medway Adolescent Unit (KMAU) co-located at Woodland House, Staplehurst and

managed by the South London and Maudsley (SLaM) NHS Trust. In patient referrals are made via Health CAMHS Tier 3 and 4. Referrals to the new Day Service are made by CAMHS Tier 3 and 4 consultants. Schools cannot refer pupils to Oakfields Education Unit and Day Service Provision.

To access support for any other pupils, the home school will request support, through a revised process, using Individual Health Care Plans (see section 7). Accountability for pupil progress and outcomes will rest with the home school. The service will maintain close liaison with the home school and will manage multi-agency support to ensure effective reintegration of a pupil as their health improves.

3.3 The Individual Health Care Plan could include: the outcome of discussions at the LIFT (Local Inclusion Forum Team) meeting; a CAMHS diagnosis or a Primary Mental Health Specialist recommendation following assessment; or assessment and intervention from an educational psychologist.

Statutory Responsibilities for Schools and Local Authorities

4.1 In September 2014 a new duty is laid upon governing bodies to make arrangements to support pupils with health conditions at school (DfE guidance, April 2014). Kent County Council has reviewed the existing provision for pupils with health needs, who are unable to attend school. The Council's policy is intended to ensure that children with serious health conditions in terms of both physical and mental health, are properly supported so that they can achieve their academic potential.

4.2 Ofsted guidance (January 2014) indicated that 'inspection teams will evaluate the achievements and experiences of this group of vulnerable pupils. Schools will, therefore, need to ensure that teaching, the curriculum and the use of resources are appropriately adjusted to meet these pupils' needs. The school should consider the professional development of staff so that there is sufficient knowledge and expertise to manage health needs. There should be a member of staff responsible for pupils with health needs and school governors and leaders should know which young people have chronic medical or mental health needs, and monitor the provision for them and the outcomes achieved.

4.3 The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum for local councillors, the NHS and local communities (including schools, when invited) to work together to identify the local priorities for children and young people. All health services used by children and young people are within the scope of the Health and Wellbeing Board, including specialist CAMHS. The locality managers will be responsible for developing close links with Health and Well Being Boards and local CAMHS provision.

4.4 Schools' responsibilities are to:

- ensure that policies are developed to support pupils with health conditions;
- regularly review these policies, and make them readily accessible to parents and school staff;

- appoint a named member of staff responsible for implementation of these policies;
- consider the professional development of staff so that there is sufficient knowledge and expertise to manage the health needs of pupils;
- ensure that teaching, the curriculum and the use of resources are appropriately adjusted to meet the needs of these pupils;
- establish clear systems and processes to help staff who identify learners with mental health problems;
- set out the transport arrangements for these pupils, including what should be done in emergency situations;
- work with other providers, organisations and services to support the wellbeing and education of pupils with health needs and their reintegration back into school after any period of absence;
- ensure that Individual Health Care Plans are drawn up and reviewed, in the context of assessing and managing risks to the child's education, health and wellbeing to minimise disruption;
- include, in relevant policies, the details of how complaints might be made about the schools' support for pupils with health needs;
- plan for successful reintegration of the pupils with health needs;
- monitor those learners who are not in full-time education.

(As set out in DfE, (June 2014) *Mental health and behaviour in schools: Departmental advice for school staff*. London: HMSO. Details of Individual Health Care Planning are contained within DfE Guidance February 2014).

4.5 Kent County Council's responsibilities are to:

- provide a health needs support service, and specialist PRU provision for pupils who cannot attend school because of mental health problems;
- promote cooperation between relevant partners such as Schools, Health and Wellbeing Boards, Clinical Commissioning groups, the NHS Commissioning Board and the Voluntary Sector;
- work with schools to support pupils with health conditions to attend full-time education;
- commission school nurses for maintained schools and academies;
- ensure there are appropriate arrangements in place for pupils unable to attend a school because of their health needs;
- review the use of LA resources used to support young pupils with health needs;
- advocate the promotion of the health and wellbeing of all pupils in Schools and FE Colleges
- monitor health needs provision and ensure appropriate action is being taken to ensure pupils can return to full time education as early as possible.

4.6 Supporting pupils with health conditions to attend full time education

Poor health can undermine educational attainment. Surveys suggest that disproportionately large numbers of pupils with conduct and emotional disorders fall behind in their overall educational attainment, miss school or are excluded. There

will always be young people with health conditions who cannot attend mainstream school regularly, or for periods of time. It is important that these young people are recognised early and that the Lead Staff Member for health needs at the school is alerted to the fact that they are not attending regularly. If support from the school is not proving to be effective, then a referral should be made to the allocated Education Welfare Officer via Early Help and Preventative Services. Finding the right early help for the pupil is a multi-agency responsibility and will require flexibility around provision and careful monitoring. There should be regular reviews and poor attendance could be a trigger for an Individual Health Care Plan for the learner.

4.7 Part-time Timetables for Learners with Health Needs

There is no statutory basis upon which to establish a reduced timetable. However, in some circumstances, schools may need to implement a reduced timetable in order to support a pupil who cannot attend school full-time because of their health condition.

Schools should ensure that the application of a reduced timetable is time-limited (usually no more than 8 weeks or less) and that re-integration to full-time education is facilitated as early as possible and is appropriate to the pupil's personal needs, abilities and circumstances.

Please see KCC guidance for schools on reduced timetables, including information on the obligation to record attendance appropriately on a central record and for this provision to be reviewed regularly.

5. Participation in Education and Training Up to Age 19

All learners are entitled to remain in education and training up to age 19 and the home school or college will remain accountable for learners on roll. Additional support might be required for post-16 learners with complex or serious health needs. Where required, an Individual Health Care Plan should be completed with the support of appropriate health, and other professionals to ensure progression into higher levels of learning or employment. Admissions to post-16 provision should not disadvantage this group of learners.

6. Individual Health Care Plans

6.1 Schools should ensure that the school's policy covers the role of Individual Health Care Plans, and who is responsible for their development in supporting pupils at school with medical conditions. Individual Health Care Plans can help to ensure that schools effectively support pupils with health conditions. They provide clarity about what needs to be done, when and by whom. A flow chart for identifying and agreeing the support a learner needs and developing an individual healthcare plan is provided in Appendix 1 of this policy document.

6.2 Individual Health Care Plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the learner. Plans should be drawn up in partnership with the school, parents, and a relevant healthcare professional (i.e. a school nurse, or

specialist or children's community nurse) who can best advise on the particular needs of the learner. Learners should also be involved whenever appropriate.

6.3 Where a learner is returning to school following a period of hospital education or alternative provision, schools should work with the local authority's services to ensure that the Individual Health Care Plan identifies the support the learner will need to reintegrate effectively back into school.

6.4 When deciding what information should be recorded on Individual Health Care Plans, the governing body should consider the following:

- the health condition, its triggers, signs, symptoms and treatments;
- the learner's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons;
- specific support for the learner's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed, (some children will be able to take responsibility for their own health needs), including emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring it;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate safely, e.g. risk assessments;
- where confidentiality issues are raised by the parent and child, there should be clarity about the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency Health Care Plan prepared by their lead clinician that could be used to inform the development of their Individual Health Care Plan.

6.5 Guidance for Schools to identify appropriate support

This section of the policy is intended to help schools to identify appropriate support for young people with health needs and should be read in conjunction with *Mental health and behaviour in schools: Departmental advice for school staff* (DfE, June 2014).

Schools should consider the strategies used to support pupils with medical or mental health needs as part of the school's 'reasonable adjustment' and there is a need to demonstrate the specific support identified for the pupil's educational, social and emotional needs within the Individual Health Care Plan (IHCP).

Schools would usually ensure the following:

- **Education Support**

- Individual Health Care Plans and/or Early Help Assessment (Kent Family Support Framework KFSF, formerly the CAF)
- Teaching Assistant support, arrangements made for catch-up sessions
- time-limited modified timetables: later start, earlier finish, reduced curriculum offer, reduced number of days, after school sessions, time out placement, alternative on-site provision (i.e. Inclusion area)
- on-line/virtual learning
- teaching home visits

- **Pastoral Support**

- break and lunch time sanctuary
- named mentor
- peer mentoring, nurture groups, social skills groups
- school based counselling

- **Family Support**

- meetings with parents and sometimes the extended family
- a family liaison Worker/Key Worker
- family work, parents groups

- **Counselling**

School-based counselling is one of the most prevalent forms of psychological therapy for young people in the UK. Most secondary schools offer some form of counselling service. These services generally provide one-to-one supportive therapy, with pupils referred through their pastoral care teachers, and attending for three to six sessions.

Non-directive supportive therapy is recommended by NICE for mild depression and there is emerging evidence to suggest that school-based humanistic counselling is effective at reducing psychological distress and helping pupils achieve their goals.

Both the pupils who use it and school staff believe school-based counselling to be an effective means of improving students' mental health and emotional wellbeing. They also believe it enhances pupils' capacity to study and learn.

A variety of resources and services are available to assist schools in establishing or developing counselling services, including from the British Association of Counselling and Psychotherapists (BACP) and various national and local voluntary organisations. BACP also have a Register of

Counsellors and Psychotherapists which is accredited by the Department of Health. In addition, in March 2014 the Department of Health and BACP launched Counselling MindEd, a free programme of e-learning modules, to support the training and supervision of counselling work with children and young people.

- **Specialist support, advice, training in school**
 - Health Needs Education Service
 - Educational Psychology (core or traded services)
 - Specialist Teaching and Learning Service
 - School Nursing Service
 - Specialist Teams from Hospitals

- **Specialist Outreach Support**
 - Health Needs Education Service through the six locality managers
 - Specialist Teaching and Learning Service
 - Special Schools outreach support
 - CAMHS

- **Consultation with other agencies (for advice, and to support access to other services)**
 - LIFT for STLS and Educational Psychology Service
 - Early Help Assessment
 - KIAS and KIFSS District Locality Managers
 - In Year Fair Access (IYFA)
 - Specialist Children's Services
 - Short-term/respite placements supported by the Home School at a locality hub
 - Commissioned-therapeutic work with learners delivered by an appropriate specialist, within or beyond the school, including:
 - Educational Psychologists
 - School Nurses
 - Young Healthy Minds
 - Locality based Primary Mental Health Workers (new posts commissioned by KCC and CCGs)
 - GP's and/or Paediatricians
 - Referral of serious cases to CAMHS Tiers 3 and 4
 - Early psychosis team 14+ services

7. Summary of the Provision for Learners with Health Needs

7.1 Medical Needs

- A dedicated education service to support schools to ensure learners with medical needs receive an appropriate education programme up to age 19.
- For learners with medical health needs the service will comprise a County Outreach Team. The team will coordinate specialist support to the home

school from health professionals (including school nurses), Home Tuition, Virtual learning Environment, KIASS, KIFSS and other family support. For these learners the home school remains accountable for education provision and has access to this integrated additional support to meet learners' needs.

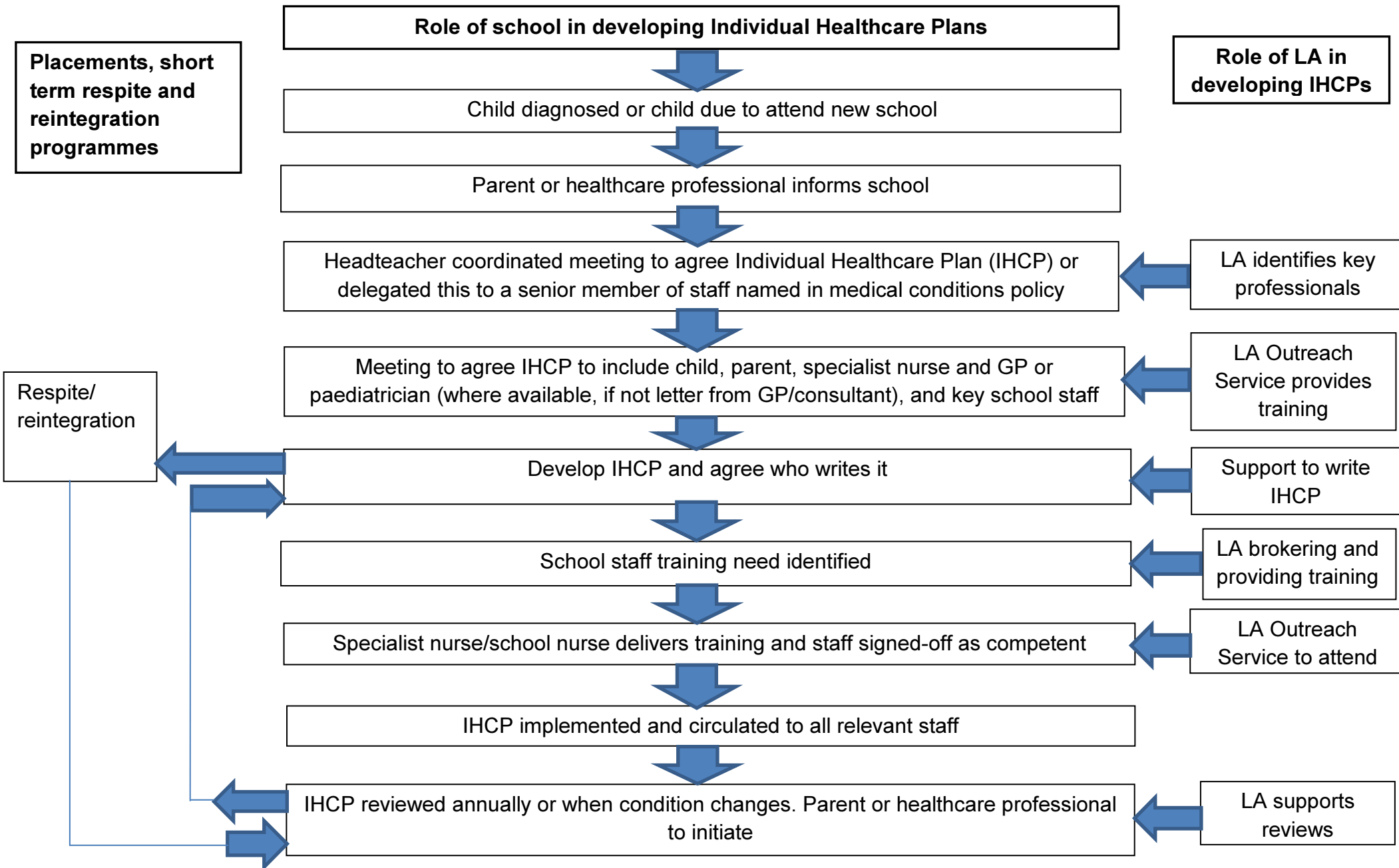
- Access to additional support will be through the Individual Health Care Plan process.

7.2 Mental Health Needs

- One county Pupil Referral Unit to provide a coordinated and distinct service for those learners with Mental Health Needs, through Oakfields Education Unit and 6 bases. Oakfields Education Unit is a specialist unit for more complex mental health needs which can only be accessed by Tier 3 and 4 Health Care Professionals
- Multiagency support will be delivered through the 6 locality specialist resourced bases.
- Accountability for pupil progress and outcomes will rest with the home school.
- Close liaison will be maintained with the home school to ensure effective pupil reintegration as their health improves.
- Access to specialist support from the mental health education service will be through the Individual Healthcare Planning process and triage arrangements.
- Schools may request appropriate support from the LA to maintain the pupil in the home school, or to access off-site provision and interventions. The Individual Health Care Plan will form the basis of this request (see Appendix 1).
- The LA support for pupils with mental health needs may include access to education staff, specialist educational services, a virtual learning environment, specialist mental health nurses, Early Help services and other family support and specialist EWOs, training for school staff in meeting the needs of these pupils and Educational Psychology services.
- CPD and workforce development for schools.

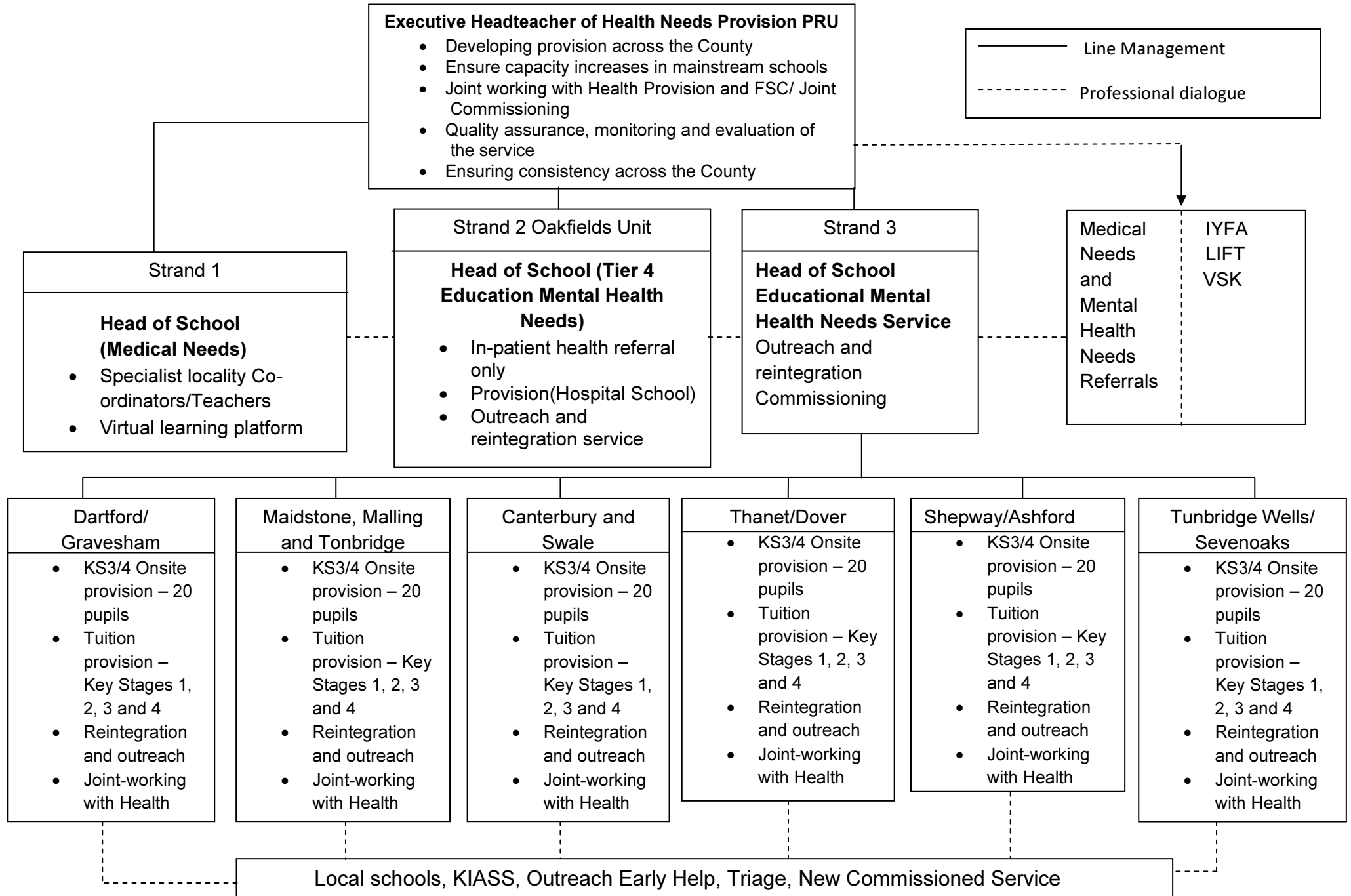
KCC Healthcare Plan Systems

Appendix 1



Outline Structure: Health Needs Provision

Appendix 2



Case Studies and Services

HeadStart Kent

HeadStart Kent is a new initiative focused on supporting young people to build their resilience so that they are better able to cope with difficult emotional circumstances in their lives. The programme seeks to establish a consistent strengths-based approach across schools, community and family engagement, enabling young people and families to access services online and in the community in a timely and responsive way. The programme works with schools to develop pupils' emotional resilience and wellbeing as a whole school approach providing targeted family interventions through behaviour programmes and resilience mentors, using evidence based interventions. These include, for example, well known programmes such as the Penn State Resilience, Rochester Resilience and Restorative approaches.

The HeadStart programme will also establish a quality mark for resilience education, a resilience curriculum and workforce development programme for schools and community staff to manage tier 2 mental health needs.

The programme will address issues relating to:

- Anxiety/phobias
- Family functioning
- Behavioural difficulties as a result of emotional needs
- Low self-esteem
- Pressures relating to growing up
- Poor self-image
- Relationship/ social interaction issues
- Loss/ attachment/ bereavement issues

New models will be trialed in Dartford, Gravesham, Canterbury, Ashford and Thanet over 2014/15: then scaled across Kent for implementation during the 2016/17 academic year.

Young Healthy Minds

Young Healthy Minds is a Tier 2, targeted emotional health and wellbeing service.

This is a service to support the emotional wellbeing of children and young people aged 4 – 18 years.

The service engages children and young people who are experiencing or are at risk of experiencing low level emotional difficulties. Young Healthy Minds is a confidential service, delivered through 1:1 counselling and therapeutic support or group therapeutic support.

The service provides time limited support that aims to improve their emotional wellbeing and enables them to receive appropriate ongoing support from universal settings. The service provides advice, information and support to families and staff in schools.

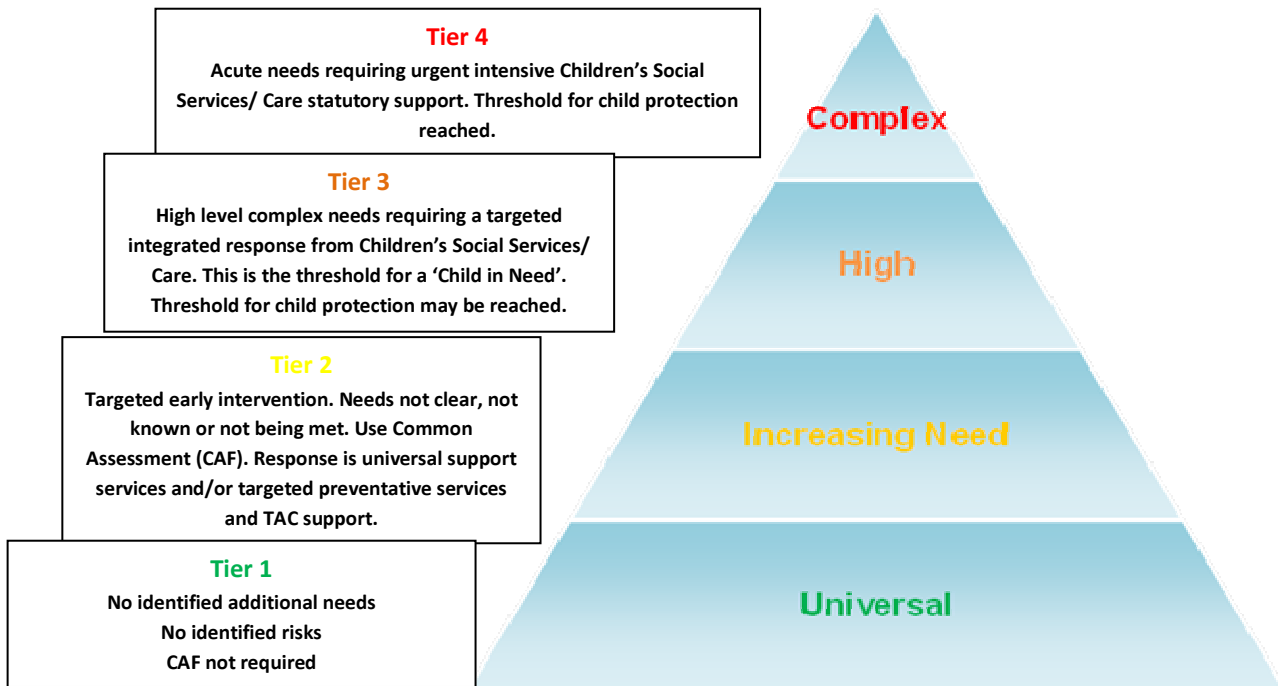
Young Healthy Minds is for children and young people presenting issues which may include, but are not limited to: anxiety phobias; low mood; behavioral difficulties as a result of emotional needs; low self-esteem; poor self-image; relationship and social interaction issues; loss, attachment and bereavement issues.

Key triggers for these issues may include, but are not limited to: bullying; death or critical illness in the family; domestic abuse (direct or witnessed); family break-up and dysfunction; sibling conflict; poor home environment; parenting capacity; learning difficulties; additional needs; and transitions.

Access to the service is through the Early Help Assessment process.

For general enquiries about Young Healthy Minds, please phone on 01233 614753 or e-mail: admin@kcfm.co.uk

Tiers of Support for Young Healthy Minds



Specialist Community and Inpatient Mental Health services (Tier 3 and 4)

Tier 3 Community Children and Young People's Service

This is provided in Kent by Sussex Partnership NHS Foundation Trust in multi-disciplinary teams to deliver a targeted and specialist service for children and young people with more severe, complex and persistent disorders up to their 18th birthday.

CAMHS team members include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses and child psychotherapists.

Staff provide assessments, advice and treatment to children, young people and their families on both a short and longer term basis. There is a specialist crisis intervention team and specialist teams that provide targeted support for Children in Care, those with a learning disability and to the Youth Offending Service. Any professional can refer into the service and staff will provide telephone advice if there is uncertainty about the appropriateness of a referral.

Tier 4 Inpatient Services

This is provided in Kent by South London and Maudsley NHS Foundation Trust and is for children and young people with the most complex mental health problems up to their 18th birthday. There is an inpatient unit at Staplehurst for young people requiring a hospital admission that is staffed by a multi-disciplinary team led by psychiatrists. In addition there is an outreach team and teams providing very specialist outpatient treatment that includes forensic assessments, eating disorders and neuro-psychiatry. These services can be accessed through community mental health services and health commissioners.

Background Documents

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DRAFT

Glossary of Terms

AC – Alternative Curriculum

AP – Alternative Provision/Provider

CAMHS – Child and Adolescent Mental Health Service

CAF (Early Help Assessment) – Common Assessment Framework

CiC – Children in Care (formerly LAC)

CiN – Children in Need

CME – Children Missing Education ie not on the roll of any school

EBS/D/EBD/SEBD – Emotional, Behavioural and Social Difficulties

EHE – Elective Home Education (young people withdrawn from a school roll in order to be taught at home)

EP – Educational Psychologist

FE – Further Education

FSM – Free School Meal (often used as a proxy indicator of deprivation in an area or school)

FTE – Fixed Term Exclusion

IHCP – Individual Health Care Plan

IYFA – In Year Fair Access (Protocol) – Agreement between schools and local authorities to ensure that all young people have a school place.

KIASS – Kent Integrated Adolescent Support Service

KIFSS – Kent Integrated Family Support Service

VSK – Kent Virtual School (supports the education of Children in Care)

LIFT – Local Inclusion Forum Team

Managed Move/Transfer – process of moving a pupil between schools mid year.

MC – Management Committee (PRU)

NEET – Not in Education, Employment or Training

PEx – Permanent Exclusion

PP – Pupil Premium – central government additional payment designed to support children and young people from low income households.

PRU – Pupil Referral Unit

QA – Quality Assurance

RAP – Raising the Age of Participation

SEND – Special Educational Needs and Disabilities

SLA – Service Level Agreement

YOT – Youth Offending Team