



SURREY
COUNTY COUNCIL

Surrey Medical Policy

Children unable to attend school because of long term health conditions

Introduction

The purpose of this policy is to provide advice to schools and education providers regarding their responsibilities to support children and young people with long term medical needs.

It provides model policies for schools. In addition, the policy explains how Surrey County Council will undertake its duty to monitor and support those children and young people where long-term medical needs are affecting school attendance and their access to an education.

The guidance applies to all children and young people of compulsory school age that is those between the ages of 5 and 18 or until the age of 25 for those with an Education Health and Care Plan.

The underlying principles behind this policy

The council and its partners are committed to ensuring that all children and young people receive a good education in order to maximise their learning potential.

It is a principle of the council set out in our Local Offer that all children and young people are able to access an inclusive education that meets their needs.

Children and young people who have additional physical and mental health needs are often at risk of achieving poorer educational outcomes than their peers. This is further exacerbated for those children and young people who have a health need which prevents them from attending school for an extended period of time and are restricted by their health needs to attending school part time.

The policy explains how the council will work with others to ensure all children and young people with medical needs have their education needs met.

Roles and responsibilities of schools

Nationally, all schools, (including maintained schools, maintained nursery schools, academies, alternative provision academies, Free Schools) are required by law to make arrangements for supporting pupils on the roll of their school with a medical condition.

This duty is detailed in Section 100 of the Children and Families Act 2014 Statutory guidance entitled “Supporting pupils at school with medical conditions” has been produced by the Department for Education (DfE) to assist schools to understand and comply with this legal requirement or duty.

Independent schools are under no legal obligation to follow the statutory guidance contained within the document “Supporting pupils at school with medical conditions”, however the guidance also states that all provisions should promote the wellbeing and academic attainment of children with medical conditions.

All education providers are expected to comply with the Disability Discrimination Act and the Equality Act (DDA, EA) – which means those with a disability because of a medical condition should expect the same level of support as their peers.

The following are key points detailed in the statutory guidance produced by the DfE:

- Pupils at school with a medical condition should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils, and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

To enable Governing Bodies to discharge their duty to make arrangements to support pupils with medical conditions in school they must make sure that a policy for supporting pupils with medical conditions in their school is developed and implemented.

In addition, there should be a named person who is responsible for the practical implementation of the medical policy within each school.

Legal Framework for local authorities

Under Section 19 of the Education Act 1996 local authorities have a duty to: 'Make arrangements of the provision of suitable full-time or part time education otherwise than at school (EOTAS) 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'.

Government guidance - In January 2013 (with minor revisions in May 2013), the DfE published statutory guidance for local authorities entitled 'Ensuring a good education for children who cannot attend school because of health needs.

It replaced the previous government guidance Children & Young People with medical needs (2001). The Equality Act 2010 is also an important part of the legal framework relating to children and young people with significant medical needs.

Definitions

Suitable – The Education Act 1996 defines a suitable education as one that is appropriate to a child's age, ability, aptitude, and any special educational needs he/she may have.

Full time – Full-time education is not defined in law, but it should equate to what the child or young person would normally have in school, unless the child or young person's condition means that full-time provision would not be in his/her best interests. If a child or young person receives 1:1 tuition, the hours of face-face teaching could be fewer as the provision is more concentrated.

School – For the purposes of this policy, school is used to refer to any maintained school, academy, free school, independent school, or any education provision where a child or young person is registered as their main education base.

Health Needs Provision - a specialist provision for children and young people with severe health needs who are unable to access mainstream education despite the support package provided by the school.

Roles and responsibilities of the council

The statutory guidance is clear that in most circumstances where a child and young person (CYP) has a health need, they will receive suitable education that meets their needs from their school, without the need for the intervention of the council.

In many cases the child or young person can still attend school with support, or the school has made arrangements to deliver suitable education to support the child or young person whilst they remain out of school.

This duty applies to all children and or young people who live in Surrey. Agreement on the education provision for the child or young person will be made with reference to advice from relevant educational and medical professionals, and in consultation with the young person, carer, those with parental responsibility and the school.

Where this is not the case for a child or young person aged 5 to 18 years old the council has a responsibility to see that arrangements are put into place for that child to access a suitable education that meets their needs.

It is a statutory requirement that local authorities have a named person with oversight and responsibility for children and young people with long term medical needs. The council's named officer with this responsibility and oversight is the Children Not in School Service Manager

The council's named officer will retain the oversight of this policy and will ensure that there is a link officer contact for notifications from schools.

The school's allocated Inclusion Officer will act as the link officer and will signpost schools and professionals from education and health services to address issues where children and young people with long term medical needs are not accessing suitable education.

Surrey County Council Provision

For most children and young people, schools will be able to make suitable adjustments to meet the medical needs of the children on their roll. Schools should consult with health professionals to bring together an Individual Health Plan (IHP) that aims to maintain the attendance of the child in school and to determine how the child or young person can best be supported.

However, for children and young people with some medical conditions it might be necessary for the council to consider providing short term support to aid integration back into school, for example if a child or young person is recovering from an operation and is unable to attend school for a period of time.

Where it is clear that the child or young person's medical condition will not allow them to attend school, schools should request that parents/ carers provide medical evidence to allow the council to consider whether interim alternative provision is appropriate.

The Statutory guidance published by the DfE, states that the medical evidence determining whether the child or young person is unable to attend school should be such as that provided by a medical consultant.

Where specific medical evidence, such as that provided by a medical consultant, is not quickly available, the council would consider looking at other evidence, such as that from the child's GP, to ensure minimal delay in arranging appropriate provision for the child or young person.

Evidence should detail the child or young person's condition, the treatment plan in place to support the child or young person, any further referral made to Specialist Health Services, if possible, a date by which they might be expected to return to school and when the case will be reviewed.

Access 2 Education (A2E) is the council's provider of interim education support for children and young people who are medically unfit to attend school.

Referral to A2E can be made by completing the A2E Request for Involvement Form in Appendix 1 of this document and returning this to the area A2E lead, detailed in Appendix 2.

The referral form should be accompanied with any evidence secured from Health Professionals along with the Individual Health Plan. If no medical evidence is secured detailing the medical condition preventing the child or young person from attending school, A2E would explore with the school, the support, and interventions in place for the child or young person as consideration as part of the referral and make recommendations whether further evidence would be required.

Schools are also encouraged to report to their allocated Inclusion Officer, children or young people who are absent for 3 or more weeks from school through sickness in any given half term. Inclusion Officers can signpost schools to support and offer advice to the process and thresholds for securing interim provision from the council.

This information will be collated and held by the Area Inclusion Manager to ensure there is oversight of children not attending school through sickness with the Quadrant Area.

Pupils with Chronic Conditions

For pupils with conditions such as Myalgic Encephalopathy (ME)/chronic fatigue syndrome (CFS), Juvenile Arthritis, Sickle Cell, Crohn's disease (please note that this is not an exhaustive list) or pupils diagnosed with similar conditions, the provision put in place will be guided by the medical advice provided by relevant professionals.

This may include, for example, periods of school attendance, periods of rest, periods of 1:1 tuition at home or on-line learning.

Pupils with mental health concerns

For pupils with mental ill health there is an expectation that referrals and support will be provided by the children and young people's mental health service, MindWorks. It is expected that any recommendations about fitness to attend schools or levels of participation will be informed by a clinician.

Emotionally Based School Non-Attendance (EBSNA)

It is recognised that there has been an increase in the number of families reporting that children and young people are too anxious to attend school. Schools are encouraged to adopt a flexible approach to reintegrate pupils back into school and to work closely with services, for example children and young people's mental health service, MindWorks and the Education Psychology Service, to build individual packages of support for a child or young person's return to school.

During this period of reintegration there is an expectation that the child or young person remains on the roll of their current school. If necessary, the school can seek advice from their allocated Inclusion Officer regarding the recording of attendance during this time.

Pupils who are pregnant

It is an expectation that children and young people who are pregnant will continue to be educated at school whilst it is reasonably practical, and it is in the interests of the pupil.

Each case will be considered on an individual basis, but in accordance with current policy, support to the mother will generally be provided for six weeks prior to, and six weeks following, the birth of the baby from the A2E service.

However, where there are extenuating circumstances, supported by appropriate medical evidence, it is possible to consider support outside the normal time frame.

The child or young person will remain on roll of their school, if the child or young person has not reached statutory school leaving age, it is expected that they will reintegrate back into school.

Evidence needs to be provided by a Health Professional to the school to confirm when the baby is expected so that an appropriate referral to the A2E Service can be made.

Request for Involvement

The receipt of the Request for Involvement form and supporting evidence will be formally acknowledged by the A2E Service.

Once the request for support has been received and acknowledged a partnership meeting should be arranged by the school with the support of the Area A2E team.

The meeting should include the school, the appropriate council officer, health partners, the parents and the child or young person as appropriate.

At the meeting, a Student Support Plan detailing the support arrangements required by the child or young person will be agreed.

The plan will outline the amount of education and health provision that will be made that is consistent with the child's needs and any additional support that the family and child or young person will need. Dates of Review meetings and how progress will be reviewed will be agreed at this partnership meeting.

Ensuring children in Surrey with medical needs have a good education, where support is agreed, A2E teachers will oversee the provision for pupils in alternative suitable venues, or, where appropriate, in the pupil's home.

It is important for all parties to agree that the aim of any support and interim provision will be to return the child or young person to school as soon as is practicable.

Before it is agreed that teaching can take place in the home, it will be necessary to conduct appropriate risk assessments. This would be completed by a relevant professional(s) to be agreed between the parents/carers, school, health professionals and the council.

Where a pupil is taught at home it is necessary for there to be a responsible adult in the house. Close liaison with the pupil's school is essential and pupils should be kept informed about school activities and events.

The child or young person will remain on the school roll and the school will be expected to arrange review meetings. Consideration should be given to any resources or activities that would support the child or young person to maintain contact with the school during the time they are absent.

Up to date medical evidence will be required for these meetings.

Partnership Working

It is important for school or education provider to link with other agencies to support the child or young person's educational opportunities. Where support is agreed, there is an expectation that all parties will engage with and contribute to the agreed plan.

Roles of respective parties in supporting children who have long term medical needs

The school's role is to:

- to work with health professionals to maintain attendance at school.
- to maintain a plan, such as an Individual Health Plan with health professionals that identifies any reasonable adjustments that can be made to maintain attendance at school.
- request medical evidence from the parent/ carer when it is clear a child or young person's health condition is preventing them from attending school regularly.
- when it is clear a child or young person's health condition is preventing them from attending school, school will complete A2E referral and provide supporting evidence for the council to consider making Alternative Provision.
- host and chair regular review meetings (normally every 6 weeks); produce action plans and distribute notes of these meetings.
- provide materials for an appropriate programme of work and work plans.
- maintain a plan, such as an Individual Health Plan (IHP), which records progress made towards a return to school.
- ensure all staff are kept informed.
- ensure appropriate arrangements, including entry and invigilation are made for all examinations.
- provide the child or young person's academic attainment levels including any relevant examination requirements such as permissions for extra time and scribes for example.
- make arrangements for SATs or examinations.
- assess coursework.
- provide a named teacher with whom each party can liaise.
- provide a suitable working area within the school, where necessary.
- to request the council, provide alternative provision where it is clear that the support outlined in the child or young person's IHP has not secured regular attendance at school.
- be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration back into school.
- ensure that child or young people who are unable to attend school, are kept informed about school social events, are able to participate, for example, in homework clubs, study support and other activities as their medical condition allows.
- encourage and facilitate liaison with peers, for example, through visits and videos.

The child or young person's role is to:

- engage with the education provider.
- be prepared to communicate their views.
- attend necessary meetings if appropriate.
- engage with other agencies as appropriate.
- prepare for reintegration as soon as possible.

The parents/carers' role is to:

- commit to a plan of reintegration.
- secure medical evidence from Health Professionals.
- be willing to work together with all concerned.
- provide early communication if a problem arises or help is needed.
- attend necessary meetings.
- reinforce with their child, the value of a return to school.

The council's role is to:

- keep a record of all CYPs with long term medical needs that have been notified to the council.
- ensure that cases are channelled through the appropriate professional support pathways to, for example, Area SEN Teams and Early Help Services.
- ensure that an appropriate professional is assigned to each case, to act as the case co-ordinator.
- to consider referrals from school for children or young people who are medically unfit to attend school.
- to make education provision for children or young people medically unfit to attend school.
- to support reintegration back into school placement.

The health professional's role is to:

- provide health records of an individual child or young person to parents – information will detail any diagnoses, treatment plan, detail of all health professionals working with the child or young person, detail of further referrals to Specialist Health Services to support the child or young person, named professional overseeing child or young person's care.
- identified Health Professional to contribute to development of child or young person's Individual Health Plan.
- identified Health professional to contribute to the decision making around the support required to support children or young people into provision.
- health to provide clear communication routes for schools to gather medical evidence.
- identified health professional to contribute to and provide updated evidence to support the review of child or young person's provision.

Other agencies role:

- Any services working with the child or young person and family would be expected to contribute to the support planning. Services will do this by:
- attend review meetings if possible.

- provide written reports where necessary.
- give appropriate advice and support.

Reintegration

The aim of the education provision that is agreed is to support the reintegration of pupils back into school at the earliest opportunity.

A reintegration programme will be put together following discussion with the child or young person, parent/carer, school, relevant health professionals and other involved agencies as appropriate.

In some cases, it may not be possible for the child or young person to return to school on a full-time basis initially. Arrangements for reintegration (or any future education arrangements) will need to consider any ongoing health conditions and/ or disabilities they may have.

An Individual Health Plan may be the best way to achieve this if the child or young person has ongoing medical issues that need to be supported during school hours. Individual Health Plans provide clarity about what needs to be done, when and by whom to support a child or young person's medical condition.

Children or young people who are not on a school roll

The council retains responsibility for supporting children living within Surrey area who are not on roll at a school whose health needs prevent them from accessing education. These may include children who are awaiting a school placement.

In these instances, parents/carers or professionals working with a child who falls into this category should contact either the SEND Service (for children with an Education, Health, and Care Plan) or alternatively the council's link contact to discuss future educational provision.

Children or young people who are not of compulsory school age

The council will not normally provide support for pupils who are under or over compulsory school age. However, where pupils who would normally be in Year 12 are repeating Year 11 due to medical reasons, requests for support will be considered on an individual basis.

For post-16 students attending mainstream provision, the council would look to the host school, college, or training provider to make any necessary reasonable adjustments for students who are unwell over a prolonged period.

Children or young people who are not of compulsory school age with an EHCP

For Children or young people with an Education Health and Care Plan, the LA has to make provision until the age 25. The education, health and social care support and provision is detailed within the child or young person's Plan.

EHCP's are reviewed annually. However, if there are changes required to the provision and support required by the child or young person, an interim review will be held to agree any changes to the child or young person's Plan and possible provision.

If evidence suggests that a child or young person is unable to access the provision and support detailed in their Plan because of their medical needs an Interim Review will be held with the family, child or young person, current provider, health professionals to agree how those needs will be met.

Hospital in-patients returning home

Where a child or young person has been in hospital for a longer period and return home the council will aim to provide education at home or otherwise as quickly as possible.

The child or young person's education may well have been disrupted by their time in hospital, so further discontinuity should be avoided if possible.

When a child or young person is in hospital, liaison between the school, hospital, link officer and A2E will ensure continuity of provision and consistency of curriculum.

Ongoing liaison whilst the child or young person is in hospital or following discharge can ensure that the school is able to make information available about the curriculum and work the child or young person may have missed.

Children and young people with life limiting and terminal illness

The council will continue to provide education for as long as the child or young person, parents/carers, and the medical staff wish it. If the child or young person and parents wish to withdraw from education their wishes will be respected if the decision is supported by medical advice.

Other Medical Provision

There are a range of medical providers in the county who also provide specialist medical support for children and young people. They have their own admission arrangements.

HOPE is a Medical Pupil Referral Unit and offers provision to children and young people up to the age of 18.

To be able access HOPE children or young peoples will

- have had significant mental health, emotional, behavioural, social, and educational difficulties which are likely to lead to family or placement breakdown.
- be active case in Tier 3 CYP Mental Health Service, MindWorks or Surrey Children's Services, with a designated consultant or case holding social worker.
- currently be a patient in a Tier 4 or Out of County provision with a plan to return to their community in Surrey.
- have presented as a psychiatric emergency requiring assessment for Tier 4 admission.
- have access to other appropriate services such as 3Cs, Family Support Service, before being referred to Hope.

St Peter's is a Medical PRU based in the North West part of Surrey.

To access St Peter's, schools can apply directly to St Peter's as long as the referral is accompanied by consultant/GP letters identifying mainstream provision as not appropriate given current medical status.

St Peter's typically work with children and young people with severe anxiety and offer a range of programmes of support to students reintegrate back into education. In addition, they support young people in Year 11 who are unable to return to school.

Conclusion

This policy is intended to provide guidance and information to schools and education settings, and parents.

If you have a query about any aspect of the policy, please email:
a2esw.referrals@surreycc.gov.uk

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