



## **Somerset Local Authority policy for the education of children and young people unable to attend school because of health needs**

### **Introduction**

This policy sets out the Somerset Local Authority standards for the education of children and young people who are unable to attend school<sup>1</sup> because of health needs. The authority recognises that all children and young people are entitled to an education of high quality and is committed to ensuring that the needs of this vulnerable group of learners are met. We recognise that there is a shared responsibility between the local authority, schools and partner agencies to successfully implement this policy. It is centred on high quality integrated service provision in order to promote better outcomes for this cohort of children and young people.

A Designated Medical Officer (DMO) supports the Clinical Commissioning Group (CCG) in meeting its statutory responsibilities for children and young people with SEN and disabilities, primarily by providing a point of contact for local partners seeking health advice on children and young people who may have Special Educational Needs and disabilities and for CCG and health providers in order to provide notification of children and young people under statutory school age who they think may have Special Educational Needs or disabilities. The DMO would not routinely be involved in assessments or planning for individuals (other than in the course of their usual clinical practice) but are responsible for ensuring that assessment, planning and health support is carried out (0-25 years), and may have some delegated key decisions (for example agreeing the health services included in a plan)

### **The Statutory Framework**

In January 2013 the Department for Education published statutory guidance entitled 'Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities'. This replaces the previous guidance 'Access to Education for Children and Young People with Medical Needs' (2001). It provides comprehensive guidance to local authorities and related services. Roles and responsibilities, including those of the local authority and school, are outlined in detail. This policy should be read alongside this guidance and any future relevant guidance. There is a requirement that each local authority publish a policy detailing standards, procedures and responsibilities for those pupils unable to attend school due to health medical needs. In line with Section 19 of the Education Act 1996 we 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.”

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<sup>1</sup> The term school will be used to refer to maintained schools including Academies, Free Schools, independent schools and special schools.

This policy sets out the roles and responsibilities of the local authority, schools and the relevant alternative education service provider.

### **Start of provision**

Somerset Local Authority is responsible for ensuring that pupils with health needs<sup>2</sup> are not at home or in hospital for more than 15 working days without access to education: this may be consecutive or cumulative with the same medical condition. Effective liaison with medical professionals will ensure that there is a minimum of delay in starting appropriate support.

### **School / Governing Body<sup>3</sup> responsibilities**

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 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. There is no requirement for the Local Authority to become involved in such arrangements unless there were concerns that the education being provided was not suitable.

Schools should refer to Appendix A and the 'Recommended policy and guidance for schools in relation to planned part time school attendance within an agreed management plan for children and young people with on- going medical conditions':



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### **Number of hours of education**

In cases where Somerset Local Authority has become involved the Local Authority will arrange suitable full-time<sup>4</sup> education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education. The Local Authority will need to ensure that the education children receive is of a good quality, as required by the DfE statutory guidance on *Alternative Provision* (2013).

### **Named officer**

Somerset Local Authority 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 officer is Jane Seaman, Access and Admissions Manager (contact details can be found at the end of this document).

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<sup>2</sup> Pregnancy does not qualify as a health need however complications that arise may qualify.

<sup>3</sup> Children and Families Act Part 5(100) and DfE Statutory Guidance 'Supporting pupils at school with medical conditions April 2014.

<sup>4</sup> Unless the pupil's condition means that full-time provision would not be in his or her best interests. Full-time education" is not defined in law but it should equate to what the pupil would normally have in school – for example, for pupils in Key Stage 4 full-time education in a school would usually be 25 hours a week.

### **Objectives of the appropriate provider**

Educational provision for pupils, who are physically ill, injured or who have clinically defined mental health problems is the responsibility of all schools and education services. Where the Local Authority has become involved particular provision is made through the Panel for Excluded and Vulnerable Pupils (PEVP) via a referral from the school. Children with an appropriate referral with evidence from a medical professional will be provided with education by the area Pupil Referral Unit (PRU).

The aim of this provision is to:

1. Minimise disruption to learning
2. In consultation with parents/carers, medical professionals deliver an appropriate and personalised education and
3. Successfully reintegrate (where reintegration is an objective) pupils back into school at the earliest opportunity when they are well enough to return.

In the case of a child with a Statement of Special Educational Needs or Education, Health and Care Plan who normally attends specialist provision, education will normally be provided by their current education provider. In cases where there the Local Authority is concerned about the suitability of the education being provided for a child with a statement of special educational needs or Education, Health and Care Plan, the child or young person's provision will be considered and agreed by the Special Educational Needs Statutory Panel.

### **Reintegration**

We recognise that, whenever possible, pupils should receive their education within their school and the aim of the provision will be to reintegrate pupils back into school at the earliest opportunity as soon as they are well enough. In any event schools should maintain pupils as part of their school community with access to their familiar setting and contacts when possible as part of the planned response where health conditions prevent full time education. Arrangements for reintegration will be discussed with school staff and each child or young person will have a personalised reintegration plan (where this is an appropriate objective). The personalised reintegration plan should form part of any individual healthcare plan developed by the school.

All education providers in Somerset should also make reasonable adjustments to alleviate disadvantage faced by disabled children, and plan to increase disabled children's access to their premises and their curriculum. **This is an anticipatory duty.** Schools should be planning ahead with parents and the professionals supporting the child for appropriate education where health conditions may prevent full time attendance in the future or require reasonable adaptations in order to ensure equal opportunity to access education.

### **The role of the school; assessment, referral and communication**

The area Pupil Referral Unit or other education provider will maintain good links with the child or young person's home school and, through regular reviewing, involve them in decisions concerning the educational programme and pupil progress. This should also include social and emotional needs, for example ensuring that learners feel fully part of their school community, are able to stay in contact with classmates, and have access to the opportunities enjoyed by their peers.

The school should be aware of its continuing role in the child or young person's education whilst they are not attending for example, through providing relevant assessment

information, supplying curriculum materials and books, liaising with area Pupil Referral Unit or other education provider staff over planning and examination course requirements where appropriate, and ensuring that there is a named teacher within school who can co-ordinate and support these links.

All pupils will remain on roll of their home school and the prime responsibility for their education lies with that school. Referral to the area Pupil Referral Unit is made in the following way:

- School completes a referral form and sends to the appropriate area Pupil Referral Unit with medical evidence from a consultant / specialist. Additional information may be requested.
- Referral will be considered by the area Panel for Excluded and Vulnerable Pupils
- Where support is agreed the Head of the area Pupil Referral Unit, or member of the Pupil Referral Unit staff team will liaise with school, medical professional and parent to put in place appropriate provision
- The support offered, roles and responsibilities will be formally noted in an individual Partnership Agreement Plan

In the case of a child with a Statement of Special Educational Needs or Education, Health and Care (EHC) Plan the school should contact their area Special Educational Needs Casework Officer to request the case be considered by the Special Educational Needs Statutory Panel in the first instance. Panel approval must be gained and the Statement or EHC Plan revised if a part time timetable is required for medical reasons. Evidence will be required to support the proposal. This must include relevant medical advice. A plan should also be provided outlining how, when and if a return to full time education is anticipated.

For pupils admitted to hospital:

- During term time any pupil of compulsory school age will be entitled to access educational provision in the hospital, depending on their medical condition.
- When a pupil is discharged from hospital and requires on-going educational support this will be maintained. The Head of the area Pupil Referral Unit will receive from the hospital educational notification of a pupil's discharge date and any subsequent educational needs. The Head of the Pupil Referral Unit will implement appropriate support and will report to the Panel for Excluded and Vulnerable Pupils. In the case of a child on roll at specialist provision, the child's special school will liaise with parents to ensure they stay updated.

### **Assessment of pupils needs**

As soon as educational support via the area Pupil Referral Unit or other education provider has been agreed, schools are required to provide baseline assessment information and curriculum plans to inform the planning of educational provision. This information, along with advice from medical professionals, will ensure that the education provided is effectively matched to the child or young person's unique needs.

### **Monitoring pupil progress**

A pupil's objectives and individual education plans should be prepared by the provider in consultation with the school, should be in writing and should be regularly reviewed and monitored by all parties, including the learner and their parent/carers. The medical

evidence and provision will be reviewed every term (based on 6 terms per year) by the Head of the area Pupil Referral Unit or other education provider. Where on-going medical evidence is not obtained then it will be assumed the support is no longer appropriate and the pupil will begin an immediate phased return to school.

### **Good quality provision and flexible to meet individual need**

The education provided should be tailored to the learner's individual educational needs and the impact of their medical condition on their ability to access education. Use of baseline assessment information from the home school will inform individual education plans, which should be suitable<sup>5</sup> and flexible enough to be appropriate to the learner's needs. The nature of the provision should also reflect the demands of what can be a changing or fluctuating medical condition.

Parents and pupils will be consulted before teaching begins. In order to support reintegration back into school at the earliest opportunity and reduce isolation, education will only take place in the home as an exception and may include an element of on-line learning.

Children receiving education outside of school should do so in the most appropriate setting to their needs. This will be determined at initial referral and subsequent reviews.

Pupils will be taught in groups wherever possible according to their medical needs to provide a more rounded education and social experience.

Teaching at home will only be carried out if there is an agreed "named Adult" also in attendance.

On-line tuition will be provided where appropriate, including the establishment of on-line links to school to support social inclusion and maintain friendship groups.

Transport may be provided to the educational setting if outside of the home in line with the Local Authority's statutory transport policy.

Schools are responsible for monitoring the quality of the provision for the individual learner e.g. through regular reviewing. The area Pupil Referral Unit, special school or other education provider will be quality assured through the Ofsted inspection process.

### **Online learning tools**

Online learning tools may be used to support the learner's education. The learner should, where available, have access to ICT equipment and to the school's intranet and internet. However, this will not be used in isolation and should complement face to face education.

### **Arrangements for external examinations**

Learners will be supported by their home school and the area Pupil Referral Unit or other education provider to sit Key Stage tests and public examinations. It is the school's responsibility to ensure learners are prepared for and entered for public examinations and national tests, and should meet all the fees associated with this process. Special arrangements for taking external examinations should be discussed and agreed at regular review meetings.

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<sup>5</sup> "suitable" means suitable to the child's age, aptitude, ability and any special educational needs that he or she may have.

**Contact details:**

Commissioner:

Julia Ridge, Head of Vulnerable Learners

County Hall

Taunton TA1 4DY

[JARidge@somerset.gov.uk](mailto:JARidge@somerset.gov.uk)

01823 357633

Lead Officer:

Jane Seaman

Access and Admissions Manager

County Hall

Taunton TA1 4DY

[jcseaman@somerset.gov.uk](mailto:jcseaman@somerset.gov.uk)

01823 355615

Special Educational Needs Casework Team for children with a Statement of Special Educational Needs or Education, Health and Care Plan:

Email [statutoryassessment@somerset.gov.uk](mailto:statutoryassessment@somerset.gov.uk)

Advice and guidance:

Viv Sharland, Physical Impairment and Medical Support Team

Holway Centre

Keats Road

Taunton TA1 2JB

[VSharland@somerset.gov.uk](mailto:VSharland@somerset.gov.uk)

01823 334475

**Further sources of information:**

Physical Impairment and Medical Support Team

<https://slp.somerset.org.uk/sites/ess/SitePages/Physical%20Impairment%20and%20Medical%20Support%20Team.aspx>

Supporting pupils at school with medical conditions – statutory guidance for governing bodies of maintained schools and proprietors of academies in England (April 2014)

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

Ensuring a good education for children who cannot attend school because of health needs – statutory guidance for local authorities (January 2013)

<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

Alternative provision – statutory guidance for local authorities and head teachers and governing bodies of all educational settings providing alternative provision (January 2013)

<https://www.gov.uk/government/publications/alternative-provision>

Review by SEND Strategy Group September 2017

**Appendix A**

**Guidance for mainstream schools and medical agencies prior to seeking high needs additional support for children who cannot to attend school because of health needs**

## Section A. Guidance for schools

- i. If you have concerns about a student you are welcome to contact the area PRU for discussion, advice or guidance. Their contact details are:

<p><b>Mendip</b>          Tony Sammon  <a href="mailto:tsammon@educ.somerset.gov.uk">tsammon@educ.somerset.gov.uk</a>          01458 258296</p>	<p><b>South Somerset</b>          Jo Simons  <a href="mailto:jsimons1@educ.somerset.gov.uk">jsimons1@educ.somerset.gov.uk</a>          01935 410793</p>
<p><b>Sedgemoor</b>          Nigel Shipton  <a href="mailto:nshipton1@educ.somerset.gov.uk">nshipton1@educ.somerset.gov.uk</a>          01278 444222</p>	<p><b>Taunton and West Somerset</b>          Sarah Briton  <a href="mailto:SBriton@somerset.gov.uk">SBriton@somerset.gov.uk</a>          01823 334475</p>

- They are able to offer an advisory service to both schools and other agencies regarding possible provision plans. General advice to education settings regarding children and young people with physical and medical conditions is available from the Physical Impairment and Medical Support Team (PIMS).
- ii. As indicated in the national guidance and SCC policy schools are expected to apply similar principals of graduated response to students with medical needs as they would with any other student with additional needs. Element 1 and 2 funding should be used to support this and evidence collated for a high needs application if this is appropriate. Not all students will require support through the local PRU.
- iii. Schools can use Element 2 and High Needs funding to provide education for a student in a venue other than on the school site should that be beneficial and progressive.
- iv. Schools should hold multi- professional meetings on a regular basis for any student with medical needs. The review of those meetings is to ensure that the current individual healthcare plan for the student is supported and reflected in their education provision. Please refer to PIMS guidance on Individual Healthcare Plans.
- v. Schools can consider using the Common Assessment Framework (CAF) process.
- vi. Schools can consider a request for assessment for an Education Health and Care plan where a multi- agency team have identified that there are special educational needs requiring support and provision over and above that normally available in a mainstream school.
- vii. Schools can provide work packs or access to work via a learning platform for a student on a short term temporary basis while they are absent or unable to access the school site for medical reasons. Schools should give due consideration to which aspects of the curriculum are prioritised in consultation with the student, family and support agencies.
- viii. Each student should have an identified member of the school staff team with whom they can liaise.
- ix. All students should be seen by a professional from one of the agencies working with the student on a weekly basis to ensure the safety of the student.

- x. Schools have been requested to make representation regarding health policy through the Local Health and Wellbeing Boards.

## **Section B. Guidance for Medical Professionals**

- i. Schools are able to provide a wide range of responses to meet the needs of their students, including those with medical needs. They are able to use funding streams referred to as Element 1 and 2. They are able to apply for additional funding known as 'High Needs' funding. They can draw on other services to support a student for example the Physical Impairment and Medical Support Team and they can, in consultation with the relevant medical professional, make a referral for High Needs support to their area Panel for Excluded and Vulnerable Pupils.
- ii. If as a medical professional you are concerned about the education provision for a student please request that the school call a Multi Professional meeting.
- iii. A Multi Professional Meeting could consider any of the following in order to meet the needs of the student concerned
  - Monitoring the student with the support of the Primary Mental Health Link Worker
  - Parent Family Support Advisor support
  - School Counsellor support
  - A Pastoral Support Plan
  - Completing a Common Assessment Framework (CAF)
  - An Educational Psychology Assessment
  - 1:1 Teaching Assistant/Higher Level Teaching Assistant support
  - A reduced curriculum
  - A reduced timetable
  - An application for High Needs support
  - A request for assessment for an Education, Health and Care plan

If the planned interventions are unsuccessful in meeting the needs of the student then a School Referral with supporting medical information can be made to the area Panel for Excluded and Vulnerable Pupils.

- iv. There should be a medical assessment of whether or not the learner has the capacity to manage education provision or is too ill. It may be the case that a student with mental health needs requires a therapeutic programme as a priority over an education programme. In which case the appropriately qualified services will be asked to make provision within a reasonable time scale.

## **Section c: Guidance on medical evidence**

Medical evidence and advice is essential in order for schools to refer a child who is unable to attend a mainstream or special school because of their health for a sustained period or

a cumulative period of 15 days or more across a school year. Where absence can be anticipated or planned, arrangements should be made in advance to allow adapted or alternative provision to begin from day one.

The Local Authority recognise that there will be a wide range of circumstances where a child has health needs but will receive suitable education that meets their needs through flexible and responsive planning by parents/carers with the child's school as described in sections A and B above.

The Local Authority will become involved in arrangements where there is reason to think that the education being provided for the child is not suitable or, while otherwise suitable, is not full time or for the number of hours the child could benefit from without adversely affecting their health.

Medical advice will generally be made available to schools and Local Authorities through the child's parents. Parents have an important role. Direct contact by schools seeking medical advice with medical practitioners such as the child's GP or Consultant should occur only with parental permission and where sufficient advice is not otherwise available. Local Authority officers or Pupil Referral Unit staff may consider liaison with medical professionals but all decisions will be taken by the appropriate panel.

Medical evidence and advice will only be accepted from medical consultants, General Practitioners or otherwise suitably qualified medical professionals (as appropriate for the conditions being cited).

Medical evidence and advice should address the following:

- A clear description of the medical need supporting the advice
- Advice on how much education the child/young person's condition allows them to participate in (and any time scales this applies to) including clarity regarding the suitability of a child attending full time in relation to the health condition currently or in the future
- Advice on any mitigating or supporting considerations which the school /Local Authority should take into account to ensure attendance full time or provision of the number of hours the child could benefit from without adversely affecting their health
- Information about on- going treatment from medical professionals
- Date of next health review and/or frequency of child's health reviews (to inform planning and review arrangements)
- Advice on availability of the medical practitioner to the school for any further dialogue concerning arrangements and options for the attendance plan

**Pathways of Support for Pupils with Health Needs attending mainstream schools where referral to alternative provision is being considered (*this differentiates from pathways to support from e.g. PIMS*)**

Within these pathways, all children and young people with health needs will receive consideration and appropriate support based on their individual requirements.

The criteria for Pupil Referral support are:

- The pupil is a resident of Somerset; and
- The pupil is of compulsory school age; and
- The pupil is or will be temporarily absent for at least 15 school days because of medical reasons, including mental ill-health.

**and**

- The referral is supported by medical evidence from a specialist medical consultant of the need for support outside of mainstream school (evidence from a GP is not appropriate. Good practice suggests there may also already be an individual healthcare plan in place).

