



OUR LADY AND ST HUBERT'S CATHOLIC PRIMARY SCHOOL

Medical Needs 2023- 2025

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The school mission statement states:

At Our Lady & St. Hubert's home, school and parish work together as we grow and learn knowing that God is with us in all we do.

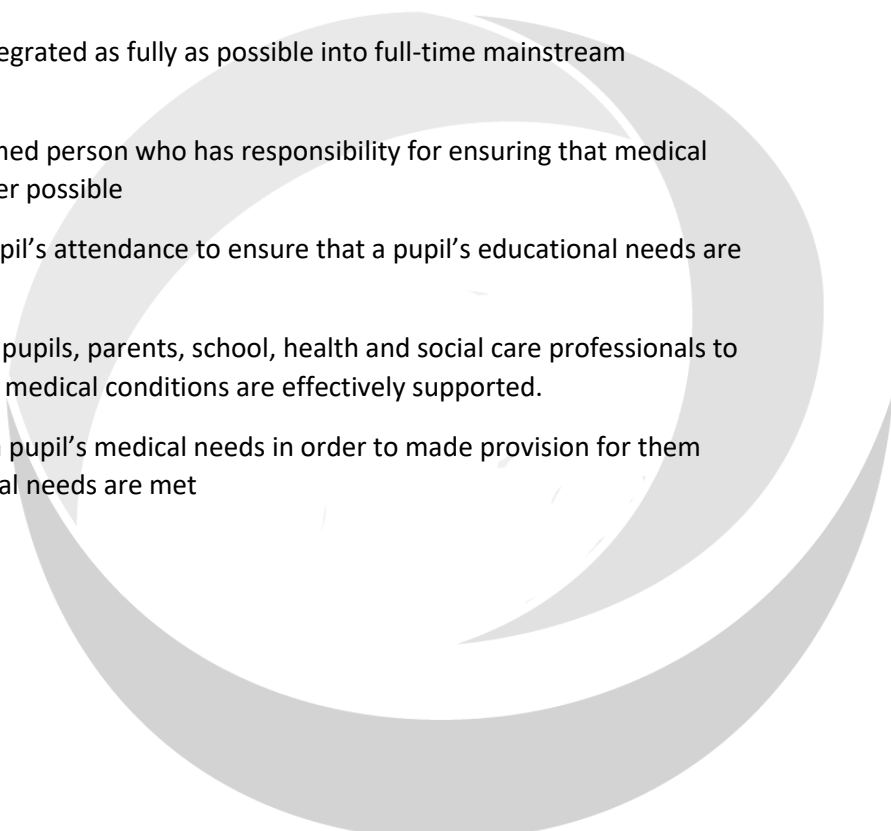
This mission statement is also extended to others in the community who work with our pupils to support their well-being in whatever role.

The school admissions procedure gives priority to pupils with an Education and Health Care Plan. It is recognised that this may include a child with long or short-term medical needs. In addition, at any one time there may be in the school a number of pupils with medical needs, either short or long-term. This policy sets out the provision and duty of care for these children.

Aims

- To enable the school to make quality provision for pupils on role who have medical conditions so that they have full access to education, including school trips and physical education. They will access and enjoy the same opportunities at school as any other child as set out in section 100 of the Children and Families Act 2014 and the DfE document: Supporting Pupils in Schools with Medical Conditions September 2014
- To list procedures to ensure that the medical needs of pupils at St. Hubert's are met
- To ensure the school complies with the Equality Act 2010 and the SEN Code of Practice where a
- Child's medical condition is linked to a Special Educational Need

Objectives

- Pupils with medical needs will be integrated as fully as possible into full-time mainstream education
 - Pupils and parents will know the named person who has responsibility for ensuring that medical needs are monitored and met wherever possible
 - A record will be up-to-date of the pupil's attendance to ensure that a pupil's educational needs are being met
 - There will be a partnership between pupils, parents, school, health and social care professionals to ensure that the needs of children with medical conditions are effectively supported.
 - The school will be fully informed of a pupil's medical needs in order to made provision for them and in order to ensure their educational needs are met
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Procedures

As soon as a child is offered a place at Our Lady & St. Hubert's, parents will be requested to supply any information about medical conditions which their child has so that an appropriate support plan and training can be put into place before the child starts at school. This may involve communication with any prior setting the child has attended and consultation with parents and health professionals. Where there is any difference of opinion between parents and health professionals as to required interventions, advice will be sought from other agencies including school health and children's social care.

Updating medical information- parents

Parents are sent a pupil information form each year which is to be updated. This not only provides school with up to date medical/allergy information, but also with up to date doctors information and emergency contacts. It is up to the parents to keep school updated on their child's medical condition and needs.

Updating medical information- school staff

If any changes are noted from the forms sent back each year, they are added to Arbor (our registration and record keeping platform). Teachers are informed and the lead first aider will update the whole school records, check medication and request emergency health care plans if needed.

Safety of children with medical needs

If a child has a medical needs which does not prevent their attendance in school but may affect day to day routines or emergency procedures, it is the responsibility of parents/carers to inform the school so that a meeting can take place with parents and school staff to ensure that appropriate provision on a day to day or emergency basis is planned. No pupil will be excluded from a school or extra-curricular opportunity because of his/her medical needs unless a risk assessment deems it necessary; in this case, every effort will be made to adapt an opportunity for the child's needs. It is the duty of parents/carers to ensure that the correct medical information is supplied in the case of residential visits on the forms supplied.

Record keeping

All staff will have access to the pupils' medical details. A list of all medical needs are kept in each class and shared with supply staff. All classrooms have an Emergency Card that a sensible child can take to another room should there be an incident that needs assistance.

Reporting an absence due to illness

To report a child's absence, parents must call the school office on 01214222629 and leave a message stating the child's name, class and reason they are absent. This must happen on each morning of the absence. If a message has not been left, then the school will contact you to find out why your child is not in school. This will all be recorded on our registration system, Arbor.

If your child vomits or has diarrhea, they must not return to school for 48 hours. This is in line with Government guidance and helps us to stop the spread of illnesses in school.

Administration of medicines in school

If a child needs to take any form of medicine during the school day, be it on a daily, regular, sporadic, emergency or seasonal basis, parents/carers are asked to report this to the school office and fill in a 'Health Care Plan' form with specific details of the issue, the treatment needed and how often the medication is required. This medication will be administered by the school office team or another trained first aider. Older children may be required to administer the medicine themselves under the supervision of a member of staff who will observe and support the child to ensure that the prescribed amount is taken in the way prescribed. A record of this medication being administered will be made and the form will be filed once the course is complete. A separate form should be completed for each medicine required or medical condition.

Managing medicines on school premises

Our policy is that:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent.
- Non-prescription medicines are allowed- although not preferred- and the same procedures will be followed as for prescribed medicines.
- Children at Our Lady and St. Hubert's are under 16 and therefore should never be given medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief, can be given on a short term basis and only with parental permission. Medicine's like Calpol should not be kept in school, so should be taken home by the parents at the end of each day that it is required.
- School staff are instructed to ensure medicines are; in-date, labelled, provided in the original container as dispensed by a pharmacist/shop and have along side it instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- All medicines will be stored safely according to their instructions. Some will be in the staff room fridge, so will be in lockable medicine cabinets out of the reach of children and some will be kept in classrooms- under supervision of teachers and out of reach of children.
- Where a medicine is needed to be readily accessible and this would not pose a risk to other pupils, e.g. asthma inhalers, they should be stored in the classroom or in a place whereby children know where their medicines are at all times and can access them immediately. Inhalers are kept in a drawstring bag in each classroom, each in an individual plastic bag.

- Epi pens are also stored in the classrooms and children are made aware of their importance- and of their danger to others. Children are not allowed to touch someone else's epi pen under any circumstance.
- School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Emergency inhaler

In line with recent legal guidelines (2014), the school will have sufficient spare inhalers to be used in an emergency situation. Staff will be trained annually as to when these are needed and how they should be used for maximum effectiveness- as well as when to call for emergency help if this treatment is not effective. Emergency inhalers are located in each corridor of the building (hanging on the wall) and in each first aid rucksack. There should be at least 1 emergency inhaler carried on any off site trip.

All children who have ever been diagnosed with Asthma have permission to use the emergency inhaler and this is recorded on the 'whole school medication overview.'

Seasonal medication

Hayfever season is generally May- July. Parents of children who suffer with Hayfever are advised to medicate their child before the school day. If your child has severe Hayfever, we recommend you speak to the school office or the first aid lead to discuss how we can further support your child with this.

In the extreme colder weather, (below freezing) children who suffer with Asthma will have the option to stay indoors, as we are aware that sudden drops in temperatures can effect some children.

NB- if we are experiencing particularly sunny weather, we suggest that parents apply sun cream before the school day and send a hat/cap for you child to wear outside. If parents feel the need to send sun cream into school, it must be applied by the child and not by school staff. Please see the school uniform policy for further information

School staff- supporting children with medical needs

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should consider the needs of pupils with medical conditions that they teach.

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any

member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

All staff will receive annual training on administering emergency medication such as Epi Pens and Inhalers.

Impaired Mobility/Conditions requiring adaptations to be made

Providing the approval of the GP or Consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school with appropriate risk assessments and control procedures. Risk assessments will be carried out by Mrs Reeves prior to the child returning to school and the evaluated. Restrictions will be necessary on games or practical work to protect the child or others. Similarly, some relaxation of normal routine in relation to times of attendance or movement around the school may need to be made in the interest of safety.

Where a child's medical condition prevents them in participating in a school activity and this is certified by a doctor e.g. swimming, alternative arrangements will be made in school for the duration of that activity. However, unless certification is received exempting the child from the activity, it is assumed that, if they are in school, they are well enough for all activities planned.

First Aid

Any child needing first aid will be treated by a trained first aider and given a note detailing injury and treatment a copy of the note is kept on file at school for 10 years+ the note tells the parent who administered first aid.

Should the injury be of a serious nature as in fainting, dizzy spells, asthma attacks a telephone call will be made immediately home to collect the child.

Head bumps a telephone call is always made home out of courtesy, if more serious head injury parents will be advised to collect their child and seek medical attention from professionals.

Emergencies severe

An ambulance will be called in the first instance if needed then a call made to the parent.

Emergency procedures

As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. The school will ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

If in any doubt about a child's condition or there is any likelihood that a rapid deterioration could take place, the school should call an ambulance without delay and then notify parents.

Absence due to medical need

If a child has a short-term medical need which necessitates absence from school, the parents/carers should inform the school and- if requested by parents and the child is well enough- the school will provide work so that their education does not suffer.

If a child has a longer term medical need which necessitates a longer period of absence from the school, the school will communicate with outside agencies to ensure there is a continuity of education at the appropriate level for the child. School has a responsibility to provide work for children that are away from school for a medical need, and this will be met through discussion with the parents, class teacher and Principal.

If a child has a lengthy absence from school because of a medical need, a case conference involving home, school and medical professionals may be required to discuss the child's reintegration into school. Strategies for re-integration may include a reduced timetable, provision to stay indoors at breaktimes and pupil/staff buddies. Where there are frequent absences for medical reasons, an Early Help referral may be made to call a meeting to share information and agree how the situation can best be managed and as to whether any additional support is needed from health agencies.

If a child is absent or likely to be absent for SATs tests, the primary responsibility for exam entry remains with the school. The school will negotiate with the LA and any other agencies involved ensuring that the child's interests are addressed in this regard.

Implementation of the school policy for pupils with medical conditions - Roles and responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and where appropriate, social care professionals), local authorities, and parents and pupils will be critical. The school will work collaboratively with all of the above agencies as required to ensure that the needs of pupils with medical conditions are met effectively.

The lead first aider will ensure that:

- medication kept in school is in date
- contact parents whose child's medication is about to expire or has expired
- Ensure that Emergency Healthcare Plans are reviewed and renewed each year- these are then displayed in the SENCo room and copies in the staff room- minus the pictures.
- keep- and check- records of staff training
- book training when necessary

- oversea any significant injuries/medical need
- Ensure that first aid kits are fully stocked and available for use

Teaching staff will ensure that:

- Children in their care have access to their medication at all times
- Ensure that the blue medication bag is taken everywhere with the children- assemblies, PE lessons, trips and out to the playground at playtime and lunchtime.
- Report to Mrs Reeves and/or parents should the child's use of their medication become more frequent
- Store 'daily use creams' in a safe place in class and administer these according to the child's healthcare plan.
- Ensure that children's medical needs are considered and catered for, for educational visits and events in school.

The Principal of the school will ensure that:

- The school's policy complies with current legislation and models of good practice and is effectively implemented in school and with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation
- All staff who need to know are aware of the child's condition and any key information needed to sustain and monitor the child's well-being and to support any emergency situation involving that child
- Sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in absence, contingency and emergency situations.
- staff responsible for the administration of medicines or supporting a child with a medical condition have sufficient training and understanding to support the medical needs of any child for whom they are responsible
- arrangements are in place to share information about medical conditions with supply staff or people leading out of hours activities including notification of a named school contact available to deal with any concerns/queries
- The Principal has overall responsibility for the development of individual healthcare plans and monitoring their effectiveness
- School staff are appropriately insured and are aware that they are insured to support pupils in this way.
- contact is made with the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

- new staff are made aware of children with medical conditions with whom they may come into contact
- risk assessments incorporate a consideration of arrangements required to support a child's medical condition, particularly if the child is offsite

The governing body will ensure that:

- the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
- Arrangements are in place to support pupils with medical conditions in school, including making sure that this policy for supporting pupils with medical conditions in school is implemented and reviewed at least annually.
- pupil with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions and should be given the information required (bearing in mind issues of confidentiality) to enable them to be supportive to a child with medical conditions.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered.

Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. Medical forms are sent out annually and must be up to date and any new needs/conditions identified. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Individual health Care Plans

Some children with more complex or unstable medical conditions may need an Individual Healthcare Plan to help to ensure that the school effectively supports that pupil. See flowchart in the DfE policy on supporting pupils with medical needs. The purpose of such a plan is to ensure clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Principal best placed to take a final view. The format of the individual healthcare plan may vary to enable the school to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare 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 child. Plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

Plans will be reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.

Individual Health care Plans will include the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil'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 pupil'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, (children should be encouraged to manage the administration of their medicine under supervision), including in emergencies
- arrangements for monitoring administration including self-administration
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional
- 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 Principal 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 child can participate
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition
- what to do in an emergency, including whom to contact, and contingency arrangements.

Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Special Educational Needs

Pupils with medical needs may at times need to be entered on the Special Needs register. This should be done with the full consent of parents/carers and in consultation with outside agencies. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Concerns about well-being and mental health

If a parent or teacher becomes concerned about a child's mental health or well-being, this is referred directly to the school's pastoral team. Miss Leavesley is available to speak to parents, support pupils and/or suggest agencies for referral where necessary.

Staff training and support

Staff will be supported by the Principal, SENCO and lead first aider, in conjunction with health professionals if needed, in carrying out their role to support pupils with medical conditions. Staff should have adequate training for this role, training needs being identified during the compilation of healthcare plans. This training should comprise as a minimum of:

- A discussion about the child's condition
- What support treatment is needed

- What medicines/treatment is needed and how/when/by whom this will be administered
- Signs and symptoms to be aware of
- Implications for the child's participation in classroom, offsite or out of hours activities
- The sharing of any healthcare plan or administration of medicines form

Further training and support will be offered from school health if needed or requested. The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. However, some staff may have pre-existing knowledge of certain conditions or specific support that is required so may not need further or extensive training.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

The principal first aider, Lisa Reeves, will liaise with school health for advice on training that may be needed to help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. School health will be requested to provide specialist training where needed e.g. on epipens/diabetes management, continence care

Staff must not give prescription medicines or under take health care procedures without appropriate training (updated to reflect any individual healthcare plans).

Whole school awareness training will be held annually so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy.

The governing body will monitor as to whether external training is required for this policy to be implemented effectively and commission training if required.

Confidentiality

Medical details provided should be treated as confidential and only shared with others with the parent/carers'.

consent on a need-to-know basis.

Contacts

The named First Aider in school is Mrs Reeves . It is essential that she has the most detailed medical information available.

Other agencies and their duties

School nurses/ healthcare professionals

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

Other healthcare professionals including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes).

Local authorities

Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote cooperation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children so far as relating to their physical and mental health, and their education, training and recreation.

Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from schools for 15 days or more because of health needs (whether consecutive or cumulative across the school year)

Providers of health services

Providers of health services should co-operate with schools that are supporting children with a medical condition, including appropriate communication, liaison with school nurses and other

healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs)

CCGs commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal

duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

OFSTED

The OFSTED inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that this is implemented effectively.

Unacceptable practice

In line with new legislation from September 2014, the following practice is unacceptable and should not generally be tolerated at Our Lady & St. Hubert's:

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child or their parents; or ignoring medical evidence or opinion, (although this may be challenged);
- sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- penalising children for their attendance record if their absences are related to an ongoing medical condition

e.g. hospital appointments;

- preventing pupils from drinking, eating or going to the toilet (or other breaks) whenever they need to, in order to manage their medical condition effectively;
- no parent should have to give up working because the school is failing to support their child's medical needs;
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

However, staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan and with regard to implications for the health and safety and supervision of other pupils.

Liability and indemnity

The governing body should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk for staff providing support to pupils with medical conditions and administration of medicines. At Our Lady & Hubert's, this cover is provided through our liability insurance. In the event of a claim alleging negligence by a member of staff, civil actions are likely to be brought against the employer which is the governing body.

Complaints

Complaints concerning the support provided to pupils with medical conditions should be dealt with via the school's complaints procedure which can be found on the school website. Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.

Linked policies/legislation:

Education Act 2002

Children Act 1989

NHS Act 2006

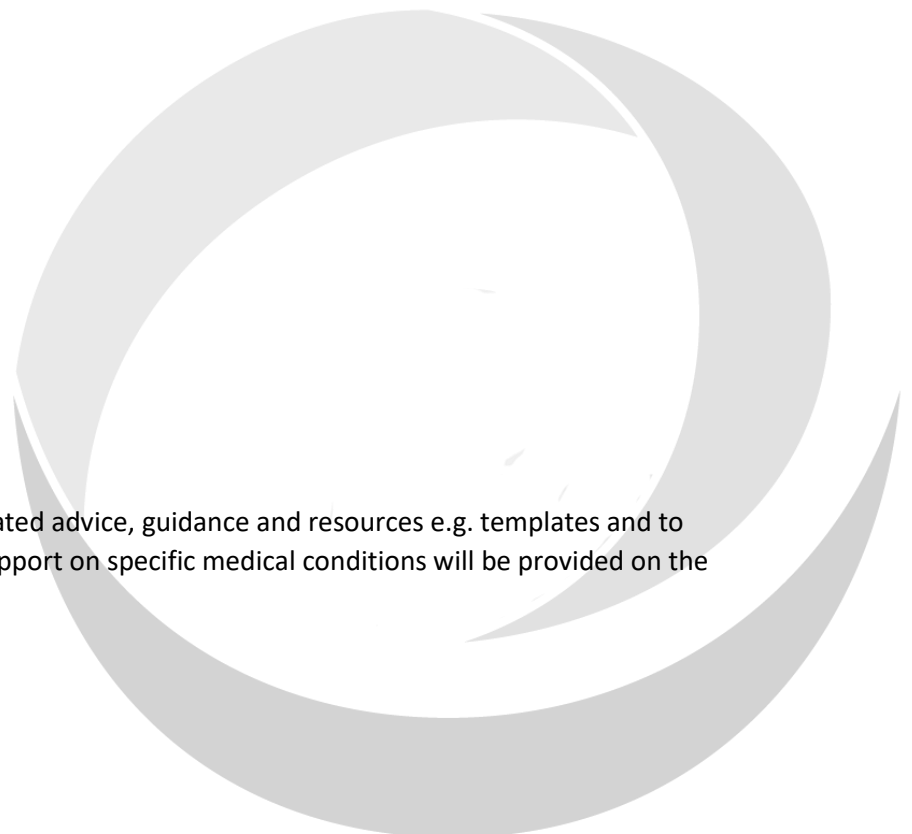
Equality Act 2010

Safety at work Act 1974

The SEN code of practice 1996

Associated resources

Links to other information and associated advice, guidance and resources e.g. templates and to organisations providing advice and support on specific medical conditions will be provided on the relevant web-pages at GOV.UK.



Other contacts

Attendance Service 0121 569 8147

School nurse: Nursing service 0121 612 2974

SENAT/Educational Psychology team: Grace Giles

CAMHS (Child and Adult mental health):

Churchill House, West Bromwich 0121 553 3153

Children's social care 0121 569 3100

Hospital teacher: Lyndon Ward, Sandwell General Hospital 525 0057

Princess Diana Children's Hospital:

Educational Matters

James Brindley School

Ladywood

Birmingham

0121 449 3322

Other useful agencies might include the many and various support organisations which can be accessed through the internet

Commitment to Equality:

We are committed to providing a positive working environment which is free from prejudice and unlawful discrimination and any form of harassment, bullying or victimisation. We have developed a number of key policies to ensure that the principles of Catholic Social Teaching in relation to human dignity and dignity in work become embedded into every aspect of school life and these policies are reviewed regularly in this regard.

This has been approved and adopted by Our Lady and St Hubert's Catholic Primary School on 19th September 2023 and will be reviewed in September 2024.

Signed by the Chair of the Local Governing Body for Our Lady and St Hubert's Catholic Primary School :

Mr Bernard King



Signed by the Principal for Our Lady and St Hubert's Catholic Primary School

Ms O'Beirne

