

The education of children who cannot attend school because of health needs

Policy Statement

September 2022

Summary

This document outlines Southwark Alternative Provision Team's policy for ensuring a suitable education for children who cannot attend school because of illness.

The policy and procedures are intended to:

1. Support referring schools¹ to understand the guiding principles and protocols in order to assist them in making appropriate and timely referrals to the alternative provision team
2. To assist the local authority (LA) in working to statutory guidelines; to ensure that any pupil who has medical needs and cannot attend access suitable education is able to access appropriate education according to evidenced need

Under Section 19 of the Education Act 1996 Local Authorities have a responsibility for arranging the education for pupils who cannot attend school due to health needs. The duty is outline further in Statutory Guidance: '*Supporting pupils at school with medical conditions*' (2015) (DfE) and '*Ensuring a good education for children who cannot attend school because of health needs*' (2013) (DfE)

Southwark discharges our duty through the commissioning of external education providers. A team of priority learner support officers monitor the education delivered to ensure it is of a high quality and meets individual needs. The named officer in the local authority for pupils who cannot attend school due to medical needs is Laverne Noel

¹ Referring schools are defined as *the school the child is currently on the roll of*.

Referred pupils remain the responsibility of the referring school at which they are on the roll. The Alternative Provision Team will work closely with the referring school to ensure that there is continuity of education.

Policy Statement

Southwark local authority has a duty to arrange suitable full time² education (or part time where appropriate for the child's needs) for children of compulsory school age who are unable to attend a mainstream or special school because of their health.

In accordance with the Department for Education Statutory Guidance 'Ensuring a good education for children who cannot attend school because of health needs' (May 2013) alternative provision and the framework surrounding it should offer good quality education on par with that of mainstream schooling, along with the support pupils need to overcome barriers to attainment. This support should meet a pupil's individual needs, including social and emotional needs, and enable them to thrive and prosper in the education system.

This applies to all children who would usually attend academies, free schools, Independent schools and special schools or those who are not on the roll of a school. It applies to those who cannot attend school at all or can only attend intermittently.

Alternative provision for children who cannot attend school because of health needs *should*

1. Be arranged as soon as it is clear the child will be away from school for 15 days or more whether consecutive or cumulative.
2. Ensure education is of a good quality (See Department for Education Statutory Guidance 'Alternative Provision' (Jan 2013) which enables pupils to take appropriate qualifications, prevents them falling behind at school and allows them to reintegrate back to school.
3. Be arranged based on the individual needs of the child.

The Government's policy intention is that all children, regardless of circumstance or setting should receive a good education to enable them to shape their own futures.

On the 1st September 2016 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. Department for education statutory guidance for governing bodies of maintained schools and proprietors of academies in England 'Supporting pupils at school with medical conditions' (2015) is intended to help governing bodies meet their legal responsibilities.

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Governing bodies must ensure that arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.

Ensuring children have good education

Alternative Provision should address a pupil's individual needs whether they be health 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 where possible, are able to stay in contact with classmates, and have access to the opportunities enjoyed by their peers.

² Full time is not defined in law but should equate to the following taught hours: KS4 25 hours, KS3 24 hours, KS2 23.5 and KS1 21hours.

Children should access as much education as their health allows. Part-time timetable must only be in place for the shortest time necessary and they are not a long-term solution. We can arrange up to 25 hours of learning dependant on the pupils' circumstances and on the advice of health colleague. We select providers from an approved framework who offer small group provision, 1-1 or online learning.

Some health needs are complex and/or long term and may be considered disabilities under equalities legislation. Where a child has a special educational need identified in an EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan. Where a child has SEN but does not have a EHC plan, their individual healthcare plan will take account of their SEN. Liaison between the Alternative Provision team, Parent, School and SEN department will take place to support the process of seeking statutory assessment, where appropriate.

All pupils will undertake an initial assessment, which informs their Individual Learning plan (ILP). The referring school will co-ordinate regular reviews that the alternative provision team, provider, relevant agencies and parents will attend. The alternative provision teams' role is to ensure that education is suitable and where appropriate differentiated to meet, any changing health needs. Ofsted's common inspection framework (September 2019) assesses how schools meet a range of pupils needs including those with medical conditions.

In the case of looked after children (LAC) the alternative provision team will work with the social worker, foster carer and the LAC education advisor to ensure we fulfil our duties under the Education Act 1989 to promote the educational achievement of all looked after children. The LAC education advisor or social worker will conduct a PEP in place of the usual Alternative Provision review.

Following the principles of partnership working, the alternative provision team and school have a Home School Agreement in place. It outlines key roles and responsibilities so that all parties work together in supporting the child.

Identification and intervention

Pupils requiring intervention from the alternative provision team are identified if there is supporting evidence from a specialist medical consultant. The pupil must be a Southwark resident of compulsory school age who has missed 15 school days or more (consecutive or cumulative) due to medical needs. The team review the referral against the criteria and make arrangements.

Schools do not have to wait for formal diagnosis of a medical condition before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgement will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents.

If schools suspect that a pupil is having mental health difficulties, then they should not delay putting support in place. This can happen whilst the school is gathering the evidence, and the pupil's response to that support can help further to identify their needs.

A member of the school staff may initiate individual healthcare plans (IHCP), and their review, in consultation with the parent, or a healthcare professional involved in providing care to the child. The school, healthcare professional and parent should agree, based on evidence, when an Individual healthcare plan would be in appropriate or disproportionate. The governing body should ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They

should be developed with the child's best interest in mind and ensure that the school assesses and manages risks to the child's education, health and social well-being and minimises disruption.

When deciding whether a pupil has SEN, schools should use the definition of SEN used in the SEND Code of Practice: 0 to 25 years. This state:

A child or young person has SEN if they have a learning difficulty or disability, which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- Has a significantly greater difficulty in learning than a majority of others of the same age, or
- Has a disability, which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream school or mainstream post 16 institutions.

Reintegration

When anticipating a reintegration back to school, LAs should work with the school, parents and healthcare professionals to plan for reintegration. Schools should ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively. If absence is likely to be lengthy, the reintegration plan may only take shape nearer to the likely date of return. Departmental advice³ to schools states that transitional arrangements should be put in place within two weeks.

Schools should ensure that medical evidence is clear and up to date. It should also support the reintegration planning. Southwark alternative provision team will attend reviews arranged by the referring schools to ensure that medical evidence remains relevant and to support a development of progressive plans, which support the child to access as much education as their health allows.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Protocol

Criteria for referral:

The alternative provision team takes referrals for young people who are Southwark Residents not able to attend mainstream provision due to:

- Medical needs when it becomes clear that the child's attendance will be impacted on by health needs and that the child will be away from school for 15 days or more across the school year
- Exclusion where a child cannot attend the local Pupil Referral Unit (PRU)

³ <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

- Other reasons such as new arrivals to the country without a school place in year 11 during spring term.

Referral to the local authority for alternative provision

1. Prior to the referral the referrer will:

- 1.1. Identified a child unable to access school due to health needs
- 1.2. Gathered information from health. Health services will have assessed and determined that the child cannot access suitable mainstream school.
- 1.3. Consult with relevant professional networks to gather all relevant information about the child. This may include CME teams, Youth Offending Services, Social Care or Family Early Help to produce a risk assessment
- 1.4. Discuss with the parent and health whether there is a need for an Individual Health Care Plan
- 1.5. If through the assessments alternative provision is identified as best meeting needs, start the referral process

2. Making a referral the referrer must:

- 2.1. Fully complete the alternative provision referral form and medical evidence form found on the local offer website - <https://localoffer.southwark.gov.uk/education/alternative-provision-education-other-than-school>
- 2.2. Upload a copy of the child's attendance certificate and prior academic school records
- 2.3. Upload behavioural logs, SEN assessments and team around the child minutes.
- 2.4. Fully complete the comprehensive risk assessment, factual and intelligence led evidence will be required in cases where the PRU is not suitable.

3. On receipt of the documents, the alternative provision team will:

- 3.1. Review the referral to check it meets the criteria outlined above
- 3.2. Identify any additional information that may be required
- 3.3. Check internal databases for any key safeguarding information

There will be some cases where children arrive new to the country without historic information, in such cases the Alternative Provision team will seek to establish academic assessments as swiftly as possible.

4. If approved the Alternative Provision team will:

- 4.1. Carry out suitability checks to identify an alternative provider from the AP Framework
- 4.2. Contact the identified provider.
- 4.3. Contact the parent and referrer to confirm the named officer leading the case and next steps
- 4.4. Once confirmed the alternative provider will arrange a start date for the pupil.
- 4.5. Support and co-ordinate education reviews at the pupils referring school at least every 6 weeks

If not approved the referrer will be provided with a reason why and suggest next steps

5. How decisions are made in securing suitable provision

The alternative provision manager assesses all approved cases against; child's individual needs, risk assessment, provider specialisms, capacity of provider, curriculum offer. We select the closest match provider.

Pupils with an Education, Health and Care Plans (EHCP) or Statements missing education are managed by the Special Educational Needs Department.

The end of a placement and reintegration

The local authority should have a plan and processes in place to reintegrate the pupil at the end of the placement when he or she returns to the school. We obtain a final report on the pupils' achievements during their placement. We always seek the pupil's views on the success of the placement.

In light of this placement information, the priority learner support officer will plan for the pupil's reintegration. This may be back into their mainstream school, via fair access or transition within alternative provision as a step towards increased learning.

If the placement does not end with reintegration into the school for example, when a pupil reaches the end of Y11 while still in alternative provision – the priority learning support officers work with the provider, parent and pupil to ensure that the young person can move on into suitable education, or employment alongside part-time study or training. This involves a referral to post 16 services if the young person has not secured a post 16 destination.

Related Guidance:

Legislation

Equality Act 2010

Education Act 1996 Section 19.

Children and families Act 2014 section (3) and (100)

The Education (Pupil Registration) (England) Regulations 2006, regulation 8,(1),(g).

Department for education statutory guidance and departmental advice

Ensuring a good education for children who cannot attend school because of health needs, May 2013

Alternative Provision statutory guidance for local authorities January 2013

Supporting pupils at school with medical conditions, statutory guidance for governing bodies of maintained schools and proprietors of academies in England. December 2015

Mental health and behaviour in schools, Departmental advice for school staff, March 2016

Special educational needs and disability code of practice: 0 to 25 years. Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities, January 2015.

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