

Ensuring A Good Education For Children Who Cannot Attend School Because Of Health Needs

The Role of Cumberland Council

Cumberland council is responsible for arranging suitable full-time education for permanently excluded pupils, and for other children living in the county who - because of illness or other reasons – would not otherwise receive suitable, full-time education. Where a child cannot attend school because of health problems, and would not otherwise receive a suitable full-time education, the council is responsible for making sure that provision is in place, although it may be directly commissioned by the child's school.

This duty is set out in Section 19 of the Education Act 1996 and the DfE Statutory Guidance, 'Ensuring a good education for children who cannot attend school because of health needs'. Other related documents are The Equality Act (2010), the academies act (2010), Ofsted Common Inspection Framework (2015), 'Alternative Provision: Statutory Guidance for local authorities' (2013) School and Early Years Finance Regulations (2012).

The council will arrange suitable full-time 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. This applies whether or not the child is on the roll of a school, and regardless of the type of school they attend; the duty applies to children who are pupils in Academies, Free Schools, special schools and independent schools, as well as those in maintained schools.

The law does not define 'full-time education' but says that children with health needs should have provision which is equivalent to the education they would receive in school, "unless the pupil's health means that full time education would not be in his or her best interests". If a child receives one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated. Full time education could also be provided in one or in a number of settings, depending on the needs of the individual child.

Where full-time education is not appropriate because of reasons relating to a pupil's physical or mental health, the council will provide part-time education on a basis it considers to be in the child's best interests. Any education provided through this policy will aim to maximise a pupil's academic attainment.

Responsibility for arranging alternative provision (i.e. education outside of the 'normal' school environment) remains with the commissioner; this would normally be the school where the child is on roll, or the County Council where the child is not on a school roll. The council, however, is ultimately responsible for ensuring suitable education is in place.

The nature of the intervention – the objectives, expected outcomes and timeline to achieve the objectives – should be made clear when provision is being arranged. Where one of the objectives is reintegration to school, there should be agreed, clear parameters on how to assess when the pupil is ready to return, and a package of support to assist reintegration should be commissioned. Objectives and plans should be set out in writing and regularly monitored.

Commissioners are expected to recognise any likely barriers to full time attendance at school, thoroughly assess the child's needs, and identify any potential requirement for alternative provision as early as possible. A personalised plan for intervention should be prepared by the commissioner, setting clear objectives for improvement and attainment, timeframes, the monitoring of progress and a baseline of the current position from which to measure progress.

Plans should also link to other relevant information, such as Education, Health and Care plans for children with SEND.

The Commissioner will review the provision, with the family and other professionals involved with the child, on a regular basis to ensure that it continues to be appropriate and is providing suitable education. Changes to the provision will be made where needed to ensure ongoing suitability.

The Role of the Home and Hospital Tuition Service

Educational provision for children in Cumberland with additional health needs that mean their education provision cannot be met wholly in a school setting is primarily provided by the County Council's Home and Hospital Tuition Service (HHTS). This is housed within the three Pupil Referral Units (PRUs) in the county.

Whilst many absences caused by shorter term illnesses will usually be met by the child's school support through the use of work packs and ICT portals, HHTS deals with those children and young people who are unable to attend school full time for a longer period.

Teaching staff within HHTS receive appropriate continuing professional development on the curriculum and the barriers to the provision of a good quality, full time education caused by medical or mental health conditions. HHTS should be well placed, therefore, to meet the needs of affected children.

HHTS seeks to provide the same opportunities for children and young people with health needs as their peers in full time schooling, including a good quality, broad and balanced curriculum (as defined in 'Alternative Provision: Statutory Guidance 2013'). The education will be flexible and appropriate to pupils' health needs, and regularly reviewed to reflect their changing health status. It will, prevent them from slipping behind their peers in school and HHTS will work with the home school to match the curriculum, allowing pupils to reintegrate successfully back into school as soon as possible. It will also allow them to take appropriate qualifications if appropriate.

All children supported by HHTS will have an individual learning plan and clearly defined objectives, including plans for the next steps following placement, such as reintegration to school, or entry to further education, training or employment. HHTS may, by agreement with the commissioner and according to the charging policy, use electronic media to provide access to a broader curriculum and to increase the numbers of hours of provision. This will usually be supplementary to face to face contact.

HHTS will maintain good links with all schools, academies and free schools in the area through effective communication and clear processes of assessment and referral. HHTS will also ensure that schools are aware of their key role in supporting their pupils with additional health needs, so the child can be reintegrated back to school as smoothly as possible.

The Schools' Role

Schools are expected, and will be encouraged to maintain their links with parents/carers who also have a vital role to play e.g. keeping in touch through school newsletters and e-mails, and invites to school events, for example. Schools should also maintain a policy for pupils with additional health needs or include it as part of their wider medical or SEN policy, which sets out how they provide support.

Some schools may choose not to make use of HHTS, but the PRU could provide advice and monitoring of the education provided if requested. HHTS can support schools in the development of individual healthcare plans for pupils with complex medical and mental health needs, for example.

Timescales and Process for Establishing Provision

HHTS will provide appropriate education once notified by the school or Cumberland Council (if child is not on roll), as soon as it is clear that the child will be away from school for 15 days or more. This 15-day period can be either consecutive or cumulative over a 12-month period.

Staff will engage with medical professionals to ensure minimal delay in arranging appropriate provision for the child. Every effort will be made to minimise disruption to the child's education. Where there may be a delay in specific medical evidence from a consultant, evidence from a GP may be used as part of an agreed assessment placement, provided that a referral to a specialist has also been made.

If a child has a long term or complex health issue, the commissioner needs to ensure that the educational provision is regularly reviewed with medical professionals, parents/carers and HHTS and/or any alternative provider, and amended as where needed to make sure it remains appropriate. Where an absence is planned, for example, through a known admission to, or recurrent stay in hospital, educational provision should begin as soon as the child is well enough. Teachers in hospital settings will liaise with the child's home school and work with them to minimise any disruption to their education.

Regular engagement between the commissioner, HHTS and health colleagues is important, however, and the level of support required may be discussed with other multi-agency professionals involved with the child/family.

The commissioner and HHTS will decide on the most appropriate provision as the educational specialists. There is also an expectation that children and their parents/carers will co-operate fully with all medical advice and support offered and ensure they attend appointments.

Recommendations from medical advice following a hospital discharge will be noted and HHTS will liaise with the child's home school to complement the education provided until they are well enough to return. Educational provision will be put in place as quickly as possible with a view to reintegration into mainstream as soon as appropriate.

Exams and Qualifications

When a child is approaching public examinations, HHTS/other provider teaching staff will focus on the most appropriate curriculum in order to minimise the impact of the time lost while the child is unable to attend school. Awarding bodies will make special arrangements for children with permanent or long-term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations.

The child's school or HHTS (whichever is most appropriate) should submit applications for special arrangements to awarding bodies as early as possible. If the school is making the application, HHTS, in association with medical professionals, will provide advice and information to the school to assist it with such applications.

Working together – parents/carers, children, other services and schools

Parents and carers have a key role to play in their child's education and can provide helpful information to ensure that the teaching approach is successful. In the case of a Looked After Child (a child in the care of the Local Authority), HHTS, Cumberland Council representatives and primary carers would fulfil this role.

Children will also be involved in decisions about their educational provision, with their engagement dependent on their age and maturity. This supports HHTS and the school in being able to arrange the most appropriate educational provision with which the child is able to engage.

Effective multi-agency collaboration is essential in devising appropriate personalised individual learning plans. HHTS will generally act on behalf of the County Council to remind schools they cannot remove pupils from their roll because of an additional health need without parental consent, even if they are being supported by HHTS, in line with The Education (Pupil Registration) (England) Regulations 2006.

Reintegration to School

Plans for the longer-term outcomes and the next steps in a pupil's education will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013). Reintegration into school is always anticipated, unless it is clear that, for example in year 11, it is in the interests of the pupil to remain with HHTS or another provider until the end of the school year. HHTS will work with the school to ensure education is maintained during this period.

On return to school, each child should have a individual reintegration plan, compiled by the school in conjunction with HHTS/other provider, which may include extra support made available to help 'fill gaps', or provision of a 'safe place' if the child feels unwell. Advice from other medical professionals, including school nurses, can and should be taken into account where appropriate.

For children with long term or complex health conditions, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. The school may need to develop an individual healthcare plan to support reintegration and to maintain the child in the school environment.

Children and their families will be informed at the outset that the long-term intention will be to support the child's reintegration to school. While most children will want to return to their previous school routine promptly, it is recognised that some will need gradual reintegration over a longer period.

Provision for education of children under and over compulsory school age

Education for children under or over the compulsory school age will be provided, with the same admission criteria. If a young person has had a severely disrupted key stage 4 education, they may remain on the HHTS roll to continue their education to support them in meeting their full potential. For other pupils, each case will be considered individually in discussion with the school or college.

Other Alternative Provision Providers

There are a number of other providers, located both in and outside of Cumberland, which may be commissioned to provide some or all of a child's education, either face to face, or via distance teaching and learning.

Related Services

This policy is linked with other County Council services, e.g. Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), /Attendance/Improvement Services, educational psychologists, and school nurses.

Responsible Officers

The council officers responsible for the education of children with additional health needs is Sally Senejko, Senior Manager SEND and Inclusion, who can be contacted at [**SEND@cumberland.gov.uk**](mailto:SEND@cumberland.gov.uk)