

## **Guidance on education for children and young people unable to attend school due to ill health**

**November 2017**

### **Introduction**

The purpose of this guidance is to provide advice and information for schools, including Early Learning and Childcare settings (ELCC) in relation to their statutory duty, under section 40 of the Standards in Scotland's Schools etc. Act 2000, to make special arrangements for pupils to receive education elsewhere than at an educational establishment, where they are satisfied that they are unable, or it would be unreasonable to expect them, to attend a suitable educational establishment as a result of their prolonged ill health.

The obligation on education authorities to make such special arrangements applies in relation to a person of any age for whom education is required to be provided under the Education (Scotland) Act 1980. By virtue of section 1(1A) of this act, this obligation extends to making special arrangements to those entitled to early learning and childcare ( ELCC) but only to the extent required by section 47(1) of the Children and Young People (Scotland) Act 2014, i.e. eligible 2s.

This guidance applies to those children and young people where their learning is interrupted due to prolonged ill health for a range of reasons such as accidents or trauma, chronic, long term, life limiting or terminal conditions, mental health issues, and conditions which require repeated medical intervention, such as dialysis. This list is illustrative, not exhaustive. Common childhood conditions such as colds, influenza, chicken pox etc., where prompt return to school is expected will not normally be covered by this guidance.

Children and young people may be absent from school for a single, extended block of time or for several or many periods of time of varying length. They may also be attending school part time, as part of a planned, gradual re-integration at school or ELCC, following a period of absence due to ill health.

A child or young person absent from school through ill health may receive treatment in a variety of settings, such as a paediatric hospital, an adult hospital, a mental health facility, their own home or in a different school. In some cases, this may mean that the child or young person travels to a hospital which is located beyond the local authority area in which they live or in which they are educated. Education may be provided in any and all of these settings and the responsibility for doing so remains with the child or young person's home authority, even if the services are delivered by specialist outreach services of the local authority in which the hospital is located (host authority).

Legislation requires local authorities to make special arrangements for children absent from school through ill health without undue delay. The main emphasis in the initial period of absence for children or young people will be on recovery of the child or young person's fitness and health and the time for this will vary. However, where possible, absence should not lead to a reduction of education which would have a detrimental effect. Where a child or young person's illness is known, or reasonably thought, to be likely to extend **beyond 5 days**, then education should proceed immediately, if medical assessment permits. This is of particular importance for children and young people who require recurrent admission to hospital, even for relatively short periods. Where there is less certainty over the possible length of any absence, education outwith school should commence at the earliest opportunity and certainly **no more than 15 working days of continuous or 20 working days of intermittent absence**. The ambition is to continue education wherever possible, but recognising the practical limitations of provision of education within a hospital setting.

Similarly, where children or young people who have been in hospital and are discharged to go home to continue treatment or to recuperate, the arrangements for their learning should also be considered if the total period of absence is likely to extend beyond 15 days.

Further, in the circumstances where an education authority have granted a pupil exemption from the obligation to attend school, to enable the pupil to give assistance at home due to the illness or infirmity of a member of their family, the education authority must so far as is reasonably practicable and without undue delay make special arrangements for the pupil to receive education elsewhere than at an educational establishment.

## **Key rights, duties and principles**

There are a number of common principles, outlined below, which should be consistently applied in identifying the needs of and making provision for the education of children and young people who require support to make the most of their learning because of ill health.

- **Every child and young person has a right to be provided with an education.** This right to education is enshrined in section 1 of the Standards in Scotland's Schools etc. Act 2000
- **Parents have a duty to provide education for their child** either by ensuring they attend a local authority school, or by making alternative arrangements such as home education or sending their child to an independent school. They also have a choice of early learning and childcare for their child.
- Local Authorities and schools have a duty to provide adequate and efficient education provision in their area. They are also responsible for making special arrangements for a child or young person to receive education elsewhere than at an educational establishment if they are unable to attend school because of prolonged ill health.
- **The rights, wellbeing, needs and circumstances of the individual child or young person should at all times be at the centre of the decision making process.** This means that each case will have to be treated according to its own circumstances, taking into account medical advice, the pupil's and parent's views and that there will be no single approach or collection of approaches which will necessarily cater for most cases.
- Given the range of different services involved in the provision of education which may be in different locations across Scotland, it is absolutely essential that there is **clear communication between the different agencies, services, professionals and the parent/carers and pupil concerned.**

- **All children and young people are entitled to support with their learning, where a need is identified, whatever their circumstances.** Curriculum for Excellence entitles all children and young people to experience a broad general education during the period from the early years to the end of S3; to experience a senior phase from S4 where they can achieve qualifications; and support to enable them to gain as much as possible from the opportunities which Curriculum for Excellence can provide.

## Responsibilities

### Named Person

The **named person** has a key role for maintaining communication with parents and carers and the child or young person. For children attending ELCC, the named person will normally be a health visitor, whilst for school aged children or young people the named person will normally be the head teacher or another promoted member of staff. East Lothian's Child's Planning Framework guidance should be consulted.

The **named person** will also work with appropriate professionals to help facilitate the child or young person's return to school, which may take place on a phased basis over a period of time. The named person should ensure that the child's or young person's links to peers, teachers and the wider school community are maintained, which will also help facilitate the return to school.

Most provision is likely to be made within the child's own local authority. In practice, it is likely that responsibility for referral for, and management of, arrangements for education outwith school will lie with the **child or young person's own school**. The Named Person should identify children and young people with health needs and ensure appropriate support arrangements are in place, timeously, if required. However the local authority Education Support Officer link should be informed of cases where there may be funding implications in regard to outwith authority services.

Absence should be recorded using SEEMiS code SEP.

Staff within the **child's or young person's own school** will best understand a child's educational and support requirements. In most instances the school retains the lead role and where appropriate, works with the education provider in the hospital or outreach service to ensure education provision is appropriate and supports and maintains the child or young person's prior learning. Classroom or subject teachers should record missed work to help ensure effective education outwith school maintain the learner's links with their school and to help reintegration on return as part of broader transition planning.

Good practice would include the school routinely providing information for parents about the statutory duties relating to and arrangements for the provision of education of children and young people who are too ill to attend school within their school handbook.

### Home and host local authorities

Where appropriate, the child or young person's **home education authority** is responsible for managing and agreeing funding arrangements with the host local authority if the child or young person is being educated or treated within another authority area. These discussions should also include the setting of clear expectations of the services that are to be delivered. The host local authority should ensure clear lines of communication with the child or young person's home local authority before education commences.

The link Education Support Officer for the home education authority school should be informed and funding agreed, prior to the commencement of any services.

### **Health Service**

The health service where a child or young person is being treated should maintain clear lines of communication with the child or young person's parent or carer and their named person.

### **Process**

Whatever the circumstances, the objective at all times is to ensure that the child's educational entitlement and wellbeing needs are met. There should be clear lines of communication between staff across education and health boards.

The process followed in each case is likely to differ depending on individual circumstances, but common throughout all stages is the need for clear lines of communication between staff across education and health boards and the child or young person and their parent or carer.

- **Awareness** –as part of a school's attendance and absence policy, parents are expected to inform schools whenever their child is ill, even if it is just for one day. As soon as it is clear that the period of absence is going to exceed the timescales indicated, arrangements should be made for the provision of education outwith school. In the case of intermittent or longer term absences, which cause a barrier to learning, the school should identify, assess and make provision for additional support within school to ensure that any resulting gaps in learning are covered.
- **Assessment** - the medical assessment made by the health service will influence the scale and scope of educational provision that may be planned and provided. Once it is considered that educational provision is appropriate, the home authority is responsible for ensuring that an education plan is discussed and agreed between the child or young person, the parent, the school, the host authority and hospital staff. Any plan should take into account the views and expectations of the child or young person and the parents/carers. The child's or young person's health and medical needs and appropriate educational provision should be subject to regular review by all parties. The plan should also take account of identification and planning of additional support for learning already in place.
- Where a particular case in practice is more complex or longer term, an assessment of wellbeing will determine that the child or young person requires multi-agency intervention to support or safeguard their wellbeing. Within East Lothian's Child Planning Framework this would action a Child's Plan being drawn together at targeted level. It would be for the named person, or the lead professional, to coordinate the assessment and planning process within this framework. Where the child or young person is already receiving support coordinated through a Child's Plan, the absence due to illness is likely to be a trigger to review that plan.
- **Education Provision** - the education provider will develop a programme of learning activities and support in conjunction with other professionals, including NHS, parents and host school and/or authority where appropriate. The nature of the education provision will vary depending on the setting (for example at home or in hospital), the type and severity of illness etc, but should, as far as is practicable, support and maintain the child or young person's learning. Generally, the aim should be to support the broad, flexible curriculum and

entitlements outlined through Curriculum for Excellence, **within the constraints of the setting** and the individual's health.

## **Next steps and Follow up.**

There should be on-going assessment by relevant professionals in health and education of the most appropriate education provision to optimise the child's wellbeing in close conjunction with the child or young person and family. Generally the best interests of the child will be served by a return to their school. Wherever appropriate schools or ELCC should make every effort to plan with teachers, their peers, parents, specialist services, medical personnel and children themselves, flexible and progressive arrangements to secure successful reintegration. Schools should consider their duties to plan for transition under Additional Support for learning where a child or young person's ill health is creating a barrier to their learning. Usually, this will lead to a successful return to the child or young person's home school or ELCC, but it may involve a continuation of education at home, or a move to another care setting, or, a cessation of education if clinically appropriate. During any of these transition phases, care should be taken to take full account of the views of the child or young person, and their parent or carer, to ensure they are comfortable with the proposed arrangements.

### **Life threatening and life shortening conditions – additional considerations**

Children have a continuing entitlement to school education and there are very good reasons for continuing to provide education for children and young people with life threatening or life-shortening conditions, even, with the child or young person's and family wishes respected, towards the end of their lives. Such involvement with children and young people requires particular sensitive, imaginative and empathic qualities and teaching skills.

Some children and young people may spend time in hospices. Education in its broadest sense may be an appropriate part of a holistic approach to ensuring their wellbeing while in a hospice. Here also, ongoing contact with staff and peers from children's and young people's home schools should be maintained, by means agreed with the family and the hospice.

A small number of school children and young people die every year in Scotland from a range of causes including illness and accident. Schools can seek advice in regard to this from the East Lothian Educational Psychology Service.

## **Conclusion**

This guidance provides advice and guidance for schools and ELCC involved in ensuring appropriate education provision for children and young people who are too ill to attend school due to ill health. It encourages organisations to work together to build strong professional relationships, and to identify and build on good practice to ensure positive outcomes for all children and young people, whatever their circumstances.

## Summary of key responsibilities and process

