Students who cannot attend school for medical reasons

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Signed – Governor

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Children's Services

LOCAL AUTHORITY SUPPORT FOR CHILDREN & YOUNG PEOPLE UNABLE TO ATTEND SCHOOL DUE TO IMPACT OF MEDICAL CONDITION

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Introduction

This policy outlines how Hertfordshire County Council fulfils its statutory duties as directed by the Department for Education, in the document, Arranging education for children who cannot attend school because of health needs (publishing.service.gov.uk).

This policy is applicable for pupils experiencing either physical or mental health needs impacting on attendance to enable the long-term goal of improving school attendance. It acknowledges a key concern that many children will experience normal but difficult emotions that make them nervous about attending school, such as worries about friendships, schoolwork, exams, or variable moods. **It is important to note that these pupils are still expected to attend school regularly.** (DfE 2023)

This policy applies to all children of compulsory school age children and young people who would normally attend mainstream schools, including academies, free schools, independent schools, and special schools. It applies equally whether a child cannot attend school at all or can only attend intermittently.

Governing bodies have a duty to ensure that their school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

However, the educational responsibility for electively home educated children rests with the parent / carer in accordance with the DfE guidance so would not meet the criteria for Education Support for Medical Absence (ESMA)Teaching Service support. For more details on ESMA refer to page 13.

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Legislation

This policy refers to the legislation listed below:
• Section 19 of the Education Act 1996
• Education (Pupil Registration) (England) Regulations 2006
• Equality Act 2010 • Section 100 of the Children and Families Act 2014

This guidance also relates to:

- Additional health needs guidance (publishing.service.gov.uk)
- Alternative Provision Statutory Guidance 2013
- Arranging education for children who cannot attend school because of health needs (publishing.service.gov.uk)
- Summary of responsibilities where a mental health issue is affecting attendance (publishing.service.gov.uk)
- Providing remote education: guidance for schools - GOV.UK (www.gov.uk)
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England (December 2015)
- Keeping Children Safe in Education

Main points

The Local Authority (LA) has a statutory duty to provide education other than at school for pupils unable to attend school because of health needs. Statutory guidance was issued by the Department for Education (DfE) in December 2023. 'Arranging education for children who cannot attend school because of health needs.' The responsibilities and duties of the LA are set out in that document.

This means that where a child cannot attend school because of **illness** (physical or mental health) and cannot access suitable full-time education, as validated by a health professional,

the local authority is responsible for arranging suitable alternative provision. Such support aims to provide:

- The same high standard of education regardless of circumstance or setting.
- Good quality education equivalent to that provided in **mainstream schools**, as far as the child's health needs allow.
- Education suitable to the child's age, ability and aptitude, and any special educational needs they have.
- Continuity of provision and consistency of curriculum for pupils in hospital.

School absence is taken very seriously and as such the accompanying medical advice should be from Targeted or Specialist Health services. This includes consultant level in the case of physical health, or a Tier 2/ 3 NHS mental health professional such as Step 2, CAMHS or PALMS. This is to ensure the support provided is adequate to the health needs of the pupil and in line with the advice given by the health professional. Support can be considered when the supporting medical advice is from Universal Services such as a GP, but it would be expected that further medical advice for the pupil is being sought.

The legal duty does not apply to children and young people under and over compulsory school age.

Complex or long-term health issues

How long a pupil is likely to be out of school is important in deciding the type and level of support they will need. Where children have complex or long-term health issues, the pattern of illness can be unpredictable. The ESMA Teaching Service, the school where the child is on roll, which is this document we will refer as 'the home school', the relevant medical practitioners, and the parents/carers must work together to identify how to best meet the child's needs.

For children with continuing health needs an Individual Health Plan (IHP) is useful in identifying suitable support. This document must be reviewed regularly by the school.

If the child's needs amount to ongoing special educational needs, an assessment of needs and school SEN support, may be more appropriate to meet the long-term SEN of the pupil.

Some complex or long-term health issues may be considered a disability under the Equality Act 2010, ESMA works with the referring school to ensure:

- disabled children are not discriminated.
- there is due regard to the need to eliminate unlawful discrimination.
- there is due regard to the need to advance equality of opportunity between disabled and non-disabled children.
- there is due regard to the need to foster good relations between disabled and non-disabled children.
- reasonable adjustments to alleviate disadvantage faced by disabled children are in place.
- disabled children have access to all school premises, including alternative teaching venues being used.

Hospital stays:

This guide also applies to education provided to children who are admitted to hospital and require education access while an inpatient.

Admission to hospital is based on a decision made by a medical practitioner according to the child's health needs. In some cases, the host hospital may provide education within the hospital setting. Where this is the case, Hertfordshire County Council does not need to arrange additional education, provided it is satisfied that the pupil is receiving suitable education.

For planned hospital admissions, the child's home school should liaise with the hospital school and collect details of the likely admission date, expected length of stay, and the education programme to be followed while the child is in hospital. A personal education support plan should be set up to ensure that all parties work together.

Before discharge, the hospital school must contact the ESMA Teaching Service as early as possible to plan next steps. This includes coordinating with the family, home school, and health professionals to determine whether the pupils can return to school full-time, on a phased basis, or whether ESMA needs to provide complementary teaching support alongside the home school's provision. This ensures continuity of education and a smooth transition for the pupil.

Working Together

ESMA believes working together is the key to effective support.

This includes:

- Capturing the child's voice and ensuring that children are involved in target setting and reviewing their plans for reintegration.
- Schools and ESMA recognising that parents and carers have an important role to play throughout the support plan (the family can provide useful information about the child and their needs, whether the child is at home, or in hospital).
- Families working with the school and other partner organisations such as Advisory Teachers, Educational Psychologist, etc. to establish a shared understanding of perceived barriers to attendance, with a view to supporting their child to maintain full-time attendance at school.
- ESMA consulting with family and school before teaching support commences.
- Proactive collaboration with family, school, and relevant services (CAMHS, NHS, school nurses, etc.) to identify impact of health needs and inform support decisions.

Hertfordshire County Council responsibilities

The Educational Support for Medical Absence (ESMA) Teaching Service (referred to as ESMA) is an educational mainstream teaching service for children with medical needs, which sits within the Access, Inclusion and Alternative Provision.

ESMA complements the educational support provided by schools, delivering teaching in the core subjects (English, Maths and Science) and working together with the school to ensure the pupil has access to the wider curriculum.

Key responsibilities:

- The named officers with responsibility for the provision of education for pupils unable to attend school due to medical needs are Carli Sutton, ESMA Lead Teacher West and Tracy Haase, ESMA Teaching Lead East.
- Provides educational support for pupils with documented medical needs unable to attend school for more than 15 school days or more, whether consecutive or cumulative.
- To provide educational support, as far as possible, within the 15 days of absence to pupils with a long term or recurring illness
- Coproduces the education programme and holistic reintegration plan, working together with school, parents, pupil, health, and other professionals involved with the child.
- Reviews the education programme and reintegration plan with school, parents, pupil, health, and other professionals, on a half-termly basis.
- Liaises with the school to obtain termly updates of medical evidence to ensure the identified education programme best meets the pupil's current needs.
- Arranges suitable part-time education, when full-time education would not be in a child's best interests due to the impact of their physical or mental health needs.
- Ensures the education provided will aim to achieve good academic attainment particularly in English, Maths and Science.
- Works with the school, so they can provide access to the school curriculum, up to full-time, as the student's health needs permits.
- Makes effective use of any additional funding allocated to the pupil e.g., High Needs Funding, Pupil Premium, EHCP funding.

Schools Responsibilities

The DfE Guidance recommends that where possible, the child's health needs should be managed by the home school so they can continue to be educated there with support, and without the need for the intervention of the local authority (ESMA). There is an expectation that schools will make reasonable adjustments, in accordance with the Equalities Act. 2010, to meet the need of the pupil if they are unable to attend school.

When a child is already attending school, there is a range of circumstances where their health needs can and should be managed by the school so they can continue to be educated there without the need for the intervention of the local authority. Home schools would usually provide support to children who are absent from school because of illness for a shorter period, for example when experiencing chicken pox or influenza. The 'Supporting pupils at school with medical conditions' guidance outlines the expectations for schools in this respect. ***The local authority does not need to become involved in school support arrangements unless it has reason to believe that the education being provided by the school is unsuitable.***

Schools need to be aware of their responsibilities when mental health issues are impacting on a child's attendance, as detailed in the DfE publication, Summary of responsibilities where a mental health issue is affecting attendance.

As soon as the home school can no longer support the child's health needs and provide suitable education, the school should submit a referral to ESMA (if all criteria are met, as detailed in page 13). When working with ESMA, schools should act in accordance with Ofsted recommendations:

- pay careful consideration to the desired outcomes of the support provided.
- ensure they, or a school leader has assessed the quality and suitability of the provision they have identified as suitable for the child.
- maintain contact with the students frequently to ensure their well-being and progress.
- monitor the students' progress and recording of achievements.
- keep in mind that children not accessing full-time education tend to have lower aspirations, limited levels of achievement and, most seriously, face potential safeguarding risks (such as child sexual exploitation and trafficking).

Safeguarding

Schools are responsible for the safeguarding of all pupils on roll. Schools remain responsible for the safeguarding and welfare of all pupils on roll who are off-site during school hours (Ofsted, July 2023). Schools must effectively consider:

  - any safeguarding concerns
  - how any safeguarding concerns have been assessed and mitigated.
  - any Multi-agency Safeguarding Hub (MASH) referrals, or missing episodes highlighted.
  - identifying the adult responsible for safeguarding, during the time of absence from school.

Mindful of the above, the **Herts Service Level Agreement** (Annex 1), identifies the school's key responsibilities in ensuring there is effective support and access to learning in place for a student with health needs affecting on attendance. These include:

- the safeguarding duty for the student remains with the home school, so close liaison with ESMA is required for attendance monitoring. It is expected that school will act, should concerns arise.
- collaborative work with ESMA, so school can provide a means of access to the whole school curriculum, up to full-time, as the student health need permits.
- identification of a senior member of staff, able to make decisions, to host and chair regular review meetings (normally every 6 weeks), recording and sharing action plans from such review meetings.
- any reasonable adjustments, or support put in place by schools should ensure the time the child spends in school is prioritised, as much as is possible.
- in developing a plan to support attendance through reasonable adjustments, school staff will need to consider the individual circumstances of the child, being mindful of safeguarding responsibilities as set out in the *Keeping children safe in education guidance.*
- be proactive in supporting the pupil to still feel part of the school community, whilst they are not well enough to attend school. This could be by:
  - telepresence solutions,
  - school newsletters,
  - social media platforms,

    - emails; and invitations to school,
    - digital learning platforms.
    - Allocated keyworker to lead, guide and monitor reintegration.
    - Contact with subject teachers.
    - Allocation of bespoke schoolwork mindful of reasonable adjustments.
- be proactive in supporting the reintegration of the pupil back into school as soon as they are well enough.
- provide a suitable working area within the school for the pupil to access tuition to enable reintegration.
- make reasonable adjustments under equalities legislation. This duty is anticipatory, and adjustments must be put in place beforehand to prevent disadvantage e.g., *review of learning needs,* rest breaks, safe space etc.
- use of Individual Healthcare Plans (IHCP). These are different from Education Health Care Plans (EHCP). However, they do sit neatly alongside if required. An IHCP is important to ensure that the school knows how to properly manage the medical needs of the young person whilst on site at school.
- when making a referral, the school should ensure the home school's designated officer for students with health needs affecting on attendance is made aware for school monitoring and recording purposes.

A template for an Individual Healthcare Plan (IHCP) is available here. All schools must review IHCPs (Individual Healthcare Plans) at least annually.

Pupils with an EHCP:

- If the child has an EHC plan, school should consider their next steps and reasonable adjustments and take reasonable steps, once they become aware of barriers to attendance relating to the child's special educational needs. Schools are expected to fulfil its responsibilities as detailed in the SEND Code of Practice 2015.
- Schools should identify how the High Needs Funding (HNF) attached to the EHCP, is being utilised and monitored to meet the child's needs. Any reasonable adjustments made should carefully consider the child's attendance and health difficulties.
- Schools must organise exams, secure an invigilator and locate a safe venue, when the pupil is unable to take their exams, within the usual school setting.
- For pupils receiving other additional funding such as Local High Needs Funding and/or Pupil Premium Grant, state in the reintegration plan how this funding is being used and monitored to ensure a successful and full-time reintegration to school.

Exams

Where possible the school's exam timetable should be available for all pupils with health needs affecting attendance. Pupils with physical or mental health needs should be able to take examinations at the same time as their peers.

The school may need to apply for special access arrangements to awarding bodies, as early as possible. As part of the support process, the ESMA review documentation provides relevant academic information.

Awarding bodies can make special arrangements in exams for pupils with:

- permanent or long-term disabilities or illness
- temporary disabilities or illness

Further information can be found in the Joint Council for Qualifications document for access arrangements.

Lack of engagement

If the pupil does not engage with the support offered, or if all other options have been exhausted or deemed unsuitable, the school must work with the Hertfordshire Attendance Team to decide whether to formalise attendance support. This may include legal intervention under the school's existing powers, in line with DfE guidance that enforcement is a last resort after support has failed.

Parental Responsibilities

Parents/carers have a duty, under section 7 of the Education Act 1996, to ensure that their child of compulsory school age (5 to 16) receives an efficient full-time education either by attendance at school or otherwise, and so share in the responsibility of ensuring good and regular attendance.

A brief summary of some of the responsibilities of a parent/carer, as published in the DfE document (February 2023), Summary of responsibilities where a mental health issue is affecting attendance (publishing.service.gov.uk), can be seen below:

- parents/carers should engage with support offered by the school and be reminded of the importance of regular attendance and the emotional and mental wellbeing benefits of attending school for children and young people.
- work with the school and other partner organisations such as the LA to establish a shared understanding of perceived barriers to attendance, with a view to supporting their child to maintain full-time attendance at school.
- keep in touch with the school and be open in communicating information that will help improve the quality and nature of support being provided.
- act as best they can to support their child(ren) to recognise and manage their social, emotional, and mental health and wellbeing.
- promptly Inform school and ESMA of any non-attendance to ensure pupil safety and wellbeing is monitored and any issues identified are addressed in line with Safeguarding responsibilities.
- proactively engage with any support offered, supporting, and encouraging their child to be ready to actively engage with the teaching support made available.
- ensure school has all the current medical information available from the health professionals supporting their child.

The ESMA Teaching Service Entry Criteria

Eligibility for support from ESMA.

- pupils of statutory school age (5-16).
  pupils who have medical evidence that validates their absence from school. The medical advice should be from Targeted or Specialist Health services. This includes consultant level in the case of physical health, or a Tier 2/ 3 NHS mental health professional such as Step 2, CAMHS or PALMS. Support can be considered when the supporting medical advice is from Universal Services such as a GP, but it would be expected that further medical advice for the pupil is being sought.
- pupil's absence is being authorised by the school (prior to the referral to ESMA).
- pupils who are Hertfordshire residents.

Requirements to submit Hertfordshire Service Request (HSR) for ESMA Support:

- a completed Assess, Plan, Do, Review, including the school's current support plan. This should outlined the strategies in place, clearly indicating what is working well and what is not, to inform next steps.
- medical evidence confirming the pupil is medically unable to attend school.
- signed parental consent (required to share information as part of GDPR).
- the reason for the absence (medical condition).
- likely duration of absence from school as indicated by health professional.
- current support plan on offer from the school based on medical advice.
- for pupils receiving additional funding (through an EHCP, LHNF, and/or Pupil Premium Grant), the school should state how this funding is supporting access to education.
- baseline which includes academic attainment, engagement, and current emotional wellbeing.

All referrals to the ESMA Teaching Service are processed weekly, during Hertfordshire County Council term time. If the referral criteria are met, the ESMA Teaching Service will either:

- Offer guidance.
- Seek to complement the school educational support plan with additional teaching support as required.

The ESMA Teaching Service will work together with all parents, pupil, school, health, and other professionals to create a Holistic Reintegration Plan. Regular Review meetings will be held half-termly to discuss progress and identify next steps.

In accordance with the DfE Guidance of 2023 for Mental health issues affecting a pupil's attendance: guidance to schools, ESMA will work with the school to identify barriers to learning, maximise face-to-face attendance as much as possible, encouraging a return to school, as soon as the pupil is deemed well enough. ESMA will provide guidance to the school on how to implement reasonable adjustments, to maximise face-to-face attendance.

Additional information for schools

- if provision is required beyond 24 weeks school is required to provide updated medical evidence for on-going complementary teaching intervention from ESMA to ensure support being provided is in line with the impact of current health needs.
- ESMA will contact the school to confirm acceptance of the referral and next steps for joint planning with family, school, and health professionals. If entry criterion is not met, ESMA will liaise with the school to explain why the referral was not accepted.
- as part of any plan to support school attendance, schools should facilitate relevant pastoral support with the clear aim of improving attendance as much as possible while supporting the underlying mental health issue making reasonable adjustments to overcome specific barriers to attendance.
- the school must share with ESMA their pastoral support plan, indicating the reasonable adjustments in place, to help the pupil overcome barriers to school attendance.

The ESMA Teaching Service Provision

ESMA complements the education provided by schools and works in collaboration with schools to provide teaching in the core subjects (English, Maths, and Science) via a graduated response using a variety of support tools:

- Telepresence robot AV1 Robot (25 hours) reconnects primary or secondary school age pupils with school and their social life by providing full time access to school and peers. ESMA has ensured the safeguarding and GDPR compliance of this tool. Further details can be obtained from the ESMA Lead Teacher.
- Online and face-to-face group teaching by an ESMA Teacher in the core subjects (English, Maths, Science). Allocation of hours dependent on health needs of pupil.
- Online and face-to-face (at one of the ESMA teaching sites) 1:1 tuition by the ESMA Teacher in the core subjects (English, Maths, Science). Allocation of hours dependent on health needs of pupil. Face-to-face lessons are delivered at the Hemel Hempstead and Stevenage bases.
- Reintegration Support Officer time limited interventions

Digital resources are used as to aid learning in line with the DfE guidance on the appropriate use of remote education.

Reintegration into school

ESMA works with school and family to aid reintegration into their home school. Individual tailored reintegration plans are developed for each child and several support steps can be employed:

- visits to home school for the pupil to meet key worker, peers etc.
- the use of digital resources to maintain the connection with school.
- school support to help fill any educational gaps arising from the child's absence.
- reasonable adjustments to provide suitable access, for a child whose condition amounts to a disability.
- a gradual reintegration process, taking place over a longer period when necessary.
- digital learning platforms, telepresence solutions, school newsletters, social media platforms, emails; and invitations to school are recommended to aid and rebuild the link with school.

The ESMA Teaching Service Exit Criteria

The ESMA Teaching Service works together with the pupil, parents, school, health, and other professionals supporting the child to ensure school reintegration is achieved as soon as their health needs permit.

The ESMA Teaching Service will close support for a pupil if / once:

- the pupil reintegrates to their current school, or transitions to a new school.
- the pupil is too unwell to engage with education, and continuing would be detrimental to their health. However, the pupil can be re-referred to the ESMA Teaching Service once they are in a better position, physically or mentally, to engage with education.
- the pupil does not attend the ESMA Teaching Service lessons.

- the pupil refuses to access physical / mental health services.
- the pupil moves out of Hertfordshire.
- The pupil displays persistent inappropriate or unsafe behaviour that cannot be managed within ESMA's safeguarding and behaviour policies.

Attendance

Referrals to the ESMA Teaching Service should be made only when the school has authorised absence on medical grounds.

It is the expectation of both the home school and ESMA, that all students attend ESMA and/or their home school lessons and engage fully with work set up by their school, daily during term-time (term dates are available on request), unless deemed medically exempt by the responsible Health Professional. Where the Health Professional responsible deems the student medically exempt, the absence will be recorded as 'authorised' on the Attendance register.

Should a student refuse to engage in timetabled lessons, this will be recorded as "unauthorised absence" on the register. ESMA and the school will work actively with the family to address the issue of regular attendance. ESMA reserves the right to reduce a young person's timetable if deemed necessary as a measure to support the student's health needs.

Recording school attendance for authorised absence on medical grounds

It is important that schools act to ensure that the DfE guidance in respect of attendance is correctly observed for pupils unable to attend school for medical reasons. The registration codes that school apply will be dependent on the arrangement agreed, or decision of the headteacher regarding attendance and based on the medical reasons or evidence provided.

Student absence from school is taken very seriously. In law, the decision whether to authorise absence rests with the Headteacher of a school or a person designated with this responsibility by the headteacher. In line with Section 444(1) Education Act 1996 – if a child is absent without authorisation, then the school will follow their school's attendance policy to ensure an offence is not being committed.

Please refer to the DfE Guidance on School Attendance for additional information:

- Record the pupil's absence from school for sessions when they are not in attendance as authorised absence if there is supporting medical evidence (register code C).
- If a referral to the ESMA Teaching Service is successful, then school would be required to amend their register code from 'C' to 'C2' for the time the pupil is receiving support for their education from the ESMA Teaching Service.
- If the pupil does not access the ESMA Teaching Service support, then the school should record attendance as unauthorised, unless parent or health provides additional supporting evidence and the headteacher decides to authorise the absence based on this evidence.

Registration codes

Schools can find the official list of registration codes and their descriptions in Hertfordshire's Attendance Code Summary Table, available on the HfL Grid. The document provides detailed guidance on how to record attendance accurately, including codes for authorised absence, off-site educational activity, and work experience. Access the document here

Multi Agency Work

The school can obtain further support from Hertfordshire County Council, the services below provide help to schools, settings, and families to improve outcomes for children and young people with additional and special educational needs:

- Educational Psychology
- Early Years SEND
- Neurodiversity Team
- Physical and Neurological Impairment Team, including Specific Learning Difficulties
- Access to Education for Travellers, Refugees, Asylum Seekers and Unaccompanied Migrant Children.
- Hertfordshire Therapeutic Thinking
- Attendance and Statutory Participation Team (SAPT)
- Special Educational Needs and Disabilities (SEND)

Annex 1: Service Level Agreement between the referring school, parents and the ESMA Teaching Service

Service Level Agreement between Schools, families & the ESMA Teaching Service

Effective collaboration between all relevant services (CAMHS, NHS, schools, HCC, and parents) is essential to delivering effective education for children with additional health needs. This Agreement confirms the support arrangements for pupils referred to the ESMA Teaching Service (ESMA) who are temporarily unable to attend their school, due to the impact of their medical condition.

The ESMA Teaching Service Purpose:

- To enable pupils to feel connected with their peers, included in their school and supported in their learning.
- To work together with pupil, parent, school, health, and other professionals supporting the child to ensure school reintegration is achieved as soon as their health needs permit.
- To ensure the school has exam arrangements in place for the pupil as ESMA is not a registered exam Centre.

Roles & Responsibilities

Parents' / Carer Responsibilities

1. Promptly inform school and ESMA of any non-attendance to ensure pupil safety and wellbeing is monitored and any issues identified are addressed in line with Safeguarding responsibilities.
2. Proactively engage with any support offered and be reminded of the importance of regular attendance, the emotional and mental wellbeing benefits of attending school for children and young people.
3. Work with the school and other partner organisations to establish a shared understanding of perceived barriers to attendance, with a view to supporting their child to maintain full-time attendance at school.
4. Keep in touch with the school and be open in communicating information that will help improve the quality and nature of support being provided.
5. Act as best they can to support their child(ren) to recognise and manage their social, emotional, and mental health and wellbeing.
6. Ensure school has all the current medical information available from the health professionals supporting their child.
7. Seek advice from a qualified health professional when non-attendance to school develops. (For children with mental health issues, a mental health practitioner)
8. Share health advice with the school to assist with their support plan or individual health care plan (IHP).
9. Proactively support and encourage their child to be ready to actively engage with the teaching support made available.
10. Provide early communication to school if a problem arises or help is needed.
11. Attend necessary meetings with school and relevant professionals.

12. Complete recommended techniques by health, to support their child to return to school when health needs permit.
13. Reinforce with their child, the value of a return to school.
14. Support child to work towards the targets identified.
15. Be responsible for safeguarding their child when they are not accessing education.
16. Be responsible for arranging for an identified adult to supervise pupil when accessing education not on school site or at an ESMA venue.
17. Inform both school and ESMA of the medical steps to take should there be a health emergency (risk assessment information)

School's Responsibilities

1. Where possible, schools should continue to provide education to children with health needs who can attend school e.g., providing support to children who are absent from school because of illness for a short period, see DfE Guidance '*Supporting pupils at school with medical conditions*' and remain solely responsible for the first 15 days of non-attendance (consecutive or cumulative).
2. Be aware of their responsibilities when mental health issues are impacting on a child's attendance, see DfE Guidance '*Summary of responsibilities where a mental health issue is affecting attendance*'.
3. Provide access to the full curriculum (Art, History, etc.) according to the needs of the pupil, working together with ESMA who will provide additional access to the core curriculum (English, Math's, Science)
4. Provide and identify baseline attainment.
5. Submit the agreed reintegration plan for pupils on a reduced timetable (see HCC guidance on reduced timetables)
6. Identify a senior member of staff, able to make decisions, to host and chair regular review meetings (normally every 6 weeks), recording and sharing the action plans.
7. Identify in-school support and a pastoral link (tutor/ key worker) to have regular contact with pupil to address educational, social, and emotional needs.
8. Be proactive in supporting the pupil to still feel part of the school community whilst they are not well enough to attend school.

Examples below and see Annex 3 in SLA:

   a. telepresence solutions,
   b. school newsletters,
   c. social media platforms,
   d. emails; and invitations to school,
   e. digital learning platforms.

9. Inform all relevant staff of the child's condition and the support required.
10. Be proactive in supporting the reintegration of the pupil back into school as soon as they are well enough e.g., provide a suitable working area within school for pupil to access tuition to enable reintegration.
11. Make reasonable adjustments under equalities legislation. This duty is anticipatory, and adjustments must be put in place beforehand to prevent disadvantage e.g., rest breaks, safe space etc.
12. Organise exams and invigilation in line with JCQ guidance.
13. For pupils who have long term or recurrent illness submit current treatment plan and named medical contact
14. For pupils receiving additional funding through either an EHCP or Local High Needs Funding and/or Pupil Premium Grant, state in reintegration plan how funding is used.
15. Apply usual school policies e.g., Attendance recording.

ESMA's Responsibilities

1. Assess all referrals to the service and identify suitable teaching intervention within 15 days.
2. Ensure all stakeholders are aware of the service's entry and exit criteria.
3. Provide access to the ESMA core curriculum, meeting key requirements of the National Curriculum for all exam boards in English, Math's, and Science.
4. Monitor and evaluate the teaching provided by the ESMA teachers to ensure it continues to meet the needs of individual pupils in line with their health needs.
5. Report to stakeholders on pupil's attendance, engagement, and academic progress (core subjects) during the period of support
6. Co-produce a Holistic Reintegration Plan (HRP) in collaboration with schools, pupil, parents, and professionals working with the child.
7. Liaise with the school's identified member of staff, to ensure review meetings are held regularly (normally every 6 weeks), and school, parents, pupil, and other professionals (health) working with the child are aware of the Holistic Reintegration Plan targets and impact of support provided by professionals involved.
8. Capture the pupil voice to ensure they are involved in the HRP creation.
9. Monitor that updated medical evidence is provided by the school to ensure ongoing teaching intervention from ESMA (beyond 12 weeks) meets pupil's needs.
10. Support pupils on the school site; in a suitable venue, or exceptionally, in the pupil's home if supported by appropriate medical evidence. If support is required in the home, complete a risk assessment to identify steps and support measures e.g., supporting adult present.
11. Inform stakeholders as to why a referral did not meet the entry criteria.
12. Liaise with health professionals to determine how much education is manageable for the pupil in relation to current health needs.
13. Should ESMA teaching need to be cancelled due to staff sickness, cover work will be made available for pupils to complete independently and then reviewed during next lesson.
14. Follow ESMA Teaching Service Policies in the support plan arrangements e.g., Attendance, Behaviour, Safeguarding, Risk Assessments etc.

Health Service Responsibilities

1. Provide support to schools to inform the pupil's health care plan.
2. Provide relevant details to school of health support to enable the school to develop a holistic support plan in liaison with school, parents, pupil, and other professionals (health) working with the child.
3. Provide outreach and training to the school in relation to the needs of the pupil due to the impact of their medical condition.
4. Participate, or provide written advice to inform the Holistic Reintegration Plan

Pupil Responsibilities

1. Be ready to maintain communication with the identified link teacher from school.
2. Be ready to engage with the agreed Holistic Reintegration Plan including attendance, participation, and reintegration steps as health needs permit.
3. Be prepared to work with the professionals to develop skills to communicate their views and concerns.
4. Be ready to take steps needed to commence the return to school.
5. Be ready to learn (correct equipment) and ready to actively engage in the teaching being provided and independent study tasks set.

The ESMA Teaching Service assumes the SLA conditions have been accepted, by parents and school, unless we hear otherwise.

Annex 2: ESMA Referral Checklist

Before submitting a referral, schools should check they have completed the following steps:

HAVE YOU:

1	Completed the Hertfordshire Service Request form in full to be sent via Herts FX to the relevant ISL geographical area? (Incomplete referrals will delay a response from ESMA as the appropriate plan of action cannot be identified.)	
2	Attached your current support plan / APDR for the student with the HSR? (The first 15 working days of a pupil's absence remains a school's responsibility including the provision and marking of schoolwork.)	
3	Submitted the agreed reintegration plan for any pupils attending school on an agreed reduced timetable? (HCC guidance on reduced timetables is available here, or in the Hertfordshire Grid for Learning)	
4	Included the current treatment plan / medical evidence which school has accepted as authorising non-attendance with the contact details of the named health professional?	
5	Attached / included the signed parental consent?	
6	Stated in the additional information how any funding for those pupils either with an EHCP or Local High Needs Funding and/or Pupil Premium Grant is being used? Included any agreement / plan for the use of additional funding for the pupil?	

Annex 3: Examples of successful support strategies exercised by schools

Reasonable Adjustments
Allocation of key adults at school so pupil(s) know who to contact / who can help.
Soft start to the day – meet and greet.
Clear and consistent routines ensuring pupil(s) know what will happen during breaks etc.
Lunch time clubs available aiming to reduce sensory overload.
Anxiety mapping and regulatory training via SEN.
Teaching and learning adaptations e.g., scaffolding.
Classroom seating arrangements.
Access to identified bespoke learning to reduce demand.
Use of digital resources.
Pupils can pre-order lunch to be collected by staff and distributed to them to eat in solace.
Supported by staff to integrate into canteen to build confidence with eating in assigned area.
Seating at breaks and lunches can be provided to manage anxiety.
Withdrawn from lessons on a short-term basis to work on emotional regulation, to build resilience.
Provided with “Early Leave” cards, to avoid main transition times in corridors between classes.
A short period of phased timetabling where the child is in school but does not attend all lessons.
Sit exams in smaller exam venues e.g., smaller rooms of 10 or 12 pupils.
Ear defenders.
Sensory difficulties are considered as part of the school uniform policy.
Building Confidence
Pupils can attend therapy/ group social skills lessons.
Meet and greet.
Made aware they can speak with anyone they have confidence in, and staff know they should contact a member of the trained mental health team.
Paired up with buddies/ mentors from Y11/13 who have received specific training to support, e.g., meet 6th form progress mentor during registration.
Encouraged to take part in after-school clubs, to help to build confidence about attending.
Offered 1-1 coach support to “catch-up” on core content for English/Maths. Often a barrier to returning as pupils overwhelmed with content they have missed.
Offered 1-1 or group sessions via pastoral support e.g., drama / art/ music/ sport as an escape from school pressures and support with anxiety.
Leadership
Staff account for the needs of all children, including offering a safe place, someone to talk with and liaising with parents at home.
Staff with the requisite training wear ‘Mental Health Matters’ lanyards, informing pupils who is available to support directly if required.
School takes a bespoke approach to each child with an emphasis on breaking down barriers to attendance.
The school has in place a well-trained, dedicated Mental Health team.
Mental Health awareness days and sessions are arranged for pupils.
Inclusive curriculum developed via PSHE plus specific curricula resources.

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AUTHOR OF PUBLICATION:	Richard Woodard
REVIEW DATE:	August 2027

Authorising Officer's Signature:
Jo Fisher

CONTEXT OF SCHOOL

SCHOOL NAME: BATCHWOOD SCHOOL

The named member of school staff responsible for this medical conditions policy and its implementation is:

NAME: Ross Whitaker
ROLE: Headteacher

MISSION STATEMENT

This school is an inclusive community that supports and welcomes pupils with medical conditions.

- This school is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- This school will listen to the views of pupils and parents/carers/carers.
- Pupils and parents/carers/carers feel confident in the care they receive from this school and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at this school and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence
- All staff understands their duty of care to children and young people and knows what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- This school understands that all children with the same medical condition will not have the same needs; our school will focus on the needs of each individual child.
- The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.

This school's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

- Stakeholders include pupils, parent/carers, school nurse, school staff, governors, and relevant local health services.

The medical conditions policy is supported by a clear communication plan for staff, parent/carers/carers and other key stakeholders to ensure its full implementation.

- Pupils, parent/carers/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

All staff understand and are trained in what to do in an emergency for children with medical conditions at this school.

- All school staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff receives training in what to do in an emergency and this is refreshed at least once a year.
- All children with medical conditions that are complex, long-term or where there is a high risk that emergency intervention will be required at this school have an individual healthcare plan (IHP), which explains what help they need in an emergency. The IHP

will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

- This school makes sure that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence and this school keeps an up to date record of all training undertaken and by whom.

All staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff should be aware of the content of this policy, know what action to take in an emergency and receive updates at least yearly.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

This school has clear guidance on providing care and support and administering medication at school.

- This school understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so.
- This school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- This school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- When administering medication, for example pain relief, this school will check the maximum dosage and when the previous dose was given. Parents/carers will be informed. This school will not give a pupil under 16 medicine containing aspirin unless prescribed by a doctor.
- This school will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents/carers/carers at this school understand that they should let the school

know immediately if their child's needs change.
- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible and the school's disciplinary procedures are followed.

This school has clear guidance on the storage of medication and equipment

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment, eg asthma inhalers, epi-pens etc are readily available wherever the child is in the school and on off-site activities, and are not locked away.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed component to carry their own medication/equipment

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with them will be identified and recorded through the pupil's IHP in agreement with parents/carers.
- Pupils cannot carry controlled drugs. All medications are locked in the medical cabinet win the Staff room which can only be accessed by medical administration staff only. Staff at this school can administer a controlled drug to a pupil once they have had specialist training.
- This school will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately. Under no circumstances will medication be stored in first aid boxes.
- This school will only accept medication that is in date, labelled and in its original container including instructions for administration. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents/carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of term.
- This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

This school has clear guidance about record keeping.

- As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
- This school uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in

their IHCP. Appendix 2 is used to identify and agree the support a child needs and the development of an IHCP.

- This school has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents/carers before sharing any medical information with any other party.
- This school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.

This school ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- This school is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities.
- This school makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy,to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This school understands the importance of all pupils taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all pupils. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- This school understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

This school makes sure that pupils have the appropriate medication / equipment / food with them during physical activity and offsite visits.

- This school makes sure that pupils with medical conditions can participate fully to the best of their ability in all aspects of the curriculum and enjoy the same opportunities

at school as any other child, and that appropriate adjustments and extra support are provided.

- All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- This school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/INCO who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils at this school learn what to do in an emergency.
- This school makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

This school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

- This school is committed to identifying and reducing triggers both at school and on out- of-school visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this school, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.

- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- This school works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- Key roles and responsibilities are outlined in flowchart 1.

The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced every year.

- In evaluating the policy, this school seeks feedback from key stakeholders including

pupils, parents/carers, school nurses, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services and governors. The views of pupils with medical conditions are central to the evaluation process.

- Should parents and pupils be dissatisfied with the support provided, they should direct these concerns to the Headteacher.

Early Identification of pupils whose attendance has been affected

- All staff takes responsibility for the identification of the children/young people who are on school roll but are absent from school with a medical need which may impact on their ability to access the curriculum. This will be monitored through the Designated Teacher and key staff identified.
- All staff will support the Designated Teacher to establish, where possible, the amount of time a pupil might be absent and identify ways in which the school can support the pupil in the short term e.g. providing work to be done at home in the first instance.
- The Designated Teacher will have the responsibility for liaising with ESTMA, parents or carers and various agencies where the pupils are too ill to attend school.

Referrals – if a referral to ESTMA is required

- The Designated Teacher will then discuss a referral to ESTMA with the parents/carer and will fill in a Hertfordshire Service Request Form clearly identifying the Education Support Team for Medical Absence (ESTMA) as the requested provider and request medical evidence from the parent/carer.
- The school will ensure that where pupils with long-term and recurrent conditions are absent, the ESTMA will be informed and medical evidence secured. Following the acceptance of the referral the school staff will communicate with other parties, attend reviews and facilitate communication between the pupil and the school.
- This contact will ensure that procedures are followed when a pupil is absent from school for medical reasons including procedures to support:
  - Early identification
  - Referrals
  - Personal education plans
  - Reintegration into school
  - Pupils working towards public examinations
  - Involvement of the pupil
  - Pregnant schoolgirls and schoolgirl mothers
  - Post 16 (GCSE relevance)
  - Evaluation of provision

Evaluation

- The School's policy for the education of pupils with medical needs is accessible for all stakeholders.
- This policy statement and the school's performance in supporting pupils with

medical needs will be monitored and evaluated regularly.

- The school policy takes account of the statutory guidance and legislation contained in:
  - Statutory Guidance for local authorities January 2013
  - Implementing the Disability Discrimination Act in Schools and Early Years Settings'. (2005) (DCSF and Disability Rights Commission)
  - 'Removing Barriers to Achievement' 10 year Government strategy for SEN (2004). DfES ES/0117/2004 DfES ES/0118/2004 (summary)
  - The Education Act 1996 (DfES)
  - CS ESTMA County Policy
  - Race Relations (Amendment) Act 2000 (RRAA)
  - Hertfordshire County Council Equality Policy

ADDITIONAL INFORMATION

1) ROLES & RESPONSIBILITIES

Governing Bodies

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.
- Should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.
- Should ensure that sufficient staff has received suitable training and are competent before they take on responsibility to support children with medical conditions.
- Should also ensure that 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.

Headteacher

- Should ensure that their school's policy is developed and effectively implemented 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.
- Should ensure that all staff who need to know are aware of the child's condition.
- Should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Headteachers have overall responsibility for the development of individual healthcare plans.
- Should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- Should contact 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.

School Staff

- 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 take into account 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.

School Nurse

- 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.
- Provide advice on developing healthcare plans.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).

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.

Parents/carers – should provide the school with sufficient and up-to-date information about their child's medical needs.

- They may in some cases be the first to notify the school that their child has a medical condition.

- Parents/carers 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, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

2) INHALERS

- *If the school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.*
- The protocol for the use of this inhaler follows the Department of Health Guidance on the use of emergency salbutamol inhalers in schools:
  - The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions.
  - Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.
  - The school holds a register of children prescribed an inhaler and this list is kept with the emergency inhaler.
  - Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupils IHP.
  - Parents/carers will be informed if their child has used the emergency inhaler regularly and concerns hi-lighted to parents
  - Appropriate support and training has been provided in line with the school's policy on supporting pupils with medical conditions. School nurse due to train all staff in January/February 2020 on how to recognise an asthma attack.
- The school's two volunteers for ensuring this protocol is followed are

  - **Volunteer 1:** Nina Waters

  - **Volunteer 2:** Alison Hakim