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| This policy has been reviewed on 27/07/2021 and has been impact assessed in the light of all other school policies and the Equality Act 2010. | | | |

# Policy for Children with Health Needs that cannot attend school

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**Introduction**

This policy sets out the Derbyshire County Council standards for the education of children who are unable to attend school because of health needs.

In line with Section 19 of the Education Act (1996), local authorities have 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'.

In addition our policy is based upon the recommendations given in two sets of recent statutory guidance:

**Ensuring a good education for children who cannot attend school because of health needs. Statutory Guidance for local authorities**. (Department for Education, January 2013)

**Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England** (Department for Education, December 2015)

The guidance states that 'Local authorities (LAs) must have regard to it when carrying out their duty to arrange suitable full-time education (or part-time when appropriate for the child's needs) for children who are unable to attend a mainstream or special school because of their health. This duty applies to all children and young people who would normally attend mainstream schools, including Academies, Free Schools, independent schools and special schools.

These documents provide comprehensive guidance on roles and responsibilities to local authorities, school governing bodies and related services. This policy should be read alongside this guidance and any future guidance related to the education of children with medical needs.

**Out of School Tuition Service (OOST)**

In Derbyshire, the LA response to meeting the needs of children who cannot attend school with medical needs is met through the Out of School Tuition Service (OOST). OOST is part of Children's Services. Information for parents regarding OOST is available on line through Learning in Derbyshire (LiD).

The OOST team is currently based at Godkin House in Ripley and can be contacted as follows:

Telephone: 01629 535295

Email: OOST@derbyshire.gov.uk

**Health Needs**

Statutory guidance points out that:

'There will be a wide range of circumstances where a child has a health need but will receive suitable education that meets their needs without the intervention of the LA – for example, where the child can still attend school with some support; where the school has made arrangements to deliver suitable education outside of school for the child; or where arrangements have been made for the child to be educated in a hospital by an on-site hospital school'

For some children, however, we recognise that there is a need for the local authority to become involved in arranging suitable provision. In general we recognise the following groups of children as having health needs which may require support from OOST:

- Children who are injured as a result of trauma and need some additional recovery time once discharged from hospital before returning to school
- Children who have undergone significant surgery and require some time to recuperate or avoid possible injury before returning to school.
- Children with chronic illness such as juvenile arthritis, where periods of ill health can make attendance at school impossible
- Children undergoing treatment or recuperation from cancer
- Children with mental health related problems confirmed by a senior health practitioner within specialist services, usually Child and Adolescent Mental Health Services (CAMHS)

Some of the children falling into these groups might also have disability or an Education Health Care Plan. Statutory guidance and policy relating to these additional needs should be consulted alongside this policy.

**Intermittent Absences and Recurrent Absence**

Where a child's medical needs lead to regular or recurrent short absences, the LA anticipates that the school will respond to the child's educational needs without their involvement. The school should endeavour to establish and maintain good links with the child and family to ensure continuity of education.

In complex cases, where absences are longer or more frequent a referral may be appropriate. Schools should discuss with OOST Manager at OOST before making a referral. OOST Manager will consider the referral through the usual processes and in line with statutory guidance on an individual case basis.

**Working Together**

We recognise the important role played by parents in terms of the information they have about the medical needs of their child. In all cases, effective collaboration between all relevant services (LAs, CAMHS, NHS, schools, Multi Agency Teams) is essential to delivering effective education for children with additional health needs. It helps ensure continuity of provision and consistency in curriculum.

**The Role of the Child's School**

Statutory Guidance for governing bodies of schools and local authorities states that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

- Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

- The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

- A child unable to attend school because of health needs must not be removed from the school register without parental consent and certification from the school medical officer.

- The school should refer to the local authority (OOST) as soon as it is clear that the child will be away from school for 15 days or more.

- Following long-term absences due to health problems, reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend.

**Working with OOST**

The role of OOST is to provide a short period of education with the aim of integrating the child back into school at the earliest opportunity. Throughout this process the child remains the responsibility of the school. The process of support and integration is planned through Education Plan (EP) meetings for the child, held every 12 weeks.

Schools should contact OOST if they become aware of a likely need to refer and should discuss the case with our team. They should then complete the referral form following the guidance provided by OOST. Completed forms should be returned as soon as possible. Where the decision is made not to carry the referral forward, schools should inform OOST of that decision at the earliest opportunity.

There is an expectation that schools will provide for children referred to OOST as follows:

- Notify the LA if a child is likely to be absent from school because of medical needs for more than 15 days.
- Discuss the referral to OOST with parents before making the referral
- Provide accurate and honest information on the referral form.
- Provide full information about the child's abilities and curriculum within the school.
- Provide medical evidence in support of the referral from an appropriate medical practitioner.
- Provide updated medical evidence where it is appropriate for tuition to be extended beyond the initial referral period of 12 weeks.
- Provide a Named Teacher with senior and appropriate responsibility in school to work with OOST the tutor and the family
- Organise the Education Plan Meeting every 12 weeks.
- Provide appropriate curriculum resources and lesson plans for the tutor to act as the basis of their 1:1 tuition with the child.
- Mark or assess work completed by the child under supervision from the tutor and ensure that the marks or assessments for work are provided to the tutor and child in a timely manner. Tutors may not be specialist subject teachers so should not be asked to mark, assess or moderate coursework or similar controlled assessments set by school. In most cases, tutors will mark some of the child's simple work during tuition sessions so as to provide feedback to the child and allow progression in their learning.
- Work with OOST to provide appropriate access to on-line learning and individual study so that the total offer of education is as close to full time (25 hours for secondary schools) as the medical needs of the child will allow.
- Keep the child and family informed about school life and events.
- Maintain an active dialogue with the child's parents/carers
- Make reasonable adjustments to support access to the school site and mainstream lessons as part of integration during and after tuition
- Provide a point of liaison between the tutor and the school, usually the named teacher
- Provide a suitable room in the school for tuition where appropriate and access back into mainstream lessons as part of a phased integration plan
- For children with an EHC plan provide support through the school SEND department including access to allocated TA support time.
- Provide access to external examination entry.
- Provide invigilation arrangements which are appropriate to the child's medical needs.
- Provide support to the child's social and emotional needs including access and communication with their peer group.

- **Have high expectations for the achievement of the child**
- **Listen to the views of the child and family and seek to work in partnership with them.**

Schools should not refer children to OOST where they are attending school on a part time timetable. This is considered on an individual basis, but as a rough guide OOST would not accept referrals for children attending

school either in lessons or units within the school site for more than 25% of their normal timetable. OOST does not offer a 'top up' provision.

OOST is also not able to accept referrals where the principal need is for the child to 'catch up' work missed while they have been absent from school due to illness.

**The Role of OOST**

OOST as part of Children's Services have an aim to challenge and support schools and other educational settings to provide effective education for all children and young people in the local community. This includes children whose health needs mean that they are unable to attend school.

Once a referral is received OOST will:

- Inform parents, school and other agencies of the decision regarding the referral within 6 working days during school term time.
- Carry out a suitable risk assessment if suggested from the referral.
- Identify appropriate provision within 15 days of the referral being accepted. In some circumstances appropriate provision may not include 1:1 tuition with a tutor.
- In most cases offer up to 5 hours of 1:1 tuition with a qualified teacher to work with the child either in the home or in a suitable venue as part of an integration plan.
- Inform parents/carers and school where a change of provision needs to be made in good time and with explanation.
- Monitor the child's progress through baseline and progress assessment
- Provide information to schools and parents/carers concerning the child's progress
- Seek to listen to the views of the child and parents/carers.
- Work with schools to arrange the provision of a package of full time education which is appropriate to the child's medical needs, including access to on-line learning and individual study.
- Work with schools to ensure that the child follows an appropriate curriculum which is broad and balanced where possible.
- Provide an agenda and recording system for the EP meeting, attend meetings and act upon the actions agreed at the meeting.
- Work with schools to set integration targets which are SMART as a means of supporting integration.
- Work with all agencies concerned including MAT, CAMHS, Medical staff, Social care and Young Offending teams.
- Provide emphasis on core subjects, Maths, Science and English in teaching provision.
- Enable the child to work towards achieving 5 or more GCSE qualifications at C grade or above wherever possible
- Work with schools and other agencies to ensure that the child has access to post 16 courses or apprenticeships so that they are not NEET following compulsory school leaving age.
- Maintain a rolling programme of staff training so that tutors and support staff are continuously updated on statutory guidance and informed in their work with children and families.
- To provide appropriate safeguarding training to all staff.
- To provide a Safeguarding Lead and Escalation process for all staff working with children and families.
- Liaise with other teams within Children's Services in order to provide a coordinated response to the needs of vulnerable children in Derbyshire.

- **Have high expectations for the achievement of the child**
- **Listen to the views of the child and family and seek to work in partnership with them.**

**The Education Plan (EP)**

Local Authorities are required to work with schools to set up an individually tailored education and reintegration plan for each child. In practice this plan is agreed, recorded and implemented through the EP process. Schools and

OOST arrange for the EP to take place every 12 weeks attended by the child, parents/carers, relevant support agencies, the OOST tutor and the named teacher at the school. The EP sets out responsibilities between OOST and the school, records provision of resources, records the curriculum and work plan and sets targets for integration. For older children at KS4 it sets out access to public examinations and helps to plan for post 16 provision. The EP forms the basis of the 'contract' between school, family and OOST and is signed at the close of the meeting by all those present.

**Derbyshire Named Officer**

The monitoring and delivery of provision for children unable to attend school because of medical needs is the responsibility of a named officer who is the OOST Manager at Out of School Tuition. The OOST Manager is responsible to Head of Service Children Missing Education.

**Public Examinations**

Effective liaison becomes increasingly important for children approaching public examinations. A suitable focus should be arranged between school and OOST at this time. It may be appropriate for the school to contact Awarding Bodies to request special arrangements for children with medical needs. OOST will offer appropriate advice and written evidence can be requested from the medical evidence provider. It is the responsibility of the school to coordinate special arrangements where appropriate for the child. It is also the responsibility of school to provide suitable invigilation arrangements including a venue for tuition which meets the medical needs of the child. Tutors who have been working closely with children as part of OOST provision on a 1:1 basis would not be suitable invigilators for a public examination in the child's home.

**Medical Evidence and Health Involvement**

Prolonged absence from school for any child is likely to have a considerable impact on educational and social outcomes. It is, therefore, vital that professionals working with children with medical needs take extreme care when considering whether advice from health workers is appropriate or legitimate as sanction for periods of absence from school. For this reason OOST will not usually accept a letter from a GP alone in support of a referral to our service.

Referrals from schools must be supported with appropriate recent written evidence from either:

- A consultant with responsibility for the child's case
- The School Medical Officer (SMO) with responsibility for the child's case
- A Senior Mental Health Practitioner working with the Child and Adolescent Mental Health Service (CAMHS) with responsibility for the child's case. As the process of referral to CAMHS can be lengthy, we consider children on an individual basis, and may provide support based on the recommendation of a GP or Educational Psychologist as an interim measure. We would only take this step where other professionals working with the family felt that it was appropriate to do so.
- For pregnant School Age Mothers a MATB1 form is acceptable.

For children with mental health related problems we will only accept medical evidence from CAMHS where the child is engaged in a therapeutic programme with the service. This is to ensure that the practitioner has an up to date and informed knowledge of the child as well as helping ensure that the child is being appropriately supported so as to allow them to begin integration back into school at the earliest opportunity.

It is the responsibility of schools and parents to provide appropriate medical evidence in support of a referral or continuation of provision from OOST.

**The Role of Parents/Carers**

Parents have a responsibility to secure education for their child while they are of compulsory school age. Parents are, therefore, obliged to ensure that their child attends the provision offered by OOST and schools. In order for the child to make progress academically parents have a vital role to play in supporting the planned provision. Whilst we recognise that the medical needs of the child can make this difficult at times, it is important that parents work towards an appropriate aim for their child in line with advice from professionals supporting the child and family. There is an expectation that parents ensure their child is available for tuition at the agreed time. The behaviour of the child should be appropriate for learning. Parents should support any homework or individual study given to their child and attend meetings arranged with the school, particularly the EP meeting.

It is not possible for OOST to provide 1:1 tuition at any venue, particularly the home, without the presence of a suitable responsible adult.

**Monitoring Attendance**

OOST has a responsibility to monitor attendance and pass this information to schools where requested. Parents/carers must ensure good attendance at planned 1:1 tuition sessions so that the child can make progress. We recognise that children working with our service have medical needs, which can sometimes make full attendance difficult. However, we ask that parents/carers make every effort to avoid cancellation of teaching sessions. Recurrent cancellation will usually result in a review of the provision offered or closure of the case.

**Hospital Admission**

Derbyshire children requiring long periods of hospitalisation usually attend larger hospitals in neighbouring LAs such as the Queen's Medical Centre, Royal Derby Hospital or Sheffield Children's Hospital. These hospitals have their own hospital teaching services which Derbyshire children access while they are on the relevant children's wards. The cost of provision is usually recouped from Derbyshire.

Derbyshire children may also be admitted to Nightingale Ward at Chesterfield Royal Hospital. OOST provides a 0.5 FTE teacher with responsibility for the arrangement of provision of education for children on the ward in conjunction with their mainstream school plus some additional support on an individual basis.
The teacher responsible for provision will:

- Liaise with schools and medical staff
- Request educational resources from schools so that the child can continue their education while on the ward
- Liaise with schools so that the school can provide appropriate access to public examinations
- Record and monitor the progress of pupils and report back to schools where appropriate
- Provide direct teaching and access to electronic learning on the ward.

The quality of educational provision for school age children based on the ward is the responsibility of the OOST Manager at OOST.

Where a period of convalescence of more than 15 days is required, after discharge from hospital, before the child can return to school, it is the responsibility of the school to inform OOST and consider making a referral in the usual way.

**School Age Parents**

School age mothers are not regarded as being unwell but the arrangements for their education are also made by OOST.

**School Aged Mothers (SAMs)**

This client group comprises those children in school or in other LA provision who become mothers.

The duty upon local authorities is to provide for this group of young people as for children out of school because of medical needs. Derbyshire County Council recognises that these young parents are vulnerable to educational disadvantage and social exclusion.

The Government's expectations are clearly set out in Circulars 10/99 and 11/99. These provide clear guidance on the support to be given to teenage parents and to young mothers in particular:

- the aim of the support should be to keep the child in school, wherever possible, and to ensure her return to full time education as soon as possible after the birth, with access to appropriate child care support;

- schools, the LA and NHS colleagues should, therefore, work together to provide support for mothers of compulsory school age, both during the pregnancy and after the birth;

- girls who receive education out of school during pregnancy should remain on the school roll during this time to enable them to return to school after the birth if they choose to do so. The girl's school, the LA and NHS colleagues should work together to achieve this.

- girls should stay in education during pregnancy unless personal or medical circumstances make other arrangements necessary;

- if, after the birth, the girl is past compulsory school age, The Multi Agency Team should arrange a suitable education programme.

Derbyshire County Council recognises the importance of reducing the scale of school age pregnancy and the contribution that effective education can make. The LA will work together with other key agencies to ensure effective prevention and support for young people, particularly those in vulnerable groups; for example, young people in the care of the County Council. Its preventative strategies will be based upon co-operation between agencies and co-ordinated to ensure a cohesive and coherent approach.

The County Council recognises, nevertheless, that school age parenthood will continue to be a reality for some children. Providing support for these young parents, in particular helping school age mothers to stay in education and to progress to further education, training and employment, is the key to reducing the risk of their long-term social exclusion.

The Out of School Tuition Service will:

- work together with the child's school, Social Services (when the young woman is deemed "in need") and other agencies to keep the child in school, whenever possible;

- make interim provision when the child is out of school, for a period up to 18 weeks (in total) before and after the birth. The school should include a MATB1 which confirms the expected date of delivery as the medical evidence requested in appendix 1;

- work together with the school, the Multi Agency Team, Health/NHS and Social Services to ensure that the child returns to school after the birth;

- where the child is over statutory school age after the birth, ensure that a meeting is held to arrange a suitable education plan in consultation with the school;

- The LA also has important roles that will inform the County Council's strategic response to the education of children of school aged parents. These reflect the roles in relation to the education of children with medical needs. They are:

- to contribute to joint training;
- to provide clear, accessible information for parents, carers and the young people;
- to identify and disseminate best practice;
- to monitor the educational outcomes for school aged parents;
- to determine whether the range of provision meets the needs of children effectively;
- to evaluate the effectiveness of the County Council's Policy.

**The Role of the Child's School (SAMs)**

The child's school has a central role in ensuring that there is minimum disruption to the young person's education. The key aim should be to keep the pregnant child or school age mother in learning. This means, in all cases, keeping the child on the school roll, even if she may not be able to attend school for a period of time. There is an expectation that schools will carry out an appropriate risk assessment, however, health and safety should not be used as a reason for exclusion from school.

The requirements upon schools are to:

- oversee the education of school age mothers;
- set and mark work while the child is unable to attend school;
- provide suitable curriculum resources to support the child's studies;
- work in close partnership with the LA, the providers of any alternative educational arrangements and any other relevant agencies, including careers adviser;
- monitor the progress and achievement of pregnant children and school-aged mothers;
- make arrangements, when necessary, for the child to have access to public examinations;
- plan for the child's return to school;
- keep children informed about school life and events;
- encourage continued contact with peers, if wished by the young person;
- address any incidents of bullying, as part of the school's discipline policy;
- maintain an active dialogue with the child's parents/carers
- any young person under 16 is entitled to a single assessment as a young person in need by virtue of a pregnancy under Section 17, for support and services.
- any child aged 13 and under who is known to be pregnant needs to be referred to social care under child protection procedures using the local safeguarding procedures.
- If the young person is 14 and over there are welfare concerns there needs to be consideration of child protection procedures and or referral made to social care.

In addition, schools should:

- have a clear and explicit confidentiality policy

- involve the designated teacher for young people in public care in any review of the care plan.

**The Roles and Responsibilities of Parents/Carers (SAMs)**

Section 7 of the Education Act (1996) requires parents to secure education of their children of compulsory school age either by regular attendance at school or otherwise than at school (in other words making suitable provision themselves). Unless they make their own suitable arrangements, parents are obliged, therefore, to ensure that their child attends the provision arranged by the Education Department and the child's school.

Following advice from the school medical officer no education is provided in the immediate 2 weeks following the birth.

**If the child is in public care, the school should ensure that the child's social worker and/or foster carer are invited to the meeting to ensure that the new arrangements are reflected in the young person's care plan.**

The OOST Manager from the Out of School Tuition Service will oversee the reports and collate information about the child's progress. Management of the quality and content of the home teaching input will also be the responsibility of the OOST Manager.

**Monitoring the Effectiveness of the Local Authority Policy**

The LA will monitor the effectiveness of provision for children who are unable to attend school due to medical needs.

Operational responsibility for this rests with the OOST Manager of OOST and the Head of Integration. All aspects of provision will be monitored, evaluated and reported to the Deputy Assistant Director for Schools and Learning on a regular basis. This includes suitability of provision, progress made by children receiving education, integration back into mainstream schools and post 16 outcomes.

OOST will provide an opportunity for parents, children and schools to evaluate the service they receive. This information will be collected, evaluated and reported on a regular basis. Where appropriate, changes to systems will be considered and implemented in order to improve outcomes for service users.

**Contacting OOST**

Telephone: 01629 535295

Email: OOST@derbyshire.gov.uk