

Children and Young People's Services

Policy on access to education for children and young people with medical needs

EDUCATION SERVICE

PROCEDURE APPROVAL			
Approved By	Mark Parkinson	Position	Director of Education
Signature		Date Approved	
Post Responsible for updating	Senior Manager Education Infrastructure	Date to be Updated	March 2019
Post Responsible for Reviewing	Manager Education Access Team and Alternative Provision	Date to be Reviewed	April 2019

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POLICY ON ACCESS TO EDUCATION FOR CHILDREN AND YOUNG PEOPLE WITH MEDICAL NEEDS

The Statutory Framework

Section 19 of the Education Act 1996 provides that each local education authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise may not for any period receive suitable education unless such arrangements are made for them.

[Education Act 1996](#)

Equality Act 2010 also provides a context to Local Authority policies on education for children with medical needs.

[Equality Act 2010](#)

Scope

In determining what arrangements to make, a local authority must have regard to advice given by the Department for Education. '*Ensuring a good education for children who cannot attend school because of health needs*' published in 2013 is such guidance and should be read alongside this policy

[Education for children with health needs who cannot attend school - GOV.UK](#)

This guidance covers the education of pupils who cannot attend school because of health problems, who would not otherwise receive a suitable full-time education without Local Authority support.

Aim

The aim of the service is to ensure pupils with health problems receive suitable, good quality, full time education for the period they are unable to access mainstream school. Full time education is not defined in law but it should equate to what the pupil would normally have in school. There is a

recognition that pupils may not be able to access full time education due to their health needs, in which case they should be provided with as much education as their health condition allows. If the provision is through one to one tuition, the number of hours provision could be less as the provision is more concentrated. A broad and balanced curriculum will be planned for where appropriate with a flexible approach to take account of changing health needs. However the focus will be on academic achievement in core subject areas of English, Maths and Science parallel with the home school schemes of work.

There is a recognition that there will be a wide range of circumstances where a child has a health need but will receive a suitable education that meets their needs without the intervention of the Local Authority. There is a clear responsibility of the home school to adopt effective and appropriate strategies central to the needs of the child, for them to be educated and included in school. This service will challenge and support schools in this regard.

By placing the education and health needs of the child central to our plans, the aim is to reintegrate pupils back into mainstream education at the earliest opportunity. Whilst Cheshire West and Chester (CW&C) has the responsibility to arrange education provision for medically referred pupils, we recognise there is a need for school to adopt a multi-agency approach to ensure pupils and families have access to support services such as, Education Welfare Service, Special Educational Needs Team, Child and Adolescent Mental Health Services (CAMHS), Educational Psychology Team, and where relevant, school nurses. To coordinate multi agency planning, a TAF (Team Around the Family) assessment should be used, by school.

[Team around the family](#)

At all times pupils with medical needs who are supported by Cheshire West and Chester Council **must** remain on the roll of the school and the school will retain overall responsibility for the pupil while they are unable to attend school.

Referral to the Service

A referral to the Education Access Team must originate from the mainstream school, using form MET1 (schools fill in Part A), and must be supported by medical confirmation from one of the following health professionals:

- Consultant Paediatrician
- Consultant Child Psychiatrist or Adolescent Psychiatrist
- Hospital Consultant

The health professional will need to complete Part B of the MET1 form and return it to the referring school.

Whilst it is recognised that medical evidence is central to the referral, supporting evidence from a General Practitioner alone cannot be accepted.

Schools hold responsibility to ensure medical evidence is obtained from the health professionals listed above with minimal delay.

Schools may make a referral to the Education Access Team if they are concerned about a pupil who is unable to attend school because of medical reasons and is likely to be without access to education for more than 15 school days. Schools should have made reasonable steps to meet the short-term needs of the pupil. The school must seek approval of parents for referral to the Education Access Team before completing form MET1 and obtaining medical confirmation from a health professional.

The school should then complete Part A of form MET1 and send the form to the appropriate health professional for completion of Part B. The school will then submit the fully completed form to the Education Access Team.

The referral will be considered at a fortnightly Case Planning Meeting. Decisions on opening of cases are made by officers from the Local Authority and the Headteacher of Ancora House School.

If the referral is accepted then an Education Access Officer is assigned as case manager. In order to avoid delays in education being arranged the primary focus is on arranging education as soon as possible. Having received initial education information from the school referral the Education Access Officer will discuss initial plans with parents, and may complete an initial home visit with an Education Outreach Officer. The purpose of this visit is to assist engagement, and to support early implementation of education provision.

A multi-agency planning meeting is arranged by school where parents, pupil, Education Access Officer and relevant health professionals work together on a medical education plan (MET3). The purpose of this meeting is to ensure joined up partnership working at the earliest opportunity to support engagement with the education provision and to assist reintegration back to school. If education is not already in place prior to the meeting, a decision will be reached on the most appropriate education provision for the pupil.

In summary, the planning meeting will discuss and consider:

- an agreed medical education plan;
- a suitable venue for education (if not already arranged);
- a review date;
- the likely period of initial education;
- subjects to be taught;
- examination entries;
- resources to be provided by the school and Education Access Team;
- responsibilities of parent during education provision;

- terms and conditions for continued support of the Education Access Team;
- a reintegration plan.

The Education Access Officer shares all information (MET1 referral form and MET3 medical education plan) and discusses the required education provision (as much as the pupil's health condition allows) with the Head of Curriculum Provision (Ancora House School). Ancora House School are responsible for the delivery of education. The Education Access Team are responsible for delivery of Outreach sessions with pupils and case management responsibility through the Education Access Officer.

Declined referrals

A letter will be issued, on behalf of the Case Planning Meeting panel, to school, stating reasons for the decline and any relevant actions to be taken to support the pupil's education in school. Schools are given the opportunity to submit any additional information that may be relevant to altering the decision. Parents should liaise with their school regarding arrangements to support education of their child.

Amount and type of education

In Cheshire West and Chester Local Authority, the statutory duty to provide education for pupils with medical needs is delivered by Ancora House School. This provision is registered with the Department for Education and is regulated by OFSTED standards.

The Department for Education guidance 2013, states that full time education must be arranged for a child with health needs, or as much education as their health condition allows. If education is one-to-one teaching the number of teaching hours could be less as the provision is more concentrated. The quality of the education provision, as defined in the statutory guidance Alternative Provision (2013), should allow pupils to take appropriate qualifications, prevent them from slipping behind their peers in school and allow them to reintegrate successfully back into school as soon as possible.

[Alternative provision - GOV.UK](#)

Any teaching or e-learning should initially focus on the core subjects of English, Maths and Science. A broad and balanced curriculum is aimed for, however it may be more appropriate for a pupil, dependant on health needs, to focus on fewer core subjects and aim to achieve their best, rather than focus too much on providing access to a broader curriculum.

To assist with reintegration back to school access to nurture group provision and / or school inclusion provision is designed to support pupils on this

journey. The Education Outreach Officer may assist with transporting a pupil to the Nurture Group as part of an introductory session. Parents retain their statutory responsibility to arrange suitable transport thereafter.

Monitoring and review

All provision must be of a high quality, with measurable attainment and outcomes. Monthly reports (MET4) will be produced by Ancora House School and shared with the Education Access Officer, school, parents and child. E-learning reports will also be shared with parents and child.

In consultation with the child and parent the Education Access Officer is responsible for monitoring and evaluating the overall effectiveness of all education provision to ensure it meets the needs of pupils. The Education Access Officer will meet with the Head of Curriculum Provision (Ancora House School) to discuss progress with each case. Parents should make contact with the Education Access Officer as case manager in the first instance, should there be any concerns. For curriculum specific issues parents should contact Head of Curriculum Provision (Ancora House School).

Each case will continue to be monitored fortnightly through the Case Planning Meeting, with decisions taken by Education Access Team and Ancora House School Head teacher. In most cases, the Education Outreach Officer will support the pupil with a weekly outreach session, and will share all relevant information with parents, school, Education Access Officer and Ancora House School. Review meetings are held in school every 6 weeks. The Education Access Officer has the responsibility to liaise between school, health professionals, pupil, parents, and Ancora House School to co-ordinate the education plan through these meetings. Any changes to a pupil's education plan will be made in collaboration with all parties involved. If it is felt that changes to a plan are needed outside of the review meetings, then effective communication between all parties is essential.

As a case progresses, the aim will be to increase education provision to always provide as much education as a pupil's health condition allows. The overall aim in all cases is to reintegrate pupils back into mainstream education as soon as possible, through an individually tailored reintegration plan. Following reintegration back to school, decisions on when to withdraw education provision and close the case, will be taken following discussion at Case Planning Meeting and agreement at a final review meeting in school.

Responsibilities of the school

The pupil must remain on roll of the school. The school will remain responsible for:

- producing a written policy for pupils with medical needs to reflect statutory guidance;
- nominating a named person for pupils with a medical need;
- ensuring half-termly schemes of work are available for teachers to assist in the teaching of pupils;
- providing the Education Access Team with pupil information regarding attainment levels and progress;
- providing the Education Access Team with appropriate learning resources to assist the pupil to learn and the teacher to teach;.
- all agreed examination entries and ensuing examination fees;
- making arrangements for pupils to sit GCSE examinations including invigilation;
- assessment of coursework;
- involvement of the Young People Service, where appropriate, for post 16 information, advice and guidance.
- arranging work experience placements (this will depend on the health of pupils);
- convening Annual Review meetings for those pupils who have an Education Health and Care Plan;
- arranging review meetings to discuss pupil progress, the medical condition of the pupil, and the continued involvement of the Education Access Team;
- liaising with the Education Access Team to develop a re-integration plan and also provide support for reintegration, as agreed.

Schools have a key role to play in promoting successful reintegration by:

- ensuring their part in the reintegration plan is carried out;
- being proactive in working with all agencies to support smooth transition;
- ensuring that the pupil's educational needs are met;
- ensuring that pupil reintegration is supported by involving pupil peers;
- Encouraging and facilitating liaison with peers, for example, through visits and MSN/SKYPE

Responsibilities of Cheshire West and Chester Education Access Team

The Education Access Team will be responsible for:

- assessing all referrals to the service and brokering provision for those pupils who sufficiently trigger an intervention;
- arranging a case manager to facilitate and monitor the agreed support plan;
- arranging access to an Education Outreach Officer, where appropriate;

- contacting schools to arrange a planning meeting prior to the commencement of education provision;
- ensuring the delivery of a suitable curriculum by Ancora House School to meet the individual needs of the pupil. This will depend on pupil ability and the severity of the medical condition;
- monitoring and evaluating the effectiveness of the education provision to ensure it meets the needs of individual pupils;
- arranging full time education for a child with health needs, or as much education as their health condition allows. (If education is one-to-one teaching the number of teaching hours could be less as the provision is more concentrated.)
- sending regular reports to schools, parents and child regarding pupil progress;
- ensuring that pupils have access to suitable and flexible education, and additional support appropriate to their needs;
- attending regular review meetings to determine pupil progress and future plans;
- facilitating an agreed programme of reintegration and attending any relevant planning meetings;
- liaising with health professionals to review the medical condition of the pupil (form MET2).

Responsibility of Parents

We expect parents to:

- support their child attend any medical treatment or therapeutic programme recommended by any other agency as part of a rehabilitation and reintegration package. Isolated education provision sessions do not in themselves support a programme of reintegration nor can they give the pupil sufficient confidence to ensure a successful return to school.
- ensure their child attends suitable education provision whether this is directly provided by the Local Authority or school as outlined in Chapter 1 of 1996 Education Act. In circumstances where a pupil fails to attend or make themselves available for education provision on a regular basis without having a valid reason for absence or having an appropriate medical certificate, and where reasonable attempts have been made to support pupil attendance, education provision will be withdrawn.
- attend any planned review meetings held by school and communicate with Education Access Officer as case manager.

[Education Welfare Service](#)

Responsibility of Health

We expect relevant health professionals supporting a programme of treatment for the child to:

- attend planned multiagency meetings to contribute to medical education plans
- provide updates to Education Access Officer through the monitoring and review process either by attending review meetings and / or completing form MET2

Travel arrangements

Section 508B of the Education and Inspectors Act 2006 sets out the general duties placed on local authorities to make such school travel arrangements as they consider necessary for 'eligible children' within their area in order to facilitate their attendance at the relevant educational establishment. Such arrangements must be provided free of charge.

For the purposes of this policy, an 'eligible' child is:

- Of 'compulsory school age' (aged 4 to16), AND
- Attending the nearest 'qualifying school'* or a place other than that "school" whereby arrangements have been made for their attendance due to exclusion, illness or otherwise pursuant to Section 19 (1) of the Education Act 1996 ("the school"), AND
- There is no other suitable home to educational establishment transport arrangement already in place , AND
- "The school" is within the statutory walking distance but the child cannot reasonably be expected to walk there accompanied because of their special educational needs (SEN), disability** or mobility problems.

*Taken to mean the nearest qualifying school with places available that provides education appropriate to the age, ability and aptitude of the child, and any SEN that the child may have

** As per Schedule 35 of The Act, disability is as defined in S.6 OF ea 2010: a person has a disability if they have (a) a physical or mental impairment, and (b) that impairment has a substantial long-term effect on the ability to carry out normal day-to-day activities. Therefore a chronic health condition may lead to eligibility under this definition.

Travel arrangements for those not attending their nearest school

Where a child attends a school which is not their nearest, and they are unable to travel there due to a medical condition, alternative transport may be considered by the LA however this will not be free of charge. A payment contribution towards the travel costs will be applied. For the academic year 2015-16 onwards (subject to review), the charge will be £880 or £440 for hardship/low income.

It is the responsibility of the parent/carer to produce evidence of the medical condition in all cases. This is normally endorsed by the family doctor or consultant. The Local Authority may ask the parent/carer to provide explicit further medical evidence or the Authority may, with the permission of the

parent/carer, approach the family doctor or consultant to seek further medical evidence. If provided, the requirement for transport will be reviewed no less than termly, or in the case of long term medical conditions, annually. Any charges incurred by the parent/carer in providing this evidence will not be paid by the Authority. A medical needs transport application form must be completed. The form is available at:

[Apply for travel assistance](#)

Further information regarding Home to Educational Establishment Transport is available at:

[School and college transport](#)

Evaluation of the Service

Evaluation of the Service is undertaken annually through the monitoring of teaching and learning outcomes in conjunction with Senior Manager Education Infrastructure, Manager, Education Access Team and Alternative Provision, Education Access Officers, Executive Headteacher of Ancora House School, schools, parents and other professionals.

Child and parent customer journey satisfaction surveys are conducted by Education Outreach Officers. All feedback is analysed to inform future service delivery.

Related Documents

[Education for children with health needs who cannot attend school - GOV.UK](#)
[Supporting pupils with medical conditions at school - GOV.UK](#)

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