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# Supporting Pupils with Medical Needs

# Updated: - September 23

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# Signed: A Poole

**South Tyneside Council’s Policy for the Education of Children and Young People Unable to Attend School because of Health Needs**

**Introduction**

This policy sets out South Tyneside Council’s standards for the education of children and young people who are unable to attend school 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 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.

Medical Tuition can be used as a short term intervention to support a child or young person to re-integrate back into an educational setting. It is not intended to replicate a full time educational provision.

**Statutory Framework**

In December 2015 the Department for Education published statutory guidance entitled ‘Supporting pupils at school with medical conditions’ which was later updated in August 2017. This replaced previous ‘Ensuring a good education for children who cannot attend school because of health needs – Statutory guidance for local authorities’ and ‘Access to Education for Children and Young People with Medical Needs’ (2001). Opportunities around updated guidance. 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. It also places a clear responsibility on Governing Bodies to support pupils at school with medical needs and to work alongside the Local Authority in order to provide this. This should be reflected in the school’s Medical Policy. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health are fully supported within school so that they can play a full and active role in school life, remain healthy and achieve their academic potential .

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.”

This policy sets out the roles and responsibilities of the local authority and schools as well as placing responsibility on governing bodies to meet the responsibilities to meet the needs of the children based on good practice,

South Tyneside Council is responsible for working with schools to ensure that pupils with health needs are not at home or in hospital for more than 15 working days without access to education, educational opportunities such as virtual learning should be provided by the setting in addition to any face to face tuition from tutors. The 15 days may be consecutive or cumulative with the same medical condition. Where appropriate a child/young person who has a planned absence for medical reasons which might go beyond 15 days should have access to education from day 1 of the planned absence. Effective liaison with medical professionals will ensure that there is a minimum of delay in starting appropriate support.

**Number of Hours of Education**

South Tyneside Council will work with schools to arrange suitable equivalent full time education (or as much education as the child’s health allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education. This may be through a combination of face to face tutoring and complementary virtual learning (possibly set by school) to develop independence for learning and support re-integration back into school.

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, eg. For pupils in KS4 full time education in a school would usually be 25 hours a week. However, 1:1 tuition can be extremely intensive and would be inappropriate and intrusive to both the pupil and the family. Work can be provided to be completed independently by the young person or where appropriate can be supplemented by virtual programmes of study or online learning opportunities such as Ed Lounge.

**Named Officer**

South Tyneside is responsible for ensuring 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 it isDanielle Chaytor, who oversees the Medical Tuition Team which is part of Access and Inclusion Service.

**Aims of the service**

* Minimise disruption to learning
* Deliver an appropriate and personalised education. Wherever possible tuition will be delivered in their own school or a public venue such as a library.
* Use of the schools virtual learning platforms to supplement the work being covered by the tutor
* Successfully reintegrate/ re-engage pupils into mainstream provision at the earliest opportunity when they are well enough to return.

**Objectives of the Appropriate Provider**

Educational provision for pupil’s who are physically ill, injured or who have clinically defined mental health difficulties is the responsibility of all schools and educational services.

The purpose of medical tuition is to deliver an education for those pupils who have been referred by a medical consultant where attendance in school would prove difficult based on work provided by the school.

It should be evident that a graduated response has been clearly put in place by the setting in response to needs prior to home tuition being put in place. The strategies implemented should be shared with the Tutor as well as advice and information from all other professionals involved. This plan will continue to be developed throughout the period of the tuition with person centred approach being used.

Progress of those pupils accessing medical tuition will be reviewed each half term and the plan will be updated.

**Referral Process**

**Pupils can be referred for Medical Tuition in the following circumstances:**

1. When absence from school due to a serious illness or accident is expected to be in excess of three school weeks,
2. When after discharge from hospital the period of convalescence is likely to be three school weeks or more.
3. When serious illness causes regular intermittent absences from school over a prolonged period of time.
4. Prolonged and regular absence due to an ongoing medical condition which is supported by a consultant or in short term situations by a GP.
5. Where absence is planned in relation to a medical procedure or condition and will go beyond 15 days and access to education from day 1 of the absence may be required.

The Attendance Team / school make referrals for Medical Tuition directly to the Officer with responsibility for Medical Tuition, but they will require the agreement of the child’s Consultant or the Medical Officer.

**Referrals for pupils with established patterns of non attendance due to Emotionally Based School Avoidance or severe anxiety**

1. All referrals must come through a multi-agency plan involving health and educational professionals. School’s involvement with the pupil and the strategies considered while attempting to re-engage the pupil in education should be evidenced through their graduated response.
2. All pupils with emotional difficulties must have the involvement of mental health services demonstrating evidence of Emotionally Based School Avoidance The mental health team must refer in writing to the agreement to medical tuition.
3. Supporting material can be submitted from other involved agencies but will not be considered on its own.

**Guidance**

A Medical Tutor will be assigned to the pupil and their school will be informed who will contact both parents/carers and school.

Schools MUST have two named people through whom liaison should occur. One should be the Head Teacher in case of staff absence.

Where possible, the pupil will continue with current programmes of study to support the successful return to school. The school should provide the tutor with all the relevant materials / resources for the work.

The Medical Tutor will make additional visits to the school in order to exchange work and materials.

If possible, the tutor will work with the pupil in their school environment to maintain close contact with staff and peers as well as supporting the re-engagement back into lessons. A range of venues such as libraries / children centre may be used to deliver the tuition.

Hours of tuition are personalised depending on pupil need / as much as their health will allow. Tuition will be suitable to the child’s age, aptitude and ability and can be increased / decreased as appropriate. Virtual learning should be used to supplement the learning, as provided by the school. Additional independent learning can be set to reinforce learning and also to meet the deadlines of external examinations.

**WITHDRAWAL OF TUITION**

In the unlikely event of this measure being necessary, tuition will be withdrawn if the pupil fails to attend or make themselves unavailable for tuition on a regular basis without the proof of a medical basis to their inability to attend. Tuition will then cease until an agreement has been reached between the involved agencies outlining a way forward.

Tuition will also be withdrawn if the pupil refuses to follow a therapeutic programme or graded exposure plan as recommended by any other agency.

Anyone wishing to appeal against this process should do so to the Service Manager: SEND, Access and Inclusion.

**The role of the school: assessment, referral and communication**

The medical tutor 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 medical tutors over planning and examination course requirements where appropriate, and ensuring that there are named teachers within school who can coordinate and support these links. Relevant work should be placed on the school Learning Platform for the pupil to access. All pupils will remain on roll on their home school and the prime responsibility for their education lies with that school. Regular contact should be maintained between the school and the pupil.

**Assessment of Pupils Needs**

As soon as medical tuition 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 plans should be prepared by the tutor 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. Progress of the child/ young person will be monitored on a half termly basis though appropriate review meetings and attendance is shared weekly with the school attendance officer.

**Good quality, flexible provision to meet individual needs**

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 and school will inform individual plans, which should be suitable and flexible enough to be appropriate to the learners needs. The nature of the provision should also reflect the demands of what can be a changing or fluctuating medical condition.

Schools are responsible for monitoring the quality of the provision for the individual learner, for example through regular review meetings led by the school.

**Online learning tools**

Online learning tools can be used to support the learner’s education. The learner should have access to ICT equipment and to the school’s intranet and home learning platform(s). However, this will not be used in isolation and should complement the medical tuition being offered.

**Re-engagement**

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 education at the earliest opportunity, as soon as they are well enough. Arrangements for reintegration will be discussed at the review meetings as part of their plan.

**Arrangements for external examinations**

Learners will be supported by both their home school 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 and implemented by the school.

**FUNDING OF PROVISION**

Medical Tuition should be a temporary measure. The funding of this tuition will be provided in the short term by a tutor from the Medical Tuition Team. The period of tuition is identified in consultation with the specialist health practitioner who advises when the pupil is fit to return to school. Should there be a need to continue with tuition due to illness and pupil absence from school to continue, this will be discussed at the review meeting and advice given on applying for continued support.

**Appendix 1**

**Schools’ responsibilities**

The school will retain the funding for the pupil whilst on their roll and will remain responsible for:-

* Arranging and leading on regular half termly meetings to include parents and all agencies to review the education being provided;
* A PEP (Personal Education Plan) where the child is looked after;
* Ensuring that regular plans of work are made available to the medical tutor identified for all subjects that the pupil would be normally studying. (This will aid successful reintegration by helping the pupil feel confident that they have covered a similar programme of work to their peers);
* Providing appropriate resource materials. These will be returned when the pupils have finished with them; This includes the use of a laptop if the pupil does not have their own equipment;
* Marking all work;
* Examination entry fees;
* Making arrangements for examinations including all external examinations;
* Career interviews;
* Work experience placements;
* Informing all other agencies of any alterations to the planned programme of support for the pupil;
* Monitoring the pupils attendance and marking the register so that it shows if a pupil is or ought to be, receiving education otherwise than at school;
* Providing two named contacts within the school to aid communication and attend reviews;
* Procedures ensuring where appropriate, the pupil is successfully reintegrated into school;
* Issues related to a pupil with an Education Health Care Plan.

**The responsibility of the Medical Tuition Team**

**These include:**

* Provision and deployment of a tutor;
* Delivering an appropriate broad and balanced curriculum using the work provided by the school;
* Ensuring tutors provide reports outlining the pupil’s progress and achievements for the EH / medical review meetings;
* Monitoring of the quality of the provision;
* Completing accurate attendance and progress records which will be sent to the school and the Local Authority;
* Implementing agreed reintegration programmes;
* Attending, where possible, review meetings.

**Summary flow chart:**

Schools identify pupil for medical tuition (confirmed by specialist medical practioner / GP)

Referral / RA completed by School or Attendance Team

Form acknowledged and forwarded to specialist medical practitioner to authorise and

identify period of time

Tutor identified and support agreed

(details of referral / visit to school for work / Home visit)

Tuition begins

Monitoring visit / call (4 – 6 weeks after tuition begins) to check appropriate levels of tuition / setting up virtual programme if appropriate.

Ongoing monitoring (Review led by school)

Monthly reports provided by tutors to support review process

Reintegration programme (personalised to individual needs)