

# Mountjoy School

## Ensuring a good education for children who cannot attend school because of health needs

**June 2016**



This is a Dorset County Council Policy.

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## LEARNING AND INCLUSION SERVICE GUIDANCE

# Dorset Local Guidance Ensuring a good education for children who cannot attend school because of health needs. (Statutory Guidance)

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# Ensuring a good education for children who cannot attend school because of health needs.

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APPENDIX ONE Support pathways for children & young people with medical needs

APPENDIX TWO Model Policy for Schools

## 1.0 Introduction

1.1 This guidance replaces the previous guidance, “*Access to Education for Children and Young People with Medical Needs*” (DCC - Nov 2011), and follows the new guidance published by the Department for Education (May 2013). The new government guidance reflects a duty that applies to mainstream schools (including special schools), academies, Free Schools, Studio Schools and independent schools and refers to children and young people who cannot attend school due to their medical treatment or condition. It applies equally to those who cannot attend school at all and those who can only attend intermittently due to significant illness, surgery, treatment or longer-term health conditions.

1.2 There will be a wide range of circumstances where children may have health needs but will receive suitable education with support, sometimes outside school, that meets their educational needs without the intervention from the local authority.

For example: broken limbs;  
recovery from surgery as outpatient;  
convalescence from significant medical treatment / surgery.

1.3 The local authority will work with schools, academies, Free Schools, Studio Schools and independent settings when and where necessary to ensure suitable levels of education are provided for those with health needs. (It is anticipated that all schools other than those maintained by the local authority will be acquainted with the DfE Statutory Guidance and contact Dorset County Council’s Children’s Services as and when appropriate.)

For example: during ongoing or recovery from cancer treatment;  
corrective skeletal operations;  
transplant surgery;  
cardiac conditions.

1.4 Short-term health conditions are not life changing and can be remedied. In general the impact of a short term condition will not necessitate keeping a child or young person off school for more than a few days. Advice should be sought from a GP regarding the best course of treatment, e.g., they may need to take a course of antibiotics or other medicine. Any adjustments to the way in which learning takes place will be temporary.

Typical short term health conditions:

tonsillitis,  
chicken-pox and other infectious conditions  
gastroenteritis.

1.5 Long-term health conditions are those that cannot, at present, be cured, but can be controlled by medication and other therapies. Any adjustments to the way in which learning takes place will need to adhere to the duties as set out in Schedules 10 and 13 of the Equality Act 2010 (which relate to arrangements for supporting disability and making reasonable adjustments).

Common long-term health conditions:

asthma;  
diabetes;  
epilepsy;  
allergies;  
coronary heart disease;  
chronic kidney disease;  
chronic bronchitis;  
severe mental health conditions;  
chronic fatigue syndrome (ME);  
fibromyalgia.

1.6 A model policy for schools is appended to this guidance (APPENDIX TWO) and is recommended for school to adapt and adopt. This is not a compulsory policy for schools but

is considered good practice to support safeguarding and the well-being of children and young people. The model policy is equality compliant.

## **2.0 Role and responsibilities of the local authority**

2.1 Dorset County Council officers who oversee arrangements for the education of children and young people who cannot attend school because of health needs are covered by the following people:

- Alternative Provision Strategic Lead, Learning and Inclusion Services
- Senior Advisor, Physical & Medical Needs, Learning and Inclusion Services

## **3.0 Principles**

3.1 The authority has a responsibility to ensure that children and young people with health conditions, whether temporary (short-term) or long term, as a result of surgery or accident, physical or mental health conditions, receive a good education that meets their needs. Where appropriate this will be achieved by intervention and alternative provision. (*Section 19 of the Education Act 1996, as amended by section 3 of the Children Schools and Families Act 2010.*)

3.2 The local authority expect to:

- receive adequate information from schools in a timely manner so that they can exercise their responsibility in relation to the specific statutory guidance together with consideration for immediate implications for coursework, e.g., GCSE;
- liaise with Health Services, Consultants and Hospital Education Services to assist in the application of the statutory guidance whilst also considering Continuing Care or Palliative Care needs;
- liaise with parents and carers effectively at all stages of planning to ensure that suitable provision is made for those with short or long term health needs so that they are able to continue the momentum of their education (this should include transport needs as appropriate);
- ensure that children with short or long term health needs are involved in the planning of programmes to support them with continuing education where possible, this may include discussion about physical access to buildings and the provision of appropriate facilities if deemed reasonable (*Equality Act 2010, Schedule 13 – Reasonable Adjustments*);
- provide a strategic framework that is designed to ensure that a child or young person maintains access to a good education and that all support agencies involved liaise effectively.

3.3 Parents who have elected for home education are excluded from access to alternative provision. (This does not apply to hospital tuition.)

3.4 The local authority has considered the application of the new guidance and, in liaison with Health Services, has agreed to continue with the practice where Paediatric or CAHMS Consultants, and Community Paediatricians make a request to implement alternative provision for children and young people who cannot attend school because of their specific or long-term health needs. All requests from General Practitioners (GPs) and other medical professional are channelled through the appropriate Consultant or Community Paediatrician.

3.5 The law does not define full-time education but children or young people with health needs should have provision which is equivalent to that they would receive at school and

appropriate to their health condition. (Note that one-to-one provision is more concentrated and therefore cannot be counted on a hour for hour basis.)

- 3.6 All alternative provision will be reviewed on a termly basis and medical opinion sought regarding the appropriateness of provision and considering the views of the child / young person and parents/carers.

## **4.0 Ensuring children and young people have a good education**

- 4.1 Dorset schools are mindful and understanding of the needs of all children and young people of compulsory school age who have their education interrupted as a result of health conditions, mental health issues, surgery, emergency or ongoing treatment. Schools have a duty to make suitable arrangements so that those who cannot attend school because of illness receive a good education.

- 4.2 It is clear through talking with schools that Headteachers make local provision for children and young people with health conditions (both short and long term), and liaise with parents / carers and health services effectively to enable continuity in learning. It is important that schools minimises any disruption to normal schooling as far as possible, and that learning takes place within the school setting where appropriate.

## **5.0 Internet learning**

- 5.1 Many schools have developed On-line Network Learning Environments and networks that facilitate on-line computer access to learning resources for students with significant health conditions; these could be used during periods of convalescence and reintegration to school. Learning Centres also have access to on-line learning systems that enable lessons to be taught in real time by a qualified teacher via the internet. This facility is dependent upon internet access which can be limited in some areas within rural Dorset.

## **6.0 Hospitals**

- 6.1 Children and young people admitted to hospital will receive education as determined appropriate by the medical professionals and hospital school / tuition team within the hospital. The local authority will oversee and complement provision between hospital and school when a child / young person is convalescing following treatment or a period of hospitalisation.

- 6.2 Teachers who support children and young people in hospital should be given as much notice and information regarding programmes of study and curricular resources to enable continued quality learning. Liaison should occur between school and hospital tutors before and during the time when children and young people are in hospital.

## **7.0 Alternative provision**

- 7.1 Children and young people, for whom alternative provision has been requested by a Consultant and agreed by the local authority, will be offered as much education as they are able to manage subject to medical advice, up to the equivalent of a full time provision. This will be done in consultation with children and young people so as to prevent them from slipping behind with their school work. Medical advice will be acted upon without delay. Decisions will have due regard the views of children, young people and parents / carers and comply with the government guidance on Alternative Provision (*DfE2013*).

- 7.2 Any alternative provision proposed and agreed will aim to achieve good attainment, particularly in English, Maths and Science. Where possible, children and young people with

health needs who cannot attend school should receive the same range and quality of education as they would experience at school which supports them in achieving their full potential. Other subject areas will be considered where young people are undertaking coursework, and possible assessment, as a part of their Key Stage 4 programme.

## **8.0 Equality**

8.1 In accordance with the laws on Equality, any provision should strive to eliminate discrimination, foster equality of opportunity for those who are disabled and foster good relations between disabled and non-disabled children and young people. Where necessary and appropriate, Auxiliary Aids and Services will be arranged, e.g., provision of wheelchair and someone to push it. In the case of long-term health needs, further details on the provision of health needs may be set out in a Statement of Special Educational Needs. The local authority and schools are familiar with the expectation to have due regard in respect of duties to apply 'reasonable adjustments'.

## **9.0 Special circumstances**

9.1 In the event of pregnancy, the young person should remain on a school roll and attend school unless personal or medical circumstances make other arrangements necessary. Additional information is available from Dorset's Model of Good Practice: Education and Support for Pregnant Students and School Age Parents (DCC - Revised Nov 2010). The document refers to specific arrangements for support, education, maternity and paternity leave.

9.2 All young people in Key Stage 4 will have access to appropriate independent careers advice and guidance; the local authority has a duty to commission an S139a process if a young person has a Statement of Special Educational Needs and a power to consider the use of the same process for those at School Action plus if appropriate.

## **10.0 Identification and intervention**

10.1 Children and young people who are resident in Dorset will be supported by the local authority. This does not apply to those who attend schools in Dorset but live in other local authority or unitary authority areas. Every effort will be made to support children and young people quickly and by appropriately trained staff who have been informed regarding health conditions and treatments.

10.2 Schools are best placed to monitor attendance. Children and young people who are unable to attend school because of health needs for 15 working days or more should be brought to the attention of the local authority. Requests for intervention should be supported with appropriate medical evidence; this applies to all school settings.

10.3 Requests for provision will be considered individually and where there is a clear health need confirmed by the relevant Health Consultant. The local authority and school will implement an agreed programme of educational support that has regard to the medical advice. The proposed programme will be shared with parents / carers and the child / young person.

10.4 Where a child or young person is a patient of CAMHS (Child and Adolescent Mental Health Service Consultant) and is unable to attend school because of reasons relating to their mental health needs, the request for involvement should be confirmed by a CAMHS consultant.

10.5 Children and young people who have a condition or illness that is known about by the school and which is likely to result in prolonged or recurring periods of absence from

school, whether being at home or in hospital, will have education support from the first day when they cannot attend school, or as soon as possible after the first day of absence.

- 10.6 Other agencies within Children's Services may alert Alternative Provision Services about children and young people that may require particular support for medical reasons. Each request must be supported with evidence from a medical professional which can be confirmed by a Consultant.

## **11.0 Long-term health conditions – provision at home or hospital**

- 11.1 Children or young people who are unable to attend school because of long term or recurring health conditions or mental health issues, should have a personal (or individual) education / learning plan. Their social needs should be taken into account and where possible links will be made with their school to facilitate continued social contact with peers.
- 11.2 Where absences are expected to last for more than 15 working days and involve a physical, psychological or mental health condition or other specific conditions, the school will either seek the advice of the Community Paediatrician, Hospital Consultant, CAMHS, or request the involvement of a Locality Social Worker. The Consultant will be asked to:
- a) confirm the child or young person's health condition (or mental health), and advise on what action is being taken in addressing the condition;
  - b) indicate whether the child or young person's absence is likely to last for more than 15 working days;
  - c) comment on the child or young person's ability to cope with educational provision, and provide guidance upon the amount provision that is appropriate;
  - d) comment on whether the illness is chronic and likely to recur necessitating future support from the Early Intervention Services Team, thus negating the need to reapply for support inside a specified timeframe;
  - e) indicate the treatment or support that the child or young person is to receive that will support their return to health and full time attendance at school.
- 11.3 If a child or young person has a Statement of Special Educational Needs statutory obligations are met by the school and local authority who will apply reasonable adjustment duties to:
- a) ensure work, resources and materials are available to the child or young person;
  - b) ensure that the above can be accessed and completed at home;
  - c) maintain contact with the child or young person and family;
  - d) help catch up with any work on return to school and ensure that assessment and coursework is complete.
- 11.4 If a Statement of Special Educational Needs identifies particular health needs these would already have been addressed within the Statement. In the event of any long term change of educational arrangement brought about by additional health or mental health needs, consideration will be given to the accuracy of the current Statement through a review process. In the event of short term or temporary changes in educational arrangements due to new or unexpected health needs, the guidance above should be considered and understood by teachers commissioned to fulfil bespoke learning needs.

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

- 12.1 Parents and carers will have an overview of specific health conditions and will be best placed to provide useful information to schools, e.g., consultant letters and appointments that will be helpful in determining how, and in what form, educational support is provided.



- 12.2 In the case of children in care, the local authority is responsible for their safeguarding, welfare and education.
- 12.3 Children and young people will be engaged in a way that reflects their age, maturity and capacity to be involved in planning. It is important that they have input to programmes in which they participate.
- 12.4 The parent / carer is expected to liaise with schools / education provider to enable the education provider to develop a personal education / learning plan that will include complete education for a child or young person who is likely to be at home for more than 15 working days. In addition to setting out how learning opportunities will be delivered, the plan should include a re-integration plan or framework for the return to full-time education (as appropriate). All plans should be agreed with parents / carers and the appropriate Health Service personnel.
- 12.5 The parent / carer has a right to request:
- a) consideration of the need for a Statutory Assessment under the Special Educational Needs Code of Practice for children and young people with an ongoing or long term health need;
  - b) information about achievement and progress from schools (or the main place of learning) relating to their child or young person.
- 12.6 Parents / carers of children and young people who are receiving provision from the Alternative Provision Service (via Learning Centres) will be provided with progress reports in line with national requirements.
- 12.7 Schools must not remove children or young people from roll without consulting the Community Paediatrician. All variations in admission arrangements should be shared with the relevant School Admissions authority.

### **13.0 Reintegration**

- 13.1 It is in the long-term interest of children or young people to return to school as soon as possible. Regular monitoring and review of plans should identify the appropriate time for this to occur. Reintegration should be subject to constant review and mindful of the capacity for a child or young person to cope and adapt to the plans that have been made.
- 13.2 On-line computer access may be used to support reintegration programmes for students who are returning to school after a period of illness.
- 13.3 Schools should undertake Risk Management assessments in relation to reintegration of a child or young person returning to school.
- 13.4 Schools should be mindful of their duty to make reasonable adjustments and to have a written Accessibility Plan in relation to:
- a) access to the curriculum;
  - b) access to premises;
  - c) access to information.

### **14.0 Provision for young people over compulsory school age**

- 14.1 Where a child or young person has a health condition that could hinder access to Post 16 educational provision, consideration will be given to commissioning the S139a process in

order to address individual needs within an educational setting. This will apply to those with Statements of Special Educational Need.

## 15.0 Recommendations for schools

15.1 Dorset schools (also strongly recommended for academies in Dorset) should ensure that:

- there is a written policy that covers the school's arrangements and procedures for children and young people who cannot attend school because of health needs whether temporary or long term;
- they have a policy and a named person responsible for making arrangements to support children and young people who cannot attend school because of health needs;
- the Locality Manager or Locality Team Leader of the Early Intervention Service for a particular area is notified when a child or young person is, or is likely to be, away from school due to health needs for more than 15 working days – depending upon circumstances it may be appropriate to engage in a Common Assessment Framework process (CAF);
- they liaise with the education provider and give appropriate information about the child or young person's capabilities, educational progress, and programme of work (it might be sufficient and agreed that the school supplies, or continues to supply, work that could be completed at home, e.g., completing modules of course work);
- they continue to be active in monitoring educational progress and in the reintegration into school, liaising with other agencies, as necessary and apply reasonable adjustment duties where applicable;
- children and young people who cannot attend school because of health needs are kept informed about school social events, and are encouraged to participate in homework clubs, study support and similar activities.

## 16.1 Related Documents

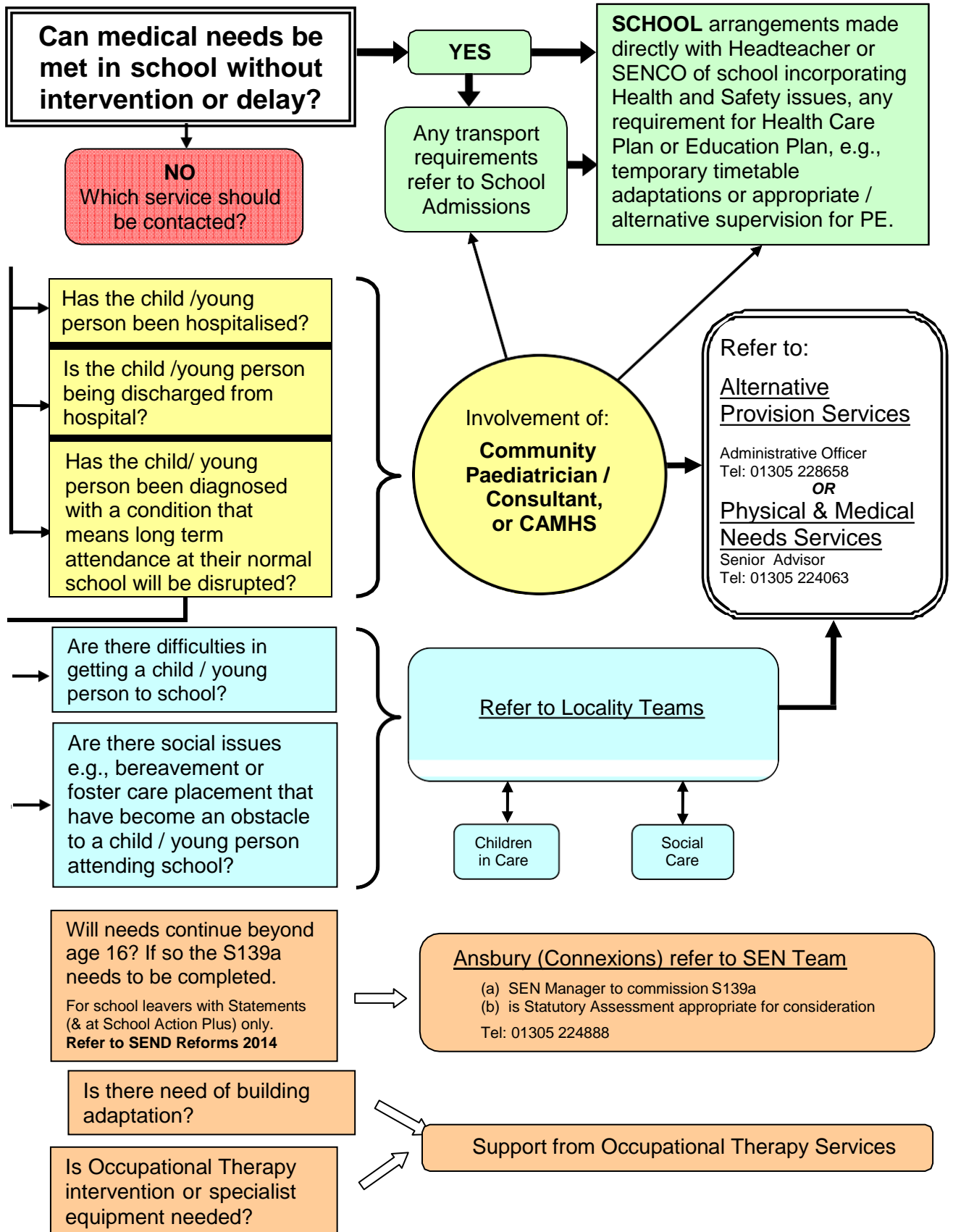
In structuring this guidance and in view of the statutory guidance (see 1.1), account has been taken of the learning from Serious Case Reviews and Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People (*Dorset Safeguarding Children Board 2011*).

- Ensuring a good education for children who cannot attend school because of health needs (DfE Statutory Guidance – *Jan 2013*)
- Alternative Provision (DfE Statutory Guidance – *Jan 2013*)
- Supporting pupils at school with medical conditions (DfE Statutory Guidance – *April 2014*)
- Out of school ... out of mind? (*Local Government Ombudsman – Sept 2011*)
- Managing Medicines in Schools and Early Years Settings (*March 2005*) (DfES / DoH 1448-2005DCL-EN)
- Medical Advice for schools and early year settings (*Schoolsnet - Dorset Children's Services - Sept 2011- revised September 2014*)
- Dorset's Model of Good Practice: Education and Support for Pregnant Students and School Age Parents (*Dorset Children's Services - Reviewed Nov 2010*)
- Equality Act (*Oct 2010*)
- Human Rights Act (*1998*)

# APPENDIX ONE:

## Support pathways for children and young people with health needs

Requests for support may come from: Parents / carers, School, Family Support Teams, Early Intervention, School Health, CAMHS, Social Care, SEN Team.



## **APPENDIX TWO: Model Policy for Schools: to be adapted for school use**

### **POLICY for ensuring a good education for children and young people who cannot attend school because of health needs**

#### **Philosophy**

Mountjoy School is committed to providing an inclusive education which enables all children and young people. We will ensure that children and young people who are unable to attend school because of health needs will have access to as much education as their health condition allows so they are able to maintain the momentum of their education, to keep up with their studies and attain maximum achievement.

#### **Objectives**

- To work in partnership with children and young people/parents/carers to support health needs during any period of absence and on return to school.
- To work in close liaison with Education / Health / other services and agencies involved with the child or young person.
- To act in accordance with the latest local authority guidance - *Ensuring a good education for children who cannot attend school because of health needs*
- To implement the requirements and duties associated with the Equality Act 2010.

#### **Principles**

- We will maintain responsibility for the education of children and young people with health needs on our school roll.
- We will consult regularly with the children and young person / parents / carers and work in collaboration with them, acknowledging that young people have a right to be involved in making decisions and exercising choice.
- We will ensure that a child or young person on our school roll who is unable to attend school because of health needs will have his/her needs identified and receive educational support quickly and effectively in accordance with the duties on '*reasonable adjustments*'.
- We will work closely with Alternative Provision Services, hospital or other educational support services i.e., Locality Teams and Locality Social Worker in order that a consistent, well-structured approach is taken to meet the identified health needs of children and young people.
- We will regularly assess the needs of children and young people with long term health needs to ensure that our support is appropriate and consider whether an assessment under the Code of Practice for children and young people with special educational needs is required.
- We will work in collaboration with the children and young people / parents / carers / other services and agencies to assist reintegration to our school.
- We will ensure arrangements for adequate monitoring and evaluation of our policy and procedures are in place.
- We will strive to include those who are unable to attend school because of health needs so that they continue to be involved in the life of our school and remain in contact with their peers.

## **Procedures**

We have:

- Jackie Shanks is the named person in our school who has overall responsibility for arranging provision for children and young people with health needs.

We will:

- have clear systems and appropriate procedures for monitoring children's and young people's absence with health needs which are dependent upon those needs;
- are mindful of the statutory guidance '*Supporting pupils at school with medical conditions*';
- ensure we regularly audit those with health needs identifying those with long term illness, recurring chronic illness, and those who receive support from Learning Centres;
- ensure registers show when a child or young person is, or ought to be, receiving support from Learning Centres;
- provide sufficient work at an appropriate level for children / young people absent from school because of medical reasons;
- provide assessment and curriculum plans within 5 working days for the Hospital Education Service and, where appropriate, the named tutor;
- contact Locality Team Managers or Team Leaders of the Early Intervention Service and obtain their advice or guidance on making an appropriate request for Learning Centre provision and refer the child or young person where it is anticipated that absence for a particular health condition will total more than 15 days;
- initiate a planning meeting where the child or young person's absence is anticipated to be more than 15 working days;
- retain responsibility for hosting regular review meetings to include children / young people, parents, carers, Learning Centre staff, Hospital Education tutors and other services and agencies;
- provide sufficient and appropriate work and resources for Hospital and Learning Centre staff, particularly in English, maths and science, and mark coursework;
- facilitate access to an On-line Learning Environment;
- ensure the named teacher attends review meetings initiated by the local authority;
- ensure children and young people have access to independent careers advice and guidance;
- ensure access to work placement programmes where appropriate;
- ensure the named teacher liaises with the examinations officer so children / young people are entered for tests and exams, and that appropriate arrangements are made;
- ensure that the named teacher sends home information on school activities, parents/carers evenings, school plays/concerts etc, and facilitates contact where appropriate with school friends and members of the school staff – this may be achieved electronically.

The staff at [NAME] School are committed to supporting and including children / young people with health needs and working in partnership with pupils/parents/carers/other services and agencies to ensure our pupils have a continuum of education whether at school/hospital or at home.

Reviewed:

Signed:

Next review due:

(Chair of Governors)

This is a Dorset County  
Council Policy.