

**Policy on Access to Education for Children
and Young People with Medical Needs**

Protocol Addendum

**Working arrangements
with
Independent Providers**

April 2016

Achieving for Children (Afc)

Reintegration Support Service (RSS):

Protocol addendum to the Education and Medical Needs Policy (April 2016)

Part 1

Name of protocol: RSS protocol and procedure for working with external education providers for pupils with medical needs.

Status of protocol: This protocol is an extension to the acknowledged responsibilities of AfC under the statutory policy relating to access to education for children and young people of statutory school age with medical needs.

Consultation: This protocol has been developed following consultation with the Senior Leadership Team, Staff and those children and young people supported by the RSS in accordance with DfE guidance.

To be read alongside and in conjunction with:

- **The AfC Policy on access to education for children and young people with medical needs.**

Date protocol was agreed: May 2016

Date for full implementation: Immediate

Date for review: April 2017

Part 2**1.0 Introduction**

- 1.1.** The purpose of this protocol is to support the agreement of joint working arrangements between AfC, as represented by the RSS, and providers of education for Richmond and Kingston children of statutory school age with medical needs. This protocol does not apply to pupils between the age of 16 and 19.

The RSS carries a statutory duty under section 19 of the Education Act 1996 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 may not for any period receive suitable education unless such arrangements are made for them. This duty is more fully outlined in the separate policy on access to education of children and young people with medical needs, of which this protocol is an addendum.

The need for this protocol is recognition that AfC and the RSS acknowledge their extended responsibilities under section 19 in ensuring these children and young people are in receipt of suitable education, despite their inpatient status.

2.0 Aims of this protocol:

- 2.1** To provide a procedural framework by which AfC and the RSS, in partnership with the hospital school, can ensure the child or young person is able to access suitable education.
- 2.2** To recognise that pupils unable to access school and who are referred either directly to the RSS or as inpatients of the hospital school are also unlikely to be well enough to accept the very concentrated offer of one to one teaching or alternatively hospital based schooling for long periods.
- 2.3** To recognise these circumstances mean their educational offer will be based upon what their health condition allows and is determined under clinical consideration with specialist advice.
- 2.4** To recognise the educational offer as part of the Education and Health Plan (EHP) or Care Programme Approach (CPA) is required to be agreed by both the Service and the hospital school.



- 2.5 To establish the acceptance by both the RSS and the hospital school provider that until the EHP or CPA is agreed, there is no financial liability by the RSS for the education offered or delivered by the hospital school and/or of the independent provider.
- 2.6 To establish acceptance by both the RSS and the hospital school of the right of the RSS or its representatives under to inspect and monitor the quality of curriculum and the teaching and learning offered under the agreed EHP or CPA arrangements. The hospital school will provide information for this purpose when requested.

3.0 Procedure and working arrangements

- 3.1 Based upon the principles of the protocol, it is expected the hospital school will, within 24 hours or by a Monday for weekend admission, have notified the RSS and schools of those patient pupils of Richmond or Kingston.
- 3.2 For patient pupils that appear to have no school but are thought to hold Kingston or Richmond residency the RSS should be notified in the first instance, within the same applicable timeframe.
- 3.2 The hospital school will then request representation from the RSS for their attendance at an EHP or CPA meeting that must take place no later than fifteen working days from the pupil patient admission.
- 3.3 The RSS attends the EHP or CPA meeting and support of the inpatient pupil is agreed within the clinical principles of the protocol outlined in 2.3. Only the joint sign off of the EHP or CPA is the starting point for possible invoice of the hospital school costs.
- 3.4 The hospital school provides an appropriate education programme as agreed as part of the EHP or CPA within which the RSS will have arranged an outline schedule of monitoring visits.
- 3.5 In accordance with the RSS' responsibilities, monitoring visits will give attention to quality of teaching and learning, breadth of and access to appropriate curriculum and pupil progress. All will be measured against the agreed EHP or CPA.
- 3.6 The RSS expects to access the views of parents on their child's progress via the EHP or CPA review. Alternatively if this is not possible the Service may directly request written feedback from parents.



3.7 On notification by the hospital school of the pending discharge of a pupil Patient, the RSS will request a copy of the plan to ensure they are satisfied with the arrangements for school reintegration.

3.8 There will need to be an acknowledgement by the school hospital and the RSS to provide a formally dated conclusion of the EHP or CPA for the purpose of monitoring and financial responsibilities.

4.0 Responsibilities of the hospital school and independent provider

4.1 Ensuring the RSS and school is notified of an inpatient admission within the 24 timeline or by the following Monday for a weekend admission.

4.2 Arranging the EHP or CPA meeting and ensuring the RSS, parents and other Professionals, as identified within the protocol of the school hospital provider.

4.3 Ensuring the appropriate access and delivery of curriculum as decided under clinical consideration.

4.4 Arranging, organising and recording the outcomes of the EHP or CPA reviews.

4.5 Liaising with the RSS for the purpose of monitoring and evaluation visits.

4.6 Liaising with the RSS for the purpose of formal conclusion of the EHP or CPA.

4.7 To ensure the regular and accurate billing of the RSS, where appropriate, and agreed at the EHP or CPA.

5.0 Responsibilities of the Service

5.1 To ensure their attendance at EHP or CPA meetings once the RSS is notified of an inpatient admission.

5.2 To ensure that monitoring and evaluation of pupil progress as agreed under the educational arrangements of the EHP and CPA.

5.3 To ensure the prompt payment of invoices under financial responsibilities resulting from the agreement of the EHP or CPA.

5.4 Liaising with the hospital school and/or independent provider for the purpose of formal conclusion of the EHP or CPA.



6.0 Finance and payment arrangements

- 6.1 The agreement of the EHP or CPA provides the point at which the RSS accepts financial responsibility for the cost of educational support given to the pupil patient by the hospital school and/or independent provider.

7.0 Financial responsibilities of the hospital school and independent provider

- 7.1 To ensure that invoices for recharge of costs for pupil patients provides accurate details with the breakdown of the hours of education provided related to timetabled subjects agreed under the EHP or CPA.
- 7.2 To ensure that lesson plans and records of attainment are available to support the invoice statements and charges.
- 7.3 To provide a regular statement of account relating to all pupil patients.

8.0 Financial responsibilities of the Service

- 8.1 To ensure confirmation of the accuracy of the invoice details relating to the hours of educational support provided against the pupil patient timetable within the EHP or CPA.
- 8.2 To ensure prompt payment on confirmation of the invoice.

9.0 Helpful Education and Medical Needs Related Policy and statutory guidance

The RSS recognises that the responsibility for the education of children and young people with medical needs includes various related issues which give rise to the following separate policies and procedures:

Statutory responsibilities under the Education Act 1996:

[Http://www.legislation.gov.uk/ukpga/1996/56/contents](http://www.legislation.gov.uk/ukpga/1996/56/contents)

DfE statutory Guidance "Supporting pupils at school with medical conditions (2014)":



[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory guidance on supporting pupils at school with medical conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf)

DfE statutory Guidance “Alternative Provision (2013)”:

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

DfE statutory Guidance “For pupils between the ages of 16 and 19”:

[https://www.gov.uk/.../Participation of Young People Statutory Guida...](https://www.gov.uk/.../Participation_of_Young_People_Statutory_Guidance...)

This addendum to the policy (Policy on access to education for children and young people with medical needs) will be reviewed annually during the Spring Term 2017.

Signed: _____ (Head of Service)

Date: 26th May 2016

Signed: _____ (Director for Education Services, Achieving for Children)

Date: 27 May 2016