

Date: 11/21

Review Date: 11/23

ENSURING A GOOD EDUCATION FOR CHILDREN AND YOUNG PEOPLE WHO ARE UNABLE TO ATTEND SCHOOL BECAUSE OF HEALTH NEEDS

Introduction

This policy sets out the Swindon Local Authority standards for the education of children and young people who are unable to attend school¹ due to health needs. The 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 learners are met.

We recognise that there is a shared responsibility between the local Authority, Schools and partner agencies to successfully implement this policy. It is centred on high quality integrated service provision in order to promote better outcomes for this cohort of children and young people.

Consultation

This policy has been reviewed in consultation with:

Designated Clinical Officer, Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG)

Designated Medical Officer Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG)

Children's Commissioning Lead (Swindon), Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (CCG)

Head of Statutory SEND Services Swindon

Head Teacher Education Other than at School (EOTAS)

Swindon SEND Families Voice (SSFV).

Swindon School Nursing Service

Swindon TaMHS.

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The Statutory Framework

In January 2013 the Department for Education, published statutory guidance entitled 'Ensuring a good education for children who cannot attend school because of health needs – Statutory Guidance for Local Authorities'. This replaced the previous guidance 'Access to Education for Children and Young People with Medical Needs' (2001).

The 2013 document provides comprehensive guidance to Local Authorities and related services. Roles and responsibilities, including those of the Local Authority and School, are outlined in detail. This policy should be read alongside this guidance and any future relevant guidance.

There is a requirement that each Local Authority publish a policy detailing standards, procedures and responsibilities for those pupils unable to attend school due to health medical needs.

In line with Section 19 of the Education Act 1996, a Local Authority has a duty to:

"make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, or otherwise, may not for any period, receive suitable education unless such arrangements are made for them."

This policy sets out the roles and responsibilities of the Local Authority, schools and the relevant alternative education service provider, Swindon Education other than at school (EOTAS).

DfE 2013 guidance Paragraph 5;

'The Government's policy intention, and therefore the driving force behind reforms in alternative provision, is that all children, regardless of their personal circumstance or education setting receive a good education. To make this possible, alternative provision should address a pupil's individual needs whether they be health related, behavioural related, or otherwise through an appropriately tailored approach. This should also include social and emotional needs, for example ensuring that pupils feel fully part of their school community, are able to stay in contact with classmates, and have access to the opportunities enjoyed by their peers. Alternative provision, and the support framework which surrounds it, should enable a pupil to maintain academic progression and attainment, and allow them to thrive and prosper in the education system. This support framework should work cohesively across organisational boundaries and include a structured understanding and assessment of the needs of a pupil, and appropriate referral and re-integration that focuses on the pupil's interest and appropriate outcomes rather than processes. Local authorities, schools, providers, relevant agencies and parents should work together constructively in order to ensure the best outcomes for a pupil.'

Advice provided to schools regarding supporting children with medical needs in school.

Bath, and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group colleagues have issued guidance to all schools on supporting children with

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medical needs in school. "guidance for supporting educational and community settings to meet the needs of children and young people with medical conditions."

<https://bswccg.nhs.uk/docs-reports/policies-and-governance/1931-bsw-ccg-guidance-for-supporting-educational-and-community-settings-to-meet-the-needs-of-children-and-young-people-with-medical-conditions/file>

Start of provision

Swindon Local Authority is responsible for ensuring that pupils with health needs are not at home or in hospital for more than 15 working days without access to education; this may be consecutive or cumulative with the same medical condition. Effective liaison with medical professionals will ensure that there is a minimum of delay in starting appropriate support.

Number of hours of education

Swindon Local Authority will arrange suitable full-time² 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.

Named Officer

Swindon Local Authority is responsible for ensuring that there is a named senior officer with responsibility for the provision of education for children and young people who are unable to attend school due to medical needs. In this authority, the officers named are;

Head of SEND

Head of Access and School Partnerships.

Objectives of the appropriate provider

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. Within Swindon provision is made through Education Other Than at School (EOTAS).

The aim of this provision is to:

- Minimise disruption to learning through continuity of education in the curriculum;
- Deliver an appropriate and personalised education of a high standard;
- Ensure pupils make good progress in their education and do not fall behind

their peers, particularly in key subjects;

- Successfully reintegrate pupils in to mainstream provision at the earliest opportunity when they are well enough to return.
- Ensure pupils are able to obtain qualifications as appropriate to their age and abilities;
- Pupils feel fully part of their school community and are able to stay in contact with classmates.

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Reintegration

We recognise that, whenever possible, pupils should receive their education within their mainstream school and the aim of the provision will be to reintegrate pupils back in to mainstream education at the earliest opportunity as soon as they are well enough.

Arrangements for reintegration will be discussed with the school staff, and health professionals as required. Each child or young person will have a personalised reintegration plan.

DfE Guidance para 26;

"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 will want to return to their previous school routine at once, some will need gradual reintegration over a longer period."

The role of parents/carers

DfE guidance para 20;

'The LA and/or the provider delivering the education should consult parents before teaching begins. Parents have an important role to play, whether their child is at home or in hospital. Parents and carers can provide useful information that can inform the teaching approach. In the case of a looked after child, the LA is responsible for safeguarding the child's welfare and education. Both the LA and primary carers (foster carers or residential social workers) would fulfil the parental role here and should be engaged. Children should also be involved in decisions from the start, with the ways in which they are engaged reflecting their age and maturity. This will help ensure that the right provision is offered and encourage the child's commitment to it.'

A parent/carer's role in the education and care of their children is vitally important. It is also important to recognise the role that foster carers and Social Workers have in caring for children and young people who are deemed to be Children Looked After.

It is important to acknowledge and respond to the voice of the child, making sure that parental and children's voices are heard, and that they are both involved in the decision-making processes and that communication remains continuously open and transparent at each stage with parents being consulted before teaching begins and being kept up-to-date and involved throughout the process.

The role of the school; assessment, referral and communication

EOTAS staff will maintain good links with the child/young person's home school, and through regular reviewing, involve them in decisions concerning the education programme and pupil progress. This should also include social and emotional needs, for example: ensuring that learners feel fully part of their school community, are able to stay in contact with classmates, and have access to the opportunities enjoyed by their peers. EOTAS staff will maintain good

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links with relevant health professionals and follow clinical advice and guidance on supporting the child's medical needs in school and where necessary support or complete referrals to relevant services.

The school should be aware of its continuing role in the child/young person's education whilst they are not attending for example, through;

- Providing relevant assessment information,
- Supplying curriculum materials and books,
- Liaising with EOTAS staff over planning and examination course requirements where appropriate.
- Ensuring that there is a named teacher within school who can co-ordinate and support these links.
- Maintain regular contact with the young person so they feel a valued part of the school community

All pupils will remain on roll of their home school and the prime responsibility for their education lies with that school.

Referral process

Referral to Swindon EOTAS is made through the website – www.eotas.org.uk A referral form is included under the 'home' tab and details on medical provision including useful advice for schools can be found under the 'info' tab.

Assessment of pupils needs

As soon as educational support via EOTAS has been agreed, staff from the team supporting children with medical needs will be in touch with the school. School colleagues will be required to provide baseline assessment information and curriculum plans to inform the planning of educational provision. This information, along with advice from medical professionals, will ensure that the education provided is effectively matched to the child or young person's unique needs. Colleagues from EOTAS will then make direct contact with the family to arrange an interview to plan for a start date and to agree the provision to be put in place bespoke to the child/young person's medical condition.

Where specific medical evidence, such as that provided by a medical consultant, is not quickly available, consideration should be given to 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.

With planned hospital admissions, the teacher who will be teaching the child should be provided with as much forewarning as possible, including the likely admission date and expected length of stay. This allows them to liaise with the child's school about the programme to be followed while the child is in hospital. A personal education plan should be set up which should ensure that the child's school, and the hospital school can work together.

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In all cases, effective collaboration between all relevant services (LAs, CAMHS, NHS, schools and, where relevant, school nurses) is essential to delivering effective education for children with additional health needs. This applies whether the child is in hospital or at home. When a child is in hospital, liaison between hospital teaching staff, Riverside College – Hospital Education, Tuition and Outreach Service and the child's school can ensure continuity of provision and consistency of curriculum. It can ensure that the school can make information available about the curriculum and work the child may miss, helping the child to keep up, rather than having to catch up.

Mental health conditions which have not been 'clinically defined'

There are occasions where a GP or another professional who is providing support to a family recommends that a pupil should perhaps not attend school due to their mental health. In such cases a mental health condition is not "clinically defined". Such situations need to be considered carefully and it is noted that in most cases colleagues working within specialist mental health services (TAMHS, CAMHS) would recommend that where possible the pupil should attend school with

a support package. In most cases continuity and daily routine are better for the pupil's mental health.

Monitoring pupil progress

A pupil's objectives and individual education plan will be prepared by EOTAS colleagues in consultation with the school and will be in writing. Progress will be regularly reviewed and monitored by all parties, including the learner and their parent/carers. Reports and reviews will be shared termly.

Good quality provision and flexible to meet individual needs

The education provided will be tailored to the learner's individual educational needs and the impact of their medical condition on their ability to access education. Use of baseline assessment information from the home school will inform individual educational plans, which will be suitable³ and flexible enough to be appropriate to the learner's needs. The nature of the provision should also reflect the demands of what can be a changing or fluctuating medical condition.

Staff who provide education for children with health needs should be provided suitable training and information relating to the child's health condition, and the possible effect the condition and/or medication taken has on the child. This information should be included in the child's Individual Health Care Plan or Education Health Care Plan and informed by health professionals and take into consideration local and national guidance.

Schools are responsible for monitoring the quality of provision for the individual learner e.g. through regular reviewing. EOTAS will be quality assured through the Ofsted inspection process.

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Online learning tools

Online learning tools can be used to support the learner's education. The learner should, where available, have access to ICT equipment and to their schools intranet and internet. The DfE states that the use of electronic media such as 'virtual classrooms' learning platforms and so on can provide access to a broader curriculum but this should generally be used to complement face to face education. It is noted that in some situations the child's needs may make it appropriate to use virtual education for a period of time.

Given the advances in technology and the most recent need for remote educational provision to be provided to many children It is important to consider how advances in technology may be used to support an individual child's circumstances. An example

of this is the consideration of the use of robot technology which is currently being trialled in Swindon.

Supporting Children with Special Educational Needs and Disabilities (SEND)

DfE guidance;

Some complex and/or long-term health issues may be considered disabilities under equality legislation. This legislation provides that LAs must not discriminate against disabled children and are under a duty to eliminate discrimination, foster equality of opportunity for disabled children and foster good relations between disabled and non-disabled children. LAs should make reasonable adjustments to alleviate disadvantage faced by disabled children, and plan to increase disabled children's access to Pupil Referral Unit (PRU) premises and their curriculum

Swindon Local Authority has a written, publicly accessible policy statement on arrangements to comply with our legal duty towards children with additional health needs. The policy makes links with related colleagues and services in the area including The Designated Medical Officer/ Designated Clinical Officer, Special Educational Needs and Disability Service, Child and Adolescent Mental Health Services (CAMHS), Education Welfare Service, Educational Psychologists and School Nurses.

Children receiving palliative care

Through careful planning and assessment to reflect the priorities of the child and family, children receiving palliative and end of life care can access the same educational opportunities out of school as any other child and continue to feel part of the school community. Each child's situation is unique and will be supported by a complex package of care provided by Great Western Hospital teams, Specialist Hospital teams, Primary Care and the third sector. The child's Specialist Nurse from Great Western Hospital Children's Outreach Nursing Service can provide professional advice reflecting both the child's changing medical condition and the values and views of the child and family in relation to an educational plan, and act as a point of contact for educational providers.'

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Arrangements for external examinations

Learners will be supported by their home school and EOTAS to sit key stage tests and public examinations. It is the schools responsibility to ensure learners are prepared for and entered for public examinations and national tests, and should meet all the fees associated with this process. Special arrangements for taking external examinations should be discussed and agreed at the regular review meetings.

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