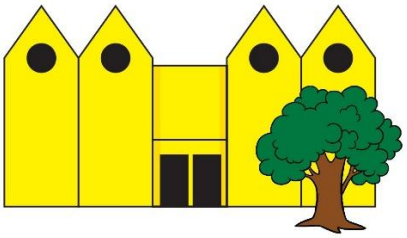
West Oxford Community Primary School



The Education of Children and Young People who are unable to Attend School due to Medical Needs

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This is an Oxfordshire County Council Modal Policy.

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January 2025
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Based on the OCC Model Policy

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1. Introduction

1.1 This policy sets out how Oxfordshire County Council (OCC) will comply with its statutory duty to arrange suitable full-time (or part-time when appropriate for the child's needs) education for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

1.2 This statutory duty applies to all children and young people of compulsory school age, permanently living in Oxfordshire, who would normally attend mainstream schools or special schools, including academies, free schools and independent schools, or where a child is not on the roll of a school.

2. Aim of the policy

2.1 Oxfordshire County Council's intention is that all children, regardless of circumstances or education setting, should receive a good education to enable them to shape their own futures. Therefore, alternative provision for children medically unfit to attend school and the framework surrounding it should offer good quality education. This support should meet the child's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.

2.2 The provision for children who are medically unfit to attend school will ensure that:

- Pupils make good progress in their education and do not fall behind their peers, particularly in key subjects;
- Disruption to learning is minimised and there is a continuity of education provision within the school curriculum;
- Pupils are able to obtain qualifications as appropriate to their age and abilities;
- Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits;
- Pupils feel fully part of their school community and are able to stay in contact with classmates.

3. Legislation and Guidance

3.1 Key legislation covering the duties and powers relating to this policy:

- Section 19 of the Education Act 1996, as amended by section 3a of the Children, Schools and Families Act 2014[1]
- Equality Act 2010[2]

[1] https://www.legislation.gov.uk/ukpga/1996/56/section/19
[2] https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools

Some complex and/or long-term health issues may be considered disabilities under equality legislation. This legislation provides that Local Authorities (LA) 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 premises and the curriculum.

3.2 Local authorities must have regard to statutory guidance when carrying out their Section 19 duty. The relevant guidance is: ***"Ensuring a good education for children who cannot attend school because of health needs"***[3]
This policy has been developed with regard to this guidance.

4. Role of Oxfordshire County Council (OCC)

4.1 Local authorities are responsible for ensuring that there is a named senior officer with responsibility for education provision for children with health needs and parents should know who that person is. The named officer for OCC is Kim James, Head of Service.

4.2 The LA's SEN Casework team will work with schools to review any changing needs of a child with an Education, Health and Care Plan (EHCP), who is unable to attend school because of their medical needs. The EHCP will link the long-term educational needs associated with the child's medical condition to the most appropriate teaching and learning provision.

4.3 The Exclusion and Reintegration Team and Attendance Team monitor and provide advice on pupils receiving alternative education provision. The team works closely with colleagues within the local authority, with schools and with partner agencies to reduce the length of time that children are on reduced timetables, which may be due to their medical needs. In Year Fair Access Panel oversees this work and will challenge barriers that prevent access to full time education provision.

4.4 Oxfordshire County Council expects that all schools will work in partnership with it to ensure continuity of access to education for all children unable to attend school because of serious illness or injury. All schools must have a written policy and procedures for dealing with the education of children and young people with medical needs and governing bodies also must have regard to relevant statutory guidance, Supporting Pupils with medical conditions[4].

[3] https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school
[4] https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

4.5 OCC's arrangements for alternative provision for children medically unfit to attend school are made in agreement with the Oxfordshire Hospital School[5] (OHS), which aims to:

- provide continued education as normally as the child's medical condition allows
- promote self-esteem and educational achievement
- promote equal access to education for all children and young people at OHS
- work as a team with all those involved with the child
- ensure a rapid response to need.

4.6 Oxfordshire Hospital School (OHS) delivers education across three settings:

- A children's hospital teaching setting for pupils with a range of medical or surgical conditions located at the John Radcliffe Oxford Children's Hospital (Oxford), Douglas House (Oxford) and Helen House Hospice (Oxford).
- A psychiatric unit for pupils with mental health conditions located at the Highfield Adolescent Unit, Warneford Hospital Oxford.
- An outreach teaching programme for pupils in the community with medical or mental health conditions. This setting also supports teaching at the Horton Hospital, Banbury where necessary. There is an expectation that schools share the cost of outreach provision from the pupil's AWPU funding to ensure needs are fully met and best secures successful reintegration back to their original educational setting when their health permits.

5. Identification of children who need provision

5.1 This policy applies to all children and young people who:

- Have an illness which will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year and where suitable education is not otherwise being arranged.
- Have a health need and their absence has been validated as necessary by a medical professional, either a consultant community paediatrician or specialist consultant psychiatrist from the Child and Adolescent Mental Health Service (CAMHS).
- Health problems can include physical illnesses, injuries and clinically defined mental health difficulties certified by medical evidence, such as that provided by a medical consultant. From CAMHS consultants, the evidence would be in the form of letter and copy of care plan/Care Programme Approach Plan.

[5] https://ohs.oxon.sch.uk/

6. Referral and Intervention

6.1 All referrals must be verified, in writing, by a consultant community paediatrician or specialist consultant psychiatrist from Child and Mental Health Adolescent Services (CAMHS). This should indicate:

- if the child/young person is unfit for school
- for how long support might be required
- a recommendation on the number of teaching hours the young person is able to manage based on their state of health
- an outline of what medical intervention is currently in place

For pupils who have returned from hospitals or other in-patient units out of county, medical evidence will be sought from the discharging hospital medical staff. Refer to the OHS admissions policy[6] for more details.

6.2 The OHS charging policy[7].

6.3 Subject to medical advice, OHS aims to teach children and young people in hospital from day 1 or as soon as the child is well enough. When a child is in hospital, effective liaison between hospital staff, OHS and the child's school will ensure continuity of provision and consistency of curriculum, helping the child to keep up rather than having to catch up with his/her education.

If a child has complexed long-term health issues and the pattern of illness may be unpredictable, regular liaison between the school, medical professionals and OHS will enable appropriate provision to be made.

6.4 Children and young people on a school roll, with a diagnosed medical need that does not require in patient or day patient hospitalisation, are generally referred by the home school to the OHS as the alternative provider. It is the responsibility of the home school to collate the necessary evidence for the referral to the Outreach Teaching Service. Admissions criteria and referral procedures are available on the OHS website.

6.5 Circumstances (not exhaustive) that may trigger requests for the Outreach Teaching Service involvement or support include children and young people with the following needs:

- Those with medical needs who are or will be absent for 15 or more school days (consecutive or cumulative absence due to the same illness) and who are declared medically unfit, by a consultant clinician, to attend their usual place of learning in spite of support offered by an Individual Health Care Plan.
- Pupils who are re-integrating into school after a period of illness or injury, in accordance with the terms agreed at initial and on-going reviews

[6] https://ohs.oxon.sch.uk/policies-documents/
[7] https://ohs.oxon.sch.uk/policies-documents/

6.6 The education provision will be full time, unless this is not in the best interests of the child. Children with health needs should have provision which is equivalent to the value of education they would receive in school. If they receive one to one tuition, for example, the hours of face to face provision could be fewer as the provision is more concentrated. The education will be tailored to the child's age, aptitude and ability and any other individual need (for example, health, social and emotional needs, special educational needs or disability).

6.7 Children and young people who are registered at OHS remain on roll at their home school. Although such pupils are taught by the OHS, at all times, they remain the responsibility of the home school and should be recorded on their home school's annual census return.

6.8 The child's progress will be reviewed at least every 8 weeks by OHS, in consultation with the parent / carer, the home school[8] and other relevant services. Reviews will be made more frequently according to need. It should be recognised that a child's educational needs and ability to access education may change depending on their health and that the programme may need to be flexible to accommodate this.

7. Working in Partnership

7.1 Schools and alternative providers should collaborate with parents/carers, the local authority and all relevant health services to ensure the delivery of effective education for children with additional health needs.

7.2 Parents and carers have a key role to play in their child's education and are to be involved in planning and on-going review. In the case of a looked after child, Oxfordshire County Council Virtual School and primary carers will fulfil this role. Children should also be involved in decisions to ensure they are engaged as much as possible in this process.

7.3 Relevant services including Special Educational Needs (SEN), Child and Adolescent Mental Health Services (CAMHS), Education Inclusion/Attendance/ Improvement Services, educational psychologists and school nurses all have responsibilities to work together to support children who are medically unfit to attend school.

7.4 Schools and alternative providers will make arrangements to reintegrate pupils at the earliest opportunity and as soon as they are well enough. Each child should have an individually tailored reintegration plan. Under Equalities legislation, schools must consider whether they need to make any reasonable

[8] Home school - the school at which the pupils is registered and on the roll of

adjustments to provide suitable access for the child as part of their reintegration.

7.5 The plans for the longer-term outcome and the next steps will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance[9].

7.6 Children will be supported by both their home school and alternative provision to sit public examinations. Awarding bodies will make special arrangements for children with permanent or long-standing disabilities when they are taking public examinations.

8. Complaints and Review

8.1 Complaints about provision for children who are medically unfit to attend school should be made to the child's home school and/or OHS in the first instance. The council will only intervene if it has reason to believe that the education provision is unsuitable or insufficient, complaints can be made using the corporate complaints procedures[10].

8.2 This policy will be reviewed every two years or in line with any changes made to statutory guidelines.

Document Status	FINAL
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[9] https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot- attend-school

[10] https://www.oxfordshire.gov.uk/council/about-your-council/have-your-say-about-council- services/complaints-about-oxfordshire-county-council/how-make-complaint