
Children who are unable to attend their education provision due to medical needs.

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Summary of document

This guidance sets out Rutland County Council's(RCC) duty to ensure children who are unable to attend school/education provision, due to their physical illness or emotional and mental health difficulties, are provided with a suitable education. This applies to all children regardless of their personal circumstance or educational setting. RCC will work together with schools, providers, relevant agencies, the child and their families in order to minimise disruption to a child's education.

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1.0 INTRODUCTION

- 1.1 All children regardless of their circumstances, are entitled to an efficient, full-time education which is 'suitable to their age, ability, aptitude and any special educational needs they may have'. Where children may be unable to attend their school full time, all professionals should be working with the family to ensure that they receive their entitlement. For some children, the local authority may arrange education under Section 19 of the Education Act 1996. This guidance outlines the roles that all parties play in supporting these children.

2.0 RUTLAND COUNTY COUNCIL'S DUTY

- 2.1 Rutland County Council (RCC) must arrange a suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age, who because of illness, would otherwise not receive suitable and sufficient education. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. It applies to children who are pupils in Academies, Free Schools, special schools and independent schools as well as those in maintained schools.
- 2.2 'Suitable' means suitable to the child's age, aptitude, ability and any special educational needs that he or she may have.
- 2.3 The law does not define full-time education but children with health needs should have provision which is equivalent to the 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.
- 2.4 Where it is advised by the appropriate health professional that full-time education would not be in the best interests of a child because of reasons relating to their physical or mental health; the Local Authority should provide sufficient education on the basis they consider to be in the child's best interests. Full or part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.
- 2.5 RCC should provide such an education as soon as the child will be away for **15 school days or more**, whether consecutive or cumulative. The Inclusion Team should liaise and be advised by appropriate medical professionals to ensure minimal delay in

arranging appropriate provision for the child. (This does not apply for common childhood illnesses: such as the chickenpox or a common cold as the pupil will be likely to return to school quickly).

- 2.6 RCC will ensure that the education children receive is of good quality, (as defined in the statutory guidance Alternative provision, January 2013) allows them to take appropriate qualifications, prevents them from falling behind their peers in school and allows them to reintegrate successfully back into their school community as soon as possible.
- 2.7 Provision should address the needs of individual children and reviews of the provision will be offered regularly to ensure that it continues to be appropriate and suitable for the child.

3.0 THE ROLE OF RUTLAND COUNTY COUNCIL'S INCLUSION SERVICE

- 3.1 To provide temporary educational support for children who are unable to attend school for medical reasons, as defined by an appropriate medical professional.
- 3.2 To minimise disruption to education for children who are physically ill, injured or have emotional and mental health difficulties.
- 3.3 To arrange alternative provision as soon as it becomes clear that the absence will be for 15 or more school days. Where absence is planned, for example a stay or recurrent stay in hospital, local authorities should make arrangements in advance.
- 3.4 Ensure that, as far as possible, children with health needs who are unable to attend school should receive the same breadth and quality of education as they would have experienced at school. Children should be involved in their education plan and in decisions relating to their education from the offset in appropriate ways which reflect their age and maturity. This will help ensure that the right provision is offered and encourages a child's commitment to it.
- 3.5 To liaise with schools to support the use of electronic media – such as virtual classrooms learning platforms which can provide access to a broader curriculum.
- 3.6 To ensure where home/remote tutoring is used it is provided by relevant qualified teaching support. This includes tutoring providers ensuring their tutors have current DBS checks, a safeguarding policy

which states that two references are sought for each tutor and proof of qualifications.

- 3.7 To put support 'around the whole family', this might include the school undertaking an early help assessment with the child and family to determine the support needed for the child and their family.

Children with EHCPs:

- 3.8 There may be occasion where children with an EHCP may temporarily fall under the medical needs policy. The responsibility for their provision remains with the SEN case officer who will work jointly with the inclusion officer to ensure that children are supported appropriately.

4.0 RUTLAND COUNTY COUNCIL'S CRITERIA

- 4.1 To qualify for educational support from the local authority the following criteria must be met:

- The child is expected to be absent for at least 15 school days
- The child must be a resident of Rutland (children who attend Rutland schools but live outside of Rutland will be supported by their home local authority)
- The child must be of compulsory school age
- The school should obtain a written recommendation from a health professional. Where a physical illness or injury is present this should be a hospital consultant or senior clinical medical officer. Where a child is suffering from severe emotional or psychological issues, a recommendation will be sought from the Child and Adolescent Mental Health Service (CAMHS) or equivalent. If there will be a delay in these services responding, initial recommendation may be sought from the GP, but further evidence from the appropriate professional will be also sought.

5.0 THE REFERRAL PROCESS AND SUPPORT

- 5.1 A referral will be made by the named member of school staff with the responsibility for children who cannot attend school because of their medical needs. They should contact Rutland County Council's Inclusion Service as soon as it is known that there will be 15 days of absence (or as soon as there has been 15 days of absence) using the referral form <https://forms.office.com/e/WJaxvAqqfF> and submit it with

the supporting medical evidence from the appropriate health professional to inclusion@rutland.gov.uk

5.2 Once a referral has been received by the Rutland County Council Inclusion team, the following steps will be taken.

- RCC's Inclusion officer will arrange for the referral to be heard at a multi-agency panel meeting to consider the information received. If the request for educational support is agreed, then a Section 19 package will be put together by the Inclusion Team using information taken from the referral, panel meeting and discussion with parents and schools.
- If the panel decides that a Section 19 package is not currently appropriate, recommendations will be sent to the child's school.
- The provision allocated to the young person is arranged on a case-by-case basis using all the information received by the team working with the child and guided by health professionals. This may include digital solutions such as AV1 robots; short term time limited interventions; group education and in the most complex cases, 1:1 tuition.
- Provision will be delivered during term time. The Inclusion Team will make arrangements with the young person and their family to create a timetable. Where tuition is allocated, it may take place at home, school, libraries, community hubs, council buildings and youth centers. If tuition takes place within the home then an appropriate adult must also be present for safeguarding reasons.
- The Inclusion Officer will arrange a review meeting with parents/carers, the young person, their school and any other relevant medical professionals. The regularity of this will vary from case-to-case and will be decided by the team around the child. Reviews may involve planning for reintegration to school; reviewing progress; planning for examinations; timetable adjustments; and transition arrangements. Each review may include: a report from the child's provision; information from health and education professionals about the continued suitability of provision and will hold the wishes and feelings of the child and family central to the discussion and plan. The review may also be supported by an Early Help practitioner, Social Worker or SEND Officer.
- Successful return to full-time education, in school, is a key driver for all involved. The Inclusion Officer and other professionals will support reintegration into school. Reintegration will vary for each individual child. Some children will return with minimal support, others will require a carefully monitored reintegration plan. Reintegration will be discussed in each review meeting with

a plan for reintegration considered as soon as it is appropriate for the child. The Inclusion officer will consult all parties involved with the child and the child themselves where they are able.

6.0 THE ROLE OF RUTLAND SCHOOLS

- 6.1 Rutland County Council's Inclusion service will maintain good links with schools recognising that they play an integral role 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.
- 6.2 School staff should complete the referral form, in conjunction with the family, to ensure the child's voice is captured and gain supporting evidence as soon as it is known the child is medically unable to access education.
- 6.3 Schools are to make information available about the curriculum, changes in curriculum/syllabuses and any work the child may miss, helping the child to keep up, rather than catch up.
- 6.4 They must maintain any plans in place for a child eg. Education Health Care Plan, Personal Education Plan and Individual Health Care Plan.
- 6.5 Schools are expected to make their best endeavors to continue to provide access to the curriculum and materials that a child would have used in school. Alongside this, schools must ensure that children can successfully remain in touch with their school community or provision while they are away. This could be through home visits, school newsletters, emails, invitations to events, AV1 Robots or internet links to lessons from their school.
- 6.6 Ensure arrangements for examinations are made that consider the needs of the young person, coursework and internal exam/assessment opportunities are not missed.
- 6.7 Schools must ensure that a child remains on school roll and coded correctly for the entirety of the alternative education period.
- 6.8 Schools must nominate a point of contact. Sharing information will be necessary between colleagues in school, health, alternative provision, other professionals and parents/carers. Schools should make relevant information available such as timings of planned assessments, changes to syllabuses or texts, assessments,

professional reports, EHCPs and exam board information for GCSE aged children. This must all operate within the confidentiality and data protection framework of the school.

- 6.9 Schools maintain safeguarding responsibilities for children supported through Section 19 Medical needs.

7.0 WORKING TOGETHER DURING MEDICAL NEEDS PROVISION

- 7.1 The Department for Education (DfE) guidance, Arranging education for children who cannot attend school because of health needs, December 2023 highlights the important role that Parents and carers play whilst medical needs provision is in place and the necessity of providing information about the child and their needs, whether the child is at home or in hospital. Parents and carers should always be consulted before new provision begins.
- 7.2 Children should also be involved in decision making from the start. This will help ensure that the right provision is offered and encourage the child's commitment and engagement. In all cases, effective collaboration between relevant services (local authorities, CAMHS, NHS, home schools, school nurses, where relevant, etc) is essential to delivering effective education for children with additional physical or mental health needs.
- 7.3 Service level agreements and/or multi-agency forums may aid this process. This applies whether the child is in hospital or at home.
- 7.4 When a child is in hospital, liaison between hospital teaching staff, the local authority, and the child's school (if they have one) can ensure continuity of provision and consistency of curriculum. Such collaboration can enable the child's home school to make information available about the curriculum and work the child may miss, helping the child to keep up, rather than having to catch up.
- 7.5 Make certain that the provision provides a suitable and flexible education. Considering 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 opportunities enjoyed by their peers and which enables children to return smoothly to school as soon as their health permits.

8.0 PROVISION FOR SIBLINGS

- 8.1 When treatment of a child's condition means they or their 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 the sibling is offered a place, where provision is available, in a local mainstream school or other appropriate setting.

9.0 REFERENCES

- Alternative Provision, January 2013 [Alternative provision - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- Arranging education for children who cannot attend school because of health needs, December 2023 [Arranging education for children who cannot attend school because of health needs \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)
- Education Act 1996 [Education Act 1996 \(legislation.gov.uk\)](http://legislation.gov.uk)

10.0 AGENCY CONTACT INFORMATION

Childrens social care

childrensreferrals@rutland.gov.uk

01572 758407

[Children's Social Care - Report a Concern | Rutland County Council](#)

Referral Form: <https://forms.office.com/e/WJaxvAqqfF>

Inclusion Team

Inclusion@rutland.gov.uk

Leicestershire and Rutland Safeguarding Children partnership (LRSCP)

[Leicestershire and Rutland Safeguarding Children Partnership - Leicestershire and Rutland Safeguarding Partnerships Business Office \(lrsb.org.uk\)](http://www.lrsb.org.uk)

Appendix 2

The local Authority will Provide an education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. It is the duty of the school to inform the

School completes Medical Needs referral form,
<https://forms.office.com/e/WJaxvAqqfF>
and sends medical evidence to
Inclusion@rutland.gov.uk

Inclusion Officer takes the referral to be heard at the Section 19 panel. If declined, actions are sent to the school to consider adaptations needed to support the young person in their education. If accepted, the process continues.

A package of support will be agreed at the panel. The package will be organised and discussed with the young person, parents/carers and school

Student remains on role and school remains responsible for plans the student may have and in maintaining links and providing opportunities for the child to participate in school life. Exam and transition prep must also be completed.

A package of support will be delivered during term time at an agreed location

Changes to provision/ provision still appropriate. Provision continues.

Review provision with all partners – The first review being within 6 weeks of provision convened and between 6 and 12 weeks thereafter.

Reintegration planning (following advice from Health professionals) and return to school.

A large print version of this document is available on request



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