Ensuring a good education for children and young people who cannot attend school because of health needs

This policy is applicable to all schools including academies, free schools, independent schools as well as PRUs.
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Definitions and Abbreviations

DfE    Department for Education
EWS    Education Welfare Service
EWO    Education Welfare Officer
CAMHS  Child and Adolescent Mental Health Service
PRU    Pupil Referral Unit
RBWM   Royal Borough of Windsor & Maidenhead
LA     Local Authority
SATs   Standardised Assessment Tests
1 PURPOSE

1.1 This policy sets out RBWM’s standards for the education of children and young people who are unable to attend school because of health needs. The local 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 children and young people are met.

1.2 This policy is RBWM’s response to the Department for Education’s statutory guidance of January 2013 “Ensuring a good education for children who cannot attend school because of health needs” which replaces the previous guidance “Access to education for children and young people with medical needs” (2001). It also references “Pupils Missing out on Education” (November 2013).

2 SCOPE

2.1 This policy applies to all children and young people of compulsory school age for whom the local authority is responsible, who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school, and whatever the type of school they attend. It applies to children and young people who are pupils in Academies, Free Schools, special schools, independent schools and PRUs.

2.2 This policy cross references with related services where appropriate, for example, Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Welfare Service, Educational Psychologists, and, where relevant, School Nurses.

3 OBJECTIVE

3.1 The objective of this policy is to alert schools to updated statutory guidance and to improve further the effectiveness of RBWM’s response to the education of children and young people with medical needs.

3.2 The objective of this policy is also to promote effective monitoring and evaluation of the education provided for children and young people with medical needs.

3.3 The policy will also set out the procedures and responsibilities for those children and young people of compulsory school age unable to attend school.
4 POLICY

Context and statutory guidance

4.1 According to DfE guidance ‘Ensuring a good education for children who cannot attend school because of health needs’ (January 2013):

- Local authorities must arrange suitable full-time education (or as much education as the child’s health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.
- Local authorities should provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative through illness. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.
- Ensure that the education children and young people receive is of good quality, as defined in the statutory guidance Alternative Provision (2013), 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 children and young people in arranging provision.
- Provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative through illness. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.
- Where a child is hospitalised, the hospital may provide education for the child within the hospital, providing the medical advice indicates that the child is well enough to receive that education. The LA role in this case is in monitoring and evaluating the education provided by the hospital over time, through liaison with the hospital teaching service. (RBWM does not have its own hospital and such hospital teaching might be provided by a number of hospitals. These historically, though not exclusively, have included Aylesbury, Oxfordshire, Camden, Harrow, Wandsworth, Kensington & Chelsea, Tower Hamlets, Surrey, Birmingham). Once the named person is aware of a child being educated in hospital, he/she will make arrangements to liaise regularly with the hospital about the child’s case in readiness for the potential for home tuition or other education.
4.2 There is no absolute legal deadline by which the LA must have started to provide education for children and young people with additional health needs. The LA named person will arrange provision as soon as it is clear that an absence will last more than 15 days. Where an absence is planned, for example for a stay or recurrent stays in hospital, the LA named person will aim to make arrangements in advance to allow provision to begin from day one.

**Long-term medical conditions – provision at home or hospital**

4.3 Where children and young people have complex or long-term health issues, the pattern of illness can be unpredictable. The LA named person will discuss the child’s needs and how these may best be met with the school, the relevant clinician and the parents, and where appropriate with the child. This may be delivered through individual support, or by them remaining at school and being supported back into school after each absence. How long the child is likely to be out of school will be important in deciding this.

4.4 Where a child has been in hospital for a longer period and returns home, if appropriate, the LA named person will work to provide education at home or otherwise as quickly as possible. The child’s education may well have been disrupted by their time in hospital, so further discontinuity should be avoided if at all possible.

**Working together – with parents, children, health services and schools**

4.5 Under the Education (Pupil Registration) England Regulations 20064, a school can only remove a pupil who is unable to attend school because of additional health needs where:

- The pupil has been certified by the school medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age.
- Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.

4.6 A child unable to attend school because of health needs must not, therefore, be removed from the school register without parental consent and certification from the school medical officer, even if the LA has become responsible for the child’s education. Continuity is important for children and young people and knowing that they can return to their familiar surroundings and school friends can help their recovery and their educational progress.
Reintegration

4.7 When reintegration into school is anticipated, the LA named person will work with the school (and hospital school, PRU/home tuition services as appropriate) to plan for consistent provision during and after the period of education outside school. As far as possible, the child should be able to access the curriculum and materials that he or she would have used in school. The LA named person will work with schools to ensure that processes are in place so that children and 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.

4.8 The LA named person will work with schools to set up an individually tailored reintegration plan for each child. This may have to include extra support to help fill any gaps arising from the child’s absence. It may be appropriate to involve the school nurse at this stage as they may be able to offer valuable advice. The school nurse will also want to be aware that the child is returning to school, so that they can be prepared to offer any appropriate support. Under equalities legislation schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child.

4.9 Where the absence is likely to be lengthy, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. While most children and young people will want to return to their previous school routine at once, some will need gradual reintegration over a longer period.

Public examinations

4.10 Efficient and effective liaison is important when children and young people with health needs are approaching public examinations. The hospital school, PRU or home tuition teachers should be able to arrange a suitable focus on the child’s education at this stage in order to minimise the impact of the time lost while the child is unable to attend school.

Procedures in RBWM

4.11 RBWM will arrange suitable, full time education (or as much education as the child’s health condition allows) for children and young people of compulsory school age, who because of illness, would otherwise not receive suitable education. Unless the pupil’s condition means that full time provision would not be in his or her best interests.
4.12 In RBWM the named officer responsible for the education of children and young people with additional health needs is David Scott and can be contacted on 01628 796748.

4.13 Education provision for pupils who are physically ill, injured or who have clinically defined mental health problems is the responsibility of all schools and education services. In RBWM specific provision over and above that expected to be provided from schools is made through David Scott.

4.14 The aim of this provision is to:

- Minimise disruption to learning
- Deliver an appropriate and personalised education and
- Successfully reintegrate pupils into mainstream provision at the earliest opportunity when they are well enough to return.

4.15 RBWM recognises that, whenever possible, pupils should receive their education within their school and the aim of the provision will be to reintegrate pupils back into their school at the earliest opportunity and as soon as they are well enough. Arrangements for reintegration will be discussed with school staff and each pupil will have a personalised reintegration plan.

Process for referral

4.16 All schools should have their own policy and procedures that reference the LA policy and national guidance.

4.17 All children and young people should attend their “home” school and links to this school should be maintained throughout the child’s illness. Whilst the child is on the school roll he / she remains the responsibility of the school. Where a child is absent from school for a medical issue (beyond the usual childhood illnesses) the school should, in the first instance work with the Education Welfare Service to ascertain the issue and the possible timescale for the child’s return to school.

4.18 In line with this guidance, where it is evident that a child is unlikely to return to school in the immediate future, then the school should consider a referral for education using the procedures for children and young people unable to attend school because of medical needs.
Who can refer?
4.19 Referrals for tuition can be made by schools and the following agencies:

- Education Welfare Service
- Special Educational Needs Department
- Educational Psychology Service
- Medical Consultants/Berkshire Adolescent Unit.

4.20 The referral process is shown in Appendix 1.

Pupil Funding
4.21 The school retains the funding for the pupil (including where they refer to other agencies for help) and will remain responsible for:

- Ensuring half-termly work plans are available in all National Curriculum subjects which the pupil would normally be studying.
- The loan of appropriate resource materials where possible.
- Examination entry fees.
- Making arrangements for SATS.
- Assessment of coursework jointly with the tutor.
- Career interviews.
- Work experience placements.
- Informing all other agencies of any alternative to the agreed plan of action.

Responsibilities of the Specialist Inclusion Service
4.22 The Special Inclusion Service becomes responsible for:

- The delivery of an appropriate education experience.
- Sending regular reports to the school outlining the pupil's progress and achievement.
- Working with the mainstream school's EWO to ensure good attendance whilst on tuition and if necessary requesting the EWO carries out a home visit.
- Completely accurate attendance records which will be sent to the school with the pupil's report.
- Implementing the agreed programme of reintegration.
- Attending review meetings.
- Ensuring tutors receive appropriate in-service training.
**Long-term problems**

4.23 With some illness there may be problems with the unpredictable and changing pattern of the illness. Meetings should be held regularly to review the situation and plans may need to be modified accordingly. If a pupil is expected to be away from school for more than 15 working days, education/tuition should begin as soon as possible from the time the pupil is absent from school.

4.24 Some young people may be too severely affected by their illness to participate in any form of education. Education should only continue when they are ready and in a planned way which ensures that children and young people do not feel under pressure to study but in a way in which they are encouraged to do so in a way which is likely to be sustainable.

**Withdrawal of tuition**

4.25 There are three instances where tuition may be withdrawn:

- If a pupil fails to attend or make themselves available for tuition on a regular basis without production of an appropriate medical certificate. A further meeting then will be convened to establish the way forward.
- If an appropriate adult is not on site. It is parental responsibility to ensure an appropriate adult is in situ. Timings would be negotiated.
- If the pupil ceases to follow a therapeutic programme recommended by any other agency as part of a rehabilitation & reintegration package

4.26 Appeals against the decision to withdraw tuition should be submitted to the Office of the DCS.

**5 ROLES AND RESPONSIBILITIES**

5.1 The guidance ‘Ensuring a good education for children who cannot attend school because of medical needs’ states ‘the LA is responsible for arranging suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. It applies to children who are pupils in Academies, Free Schools, special schools and independent schools as well as those in maintained schools.’

5.2 The law does not define full-time education but children and young people with health needs should have provision which is equivalent to the education they
would receive in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated.

5.3 Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, the LA should provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.

6 MONITORING, EVALUATION AND REVIEW

6.1 This policy will be reviewed annually and will include seeking feedback and evaluation from schools, families and young people about the effectiveness of the service offered. In the light of this feedback, the policy will be revised and updated as appropriate. The effectiveness of the policy and its procedures will be monitored in an ongoing way through reporting to DMT quarterly.

7 ASSOCIATED DOCUMENTS

7.1 The policy is supported by a range of documents:

- Ensuring a good education for children who cannot attend school because of medical needs (DfE Statutory guidance for local authorities January 2013)
- Pupils missing out on education (Ofsted November 2013)
Appendix 1

Referral form completed if:-
1. Child is in hospital, physically ill or injured.
2. Child is to be discharged from hospital and unable to return immediately to school.
3. Has a clinically defined mental health issue.

Named person

Contact school/family/hospital/clinician as appropriate

Personalised education plan drawn up outlining roles and responsibilities. School to be involved - curriculum planning and delivery.

Tutor allocated

Tuition begins

Reviews (usually half termly)

Reintegration plan

Successful reintegration to school

10 working days

If unable to return to school Preparation for public exams

Supported to sit exams

Pathway to further education/employment/ training