

Access to Education for Mainstream Primary School Children with Medical Needs

Context

Guidance from the DfES (2001) sets out minimum national standards for the education of children who are unable to attend school because of medical needs. The guidance forms part of a joint approach by the DfES / Department of Health and is designed to build on examples of good practice. Subsequent research, undertaken by The University of Manchester (2003), identifies best practice.

In Cambridgeshire, education for children who are unable to attend school because of medical needs can be provided in different ways, e.g. through the provision of a hospital school or hospital teaching service, or home teaching. Most of the children for whom hospital schools or hospital teaching services provide are hospital in-patients. Home teaching is usually on a 1:1 basis and is available for those who need it, due to their medical condition. However, as children generally do better educationally and socially when taught in groups, home teaching is part of an integrated service.

Partnership Arrangements

Parents/Carers

Partnership with parents/carers is crucial as they hold key information and knowledge. Parents/carers should be consulted before teaching begins at home and can provide information to inform the teaching approach. They should be informed about their child's educational programme and performance. They may prefer to home educate their child and, in this case, there should be liaison with the authority's Elective Home Education (EHE) service.

Pupils

The child should be encouraged to express an opinion and be involved in decision making.

Agencies

For children's needs to be identified early and appropriately, cross agency working and liaison between health services, social services and learning services is essential.

The role of the School Nurse / Occupational Therapist is pivotal in linking agencies, to give information about a particular condition and to prepare the school on how best to manage the child's return.

Home teaching may be one of the partnership arrangements.

The Role of the School

Schools have a vital part to play in ensuring that children who are absent from school because of their medical needs have the educational support they need to maintain their education. Schools are central to communication between the home, school, Local Authority (LA) and Health Services. At all times the absent child remains the responsibility of the school where s/he is on roll.

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 LA/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 programmes of work.
- Be active in the monitoring of progress and in the reintegration into school, liaising with other agencies as necessary.
- Ensure that pupils are kept informed about school social events, clubs, study support and other activities.
- Encourage and facilitate liaison with peers, e.g. through visits and videos.
- Draw up a Personal Education Plan (PEP)*, which is agreed with health professionals.

* Drawing up a PEP is an appropriate school response to maintain continuity of education for either a short term or long term absence.

The school's policy and procedures for dealing with the education of children with medical needs, may stand alone or be incorporated into the SEN / Inclusion policy. The policy will include a reference to providing the child with homework and materials (as soon as the child is able to cope with it), to the provision of assessment & curriculum plans (soon after absence) and work programmes (on a termly basis).

A named person in school should be identified and a governor nominated for reviewing procedures. The designated person actively monitors the progress and reintegration into school, supplies the education provider with information about the child's capabilities etc., keeps the child informed about school events and encourages/facilitates liaison with peers. In some schools learning mentors are a valuable resource.

When a child returns to school after a period of illness, the headteacher should consider, perhaps for a short period of time and subject to consultation with parents, exception from the full range of National Curriculum requirements.

The Role of the LA Specialist Teaching Teams

From time to time a school may need to seek the support from the Specialist Teaching Team for pupils who are temporarily unable to attend school on a full time basis. The aim of the Specialist Teaching Team is to reintegrate these pupils back into full time education at the earliest opportunity.

Reintegration objectives are established as soon as it is appropriate - as part of the PEP. The planning for reintegration, and the nature of provision, must be responsive to a changing medical status. How and when pupils access the curriculum will depend on their medical condition.

On line learning can be part of a plan, as electronic provision is an invaluable aid to home teaching. In Cambridgeshire, pupils who have ICT at home and the appropriate level of maturity / ability can supplement their learning by accessing a virtual classroom. ICT can also help pupils keep in touch with their school and peers and reduce isolation.

The Specialist Teaching Team should ensure that:

- The pupil is not at home without access to teaching for more than 15 working days.
- Pupils educated solely at home receive a minimum of 5 hours teaching per week.
- A Risk Assessment of the home or teaching venue is carried out.
- Information about the pupil's programmes of work, strengths, weaknesses and attainment has been received from the school.
- A 'Fit For School Programme' (Access to Learning Specialist Teaching Team support) is in place, as part of a reintegration plan.
- Where appropriate, there is access to on line learning.
- There is support available for the reintegration process.

Withdrawal of Teaching

If a pupil fails to attend or make themselves available for home teaching on a regular basis without having a valid (usually medical) reason for absence as determined by the Specialist Teaching Team and Health colleagues, then teaching will cease until a meeting is convened to establish a way forward.

Planning

School and the co-ordinating clinician inform the Education Welfare Officer (EWO) via the appropriate Locality Team, with an accompanying letter from the child's consultant or community paediatrician.
A CAF will be completed by the school.



School convene, chair and document a multi agency meeting and seek advice from the consultant / Community Paediatrician. The meeting decides the approx period of time for reintegration and the reintegration plan, agencies support, the venue(s) for teaching and approx period of time, a date for review.



A Personal Education Plan (PEP) is written by the school.



Information about the child's capabilities (including ICT), educational progress and programmes of work is provided by the school.



Information about the child and how the medical condition affects her/his life is gathered by the Specialist Teaching Team.



A Risk Assessment of the home or teaching venue is carried out by the Specialist Teaching Team and designated person in school.



Teaching begins.



Regular multi agency review meetings are held in school, including reviews prior to a child transferring to secondary school.



An individually tailored reintegration plan, which has multi agency approval, is in place before the child returns to school.

References

'Access to Education for children and young people with Medical needs'
DfES, Nov 2001

'Access to Education for Children with Medical Needs - A Map of Best Practice'
Peter Farrell and Karen Harris, The University of Manchester, Feb 2003