

**POLICY ON THE EDUCATION OF
CHILDREN AND YOUNG PEOPLE
WITH MEDICAL NEEDS**

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1. Introduction

Local education authorities have a duty set out in the Education Act 1996 to:

Make arrangements of the provision of suitable full-time or part-time education 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.

A similar duty applies to young people not of compulsory school age.

Kingston Local Education Authority (LEA) aims to maximise the life chances of all vulnerable pupils, that is, those at risk of social or educational exclusion. Through education, Kingston LEA provides for vulnerable children and young people so that they have the opportunity to take a full and meaningful part in society. Provision for pupils who are physically ill, injured or who have mental health problems is the responsibility of all schools and services. Specialist provision is made at Kingston Hospital, in the pupil's home or at Malden Oaks Pupil Referral Unit (PRU). The former specialist provision is managed by the Tuition Service and the latter by the Head of PRUs.

2. How the responsibility for provision is shared between mainstream schools and units and the LEA.

All schools must have a written policy and procedures for dealing with the education of children and young people with medical needs, which may stand alone or be incorporated into the school's SEN policy.

Schools' policies should set out:-

- the way in which the school will make educational provision for pupils as set out in the guidance document Access to Education
- the school's responsibility to monitor pupil attendance and to mark registers so that they show if a pupil is, or ought to be, receiving education otherwise than at school by using the recording key agreed with the Education Welfare Service of the LEA
- management structures, staff responsibilities and lines of communication (within and without the school) for pupils with medical needs
- the provision of work and materials for pupils who are absent from the school because of medical needs
- strategies for ensuring support in the cases of long-term absence including the provision of assessment and curriculum plans within 5 working days and work programmes on a termly basis
- a named contact within the school to aid communication with other parties, to attend reviews and keep contact with the pupil
- procedures for ensuring that children and young people who are unable to attend the school because of medical conditions have access to public examinations possibly as external candidates
- issues relating to pupils with Statements of Special Educational Needs including Annual Reviews

- how the school's procedures will take account of the pupil's views
- procedures for ensuring that pupils are reintegrated smoothly into the school following any period of absence.
- a Personal Education Plan (PEP)/Individual Education Plan (IEP) is in place for pupils with a long term or recurring medical condition

Schools have a vital part to play in ensuring that pupils who are absent from school because of their medical needs have the educational support they need to maintain their education. Schools should liaise with specialist teaching services to enable them to draw up a PEP/IEP to cover the complete education of a pupil who is likely to be at home/in hospital for more than 15 working days and pupils with chronic illnesses who regularly miss school. This plan should be agreed with appropriate health service personnel.

Schools' policy statements should be reviewed rigorously, revised as necessary and used as a tool for improving provision.

The LEA is responsible for ensuring that:

- there is a named senior officer with responsibility for the provision of education for children and young people who are unable to attend school because of medical needs. In this authority the LEA officer is the manager of the Tuition Service
- pupils with medical needs are not at home or in hospital without access to education for more than 15 working days
- pupils with a long term or recurring illness whether at home or in hospital should have access, as far as possible, from day one
- clear procedures are in place for ensuring the early and accurate identification of pupils who may be school refusers, with access to specialist mental health services where necessary
- pupils who are able to access it receive an education of similar quality to that available in schools, including a broad and balanced curriculum
- pupils educated at home are given access to a minimum entitlement of 6 hours teaching per week with additional teaching time given when a pupil is approaching public examinations
- the education programme is monitored through weekly reports from the teacher and progress recorded through the IEP
- parents are informed about who to contact in order to request the provision of education otherwise than at school
- medical advice is sought and acted upon
- following any extended absence an individually tailored reintegration plan is in place for all pupils before they return to school wherever possible/practicable

3. Kingston's provision for children and young people with medical needs

Tuition is primarily provided for:

- pupils whose ill-health precludes their attendance at school

or

- school-age pupils at Kingston Hospital.

Tuition is exceptionally used where the pupils' emotional/mental health needs inhibit/prevent their attendance at any other educational provision

Tuition in the Home

Pupils who are unable to attend school for a period of 15 working days or more because of medical needs will have access to tuition in the home. Referrals must be authorised by an appropriate member of a health trust at a level of a senior clinical medical officer, or a consultant paediatrician. General practitioners cannot authorise requests of tuition in the home. The service aims to progress the pupil from their current National Curriculum level by ongoing liaison with the home, school and other agencies where relevant. If there is prolonged or recurring absence from school, the pupil will have access to education, as far as possible, from day one. Schools and the Educational Welfare Service may contact the manager of the Tuition Service for information and advice if it is considered that a pupil may require home tuition.

Tuition in Kingston Hospital

Any pupil in Kingston Hospital will be entitled to tuition if a senior clinical medical officer decides s/he will need to be away from school for 15 working days or more. When the pupil is discharged from hospital, support ceases if s/he is well enough to return to school and is not a Kingston resident. For those pupils who live in Kingston and are not well enough to return to school, tuition continues when appropriate in the home. The service aims to progress the pupil from their National Curriculum level, as appropriate, by liaising with the home, school or other agencies where relevant.

Tuition for pupils where emotional/mental health needs prevents their attendance at a mainstream school.

For pupils whose emotional/mental health needs are causing a concern on safety and/or lack of attendance the school should call a School Action Plus (SA+) review. This should include relevant members of school staff, Educational Psychologists, Education Welfare Officer, Medical Practitioner/CAMHS worker, parent/carer and pupil and other supporting agencies (i.e. Social Inclusion Service, Youth Offending Team, Children & Family Service) From this meeting an action plan should be set. This may include a referral request for tuition or for a PRU placement.

4. Procedures for requesting tuition for children and young people with medical needs

Tuition in the Home

The named contact in school should complete the Referral for Tuition for Reasons of Physical Illness Form and send it to the Social Inclusion Service, together with the appropriate medical form. Tuition time is allocated to pupils according to their needs up to a maximum of 6 hours per week in normal circumstances but up to 10 hours per week for pupils in the final stages of study for public examinations. Reintegration

into schools is facilitated immediately when a child becomes well enough to attend school.

Tuition in Kingston Hospital

To access this support a designated member of the hospital staff completes and returns a referral form. Teaching is provided on the wards for 6 hours per week, subject to the child's medical condition.

Teachers consult closely with schools and the necessary educational information about the pupil is passed on to the pupil's school or the tuition co-ordinator when s/he leaves the hospital. The pupil is encouraged to take completed work to his or her school.

Tuition for pupils whose emotional/mental health needs prevents their attendance at a mainstream school

Following a School Action Plus review the school should make a referral in writing to the Social Inclusion Service (SIS) which should include the School Action Plus review notes and other relevant documentation. The referral is discussed at a SIS Management Meeting.

Tuition takes place for up to 6 hours per week as appropriate. The tutor will liaise with the named person in school which will include resources made available and in order to support pupil progress.

It is the school's responsibility to hold ongoing School Action Plus reviews as appropriate to which all relevant agencies and the pupil and parent/carer are invited. These reviews will formulate the next stage of the action plan for the pupil.

5. Procedures for the referral of a young person with medical needs to a PRU

The LEA has two secondary PRUs, one of which, Malden Oaks is for pupils often necessitating ongoing therapeutic provision. The Headteacher of the PRUs works closely with the Educational Psychology Service (EPS), Kingston Child and Adolescent Mental Health Service (CAMHS), the Education Welfare Service (EWS), Children and Family services (CFS) and other agencies, as well as with the parents/carers/carers in support these pupils. The focus of the intervention is to work towards reintegrating the pupils to mainstream school, which is done on a flexible timeframe in recognition of their medical/emotional needs.

When a School Action Plus review at the school actions a PRU referral the Special Educational Needs Co-ordinator (SENCO)/Senior Management Teacher (SMT) completes a PRU Baseline Referral Form. This is sent to the Headteacher of the PRUs. The referral is discussed at the fortnightly SIS management meeting. A decision is reached about whether or not to accept the referral against the PRU admission criteria and availability of places. Following this meeting the Headteacher of the PRUs contacts the School SENCO/SMT regarding the decision. If a placement has been agreed the Headteacher requests a pre-admission meeting. This may occur at the school to clarify the current situation, the expectations and

where possible timeframe of the placement. The meeting will therefore usually need to involve a core group of the SENCO, the Headteacher of the PRU, other SIS staff (where relevant), the school EP, pupil and their parent/carer. Other relevant agencies such as CAMHS, CFS and Youth Service may also be involved. If it is considered that the pupil will not be able to attend a meeting at the school then it will occur at the PRU or other LEA site.

The parent and pupils are then invited to visit the PRU and if the parent and pupils agree to the placement an entry meeting occurs. Dual registration will be maintained with regular (at least half termly) reviews. Regular liaison will occur to ensure the needs of the pupils are monitored and addressed. The placement can be up to full time at the PRU but as a pupil is able to access increasing levels of education a reintegration programme would normally be actioned, especially at Key Stage 3. Pupils referred to the PRU on medical grounds may not hold any of their timetable at mainstream. The well-being of the pupil and advice from medical will inform the educational provision. When a pupil is reintegrating to mainstream this will be with clearly agreed support and timeframes, which will be identified in the PEP.

6. Procedures for the referral of a pupil with medical/physical needs on role of a mainstream school/pre-school provision to the LEA for support at School Action Plus

In a very small number of cases the LEA may provide support at Pre-school/School Action Plus for pupils with medical/physical needs. The purpose of this support, which is additional and extra to that provided by the school, would be to enable the pupil to remain at School Action Plus without the necessity for a Statutory Assessment or Statement of Special Educational Needs. The LEA's provision of funds at Action Plus ensures that support can be put in place without delay. Such support is usually provided for a maximum of 4 terms.

For further information please see: RBK SEN Policy and Strategy 2002-2005 Procedural Note SEN3.

7. Budgets, management structure, organisation, staffing and staff training

The budget for provision of sick children is part of the overall Tuition Budget, Malden Oaks PRU Budgets and a Standards Fund Grant which provides teaching input, laptops and access to distance/online learning. Whenever pupils are referred to the specialist provision for children with medical needs, contact is made with schools to ascertain pupils' attainment levels in the National Curriculum (KS1-3) and examination course details (KS4). Exceptionally, data on recent standardised tests is sought from the LEA. SIS staff supplements this information with their own assessments. Once baselines have been established, pupils are taught within the National Curriculum or programmes linked to alternative accreditation, when appropriate. Pupils' progress is assessed and recorded using sub-levels of the National Curriculum particularly when pupils have received specialist provision for some time. When appropriate arrangements are made for pupils to undertake national tests, public examinations and have access to the Connexions Service.

Specialist teachers provide a range of curricular expertise as well as specialist knowledge in the needs of pupils educated otherwise than at school. Their work with pupils is monitored regularly by the Headteacher of the PRUs or Manager of the Tuition Service who also undertake periodic reviews of provision. All teachers are subject to performance management. Specific training needs are identified as a part of this process.

8. Arrangements for collaboration with other agencies

Effective and flexible collaboration between Local Education Authorities, the child's school, medical personnel, allied health professional, parents/carers and other agencies e.g. the Connexions Service is crucial for a holistic approach to the continuity of high educational provision for children and young people with medical needs and successful re-entry into school.

Effective liaison with respect for each agency's prioritising of the pupil's needs will ensure that on re-entry to school there will be expectations which are realistic and goals which are attainable for the pupil within their current context, resulting in a confident child or young person who can re-integrate and learn with his/her peers.

Forward planning and effective collaboration can facilitate a successful reintegration to school.

Liaison whilst the child or young person is in hospital

Co-operation between education, medical and administrative staff within the hospital is the key to establishing an atmosphere conducive to effective learning. In cases of recurrent admission, it is particularly important that information is effectively shared between the tutor and the school and other supporting agencies.

Kingston LEA links with other Local Educational Authorities in the recoupage of the cost of providing education for young people whilst in hospital.

Liaison whilst the child or young person is at home

Good links exist between the hospital, the Tuition Service and schools to ensure the continuity of work. Tuition in the home has greater significance now that children are in hospital for shorter times due to changing patterns of hospital provision.

9. Partnership with parents/carers and pupils

Parents/carers hold key information and knowledge and have a crucial part to play. They should be full collaborative partners and should be informed about their child's educational programme and performance. Children and young people also have a right to be involved in making decisions and exercising choices.

All parents/carers are consulted before teaching begins either in the home or in the hospital. Parents'/carers' views of their child's education are taken fully into account when planning programmes. Parents/carers are encouraged to provide additional

liaison with the pupil's school. The positive involvement of parents/carers with the school provides reassurance for the child, teachers and parents/carers themselves.

Wherever possible, parents/carers are informed about the education available before a child is admitted to hospital. Leaflets are available in Kingston Hospital which provide information on the education of sick children.

In the case of a child or young person in public care, the LEA, as the corporate parent, is responsible for safeguarding and promoting their welfare and education. There is feedback at the end of intervention to monitor Quality Assurance.

Appendix 1

Schools' Referral Form for tuition for pupils unable to attend school for medical reasons.

REFFERAL FOR TUITION FOR REASONS OF PHYSICAL ILLNESS

PART A (to be completed and signed by medical practitioner and sent to pupil's school)

Name of pupil.....DoB.....
Is suffering from.....and will be unable to attend school for the next.....weeks. S/he will require tuition at home for that period.
Signed.....Date.....
Name of medical practitioner who can be contacted for further information:
.....
Contact no.....

PART B (to be completed by school and sent to Linda Luff, Social Inclusion Service, The Dukes Centre, Dukes Avenue, Kingston upon Thames, KT2 5QY
e-mail: linda.luff@rbk.kingston.gov.uk

School.....
Name of responsible teacher.....
Days/Times responsible teacher available for liaison.....
Contact no.....
Name of pupil.....
DoB..... Year.....
Address.....
.....Phone no:.....
Parent/Carer.....
Reading Age.....NC Levels: Eng.....Ma.....Sci.....
SEN Yes/No COP..... IEP attached Yes/No

If yes nature of difficulty:

EP.....

Brief details of curriculum (continue over if required):

Any other relevant information/concerns:

Appendix 2

MODEL POLICY FOR SCHOOL IN RELATION TO THE EDUCATION OF PUPILS WITH MEDICAL NEEDS

Children and young people with temporary or recurring medical or mental health needs are valued as full and participating members of the school community. The school will do all that it can to ensure that such children are supported through their period of absence from school and sensitively re-integrated once they are well enough to attend.

The school's policy is drawn up in line with Kingston upon Thames Education Department's Policy on the Education of Children and Young People with Medical Needs (Sept 2003) which has full regard in the DfES Access to Education (Nov 2001).

The school's co-ordinator for children with medical needs will take an active and continuing role in their educational, social and emotional progress. The school will at all times aim to work in partnership with parents to ensure the best possible outcomes and a return to school as soon as possible.

The school may need to seek the assistance of the Social Inclusion Service usually through the Tuition Service and the Pupil Referral Unit (PRU). Staff in these services will support pupils who are temporarily unable to attend classes. These pupils may be:

- a) Children who have been deemed by a medical practitioner as being too ill to attend the school for more than 15 days or who have conditions which lead to recurrent absences from school which becomes significant in the longer term.
- b) Pupils with mental health problems who are unable to attend the school.

The aim of the Tuition Service and the PRU will be to support the school in its work to re-integrate these pupils into full time education into school at the earliest possible opportunity. In the greatest number of cases this means a return to mainstream education. The school will continue to maintain a contact with a pupil who is unwell and not attending and will contribute to their IEP in order that they may enjoy a continuous and high level of education and support from the school during their period of absence. This may include providing to the Tuition Service and PRU relevant information about the child, helping to maintain contact with parents, assisting with and guiding the work of the child, supporting the process of achieving public examinations or taking part in National Curriculum tests and providing emotional support at the level of teacher and peer involvement. The school will maintain links with appropriate agencies including the Social Inclusion Service, the Educational Welfare Service, the Educational Psychology Service, and the Connexions Services.