MARLBOROUGH COLLEGE

Framework for Reintroduction of Boarding Pupils after Prolonged Absence

Scope:

This document deals with prolonged, unforeseen pupil absence from school.

Absence may be for physical or mental/emotional health reasons. Examples include the following:

- Debilitating long term illness
- Physical injury/post-op recovery
- Depression / adolescent mental illness / emotional difficulties
- School refusal
- Disordered eating

The definition of what a "prolonged" absence is must be contextualized. What is significant in one yeargroup may not have such an impact in another yeargroup. In general, prolonged absence would be more than that of a full academic cycle, or that which may result from "ordinary" viral illness; three weeks or more.

This protocol addresses the following:

➢ The means by which pupils may be safely reintegrated into school to promote their continued safety, welfare and wellbeing.
➢ The means by which school staff are made confident that they are suitably equipped with the tools, information and support to respond to the needs of returning pupils.
➢ The means by which the school can properly fulfil its duty of care towards returning pupils AND other pupils.

Parties involved:

- Pupil
- Parents
- Deputy Head (Boarding)
- HM and house team
- School Medical Officer
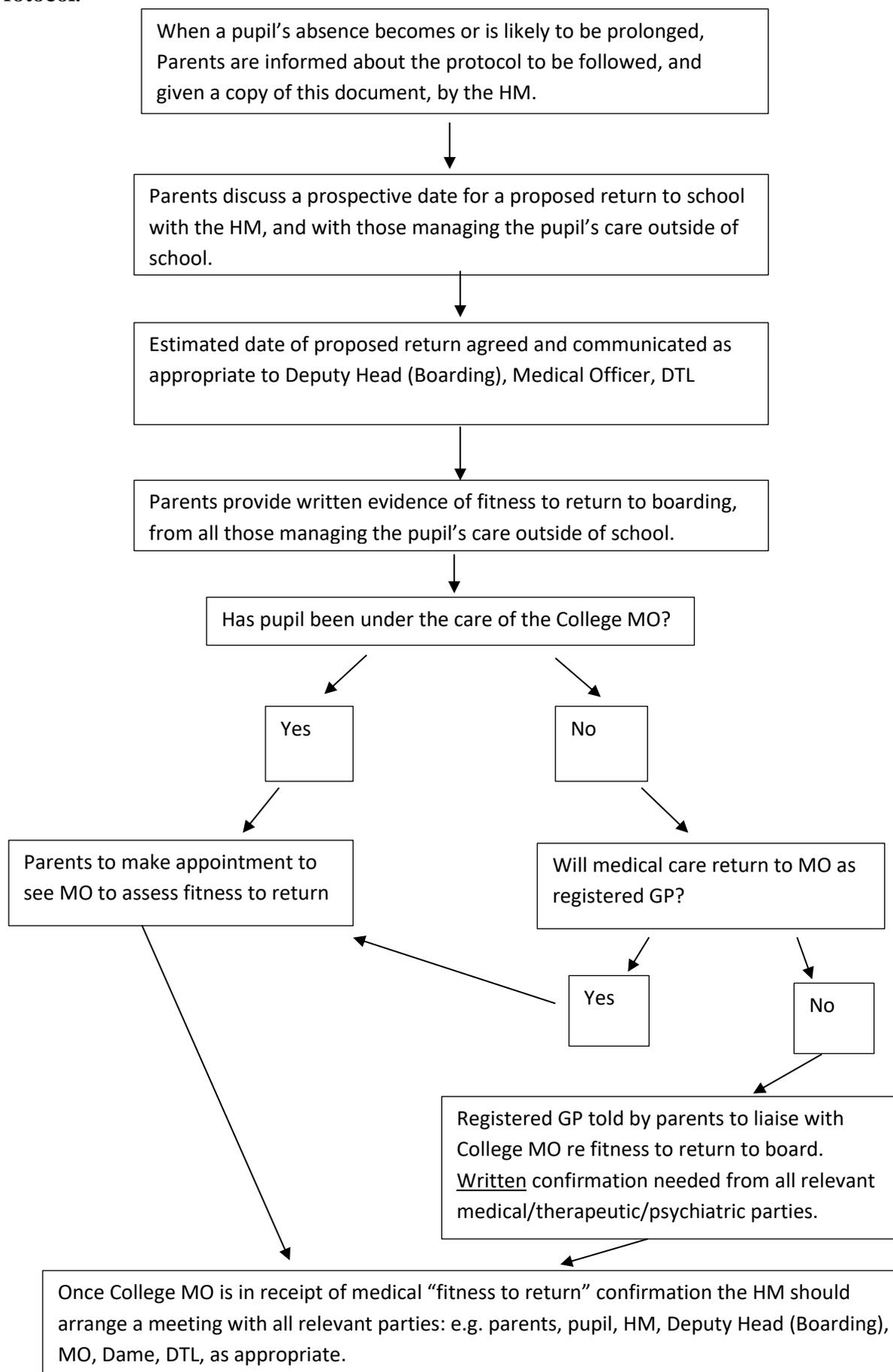- Pupil's teachers'/DTL

There is a need to consider BOTH academic and boarding aspects of a return to school.

In some cases, parents may facilitate day attendance in advance of a return to boarding, in which case consideration of the two aspects may be separate. Clearly a significant point is reached when full boarding care for a pupil is transferred back to the college, and at this stage, it is expected that ALL parts of the protocol below will have been completed.

Communication is clearly crucial. Even during a pupil's absence it would be normal for an HM and the child's parents to be in regular communication about progress towards a return to school, and for this progress to be reported to the Deputy Head (Boarding).

In certain circumstances, a return to full boarding may not be feasible; in such cases the College would offer advice as to alternative possibilities.

Protocol:

When a pupil's absence becomes or is likely to be prolonged, Parents are informed about the protocol to be followed, and given a copy of this document, by the HM.

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Parents discuss a prospective date for a proposed return to school with the HM, and with those managing the pupil's care outside of school.

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Estimated date of proposed return agreed and communicated as appropriate to Deputy Head (Boarding), Medical Officer, DTL

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Parents provide written evidence of fitness to return to boarding, from all those managing the pupil's care outside of school.

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Has pupil been under the care of the College MO?

Yes → Parents to make appointment to see MO to assess fitness to return

No → Will medical care return to MO as registered GP?

Yes

No → Registered GP told by parents to liaise with College MO re fitness to return to board. Written confirmation needed from all relevant medical/therapeutic/psychiatric parties.

Once College MO is in receipt of medical "fitness to return" confirmation the HM should arrange a meeting with all relevant parties: e.g. parents, pupil, HM, Deputy Head (Boarding), MO, Dame, DTL, as appropriate.

Agenda:

1. Agree on whether academic adjustment needed → follow process set out by DTL.

2. Agree on Care Plan → write up by HM/ (Deputy Head (Boarding) → agreed by all parties <u>before</u> return to school.
   Care Plan to address the following:

   - With whom does ongoing medical responsibility lie?
   If College MO   → establish frequency of check-ups and communication procedure to
               HM/ Deputy Head (Boarding)/parents.
              → what support should/can be continued in school?
   If <u>not</u> College MO → establish frequency of check-ups and logistical management.
              → establish clear reporting lines from external practitioners to school
                  E.g. GP → MO: how? Letter? Telephone call?
                  Private Therapist → MO or HM? How?
                  CAMHS → HM? How?

   - Any need for agreed behavioural contract? E.g. monitoring of weight, engagement with procedures for e.g. checking in lesson attendance, reporting to agreed pastoral staff.

   - Date for review of Care Plan.

     → Revise care plan → agree with all parties → set new review date

     →Sign off/suspend care plan → agree with all parties.

Risk Assessment:

- What are the risks associated with a return to boarding, given the pupil's individual circumstances?
- How can these risks be minimised?
- Is the remaining degree of risk acceptable to all parties?
- Agree return date
- HM to communicate to beaks, house team etc.
- Deputy Head (Boarding) to communicate to MT/Medical Team.

It is likely that the protocol suggested above will only apply to very small numbers of pupils in the College at any given time (one or two per year).
It is likely to cover a range of circumstances and thus will need to be adapted accordingly.
The process should not become cumbersome and the intention is that it should be completed relatively quickly (suggested one week time frame) unless particular circumstances prevent this.