**Surrey County Council**

**Access to Education Service (A2E)**

**Request for Involvement documentation**

The Surrey County Council Access to Education service (A2E) is a countywide service and constitutes a core part of the LA’s local area team provision for children who are not accessing a full-time education. The service can offer support, advice and guidance around the adjustment and provision school’s can make for children with health issues. The service can also make educational provision for a wide range of children. Schools can request advice, support or involvement for children who are medically unfit to attend as part of the support outlined in the school’s Individual Healthcare Plan (IHP).

The request for involvement form is designed to:

* signpost support and provide collaborative discussion points between relevant professionals, the child or young person and their family
* assist in identifying what role the Access to Education Service may have in ensuring a suitable education is provided
* be considered as a tool by which to identify the quality of support that is already being provided, as well as whether additional specialist, external support is required
* collect and collate relevant health reports and information.

The information provided will be discussed at the weekly medical panel to assess whether the education and support being provided is suitable. Feedback and recommendations will be provided to the school, alongside the decision regarding the level of support or involvement to be provided by the A2E service. To support a request, schools are advised to consult with the Surrey Medical Policy [Surrey County Council Medical Policy](https://www.surreylocaloffer.org.uk/__data/assets/pdf_file/0017/336140/Medical-policy.pdf)

Please email completed forms to the relevant Area inbox for processing:

South West A2E: a2esw.referrals@surreycc.gov.uk

South East A2E: a2ese.referrals@surreycc.gov.uk

North West A2E: a2enw.referrals@surreycc.gov.uk

North East A2E: a2ene.referrals@surreycc.gov.uk

A2E Request for Involvement form

***Please fully complete ALL the fields below, including the additional needs sections***

**If a category is not relevant, please use the text boxes to detail why.**

Contact details

|  |  |
| --- | --- |
| **Name of school/setting** | Click or tap here to enter text. |
| Child’s name | Click or tap here to enter text. |
| Year group | Click or tap here to enter text. |
| Date of birth | Click or tap here to enter text. |
| Medical diagnosis or condition | Click or tap here to enter text. |
| Date of referral | Click or tap here to enter text. |
| **Family** |  |
| Name  | Click or tap here to enter text. |
| Relationship to child | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| (home phone number) | Click or tap here to enter text. |
| (mobile phone number) | Click or tap here to enter text. |
| Parental responsibility | Click or tap here to enter text. |
| Family Court Order | Click or tap here to enter text. |
| Name | Click or tap here to enter text. |
| Relationship to child | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| (home phone number) | Click or tap here to enter text. |
| (mobile phone number) | Click or tap here to enter text. |
| Parental responsibility | Click or tap here to enter text. |
| Family Court Order | Click or tap here to enter text. |
| **Clinic/Hospital Contact** |
| Name | Click or tap here to enter text. |
| Phone no. | Click or tap here to enter text. |
| **G.P. details** |  |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Phone no. | Click or tap here to enter text. |

**Other external professionals/agencies involved:**

|  |  |  |
| --- | --- | --- |
| Name: | Role: | Contact details: |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**School staff who provide support to the young person within school:**

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| Name: | Role/responsibilities: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

Child/Young Person

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| **Child/Young person’s views on their care and support needs** (Who else does the child/young person want to know about their needs? What are priorities to them? How can they share their views? If the child has not directly contributed, who has gathered the child’s view?) |
| Click or tap here to enter text. |

*Please provide details of a link member of staff that the young person trusts and feels comfortable sharing sensitive information with, who understands their condition/s and needs. This should be someone that they like and can be available for emotional support.*

Name of Child/Young person’s **‘Link Person’**: Click or tap here to enter text.

# Medical and/or physical needs

**Describe the child/young person’s medical and/or physical needs. Include pertinent historical detail provided by the health professional** (e.g., symptoms, signs/triggers, treatments)

Click or tap here to enter text.

**Impact on the family** (*What effect does the child/young person’s needs have upon the family? What additional support might they need and who provides this? What support is needed for the siblings? What communication mechanisms are in place?*)

Click or tap here to enter text.

**Attendance** *(Anticipated impact on attendance. Given the health need, what would ‘good’ attendance look like and how will it be celebrated?)*

Click or tap here to enter text.

**This request for involvement should be supported by additional evidence as appropriate. Please attach copies and tick which you have submitted.**

Consultant level letter for medical or CAMHS referral/input [ ]

Medical reports [ ]

Education, Health and Care Plan [ ]

Reports from other agencies (e.g. Children’s Services, Early Help) [ ]

Alternative Provision arrangements [ ]

Progress and attainment information (to include evidence of provision plan review) [ ]

Summary of sanctions/exclusions information [ ]

Attendance record [ ]

School report [ ]

Chronology/student support documents [ ]

# Individual healthcare plan resulting from medical and/or physical needs

To support the request for involvement, use the guidance questions below to have an open discussion with health professionals and the family regarding the additional needs which result from the child’s medical and/or physical needs. Include the child in the discussion where age/developmentally appropriate. Record the main points for each topic and identify the level(s) of support currently implemented (defined below\*) as well as any gaps.

**If a child’s need is Emotionally Based School Non-Attendance (EBSNA), professionals are signposted to the resources on the Local Offer and should include evidence of utilising the resources available. Links to guidance and resources:**

* [Summary of responsibilities where a mental health issue is affecting attendance (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1136965/Summary_of_responsibilities_where_a_mental_health_issue_is_affecting_attendance.pdf)
* [Working together to improve school attendance (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1099677/Working_together_to_improve_school_attendance.pdf)
* [Summary table of responsibilities for school attendance (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1073619/Summary_table_of_responsibilities_for_school_attendance.pdf)
* [Primary Mental Health Team :: Mindworks Surrey (mindworks-surrey.org)](https://www.mindworks-surrey.org/our-services/school-based-needs/primary-mental-health-teams)
* [Healthy Schools - mental wellbeing](https://www.healthysurrey.org.uk/children-and-families/mental-health-wellbeing); [Healthy Schools - evaluation tool](https://www.healthysurrey.org.uk/__data/assets/pdf_file/0004/321934/Surrey-Healthy-Schools-Self-Evaluation-Tool-non-live-version.pdf) (Theme 2 and Standard 5)
* [Emotionally Based School Non-Attendance (EBSNA) | Surrey Local Offer](https://www.surreylocaloffer.org.uk/parents-and-carers/education-and-training/emotionally-based-school-non-attendance-ebsna)
	+ Professionals padlet [EBSNA resource bank (padlet.com)](https://padlet.com/SEPSpadlet/ebsna-resource-bank-gn8t7m7wu1atrslq)
	+ Parents padlet [EBSNA Resources for Parents (padlet.com)](https://padlet.com/SEPSpadlet/ebsna-resources-for-parents-uivg8008d0f3qmwr)
* Surrey Youth Focus support guide for Settings [Support-Guide-for-Settings.pdf](https://surreyyouthfocus.org.uk/wp-content/uploads/2023/04/EBSNA-Support-Guide-for-Settings.pdf)
* Profile of Risk [Profile-of-Risk-of-EBSNA.pdf](https://surreyyouthfocus.org.uk/wp-content/uploads/2023/04/Profile-of-Risk-of-EBSNA.pdf); Support Plan template [EBSNA-Support-Plan-Template.docx](https://surreyyouthfocus.org.uk/wp-content/uploads/2023/04/EBSNA-Support-Plan-Template_-26-April-2023.docx)
* [I am a parent/family member/carer :: Mindworks Surrey (mindworks-surrey.org)](https://www.mindworks-surrey.org/i-am-parentfamily-membercarer)
* [Not Fine in School - School Refusal, School Attendance](https://notfineinschool.co.uk/)
* [Family Information Service - Surrey County Council (surreycc.gov.uk)](https://www.surreycc.gov.uk/children/support-and-advice/families)
* Family Voice have an EBSNA group for parents. This is a Surrey-wide group. Parents can email lucy.y@familyvoicesurrey for more information. (Theme 2 and Standard 5)

\*Definitions:

**Universal provision:** ‘Ordinary and usual’ - easily and readily available to all students in the school environment. Universal elements of support can make a massive difference and should always be considered alongside any additional provision required.

**Targeted provision:** personalised interventions/support available in the school environment, specific to the child’s needs eg: small group interventions, protected time with a key member of staff, reasonable adjustments around physical needs/attendance, flexi-contract, alternative provision arrangements, use of SEN support funding, EHCP funding.

**Specialist provision:** access to specialist groups/support, referrals onto specialist services, reasonable adjustments to the curriculum to ensure inclusion, specialist advice from relevant medical teams with independence targets. *Additional support at a targeted and specialist level assumes that the basic steps have been taken and will reflect health professional guidance. Additional support builds on, but does not replace, a foundation of good practice.*

Child/Young Person’s Identity

* How does the young person understand their medical needs?
* What words or labels do they feel comfortable using to describe their needs? Are these different from words/labels applied to them by family or professionals?
* How do they want to talk about their needs and who do they want to share this with?
* What is their awareness and feelings about difference from their peers and how does this affect them?

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| Main points discussion:Click or tap here to enter text. |

Inclusion and Connection

* In what circumstances do they feel different or feel like an outsider?
* How are they supported to stay connected to school life during longer absences?
* How are they supported to fully be included in school trips / residential / school performances? What challenges are there for these and how are these catered to?
* How do peers understand or respond to their difference, and is there a need to improve perceived value within the school setting?
* What guidance has been provided by the health professionals on a suitable education?

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| Main points discussion:Click or tap here to enter text. |

Social Experience

* Does the medical need affect their experiences of transition/unstructured time? (Consider different areas of the school, different weather, etc.)
* Do they have the same opportunities as peers to socialise and build relationships?
* What opportunities are there to socialise without adult involvement? (recognise that adult’s presence change socialising for children)
* What social experiences do they have access to outside of the usual school day? (e.g. after school club, extra-curricular activities, birthday parties, etc.)

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| Main points discussion:Click or tap here to enter text. |

Emotional Experience

* For other chronic health needs, what challenging emotions might be expected due to the experience of having long term/chronic needs? (e.g. feelings of frustration, unfairness, disappointment, anger, weariness, etc.)
* What strategies does the young person have to address these feelings and normalised their feelings to their situation? Do they have the language and space to express this? Has the case been discussed with the Primary Mental Health Worker?
* When do they feel most calm, hopeful and happy? What can be done to enhance these?
* Who is at school and in their home life can they go to for support? When can they do this?
* Are some curriculum topics or times of the year going to be more emotionally demanding for them?
* How do they / their parents / staff feel about risk and what appropriate risk-taking opportunities are available to them? If risk management is required, what risk assessment is in place?

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| Main points discussion:Click or tap here to enter text. |

Learning/Academic Experience

* How are the child’s medical needs impacting on their experience of different learning tasks?
* How is their attendance affected? How is their attendance be celebrated?
* How does catch up happen, what is prioritised for catch up, and what is missed for previous work to be caught up?
* What reasonable adjustments are being made to support suitable reintegration?
* What reasonable adjustments do they need to achieve their best academically?
* What is the guidance given by the health professionals?
* If they need alternative exam arrangements when / how is this practiced?
* What expectations need to be adjusted in order to recognise the impact of medical needs such as their sensations of pain, discomfort and tiredness? How is this monitored? How is this communicated by the student?

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| Main points discussion:Click or tap here to enter text. |

Personal and Medical Care Experience

* What are useful targets for their independence?
* How can they work towards co-management, monitoring or regulating of their needs?
* How is dignity and privacy maintained if applicable? How does this change as they get older?
* What mechanisms are in place to share their concerns about their care?

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| Main points discussion:Click or tap here to enter text. |

Planning for future independence (Preparing for Adulthood)

* If the medical need is long term, what skills will be particular to them in their adult life? How can we work towards these?
* At what point are they involved in decision making and responsibility around medical needs or planning?
* Do they make their own requests for help? How can this be balanced against high levels of support?
* How do they feel about their future? What would inspire them?

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| Main points discussion:Click or tap here to enter text. |

Wider impacts/family life

* What is the impact on the wider family?
* Does the child have siblings? Is a Surrey Young Carers referral appropriate?
* Has an Early Help referral been made? What other service/professionals are involved to support?
* Have the family been given details for the Locality Early Help Advisor? locality.earlyhelp@surreycc.gov.uk
* How do the family feel about their future? What would support them?

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| Main points discussion:Click or tap here to enter text.  |

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| SEN Code of Practice: EHCP[ ]  SEN Support [ ]  Awaiting assessment [ ] None [ ] SEN case officer name: Click or tap here to enter text.Looked After Yes [ ] No [ ] Subject to Child Protection Plan Yes [ ] No [ ] Subject to Child in Need Plan Yes [ ] No [ ]  |

Parental consent

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| ***I give permission for the A2E Team to work with the school to support my child, to share medical information and to discuss my child’s case at the Medical Panel meeting*.** **[ ]  (***tick box)*Signature of parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Signature of child / young person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*\*Signature of health representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* *Children/young people are encouraged to be fully involved in the plan. They should be supported to share their views ahead of or during the review with help from those they trust.* *\*\* If specialist nurse/health representative has provided additional medical information, it is not necessary for them to sign.* |
| **Form copied to (cc’d)**: (*include family, other agencies/involvements etc)** Click or tap here to enter text.
 |