

Education for Children with Additional Health Needs, unable to attend school

This Policy applies to:

Devon County Council, all schools and education providers in the Devon County Council area.

Policy version:

This policy was determined by the Devon County Council Education Lead Member on 24 May 2016. It will be reviewed as a need to do so is identified and not less than annually from November 2017.

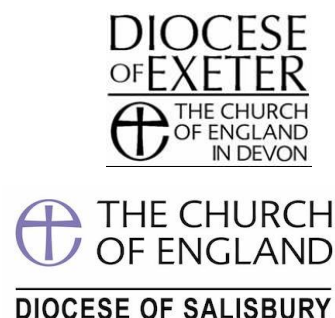
Description of Policy:

This policy describes the statutory responsibilities of Devon in assessing the needs of children who are unable to attend school and make suitable provision to address those needs.

Text that is [underlined in blue](#) indicates a link to further information within the document or online. If you don't have access to the internet or have any questions about this Policy or education in general, please ask for advice from the school or the LA Inclusion Team.

Linked Policies:

[Admissions Policy for Alternative Provision Academies](#)
[Admissions Policy for Devon Hospitals' Short Stay School](#)
[Normal Round Co-ordinated Admissions Scheme](#)
[In-Year Co-ordinated Scheme](#)
[SEN Policies](#)



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General Information and Contacts

Date August 2022
Review date Annual
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["Ensuring a good education for children who cannot attend school because of health needs"](#) May 2013

["Supporting pupils at School with medical conditions"](#) December 2015

["SEND Code of Practice"](#) January 2015

["Working together to improve school attendance"](#) May 2022

[The Equality Act 2010](#)

[Education Act 1996](#)

[Education \(Pupil Registration\) England Regulations 2006](#)

[Children, Schools and Families Act 2010](#)

[National Framework for Children and Young People's Continuing Care](#)

Education for Children with Additional Health Needs, Unable to Attend School

1 Purpose

- 1.1 Devon County Council is committed to enabling children to receive a good education, regardless of their individual circumstance. Where children cannot attend school because of health needs Devon will work with schools and other providers to overcome barriers to education and attainment so that all children can thrive in education and reach their potential. This policy statement describes the services provided by Devon County Council to support and maintain the education of children who, because of additional health needs, are temporarily unable to attend school on a full-time basis.

2 Equality and Safeguarding Statements

- 2.1 Devon County Council will only commit to policies and practices which will eradicate discrimination and promote equality for all, regardless of age, gender, disability, religion and belief, race and ethnicity and sexual orientation.
- 2.2 This policy will be subject to an Equality Impact and Needs Assessment. This assessment will be integral to all future policy and guidance reviews.
- 2.3 Devon County Council and its partners recognise that safeguarding is everybody's responsibility. Whether their interest is in all young people 'staying safe' in all aspects of our services, or whether they are working in specific areas of vulnerability, all staff will have appropriate training and induction so that they understand their roles and responsibilities and are confident in carrying them out. Schools, settings, children, young people and their parents or carers, or any member of the community should feel secure that they could raise any issues or concerns about the safety or welfare of children and know that they will be listened to and taken seriously. This will be achieved by maintaining an ethos of commitment to safeguarding and promoting the welfare of children and young people. This is supported by a clear child protection policy, appropriate induction and training, briefings on and discussion of relevant factors and refreshed learning in line with current legislation and guidelines.
- 2.4 Devon County Council acts as a Corporate Parent for Children in Care. This means that the LA has a legal and moral duty to provide the kind of support that any good parents would provide their own children. This policy has been written to comply with this principle.

3 Introduction

- 3.1 This policy sets out what the LA will do to provide full-time education for children of statutory school age, resident in the Devon County Council administrative area who, because of health reasons (physical or emotional), would not receive suitable education without such provision. It applies to all children, whether or not the child is on the roll of a state-funded school.
- 3.2 In many circumstances children with medical conditions will continue to receive a suitable education without intervention by the LA as the school will continue to meet its responsibilities to provide education for its pupils as set out in the DfE guidance ["Supporting pupils at School with Medical Conditions" December 2015](#). This will be the case where the child can attend school with support, where the school has made arrangements to deliver suitable education outside of school; or where arrangements have been made for the child to be educated in an on-site hospital school. LAs would not be involved in such

arrangements unless they have cause to believe the education provided by a school was not suitable in content or was not full-time.¹

3.3 Every child should have the best possible start in life through a high-quality education, which allows them to achieve their full potential. A child who has additional health needs should have the same opportunities as their peer group, including a broad and balanced curriculum. As far as possible, children with health needs and who are unable to attend school should receive the same range and quality of education as they would have experienced at their home school.

3.4 This Policy refers to:

- children who reside in the county of Devon (not including the Plymouth City Council or Torbay Council areas),
 - who are of statutory education age and have complex and/or long-term medical needs which could negatively impact on their capacity or opportunity to exercise their right to full-time education; and
 - who have missed or are likely to miss 15 school days or more as a consequence of their medical need in an academic year;
- parents of children detailed above; and
- schools and other settings or education providers who are supporting children to access education.

3.5 There is no legal definition of full-time education. A child with medical needs should expect provision equivalent to that which they would be able access from a school:

- Key Stage 1 – 21 hours in a week)
- Key Stage 2 – 23.5 hours
- Key Stage 3 – 24 hours
- Key Stage 4 – 25 hours

This does not mean the same number of hours. Tuition support may be for significantly fewer hours as the delivery of learning would be more concentrated.

A child's health may mean that it is not in his or her best interests to access full-time education. Provision on a part-time basis might be more appropriate, to the extent that the health condition allows.

3.6 In the context of this Policy, medical need does not include minor, common and occasional ailments such as colds, diarrhoea and vomiting unless they are repeated and persistent and prohibits school attendance. The purpose of this Policy is to address how education is supported by schools and settings, with or without LA involvement as a consequence of a complex and/or chronic physical or mental health conditions that impact on a child's access to education.

¹ This might be the case where, for example, the child can attend school but only intermittently.

- 4.1
- Devon's has responsibility under section 19 of the [Education Act 1996](#) as amended by section 3 of the [Children, Schools and Families Act 2010](#) to:
*Make arrangements of the provision of suitable full-time or part-time education otherwise than at school for those children **of compulsory school age** who, by reason of illness ... may not for any period receive suitable education unless such arrangements are made for them*.
 - [Education \(Pupil Registration\) England Regulations 2006](#) regulation 8
 - The LA must be mindful of all other relevant legislation, including the Equality Act 2010.
 - The Department for Education has issued statutory guidance for local authorities: "[Ensuring a good education for children who cannot attend school because of health needs](#)" May 2013
 - It has also issued statutory guidance for schools: "[Supporting pupils at school with medical conditions](#)" December 2015 and
 - Guidance for schools, academies and local authorities on "[Working together to improve school attendance](#)" which applies from September 2022
- 4.2 A child's additional health needs may be related to a physical or mental health condition or both, with a medical diagnosis.
- 4.3 Whether education is suitable will take into account a child's age, aptitude, ability and additional need. Suitability will be tailored to meet the needs of the individual, including emotional and social needs. The aim is for all children and young people to have the same opportunities to develop through a broad and balanced curriculum. The LA will assist with access to services that will support the child back towards full time education.
- 4.4 Full-time education should be equivalent to what a child would normally receive in a school², unless the child's additional health needs mean that full-time education would be detrimental to his or her health. The law does not define full-time but this should be equivalent to the education they would receive in school. If a child receives one-to-one tuition for example the hours of face-to-face provision could be fewer as the provision is more concentrated.
- The use of virtual classrooms and electronic media, such as [AV1](#) and online learning may assist the child in accessing a broader curriculum. This should generally be used to complement face-to-face education rather than as sole provision though a child's health needs may make it advisable to use virtual education only for a time.
- Where full-time education is not in the best interests of a child because of their medical conditions, part-time education should be provided. All education of any duration should still aim to achieve good academic attainment, particularly in English, maths, science and IT.
- 4.5 Unless otherwise stated, any reference to schools will mean all state-funded schools including academies and free schools, alternative provision schools and fee-paying independent schools.
- 4.6 The [SEND Code of Practice](#) explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs. For children who have medical conditions that require EHC plans, compliance with the Code of Practice will ensure the child's needs will be met appropriately.

² See para 3.5

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Responsibilities – Schools in carrying out their role, schools must:³

- 5.1 Ensure that arrangements are in place to support pupils with medical conditions so that they have the fullest access possible to all aspects of education, including physical education, school trips, careers and other advice, and extra-curricular activities open to other pupils.
- 5.2 Take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Schools should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.
- 5.3 Ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school.
- 5.4 Ensure that the arrangements are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.
- 5.5 Ensure they develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.
- 5.6 Ensure the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person⁴ who has overall responsibility for policy implementation. The school's policy must clearly identify the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
- 5.7 Ensure the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- 5.8 Ensure the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- 5.9 Ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption
- 5.10 Make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.
- 5.11 Ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed and how and by whom training will be commissioned and provided. The policy should be clear that any member of school staff providing support to a pupil with medical conditions should have received suitable training.

³ Schools must have regard to the 2015 statutory guidance. This means to take account of and carefully consider it. There would need to be a good reason to justify not complying with it.

⁴ This may be a governor, a headteacher, a committee or other member of staff.

- 5.12 Ensure that prescription medicines are not administered and healthcare procedures are not undertaken without appropriate staff training (updated to reflect requirements within individual healthcare plans).
- 5.13 Ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines and is clear about the procedures to be followed for managing medicine.
- 5.14 Ensure that written records are kept of all medicines administered to children.
- 5.15 Ensure that the school's policy sets out what should happen in an emergency situation.
- 5.16 Ensure that the school's policy is explicit about what practice is not acceptable.
- 5.17 Ensure that their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- 5.18 Ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.
- 5.19 Ensure that the school's policy sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.
- 5.20 Note that children and young people with medical conditions have the same rights of admission to school as other children. This means that no child should be prevented from taking up a place because arrangements for their medical conditions have not been made (unless on safeguarding grounds the school can evidence that it would be detrimental to the child's health to do so. The school should then take all steps possible to address this in order to facilitate admission and access to education).

School arrangements must be formulated to promote the educational progress and attainment of all children, equal opportunity regardless of health conditions and to give parents and children confidence that they will provide effective support for medical conditions in school. Where attendance is not possible, schools should ensure that their pupils can continue to feel a part of the school community and that they are working with them to return to school as soon as that is appropriate. This will involve regular contact with best practice including face-to-face contact with the child and family.

- 5.21 Ensure there are procedures in place to cover any transitional arrangements between schools and for a process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support.

For children starting at a new school, arrangements should be in place **as soon as possible**⁵. In all cases, including a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place **within two weeks**. Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

⁵ The requirements of the School Admissions Code 2021 are that when a child is offered a place, it should be taken up as soon as possible, particularly for children who are out of school.

5.22 When deciding what information should be recorded on individual healthcare plans, schools should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

5.23 The named person in the school will have responsibility for:

- ensuring that sufficient staff are suitably trained;
- that part-time or online packages are available to support children's learning where appropriate;
- a commitment that all relevant staff will be made aware of the child's condition;
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- briefing supply teachers;
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable;
- monitoring individual healthcare plans.
- notifying the LA if the child is unable to attend school due to medical conditions.

5.24 Schools must not remove a child with medical conditions from its roll unless:

1. he or she has been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of statutory education age; AND
2. neither the child nor parent has indicated the intention to continue to attend the school, after ceasing to be of statutory education age; OR

3. the parent has written to the school to inform the school that other arrangements are in place for the child's education.

Where a child is taken off roll, the [school must inform the LA of the child's destination](#). The LA will monitor all children who are Electively Home Educated.

- 5.25 Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - assume that every child with the same condition requires the same treatment;
 - ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
 - send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
 - if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
 - penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
 - prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
 - require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
 - prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.
- 5.26 Pupils who suffer from long term medical conditions may face greater barriers to attendance than their peers. Their right to an education is the same as any other pupil and therefore the attendance ambition for these pupils should be the same as they are for any other pupil. In working with their parents to improve attendance, schools should be mindful of the barriers these pupils face and put additional support in place where necessary to help them access their full-time education. This should include:
- Establish strategies for removing the in-school barriers these pupils face, including considering support or reasonable adjustments for uniform, transport, routines, access to support in school and lunchtime arrangements.
 - Ensure joined up pastoral care is in place where needed and consider whether a time-limited phased return to school would be appropriate, for example for those affected by anxiety about school attendance.
 - Ensure data is regularly monitored for these groups including at board and governing body meetings and in Targeting Support Meetings with the local authority so that additional support from other partners is accessed where necessary.
- 5.27 Schools should be sensitive and avoid stigmatising pupils and parents and they should talk to pupils and parents and understand how they feel and what they think would help improve their attendance to develop individual approaches that meet an individual pupil's specific needs.

6

Responsibilities – Healthcare

- 6.1 Each school should have a school nurse who should be available as the first point of contact for information and advice about medical needs.
- 6.2 School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- 6.3 A school nurse will be able to:
- gather information from colleagues about the child's medical need
 - complete IHPs (Individual Healthcare plans) as appropriate for pupils, working with parents, children where appropriate, with schools and other healthcare professionals
 - offer advice to parents
 - advise on training and support for school staff
 - liaise with paediatricians, occupational therapists, speech and language therapists, and other healthcare professionals.
- 6.4 The LA's expectation is that an IHP should be put in place where a child's education is disrupted for 15 days in an academic year. Not having an IHP should be the exception.

Responsibilities of the Local Authority in carrying out its role, Devon will:

- 7.1 Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs (this document).
- 7.2 Appoint an officer with responsibility for the education of children with additional health needs.

In Devon, this person is Marc Kastner, Service Lead for Inclusion and Wellbeing⁶

- 7.3 Ensure that all schools are aware that they must notify the LA of children as soon as it is clear that the child will be away from school for 15 days or more because of additional health needs, whether consecutive or cumulative.

The LA will remind schools annually of this responsibility. It will also raise awareness at other times as it believes this will be useful and necessary.

- 7.4 Establish procedures to monitor and record cases where education is disrupted by additional health needs and to regularly review the provision offered to those children to ensure that it continues to provide suitable education.

A weekly list of children whose education is disrupted by additional health needs will be compiled by the Education Wellbeing Advisors. These lists and cases brought to the attention of the LA throughout the academic year will be reviewed by officers any remedial actions will be discussed with schools and if appropriate referred to a panel of senior officers to consider children missing education (the Vulnerable Children and Missing Education Group).

- 7.5 Encourage schools to have a publicly accessible policy that sets out how they will support children with medical conditions and to have a named person who can be contacted by the LA and by parents.

The LA will remind schools of their responsibilities when it seeks information to monitor and record cases as above at 7.3. It will also raise awareness at other times as it believes this will be useful and necessary.

- 7.6 Have clear policies on the provision of education for children and young people under compulsory school age who have additional health needs.

Devon's Early Years monitors provision at Early Years settings. The LA provides for the admission of children into a Reception class from the beginning of the September term following a child's fourth birthday.

- 7.7 Support any child with additional health needs by, in the first instance, aiming to support schools in meeting their duty as set out in the December 2015 Guidance.

This will be achieved through offering advice and guidance and by working directly with schools where a support package is put in place for a child's education in school. Inclusion and Education Welfare Officers, Education Wellbeing Advisors, Area Learning Advocates and officers from 0-25 SEN Team will provide this support. It is recognised that where a child is able to attend school, even if part time, this is often the best way of ensuring social needs are met and will help with reintegration.

⁶ Contact details are at page 3.

- 7.8 Support any child with additional health needs who is unable to attend school as soon as it is notified that the child will be away from school for 15 days or more, whether consecutive or cumulative.

This will be responsive to the individual circumstances of the child as identified by schools, Education Wellbeing Advisors, Inclusion and Education Welfare Officers, Area Learning Advocates for Children in Care and officers from 0-25 SEN Team.

- 7.9 Be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. This may be helpful in developing transport healthcare plans for children with life-threatening conditions.

- 7.10 Maintain good links with all schools in their area and put in place systems to promote co-operation between them when children cannot attend school because of ill health. The LA will work directly with schools, alternative education providers (including Torlands Academy), hospitals (including the Hospital Schools Service⁷) to address the needs of individual children in making provision.

Devon convenes a weekly 'S19' meeting to discuss referrals received from schools and from within the LA. Participants of the groups can include: Medical Inclusion Officer, Educational Wellbeing Advisor, Educational Psychologist, CAMHS Manager, Commissioned Providers, Admissions Officer, Inclusions Officer and where possible school headteacher representation. The purpose of the group is to effectively and consistently discharge the duty of the LA.

Every effort will be made to minimise disruption to a child's education. For example, where specific medical evidence, such as that provided by a medical consultant, is not quickly available, we will liaise with other medical professionals, such as the child's GP, and initially look at other evidence to ensure minimal delay in arranging appropriate provision. Once parents have provided evidence from a consultant we will not require continuing evidence without good reason, even where a child has long-term health problems. Evidence of the continuing additional health issues from the child's GP should usually be sufficient. In cases where we believe that a consultant's on-going opinion is absolutely necessary, we will allow sufficient time for the consultant to provide the evidence. We will not operate an inflexible approach to the provision of alternative arrangements; delay provision by requiring medical evidence to be provided only by a medical consultant rather than a GP.

Where children have complex or long-term health issues, the pattern of the additional health needs can be unpredictable. In these circumstances we will discuss the child's needs and how these may best be met with the school, other providers, the relevant clinician and the parents, and where appropriate with the child. This may be through individual support or by them remaining at school and being supported back into school after each absence.

We will not hold a list of "qualifying" health conditions required before we will make arrangements.

⁷ The **Hospital School** provides tuition for pupils who are admitted to hospital for three days or more. It also provides tuition for pupils of statutory school age who are admitted to the Larkby Young People's Unit, an adolescent psychiatric unit in Exeter. There are classrooms on Bramble Ward at the Royal Devon & Exeter Hospital, Wonford, Exeter and on Caroline Thorpe Ward at the North Devon District Hospital, Barnstaple.

We will work with other schools and local authorities to support the education of siblings where a child's health condition requires admission to a hospital in another area.

- 7.11 Promote suitable and flexible education that is responsive to changes in a child's health. The LA will acknowledge the use of electronic media - such as 'virtual classrooms' and learning platforms to help with access to a broader curriculum - to complement face-to-face education.⁸

If it proves necessary we will ensure that suitable alternative education is arranged as quickly as possible and that it appropriately meets the needs of the child. The provision will be equivalent⁹ to full time school education, unless the additional health needs mean that this would not be in the best interests of the child.

We will promote continuing contact and communication between the child and the school throughout the period of absence so that the child can feel a part of the school community, have a sense of continuity and be reassured that they have a place there.

We will not make arrangements that are solely based on the number of hours that a child can attend school – what is important is whether a child is receiving a suitable education during any school attendance.

- 7.12 Ensure that suitable training is available to teachers who provide education for children with medical conditions and work with schools to ensure they meet this requirement and are kept aware of curriculum developments. Teachers should also be given suitable information relating to a child's health condition and the possible effect the condition and/or medication taken has on the child. We will also promote equality and eliminate discrimination, foster equality of opportunity for disabled children, foster good relations between children with and without disabilities, make reasonable adjustments to alleviate disadvantage faced by children with disabilities and plan to increase access for children with disabilities to Alternative Provision premises and their curriculum.

We will work with schools in supporting relevant training and information through liaison with LA officers.

- 7.13 Be ready to arrange suitable education for children of statutory school age when it is clear that they will be away from school for 15 or more days because of health needs, either in one absence or over the course of a school year, and where suitable education is not otherwise arranged.

Whilst there is no absolute legal deadline by which we must have started to provide education for children with additional health needs, we will aim to arrange provision as soon as a school has informed the LA that an absence will last more than 15 days. Where an absence is planned, for example for a stay or recurrent stays in hospital, we will aim to make arrangements in advance to allow provision to begin from day one.

- 7.14 Work with all parties to set up an individually tailored reintegration plan when a child is ready to return to school.

⁸ This should be a complimentary resource rather than as sole provision although in some cases, the child's health needs may make it advisable to use only virtual education for a time.

⁹ 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.

We and schools will have regard to any medical advice given by a hospital when a child is discharged as to how much education will be appropriate, when they might be ready to return to school and whether they should initially return to school on a part-time basis only. Where necessary, we will work with schools to complement the children's education.

We will not withhold or reduce the provision, or type of provision, for a child because of how much it will cost (meeting the child's needs and providing a good education must be the determining factors). We will seek best value and will be mindful of cost when comparing equivalent provision.

Children in Alternative Provision Because of Additional Health Needs

- 8.1 In line with the duty of LAs to arrange suitable education as set out above, children who are in hospital or placed in other forms of alternative provision because of their health needs should have access to education that is on a par with that of mainstream provision, including appropriate support to meet the needs of those with SEN. The education they receive should be good quality and prevent them from slipping behind their peers. It should involve suitably qualified staff who can help pupils progress and enable them to successfully reintegrate back into school as soon as possible. This includes children and young people admitted to hospital under Section 2 of the Mental Health Act 2007.
- 8.2 Young people with additional health needs who are over the school leaving age should also be encouraged to continue learning. LAs have duties to promote effective participation in education or training for 16 and 17-year-olds. Devon will provide advice and signpost young people to appropriate support. School, college or training providers should make any necessary reasonable adjustments for young people who are unwell over a prolonged period.¹⁰
- 8.3 When a child with an EHCP is admitted to hospital, the LA that maintains the Plan should be informed so that they can ensure the provision set out in the Plan continues to be provided and reviewed as appropriate.
- 8.4 Where children with health needs are returning to mainstream education, the LA, or their commissioned service, should work with them, their family, the current education provider and the new school or post-16 provider to produce a reintegration plan. This will help ensure that their educational, health and social care needs continue to be met. Where relevant, a reintegration plan should be linked to an EHCP or individual healthcare plan.
- 8.5 It is important that medical commissioners and LAs work together to minimise the disruption to education. In order for LAs to meet their duties, medical commissioners should notify them as soon as possible about any need to arrange education. Ideally, this will be in advance of the hospital placement. For example, where a child of compulsory school age is normally resident in a LA but is receiving medical treatment elsewhere, it is still the duty of the 'home' LA to arrange suitable education if it would not otherwise be received.
- 8.6 In certain circumstances, LA duties may require them to commission independent educational provision. Such providers would need to be funded directly by the home LA. Their duties do not specifically require them to commission a particular educational provider. Medical commissioners should, therefore, avoid making commitments to fund education without the agreement of the LA. Decisions about educational provision should not, however, unnecessarily disrupt education or treatment.

¹⁰ We will continue to support young people with medical needs to access their post-16 education where this support was agreed before April 2022.

- 9.1 Pregnancy does not, of itself, present a health need. However, complications that may arise during and after pregnancy may be a health need and may include physical or mental health issues for new mothers and their babies which impact on a young person's capacity to attend school.
- 9.2 Pupils who are pregnant and school-age mothers should continue to be educated in a school while it is practicable to do so.
- 9.3 Some school-age pupils who are pregnant may be less likely to access maternity services in early pregnancy. This can increase the risk of medical complications and unplanned births. Parents and schools should encourage pupils who are pregnant to attend ante-natal appointments. They should be acknowledged as such as with any other medical appointment a pupil might have.
- 9.4 The pupil will remain on a school roll up to and following a birth and the expectation is that reintegration back into school is the default position.
- 9.5 Pregnancy and maternity are a protected characteristic under the Equality Act 2010. It is unlawful to treat a pupil less favourably because she is pregnant or a new mother.

- 10.1 Where a child has a diagnosis of a condition which severely limits his or her activity or a terminal diagnosis, a school should work with the LA as necessary to support education provision for as long as the parent and healthcare professionals deem it appropriate and desirable for the child. This will include listening to the child's voice.
- 10.2 Discussion about a child's education will include the professional opinion of Children's Services.
- 10.3 Where a child or parent wishes to withdraw from education, those wishes should be respected where it is supported by the advice of healthcare professionals. Further advice on managing need sensitively in [continuing care](#) for children is available.

Policy History				
Date	Summary of change	Contact	Implementation date	Review date
5/2016	New policy formulated in response to significant changes to statutory guidance.	Policy and Strategy Officer (Education)	5/2016	5/2017
24/5/2016	Policy determined by Lead Member	As above	5/2016	5/2017
30/11/2017	Policy determined by Lead Member	As above	12/2017	11/2018
7/1/2020	Amendments to policy at 4.2, 4.3, 4.6, 5.21, 5.25 and 7.2	As above	1/2020	1/2021
8/2020	Policy considered by Lead Member	As above	9/2020	8/2021
5/2022	Amendments to policy: New sections 3.4 to 3.6 Reference at section 4.2 to pregnancy removed, to be addressed in new section 9 Section 5.1 expanded to emphasise the elements of school life that should be supported for children with medical needs Section 5.20 and 5.21 expanded to make provision for early admission to school in line with the revised School Admissions Code 2021 New sections 5.26 and 5.27 new section 6, renumbering sections 6 and 7 as sections 7 and 8 Section 8.2 expanded to clarify the LA role with regard to post-16 young people New section 9 New section 10	Senior Policy Officer	5/2022	5/2023
3/8/2022	Policy determined by Head of Education and authorised for publication	As above	8/2022	5/2023