

Reintegration Support Service

**Policy on the education of children and
young people with medical needs**

November 2017

Status of policy: This is a statutory policy.

Consultation: This policy has been developed following consultation with the Senior Leadership Team, staff, and those children and young people supported by the service and is in line with DfE guidelines.

To be read alongside and in conjunction with other service policies and procedures relating to:

- equalities
- alternative provision
- special educational needs and disabilities
- safeguarding and child protection

Date policy was agreed	January 2016
Date for full implementation	Immediate
Date for review	November 2017

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1. Introduction

The staff and Senior Leadership Team of the Reintegration Support Service (RSS), known as the service throughout this document, fully recognise the statutory responsibilities they hold in providing education of pupils who cannot attend school because of health needs. Those responsibilities are clarified within the following statutory framework.

Section 19 of Education Act 1996 states that each local authority will 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, exclusion from school or otherwise may not for any period receive suitable education unless such arrangements are made for them.

www.legislation.gov.uk/ukpga/1996/56/contents

Equality Act 2010 also provides a context for Local Authority policies on education for children with medical needs.

The aims of this policy are to:

- ensure pupils with health problems receive suitable, good quality, full time education for the period they are unable to access mainstream school. Full time education is not however defined by law but relates to that provided by school
- recognise that pupils unable to access school are also unlikely to be well enough to accept the very concentrated offer of one-to-one teaching for long periods
- recognise these circumstances mean their educational offer will be based upon what their health condition allows and this is likely to be much less than full time
- ensure pupils are offered a broad and balanced curriculum that offers flexibility to take account of changing health conditions with priority given however to the core subjects of English, Maths and Science
- recognise that there will also be a wide range of circumstances where a child with a health need will receive a suitable education without service support. An example of this is the situation when the pupil can spend the greater balance of time at school than at home
- recognise and ensure the home school adopts effective and appropriate strategies focusing on the needs of the child, for them to be educated and included in school through partnership working with the service
- ensure the education and health needs of the child or young person are central to planning for their reintegration into school at the earliest opportunity
- ensure the service meets its responsibility to arrange educational provision for medically referred pupils as well as supporting the school in engaging other multi-agency services where appropriate
- ensure that all pupils with medical needs remain on the roll of the home school and the school retain the overall responsibility for the pupil while they are unable to attend.

2. Referrals to the service

All referrals to the service must follow a clear procedure requiring a completed referral form that allows timely action in the planning and delivery of education to the child or young person.

Referral forms must originate from the mainstream school and must be supported by medical confirmation from one of the following health professionals:

- consultant paediatrician
- consultant child psychiatrist or adolescent psychiatrist
- hospital consultant

The health professional will need to provide a separate supportive referral letter with clear information as to why the child or young person is unable to access mainstream school.

Whilst it is recognised that medical evidence is central to the referral, supporting evidence from a general practitioner alone cannot be accepted.

Schools are responsible for ensuring medical evidence is obtained from the health professional listed above with minimal delay and that it is sent with the referral

Schools may make a referral to the Head or Assistant Head of the Reintegration Support Service if they are concerned about a pupil who is unable to attend school because of medical reasons and is likely to be without access to education for more than 15 days.

Schools should have taken reasonable steps to meet the short term needs of the pupil and they must have sought approval of the parents before the referral is made to the RSS.

For cases where the child may have a long term condition and experience intermittent but recurring absences, for example those who receive treatments that impact upon their schooling, then no re-referral will be required reducing any delay in accessing educational support.

The referral will be considered at a weekly referral and allocation panel to ensure the case has followed the required procedure and meets the criteria outlined above. Decisions are made by the senior leadership of the service with the Head/ Assistant Head of the service and lead tutors acting as officers representing the interests of the Kingston and Richmond boroughs.

In nearly all cases, it is expected that referrals will be accepted due to pre-referral discussions and advice provided to schools and parents where requested. If, however, a referral is refused then the school or body making the request will be informed by letter with reasons for the decision.

3. Post-referral procedures

If the referral is accepted, then tutor/ combination of tutors will be allocated usually ahead of the weekly service timetable meeting.

The lead tutor/s representing the service will be responsible for liaison with the child's school and gathering further curriculum and or syllabus information from the relevant named school person. The school will need to inform RSS of the details of the contact person in school.

A home visit by the appropriate RSS staff member (usually the Provision Co-ordinator and/or the CME lead) will be undertaken to complete a risk assessment of the circumstances in which staff will be expected to work as well as outlining initial plans. RSS will also set out expectations of parental responsibilities including the need for the presence of a responsible adult during home-based teaching sessions. The purpose of this visit is to assist engagement and to support the early implementation of education provision.

The appropriate member of RSS staff will then request and support the school in making arrangements for a meeting with relevant health professionals to establish partnership working in developing a Health Care Plan for the child.

The purpose of the professionals meeting is to ensure the most appropriate education provision is agreed with deference to any health needs.

In summary, the planning meeting will discuss and consider:

- an agreed medical education plan
- a suitable venue for education if not at home
- a review date
- the likely period of initial education
- subjects to be taught
- examination entries
- resources to be provided by the school and the RSS
- responsibilities of the parent during the period of provision
- terms and conditions for the continued support of the RSS
- a reintegration plan where appropriate.

4. Provision planning and the educational offer.

In Kingston and Richmond the statutory duty to provide education for pupils with medical needs is delivered by Achieving for Children through the Reintegration Support Service.

Amount of education

The Department of Education Guidance 2013, states that full time education must be arranged for a child with health needs, or as much education as their health condition allows. If education is one-to-one teaching the number hours could be less as the provision is more concentrated.

Quality of education

The quality of the education provision, as defined by the in the statutory guidance Alternative Provision (2013), should allow pupils to take appropriate qualifications, prevent them slipping behind their peers in school and allow them to reintegrate successfully back into school as soon as possible.

<http://education.gov.uk/aboutdfe/statutory/g00211923/alternative-provision>

Curriculum and syllabus

Any teaching or e-learning should initially focus on the core subjects of English, Maths and Science. A broad and balanced curriculum is aimed for, however it may be more appropriate for a pupil, dependent on health needs, to focus on fewer subjects and to achieve their best rather than focus too much on providing a broader curriculum.

Reintegration

Reintegration needs to be well-managed and part of a comprehensive plan between the school, the RSS and the parent as well Health where a continuing condition may exist.

5. Responsibilities of the school

The pupil must remain on the role of the school. The school will remain responsible for:

- producing a written policy for pupils with medical needs to reflect statutory guidance
- nominating a named person for pupils with medical needs
- providing the RSS with pupil information regarding attainment levels and progress
- providing the RSS with appropriate learning resources to assist the pupil to learn and the teacher to teach
- ensuring half termly schemes of work are available for teachers to assist in the teaching of pupils
- agreeing all examination entries and ensuing examination fees
- making arrangements for pupils to sit GCSE examinations and invigilation

- assessment of coursework
- involvement of the 14-19 Participation Team where appropriate for information, advice and guidance
- arranging work experience placements (this will depend on the health of the pupil)
- convening Annual Review meetings for those medical pupils who have an Education, Health and Care Plan (EHCP) or a statement of special educational needs
- arranging review meetings to discuss pupil progress, their medical condition and the continued involvement of the RSS
- liaising with the RSS to develop and support plans for reintegration as agreed at the Pupil Review.

Schools have a key role to play in promoting successful reintegration by:

- ensuring their part in the reintegration plan is carried out
- being proactive in working with all agencies to support a smooth transition
- ensuring the pupil's educational needs are met
- ensuring that pupil reintegration is supported by involving peers
- encouraging and facilitating liaison with peers, for example, through visits and MSN/Skype

6. Responsibilities of the Reintegration Support Service

The RSS is responsible for:

- assessing all referrals to the service and brokering provision for those pupils who meet the criteria relating to attendance and validation of their health condition by an appropriately qualified health professional
- arranging the allocation of an appropriately qualified tutor or combination of tutors
- contacting schools to arrange a planning meeting prior to the commencement of education provision
- ensuring the delivery of suitable curriculum that meets the pupil's needs dependent on their ability and severity of their medical condition
- monitoring and evaluating the effectiveness of the education provision ensuring it meets the needs of individual pupils
- arranging full time education for a child with health needs, or as much education as their health condition allows (recognising that one-to-one teaching means the number of hours could be less as the provision is more concentrated.)
- sending reports as required informing school, parents and pupil of the child's educational progress
- ensuring that pupils have access to suitable and flexible education, and additional support appropriate to their needs

- attending regular review meetings to determine pupil progress and future plans
- facilitating an agreed programme of reintegration and attending any relevant planning meetings
- liaising with health professionals to review the medical condition of the pupil.

7. Responsibilities of parents

Parents are expected to ensure their child attends ready to access the education provision offered to them whether this is directly provided by the local authority via the RSS or as part of school led package of support as outlined in Chapter1 of the 1996 Education Act.

Parents are expected to ensure their child attends any medical treatment or therapeutic programmes recommended by any other agency as part of a rehabilitation and reintegration package.

Parents are expected to attend any planned review meetings held by school and support effective communication with the tutorial and RSS case managers as well as school and health professionals.

8. Responsibilities of Health

The relevant health professionals supporting a programme of treatment for the child are expected to attend or arrange for appropriate representation to be made of their views at planned multi-agency meetings to contribute to medical education plans.

The relevant health professionals are expected to provide updates to the designated lead from education via the monitoring and review process either through attendance of meetings or make other appropriate arrangements for the representation of their views.

9. Contact details for referrals and other service information.

Advice and general enquiries

Schools and parents can also make general enquiries for advice and informal discussion is welcomed if it helps in ensuring the referral process is followed correctly and the criteria are able to be fully met. You can contact the Head of Service on 020 8547 5764 or email claire.hyde@achievingforchildren.org.uk

Alternatively, please contact the Lead Officer for Children Missing Out on Education on 020 8547 6909 or email caroline.haynes@achievingforchildren.org.uk

Please note that medical referrals will not be considered unless accompanied by a signed letter from the consultant concerned with this child. A signed, official letter containing all the above information sent from the relevant consultant replaces the need for this page to be completed.

Before requesting individual tuition please be mindful that if the request falls outside of the local authority statutory duty to provide individual tuition, there may be a charge for services provided to the referring body.

10. Other education and medical needs related policy and statutory guidance

The service 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:

- Supporting pupils at school with medical conditions (2014)
www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf
- Special educational needs and disability code of practice: 0 to 25 years (2015)
www.gov.uk/.../SEND_Code_of_Practice_January_2015.pdf
- Equality Act (2010)
www.gov.uk/guidance/equality-act-2010-guidance
- Working Together to Safeguard Children (2015)
www.gov.uk/.../Working_Together_to_Safeguard_Children.pdf
- Children and Families Act 2014
www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf
- Alternative Provision (2013)
www.gov.uk/government/publications/alternative-provision

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

Signed:  (Assistant Headteacher and Leader of Learning)

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

Date: 29th November 2017