

Calderdale Council

Local Authority policy on the education of children with medical needs

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Medical Needs Service

1. Introduction

This policy sets out what the local authority will do to provide education for children of compulsory school age who, because of illness, would otherwise not receive suitable education. It applies to all children of compulsory school age.

2. The underlying principles behind this policy

Calderdale Councils Medical Needs Service is committed to ensuring that all children and young people in the borough 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 medical 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 policy aims to outline the support available that can be accessed for children and young people with medical needs, including details of when and how alternative provision will be arranged if this is required and the respective roles and responsibilities of the local authority, schools, parents/carers, providers and other agencies.

3. Roles and responsibilities of referring schools

Schools in Calderdale, as in the rest of the country, (including maintained schools, maintained nursery schools, academies, alternative provision academies) 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 (1) and statutory guidance entitled *Supporting pupils at school with medical conditions* (2) has been produced by the Department for Education in order to assist schools to understand and comply with this legislation.

1. <http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

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

The key points detailed in the statutory 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.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies 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 (3) and in the statutory guidance (4) ensuring a good education for children who cannot attend school because of health needs.

The Equality Act 2010 (5) is also an important part of the legal framework around children and young people with significant medical needs.

4. Calderdale Council responsibilities

The statutory guidance is clear that there will be a wide range of circumstances where a child has a medical 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.

Calderdale Council are responsible for arranging suitable education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This duty applies to all children and young people who live in Calderdale regardless of the type (6) or location

(7) of the school they would normally attend and whether or not they are on the roll of a school.

3 <http://www.legislation.gov.uk/ukpga/1996/56/section/19>

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

5 <http://www.legislation.gov.uk/ukpga/2010/15/contents>

6 *Inclusive of pupils attending academies, free schools, special schools, independent schools or maintained schools.*

7 *Where a child is ordinarily resident in Calderdale but attend school elsewhere Calderdale Council retains responsibility for arranging medical needs provision for that child.*

- 4.1** The law does not define full-time education but children with medical needs should have provision which is equivalent to the education they would receive in school. Calderdale Council may provide one-to-one tuition, in which case the hours of face-to-face provision could be fewer as the provision is more concentrated.

Where full-time education would not be in the best interests of a child because of reasons relating to their physical or mental health, Calderdale Council will endeavour to provide part-time education on a basis which is considered to be in the child's best interests. This decision will be made with reference to advice from relevant educational and medical professionals.

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. In Calderdale the named person is:

James Robinson, Medical Needs Team Manager

james.robinson@calderdale.gov.uk

The Medical Needs Team Manager is responsible, in liaison with schools and professionals, for ensuring that Calderdale Council 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 and therefore require alternative educational provision.

Parents/carers can contact the Medical Needs Team Manager in order to discuss their child's specific circumstances relating to medical needs provision. This may be particularly appropriate in instances where they feel their child's medical needs are not currently being addressed.

Schools can contact the Medical Needs Team Manager in order to obtain support, advice and guidance in relation to medical needs provision, both generally and in relation to specific cases.

The Medical Needs Team Manager 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.

Calderdale Council may seek to recoup costs incurred from the home authority in relation to medical needs provision for Looked After Children placed in Calderdale by a different local authority.

6. Provision in Calderdale

6.1 Referrals to the Medical Needs Team

Schools should make appropriate referrals to the Medical Needs Team for pupils unable to attend school due to health reasons where it is clear that the pupil will be away from school for 15 days or more, whether consecutive or cumulative and is unable to attending school for 10 hours per week. In all circumstances the school must provide medical evidence which confirms why the pupil is unable to attend school and states how long this is likely to be the case. ALL supporting evidence from CAMHS MUST include a current CARE TREATMENT PLAN. Statutory guidance states that evidence should be such as that provided by a consultant, however in order to avoid delays the Medical Needs Service will accept evidence from a GP if the young person is to be referred to a specialist clinician (8). GP only referrals will initially be considered as an interim referral in order to avoid delays, but must be further supported by specialist evidence in order for provision/ support to continue. The medical evidence should also indicate number of hours per week the pupil could reasonably be expected to undertake given the current medical need.

. Failure to provide the appropriate evidence could delay the referral process and the consideration of support.

8 *Evidence from a consultant will still be required in this instance.*

6.2 Pupils with Myalgic Encephalopathy (ME)/Chronic Fatigue Syndrome (CFS)

For pupils diagnosed with Myalgic Encephalopathy (ME)/Chronic Fatigue Syndrome (CFS) the Consultant's letter should specify the programme the pupil should be following. This may include, for example, periods of school attendance, periods of rest, and periods of 1:1 tuition at home.

6.3 Initiation of provision from the Medical Needs Team

Once the Referral Form and evidence has been considered and a decision about the referral has been made, the Medical Needs Team Manager will notify the school accordingly. A planning meeting, including a CAMHS representative, must be arranged by school to confirm the appropriate arrangements which will be put in place. The school should liaise with the parents and pupil and the Medical Professional supplying supporting evidence. Parents/carers and pupils will normally be invited to attend these meetings.

6.4 Ensuring children in Calderdale with medical needs have a good education

Where support is agreed, teachers will oversee the provision for pupils in alternative suitable venues (cost of transport must be provided by the referring school), or, where appropriate, in the pupil's home. 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.

Close liaison with the pupil's school is essential and pupils should be kept informed about school activities and events. The pupil will remain on the School roll and the School will be expected to arrange review meetings (9). Up to date medical evidence will be required (10). It is important to link with other agencies in order to support the pupil's educational opportunities.

Where support is agreed, there is an expectation that all parties will engage with and contribute to the agreed plan.

9 *It is expected that these meetings would normally take place every six weeks*

10 *Updated medical evidence should be provided at least termly*

7. Roles and Responsibilities

7.1 The School's role is to:

- Host and chair regular review meetings (normally every 6 weeks); produce action plans and distribute notes of these meetings; produce appropriate medical evidence for continuing support.

- provide materials for an appropriate programme of work and work plans;
- maintain a plan, such as an Individual Education Plan, which records progress made towards a return to school;
- ensure all staff are kept informed;
- ensure appropriate arrangements, including entry and invigilation are made for all examinations;
- provide the pupil's academic attainment levels including any relevant examination requirements;
- make arrangements for SATs;
- assess coursework;
- facilitate career interviews;
- arrange work experience placements;
- provide a named teacher with whom each party can liaise (usually the SENCO);
- provide a suitable working area within the School, where necessary;
- be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration into school;
- ensure that pupils who are unable to attend school, are kept informed about school social events, are able to participate, for example, in homework clubs, study support and other activities;
- encourage and facilitate liaison with peers, for example, through visits and videos.

The school will devise a reintegration programme following discussion with the child or young person, parent/carer, MNT, relevant health professional(s) and other involved agencies as appropriate.

7.2 The pupil's role is to:

- engage with the provider; where the young person persistently refuses to Engage, the case will be referred back to the school.
- be prepared to communicate their views;
- engage with other agencies as appropriate;

- prepare for reintegration as soon as possible.

7.3 The parents'/carers' role is to:

- Produce appropriate medical evidence and commit to a plan of reintegration;
- be willing to work together with all concerned.
- be present in the home during the tuition time (or nominate appropriate adult)
- provide early communication if a problem arises or help is needed;
- attend necessary meetings;
- reinforce with their child, the value of a return to school.

7.4 The Medical Needs Team role is to:

- liaise with the named person in school;
- liaise, where appropriate, with outside agencies;
- be sensitive to the needs of the child and family;
- provide a flexible teaching programme;
- provide regular reports on the pupil's progress, achievements and attendance.
- provide an opportunity for the pupil to comment on their report;
- ensure appropriate course work and any other relevant material is returned to school;
- work with the mainstream school and the Education Welfare service where appropriate to ensure good attendance whilst with the provider;
- attend review meetings;

7.5 Health Service's role is to:

- Offer medical treatment and advice where appropriate.

7.6 Other involved agencies role is to:

- work with others, for the benefit of the pupil;
- attend review meetings if possible;
- provide written reports where necessary;
- give appropriate advice and support.

7.7 Reintegration

The aim of the provision from the Medical Needs Team will be to support the school in reintegrating pupils back into school at the earliest opportunity as soon as they are well enough.

In some cases it may not be possible for the child to return to school on a full-time basis if less than 10 hours per week. Arrangements for reintegration (or any future education arrangements) will need to take into account any on-going health problems of disabilities they may have.

8. Pupils who are not on a school roll

Calderdale Council retain responsibility for supporting Calderdale children who are not on roll at a school whose health needs prevent them from accessing education. These may include children who are awaiting placement 12.

In these instances, parents/carers or professionals working with a child who falls into this category should contact the Medical Needs Team Manager to discuss future educational provision. This may include interim provision through the Medical Needs Team, in which case medical evidence will be sought as described in section 6.1 of this policy.

11 Examples of other involved agencies could include Children's Social Services, Early Intervention professionals, Child and Adolescent Mental Health (CAMHS) practitioners etc.

12 For example, children who have recently arrived in the county but whose illness has prevented them from accessing school provision.

9. Pupils who are not of compulsory school age

Calderdale Council will not normally provide support for pupils who are under or over compulsory school age. However, where pupils who would normally be in Year 12 are repeating Year 11, due to medical reasons, requests for support can be considered on an individual basis.

For post-16 students attending mainstream provision, Calderdale Council 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.

10. Hospital in-patients

Calderdale Council provide support through the Medical Needs Team for children and young people who are in-patients at Calderdale Royal Hospital, who are likely to remain on the children's ward for 15 school days or longer, whether or not they are a Calderdale resident. The team also offers transitional support for children and young people being discharged from long stays in hospital or those who have repeat admissions.

11. Children with life limiting and terminal illness

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

If the pupil and parents wish to withdraw from education their wishes will be respected if the decision is supported by medical advice.