

## Supporting children with health needs who cannot attend school

### 1. The underlying principles behind this guidance

Bourne Education Trust (BET) is committed to ensuring that all children and young people receive a good education in order to maximise the learning potential of each individual. A fundamental part of our offer aims to ensure that all children and young people are given the opportunity of an inclusive education that meets their specific needs.

Children and young people who have additional health needs are, by the nature of their difficulties, at risk of failing to reach their true potential within an educational context. This is particularly the case for those children and young people whose health needs prevent them from attending school for an extended period of time, or for those who are restricted by their health needs to attending school on a part-time or sporadic basis.

This guidance aims to outline the support available for children and young people with additional health needs. This includes details of when and how alternative provision will be arranged if required, and the respective roles and responsibilities of the local authority, the school, parents/carers, providers and other agencies.

### 2. Roles and responsibilities of BET schools

Schools are required by law to make arrangements for supporting pupils at their school with medical conditions.

This duty is detailed in [Section 100 of the Children and Families Act 2014](#) and statutory guidance entitled [Supporting pupils at school with medical conditions](#) has been produced by the Department for Education in order to assist schools in understanding and complying with this legislation.

The key points detailed in the guidance indicate 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.
- Local governing committees must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Local governing committees should ensure that school leaders consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

The statutory guidance also indicates that schools should develop a policy for supporting pupils with medical conditions and that there should be a named person who is responsible for the practical implementation of this policy within each school.

### 3. Legal Framework for local authorities

The Local Authority has a duty set out in [Section 19 of the Education Act 1996](#) and in the statutory guidance, [Ensuring a good education for children who cannot attend school because of health needs](#).

The Equality Act 2010 is also an important part of the legal framework around children and young people with significant medical needs.

#### **4. Role and responsibilities of the local authority**

The statutory guidance is clear that there will be a wide range of circumstances where a child has a health need but may receive suitable education that meets their needs without the intervention of the local authority. For example, where the 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.

The local authority is responsible for arranging suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision (unless the local authority considers that a pupil's condition means that full-time provision would not be in his or her best interests). This duty applies to all children and young people who live within the local authority boundaries, regardless of the type (inclusive of pupils attending academies, free schools, special schools, independent schools or maintained schools) or location (where a child is ordinarily resident in a local authority but attends school outside the county, the local authority of residence retains responsibility for arranging medical needs provision for that child) of the school they would normally attend and whether or not they are on the roll of a school.

The law does not define full-time education, but children with health needs should have provision which is equivalent to the education they would receive in school.

#### **5. Named Person**

It is a statutory requirement that local authorities have a named person responsible for the education of children with additional health needs. This person is called the Medical Needs Coordinator. Please see relevant local authority's website.

The Medical Needs Coordinator is responsible, in liaison with schools and professionals, for ensuring that Children's Services fulfils its statutory duties in relation to medical needs provision for children and young people who cannot attend school for medical reasons.

Parents/carers can contact the Medical Needs Coordinator in order to discuss their child's specific circumstances relating to medical needs education provision. This may be particularly appropriate in instances where they feel their child's educational needs are not being addressed due to a medical condition or ill health.

Schools can contact the Medical Needs Coordinator in order to obtain support, advice and guidance in relation to medical needs education provision and their own statutory responsibilities in supporting children with additional health needs, both in general terms and in relation to specific cases.

The Medical Needs Coordinator will also liaise with professionals and colleagues within both health and education as appropriate in order to ensure children with additional health needs are able to access a suitable education.

## **6. Pupils who are not on a school roll**

The local authority retains responsibility for supporting children who are not on roll at a school (Children Missing Education) whose health needs prevent them from accessing education.

In these instances, parents/carers or professionals working with a child who falls into this category should contact either their Education, Health and Care Plan Coordinator (for children with an Education, Health and Care Plan) or alternatively the council's Medical Needs Coordinator to discuss future educational provision.

## **7. Early Years and Post-16**

Local authorities will normally provide support for pupils who are between the ages of 5 and 16 (Reception Year to Year 11). However, where pupils who would normally be in Year 12 are repeating Year 11 due to medical reasons, requests for support will be considered on an individual basis.

For post-16 students attending mainstream provision, the local authority would look to the host school, college or training provider to make any necessary reasonable adjustments for students who are unwell over a prolonged period.

## **8. Hospital in-patients**

The local authority provides education for children and young people who are in-patients at in-county hospitals, as well as offering transitional support for children and young people being discharged from long stays in hospital or those who have repeat admissions.

In certain instances, particularly in the case of severe mental health needs, children may be placed in specialist residential hospitals outside of the county by the National Health Service (NHS). Many of these facilities have access to an on-site education provision or school that can offer education as part of the package of care. The council retains responsibility for the education of these children whilst they remain in hospital and upon their discharge. In advance of a proposed discharge, particularly in the instance that an alternative educational provision is being proposed, parents/carers or professionals working with a child who falls into this category should contact either their Education, Health and Care Plan Coordinator (for children with a Statement of Special Educational Needs or an Education, Health and Care Plan) or alternatively the council's Medical Needs Coordinator to discuss future educational provision.

## **9. Children with life limiting and terminal illness**

The council will continue to provide education for as long as the child's parents and the medical staff wish it.

## **10. Pregnant Students**

It is an expectation that students who are pregnant will continue to be educated at school whilst it is reasonably practical and it is in the interests of the student. Medical Needs Referrals for pregnant students will be considered on a case by case basis and support will generally be provided for six weeks prior to, and six weeks following, the birth of the baby. The pupil will remain on the roll of their school.

If the pupil has not reached statutory school leaving age, it is expected that she will reintegrate into school. Evidence needs to be provided to the school to confirm when the baby is expected so that an appropriate Medical Needs referral can be made.

### **11. Medical Needs provision**

The local authority commission its short stay schools to provide education for children that are unable to attend school because of health needs. Planning meetings will ordinarily take place within the school which submitted the referral or the child's home. Invitees should include: child, parent/carer, home school, representative from short stay school, local authority Medical Needs Coordinator. An invite should also be sent to the health professional that provided the medical advice.

Before it is agreed that teaching can take place in the home, it will be necessary to carry out appropriate risk assessments. Where a pupil is taught at home it is necessary for there to be a responsible adult in the house.

Schools can make a Medical Needs Referral for a child who cannot attend school because of health needs where it is clear that they will be away from school for 15 days or more, whether consecutive or cumulative.

### **13. Medical Needs Referral Criteria**

Medical Needs referrals will ordinarily be made by the school at which the child is on roll. All referrals should be sent to the council's Medical Needs Coordinator. Referrals will be considered with the following documents:

- An appropriately completed medical needs referral form. Incomplete forms or those that do not contain sufficient detail will be returned.
- A letter from a medical consultant\* that clearly states that the young person is unable to attend school because of their health needs (medically unfit to attend school)

Note \* Where advice from a medical consultant is not yet available medical evidence will be expected from at least one of the following medical professionals:

- General Practitioner
- CAMHS professional (i.e. mental health nurse/mental health practitioner)
- The council's ME/CFS service (i.e. Specialist Physiotherapist)

Following the acceptance of a referral, the Medical Needs Coordinator will contact the relevant short stay school to request that interim medical needs provision is implemented without delay. A planning meeting will then determine the structure of the provision for an initial period of 12 school weeks (or for the period that the student is absent from school, whichever is shorter). The provision will ordinarily consist of one-to-one sessions within the child's home. The number and length of the sessions will depend on each individual case and be agreed upon in the planning meeting. There is an expectation that the child's home school will plan and mark the work delivered in these sessions.

If after this initial period, the student is unable to return to school, further medical advice will be required in order for the provision to continue.

## Reintegration

The aim of the provision from the Medical Needs Service will be to reintegrate pupils back into school at the earliest opportunity as soon as they are well enough. A reintegration programme will be put together following discussion with the child or young person, parent/carer, school, relevant health professional(s) and other involved agencies as appropriate.

In some cases, it may not be possible for the child to return to school on a full-time basis initially. Arrangements for reintegration (or any future education arrangements) will need to take into account any ongoing health problems of disabilities they may have.

Date drafted	November 2019
Author	A Russell
Version	1
Approved by	BET Performance & Standards Committee
Approved date	November 2019
Next review	November 2022