

# **Access to Education Team**

**Children unable to attend school due to  
health needs**

**POLICY**

## **Statutory Duty**

The Local Authority (LA) has a statutory duty to provide education other than at school for children unable to attend school due to health needs. Statutory guidance was issued by the Department for Education (DfE) in January 2013 - 'Ensuring a good education for children who cannot attend school because of health needs. The responsibilities and duties of LAs are set out in that document and are not, therefore, repeated here.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/269469/health\\_needs\\_guidance\\_-\\_revised\\_may\\_2013\\_final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/269469/health_needs_guidance_-_revised_may_2013_final.pdf)

Keith Dhannie, Access to Education Team Manager, is the named senior leader responsible for the education of children with additional health needs.

## **Procedures for pupils unable to attend school because of health needs**

Most children's educational needs are best met in school, but for some children, at specific times, an education either in an alternative venue or at home may be appropriate.

Schools should make appropriate referrals to the Access to Education Team when the child will be away from school for 15 days or more. These may be 15 consecutive or cumulative days.

The completed referral form should be returned to the Access to Education Team, together with appropriate and up to date medical evidence, which confirms why the child is unable to attend school and states how long this is likely to be the case. The medical evidence should confirm the reasons why the child cannot attend school and how long they are likely to be absent from school. It is expected that the medical evidence will be provided by a consultant. If evidence from a consultant is not quickly available, the local authority will consider evidence provided by a local GP and/or the local child and adolescent mental health service (CAMHS).

For children diagnosed with Chronic Fatigue/ME the consultant's letter should specify the programme the pupil should be following. This may include, for example, periods of school attendance, periods of rest and/or periods of 1:1 tuition at home.

For pupils with mental health issues there is an expectation that the evidence is provided by the local Child and Adolescent Mental Health Service (CAMHS).

## **Procedures for pupils unable to attend school because of pregnancy**

It is an expectation that students who are pregnant will continue to be educated at school whilst it is reasonably practical, and it is in the interests of the young person. Any request for teaching out of school must be made on the appropriate referral form and be accompanied by written medical evidence confirming when the baby is expected. Each case will be considered on an individual basis, but in accordance with

current policy, support will generally be provided for six weeks prior to, and six weeks following, the birth of the baby. However, where there are extenuating circumstances, supported by appropriate evidence, it is possible to consider support outside the normal timeframe. The pupil will remain on roll of their school. If the pupil has not reached statutory school leaving age, she will be expected to reintegrate into school.

### **Procedures for pupils being referred to the Access to Education team by the local authority EHCP team**

The allocated caseworker must complete and submit a referral form along with an up to date copy of the child's education and health care plan. Incomplete referral forms will be returned to the caseworker. If the referral is for reasons of school placement it is essential that information is provided to the Access to Education manager about what placement is being sought for the pupil and within what timeframe this placement will be provided. If the referral is for reasons of tribunal proceedings information must be provided to the Access to Education manager which specifies the date of the tribunal hearing and the local authority's position as regards the placement that they are suggesting for the pupil. It is the responsibility of the caseworker to organise a review meeting for any pupil referred to the Access to Education team every six weeks, until such a time that the pupil is in full time education.

It is of the highest importance that information is shared with the Access to Education team manager which pertains to any risk factors involved with working with the child and/or family, social services involvement with the child and any additional needs which may not be included in the current EHCP. All up to date safeguarding information must be shared with the education access manager.

### **Procedures for all cases**

Where there is difficulty in obtaining evidence, the school should contact the Access to Education Team manager to discuss the individual case.

Schools should provide, with the referral form, any other appropriate information/evidence; e.g. notes of school-based meetings, details of strategies the School has used to support and engage the pupil, information regarding additional learning needs and any information which is relevant to the safeguarding of the pupil.

### **Notification of decision**

Once the referral form and evidence have been considered and a decision about the referral has been made, the Access to Education Team manager will notify the school accordingly. The school should liaise with the parents/carers and pupil.

If the referral is agreed, the Access to Education team manager will notify the school and will contact the school and the family to make the necessary arrangements to provide support. Depending on the circumstances, this may involve a school-based meeting.

If the referral is not agreed, the Access to Education team manager will contact the school to confirm why the referral does not meet the criteria. Other avenues of support may be suggested. Further evidence may be submitted in order that the referral can

be reconsidered. The Access to Education team manager will always be prepared to have a discussion with the school about any of the cases referred.

In some circumstances there will need to be a meeting with the relevant professionals before a final decision can be made. If this is the case the school will be asked to convene a meeting and they will be sent a suggested agenda and details of who to invite to the meeting. This will normally involve school staff, the parents and pupil and a representative from the Access to Education Team and may include a representative from the Child and Adolescent Mental Health Service (CAMHS), Social Services and any other relevant agencies. Normally, it is possible to make a final decision at the meeting; but in some cases, it will be necessary for the Access to Education team representative to discuss the case with other team colleagues before a final decision is made.

### **Ensuring children have a good education**

Teachers from the Access to Education Team will educate pupils in their home or where suitable in an alternative venue. Before it is agreed that teaching can take place in the home, it will be necessary to carry out appropriate risk assessments. Where a pupil is taught at home there must 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. Tuition will be provided in the core subjects English and Maths as a minimum, following as closely as possible the schemes of work that are being delivered in the pupil's school. Pupils will receive a minimum of 10 hours per week of 1:1 tuition if they have an education and health care plan, and a minimum of 5 hours per week of 1:1 tuition in other cases. The Access to Education team may be able to expand this offer depending on the health of the child and the capacity of the team.

The pupil will remain on their school's roll and the School will be expected to arrange review meetings (normally every 6 weeks). Up to date medical evidence will be required. It is important to link with other agencies in order to support the pupil's educational opportunities and good multi-agency working is crucial.

Where support is agreed, there is an expectation that all parties will engage with and contribute to the agreed plan.

#### **The school's role is to:**

- 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 Education Plan, 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 pupil's academic attainment levels including any relevant examination requirements.
- plan arrangements for SATs and any other public examinations.
- assess coursework.
- facilitate career interviews.
- arrange work experience placements where applicable.
- provide a named teacher with whom each party can liaise (usually the SENDCO).
- provide a suitable working area within the school, where necessary;
- be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration into school;
- ensure that pupils who are unable to attend school, are kept informed about school social events and are able to participate, for example, in homework clubs, study support and other activities.
- encourage and facilitate liaison with peers, for example, through visits and videos.

**The student's role is to:**

- be ready to work with the education access team
- be prepared to communicate their views;
- 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;
- 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 Access to Education Team's role is to:**

- liaise with the named person in school;
- liaise, where appropriate, with outside agencies;
- be sensitive to the needs of the child and family;
- provide an appropriate teaching programme;
- provide regular reports on the pupil's progress and achievements;
- provide an opportunity for the pupil to comment on their education
- ensure appropriate course work and any other relevant material is returned to school;
- attend review meetings;
- help set up an appropriate reintegration programme at the earliest opportunity as soon as the pupil is ready to return to school.

**Health Service's role is to:**

- offer medical treatment and advice where appropriate.

**Other involved agencies, for example Social Services, Emotional Wellbeing and Mental Health service's roles are to:**

- work, with others, for the benefit of the pupil;
- attend review meetings if possible;
- provide written reports where necessary;
- give appropriate advice and support.

**Withdrawal of the programme**

The commissioned alternative education programme may be withdrawn if, for example, the pupil fails to be available on a regular basis without appropriate medical evidence.

**Pupils who are not of compulsory school age**

The LA will not normally be able to 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 can be considered on an individual basis.

**Contact**

If you wish to discuss a case, please email [keith.dhannie@lbbd.gov.uk](mailto:keith.dhannie@lbbd.gov.uk)

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