



**QUEEN VICTORIA PRIMARY SCHOOL
GOVERNMENT STATUTORY DOCUMENT**

**Ensuring a Good Education for Children
who cannot attend School because of
Health Needs - January 2013**

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Department
for Education

Ensuring a good education for children who cannot attend school because of health needs

**Statutory guidance for local
authorities**

January 2013

Summary

About this guidance

The Government's policy intention is that all children, regardless of circumstance or setting should receive a good education to enable them to shape their own futures. Therefore alternative provision and the framework surrounding it should offer good quality education on par with that of mainstream schooling, along with the support pupils need to overcome barriers to attainment. This support should meet a pupil's individual needs, including social and emotional needs, and enable them to thrive and prosper in the education system.

This is statutory guidance from the Department for Education. Local authorities (LAs) must have regard to it when carrying out their duty to arrange suitable full-time education (or part-time when appropriate for the child's needs) for children who are unable to attend a mainstream or special school because of their health. 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.

LAs are responsible for arranging suitable full-time education for permanently excluded pupils, and for other children who – because of illness or other reasons – would not receive suitable education without such provision. This means that where a child cannot attend school because of health problems, and would not otherwise receive a suitable full-time education, the LA is responsible for arranging provision and must have regard to this guidance.

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; where the school has made arrangements to deliver suitable education outside of school for the child; or where arrangements have been made for the child to be educated in a hospital by an on-site hospital school. We would not expect the LA to become involved in such arrangements unless it had reason to think that the education being provided to the child was not suitable or, while otherwise suitable, was not full-time or for the number of hours the child could benefit from without adversely affecting their health. This might be the case where, for example, the child can attend school but only intermittently.

This guidance replaces the previous guidance, *Access to Education for Children and Young People with Medical Needs* (2001). LAs should demonstrate that they have considered this statutory guidance and, if they do not follow it, have reasonable grounds for deciding not to do so.

Links to further guidance on a LA's duty under section 19 of the Education Act 1996 and guidance on support provided in-school can be found at the end of this guidance.

Review Date

The guidance will be reviewed in September 2014.

- Have processes or policies in place which prevent a child from getting the right type of provision and a good education.⁴
- 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).
- Have policies based upon the percentage of time a child is able to attend school rather than whether the child is receiving a suitable education during that attendance.
- Have lists of health conditions which dictate whether or not they will arrange education for children or inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

⁴ For further guidance on providing a good education to pupils in alternative provision, see 'Alternative Provision: a guide for local authorities, head teachers and governing bodies of schools, pupil referral units and other providers of alternative provision'.

through an appropriately tailored approach. This should also include social and emotional needs, for example ensuring that pupils feel fully part of their school community, are able to stay in contact with classmates, and have access to the opportunities enjoyed by their peers. Alternative provision, and the support framework which surrounds it, should enable a pupil to maintain academic progression and attainment, and allow them to thrive and prosper in the education system. This support framework should work cohesively across organisational boundaries and include a structured understanding and assessment of the needs of a pupil, and appropriate referral and re-integration that focuses on the pupil's interest and appropriate outcomes rather than processes. Local authorities, schools, providers, relevant agencies and parents should work together constructively in order to ensure the best outcomes for a pupil.

6. 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 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.

7. Children unable to attend school because of health needs should be able to access suitable and flexible education appropriate to their needs. The nature of the provision must be responsive to the demands of what may be a changing health status.

8. The use of electronic media – such as 'virtual classrooms', learning platforms and so on – can provide access to a broader curriculum, but this should generally be used to complement face-to-face education, rather than as sole provision (though in some cases, the child's health needs may make it advisable to use only virtual education for a time).

9. LAs should 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. Schools can do a lot to support the education of children with health needs and the sharing of information between schools, health services and LAs is important. Schools can also play a big part in making sure that the provision offered to the child is as effective as possible and that the child can be reintegrated back into school successfully. Parents also have a vital role to play, and LAs should encourage schools to have a publicly accessible policy that sets out how schools will support children with health needs; it is also helpful if schools have a named person who can be contacted by the LA and by parents.

10. LAs should ensure that teachers who provide education for children with health needs receive suitable training and support and are kept aware of curriculum developments. They 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.

11. Some complex and/or long-term health issues may be considered disabilities under equality legislation. This legislation provides that LAs must not discriminate against disabled children and are under a duty to eliminate discrimination, foster equality of opportunity for disabled children and foster good relations between disabled and non-disabled children. LAs should make reasonable adjustments to alleviate disadvantage faced by disabled children, and plan to increase disabled children's access to Pupil Referral Unit (PRU) premises and their curriculum.

receives if they cannot attend school full-time but are well enough to have education in other ways.

Long-term medical conditions – provision at home or hospital

18. Where children have complex or long-term health issues, the pattern of illness can be unpredictable. LAs should discuss the child's needs and how these may best be met with the school, the relevant clinician and the parents, and where appropriate with the child. That may be through individual support or by them remaining at school and being supported back into school after each absence. How long the child is likely to be out of school will be important in deciding this. LAs should make provision available as soon as the child is able to benefit from it.

19. Where a child has been in hospital for a longer period and returns home, if appropriate, the LA should aim to provide education at home or otherwise as quickly as possible. The child's education may well have been disrupted by their time in hospital, so further discontinuity should be avoided if at all possible.

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

20. The LA and/or the provider delivering the education should consult parents before teaching begins. Parents have an important role to play, whether their child is at home or in hospital. Parents and carers can provide useful information that can inform the teaching approach. In the case of a looked after child, the LA is responsible for safeguarding the child's welfare and education. Both the LA and primary carers (foster carers or residential social workers) would fulfil the parental role here and should be engaged. Children should also be involved in decisions from the start, with the ways in which they are engaged reflecting their age and maturity. This will help ensure that the right provision is offered and encourage the child's commitment to it.

21. In all cases, effective collaboration between all relevant services (LAs, CAMHS, NHS, schools and, where relevant, school nurses) is essential to delivering effective education for children with additional health needs. Service level agreements and/or multi-agency forums may aid this process. This applies whether the child is in hospital or at home. When a child is in hospital, liaison between hospital teaching staff, the LA's alternative provision/home tuition service and the child's school can ensure continuity of provision and consistency of curriculum. It can ensure that the school can make information available about the curriculum and work the child may miss, helping the child to keep up, rather than having to catch up.

22. Local authorities should be aware that under the Education (Pupil Registration) England Regulations 2006⁸, a school can only remove a pupil who is unable to attend school because of additional health needs where:

⁸ Regulation 8 of the Education (Pupil Registration) (England) Regulations 2006 sets out the circumstances in

28. Awarding bodies will make special arrangements for children with permanent or long-term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations. The LA (or the school where applicable) should submit applications for special arrangements to awarding bodies as early as possible. Those providing education to a child out of school should provide advice and information to the school to assist it with such applications.

Provision for siblings

29. When treatment of a child's condition means that his or her family have to move nearer to a hospital, and there is a sibling of compulsory school age, the local authority into whose area the family has moved should seek to ensure that the sibling is offered a place, where provision is available, for example, in a local mainstream school or other appropriate setting.

Further sources of information

'Alternative Provision: A guide for local authorities, head teachers and governing bodies of schools, pupil referral units and other providers of alternative provision':

<http://www.education.gov.uk/aboutdfe/statutory/g00211923/alternative-provision>

'Advice to schools on attendance':

<http://www.education.gov.uk/schools/pupilsupport/behaviour/attendance>