

Education Services

Education Support for Children unable to attend school because of medical needs

2018

1. Introduction

Some children and young people may miss school due to health reasons. Health reasons include physical and mental health. Most school absences will be time limited for minor, short term health problems and in these situations the child's school would arrange any educational support relating to such absences. However, some children may miss school for longer periods due to health reasons.

This policy sets out how Harrow Council will comply with its statutory duty to ensure suitable full-time (or part-time when appropriate for the child's needs) education of children of compulsory school age, permanently residing in Harrow, who because of health reasons, would otherwise not receive a suitable education.

2. Legal Framework

Sec. 19 Education Act 1996 provides that *'each [local authority] shall 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, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.'*

The LA has a duty under sec 19 Education Act 1996 (above) and in the DfE Statutory Guidance, *Ensuring a good education for children who cannot attend school because of health needs* (January 2013). This duty applies to all children of compulsory school age who would normally attend mainstream schools including Academies, Free Schools, independent schools and special schools, or where a child is not on the roll of any school.

The statutory guidance makes clear that there will be a wide range of circumstances where a child has health needs but will receive suitable education that meets their needs without the intervention of the Local Authority (LA), for example where a child can still attend school with some support or where the school has made arrangements to deliver suitable education outside of school for the child. It is not expected that the LA would need to be involved in such arrangements unless it has reason to think that the education being provided to the child was not suitable or, while otherwise suitable, was not full-time or for the number of hours the child could benefit from without adversely affecting their health.

It is a statutory requirement that the LA have a named person responsible for the education of children with additional health needs. In Harrow Council the named person is: Patrick O'Dwyer, Divisional Director Education Services.

Schools also have statutory duties in respect of children with additional health needs under the DfE statutory guidance, *Supporting pupils at school with medical conditions* (December 2015).

In addition to education duties, the Local Authority has a general duty to safeguard and promote the welfare of children within their area who are in need under sec.17 Children Act 1989. This includes providing a range of services appropriate to those children's needs.

The London Child Protection Procedures provide guidance on compliance with child protection and safeguarding duties. Sec 4.1.1 of these Procedures (Part B3) refers to safeguarding of children not attending school and this includes children with poor school attendance or who have interrupted school attendance.

The LA and schools should work together in partnership with parents / primary carers, social services, health professionals and other agencies as appropriate, to plan and provide suitable alternative provision for children with additional health needs.

3. General Principles

- Schools should continue to support and provide a suitable education for children with health needs whenever possible.
- The LA will intervene where it is apparent that a child's health needs is preventing them from attending school for 15 or more school days, either in once absence or over the course of a school year, and where suitable education is not otherwise being arranged. Intervention may include supporting the child's school to comply with its duties in relation to managing the child's medical condition and / or arranging provision for a temporary period.
- Whilst the LA may be responsible for ensuring that alternative education arrangements are made, children with additional health needs must remain on the roll of their school throughout their absence and the school retain their duty to support such pupils. A school can only remove a child from roll for medical reasons if (a) the pupil has been certified as unlikely to be in a fit state of health to attend school before ceasing to be of compulsory school age and (b) neither the pupil or parent has indicated to the school the intention to continue to attend school after ceasing to be of compulsory school age.

- Children with persistent mental health issues may have greater difficulty in learning and schools should consider whether the child would benefit from an assessment for special educational needs. A referral should be made in appropriate circumstances.
- In addition to education duties, the Local Authority has a general duty to safeguard and promote the welfare of children within their area who are in need under sec. 17 Children Act 1989. This includes providing a range of services appropriate to those children's needs.
- The London Child Protection Procedures provide guidance on compliance with child protection and safeguarding duties. Sec 4.1.1 of these Procedures refers to safeguarding of children not attending and this includes children with poor school attendance or have interrupted school attendance.

4. Referral and Intervention

If a school, health professional, social worker or other professional working with a child becomes aware that a child has missed or is likely to miss 15 days of school due to health reasons, a notification via a referral should be made to Harrow Children's Services (Harrow MASH – Duty & Assess) for allocation to Education Services' attendance officers. A notification needs to be sent to the LA even in cases where the school is making alternative provision for the child's education needs.

Once a referral is received, Education Services' attendance officers will contact the relevant school and the parent of the child is contacted to discuss the referral. If relevant medical evidence has not been sent with the notification the officer will seek consent to contact the family GP or Health professional for medical evidence to verify the child's condition. Such evidence would usually be expected from the treating consultant / professional but where specific medical evidence is not available quickly, the LA will liaise with other medical professionals (e.g. the child's GP) so that provision of education is not delayed. Normally the medical professional cannot be privately commissioned and must be UK based.

Once a child's health condition is verified and where a school does not appear to be making alternative provision for the child's educational needs, Education Services' attendance officers will assess whether agreement can be reached with the parents and the school regarding the most suitable provision to be offered having liaised with the appropriate health professionals and the school.

Where agreement cannot be reached, an Education Services' attendance officer will refer the matter to the School Attendance Intervention Panel (SAIP) who will

meet to agree a suitable provision. The agreed provision should commence as quickly as possible taking into account the child's health needs so as to avoid unnecessary disruption to the child's education.

Where it is agreed that a school will send home work to the child as a short term measure, this should be appropriately supervised by the school. The DfE statutory guidance makes clear that where a child is doing work at home, the child's attendance register can no longer be marked with the B Code (educated off site) and so in these situations, school will have to authorise the absences and mark the register with the C code.

Alternative provision (AP) can include the provision of 1:1 tuition either at home or another location deemed appropriate. Where appropriate and if the child's health needs permit, tuition may be provided in small groups at a suitably identified location. If a child is struggling to engage with professionals due to mental health issues, school should attempt to put tuition in place. Where this fails, school should at least continue to make the offer of tuition to the family and other professionals involved and be ready to implement tuition once the child is able to access the provision.

The alternative provision provided will be full time unless this is not in the best interests of the child. 'Full time' education means the equivalent amount of education that a child would expect to receive if they were in school e.g. 25 hours for child in Key Stage 4. Full time education will not always mean the same amount of hours of face-to-face provision, e.g. where a provision equivalent to full time education could be achieved with fewer hours if a child is receiving 1:1 tuition as the provision is more concentrated. Where a child's health needs are such that full time is not appropriate, arrangements should be made for fewer hours.

Any alternative provision put in place should aim to provide continuity of good quality education, a balanced curriculum incorporating subject options and to support successful reintegration back into school as soon as their health permits.

Ordinarily as schools have the primary responsibility to educate any child on their roll, any alternative provision will be funded by the school.

Where a child is hospitalised, the school should confirm whether the child is well enough to receive tuition, whether the hospital are making any provision whilst in hospital and ensure provision is put in place as soon as the child is able, either whilst in hospital or after discharge.

5. Monitoring and Review

The child's provision should be reviewed at least every 6 weeks by the child's school in conjunction with the child's parents, health professionals and other relevant services. Feedback on the progress of children considered by the panel should be provided in writing to Harrow Education attendance officers who will provide this to the SAIP. Reviews will be made more frequently according to need. It should be recognised that a child's educational needs and ability to access education may change depending on their health and the provision needs to be flexible to accommodate this.

School should ensure that that child remains part of the school community to support the child's reintegration at a later date. This should include encouraging and facilitating liaison with peers, updating the child on school activities and events and facilitating their participation where the child's health needs permit this.

Schools and the alternative provider should make arrangements to reintegrate a child back into school at the earliest opportunity and as soon as they are well enough. Each child should have an individually tailored reintegration plan which should include any reasonable adjustments to provide suitable access for the child as part of their integration as appropriate to need.

6. Complaints and Review

Complaints about provision for children who are unable to attend school for health reasons should be made to the child's school in the first instance. Once this has been exhausted or if the child is not on any school roll, complaints can be escalated to Harrow Education Services. The LA will intervene if it has reason to believe that the education provision is unsuitable or insufficient.

This policy will be reviewed in line with any changes in legislation or to the statutory guidance.

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