

# North Yorkshire Policy Statement Access to Education for PRIMARY AGE Pupils with Medical Needs

#### 1.0 Introduction

- 1.1 This policy statement applies to North Yorkshire pupils with medical needs, of compulsory school age.
- 1.2 It applies to those who are unable to attend school because they are physically ill, injured, or have a mental health problem.
- 1.3 Section 19 of the Education Act 1996 provides that:
  - Each Local Authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those pupils of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for a period receive suitable education unless such arrangements are made for them.
- 1.4 Suitable education is defined as efficient education suitable to the age, ability and aptitude and to any special educational needs a pupil may have. In determining what arrangements to make, the Local Authority must have regard to guidance given from time to time by the Secretary of State.
- 1.5 This policy statement is in accordance with the statutory guidance published by the DfES November 2001.
- 1.6 The arrangements for the suitable education will be made through the Enhanced Mainstream Schools (EMS) for Behavioural, Emotional and Social Difficulties (BESD), for primary age pupils, Referrals are sent direct to the local EMS.
- 1.7 The organisation of the EMS and referral process is outlined in the Service Level Agreement and Specification.
- 1.8 The Local Authority will publish information on how the service can be accessed by parents, schools and health professionals, including named contact points.
- 1.9 This policy statement and the information published will be reviewed annually.
- 2.0 Aims
- 2.1 The Local Authority aims to ensure that:
- all parties are aware of their roles and responsibilities, are clear about the services that are expected of them and the statutory duties of the local authority to provide education for pupils where they are unable to attend school because of medical needs.
- pupils with diagnosed medical needs have access to as much high quality education as is appropriate in view of their condition.

- the provision will be flexible and responsive to the educational needs of pupils with medical conditions and mental health needs that prevent them from attending school.
- these pupils will have supported re-integration back into full time, mainstream or special education at the earliest opportunity.
- there will be continuity of education including access to public examinations.
- good working partnerships with pupils, parents/carers, schools, Health Service and other professionals are in place to ensure individual pupils can make educational progress.
- 3.0 The role of the Local Authority
- 3.1 For pupils of statutory school age the Local Authority through the EMS for BESD, will seek to ensure that:
- pupils with medical needs are not at home without access to education for more than
  fifteen working days including any period that the child or young person has spent in
  hospital where tuition may already have taken place. Educational provision may be
  delayed if the pupil is unable to access provision.
- a minimum of five hours teaching per week will be provided and where appropriate, the Local Authority will aim to provide ten or more hours, depending upon their medical needs and the educational context. For absences of less than 15 days, refer to 4.3.
- where appropriate, pupils with recurring conditions will be provided with education from day one.
- planning and review meetings will be integral to the intervention and support arrangements (see appendix 1).
- depending upon the medical condition, access hours will be increased to enable the pupil to keep up with their studies.
- pupils will have access to a broad and balanced curriculum but there will be a
  particular focus on the core subjects of English, Mathematics and Science. Wherever
  possible, external examinations and tests at all key stages will be completed.
- 3.2 Under national agreements, the Local Authority takes financial responsibility for meeting the costs of tuition whilst a young person who lives in North Yorkshire is in hospital outside of North Yorkshire and where a pupil living in North Yorkshire is on the roll of another Local Authority Maintained School where tuition is made by that Authority.
- 3.3 The Local Authority will consider the needs of children and young people unable to attend Independent or Non-maintained Special Schools because of illness or a medical condition and make arrangements in line with this general policy statement, wherever possible.
- 3.4 In exceptional circumstances, where the pupil is not on the roll of a school, the Local Authority will make arrangements in line with the general policy statement and support the re-integration into a maintained school as soon as possible.
- 4.0 The role of schools maintained by the Local Authority

- 4.1 At all times the pupil remains the responsibility of the school where they are on roll. Schools and the EMS for BESD will work in partnership to ensure pupils with medical needs, unable to attend school, have the opportunity to make good progress.
- 4.2 All schools are required to have a written policy and procedures for dealing with the education of pupils who are unable to attend school because of medical needs. Appendix 2 sets out a model school policy. The policy statement should be reviewed annually.
- 4.3 For absences of 15 working days or less, that are not part of a pattern of a recurring illness, the school should liaise with the pupil's parents/carers to provide homework as soon as they are able to cope with it.
- 4.4 It is the school's responsibility, along with the Education Social Work Service (ESWS) to monitor pupil attendance. Schools must inform their Education Social Worker (ESW) and the Local Authority when a pupil has an authorised absence due to illness or other medical needs which it is anticipated will be for more than 15 working days, or the pupil has a recurring long term illness that affects attendance at school.
- 4.5 Where a doctor or hospital identifies the need for educational provision otherwise than at school for a pupil with medical needs, the school should complete the referral form and send it to the local EMS for BESD, for primary age pupil. The Teacher in Charge of the EMS will arrange provision in line with the Local Authority's policy.
- 4.6 In addition schools should:
- have a named person to aid communication between the school and other professionals, the pupil and their family; to attend reviews and ensure continuity of education.
- consider how the views of the pupil themselves, their parents or carers will be taken into account.
- ensure that where tuition is requested, the EMS has access to planning and assessments in all national curriculum subjects which the pupil is studying within 5 working days and work programmes on a termly basis where appropriate.
- make available to the EMS, Individual Education Plans, Personal Education Plans and Health Care Plans. Resources/teaching materials where possible should also be made available.
- have procedures for ensuring that pupils are reintegrated smoothly into school and monitored by their named person.
- make a referral to the EMS immediately they have been informed that a pupil will be admitted to hospital and is likely to be unable to attend school for more than 15 working days, including any period the pupil will be an in-patient.
- supply hospital teachers with background information on the pupil and liaise to ensure that work set at an appropriate level for long and recurring admissions to hospital.

#### 5.0 The referral process

- 5.1 Written referrals from maintained schools should be forwarded to the Teacher in Charge at the local EMS for BESD. All referrals will be entered on a database.
- 5.2 Referrals:

- must include a medical note or written advice from a medical professional setting out the needs of the pupil and where possible identify the duration of the medical needs for which the Local Authority may be required to provide tuition out of school.
- will usually be made by the school the pupil is on the roll of but may come on behalf of the school from their designated ESW.
- must be made using the referral form included at Appendix 3.
- 5.3 Referrals from parents/carers can in exceptional circumstances be made directly to the Teacher in Charge of the EMS, but in most cases the pupil's school should, in liaison with the parents/carers, have strategies in place to identify where a pupil may need education otherwise than at school because of medical needs.
- 5.4 Referrals may come directly to the Lead Officer for EMS (BESD) from a medical consultant, general practitioner or the Child and Adolescent Mental Health Service. These referrals will then be passed to the local EMS BESD.
- 5.5 The referral will be considered by the Teacher in Charge in line with the Local Authority's policy statement and will advise the referrer of the provision that will be made and how this will be put in place.
- 5.6 Where the request for tuition is outside the responsibilities of the Local Authority, as set out in this policy statement, the Teacher in Charge will advise the pupil's school which should then make provision in line with their policy statement.
- 5.7 The venue for tuition may be in the home, at an alternative teaching centre or at one of the EMS BESD depending upon the needs of the pupil.
- 5.8 In all cases where tuition is provided in the home a responsible adult, must be present.

# 6.0 <u>Hospital tuition</u>

- 6.1 The planning of education provision should begin as soon as the school knows that a pupil is to be admitted to hospital.
- 6.2 All hospitals in North Yorkshire will have a named contact in the Local Authority so that tuition can be made available for pupils in the local hospital, where appropriate, when pupils are admitted for more than 3 days.
- 6.3 Other hospitals in the region will have a named contact for planning continuity of education for a pupil who will continue to be unable to access education.
- 6.4 When pupils are admitted to hospital on a recurring basis every effort will be made to provide tuition from day one or as soon as appropriate.
- 6.5 For long and recurring admissions to hospital, schools should supply hospital teachers with background information on the pupil and ensure that work is set at an appropriate level.
- 7.0 Education Social Work Service (ESWS)
- 7.1 The ESWS is, in partnership with schools, responsible for the monitoring of attendance and liaising with parents/carers where appropriate to improve attendance. An ESW may make the referral on behalf of the school and the service may be represented at local panels. However, a note from a medical practitioner will still be required where the absence is due to medical needs.

#### 8.0 Pupils with Special Educational Needs (SEN)

- 8.1 In the case of pupils with a statement of special educational needs, who have prolonged or frequent absences from school due to illness or other medical needs, the home school should inform the local SEN Officer and send a copy of the referral form for their information. The SEN Officer should be invited to planning and review meetings for pupils with statements who have recurring or long term medical needs.
- 8.2 Where the medical need is reflected in the pupil's statement of special educational needs and they attend a special school, the school should consider including a reference to any Outreach Service they offer in their Access to Education Policy Statement.
- 8.3 A medical diagnosis does not necessarily imply that a pupil has a special educational need. Where a child or young person has a long term illness or medical need which is associated with, or the cause of, a significant learning difficulty or disability which prevents them from accessing the educational facilities generally available to children of the same age in the schools in the Local Authority the school should consider whether a referral for a statutory assessment may be appropriate. In doing so the school should consider the guidance as set out on the SEN Code of Practice 2001; the Local Authority's guidelines on Statutory Assessment and the delegated resources provided to the school for pupils with low need, high incidence SENs.

#### 9.0 Partnership with parents/carers and pupils

- 9.1 Parent/carers hold key information and knowledge and have a crucial role to play. They should be full collaborative partners and be informed about their child's progress and performance.
- 9.2 The views of parents/carers and the pupil will be sought and taken account of when arranging tuition out of school or in the home and in monitoring and reviewing the provision being made.
- 9.3 Provision for interpretation, translation and communicators will be available where required.
- 9.4 Pupils will be provided with the opportunity to attend planning meetings or be involved in making decisions and exercising choice both prior to absence through medical needs, when known and in preparation for return to school.
- 9.5 If a pupil persistently refuses to access home tuition or attend group teaching sessions without valid medical reasons, provision may be temporarily suspended until a further planning meeting is held, medical advice sought and the Teacher in Charge has considered the recommendations of the planning meeting. The home school ESW should be invited to attend this meeting.

#### 10.0 Transport

- 10.1 On the basis of professional advice, it may be considered appropriate that a pupil works in a small group, after receiving 1:1 home tuition for a period of time, before integration back into school.
- 10.2 If so, it is likely tuition will be based at an EMS, school collaborative teaching centre or other off-site provision made by a school. Transport will be provided where necessary.
- 11.0 Quality assurance and accountability

- 11.1 The named officer with responsibility for the provision of education for pupils who are unable to attend school because of medical needs, is the Lead Officer for EMS (BESD).
- 11.2 Teachers providing tuition, within the EMS, will produce written feedback which will include details of learning objectives for the curriculum areas covered and outcomes; attendance records and a record of the liaison with other professionals, the school and parents/carers. This written feedback will be shared with all relevant colleagues including, at an appropriate level, the pupil and the parents/carers.
- 11.3 The pupil will be encouraged and supported to complete their own monthly feedback allowing them the opportunity of raising issues around their progress and reintegration.
- 11.4 The Local Authority, through the EMS and the CYPS Quality and Improvement Service will monitor the educational attainment of pupils educated otherwise than at school and quality of the education provided.
- 11.5 The EMS will monitor and report on all formal assessment levels achieved, and the educational progress of pupils who are being educated other than at school for medical reasons for long or recurring periods of time. This information will inform the annual EMS self-evaluation, action plan and report to the Executive Members for Education and Children's Services.
- 11.6 Timescales for processing referrals and putting provision in place will be monitored and where necessary local improvement targets will be set.
- 11.7 Complaints will be dealt with under the Local Authority complaints procedure.

Appendix 1 – Planning and review document

Appendix 2 – Model School Policy

Appendix 3 – Referral form

Appendix 4 – Referral flow chart

Access to Education For Children a Planning/Re					
Meeting at:		Date:			
Name of pupil:  Name parent(s) or carer(s)		DOB:			
		Contact tel. no.			
School:		Named contact			
Present at the meeting Name					
Areas for discussion					
Medical related issues					
Tuition					
Effective collaboration/liaison between attainments across the curriculum, schem	profession les of work	nals ( especially in relation to and resources)			
Maintaining contact with school and friend	ds				
Reintegration to school					
Other					

Priorities for ensuring continuity of educational provision
Views of parents/carers
Views of the child or young person
Views of the school
Views of other professionals

ACTION PLAN				
(For each action please identify the planned outcome, who needs to be involved, what resources are required and by when the action should take place)				
1.				
2.				
3.				
4.				
5.				
6.				

Date and venue of next meeting:

Notes to be circulated to:

# **Model Primary School Policy**

< SCHOOL NAME > has the responsibility to ensure that pupils who are absent from school because of their medical needs have the educational support they need to maintain their education. Good communication and co-operation between the school, home, medical professionals and the Local Authority are essential if good quality education is to be provided. The school's policy reflects the statutory guidance 'Access to Education for Children and Young People with Medical Needs' 0732/2001 and the North Yorkshire Policy Statement are attached.

The key aims of the policy are:

- To identify early pupils' medical needs and to ensure that prompt action is taken.
- To provide continuity of high quality education, so far as the medical condition or illness allows.
- To reduce the risk of lowering self-confidence and educational achievement.
- To establish effective liaison and collaboration with all concerned in ensuring that pupils with medical needs have access to education.
- To ensure successful reintegration into school for pupils with long term or recurring illness or medical conditions.

## A named person < INSERT NAME or POST > will:

- Ensure that there is effective communication with other parties.
- Attend, or ensure attendance at planning meetings and reviews.
- Maintain, or ensure that communication is maintained generally between the pupil and the school, especially with regard to activities and social events that may enable the pupil to keep in touch with peers.

The management structures and staff responsibilities for ensuring that pupils with medical needs have access to education are as follows:

(These will specific to the individual school and some or all of these responsibilities may be delegated to the named person and should include that school will: )

- Review policy annually.
- Monitor attendance of all pupils with medical conditions and for absences of 15 working days or less, that are not part of a pattern of a recurring illness, liaise with the pupil's parents to provide homework as soon as the pupil is able to cope with it and ensure continuity of learning.
- Liaise with the Education Social Work Service regarding all pupils expected to be absent from school for 15 working days or more (including time in hospital) and make a referral as soon as possible to the local Enhanced Mainstream School (EMS) for Behavioural, Emotional and Social Difficulties (BESD), for support in making educational provision for the pupil.
- Co-ordinate with the local EMS BESD, the education provision from the first day of absence for pupils who have disrupted patterns of attendance due to recurring illness or chronic conditions.

- Ensure that where a referral is made to the local EMS BESD, they have access to the planning and assessments in all national curriculum subjects which the pupil is studying within 5 working days and work programmes on a termly basis where appropriate.
- Liaise with the designated home/medical teacher or Teacher in Charge of the EMS, regarding the action plan as agreed at planning and review meeting.
- Make available to the EMS, Individual Education Plans, Personal Education Plans and Health Care Plans where appropriate.
- Supply hospital teachers with background information on the child or young person and liaise to ensure that work set at an appropriate level for long and recurring admissions to hospital.
- Monitor provision, progress and reintegration arrangements.
- Ensure that pupils not able to attend school because of medical needs have access to public examinations.
- Ensure that views of pupils and their parents/carers are taken into account.
- Ensure that arrangements are in place to comply with procedures set out in the SEN Code of Practice where applicable.
- Promote equality of opportunity for pupils with medical needs having due regard for their duties under the Equalities Act 2010.

Access to Education For Children and Young People with Medical Needs Referral Form									
Surname/Family Na	me			First	irst/Other Name(s)				
Previous Name/AKA	1	Dat			te of Birth		Ger	Gender M/F	
Address									
Home Phone No.		Day Phone No.  Mobile(s) Student  Parent/Care		nt					
Parent/Carer					LAC:	Y/N			
Address (If different from above)									
Ethnicity codes:									
<u>White</u>	<u>Mixed</u>		Asian			Black/Bla	<u>ck</u>	<u>Other</u>	
☐ British				<u>British</u> lian	_	British ☐ Caribbean		☐ Chinese	
□ Irish		White & ☐ Pakista		kistani	☐ African ☐ Other		□ Other		
☐ Irish Traveller		Black African White & Asian   Banglade		eshi	shi 🗆 Other				
☐ Gypsy/Roma	☐ Other	Other							
☐ Other									
Main language spok	en at hor	ne:							
School					UPN	Na	med co	ontact	
Phone No.									
Year Group	SEN	School Action	n Scl	hool Act	tion Plu	s State	ement*		
		Y/N		Y/N	ı	Y	/N		
National Curriculum Levels	Engl	ish I	Mathem	atics		Science			
Referred by:	Fami	ly Doctor							
ESW School Medical Professiona		ery Address							
MEUICAI FIVIESSIVIIA	"     Phor	ne							

Reason for referral (please attach medical advice and ny other relevant information)		Hospital contact if applicable Name:		
		Position:		
		Phone:		
		Date of admission to hospital if applicable		
Relevant agencies/services known to be working with this pupil with named contact wh				
possible.				
	ELAC			
ASC outreach team	YJS			
Sensory support	CSC	CAF		
CAMHS	Scho	ool nurse		
Physiotherapist	Othe	r		
ESWS				
Parental consent				
The information in this form will be processed in accessed in accessed in accessed in accessed with the local EMS BESD respected who are unable to attend school.  Information will only be shared with other relevant a Sharing protocols where we have a statutory duty of the supporting documentation from a qualified medical	ucation refe ponsible fo agencies in	erral system for pupils with medical ne or making provision for pupils with me or line with the North Yorkshire Informa	eds dical	
Name: Signature:				
		r and the school.		

Referral made by:		Post Title				
Signature:		Date:				
FOR OFFICE USE ONL	Υ					
Receipt of referral form		Date:				
Planning meeting		Date:				
Tuition agreed Y/N		Allocation:				
Start date:						
Named contact EMS						
Initial contact with school		Date:	Date:			
		•	Phone Y/N Letter Y/N			
Initial contact with parents/carer Date:						
Phone Y/N Letter	· Y/N					
1 <sup>st</sup> Planning meeting Date:						
Reintegration to school Start date:						
Review Dates	Autumn	Spring		Summer		
Case closed Date:		Reason				

# Please send completed forms fao:

Teacher in Charge of EMS

## ACCESS TO EDUCATION - MEDICAL NEEDS

# REFERRAL PROCESS (Primary)

