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1. Aims

This policy aims to ensure that:

- Suitable education is arranged for pupils on roll who cannot attend school due to health needs
- Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

2. Legislation and guidance

This policy reflects the requirements of the Education Act 1996 Education Act 1996
It also based on guidance provided by the Government Education for children with health needs who cannot attend school - GOV.UK

3. The responsibilities of the school

The key responsibilities for schools within the statutory guidance document supporting pupils at school with medical conditions include:

- Children with medical conditions should be able to access and enjoy the same opportunities at school as any other child
- Staff should undertake appropriate training to provide the support that pupils with medical conditions require
- Staff must not give prescription medicines or undertake healthcare procedures without appropriate training
- No child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, governing bodies do not have to accept a child in school at times where it would be detrimental to the health of that child or others
- Schools should develop a policy for supporting pupils with medical conditions that is reviewed regularly and readily accessible to parents and staff
- Details should be made available on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation
- The school's policy should cover individual healthcare plans (IHPs) and who is responsible for their development. Individual healthcare plans (IHPs) should be reviewed at least annually

3.1 If the school makes arrangements

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

Individual Healthcare Plan (IHP)

Every child with a medical condition should have an IHP which is readily accessible for school staff. An IHP is an agreement between parents/guardians, the school and healthcare professionals about what care a child needs and how this will be carried out.

Headteachers, school governors and responsible bodies should make sure each child with a medical condition has an IHP which is being followed.

Children and young people with a medical condition and Special Educational Needs (SEN)
If a child or young person has SEN and a medical condition, their provision should be planned and delivered in a coordinated way with the IHP. IHPs are not the same as Education, Health Care Plans (EHCP), which set out the support needed by children with SEN, although some children may have both types of plan. If a child has both a medical condition and an EHCP detailing provision to meet their special educational needs, they will still need an IHP. The IHP can be used as advice to help with an EHCP, particularly in relation to sections C and G (Health needs and provision).

What if a child is too ill to attend school?
The school will look at ways to ensure that children are supported to minimise the disruption to their studies. For a short-term absence, this might mean sending some work home to complete. This should be as closely matched to the work being completed by the child's class as possible.
School may also look at setting work electronically via email. Consideration of using an external e-learning provider may also be appropriate in certain instances. If the absence becomes more long term, the school will liaise with parents and offer to set work if it would be appropriate to do so.

3.2 If the Local Authority makes arrangements
If the school can't make suitable arrangements, Gloucestershire County Council will become responsible for arranging suitable education for these children. In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to:
    - Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
    - Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
    - Create individually tailored reintegration plans for each child returning to school
    - Consider whether any reasonable adjustments need to be made

3.3 What happens if a child is unable to attend school due to medical needs?
Section 19 of the Education Act 1996

When children and young people are unable to continue at school because of illness, the Education Act 1996 requires Local Education Authorities to provide them with 'suitable education' for example in a hospital school or in-home tuition. Suitable

education refers to efficient education suitable to the child or young person's age, ability and aptitude and to any special educational needs they may have. It is the responsibility of the school to continue to provide education for a pupil who can access school with adjustments even if these are significant adjustments (often determined through a MyPlan+ or EHCP process). Support in the home is only provided due to the medical needs of the child and cannot be due to school not making appropriate adjustments to keep a child in school, if they could be there with the appropriate adjustments.

Examples of adjustments made by some Gloucestershire Schools

- Pupils being educated in a school's inclusion unit as they are too anxious to access the mainstream lessons. Support to reintegrate back in to the main lessons over time.
- A pupil being provided 1:1 teaching on school-site to build up confidence to return to lessons following mental health issues and loss of confidence resulting in hospitalisation out of county.
- Live online learning provided in the afternoons by the school in the inclusion unit or in the home as a pupil is too fatigued to attend school all day (due to ME/Chronic Fatigue Syndrome).

If a child or young person cannot attend school (even with adjustments) then the child or young person will effectively need to be signed off school by a medical professional. There are actually no official 'sick notes' or 'fit notes' for children from medical professionals; however a referral accepted by Gloucestershire Hospital Education Service, where a medical professional has confirmed a child or young person is medically unable to attend school even with adjustments, is effectively this.

4 Gloucestershire Hospital Education Service

A referral to Gloucestershire Hospital Education Service (GHES) is made when a pupil is medically unable to attend school and this is likely to be for at least 15 days or more (e.g. surgical recovery). A copy of the referral form can be found on the Gloucestershire County Council website on the 'Hospital Education Service' web page. The referral from is generally completed by a NHS paediatric consultant (or tier 3 CYPS practitioner or psychiatrist). The referrer is asked to provide detailed information about the pupil, including:

- Confirmation that the pupil is medically unable to attend school
- The reason for the absence (medical condition)
- Likely duration of absence from school
- Amount of education (in hours) that is suitable for the young person, taking into account their medical condition and the intensity of one-to-one tuition

Referral forms and full information
For access to referral forms and full information on Gloucestershire Hospital Education Service go to the Gloucestershire County Council website:
www.gloucestershire.gov.uk/ghes
GHES works in partnership with the home-school to ensure continuity of education

whilst a child or young person is unable to attend school.

5 If a child is in hospital – the role of the school

It is a requirement for any paediatric inpatients unit to have an education facility attached. It is good practice for schools to maintain contact with pupils when in hospital, particularly when this is for more than just a few days. In the Gloucestershire Royal Hospital Schoolroom (GRH Schoolroom) for example, run by the Gloucestershire Hospital Education Service, the schoolroom consider any pupil having had more than 4 days in the hospital schoolroom as a 'significant access pupil'. Contact from the home-school is therefore indicated at this point (or earlier).

Given that there is education attached to paediatric inpatients units, liaison between hospital schools and home-schools is essential to make sure that education is as effective as possible. Schools should make contact with the hospital school and share key information about the pupil that will help the hospital school, for example, **from a safeguarding perspective that the home-school should share any information which the Designated Safeguarding Lead has on file about the child that may help the hospital school keep the child or young person safe.**

From an academic perspective, sharing the child's current academic attainment will also help to inform the hospital school's teaching, including sharing any specific learning needs (e.g. sharing the EHCP if the child has one). Hospital schools, wherever possible, aim to assist with continuity of education so it is even more useful when schools share the work their pupils are missing and need to complete. At the Gloucestershire Royal Hospital Schoolroom for example teaching staff can assist with GCSE coursework tasks being completed and even arrange for the GCSE examinations to be sat in hospital if necessary. All other hospital schoolrooms would be able to do this, too.

As pupils are dual-registered between the hospital provision and the home-school, it is important for home-schools to check that they are satisfied with the provision that the pupils are accessing on a dual-registered basis. Schools may like to request copies of the hospital school's child protection policy so that they have the name of the designated safeguarding lead of the hospital school, for example, and can see that robust child protection processes and procedures are in place. Essentially, pupils in hospital schools are pupils being educated off-site. Unlike other Alternative Provision, schools do not have a choice about where pupils are placed in hospital as this is a medical decision and a medical placement. However, this is not to say that the headteacher of the home-school should not satisfy themselves as to the quality and safety of this provision.

Sometimes, due to a shortage of beds for mental health inpatients or due to specialist consultants only being available in certain hospitals, pupils can be sent to hospital miles away from home. The landscape of hospital schools is changing and more and more private hospital schools are registering with Ofsted for the first time, and private hospitals are able to charge the LA for this provision. It is good practice for the home-schools to be communicating with the hospital schools and also getting updates as to when a pupil is admitted or discharged so that the whereabouts of a pupil is known and verified. Good

communication and collaboration over the education provision will ensure this is as effective as possible whilst a child is in hospital. Communication between hospital and home schools is also important for safeguarding reasons. Schools must not lose sight of their pupils.

It is worth stating that families, including siblings, can be under tremendous stress when a child is unwell and in hospital. It can lead to so many additional pressures, including the financial pressures of constantly travelling to hospital for visits and, potentially, pressure on parents' jobs or careers due to the need for more flexibility to support a sick child. Some parents have no choice but to give up work. From a safeguarding perspective the family or young person may need additional support at this time (early help). Even whilst a child is in hospital, the home-school may be in the best position to organise some early help or signpost the family to appropriate agencies for support.

A copy of Gloucestershire Hospital Education Service's Child Protection Policy and Procedures and Offer of Early Help can be found on the Gloucestershire County Council Website:

www.gloucestershire.gov.uk/ghes