

Newton Tony CE VC Primary School

Continuity of Educational Provision for Children and Young People with Additional Health Needs

Policy agreed

November 2020

Policy review

November 2021 (or as required)

1. Rationale

Irregular attendance at school owing to additional health needs places children and young people at risk of underachievement, isolation and may impact upon the ability to sit public examinations. Wiltshire Council, together with all Wiltshire Schools is committed to ensuring that children with medical needs necessitating absence from school for short or long periods of time have access to continuous high quality education commensurate with their ability to access education and which addresses the needs of the child as a whole. The commitment to these young people extends to ensuring they receive the encouragement and support they need to feel secure and confident, to enjoy their education, to make a positive contribution and to achieve their full potential.

1.1 Purpose

- To assist the Local Authority (LA) in working to statutory guidelines; to ensure that any pupil who has medical needs and cannot attend their usual place of education is able to access appropriate education according to their need;
- To support schools to fulfil their responsibilities for pupils on their roll who may be unable to access the school curriculum by regular attendance at that school because of their medical needs;
- To identify areas of responsibility;
- To ensure a multi-agency response to the educational needs of young people unable to access a school placement because of their medical need; and
- To develop consistent practice in Wiltshire schools and the LA.

2. Introduction

Section 19 of the Education Act 1996 sets out how the local authority should make arrangements for the provision of suitable education at school or elsewhere, for those children of compulsory school age who because of illness, may not receive suitable education. This duty is further explained in the statutory guidance "Ensuring a good education for children who cannot attend school because of health needs" and statutory guidance for schools "Supporting pupils at school with medical conditions" which explains in more detail how schools should similarly action their responsibilities. The continuation of education is vital to ensure that disruption to normal schooling is minimal and accords with the level of the pupil's incapacity. This benefits children and young people by enabling continuing learning and contributing to future mental and physical development. The emphasis on continuing learning is applicable to all pupils with physical or mental health problems, life threatening and terminal illnesses, and for young pregnant women all of whom have the right to education suitable to their age, ability, needs and health in order to achieve their potential.

2.1 Local Authority Responsibilities

In line with the Government guidance Wiltshire Local Authority (LA) must:

- Have a designated senior officer with responsibility for access to education for children and young people with medical needs; In Wiltshire, this Officer is Lydia Thomas – Team Leader, Medical Needs Education and Reintegration Service lydia.thomas@wiltshire.gov.uk
- Ensure that pupils with a medical condition, diagnosed and supported at Consultant clinician level, that prevents attendance at their usual place of education, are not without access to education for more than 15 school days;
- To promote the implementation of an Individual Health Care Plan / Personal Education Plan for pupils who have illness / diagnosis which prompts prolonged or recurring periods of absence from school;
- Ensure that children of compulsory school age are in receipt of an appropriate amount of teaching hours dependent on their medical need;
- Respond to a school's request for assistance by considering the most appropriate educational provision and how it can be implemented by supporting the school in meeting their statutory responsibility for compulsory school aged children and young people;

The expectation of Wiltshire LA is that all absence from school for medical reasons which may necessitate alternative educational provision is supported by confirmation at Consultant clinician level of the young person's condition and inability to attend school. Long term absences from school attributed to stress, anxiety and school refusal should be referred to specialist mental health agencies for assessment, thereby enabling advice to be obtained regarding appropriate educational provision and reintegration to the young person's usual place of education. Wiltshire's Medical Needs Education and Reintegration Service will consider approaches for support.

2.2 The Education of Non-Compulsory School Age Pupils

The Local Authority has responsibility for those in part-time education, but who have not yet attained the age of 5 years. This means children who are on the roll of a maintained school in a reception class. For young people above compulsory school age the Local Authority will not provide educational provision. Where young people are on the roll of a school, the Local Authority will assist the school in considering how support can be put into place to support ongoing educational achievement. The Local Authority will not fund alternative education; this responsibility will sit with the school or education provider on whose roll the young person is entered.

2.3 School Responsibilities

At all times, the pupil remains the responsibility of the school where they are on roll. In line with Government guidance Wiltshire schools must:

- Have a policy and named person responsible for dealing with pupils unable to attend school because of their medical needs;
- Keep the pupil on roll and include them in any planning;
- Provide work and materials if pupils are absent for up to 15 school days;

Co-ordinate, implement and review Individual Health Care Plans / Personal Education Plans, be active in the monitoring of pupils who may attend school for partial days and monitor the progress and reintegration into school of those who have been absent because of their medical needs, liaising with other agencies as necessary;

- Draw up an Individual Health Care Plan / Personal Education Plan for any pupil with diagnosed medical conditions to be reviewed at least annually in continuing partnership with the pupil, parents and professionals;
- Ensure that pupils who have SEN but do not have an Education Health and Care Plan (EHCP) have their SEN mentioned in their Individual Health Plan / Personal Education Plan;
- 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. Examples of these are homework clubs, study support and other activities;
- Ensure that arrangements are made for pupils who are due to undertake public examinations, including assistance with scribing, alternative venue and submission of mitigation where appropriate;
- Encourage and facilitate liaison with peers for example through visits, use of Information Technology and social events.

3. Local Authority Services

3.1 Medical Needs Education and Reintegration Service (MNERS)

The service can assist young people between the ages of 11 and 16 (within compulsory school age) where there is a diagnosed illness or health need. Educational support will be dependent upon the individual needs of the young person. Up to date written medical evidence (from a Consultant level clinician) is required for referral to this service and should be provided by the school; in conjunction with parents/carers with parental responsibility. Medical evidence should detail the diagnosis, treatment plan, expected period that a young person cannot attend a mainstream school setting and the support required to enable them to do so. For pupils diagnosed with Myalgic Encephalomyelitis (ME)/Chronic Fatigue Syndrome (CFS), medical evidence should specify the programme the pupil is following. This may include, for example, periods of school attendance, periods of rest and periods of activity that may be completed at home or in school.

Where schools are considering they are unable to manage an Individual Health Care Plan / Personal Education Plan without input from the MNERS, a referral may be made for consideration of additional input. Referral is via the DART (Digital Assessment and Referral Tool) system which is available to all Wiltshire schools or via SARF (Specific Agency Referral Form) for non-Wiltshire Schools or external agencies. The referral will require a detailed account of how the young person has been supported to date and provide an indication of why

additional support is required. It is expected that all students referred to MNERS will have an existing support plan in place at school (e.g. MSP, CAF or PEP). To avoid delays; Consultant level medical evidence must be included with the DART/SARF to support the referral being made. Medical evidence will continually be reviewed with the expectation that medical advice is updated within each 6-month period.

In instances where agreement is given for additional input, the specific arrangements will be dependent upon the particular needs of the young person and subject to ongoing review. This will routinely incorporate consideration of return to school or a phased reintegration into school.

3.2 Special Educational Needs support teams

Specialist Advisory Teachers can provide information, guidance and advice for children and young people with complex medical needs, physical, visual and hearing impairments. Advice can be provided to assist schools to adapt their practices to accommodate individual medical needs in school. Advice can be sought regarding reintegration back into school, liaising with health professionals, and advise on appropriate resources to enable access to the curriculum and school environment which can contribute to the production and review of PEPs. For some pupils with degenerative or progressive medical conditions their progress may not reflect that of their peer group. In such cases consideration may need to be given statutory assessment of Education, Health and Care needs (EHCP) to determine appropriate provision. A medical diagnosis does not imply that a pupil has SEN. For those whose progress is significantly affected guidance is available in the SEN Code of Practice

www.gov.uk/government/publications/send-code-ofpractice-0-to-25 3.3

3.3 Traveller Education and Ethnic Minority Achievement Services

The Ethnic Minority and Traveller Achievement Service (EMTAS) can provide expert advice and support to schools and other professionals where there may be specific cultural issues in relation to illness or medical needs.

3.4 Education Welfare Service

Education Welfare Officers (EWOs) can offer guidance and support to school staff on the procedures and requirements for continuity of education in respect of children with medical needs. EWOs will carry out routine inspections of registers in schools and will identify pupils who may have recurrent patterns of absence due to illness and who may require additional support. EWOs may advise schools to carry out an assessment of identified pupils using the Common Assessment Framework (CAF).

4. Health Services

Health professionals are essential in providing advice and support to parents/carers and education professionals in matters of medical absence from school. Such advice may include predicted length of absence from an educational setting, appropriateness of educational provision and specialist information relating to the management of specific conditions. School nurses are instrumental in developing and reviewing Individual Health Care Plans / Personal Education Plans and monitoring the reintegration of pupils back into school settings. Physiotherapists and Occupational Therapists can advise on the development of physical skills following surgery or during rehabilitation. For children and young people with chronic or recurrent conditions that may be managed within their

usual place of education, specialist nurses and school nurses can assist schools in drawing up Individual Health Care Plans; which could include information on the general management of the condition and the administration of medication. Specific guidance on the writing of effective Individual Health Care Plans is available at www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

5. Parents, Carers and Young People

Wiltshire LA will, as far as is reasonably practicable, following the advice of the medical practitioner involved, take account of the wishes and views of parents, carers and young people in the planning of educational provision where attendance at the young person's usual place of education is not possible because of medical need. In cases where it is necessary to implement an Individual Health Care Plan / Personal Education Plan, there is a section included which takes into account the views of the young person and their parent/carer. It is anticipated that parents/carers and young people will be actively involved in drawing up the Individual Health Care Plan / Personal Education Plan and reviews.

6. Pupils in Hospital

6.1 Pupils receiving treatment in hospitals outside the Local Authority Pupils who are being treated in hospitals outside of Wiltshire LA may receive education from Hospital Schools or Ward Teaching Units at their place of treatment. 6.2 Pupils educated at Salisbury District Hospital Ward Teaching Unit Pupils who have received in-patient treatment on one of the wards at Salisbury District Hospital may receive provision either at the bedside or by accessing the Ward Teaching Unit on site; as provided by Wiltshire's Medical Needs Education and Reintegration Service.

This policy is based on:

- The Education Act 1996 Section 7 and Section 19
- Access to Education for children and young people with Medical Needs 2001
- Children Act 2004 Section 10
- Equality Act 2010
- Ensuring a good education for children who cannot attend school because of health needs – a statutory guidance document for Local Authorities January 2013
- Supporting pupils at school with medical conditions 2014 (updated December 2015)
- SEN Code of Practice