



## **Roles & Responsibilities**

The Behaviour and Attendance Officers (with the Special Educational Needs Coordinator (SENCO)) will:

- Monitor the attendance of all students with medical conditions (code **I** – authorised absence for medical reasons and code **B** when the student is receiving education other than at School)
- Liaise with the Attendance Improvement Officer and Locksley School (Medical Needs team) regarding **all** students expected to be absent from School for a half term or more
- Co-ordinate education provision from the **first day** of absence for those students who have disrupted patterns of schooling (for those students with recurring illnesses and chronic conditions). Including any necessary arrangements for public exams
- Co-ordinate the provision of work that will support a broad and balanced curriculum, where appropriate by liaising with the designated teacher at Locksley School to ensure that any assessment and curriculum materials are available within 5 working days
- Ensure that there are mechanisms in place to communicate information about activities and social events to enable the student to keep in touch with peers
- Monitor provision, progress and reintegration arrangements
- Ensure that the views of students and parents/carers are taken into account
- Ensure appropriate Code of Practice (SEN and Disability) procedures are in place as required.

**The balance of responsibilities between the School and the Local Authority and the procedures to be followed are described in the Norfolk County Council Policy and Procedures adopted below and the statutory guidance 'Access to Education for Children and Young People with Medical Needs' 0732/2001.**

## **Norfolk County Council Access to Education Policy**

"Each local 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 receive suitable education unless such arrangements are made for them." Education Act 1996.

The policy follows the guidance document 'Access to Education for children and young people with medical needs' (DfES 0732/2001), which was produced in collaboration with the Department of Health.

The policy sets out what the Local Authority will do, and what schools are expected to do, to support children where illness or injury are barriers to learning.

### **1. Aims and Desired Outcomes of the Access to Education Policy**

- 1.1 To ensure that all children who are not able to receive education at school are able to access education appropriate to their needs and medical condition.
- 1.2 To ensure continuity of education for students with medical needs by supporting transition from education out of school to education at school.
- 1.3 To ensure that statutory requirements for the education of children with medical needs are met.

### **2. Statutory Requirements (including DfES 0732/2001)**

- 2.1 Students are not at home without access to education for more than 6 working days
- 2.2 Children who have an illness which is likely to be prolonged or recurring should have access to education, as far as possible, from day one.
- 2.3 Students not in school should receive a minimum entitlement of 5 hours education a week.
- 2.4 The quality of education provided should be similar to that available at school, including a broad and balanced curriculum

### **3. Remit of this policy**

- 3.1 This policy provides a framework for the education of children with medical needs who are:
  - admitted to hospital with a physical illness;
  - not in hospital but unable to attend school because of their medical needs;
  - making a transition from education at a hospital or home to education at school;

- unable to attend school because of mental health difficulties; and,
- pregnant girls of school age.

#### **4. Principles of Access to Education**

- 4.1 'All students should continue to have access to as much education as their medical condition allows so that they are able to maintain the momentum of their education and to keep up with their studies.' (DfES, 2001)
- 4.2 Most children should continue to attend school despite illness or injury.
- 4.3 The minority of students who are unable to attend school because of a medical condition should be able to continue learning for at least some of the time.
- 4.4 Students who are unable to attend school because of illness or injury should have their educational needs identified early and receive appropriate educational support as quickly as practicable.
- 4.5 Where alternative provision is made, the LA, schools and hospital staff should work proactively and collaboratively to ensure continuity of a child's education.
- 4.6 Parents/carers have a key role to play, and should be involved fully in the making of arrangements.
- 4.7 Students out of school for medical reasons should remain on their school roll and the school will have a key responsibility for arrangements for their continuity of access to education.
- 4.8 Provision should be planned around the individual child's needs and should aim to ensure access to and inclusion in education.
- 4.9 Provision should support the reintegration and resumption of attendance at school as soon as the child's medical condition allows.
- 4.10 Provision should conform with the LA's commitment to inclusive education.
- 4.11 All policy and guidance should be in full compliance with the mandatory guidance for the Access to Education of Children and Young People with Medical Needs. (DfES 0732/2001)

#### **5. Roles and Responsibilities**

##### **Hellesdon High School**

- 5.1 Will have overall responsibility for the education of children with medical needs.
- 5.2 Will have a policy for the education of children with medical needs.
- 5.3 Will have a named contact to aid communication between the student and the and with other parties.

- 5.4 Have a management structure and clarity of responsibility regarding children with medical needs.
- 5.5 Have a policy which describes:
- procedures for ensuring access to public examinations where appropriate;
  - strategies for ensuring support in cases of long term absence, including the provision of assessment and curriculum materials within five working days and work programmes on a termly basis;

## **Local Authority**

- 5.6 The Named Officer with responsibility for the education of children with medical needs is Dave Winteringham Principal Educational Psychologist.
- 5.7 The named officer will ensure appropriate integrated working with officers and staff of: Educational Psychology and Specialist Support (EPSS); Special Educational Needs (SEN); social care (particularly staff responsible for supporting children with a disability); Connexions; Student Attendance Service; and Early Years.
- 5.8 The LA will also work in partnership with schools, the Primary Care and Hospital Trusts and other agencies on issues relating to the education and support of children with medical needs.
- 5.9 The LA will provide services to support schools in the education of children with medical needs through its Locksley School/Behaviour Support and Educational Psychology and Specialist Support teams. This support will include:
- assessment and teaching provision from day three of a child's admission to hospital. This will be for a minimum of 5 hours a week and should be increased where necessary to enable a student to keep up with their studies;
  - *teaching at home where this is necessitated for children with medical needs for a minimum of 5 hours a week increasing as above;*
  - teaching at a Locksley School base, school or home for children with mental health needs for a minimum of 5 hours a week increasing as above;
  - support and guidance for children returning to school, and their schools;
  - advice to schools on developing school policies and practice.

## **6. Support and Alternative Arrangements provided by the Local Authority**

- 6.1 At all times the student remains the responsibility of the school where they are on roll.
- 6.2 From time to time, a school may need to seek support from the LA for students who are temporarily unable to attend school on a full-time basis.
- 6.3 Provision is made by the LA for children unable to attend school due to medical reasons by its Locksley School/Behaviour Support Team in each area, supported by the Educational Psychology and Specialist Support team.

- 6.4 Within the Locksley School/Behaviour Support team, the Medical Needs strand takes the lead on provision and supporting schools in meeting their responsibilities. It does this by providing teaching and support work which may take place in:
- hospitals
  - schools
  - Locksley School where appropriate/possible and, in some cases,
  - the home.
  - other agreed venue
- 6.5 There is also a comprehensive e-learning programme which can be accessed by schools or the Locksley School in appropriate circumstances to give access to a wider curriculum.
- 6.6 The aims of LA (Medical Needs) provision are to support schools in meeting their responsibilities to reintegrate students with medical needs back into full-time mainstream education at the earliest possible opportunity and to support the transition of children from hospital education to school.
- 6.7 Educational psychologists and specialist teachers will become involved at the request of the Medical Needs team when their expertise may be needed and, will form part of provision at the Norfolk and Norwich University Hospital. This support may be particularly relevant in cases of emotionally based school refusal and for children who have life limiting or degenerative illnesses.

## **7. Referral Routes and Procedures**

- 7.1 Referral should be made to the appropriate Medical Needs Lead Teacher.
- 7.2 Referral to Locksley School/Behaviour Support should originate from the school and at least one other service. Other services may include:-
- Educational Psychology and Specialist Support and Locksley School /Behaviour Support School Support teams
  - Hospital staff
  - GP or Consultant/Paediatrician
  - Child and Adolescent Mental Health Services
  - Attendance Team
  - Social Care
  - Attendance Improvement Officer
- 7.3 If a school is concerned about a student whose needs are described in 3.1 above and it can demonstrate that it has taken all possible steps to address or respond to the situation but without success, then the school should contact the appropriate Medical Needs Teacher via locally agreed procedures.
- 7.4 In cases where there is a potentially long-term mental health or other illness, the school should convene, chair and document an urgent multi-agency meeting to include:
- student (where possible)
  - parent/carer
  - appropriate school staff
  - Locksley School Medical Needs lead professional

- representatives from the other agencies described in 7.2 as appropriate.
- 7.5 If it is agreed that Locksley School Medical Needs intervention is appropriate, the Team Leader responsible will activate the request and deploy staff to augment provision made by the school.
- 7.6 The school will remain responsible for:
- drawing up an overall plan of action and provision
  - coordination of regular reviews
  - ensuring work plans are available in all National Curriculum subjects which the student would normally be studying;
  - the loan of appropriate resource materials, where possible;
  - examination entry fees;
  - assessment of coursework;
  - arranging any interviews with Guidance Advisor;
  - informing all other agencies of any alterations to the agreed plan of action.
- 7.7 The Locksley School Medical Needs team will by agreement
- contribute to the delivery of an individual plan for the student with reference to the statutory minimum provision;
  - provide transition support as agreed with the school and other partners;
  - send regular reports to the school outlining the student's progress and achievements;
  - complete accurate attendance records which will be sent to the school on a regular basis;
  - work with the mainstream school (and Attendance team if necessary) to ensure good attendance whilst the child is being taught by the Medical Needs team;
  - support the agreed programme of reintegration;
  - attending review meetings;
  - ensure tutors receive appropriate support, supervision and in-service training.
- 7.8 *Requests for Locksley School Medical Needs intervention must be accompanied by appropriate medical evidence. Reasons must be given in the referral about why the student is unable to attend school, and an indication of the length of time this is likely to be the case. Updated medical advice / certification will be sought during Locksley School involvement.*
- 7.9 Priority for provision by the Locksley School Medical Needs team will be given to children who have severe illnesses that require a lengthy stay in hospital; those with chronic illnesses which result in frequent admission to hospital or absence from school; students who are approaching public examinations; and to students who have other additional needs.
- 7.10 If a child fails to be available on a regular basis without the production of a valid medical certificate, or if a recommended therapeutic programme is not followed, tuition may be withdrawn pending a further meeting to agree the way forward.
- 7.11 Where a school elects to make its own provision for students who are absent because of ill-health, formal notification should be made to the local authority to enable it to discharge its responsibilities

## 8. **Monitoring and Evaluation of the Local Authority's Provision for Children with Medical Needs**

- 8.1 Immediate evaluation of provision will be made by each Locksley School Medical Needs team. After a child is reintegrated into school, the team will provide a questionnaire to the student, parent/carer, school and all other partners who were actively involved in supporting a child with medical needs. The outcomes of these questionnaires will be presented in summative form to the Area Behaviour Officer (ABO).
- 8.2 The overall amount and quality of provision made for children with medical needs will be evaluated as part of the Locksley School's Self Evaluation Framework and by Ofsted.
- 8.3 Insufficiency of provision due to inadequacy of resources will be made known by the Area Behaviour Officer to local partnerships and Children's Services and will be scrutinised through the Annual Performance Assessment (APA) and Joint Area Review (JAR) processes.

### ***Appendix 1: Area Contact Points (Local Authority):***

**Central**     Maxine Wadlow  
                  Des Reynolds

Hellesdon High School named contact (see sec 5) is Carol Barnes.