



SUPPORTING PUPILS WITH MEDICAL CONDITIONS

Article 28 (right to education)

Every child has the right to an education. Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.

Article 23 (children with a disability)

A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community. Governments must do all they can to support disabled children and their families

Article 29 (goals of education)

Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.

Hospital & Home Tuition Service, Wandsworth

Supporting Pupils with Medical Conditions

ENSURING A GOOD EDUCATION FOR CHILDREN WHO CANNOT ATTEND SCHOOL BECAUSE OF HEALTH NEEDS

A Policy Document

Local Authorities have a duty set out in Section 19 of [The Education Act 1996](#) and the DfE Statutory Guidance '[Ensuring a Good Education for Children who Cannot Attend School Because of Health Needs](#)'. Related legislation is also included within [The Equality Act 2010](#).

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

This policy also draws from the Department for Education's statutory [guidance on supporting pupils with medical conditions at school](#).

Local Authorities must:

Arrange 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 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.

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

Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.

The provision offered will be reviewed regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.

The named officer responsible for the education of children with additional health needs who are deemed as unable to attend education is the Headteacher, Hospital and Home Tuition Service.

In Wandsworth, educational provision for children with additional health needs will be made through Hospital and Home Tuition Service which is a Hospital School within the LA. Teaching staff within HHTS will receive appropriate continuing professional development on curriculum and the impact of medical/mental health conditions on engagement with education.

Ensuring children in Wandsworth have a good education

Wandsworth Hospital and Home Tuition Service (WHHTS) seeks to provide the same opportunities for children with health needs as for their peers, including a broad and balanced curriculum, which is of good quality (as defined in [Alternative Provision Guidance, 2013](#)). The education will be flexible and appropriate to their health needs, and regularly reviewed to reflect their changing health status. It will allow them to take appropriate qualifications, prevent them from slipping behind their peers in school and allow them to reintegrate successfully back into school as soon as possible. All children who are supported will have a personal education plan/individual learning plan.

WHHTS may use technology, such as the No Isolation robots, and remote learning platforms, such as Zoom and Google Meet/Google Classrooms, in addition to electronic media such as Espresso and Education City, to provide access to a broad curriculum. However, this will be used in association with face to face contact wherever possible.

WHHTS will maintain good links with all schools, academies and free schools in their area through effective communication and clear processes of referral.

WHHTS will also ensure that schools are aware of their key role in supporting their pupils with additional health needs, so the child can be reintegrated back to school when appropriate. Schools will be encouraged to maintain their links with parents/carers who also have a vital role to play e.g. keeping in touch through school newsletters, e mails, invites to school events etc.

Schools will have a policy for pupils with additional health needs as part of their SEND policy, which sets out how they provide support for children with health needs. All children with health needs should have an Individual Health and Care Plan. This plan will be co created with the child and family to ensure children with additional health needs can access as much school as they are able. All children with additional health needs should be supported to maintain relationships with peers and remain part of the school community. Some schools may choose not to make use of WHHTS, but they will monitor the education provided to ensure the child has access to appropriate education. Children with EHCP's receiving specialist provision from specialist teachers, schools or resource bases should continue to provide support for a young person during a period of illness, albeit in a reduced form and under guidance from relevant clinicians.

Identification and intervention

WHHTS will provide appropriate education when notified by the school, or EWS if child is not on roll, as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative.

Referrals to HHTS can be made by downloading the form an following the guidance provided on our website: <https://www.hhts.wandsworth.sch.uk/information-for-professionals/making-a-referral/>

As part of the referral process clinicians will provide WHHTS with required guidance on the child's ability to attend/not attend school, readiness to learn and access education. It must be clearly stated, by the child's most relevant clinician, that the child is currently unable to attend their regular school due to their medical needs. A reason will be given for this along with a predicted time frame for their return to home-school.

Partnership working with medical professionals is crucial in ensuring that education is delivered sensitively and effectively, and that reintegration to school is enabled in a timely fashion. They will liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.

Every effort will be made to minimise disruption to the child's education: where there may be a delay in specific medical evidence from a consultant, evidence from a GP may be used provided that a referral to a specialist has also been made. If a child has a long term or complex health issue, then their individual educational provision needs to be regularly reviewed with school, medical professionals, parents/carers and EWS and amended as appropriate.

Where an absence is planned e.g. hospital admission or recurrent stay in hospital, educational provision should begin as soon as the child is well enough. Teachers in hospital settings will liaise with the child's home school and work with them to minimise disruption to education.

Children with long term health problems will not be required to provide continuing medical evidence. However, there is an expectation that children and their parents/carers will co-operate fully with all medical support offered and ensure they attend appointments. Recommendations from medical advice following a hospital discharge will be noted and WHHTS will liaise with the child's home school to complement the education provided until they are well enough to return. Educational provision will be put in place as quickly as possible.

When a child is approaching public examinations WHHTS teachers should be able to arrange a suitable focus on their education at this stage in order to minimise the impact of the time lost while the child is unable to attend school. Awarding bodies will make special arrangements for children with permanent or long-term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations. School should submit applications for special arrangements to awarding bodies as early as possible. If school is making the application, WHHTS, in association with medical professionals, will provide advice and information to the school to assist it with such applications.

Working together – with parents/carers, children, health services and schools

Any educational provision for a child with additional health needs will be discussed with parents/carers first. Parents/carers have a key role to play in their child's education and can provide helpful information to ensure that the teaching approach is successful. In the case of a looked after child, WHHTS, local authority representatives and primary carers would fulfil this role. Children will also be involved in decisions, their engagement dependent on their age and maturity. This supports WHHTS and the school providing the right educational provision with which the child is able to engage.

Effective multi-agency collaboration is essential in devising appropriate personalised education plans.

WHHTS will act on behalf of the local authority to remind that schools they cannot remove pupils from their roll because of an additional health need without parental consent and

certification from the school medical officer, even if they are being supported by WHHTS ([Pupil Registration\) England Regulations 2006](#))

Reintegration

When reintegration into school is anticipated, WHHTS will work with the school to ensure education is maintained during this period. Each child will have an individual reintegration plan, which may include extra support made available to help 'fill gaps' or provision of a 'safe place' if the child feels unwell. Advice from other medical professionals, including school nurses, can be helpful.

For children with long term or complex health conditions, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. While most children will want to return to their previous school routine at once, some will need gradual reintegration over a longer period

Provision for siblings

When treatment of a child's condition means that his or her 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 will ensure that the sibling is offered a place, where provision is available, for example, in a local mainstream school or other appropriate setting.

This policy is linked with related services e.g. Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Welfare/Attendance Improvement Services, educational psychologists, and school nurses.

Equal opportunities

Our school is clear 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.

Schools should consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals should be consulted.

Liability and indemnity

The school's governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

Head teacher: Tara Bell and Helen Taylor

Date: November 2021

