



Cambridgeshire  
County Council

# **Pathway for Secondary Aged Young People with Medical and Mental Health Needs**

**A working guide to Local Authority, Health, schools and settings  
and voluntary sector provision in Cambridgeshire**

**(To be reviewed 2017)**

## Background

This document aims to clarify how schools, health, and other professionals can support a child with Medical and Mental Health Needs access an appropriate education. The processes described are dependant on collaborative working and information sharing amongst professionals.

To ensure the ongoing development of practice the Local Authority will clarify arrangements to engage professionals through local workshops and an annual Behaviour & Alternative Provision Conference to be scheduled for the summer term 2015.

## The Statutory Framework

The Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions. Section 19 of the Education Act 1996 and section 3 of the Children, Schools and Families Act 2010, place local authorities under a duty to arrange full-time education for all children who, for reasons which relate to illness, exclusion or otherwise, would not receive suitable education unless arrangements are made for them. Under this legislation there is provision that children with medical needs should receive full-time education unless reasons that relate to their medical condition mean that this would not be in their best interests. Where children and young people also have Special Educational Needs, their provision should be planned and delivered in a co-ordinated way with the healthcare plan.

## Duty to make provision

The DfE statutory guidance: 'Ensuring a good education for children who cannot attend school because of health needs, informs the response from Cambridgeshire County Council Children and Young People's Service to young people for whom full time mainstream education becomes a problem due to illness.

The DfE departmental advice, 'Mental health and behaviour in schools', June 2014 clarifies the responsibilities of the school, outlining what they can do and how to support a child or young person whose behaviour may relate to an unmet mental health need.

## Principles

- Young people should attend school wherever possible – school attendance can significantly improve the wellbeing of a young person
- Good planning between professionals enables young people to participate in education, and return to school wherever possible
- Schools should make every reasonable adjustment to enable a young person to be in school
- Good attendance results in better attainment in the long term. Research<sup>1</sup> has shown the following:

<b>Attendance</b>	<b>Achievement of 5 A*-C</b>
Less than 50%	3%
80-90%	35%
More than 95%	73%

We hope that this document is set out in plain English with the minimum amount of jargon. However, if you have any questions about anything in this document, or you have concerns

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<sup>1</sup> Department for Education: Reducing absence – ensuring schools intervene earlier.  
<http://media.education.gov.uk/assets/files/persistent%20absence%20briefing%20note.pdf>

relating to practice issues you can contact Karen Beaton, Behaviour & Attendance Manager (Tel: 01223 715577) or Carol Way, Inclusion Manager (Tel: 01480 376302). If the query relates to a young person with a statement or Health Care Plan then please contact Michelle Docking START Manager (Tel: 01223 372612).

In this document 'parent' has the meaning given by Section 576 of the 1996 Education Act and it includes:

all natural parents, whether or not they are married, and

any person who, although not a natural parent has parental responsibility for a child or young person, and

any person, although not a natural parent, who has care of a child or young person.

## **What is the local offer?**

The Secondary Aged Young People with Medical and Mental Health Local Offer is part of the wider offer which covers information on provision for Special Educational Needs (SEN) and Disability from the Local Authority, Health, schools and settings and the voluntary sector in Cambridgeshire. All Local Authorities are required to produce their Local Offer. A Local Offer has two main purposes:

- To provide clear, comprehensive, accessible and up-to-date information about the available provision and how to access it; and
- To make provision more responsive to local needs and aspirations by directly involving disabled children and those with SEN and their parents and disabled young people and those with SEN and service providers in its development and review.

## **What is the Medical and Mental Health Needs Pathway?**

The Medical and Mental Health Needs Pathway describes the approaches taken and the standards of education required for Young People who are unable to attend school because of health needs. The authority recognises that all children and young people are entitled to an education of high quality and is committed to ensuring that the needs of this vulnerable group of learners are met.

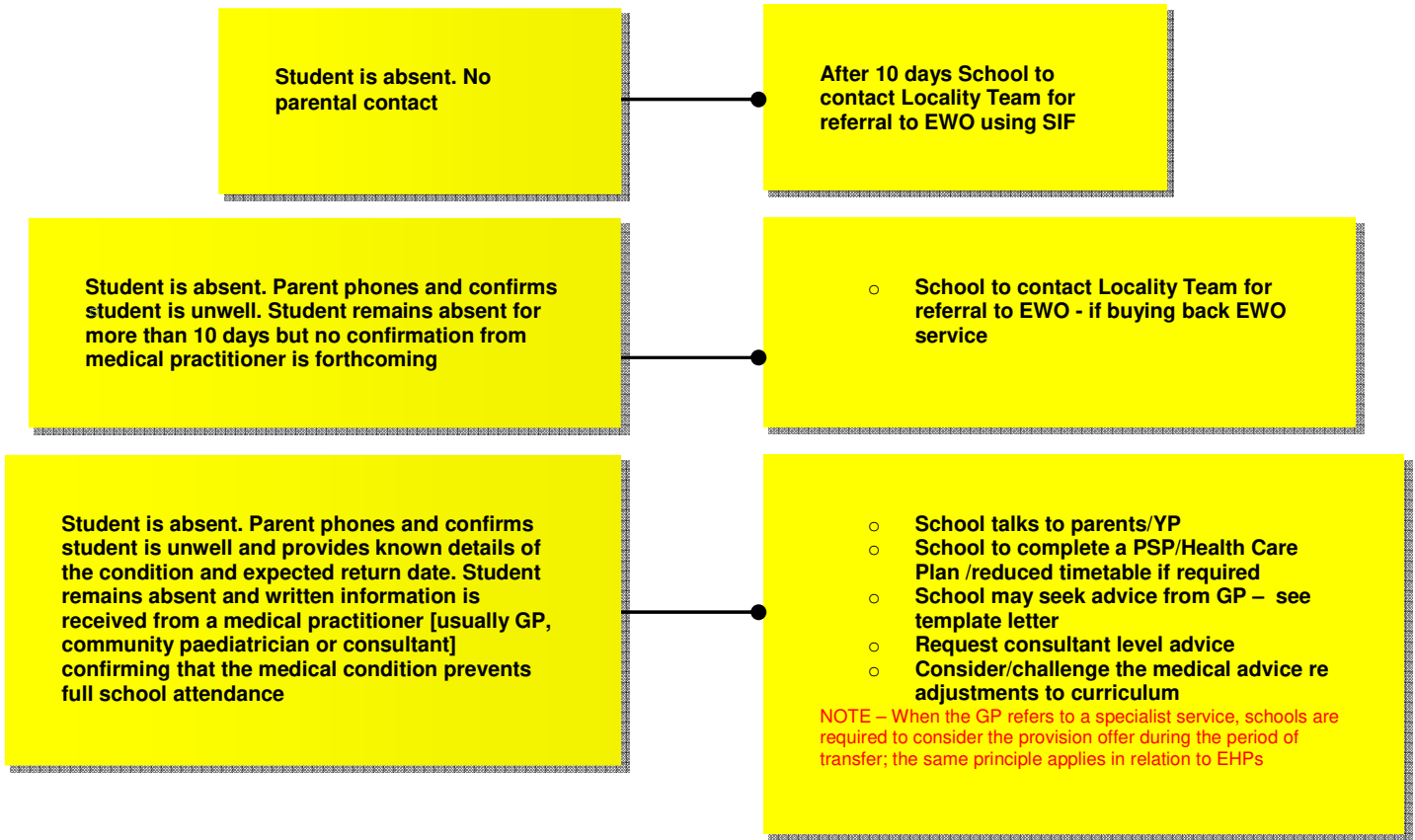
The identification of Medical and Mental Health Needs will in the majority of cases be by a GP and where possible the school and GP should work in partnership to promote the timely inclusion of all young people facing health issues back to full time education.

Medical practitioners cannot always share information so schools might consider asking parents to give consent to their child's GP to share information with the school.

We have produced diagrams to show an overview of the Medical and Mental Health pathways:

# The Cambridgeshire Medical Health Needs Pathway

## First concerns and support – graduated response



Are the needs being met?

NO

## Assessment and diagnosis

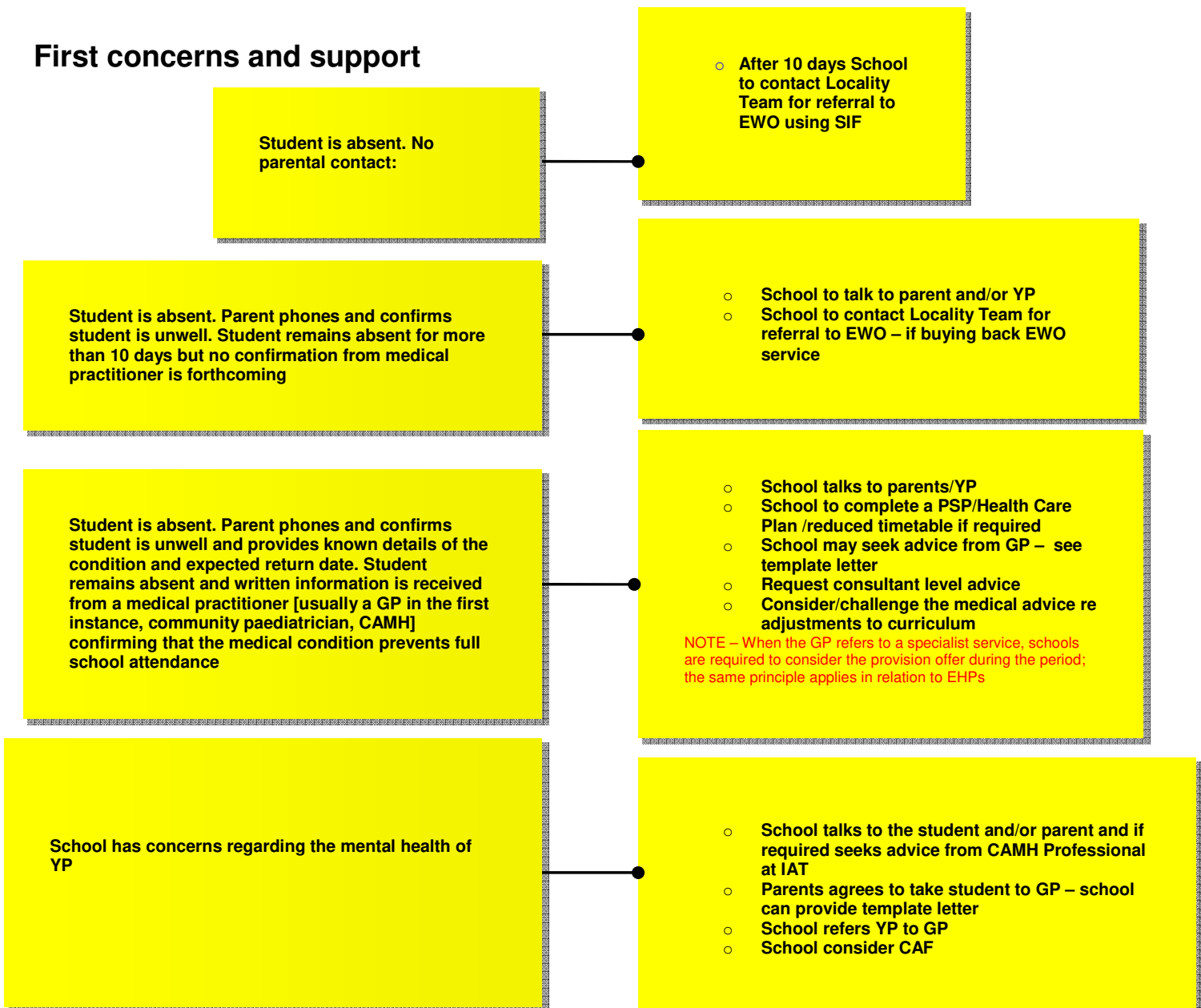
- Schools consider CAF
- Identify a lead professional for the student through a first Team around the Child/Family (TAC/TAF) meeting convened as soon as possible
- TAC reviews set up. Monthly, or when necessary
- All young people are entitled to 25 hours per week of learning – refer reduced time table guidance
- Actual hours achievable by that young person will depend on their individual medical needs
- Young person must be given opportunity to achieve good GCSEs (KS4 only).
- School to organise alternative learning package to address learning needs / opportunities as well as pastoral arrangements to address Health needs – **INDIVIDUAL ALTERNATIVE EDUCATION PLAN (IAEP) completed**
- range of interventions that might support at 2&3 on MOSI (Model of Staged Intervention)
- School to monitor how well student making progress relative to starting point and adjust offer to better meet learning needs
- Pastoral support such as counselling is offered; to be discussed at TAC/TAF
- EXIT: There must be a clear plan for return to full time education, developed during a TAC/TAF review

## Continued support

Student who is unable to attend school	Tick	Student who is able to access modified / alternative provision
<ul style="list-style-type: none"> <li>○ Short term: Plan for catch up when student is able to return</li> <li>○ Longer term: School to organise home tuition package. May include online learning, individual tutor support.</li> <li>○ School must consider methods of allocating qualified teacher time to the student e.g. email, social networks, phone, visits, Skype</li> <li>○ School may decide to purchase an online learning package</li> </ul>		<p>School to consider practical arrangements to allow the young person to learn effectively. This may include: Catch up sessions, Physical access arrangements, Timetable flexibility</p> <p>Involvement of Medical Practitioner(s)/EP/Locality as appropriate</p> <p>Personal Learning Plan drawn up to include: curriculum, delivery, monitoring</p>

# The Cambridgeshire Mental Health Needs Pathway

## First concerns and support



Are the needs being met?

NO

## Assessment and diagnosis

- Complete CAF
- Identify a lead professional for the student through a first Team around the Child/Family (TAC/TAF) meeting convened as soon as possible
- TAC reviews set up. Monthly, or when necessary
- Advice sought from CAMHS professional at IAT/School Nurse – ensure that referral has been made via GP
- All young people are entitled to 25 hours per week of learning.
- Actual hours achievable by that young person will depend on their individual medical needs – IEAP to be completed by school
- Young person must be given opportunity to achieve good GCSEs (KS4 only).
- School to organise alternative learning package to address learning needs / opportunities as well as pastoral arrangements to address Health needs – – **INDIVIDUAL ALTERNATIVE EDUCATION PLAN (IAEP) completed**
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## Response to Absence due to Health Need

Level 1	Level 2	Level 3	Level 4
Emerging Needs	Additional Needs	Complex Needs	Severe Needs

PROVISION CONTINUUM →

Minor Need in School	In School Significant Need	Out of School Significant Need	Inpatient / Severe Need
<ul style="list-style-type: none"> <li>○ Parents and School meet to discuss need and duration</li> <li>○ Ensure young person is known about by all staff</li> <li>○ Provision made for young person to catch up on work missed</li> <li>○ Practical needs such as stairs, time between lessons, distance to classes are met</li> </ul>	<ul style="list-style-type: none"> <li>○ Named staff member for contact</li> <li>○ Identified space in school for rest</li> <li>○ Plan for non-attending days</li> <li>○ Plan for work catch up and prioritisation</li> <li>○ Enhanced pastoral offer</li> <li>○ Review meetings planned</li> <li>○ Timetable review</li> <li>○ Key contact with medical lead established</li> <li>○ Refer Reduced Timetable Guidance</li> </ul>	<ul style="list-style-type: none"> <li>○ Up to 25 hours per week of learning</li> <li>○ Contact with qualified teacher essential – use of IT</li> <li>○ Young People’s Worker / Family Worker from Locality team support with home visits</li> <li>○ IEAP completed</li> </ul>	<ul style="list-style-type: none"> <li>○ If Young Person attending inpatient school ensure links are maintained assuming eventual return</li> <li>○ If YP at home, ensure contact with qualified teacher at agreed intervals</li> <li>○ Pastoral support agreed at TAC</li> </ul>
	<ul style="list-style-type: none"> <li>○ Pastoral Support may include: Cognitive Behavioural Therapy, Counselling, Play Therapy, Educational Psychology, Solution Focused Therapies</li> </ul>		

CAF must have been completed for all young people whose access to education is restricted due to Medical Need

Schools should make every effort to engage parents to maximise continuity of education provision

## Alternative Provision

### What support and provision can I expect?

The devolvement of funds for alternative education to school clusters (BAIPs) has led to a paradigm shift in the way in which alternative education, is funded and delivered. Cambridgeshire has been seen nationally as taking a lead in reducing the demand for alternative provision through the combined efforts of Heads, BAIPs and the Local Authority.

The Authority has been clear that the schools are best placed to decide how to educate pupils who would formerly have been referred to alternative provision. The Authority is clear that continuing quality assurance is a vital part of the Authority's role and position as advocate of the vulnerable child. The quality of the educational offer in terms of curriculum, hours, context and aspiration will all be part of the assessment made by the Authority in judging whether an appropriate offer is being made. The Education Inclusion Service will contribute to the quality assurance process in conjunction with Children & Family Services more widely.

*Cambridgeshire County Council through its Quality Assurance Process will ensure:*

- That a young person away from school for 10 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the young person.
- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards young people with additional health needs. The policy should make links with related services in the area - for example, Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Welfare/Attendance Improvement Services, Educational Psychologists, and, where relevant, school nurses.
- Have clear policies on the provision of education for young people under and champion the adherence of the policy for those students over compulsory school age.
- Ensure that the education young people receive is of good quality, as defined in the statutory guidance *Alternative Provision (2013)*<sup>2</sup>, allows them to take appropriate qualifications,
- prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual young people in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to young people with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a young person receives may also breach statutory requirements.

*Local authorities should not:*

- Have processes or policies in place which prevent a young person from getting the right type of provision and a good education.

*In Cambridgeshire, education for young people who are unable to attend school because of medical needs can be provided in different ways, e.g. through the provision of a hospital or a Hospital Teaching Service, home teaching or on-line learning packages. We have agreed that the*

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<http://media.education.gov.uk/assets/files/pdf/a/alternative%20provision%20statutory%20guidance%20pdf%20version.pdf>



*15 day period is too long an absence before action and therefore Cambridgeshire will consider for pupils after 10 days.*

## **The role of the Behaviour and Inclusion Partnership (BAIP)**

*The BAIP must:*

- Arrange suitable full-time education (or as much education as the young person's health condition allows) for young people of compulsory school age who, because of illness, would otherwise not receive suitable education.

*The BAIP should:*

- Provide such education as soon as it is clear that the young person will be away from school for 10 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the young person.
- Have a named officer responsible for the education of young people with additional health needs, and parents should know who that person is.
- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards young people with additional health needs. The policy should make links with related services in the BAIP area - for example, Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Welfare/Attendance Improvement Services, Educational Psychologists, and, where relevant, school nurses.
- Have clear policies on the provision of education for young people under and over compulsory school age.
- Ensure that the education young people receive is of good quality, as defined in the statutory guidance *Alternative Provision* (2013)<sup>3</sup>, allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.
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*BAIPS should not:*

- Have processes or policies in place which prevent a young person from getting the right type of provision and a good education.
- Withhold or reduce the provision, or type of provision, for a young person because of how much it will cost (meeting the young person's needs and providing a good education must be the determining factors).

*In Cambridgeshire, education for young people who are unable to attend school because of medical needs can be provided in different ways, e.g. through the provision of a hospital or a Hospital Teaching Service, home teaching or on-line learning packages. We have agreed that the*

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<http://media.education.gov.uk/assets/files/pdf/a/alternative%20provision%20statutory%20guidance%20pdf%20version.pdf>

*10 day period is too long an absence before action and therefore Cambridgeshire will consider for pupils after 10 days.*

## **Role of the School**

Schools have a vital part to play in ensuring that young people who are absent from school because of their medical needs have the educational support they need to maintain their education. Schools are central to communication between home, school, Local Authority (LA) and Health Services. At all times the absent young person remains the responsibility of the school where s/he is on roll.

*Schools should:*

- Have a policy and a named person (likely to be the Special Educational Needs Coordinator/ Inclusion lead) responsible for dealing with students who are unable to attend school because of medical needs. The policy and procedures should include a reference to providing the young person with homework and materials (as soon as the young person is able to cope with it), to the provision of assessment and curriculum.
- All schools will inform the local authority on a ½ termly basis any student who fails to attend school regularly, or has been absent without the school's permission for a continuous period of 10 days or more. Therefore schools & academies are required to notify the Local Authority if the pupil is, or is likely to be, away from school due to medical needs for more than 10 working days (see appendix (i))
- Supply the appropriate education provider with information about a student's capabilities, educational progress and programmes of work.
- Be active in the monitoring of progress and in the reintegration into school, liaising with other agencies as necessary.
- Ensure that students are kept informed about school social events, clubs, study support and other activities.
- Encourage and facilitate liaison with peers, e.g. through visits, social networking, and videos.
- Draw up Personal Education Plan, which is agreed with health professionals.
- Schools should prevent as far as possible a drift in the allocation of provision, whilst awaiting the support of a specialist service.

## **Role of the Medical Professional**

*Medical Professionals should:*

- Either confirm the child or young person's medical condition, or advise on what action is being taken in addressing the medical condition;
- Indicate whether the child or young person's absence is likely to last for more than 10 working days;
- Comment on the child or young person's ability to cope with educational provision, i.e., whether they are medically unfit to attend school and provide guidance upon the amount of education provision that is appropriate, whilst being mindful of the resource implications for the school

- Provide comment, if requested by school on the realistic arrangements that would be needed to ensure the child or young person's continued access to education.
- It would be reasonable for Medical Professional to have a conversation about the educational provision with schools before raising parental expectations
- Comment on the length of time that the child or young person is likely to be absent and therefore in need of support;
- Comment on whether the illness is chronic
- Indicate the review arrangements to ensure that the child or young person returns to school as soon as they are medically able to do so and any reintegration arrangements that should be considered, e.g. a phased return;
- Indicate the treatment or support that the child or young person is to receive through the Health Service to support their return to health and mainstream schooling.

## **Role of the Parent/Carer**

The parent/carer is expected to liaise with the school, hospital or both enabling the education provider to draw up a PSP/HCP or a CAF, that will cover the complete education for a child or young person who is likely to be at home for more than 10 working days, and those with illnesses that regularly miss some school. The plan should be agreed with appropriate Health Service personnel and reviewed on a regular basis

## **Education (other than in hospital)**

**Education (other than in hospital)** for young people with medical needs that prevent them from attending school is provided through the delegated arrangements by the Behaviour and Attendance Improvements Partnerships (BAIPS).

BAIPS will only provide education for students who are medically certified to be unable to attend school if the protocol in appendix (i) has been followed. They will seek to reintegrate students wherever possible.

A minimum of 5 hours education should be provided as long as:

- Illness is in excess of 10 days or is recurring, as would be the case of young people who are undergoing cancer treatments and who may have to be hospitalised many different times or who receive day patient treatments for many months. Similarly young people suffering from a wide range of chronic complaints such as glandular fever, chron's disease, colitis, irritable bowel, asthma, eating disorder, will have significant periods of absence from school and either be at home or in hospital. As one cannot legislate for when recurrences of illness and hence absence will happen there needs to be a clear but flexible plan in place so that these young people can access education at the earliest opportunity. When illness is related to mental health issues such as depression, suicidal thoughts, self harming, there will probably be intermittent or long absences from school and a supportive flexible plan needs to be in place to best meet the educational needs and entitlements of these young people.

- School has consulted all agencies involved and where appropriate inform the Locality Team via a Common Assessment Framework (CAF) or Statutory Intervention Form (SIF) (SIF if EWO involvement is being sought and there is no parental consent).
- Information confirming illness/absence from a medical specialist, for example a Community Paediatrician or secondary specialist (eg. Psychiatrist, Cardiologist, Orthopaedic Surgeon) is provided, whilst awaiting specialist input, confirmation can be obtained from a GP. If *no additional or alternative provision* is required, this confirmation can come from a GP.
- A risk assessment is carried out at the home or teaching venue.
- Information of the student's capabilities, including the impact of the medical condition is provided to BAIPS.

Schools should discuss with their Locality Manager, Educational Psychologist or other professionals with whom they have regular contact, what support may be available in the area and/or through Children and Young People's Services.

Teaching will then begin.

Concurrently with the education package there will be:

- Multi agency meetings (for example a Team Around the Child (TAC) Meeting) convened by the school to consider reintegration and review of teaching. The school should make every effort to ensure the relevant health professional is able to attend each multi-agency meeting.
  - If a professional is unable to attend, a report should be provided by that professional to inform the planning process for the young person. The health professionals involved should always include in their reports an anticipated time frame, so that when the young person is becoming well enough to consider some phased or full time return to school, plans can be made in consultation with all involved as to the most appropriate way to reintegrate the young person.
- A PSP/HCP drawn up from the meeting including review and reintegration plans in full consultation with the appropriate medical professional.
- Regular reviews

All teaching will be considered short term with the aim of the student reintegrating into school wherever possible. It is appreciated that for a few students this may not be possible or only on a part time basis. In these circumstances the review will consider continuation and will require ongoing evidence from medical consultants and / or Community Paediatricians.

## 1. Electronic Media

The use of electronic media – such as 'virtual classrooms', learning platforms and so on – can provide access to a broader curriculum, but this should generally be used to **complement face-to-face education**, rather than as sole provision (though in some cases, the young person's health needs may make it advisable to use only virtual education for a time). ICT can also help students keep in touch with their school and peers and reduce isolation.

## **2. Withdrawal of Teaching**

If a student fails to attend or make themselves available for home teaching on a regular basis without having a valid (usually medical) reason for absence then teaching will cease until a meeting is convened to establish a way forward.

## **3. Reintegration**

- a. When reintegration into school is anticipated, local authorities should work with the school (and hospital school, Pupil Referral Unit /home tuition services if appropriate) to plan for consistent provision during and after the period of education outside school. As far as possible, the young person should be able to access the curriculum and materials that he or she would have used in school. The local authority should work with schools to ensure that young people can successfully remain in touch with their school while they are away. This could be through school newsletters, emails, invitations to school events or internet links to lessons from their school.
- b. Local authorities should work with schools to set up an individually tailored reintegration plan for each young person. This may have to include extra support to help fill any gaps arising from the student's absence. It may be appropriate to involve the school nurse at this stage as they may be able to offer valuable advice.
- c. Where there has been a mental health need, schools should seek the guidance and support of CAMHS (Child and Adolescent Mental Health Services) professionals in getting the young person back into school. This could be done through a locally agreed supervision arrangement, on site support or telephone consultation.

## **4. Collaboration between services**

In all cases, effective collaboration between all relevant services (local authorities, CAMHS, NHS, schools, school nurses and other relevant services) is essential to delivering effective education for young people with additional health needs.

- School nurses may play a particular role around liaising with the school about when the young person may be well enough to return.
- Schools should have structural arrangements in place, including named contacts within the health services and the Local Authority, so that when the case arises that a young person cannot attend school due to a medical need, provision can be made without delay
- There should be ongoing liaison between school and CAMH services
- Schools may consider using devolved funds individually or as part of their BAIP to commission their own health related services. See the TAMHS commissioning checklist for support in carrying this out (Appendix (iii))
- A collaborative approach is more likely to ensure that a young person attends school.

## **5. Hospital Provision in Cambridgeshire**

- Currently the Pilgrim PRU (Pupil Referral Unit) a local authority PRU, based in Cambridge, in four distinct hospital centres occupying two sites, provides education on site to all pupils/patients of school age. Hence the PRU covers all key stages from foundation to KS5. There is no education provision at any other hospitals in Cambridgeshire.
- Three of the hospitals come under mental health - The Darwin Hospital which caters for adolescents with psychiatric disorders – The Phoenix hospital which caters for 11 to 18 year olds with eating disorders – The Croft Hospital which is a family assessment

therapeutic hospital catering for 4 to 13 year olds with potential or actual psychiatric disorders.

- The fourth Hospital is Addenbrooke's hospital which is a general hospital and the age range covered by the education personnel is 4 - 18.
- The Darwin, Phoenix and Croft pupils access education from the first day of admission unless too ill to do so.
- Addenbrooke's patients access education on the third day of admission unless too ill but any pupils who are recurring patients access education on the first day of admission.
- The aim of the Pilgrim Pru is to provide continuity of education whilst delivering highest quality teaching.

Home schools play an important role in the maintenance and continuity of a hospitalised pupil's education. There should be close collaboration between the home schools and the hospital schools to ensure that the pupils' assessments, achievements and requirements are understood and acted upon. The hospital staff need to inform the home school when one of their pupils is admitted and the **school needs to have a named, known, nominated medical needs person whom the hospital teachers can contact**. Not having this contact causes unwarranted delay and is detrimental to the pupils. The home school should provide a detailed outline or actual work for their students and keep the hospital staff abreast of impending exams or other important events. The hospital staff should ensure the pupils are fully supported and made ready to integrate to their home school. On discharge of pupils the hospital staff should make the home schools aware.



### **Commissioning Checklist for Services in Schools**

This checklist is designed to help schools when commissioning services directly. The checklist should be used to help ensure each of the relevant items has been covered and are included as necessary within any Service Level Agreement or Contract.

This checklist is for guidance only and individuals within your school e.g. a Business Support Manager may be able to provide more specific information and advice. It may also be beneficial to obtain legal advice on any Service Level Agreements or Contracts prior to signing by both parties.

Ideally there should be one or two individuals as a point of contact for a service provider and to monitor performance in line with the Service Level Agreement or contract.

#### **Company Details**

Name of Service Provider:	
Company / charity registration number (if applicable):	

#### **Timeframe**

First day of service provision / agreement	<i>[insert date]</i>
Length of service provision / agreement	<i>[insert number] day(s) / month(s) / year(s)</i>
Last day of service provision / agreement	<i>[insert date]</i>

#### **Service Specification**

What type of service is being provided e.g. Counselling, psychology, family therapy?	
What is the aim of the service being provided?	
Who is the service being provided for e.g. which school(s), pupils and / or families?	
Where will the service be provided?	
Are there any principles Providers need to adhere to <i>(for examples see Appendix A)</i> ?	
Does the company have its own written policies and procedures which are effective in providing its services?	
Will the Provider be expected to attend any meetings as a result of this contract? If so, which meetings and how often?	
Will the Provider be expected to produce any reports? If so, what and how often?	

#### **Performance Monitoring**

The Provider may be expected to deliver the service through a variety of activities, in which case the table below should be copied and completed for each activity.

##### **Activity 1**

How will the service be delivered (what is the activity)?	
How will the performance of this activity be measured?	
How regularly will this activity be measured?	
Who will measure this performance?	

### Service Satisfaction

Good practice would be to involve CYP in gathering service satisfaction feedback

Will the Provider gather and report on user satisfaction / feedback on its services, including feedback from Children / Young People?	
How will it do this?	
How will they use this information?	

### Funding Arrangements

How much the service cost in total?	£
How will this be paid e.g. quarterly for 12 months?	
Will it require an invoice from the Provider?	

### Safeguarding

Further information and good practice guidance on safeguarding can be found on the Cambridgeshire LSCB website at: [http://www.cambslscb.org.uk/prof\\_safe\\_recruit.html#safe](http://www.cambslscb.org.uk/prof_safe_recruit.html#safe)

	Yes	No	N/A
Does the Provider agree to comply with all appropriate legislation including Health & Safety?			
Will the Provider ensure all appropriate CRB and / or other safeguarding checks are carried out?			
Will the Provider pay for the CRB and / or other security checks?			
Does the Provider hold a suitable level of professional liability insurance and employers' liability insurance?			
Do the Providers' staff hold the current and appropriate qualifications to deliver their respective services ( <i>see Appendix B for further details</i> )			
Will the Provider ensure staff has up to date safeguarding training?			
By the nature of the service, is there a need for supervision arrangements to be in place?			
Does the Provider have the necessary clinical supervision arrangements in place?			
Are all employees kept abreast of changes in legislation that relate to their jobs?			

### Staffing

	Yes	No	N/A
Does the Provider have the necessary staffing levels to deliver the service?			
Does the Provider have clear written recruitment and selection procedures with relevant job description and person specifications for the service?			
Will the Provider be responsible for providing and funding their staff with the necessary knowledge and qualifications for example through training?			
Is there a performance management framework for staff e.g. annual appraisal process and monitored attendance at Continuous Professional Development events?			
Does the Provider have an equal opportunities policy?			



## **Appendix A: Example service delivery principles**

- To have respect for all Service Users and their ways of life, paying particular regard to ethnic, religious and cultural issues.
- To maintain Service Users' self respect in all situations.
- To maintain Service Users' confidentiality.
- To provide it's service according to its equal opportunities policy.
- To work in partnership, where necessary, with other professional bodies
- To work within the limits of the Providers competence.
- To carry out risk assessments where necessary.

## **Appendix B: Qualifications for Types of Service Provision**

### **Psychologists**

- Seven types of psychologist are regulated by the Health Professions Council (HPC) and must be registered with them to practice as a registered or practitioner psychologist.
- All will be graduates in psychology also with a Masters or Doctorate degree in psychology.
- The British Psychological Society (BPS) is the representative body for psychology and psychologists in the UK. 'Chartered' psychologists are those who have met the BPS standards for entry on a voluntary register. Please note this is not an alternative to HPC registration.

	Registered?		Post-graduate qualifications	
	Yes	No	Masters	PhD / Doctorate
Clinical Psychologists				
Counselling Psychologists				
Educational Psychologists				
Forensic Psychologists				
Health Psychologists				
Occupational Psychologists				
Sport and Exercise Psychologists				

### **Counsellors**

- Counsellors are not currently regulated in the same way as practitioner psychologists although this may change in 2011. Counsellor is a generic term and currently does not require HPC regulation but the British Association for Counselling and Psychotherapy does provide accreditation.
- There are different degrees, qualifications, standards, on-going training and supervision levels for Counsellors
- All Counsellors should be accredited by the British Association for Counselling and Psychotherapy. There are clear eligibility criteria for accreditation, practice and supervision.

	Yes	No
Are the Counsellors to be commissioned accredited by the British Association for Counselling and Psychotherapy?		

### **Psychotherapists**

- Psychotherapists are not currently regulated in the same way as practitioner psychologists although this may change in 2011.
- However there are different regulations for certain types of psychotherapists and therapists (please see below)

### **Art Therapists and Art Psychotherapists**

- Art therapists are regulated by the HPC and they must be registered before they are legally allowed to practice.
- Art therapists are usually arts or art & design graduates with further Art Therapy training at Masters Level.
- Their professional body is the British Association of Art Therapists which has its own Code of Ethics of Professional Practice. Membership of this association is not legally required.

	Yes	No
Are the Art Therapists registered by the HPC?		
Do the Art Therapists have an art or art & design degree?		
Do the Art Therapists have a Master's degree related to Art Therapy?		
Are the Art Therapists members of the British Association of Art Therapists?		

### Drama Therapists

- The professional body for drama therapists is the British Association of Drama Therapists (BADth).
- Drama therapists are usually drama, psychology or another related subject graduates with at least one year of work experience with relevant groups and then a Masters in Drama Therapy.
- Courses need to be HPC approved.

	Yes	No
Do the Drama Therapists have degree in drama, psychology or another related subject?		
Do the Drama Therapists have at least one year's work experience with relevant groups?		
Do the Drama Therapists have a Master's degree related to Drama Therapy?		
Was the Masters course HPC approved?		
Are the Drama Therapists members of the British Association of Drama Therapists?		

### Music Therapists

- The professional bodies for music therapists are the Association of Professional Music Therapists and the British Society for Music Therapy.
- Music therapists are usually music graduates with a Masters in Music Therapy.
- They do not need to be HPC registered.

	Yes	No
Do the Music Therapists have a degree in music?		
Do the Music Therapists have a Master's degree in Music Therapy?		
Are the Music Therapists members of the Association of Professional Music Therapists		
Are the Drama Therapists members of the British Society for Music Therapy?		

### Family Therapists

- Can have a variety of professional backgrounds, e.g. psychology, social work. However, they usually will have a Masters degree in family or family systems therapy.
- The professional body for family therapists is the Association of Family Therapists.
- They do not need to be HPC registered although practitioners should be eligible to register as accredited family therapists within the UK Council for Psychotherapy.

	Yes	No
Do the Family Therapists have a Master's degree in family or family systems therapy?		
Are they members of the Association of Family Therapy and Systemic Practice (AFT)?		
Are the Family Therapists registered with the UK Council for Psychotherapy?		

### Other Professions

Other professional groups regulated by the HPC include occupational therapists, speech and language therapists and physiotherapists.

	Registered with the HPC?	
	Yes	No
Occupational Therapists		
Speech and Language Therapists		
Physiotherapists		

## **Appendix C: Glossary of Terms**

### **Counselling**

Please note: Counsellors should be accredited by the British Association for Counselling and Psychotherapy. Counselling is a type of talking therapy. People talk to a counsellor about their problems. Counsellors are trained to listen sympathetically and can help people deal with any negative thoughts and feelings they have. Counselling can help people to discuss their problems honestly and openly, deal with issues that are preventing them from achieving their goals and ambitions and help them have a more positive outlook in life.  
*(British Association for Counselling and Psychotherapy)*

### **Psychology**

Psychology is the scientific study of people, the mind and behaviour. It is both a thriving academic discipline and a vital professional practice.  
*(British Psychological Society)*

Psychologist is a protected title relating to those practitioners registered with the Health Professions Council. The British Psychological Society recognises a number of types of psychologist, such as clinical psychologist and educational psychologist (described below). Psychologists will have a first degree in psychology and then a Masters Degree and increasingly a Doctorate in a specialised field. Chartered Psychologist is a legally recognised term under the Royal Charter and is the benchmark of professional recognition, allowing a psychologist to use the abbreviation C.Psychol. after their name.

### **Clinical Psychologist**

Clinical psychology aims to reduce psychological distress and to enhance and promote psychological well-being. A wide range of psychological difficulties may be dealt with, including anxiety, depression, relationship problems, learning disabilities, child and family problems and serious mental illness. To assess a client, a clinical psychologist may undertake a clinical assessment using a variety of methods including psychometric tests, interviews and direct observation of behaviour. Assessment may lead to therapy, counselling or advice. Clinical psychologists will have a first degree in psychology and a Doctorate in Clinical Psychology. They are registered with the Health Professions Council.  
*(British Psychological Society)*

### **Counselling Psychologist**

Counselling psychologists are a relatively new breed of professional applied psychologists concerned with the integration of psychological theory and research with therapeutic practice. The practice of counselling psychology requires a high level of self-awareness and competence in relating the skills and knowledge of personal and interpersonal dynamics to the therapeutic context. Counselling psychologists will have a first degree in psychology and a Doctorate in Counselling Psychology. They are registered with the Health Professions Council.  
*(British Psychological Society)*

### **Educational Psychologist**

Educational psychologists tackle the problems encountered by children and young people impacting on education and development, which may involve learning difficulties and social or emotional problems. They carry out a wide range of tasks with the aim of enhancing children's learning and development and understanding the context within which this takes place. Work is carried out in a variety of settings including schools, with children, young people and families. Educational psychologists have a first degree in psychology and a Masters Degree in educational psychology. Currently, doctoral training is the required postgraduate training route for educational and child psychologists. They are registered with the Health Professions Council.  
*(Based on British Psychological Society)*

## **Therapy**

Talking therapy is a broad based term. It covers all the psychological therapies that involve a person talking to a therapist about their problems. The relationship with the client and the therapist is an essential component as is the aim of effecting change.

There are also other therapies which rely less on spoken language such as art or drama therapy (see below)  
*(Based on NHS types of therapy)*

## **Cognitive Behavioural Therapy**

Cognitive and/or behavioural psychotherapies (CBP) are psychological approaches based on scientific principles and which research has shown to be effective for a wide range of problems. Clients and therapists work together, once a therapeutic alliance has been formed, to identify and understand problems in terms of the relationship between thoughts, feelings and behaviour. The approach usually focuses on difficulties in the here and now, and relies on the therapist and client developing a shared view of the individual's problem. This then leads to identification of personalised, usually time-limited therapy goals and strategies which are continually monitored and evaluated.

*(British Association for Behavioural and Cognitive Psychotherapies)*

## **Group Therapy**

In group therapy, often eight to 12 people meet together with a therapist, on a regular basis. It is a way for people who share a common problem to get support and advice from each other. The approach of the therapy can be wide-ranging and include psychoanalytical group therapy or Cognitive Behavioural approaches.

*(Based on NHS types of therapy)*

## **Clinical Supervision**

This is seen as an essential process in any type of clinical work and is an opportunity for the worker to reflect on work in practice, personal issues relating to the work, professional development and work-related issues. There should be a formal, scheduled meeting on a regular basis, sometimes once a week, between the supervisor and supervisee. There can also be group or team supervision, where clear guidelines should be set.

*(Based on British Psychological Society Guidelines)*

## **Psychotherapy**

Psychotherapy is one of the 'talking therapies'. It can help people gain insight into their difficulties or distress, establish a greater understanding of their motivation, enable them to find more appropriate ways of coping and bringing about change.

Please note: It is important to establish that those calling themselves psychotherapists are properly accredited.  
*(United Kingdom Council for Psychotherapy)*

## **Art Therapist**

This is a form of psychotherapy that uses art media as its primary mode of communication. Clients who are referred to an art therapist need not have previous experience or skills in art as the overall aim is to enable a client to effect change and growth through the use of art materials in a safe and facilitating environment. Art Therapists are specially trained and accredited with the British Association of Art Therapists.

*(British Association of Art Therapists)*

## **Family Therapist**

These therapists have special training in understanding families and supporting change. Family Therapists help family members to find constructive ways to help each other. They work in ways that acknowledge the context of people's families and other relationships, sharing and respecting individuals' different perspectives, beliefs,

views and stories and exploring possible ways forward. Family Therapists are specially qualified and accredited with the Association of Family Therapy.  
*(Association of Family Therapy)*

### **Drama Therapist**

Drama Therapists are specially qualified and accredited in Drama Therapy. Drama Therapy has as its main focus the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth.  
*(British Association of Dramatherapists)*

### **Music Therapist**

Music Therapy is a state-registered profession. Music Therapists are accredited and have a background in music. Fundamental to all the approaches within Music Therapy is the development of a relationship between the client and the therapist. Music making forms the basis for the communication. Generally, client and therapist take an active part in the sessions by playing, listening and singing. By offering support and acceptance, the therapist can help the client to achieve work towards emotional release and self-acceptance.  
*(British Association for Music Therapy)*

### **Qualified Nurse**

In order to practice nurses are required to register with the regulatory body, the Nursing and Midwifery Council. Nurses may also be registered with the Royal College of Nursing (RCN). However, the RCN is a union, not a regulatory body and nurses are not obligated to register with them. Once qualifying as a nurse, many nurses go on to take additional qualifications which may be in fields such as mental health nursing, counselling and therapy.  
*(Nursing & Midwifery Council, Royal College of Nursing)*

### **Social Worker**

Social Workers work with individuals of all ages and families to help improve outcomes in their lives. This may be helping to protect vulnerable people from harm or abuse or supporting people to live independently. They are trained and qualified with a degree in Social Work (or previously this may have been a Diploma in Social Work). Social Workers have to be registered with the General Social Care Council in England.  
*(British Association of Social Work / The College of SocialWork)*

### **Teachers**

**Teachers are professionals who have acquired the necessary qualifications to enable them to be recognised and accredited by the Department of Education. Each teacher has a unique DFE number. Teachers work to the specifications of the National Curriculum and are subject to scrutiny and quality assurance of their work by the Office for Standards in Education – OFSTED. Teachers work with all young people of school age in hospitals with their varying medical issues – mental and physical. Their aim is to provide continuity of education whilst delivering high quality teaching.**

Appendix D – Parents’ consent letter to GP

XXXXXXXXXX  
XXXXXXX  
XXXXX

XXX

Dr xxx  
xxx  
xxx  
xxx  
xxx

Dear Dr xxx

Re: **Name of Child**                    xxx                    **DOB** xxx  
      **School**                                xxx

I consent to the school discussing my child’s health needs and their fitness to be able to attend school or to participate in any educational provision that might be suitable

Yours sincerely

xxx