

Education for Children with Medical Needs

This Policy applies to:

All schools and education providers in the Devon County Council area.

Policy version:

This policy was determined by the Devon County Council Education Lead Member on 24 May 2016.

Description of Policy:

This policy describes the statutory responsibilities of Devon in assessing the needs of children who are unable to attend school and make suitable provision to address those needs.

Linked Policies:

[Admissions Policy for Schools Company Alternative Provision Academies](#)

[Admissions Policy for Devon Hospitals' Short Stay School](#)

[Co-ordinated Admissions Scheme for Primary Secondary Schools 2016-17](#)

[In-Year Co-ordinated Scheme](#)

[SEN Policies](#)

Education for Children with Medical Needs

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General Information and Contacts

Date	May 2016
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Approval	by Cabinet Members of Devon County Council
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[“Ensuring a good education for children who cannot attend school because of health needs”](#) May 2013

[“Supporting pupils at School with medical conditions”](#) December 2015

EDUCATION FOR CHILDREN WITH MEDICAL NEEDS

1 Purpose

- 1.1 Devon County Council is committed to enabling children to receive a good education, regardless of their individual circumstance. Where children cannot attend school because of health needs Devon will work with schools and other providers to overcome barriers to education and attainment so that all children can thrive in education and reach their potential. This policy statement describes the services provided by Devon County Council to support and maintain the education of children who, for medical reasons, are temporarily unable to attend school on a full-time basis.

2 Equality and Safeguarding Statements

- 2.1 Devon County Council will only commit to policies and practices which will eradicate discrimination and promote equality for all, regardless of age, gender, disability, religion and belief, race and ethnicity and sexual orientation.
- 2.2 This policy will be subject to an Equality Impact and Needs Assessment. This assessment will be integral to all future policy and guidance reviews.
- 2.3 Devon County Council and its partners recognise that safeguarding is everybody's responsibility. Whether their interest is in all young people 'staying safe' in all aspects of our services, or whether they are working in specific areas of vulnerability, all staff will have appropriate training and induction so that they understand their roles and responsibilities and are confident in carrying them out. Schools, settings, children, young people and their parents or carers, or any member of the community should feel secure that they could raise any issues or concerns about the safety or welfare of children and know that they will be listened to and taken seriously. This will be achieved by maintaining an ethos of commitment to safeguarding and promoting the welfare of children and young people. This is supported by a clear child protection policy, appropriate induction and training, briefings on and discussion of relevant factors and refreshed learning in line with current legislation and guidelines.
- 2.4 Devon County Council acts as a Corporate Parent for Children in Care. This means that the LA has a legal and moral duty to provide the kind of support that any good parents would provide their own children. This policy has been written to comply with this principle.

3 Introduction

- 3.1 This policy sets out what the Local Authority will do to provide full-time education for children of statutory school age who, because of health reasons (physical or emotional), would not receive suitable education without such provision. It applies to all children, whether or not the child is on the roll of a state-funded school.

The provision and aims of this document relate to children who are resident in the Devon County Council administrative area.

- 3.2 In many circumstances when children have a medical need they will continue to receive a suitable education without intervention by the LA. As the school will continue to meet its responsibilities to provide education for its pupils as set out in the DfE guidance "[Supporting pupils at School with medical conditions](#)" December 2015. This will be the case where the child can attend school with support, where the school has made arrangements to deliver suitable education outside of school; or where arrangements have been made for the child to be educated in an on-site hospital school.

LAs would not be involved in such arrangements unless they have cause to believe the education provided by a school was not suitable in content or was not full-time.¹

- 3.3 Every child should have the best possible start in life through a high quality education, which allows them to achieve their full potential. A child who has medical or health needs should have the same opportunities as their peer group, including a broad and balanced curriculum. As far as possible, children with health needs and who are unable to attend school should receive the same range and quality of education as they would have experienced at their home school.

4 Interpretation

- 4.1
- Devon's has responsibility under section 19 of the Education Act 1996 as amended by section 3 of the Children, Schools and Families Act 2010 to:
Make arrangements of the provision of suitable full-time or part-time education 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'.
 - Regulation 8 of the Education (Pupil Registration) England Regulations 2006.
 - Section 100 of the Children and Families Act 2010.
 - The LA must be mindful of all other relevant legislation, including the Equality Act 2010.
 - The Department for Education has issued statutory guidance for local authorities: "*Ensuring a good education for children who cannot attend school because of health needs*" May 2013
 - It has also issued statutory guidance for schools: "*Supporting pupils at school with medical conditions*" December 2015.
- 4.2 A child's medical need may be related to a physical or mental health condition or both, with a medical diagnosis.
- 4.3 Whether education is suitable will take into account a child's age, aptitude, ability and additional need. Suitability will be tailored to meet the needs of the individual, including emotional and social needs. The aim is for all children to have the same opportunities to develop through a broad and balanced curriculum. The LA will assist with access to services that will support the child back towards full time education.
- 4.4 Full-time education should be equivalent to what a child would normally receive in a school, unless the child's medical need means that full-time education would be detrimental to his or her health. The law does not define full-time but this should be equivalent to the education they would receive in school. 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.
- Where full time education is not in the best interests of a child because of their medical needs, part-time education should be provided. All education of any duration should still aim to achieve good academic attainment, particularly in English, maths and science.
- 4.5 Unless otherwise stated, any reference to schools will mean all state-funded schools including academies and free schools, alternative provision schools and fee-paying independent schools.

¹ This might be the case where, for example, the child can attend school but only intermittently.

5

RESPONSIBILITIES – SCHOOLS in carrying out their role, schools must:²

- 5.1 Ensure that arrangements are in place to support pupils with medical conditions
- 5.2 Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Schools should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- 5.3 Ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.
- 5.4 Ensure that the arrangements are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented
- 5.5 Ensure they develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff
- 5.6 Ensure the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person³ who has overall responsibility for policy implementation. The school's policy must clearly identify the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
- 5.7 Ensure the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition
- 5.8 Ensure the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions
- 5.9 Ensure that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption
- 5.10 Make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions
- 5.11 Ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed and how and by whom training will be commissioned and provided. The policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.
- 5.12 Ensure that prescription medicines are not administered and healthcare procedures are not undertaken without appropriate staff training (updated to reflect requirements within individual healthcare plans).

² Schools must have regard to the 2015 statutory guidance. This means to take account of carefully consider it. There would need to be a good reason to justify not complying with it.

³ This may be a governor, a headteacher, a committee or other member of staff.

- 5.13 Ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines and is clear about the procedures to be followed for managing medicine.
- 5.14 Ensure that written records are kept of all medicines administered to children.
- 5.15 Ensure that the school's policy sets out what should happen in an emergency situation.
- 5.16 Ensure that the school's policy is explicit about what practice is not acceptable
- 5.17 Ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so
- 5.18 Ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.
- 5.19 Ensure that the school's policy sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled
- 5.20 Children and young people with medical conditions have the same rights of admission to school as other children. This means that no child should be prevented from taking up a place because arrangements for their medical condition have not been made, (unless on safeguarding grounds the school can evidence that it would be detrimental to the child's health to do so).

School arrangements must be formulated to promote the educational attainment of all children, equal opportunity regardless of health conditions and to give parents and children confidence that they will provide effective support for medical conditions in school. Where attendance is not possible, schools should ensure that their pupils can continue to feel a part of the school community and that they are working with them to return to school as soon as that is appropriate. This will involve regular contact with best practice including face-to-face contact with the child and family.

- 5.21 When deciding what information should be recorded on individual healthcare plans, schools should consider the following:
 - the medical condition, its triggers, signs, symptoms and treatments;
 - the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
 - specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
 - the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
 - who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
 - who in the school needs to be aware of the child's condition and the support required;
 - arrangements for written permission from parents and the headteacher for medication to

be administered by a member of staff, or self-administered by the pupil during school hours;

- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

5.22 The named person in the school will have responsibility for:

- ensuring that sufficient staff are suitably trained;
- that part-time or online packages are available to support children's learning where appropriate;
- a commitment that all relevant staff will be made aware of the child's condition;
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- briefing supply teachers;
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable;
- monitoring individual healthcare plans.
- Notifying the LA if the child is unable to attend school due to medical conditions

5.23 Schools must not remove a child with medical issues from its roll unless:

1. he or she has been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of statutory education age; AND
2. neither the child nor parent has indicated the intention to continue to attend the school, after ceasing to be of statutory education age; OR
3. the parent has written to the school to inform the school that other arrangements are in place for the child's education.

Where a child is taken off roll, the school must inform the LA of the child's destination. The LA will monitor all children who are Electively Home Educated.

6 RESPONSIBILITIES OF THE LOCAL AUTHORITY in carrying out its role, Devon will:

6.1 Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs (this document).

6.2 Appoint an officer with responsibility for the education of children with medical needs.

In Devon, this person is Dawn Stabb, School Improvement Manager and Virtual School Head teacher.

6.3 Establish procedures to monitor and record cases where education is disrupted by medical conditions and to regularly review the provision offered to those children to ensure that it continues to provide suitable education.

Each term, a list of children whose education is disrupted by medical conditions will be compiled by the Education Welfare Service. These lists and cases brought to the attention of the LA throughout the academic year will be reviewed by officers any remedial actions will be discussed with schools and if appropriate referred to a panel of senior officers to consider children missing education (the Missing Monday Panel).

6.4 Encourage schools to have a publicly accessible policy that sets out how they will support children with medical needs and to have a named person who can be contacted by the LA and by parents.

The LA will remind schools of their responsibilities when it seeks information to monitor and record cases as above at 7.3. It will also raise awareness at other times as it believes this will be useful and necessary.

6.5 Have clear policies on the provision of education for children and young people under compulsory school age who have medical conditions?

Devon's Early Years monitors provision at Early Years settings. The LA provides for the admission of children into a Reception class from the beginning of the September term following a child's fourth birthday.

6.6 Support any child with medical needs by, in the first instance, aiming to support schools in meeting their duty as set out in the December 2015 guidance.

This will be achieved through offering advice and guidance and by working directly with schools where a support package is put in place for a child's education in school. Inclusion and Education Welfare Officers, Area Learning Advocates and officers from 0-25 SEN Team will provide this support.

6.7 Be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for children with life-threatening conditions.

6.8 Maintain good links with all schools in their area and put in place systems to promote co-operation between them when children cannot attend school because of ill health. The LA will work directly with schools, alternative education providers (including SchoolsCompany Alternative Provision Academies), hospitals (including the Hospital Schools Service⁴) to address the needs of individual children in making provision.

⁴ The **Hospital School** provides tuition for pupils who are admitted to hospital for three days or more. It also provides tuition for pupils of statutory school age who are admitted to the Larkby Young People's Unit, an **Education for Children with Medical Needs – updated May 2016**

Devon will work with related services including Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Welfare Service, educational psychologists, and, where relevant, school nurses.

Every effort will be made to minimise disruption to a child's education. For example, where specific medical evidence, such as that provided by a medical consultant, is not quickly available, we will liaise with other medical professionals, such as the child's GP, and initially look at other evidence to ensure minimal delay in arranging appropriate provision. Once parents have provided evidence from a consultant we will not require continuing evidence without good reason, even where a child has long-term health problems. Evidence of the continuing additional health issues from the child's GP should usually be sufficient. In cases where we believe that a consultant's on-going opinion is absolutely necessary, we will allow sufficient time for the consultant to provide the evidence.. We will not operate an inflexible approach to the provision of alternative arrangements; delay provision by requiring medical evidence to be provided only by a medical consultant rather than a GP.

Where children have complex or long-term health issues, the pattern of illness can be unpredictable. In these circumstances we will discuss the child's needs and how these may best be met with the school, other providers, the relevant clinician and the parents, and where appropriate with the child. This may be through individual support or by them remaining at school and being supported back into school after each absence.

We will not hold a list of "qualifying" health conditions required before we will make arrangements.

We will work with other schools and local authorities to support the education of siblings where a child's health condition requires admission to a hospital in another area.

- 6.9 Promote suitable and flexible education that is responsive to changes in a child's health. The LA will acknowledge the use of electronic media - such as 'virtual classrooms' and learning platforms to help with access to a broader curriculum - to complement face-to-face education.⁵

If it proves necessary we will ensure that suitable alternative education is arranged as quickly as possible and that it appropriately meets the needs of the child. The provision will be equivalent to full time school education, unless the illness or condition means that this would not be in the best interests of the child.

We will promote continuing contact and communication between the child and the school throughout the period of absence so that the child can feel a part of the school community, have a sense of continuity and be reassured that they have a place there.

We will not make arrangements that are based on the number of hours that a child can attend school – what is important is whether a child is receiving a suitable education during any school attendance.

adolescent psychiatric unit in Exeter. There are classrooms on Bramble Ward at the Royal Devon & Exeter Hospital, Wonford, Exeter and on Caroline Thorpe Ward at the North Devon District Hospital, Barnstaple.

⁵ This should be a complimentary resource rather than as sole provision although in some cases, the child's health needs may make it advisable to use only virtual education for a time.

- 6.10 Ensure that suitable training is available to teachers who provide education for children with medical needs and work with schools to ensure they meet this requirement and are kept aware of curriculum developments. Teachers should also be given suitable information relating to a child's health condition, and the possible effect the condition and/or medication taken has on the child. We will also promote equality and eliminate discrimination, foster equality of opportunity for disabled children, foster good relations between disabled and non-disabled children, make reasonable adjustments to alleviate disadvantage faced by disabled children, and plan to increase disabled children's access to Alternative Provision Academy premises and their curriculum.

We will work with schools in supporting relevant training and information through liaison with LA officers.

- 6.11 Be ready to arrange suitable education for children of statutory school age when it is clear that they will be away from school for 15 or more days because of health needs, either in one absence or over the course of a school year, and where suitable education is not otherwise being arranged.

Whilst there is no absolute legal deadline by which we must have started to provide education for children with additional health needs, we will aim to arrange provision as soon as a school has informed the LA that an absence will last more than 15 days. Where an absence is planned, for example for a stay or recurrent stays in hospital, we will aim to make arrangements in advance to allow provision to begin from day one.

- 6.12 Work with all parties to set up an individually tailored reintegration plan when a child is ready to return to school.

We and schools will have regard to any medical advice given by a hospital when a child is discharged, as to how much education will be appropriate, when they might be ready to return to school and whether they should initially return to school on a part-time basis only. Where necessary, we will work with schools to complement the children's education.

We will not withhold or reduce the provision, or type of provision, for a child because of how much it will cost (meeting the child's needs and providing a good education must be the determining factors). We will seek best value and will be mindful of cost when comparing equivalent provision.

7 CHILDREN IN ALTERNATIVE PROVISION BECAUSE OF HEALTH NEEDS

- 7.1 In line with the duty of LAs to arrange suitable education as set out above, children who are in hospital or placed in other forms of alternative provision because of their health needs should have access to education that is on a par with that of mainstream provision, including appropriate support to meet the needs of those with SEN. The education they receive should be good quality and prevent them from slipping behind their peers. It should involve suitably qualified staff who can help pupils progress and enable them to successfully reintegrate back into school as soon as possible. This includes children and young people admitted to hospital under Section 2 of the Mental Health Act 2007.
- 7.2 Young people with health needs who are over the school leaving age should also be encouraged to continue learning. LAs have duties to promote effective participation in education or training for 16 and 17-year-olds.
- 7.3 When a child with an EHCP is admitted to hospital, the LA that maintains the Plan should be informed so that they can ensure the provision set out in the Plan continues to be provided and reviewed as appropriate.
- 7.4 Where children with health needs are returning to mainstream education, the LA, or their commissioned service, should work with them, their family, the current education provider and the new school or post-16 provider to produce a reintegration plan. This will help ensure that their educational, health and social care needs continue to be met. Where relevant, a reintegration plan should be linked to an EHCP or individual healthcare plan.
- 7.5 It is important that medical commissioners and LAs work together to minimise the disruption to education. In order for LAs to meet their duties, medical commissioners should notify them as soon as possible about any need to arrange education. Ideally, this will be in advance of the hospital placement. For example, where a child of compulsory school age is normally resident in a LA but is receiving medical treatment elsewhere, it is still the duty of the 'home' LA to arrange suitable education if it would not otherwise be received.
- 7.6 In certain circumstances, LA duties may require them to commission independent educational provision. Such providers would need to be funded directly by the home LA. Their duties do not specifically require them to commission a particular educational provider. Medical commissioners should, therefore, avoid making commitments to fund education without the agreement of the LA. Decisions about educational provision should not, however, unnecessarily disrupt education or treatment.

Policy History				
Date	Summary of change	Contact	Implementation date	Review date
5/2016	New policy formulated in response to significant changes to statutory guidance.	Policy and Strategy Officer (Education)	5/2016	5/2017
24/5/2016	Policy determined by Lead Member	As above	5/2016	5/2017