


Meriden CE Primary School



Education for Children who cannot attend school because of their health needs.

Approved by Full Governing Body	March 2023		
Signature of Chair		Date	6/03/2023
Review Cycle	Three years	Review Date	March 2026

1.0 Introduction

The Local Authority has a duty set out in Section 19 of the Education Act 1996 and in the statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs' (DfE, 2013). The Equality Act 2010 is also an important part of the legal framework around children and young people with significant medical needs.

2.0 Local Authorities must:

Arrange suitable full-time education (or part-time when appropriate for the child's needs) for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This duty applies to all children and young people who would normally attend mainstream schools, including Academies, Free Schools, independent schools and special schools, or where a child is not on the roll of a school. It applies equally whether a child cannot attend school at all or can only attend intermittently.

The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition the hours of face-to-face provision could be fewer as the provision is more concentrated. Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LA's should provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science. The LA must not withhold or reduce the provision, or type of provision, for a child because of how much it will cost. There will be a wide range of circumstances where a child has a health need but will receive suitable education that meets their needs without the intervention of the LA – for example where the child can still

attend school with some support or where the school has made arrangements to deliver suitable education outside of school for the child. (See 'Supporting pupils at school with medical conditions', Statutory Guidance, (DfE; 2015)).

Identification and intervention

The LA provides education for pupils who are unable to attend school for more than 15 school days or more, whether consecutive or cumulative. Some children may have long term illnesses which may recur or conditions which may need further treatment. Education is provided, as far as possible from day one to minimise disruption to education. To ensure that tuition is resumed promptly in these circumstances, files may be kept open so that rereferral is not required. Referrals are accepted in writing from an appropriate CAMHS or Medical Consultant. All pupils should be receiving on-going medical intervention. See Appendix 1 – Pathway for supporting pupils.

Provision

The LA provides a variety of educational options tailored to meet the individual needs of the pupil. The LA must not withhold or reduce the provision, or type of provision, for a child because of how much it will cost. Arrangements are flexible and reviewed regularly to ensure that they remain appropriate. Teachers work in partnership with pupils, parents/carers, schools, medical and educational professionals to ensure the best possible outcome for each pupil.

Public examinations

Arrangements are made for children to sit public examinations, at an appropriate level, if a consultant feels this is in the child's best interest. Appropriate access arrangements will be organised in agreement with the host school.

The education of children with life limiting and terminal illness

The LA will continue to provide education for as long as the pupil's parents and the medical staff wish it. If the pupil and parents wish to withdraw from education their wishes will be respected if the decision is supported by medical advice.

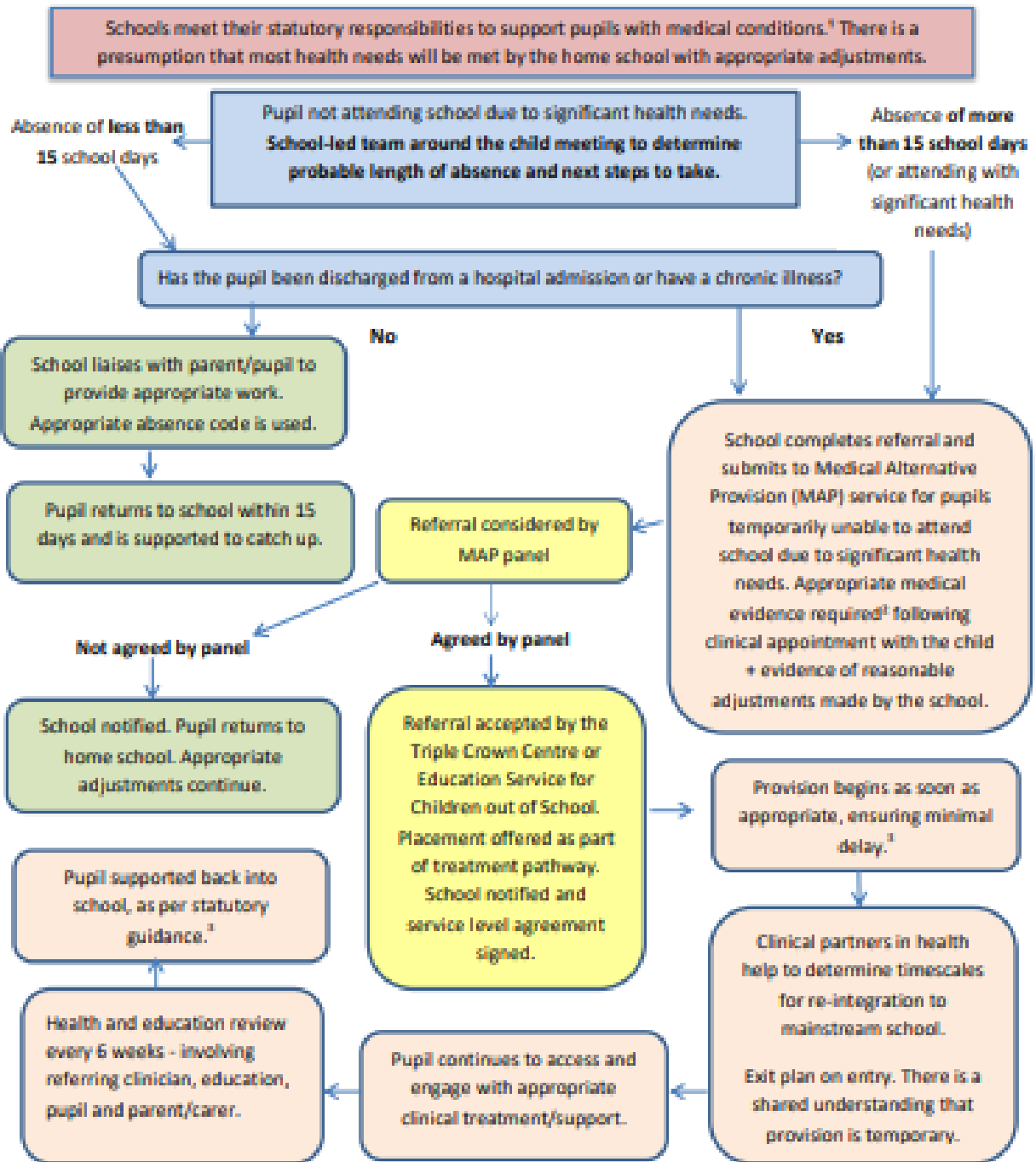
Working together – with parents/carers, children, health services and schools

Any educational provision for a child with additional health needs will be discussed with parents/carers first. Parents/carers have a key role to play in their child's education and can provide helpful information to ensure that the teaching approach is successful. In the case of a looked after child, local authority representatives and primary carers would fulfil this role. Children will also be involved in decisions, their engagement dependent on their age and maturity. This supports the Service and the school in providing the right educational provision with which the child is able to engage. The Service will act on behalf of the local authority to remind schools that they cannot remove pupils from their roll because of an additional health need without parental consent and certification from the school medical officer, even if they are being supported by the Hospital and Home Tuition Service (Education (Pupil Registration) England Regulations 2006)

Reintegration into School

When reintegration into school is anticipated, the Hospital and Home Teaching Team will work with the school to ensure that pupils receive the necessary support they need to facilitate this process. A member of the Team will hold a meeting with the appropriate teacher from the school and the pupil's parent. In many cases a gradual reintegration will take place with a reduced timetable. Members of the Hospital and Home Teaching Team may work alongside a pupil when they are returning to school so a good handover takes place and the pupil feels confident in their return.

Solihull Medical Alternative Provision Pathway for Supporting Pupils with Significant Health Needs



¹ Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE 2015

² Appropriate medical evidence: Senior Clinical Psychologist, Consultant Psychiatrist, Associate Specialist Psychiatrist, Community Paediatrician, Hospital Consultant. Evidence from a GP will only be considered where specific medical evidence from an appropriate clinician is delayed. The GP must provide accompanying evidence that specialist referrals have been made.

³ Ensuring a good education for children who cannot attend school because of health needs: statutory guidance for local authorities, DfE 2013

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