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**LEICESTER CITY – PROCEDURAL GUIDANCE**  
**ARRANGEMENTS FOR MEETING THE EDUCATIONAL NEEDS OF**  
**CHILDREN TOO ILL TO ATTEND SCHOOL**

This document outlines the referral procedures and alternative educational arrangement for children who due to illness are unable to access their normal education provision.

These arrangements are in accordance with the Leicester City Council's Policy on the Education of Children with Ill Health (July 2008).

**Summary of Local Authority Policy for Education of Children with Ill Health**

The policy for the education of children with medical needs has been reviewed and updated to take into account the requirements of the statutory guidance document entitled "Access to Education for Children and Young People with Medical Needs" (ref. DfES 0732/2001), Every Child Matters and the priorities of the Leicester Children and Young People's Plan.

The aims are:

- To ensure that children and young people with diagnosed medical needs have proper access to high quality education
- To support the reintegration of children back into full-time mainstream education at the earliest opportunity commensurate with their medical recovery
- To provide a flexible and responsive service to meet the educational needs of young people with medical conditions and mental health problems that prevent them from attending their normal school.
- To ensure continuity of education, including access to public examinations.
- To contribute to pupils' recovery, by providing a secure and stimulating education environment and a sense of normality
- To work in partnership with pupils, parents, school and medical colleagues.
- To minimise the potential underachievement that could result from being out of school.
- To maximise the potential for successful transition from statutory education into further education and employment.
- To ensure at all times the pupil will remain the responsibility of their named school i.e. the school where the child is enrolled.

The policy also covers:

- Roles and Responsibilities
- Provision
- Partnerships - parents, home school, other professionals
- Admissions policy
- Return to School
- Monitoring & evaluation
- Support facilities

*DRAFT*  
**LEICESTER CITY – PROCEDURAL GUIDANCE**  
**ARRANGEMENTS FOR MEETING THE EDUCATIONAL NEEDS OF**  
**CHILDREN TOO ILL TO ATTEND SCHOOL**

**The New Educational Arrangements will:**

- Further develop high quality provision for ill children that meets both national standards for such children and local need as identified within the Access to Education Documents, the Every Child Matters Agenda and the Leicester Children and Young People’s Plan and the plan for Transforming Leicester’s Learning.
- Make provision to meet the requirements of the policy for the education of ill children.
- Support children/ young people and families through early intervention, to prevent the problem becoming entrenched.
- Support preventative action within schools and other settings through consultation and training.
- Provide advice and guidance for parents, so that the child’s return to education is sustained by the family.

**Provision for Children with Medical Needs too ill to attend school**

Children with medical needs too ill to attend school, (hereafter referred to as ill children), require and are entitled to additional support to enable them to access education. These are children too ill to attend their named school, be it a mainstream or special school.

This additional support must be provided within 15 school days from them becoming unwell and is provided by one or more of the following:

- The Children’s Hospital School which teaches ill children in hospital, in their homes, and in what is currently referred to as the Day School provision for children with mental health problems in Key Stages 3 & 4.
- The education provision within Oakham House, where two teachers provide the education to in-patients with psychiatric illnesses.
- Any support from their named school.

In addition, the Education Welfare Service (EWS) - School Anxiety Support Team provide advice, guidance and intervention support to young people and their families where emotional or mental health issues have made attendance at school extremely difficult. The main focus of the work is to secure a return to regular school attendance / education as soon as possible, commensurate with their medical recovery. (See appendix C for more detailed explanation of the work of the team).

*DRAFT*  
**LEICESTER CITY – PROCEDURAL GUIDANCE**  
**ARRANGEMENTS FOR MEETING THE EDUCATIONAL NEEDS OF**  
**CHILDREN TOO ILL TO ATTEND SCHOOL**

**Referral Arrangements:**

All referrals for ill children who are not actually attending hospital, are reviewed by Allocations Panel for Ill Children’s Education (APICE). The panel has representation from Children’s Hospital School(CHS), Special Education Service (SES), Education Welfare Service (EWS) and Psychology Service (PS). **[See appendix A for flowchart.]**

This includes children who have emotional difficulties (with or without consultant recommendation) and have falling school attendance as a result of their difficulties. They will also be referred.

The panel, which meets fortnightly, provides an effective and equitable process, whereby cases referred are carefully considered and appropriate decisions made. Whilst in many authorities these decisions are taken by the hospital and home teaching service, the Leicester arrangements provide for a multi-agency model, which has the advantage of ensuring objectivity and accountability for individual decision making. It is of particular value for children with emotional and mental health issues who may not be able to access CAMHS, or meet the threshold level for acceptance by CAMHS. These children often still have significant health needs.

The panel works to keep children in their named school if at all possible. For those young people who have not been able to attend school for some time, the specialist EWS team will work with the young person/school and family with the intention of securing a return to education as soon as possible.

**How are referrals made?**

1. Consultants can refer by completion of the referral form, with a supporting letter where appropriate, indicating why a child is too ill to be at school. This will be sent direct to the EWS at Collegiate House, College Street, Leicester LE2 0JX; Telephone number: 0116 221 1260.
2. Referrals from schools and other professionals are also sent to the EWS using the same referral form. Where referrals do not already have supporting medical evidence, this will be sought prior to taking the case to panel meeting.
3. Parents can make self referrals via the School Anxiety Support Team.
4. These referrals are presented at the panel meeting by the Specialist EWO within the School Anxiety Support Team (SAST).
5. Leicestershire County Council send any referrals for home teaching to the SES with supporting evidence. These referrals are presented to the panel by the SEN/LDD Provision Manager from SES.

**(See appendix B for referral form)**

It is envisaged that the Common Assessment Form (CAF) will in future provide much of the basic background information.

*DRAFT*  
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Where the panel require further information before a decision can be made regarding CHS placement, the panel will agree what evidence will be sought [usually by the EWS team] and set a date for review.

Cases are reviewed at regular intervals by the specialist EWS team unless the panel decides that the case should be reviewed again by the panel on a specified date.

The following cases would not come to panel:

- Child ill for less than 15 days at one time – support continues to be provided by the home school.
- Child ill in hospital – CHS supports directly, working with home school.

Expectation from Home school where CHS are involved:

- To ensure that support staff and teachers have contracts that allow staff to work in pupils' homes or off-site and can transport children in their cars.
- To ensure that all staffed are trained to understand and work with children who are too ill to attend school or whose attendance is dropping due to their emotional/mental health needs.
- To provide alternative curriculum where needed (e.g. inc. 3.00 pm to 6.00 pm provision) through Extended Schools agenda.
- To provide appropriate re-integration facilities as a matter of course.
- To intervene early through speedy, effective links with parents through Pastoral Support Plan meetings.
- To follow the advice, guidance and plans agreed with support services.
- To continue to plan for and review young people, even if they are not attending and ensure the involvement of appropriate agencies at the relevant time e.g. Connexions.

**CHS – Current Staffing and teaching arrangements:**

- Teachers – 11 FTE, including headteacher
- TAs - 8 FTE
- Admin staff 4

Leicester Royal Infirmary / Glenfield Hospital

- There are 8 wards, averaging over 120 taught sessions per week
- Glenfield requires occasional teaching, managed from LRI and Outreach teaching budget.
- 2.5 FTE teachers, including 1 TLR2, some of this time available for outreach
- T.A. support (x 4), some of this time available for outreach

*DRAFT*  
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- Day School
  - There are 4 groups allowing full time attendance
  - There is 1 group allowing part-time attendance
  - 4 FTE timetabled groups
  - 4.5 FTE teachers required, plus leadership time, plus liaison / support time, plus PPA time, plus Outreach teaching
  - T.A. support – 3 T.A.s, plus 1 temporary 1 year. We get no individual support attached to children with statements
  - New post funded for 3 years by CHS, 1 joint CAMHS / Education post for mental health support, anticipated start date Nov 2008
  
- Outreach / Home Teaching
  - Current average demand – 25 – 30 pupils per week. This can fluctuate
  - 4 FTE, made up from various teacher timetables
  - 150 hours per week required = 6 FTE teachers (below)
  - T.A. support used for foundation stage
  
- Oakham House / Children with consultant supported mental health issues in the community
  - The pattern of health provision for these children is changing. It is anticipated that there are children out of school with authorised absence not referred for teaching support.
  - 2 FTE teachers in Oakham House, though for less children than was historically the case.
  - Until 2007 – 2008 there were 25 - 35 children per year in the health provision, with around 25 well enough to attend school. Health staff cuts have led to a change at present in the admission criteria at Oakham House. This year there have been 42 children and young people in the health provision, but only 8 children in the school at Oakham House. Although many of these children may be too ill for attending a classroom, the education admission procedures may need revisiting.
  
- Flexible staffing
  - It is not be cost efficient to have all CHS staff on a permanent basis. The home teaching load can vary. Supply funding built into budget
  
- Leadership Staffing
  - 1 headteacher
  - 1 deputy headteacher
  - 1 assistant headteacher – manages Day School
  - 2 TLR2 – manage Wards and Outreach
  - SEN points
  
- Administrative Support Staffing

*DRAFT*  
**LEICESTER CITY – PROCEDURAL GUIDANCE**  
**ARRANGEMENTS FOR MEETING THE EDUCATIONAL NEEDS OF**  
**CHILDREN TOO ILL TO ATTEND SCHOOL**

- 1 bursar – term time only
- 1 receptionist
- 1 administration officer
- 1 ICT / Resources technician
  
- Other professional support
  - School nurse
  - Educational psychologist
  - Connexions advisor

**CHS - Teaching Accommodation**

Ward provision

The accommodation within the hospital located at the Leicester Royal Infirmary consists of 2 teaching rooms and 1 office next to the teaching rooms, which are currently provided rent free. This is accessed by those young people who are in-patients.

Oakham House

Oakham House provides 1 large open plan teaching space, with a small ICT room. Although numbers of young people accessing teaching provision at this setting has significantly declined, Health strategies may change and the accommodation is being retained in its present form. It may also be possible to negotiate flexible use of these rooms for children with psychiatric issues who are ill at home. They may be able to be taught within this classroom situation whilst being unable to attend Day School.

Outreach provision

Outreach provision consists of either home tuition or day school provision for those young people who are well enough to leave their homes. The day school provision is current temporarily located at the Samworth Academy, but this is only until end August 2009.

*DRAFT*  
**LEICESTER CITY – PROCEDURAL GUIDANCE**  
**ARRANGEMENTS FOR MEETING THE EDUCATIONAL NEEDS OF**  
**CHILDREN TOO ILL TO ATTEND SCHOOL**

**How the teaching work is undertaken:**

Staff at the Children's Hospital School teach ill children in hospital, in their homes, and in what is currently referred to as the Day School provision.

- In hospital children are taught at their bedside or in classrooms for as many sessions as they are well enough to cope with. They may be taught 1:1 or in small groups. Children with acquired head injuries, or those with special educational needs, may require additional support.
- At home they are taught on a 1:1 basis. DCSF guidance states a child is entitled to 5 hours home teaching each week, if well enough, recommending 10 hours.
- Day School is currently for children in Key Stages 3 & 4, too ill to attend their home school, but well enough to leave their house. They can attend from 1 session to 10 sessions per week. Their minimum entitlement is 5 hours teaching per week. Most of the children have significant mental health and emotional health issues. They are taught in groups of up to eight. Many pupils have additional educational needs.
- Teaching within the hospital is a regional resource. Costs are recouped from the local authorities that the children live in.
- Teaching at home and in day school is for city and county pupils. The cost of this provision is recouped from Leicestershire County Council for county pupils.

Pupil numbers data

- Average total pupils per year = 500
- Ward teaching: 40 – 50 pupils per week
- Day School: 40 pupils per week
- Home teaching: 20 – 30 pupils per week

**Oakham House**

- Two teachers provide the education to in-patients with psychiatric illnesses at Oakham House. These teachers are currently employed by the SNTS. They are very experienced in working with children with psychiatric illness. They have a good success record in re-integrating children into education and supporting a healthy recovery. This is a Leicester, Leicestershire and Rutland resource. Costs are recouped from out of city local authorities. These children are significantly and seriously ill. The nature of the children who are admitted into Oakham House is changing. As a group, more of them are too ill to be taught, or teaching is not a priority. The teachers will be underused within Oakham House, but there is still a need for an education presence within this establishment. More children who would have attended Oakham House in the past will now still be ill in the community, unable to access this provision and will not be attending school. These children need both educational and mental health support.

*DRAFT*  
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**ARRANGEMENTS FOR MEETING THE EDUCATIONAL NEEDS OF**  
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Pupil numbers data:

- Average total pupil per year = 40 - 50
- Average numbers per week: 4 – 8 young people

**Appendix A – Flowchart**

**Appendix B – Referral Form**

**Appendix C - EWS - School Anxiety Support Team (SAST)**

The team consists of a specialist EWO, 3 Re-integration Support Officers and administrative support.

SAST provides support to a wide range of children with emotional or mental health issues that make attendance at school extremely difficult. These are children with crippling problems that range way beyond being anxious about school and can tear families apart e.g. domestic violence, parents’ mental health/physical health needs, unidentified SEN, bullying, parents’ substance abuse. These are very vulnerable children who take a long time to get better because they are anxious about their whole lives, of which school is only a part. The term “anxiety” does not convey the seriousness of the condition to lay people who may assume the child/young person is ‘just a bit worried’. In other parts of the country, CAMHS would often be providing additional support to these children.

SAST only works with pupils at City schools. The work of the team enables many children to attend school who would otherwise have not done so. This leads to reduced stress in families and often avoids greater mental health problems developing. The team provides support to parents, who inadvertently collude with their child’s anxiety and who model an anxious/fearful response to life’s difficulties.

SAST provides training to schools and other agencies, which leads to a reduction in referrals and promotes multi-agency working.

Pupil numbers data:

- Average total pupils per year = 170