

ENSURING A GOOD EDUCATION FOR CHILDREN WHO CANNOT ATTEND SCHOOL BECAUSE OF HEALTH NEEDS

Northamptonshire County Council Policy Document

March 2019

Please note that for the purpose of this policy, the term ‘medical condition’ also refers to mental health conditions.

Local Authorities, including Northamptonshire, have a duty set out in Section 19 of the Education Act 1996 and the DfE Statutory Guidance ‘Ensuring a good education for children who cannot attend school because of health needs’ (DfE, 2013. See appendix 1) to provide education for children who cannot attend school full time due to their medical needs..

Schools and academies should be providing support for their pupils with medical needs under their statutory duties as defined in ‘ Supporting pupils with medical conditions at school’ (DfE, 2014). It is only when the pupil’s medical condition becomes too complex or the risks are too great to manage in school that this policy would then apply (see appendix 1).

Other related documents are The Equality Act (2010), the Academies Act (2010), Ofsted Common Inspection Framework (2019), ‘Alternative Provision: Statutory Guidance for local authorities (2013) School and Early Years Finance Regulations (2012).

In line with this duty, Northamptonshire County Council (NCC) will oversee 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. 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.

The law does not define full-time education but children with additional health needs should have provision which is equivalent to the education they would

receive in school, “unless the pupil’s health means that full time education would not be in his or her best interests” (DfE, 2013). 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. Full time could also be made up in one or more settings.

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, Northamptonshire County Council will accept part-time education as advised by health practitioners who are also working with the child. The part time education will be regularly reviewed, and a plan for increasing hours will be put in place where appropriate. Full and part-time education will still aim to achieve positive educational progress (particularly in English, Maths and Science) and improved social and emotional health.

Responsibility for alternative provision remains with the commissioner (usually the school or NCC). The nature of the intervention, the objectives, the expected outcomes and timeline to achieve the objectives should be made clear. Where reintegration to school is an objective, there should be an agreement on how to assess when the pupil is ready to return and the school should provide or commission a package of support to assist reintegration. Objectives and plans should be set out in writing and regularly monitored.

Commissioners should recognise any issues or barriers and hence a potential requirement for alternative provision as early as possible and carry out a thorough assessment of the pupil’s needs. A personalised plan for intervention should be prepared by the commissioner, setting clear objectives for improvement and attainment, timeframes, the monitoring of progress and a baseline of the current position from which to measure progress. Plans should also link to other relevant information, such as Education, Health and Care plans for children with SEND.

The Commissioner will review the provision offered regularly, with the family and all professionals concerned, to ensure that it continues to be appropriate for the child and that it is providing suitable education.

Within Northamptonshire, the responsibility for educational provision for children with additional health needs which cannot be met in a school setting has been delegated to Hospital and Outreach Education (HOE) which is an Alternative Provision Academy, and is part of The Skylark Partnership. Where the commissioner decides to use the support of HOE, there is a charge, equivalent to the Age Weighted Pupil Unit (AWPU) of the year group (see HOE Charging

Policy)

Shorter term illnesses or chronic conditions are best met by school support and resources (see appendix 1 for schools statutory duty). Such conditions that might meet this criteria include short term post operative support, and periods of reduced immunity.

HOE and the referring school will decide how best to meet the needs of the child, this could be via HOE or the school with additional support and advice.

The named NCC officer responsible for the education of children with additional health needs is Gwyn Botteril.

Ensuring children in Northamptonshire have a good education

HOE seeks to provide the same opportunities for children and young people with health needs as their peers, including a broad and balanced curriculum, which is of good quality (as defined in Alternative Provision: Statutory Guidance 2013). The education will be flexible and appropriate to pupils' health needs, and regularly reviewed to reflect their changing health status. It will aim to prevent them from slipping behind their peers in school and allow them to reintegrate successfully back into school as soon as possible. It will allow them to take external qualifications if appropriate. All children who are supported will have an individual learning plan and clearly defined objectives, including plans for the next steps following placement, such as reintegration to school, further education, training or employment.

Teaching staff within HOE will receive appropriate continuing professional development on curriculum and the impact of medical/mental health conditions as barriers to and engagement with education.

HOE may, with agreement with the commissioner and according to the charging policy, use electronic media e.g. Apricot Learning, or Academy 21 Virtual School, to provide access to a broader curriculum and to increase the numbers of hours of provision. However, this will be used in association with face to face contact and never in isolation.

HOE will maintain good links with all schools, academies and free schools in their area through effective communication and clear processes of assessment and

referral. HOE will also ensure that schools are aware of their key role, and reminded of their responsibilities in supporting their pupils with additional health and medical needs, so the child can be reintegrated back to school as smoothly as possible. Schools will be encouraged to maintain their links with parents/carers who also have a vital role to play e.g. keeping in touch through school newsletters, emails, invites to school events etc.

Schools must have a policy for supporting pupils with medical needs or include it as part of their medical, inclusion or SEND policy, which sets out how they will provide support. Some schools may choose not to make use of HOE and set up their own educational support programme. In this case, HOE could provide advice and monitoring of the education provided if requested.

HOE can support schools alongside school nurses in the development of individual healthcare plans for pupils with complex medical and mental health needs.

Identification and intervention

HOE may provide appropriate education, or may provide advice to school on how best they can meet their pupil's needs, once requested by the school, and as soon as it is clear that the child will be away from school for 15 days or more or is too unwell to access education at their home school/normal place of education. The 15 days can be consecutive or cumulative within a 12 month period. Staff will liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child. Every effort will be made to minimise disruption to the child's education. Where there may be an initial delay in accessing specific medical evidence from a consultant, evidence from a General Practitioner may be used as part of an agreed assessment placement, provided that a referral to a specialist has also been made. If a child has a long term or complex health issue, the school needs to ensure that the educational provision is regularly reviewed with medical professionals, parents/carers and HOE and amended as appropriate. The best way to do this is to use an Individual Healthcare Plan as outlined in the DfE statutory guidance (see appendix 1).

Where an absence is planned e.g. hospital admission or recurrent stay in hospital, educational provision should begin as soon as the child is well enough. Teachers in the hospital settings will liaise with the child's home school and work with them to minimise any disruption to their education.

Children with long term health problems will not be required to provide continuing

medical evidence. However regular liaison with health colleagues is important and the level of support required may be discussed with other multi-agency professionals as necessary. HOE and the child's home school will decide on the most appropriate provision as they are the educational specialists. There is also an expectation that children and their parents/carers will cooperate fully with all medical advice and support offered and ensure they attend appointments. Recommendations from medical advice following a hospital discharge will be noted and HOE will liaise with the child's home school to complement the education provided until they are well enough to return. Educational provision will be put in place as quickly as possible with a view to reintegration back into mainstream as soon as appropriate.

When a child is approaching public examinations, HOE teachers will focus on the most appropriate curriculum in order to minimise the impact of the time lost while the child is unable to attend school. Awarding bodies may make special arrangements for children with permanent or long-term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations. School or HOE (whoever is most appropriate) should submit applications for special arrangements to awarding bodies as early as possible. If school is making the application, HOE, in association with medical professionals, will provide advice and information to the school to assist it with such applications.

Working together – with parents/carers, children, health services and schools

Parents/carers have a key role to play in their child's education and can provide helpful information to ensure that the teaching approach is successful. In the case of a Looked After Child, HOE, local authority representatives and primary carers would fulfil this role. Children will also be involved in decisions, their engagement dependent on their age and maturity. This supports HOE and the school in being able to arrange the most appropriate educational provision with which the child is able to engage.

Effective multi-agency collaboration is essential in devising appropriate personalised individual learning plans.

HOE will act on behalf of the local authority to remind schools they cannot remove pupils from their roll because of an additional health need without parental consent and certification from the school medical officer, even if they are being supported by HOE (Education (Pupil Registration) England Regulations

2006) and to ensure that they are meeting their statutory duty to provide suitable and appropriate education for pupils with medical needs.

Reintegration

The plans for the longer term outcome and the next steps in a pupil's education will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013).

Reintegration into school is always anticipated, unless it is clear that, for example in year 11, that it is in the interests of the pupil to remain with HOE until the end of the year. HOE will work with the school to ensure education is maintained during this period. On return to school each child should have an individual healthcare plan and/or an individual learning plan which specifies the arrangements for the reintegration and may include extra support made available to help 'fill gaps' or provision of a 'safe place' if the child feels unwell. Advice from other medical professionals, including school nurses, can be helpful. For children with long term or complex health conditions, 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. Children and their families are informed at the outset that the long term intention will be to support the child's reintegration to school. While most children will want to return to their previous school routine promptly, it is recognised that some will need gradual reintegration over a longer period.

Provision for the education of children under and over compulsory school age

Education for children under or over the compulsory school age will be provided, with the same admission criteria. For other pupils, each case will be considered individually in discussion with the school or college. (See HOE Admissions Policy)

This policy is linked with related services e.g. Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Inclusion Partnership Team, educational psychologists, and school nurses.

This policy will be reviewed by NCC and HOE annually as part of the service review or on publication of updated statutory guidance.

Appendix 1: Links to documentation referred to in the policy

Department for Education (2013) *Ensuring a good education for children who cannot attend school because of health needs.* –

<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

Department for Education (2014, update 2017) *Supporting children at school with medical conditions* - <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3> Also has the templates for use by schools and links to other resources.

Department of Education (2013) *Alternative provision*

<https://www.gov.uk/government/publications/alternative-provision>