



SUPPORTING CHILDREN WHO CANNOT ATTEND SCHOOL BECAUSE OF HEALTH NEEDS (DEVON)

Policy Reference No	SG008b
Review Frequency	Annual
Reviewed	Autumn 2023
Next Review Date	Autumn 2024
Approved by	Full Board

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Change Log

Date	Changes to Policy
Autumn 2023	Updates to Section 5, removal of previous referral forms (now link to website for referral)
Autumn 2022	No changes
Autumn 2021	Change of MTS (Medical Tuition Service) to Devon inclusion team throughout

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The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

This policy is written in line with the requirements of:

- Children and Families Act, 2014 - section 100
- Education for children with health needs who cannot attend school, DfE 2013
- Supporting pupils at school with medical conditions, DfE 2015
- 0-25 SEND Code of Practice, DfE 2015
- Equalities Act, 2010
- Education for Children with Medical Needs – Devon County Council - May 2016

This policy should be read in conjunction with the following school policies:

- SEND Disability and Inclusion Policy
- Safeguarding Policy
- First Aid Policy
- Supporting Pupils with Medical Conditions

1. Aims

This policy and practice document aims to ensure that all pupils on roll aged 5 – 11 who are unable to attend school because of medical needs and would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, so that they are able to maintain the momentum of their education and to keep up with their studies. It should be read alongside the statutory guidance produced by the DfE. 'Ensuring a good education for children who cannot attend school because of health needs. Statutory Guidance for Local Authorities - January 2013'.

Educational provision for children who are not in hospitals and unable to attend school because of their medical needs is provided by Devon Inclusion Team. Pupils are usually taught in small groups or on a 1 to 1 dependent on need. Hospital Tuition is provided during a child's admission to hospital if they are well enough to receive it. It is the ethos of the service that wherever possible the service will support an eventual return to educational schooling when the student is medically fit to do so.

Children and young people who are unable to attend school because of their medical needs will include those with:

- Physical health issues
- Physical injuries
- Mental health problems, including anxiety issues
- Emotional difficulties/school refusal
- Progressive conditions
- Terminal illness
- Chronic illnesses

2. General Principles

- Schools will continue to support and provide a suitable Education for children with health needs whenever possible.
- Schools will work in partnership with the Devon Inclusion Team to ensure the child's academic needs are met. Schools will have a named member of staff who will work with the Inclusion team strategic lead to agree a timetable and to support their reintegration back into their originating school.
- The primary aim of the Local Authority's policy and practice is to minimise, as far as possible, who are unable to attend school, the disruption to normal schooling that can be experienced by children and young people with medical needs by continuing education as normally as their needs allow.
- A timetable will be drafted in consultation with the schools named link worker.
- Where a pupil is educated off site in line with advice from the Inclusion team, the aim will be for full time education as quickly as possible. However, the number of hours offered will be dependent upon the individual child's needs. It is expected that the originating school will continue to offer some hours of education whenever possible to facilitate the child's full-time return.
- The law does not define full-time education but children 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.
- Children and young people admitted to hospital will receive education in hospital as determined appropriate by the medical professionals and hospital school/tuition team for the hospital concerned.

- We will work with parents/carers, schools, and Community Paediatricians to establish and maintain regular communication and effective outcomes.
- A school may refer a student to the Devon Inclusion Team, but only after a period of 15 days continuous ill absence or admittance to a hospital. The school should include all relevant medical evidence from medical professionals and supporting agencies to support the application to the service.

3. The role of the Local Authority

Local Authority must ensure that:

- Every child should have the best possible start in life through a high-quality education, which allows them to achieve their full potential.
- A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum. As far as possible, children with health needs and who are unable to attend school should receive the same range and quality of education as they would have experienced at their home school
- The law does not define full-time education but [children 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.
- 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, we will provide part-time education on a basis we 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.
- We have a [named officer responsible for the education of children with additional health needs](#).
- Where we have identified that alternative provision is required, we will ensure that it is arranged as quickly as possible and that it appropriately meets the needs of the child.
- In order to better understand the needs of the child, and therefore choose the most appropriate provision, we will work closely with medical professionals and the child's family, and consider the medical evidence.
- We will make every effort to minimise the disruption to the child's education. For example, where specific medical evidence, such as that provided by a medical consultant, is not quickly available, we will consider liaising with other medical professionals, such as the child's GP, and consider looking at other evidence to ensure minimal delay in arranging appropriate provision for the child.
- Once parents have provided evidence from a consultant, we will not unnecessarily demand continuing evidence from the consultant without good reason, even where a child has long-term health problems. Evidence of the continuing additional health issues from the child's GP should usually be sufficient.
- In cases where we believe that a consultant's on-going opinion is absolutely necessary, we will give parents sufficient time to contact the consultant to obtain the evidence.

4. The role of the academy

All schools are required to establish written policies and procedures for dealing with the education of pupils with medical needs, (including the completion of Health Care Plans as appropriate):

- The policy should include information such as how the school will make educational provision for pupils, what strategies will be used to ensure support for pupils with long-term absences and how pupils will access curriculum materials and public examinations.
- The school will be expected to nominate a teacher to act as the named contact for each child who will facilitate communication generally between the pupil and the school, arrange reviews and keep records.
- The school will monitor pupil attendance and mark registers so that they show if a pupil is, or ought to be, receiving education otherwise than at school. Children will not be removed from school registers unless medical evidence states that the child will be unable to attend school for the rest of their compulsory schooling.
- In the case of a pupil who is expected to be absent for 15 working days or less, and where this is not part of a pattern of absence related to a chronic or recurring illness, make arrangements in liaison with the pupil's parents to provide the pupil with homework as soon as they become able to cope with it.
- Ensure that pupils who are not attending school because of medical needs where the absence is expected to last for more than 15 days are referred promptly to the educationinclusion@devon.gov.uk so that alternative education can be provided in a timely way.
- Work closely with the staff in the hospital school and/or tuition service and in particular:
 - Ensure that information about the pupil's curriculum, their achievements and any special educational needs that they may have is provided promptly
 - Provide appropriate work and materials promptly and regularly
 - Be active in the monitoring of progress and in the smooth reintegration into school, liaising with other agencies as necessary
 - Ensure that pupils who are unable to attend school because of medical needs are kept informed about school social events, and are able to participate in homework clubs, study support and other activities as appropriate.
 - Encourage and facilitate liaison with peers, for example through visits and videos.
 - Schools should promote cooperation between them when children cannot attend school because of ill health.

5. Referrals Route

Schools should notify the LA, as soon as it is clear that the child will be away from school for 15 days or more because of additional health needs, whether consecutive or cumulative.

More information can be found at <https://www.devon.gov.uk/support-schools-settings/inclusion/education-inclusion-service/support-for-pupils-with-health-needs/>

Schools must submit all the relevant and requested forms for a referral to be accepted for panel discussion.

Please note that all learners remain on roll with the school that made the application for them. The school must not remove them from their roll unless they move out of area or change schools.

6. Monitoring and Evaluation

The progress of pupils receiving tuition because they are unable to attend school due to their medical needs will be monitored by the staff at the provision and/or the staff of the hospital school in conjunction with the named member of the school staff.

7. Public Examinations

- The Hospital tuition, medical provision 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.
- Awarding bodies will make special arrangements for children with permanent or long-term disabilities or learning difficulties, and with temporary disabilities, illnesses and indispositions, when they are taking public examinations. The LA (or the school where applicable) should submit applications for special arrangements to awarding bodies as early as possible. Those providing education to a child out of school should provide advice and information to the school to assist it with such applications.

8. SEN

- Children with Special Education Needs (SEN) should have individual Education Plans (IEP's) and should continue to receive Annual Reviews organised by the school. The schools Special Educational Needs Co-ordinator should be regularly involved in liaison with the school and the SEN team.

9. Review and reintegration

- Decisions about when and how a pupil should return to school following illness need to take account of a wide range of views, including those of the pupil, their parents/carers, the staff at Inclusion Team and the pupil's school, the Community Pediatrician, and the Child and Adolescent Mental Health Service.
- It is essential that each pupil receiving tuition because they are unable to attend school due to their medical needs is reviewed at least 3 times per academic year. This should involve staff at the medical provision liaising with the relevant Community Pediatrician and/or Child and Adolescent Mental Health Service/or GP to determine:
 - Referrals are accepted on the understanding that the referrer or named contact maintain an overview of each child's situation. The named contact will arrange the date/time/venue of review and invite relevant professionals and parent/carer.
 - Whether the pupil continues to need tuition (unless the advice received previously has indicated a need for longer term tuition, for example in the case of a pupil who is terminally ill)
 - Whether plans need to be made to reintegrate the pupil into mainstream school, and if so, whether there are factors that need to be taken into account
- When the pupil is considered well enough to return to school, staff at the medical provision will develop an individually tailored reintegration plan in liaison with the pupil, their parents/carers, the school and other agencies who are actively involved.
- Where the pupil might benefit from a phased return to school the staff at medical provision may plan to reduce their own input by the number of hours that the pupil is expected to attend school.