



Access to Education

for children and young people with Medical needs

Overview

- The Government issued on 1 November 2001 statutory guidance on *Access to education for children and young people with Medical needs*. It sets out minimum national standards of education for children who are unable to attend school because of medical needs.
- This summary highlights the roles of LEAs and schools in ensuring that children and young people who are unable to attend school because of medical needs have access to as much education as their medical condition allows.
- The education of pupils with medical needs is a partnership and it is essential that education, health and other agencies work closely together to provide the support to enable a pupil with medical needs to receive appropriate education.

Further information

The guidance, which is a joint Department for Education and Skills/Department of Health publication, is available on Department for Education and Skills website

<http://www.dfes.gov.uk/sickchildren>

or can be ordered from Department for Education and Skills publications tel: **0845 60 222 60**

or e-mail dfes@prolog.uk.com

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LEAs, Schools, Headteachers & Governors

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Related documents:
*Access to Education for
children and young people
with Medical Needs*

Background

- The Government is committed to the education of children and young people who are unable to attend school because of medical needs. Such provision is vital to their future well-being both educationally and socially.
- The Department for Education and Skills conducted an extensive consultation between November 2000 and February 2001 to review the education of those children who are unable to attend school because of medical needs.
- The statutory guidance takes account of views gathered through the consultation, which strongly endorsed the following key principles:

Access to education

Clear policies, procedures and standards of provision

Early identification and intervention

Continuity of educational provision

Working together

Successful reintegration into school

Partnership with parents and pupils

High quality educational provision

Accountability

- Despite the overwhelming support for the key principles, a high proportion of respondents considered that there were barriers in respect of access to education for pupils who are unable to attend school because of medical needs. However, respondents also pointed to much good practice in overcoming those barriers and enabling pupils to achieve their potential. The guidance is designed to build on examples of good practice and to make these principles a reality.

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.'* Local education authorities also have the power to provide suitable education otherwise than at school for young people over compulsory school age but under the age of 19.

Access to education: All pupils 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.

- Education for pupils who are unable to attend school because of medical needs can be provided in a variety of ways, for example through the provision of a hospital school or hospital teaching service, home teaching or an integrated hospital/home education service. Whatever the mode of provision, it is important that each of the component elements forms part of a strategic planning framework.
- Hospital and home teaching services, or discrete parts of services, which provide education in a unit or school type setting, must either be established as a hospital school or registered with the Department for Education and Skills as a Pupil Referral Unit (PRU). It is good practice for PRUs that provide for pupils with medical needs to cater exclusively for them.
- LEAs should ensure that:
 - Pupils are not at home without access to education for more than 15 working days.
 - Pupils who have an illness/diagnosis which indicates prolonged or recurring periods of absence from school, whether at home or in hospital, have access to education, so far as possible from day one.
 - Pupils receive an education of similar quality to that available in school, including a broad and balanced curriculum.
 - Pupils educated at home receive a minimum entitlement of 5 hours teaching per week. This is a minimum and should be increased where necessary to enable a pupil to keep up with their studies. This is particularly important when a pupil is approaching public examinations.

- Whether the child or young person is able to access this entitlement will depend on medical advice, and when they feel able to cope with it.
- Schools should:
 - Have a policy and a named person responsible for dealing with pupils who are unable to attend school because of medical needs.
 - Notify the LEA/EWO if a pupil is, or is likely to be, away from school due to medical needs for more than 15 working days.
 - Supply the appropriate education provider with information about a pupil's capabilities, educational progress, and programme of work.
 - Be active in the monitoring of progress and in the reintegration into school, liaising with other agencies, as necessary.
 - Ensure that pupils who are unable to attend school because of medical needs are kept informed about school social events, 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.

Clear policies, procedures, standards and responsibilities: All parties should be aware of their roles and responsibilities and be clear about the standards of service that are expected of them. Policies should be clear, transparent and easily accessible to all.

- Each LEA should have a named senior officer with responsibility for the provision of education for children and young people who are unable to attend school because of medical needs.
- Each LEA should also have a written policy statement on the implementation of its legal duty to provide education for children and young people who are unable to attend school because of their medical needs and its place in the authority's Education Development Plan.
- Similarly all schools need to have a written policy and procedures for dealing with the education of pupils with medical needs.

Early identification and intervention: A child or young person who is unable to attend school because of medical needs should have their educational needs identified and receive educational support quickly and effectively.

- LEAs are responsible for ensuring that:
 - There are clear lines of communication.
 - Each pupil, who is unable to attend school because of a long term or recurring medical condition, has a personal education plan.
 - Parents are informed about whom to contact to request the provision of education otherwise than at school.
 - Medical advice is sought and acted upon without delay.
- For children and young people's needs to be identified early, cross agency working and liaison between health services, social services and learning services is essential.

Continuity of educational provision: The aim of any provision should be to provide continuity of education similar to that provided at the pupil's home school.

- It is essential that there is good liaison between the school, parents, hospital and home teaching service. LEAs and schools should designate someone with specific responsibility for the education of children and young people who are unable to attend school because of medical needs.
 - The home school should:
 - Liaise with home and hospital teaching services to enable them to draw up a personal education plan to cover the complete education for a pupil who is likely to be at home for more than 15 working days and pupils with chronic illnesses who regularly miss some school. This plan should be agreed with appropriate health service personnel.
 - Consider the need for assessment under the Code of Practice on the Identification and Assessment of Pupils with Special Educational Needs, of pupils with a medical need.
 - Provide information about records of achievement and curriculum for individual pupils as promptly as possible.
 - Pupils who are admitted to hospital on a recurring basis should have access to education from day one. Arrangements should be in place to ensure that such pupils have work packs prepared in advance to bring into hospital with them.
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- Efficient and effective liaison is imperative when pupils with medical needs are approaching public examinations. Awarding bodies may make special arrangements for pupils with permanent or long term disabilities, illness and indispositions, taking public examinations such as GCSEs or A levels. Applications for special arrangements should be submitted by schools to the awarding bodies as early as possible.
- A young person's educational needs post-16 should be borne carefully in mind. All agencies should try to enable a pupil to continue any course being taken on entry to hospital or whilst ill or injured at home. An LEA should normally arrange continuing education for a young person over compulsory school age but under 18 where, because of illness, he or she is a "year behind".

Working together: The education of pupils with medical needs is a partnership. It is essential that education, health and other agencies work closely together to provide the support to enable a pupil with medical needs to receive appropriate education.

- Collaboration at a senior level between LEAs, schools and health professionals is essential for partnership to succeed.
- LEAs should consider appointing a named key worker or case co-ordinator in individual cases to ensure all those with an interest are involved and kept informed about a pupil's education and progress.
- Adequate time for liaison between agencies is needed to ensure successful working together.

Successful reintegration into school: Each long-term pupil should have an assessment of their situation and the provision of well structured support from the home school in liaison with the hospital and home teaching service and other agencies as necessary, to assist reintegration to school, wherever possible.

- LEAs are responsible for ensuring:
 - That an individually tailored reintegration plan is in place for all pupils before they return to school. The plan should have multi-agency approval.
 - Where reintegration is a gradual process and the child or young person is only able because of their medical condition to attend school part-time, educational support continues to be available to help them to keep up with their studies.

Partnership with parents and pupils: Parents hold key information and knowledge and have a crucial role to play. They should be full collaborative partners and should be informed about their children's educational programme and performance. Children also have a right to be involved in making decisions and exercising choice.

- LEAs have a responsibility to ensure:
 - That their policy on the education of pupils who are unable to attend school because of medical needs is readily available and widely publicised.
 - All parents and pupils are consulted before teaching begins at home.

High quality educational provision: A pupil who has medical needs should have equal opportunities with their peer group including a broad and balanced curriculum. All such pupils should as far as possible receive the same range and quality of educational opportunities, as they would have done at their home school.

- Good teachers, using the most effective methods are the key to high standards.
- LEAs should ensure that teachers in home and hospital teaching services have access to continuing professional development and are kept informed about the resources and support available to do their job.
- Pupils with medical needs should have access to the full National Curriculum wherever possible. As a minimum, pupils with medical needs are entitled to a broad and balanced curriculum complementary and comparable to that in school.
- ICT and its growing potential should be fully utilised by LEAs and all those involved in pupils' learning.

Accountability: Arrangements must be in place to ensure adequate monitoring and evaluation.

- It is the responsibility of the LEA to establish systems for internal monitoring and evaluation.
- The LEA should review its hospital and home provision continuously to ensure that the service is:
 - Meeting the needs of pupils.
 - Being run cost effectively.
 - Meeting the requirements of section 19 of the Education Act 1996 and the statutory guidance.
 - Schools themselves should also monitor their own performance in this area.