

Chapter 5

Working together

The education of pupils with medical needs is a partnership. It is essential that education, health and other agencies work closely together to provide the support to enable a pupil with medical needs to receive appropriate education.

Effective collaboration

5.1 Effective collaboration and a flexible approach between LEAs, schools and other agencies, in particular the NHS, are crucial to the provision of continuity of high quality educational provision for children and young people with medical needs and successful reintegration into school.

Collaboration at a senior level, for example head of school or head of service liaising with equivalent health officials, is essential for partnership to succeed. It may be helpful to consider having senior education management representation on hospital management groups. Similarly the membership of medical staff on education advisory bodies can be an effective means of formalising liaison procedures.

5.2 Service level agreements and multi-agency forums are a way of facilitating multi agency co-operation. Regular review meetings should be part of the inter-agency programme.

5.3 Personal education plans play a vital role in setting out, not only a plan, but also effective liaison strategies.

LEAs should consider appointing a named key worker or case co-ordinator in individual cases to ensure all those with an interest are involved and kept informed about a pupil's education and progress.

Case study

Working Together on Mental Health Issues

The young person was admitted to an adolescent psychiatric unit following a psychotic episode. A decrease in her cognitive functioning was observed, resulting in the following difficulties being identified:

Visual perceptual difficulties, which had major implications for her ability to fully access the curriculum:

- Written work of any length becoming meaningless visual symbols.
- Poor co-ordination of a fine motor level.
- Slow task completion.
- Task confusion.
- Poor spatial relations.

Poor social skills

- Poor eye contact/body posture.
- Rarely interacting spontaneously with peers, only responding monosyllabically and standing on edge of group.
- Not asking for help or acknowledging difficulties within the classroom.

The following multi-disciplinary programme was devised for a period of one month:

- Return to school part time (one day a week to be spent at home to relieve stress of a full week).
- Home teacher to offer sessional input within the school to support and identify concerns.
- SENCO to develop an individual education plan.
- Head of Year to liaise with and support parents.
- Unit teacher to offer supervision to home teacher, SENCO and Head of Year.
- Unit teacher to give training to school staff on psychosis regarding signs and symptoms.
- Unit teacher to offer individual time with subject teacher to discuss the specific learning difficulties, their implications for the classroom situation generally, for each subject specifically and to address any particular areas of concern such as examination entries, level of understanding etc.

As a result of this input and the school's commitment to the pupil, another psychotic episode was avoided. Staff identified early symptoms of concern and contacted the unit, resulting in rapid input to the family and a review of medication and the individual programme.

The pupil went on to complete her education, gain some GCSEs and enter worthwhile employment.

Liaison whilst the pupil is in hospital

5.4 Co-operation between education, medical and administrative staff within the hospital is also essential. The aim should be to achieve the greatest possible benefit for the child's education and health, which should include the creation of an atmosphere conducive to effective learning. It is

crucial that hospital teaching staff establish a clear profile within the hospital setting. Service managers need to be pro-active in establishing a multi-disciplinary perspective.

5.5 Unless it is unavoidable, pupils should not be placed on adult wards. Where they are, they should have the same access to education as those in paediatric wards. Administrative, medical and teaching staff need to be alert to this potential difficulty and be able to act quickly to remedy or ameliorate such instances. Hospitals should offer hospital teachers ready access to adult wards.

5.6 In cases of recurrent admission to hospital, liaison with the hospital teachers, home tutors and home schools is particularly important as coverage of the curriculum is usually shared between them. Liaison is essential to ensure continuity and progression. Home and hospital teachers should be kept aware of all relevant meetings held by the LEA.

Adequate time for liaison between agencies is needed to ensure successful working together. LEAs should consider staffing policies which provide the necessary flexibility to enable effective liaison between teachers in the home schools and those in home and hospital teaching services.

5.7 To facilitate liaison and effective communication, every LEA should have one or more named educational psychologists within the Educational Psychology Services, designated to work with hospital teaching services or to liaise within the educational psychology and other support services as necessary. The occupational therapist may need to assess the home and school environments, with a view to recommending physical adaptations or the provision of equipment.

Case study

Children's Hospital School – Leicester Partnerships between Education, Health and other agencies

Young Person (Age 14)

At the Children's Hospital School, Leicester, every effort is made by staff to ensure that partnership arrangements between education, health and other agencies are established and effective and provide sick children with a high quality education.

After a severe head injury, a pupil was admitted to the Leicester Royal Infirmary. The Children's Hospital School communicated with both his parents and his school, and informed the Education Psychology Service via the early notification fax system, to alert them to his needs. This ensured all parties were kept regularly informed and that he was provided with appropriate work. He was initially taught on the ward for several weeks. After a multi-professional discharge meeting it was arranged for him to return to the Children's Hospital School on a daily basis where he received education, physiotherapy, speech and occupational therapy.

The close co-operation between professionals ensured continuity, progression and the success of his return to full-time education.

Liaison whilst the pupil is at home

Good links between all those involved in the pupil's education are essential. This is most important for pupils at certain stages; for example those just starting school, those at an age of school transfer, and those preparing for exams.

Effective systems should be in place, for example, to link home teachers with hospital teachers, enabling them to meet on regular occasions for social and professional support, discussing common issues and working as a team.

5.8 Changing patterns of hospital treatment mean that the vast majority of pupils are now in hospital for a short time (although some return regularly and the total amount of time in hospital is therefore cumulative). Whilst stays in hospital may now be briefer than in the past, the time out of school and recovering at home may still be substantial. Home teaching during that period therefore has greater significance.

5.9 For pupils receiving home teaching after a stay in hospital the further disruption of being taught by another new teacher can be avoided if the same teacher teaches the pupil in the hospital and then at home. This may be possible only where the pupil attends a hospital relatively close to home, where the hospital is staffed to provide follow-up home teaching, or where hospital teaching is part of a single home and hospital teaching service run by the LEA.

5.10 There are likely to be particular difficulties, where the home LEA is different from the one in which the hospital is situated, and the home authority expects to provide continuing education. Good liaison in these cases is particularly important. The aim should be for continuity in terms of the programmes of work offered even if pupils are taught by a different teacher.

Recoupment

5.11 The inter-authority recoupment regulations⁵ require the payment of recoupment in respect of the cost of providing education for persons under the age of 19 in hospital from another authority.

⁵ The Education (Inter-authority Recoupment) Regulations 1994 (1994 No. 3251). The accompanying circular is 2/95: Arrangements for Inter-authority Recoupment after 1 April 1995.

The amount recoupable should be agreed between authorities and it is important, for proper accounting and to aid the subsequent education of the pupil, that adequate information is provided to the pupil's LEA. In considering the basis on which recoupment claims should be paid, LEAs should note that home authorities have no power under the Regulations made under section 51 of the 1986 Act to refuse to pay recoupment even though their prior consent may not have been obtained. Only the amount payable is open to negotiation.

Partnership arrangements under S31 of the Health Act 1999

5.12 The aim of these arrangements (circular LAC (2000)9; HSC 2000/010) is to improve services for users, through pooled funds and the delegation of functions (lead commissioning and integrated provision). They are permissive powers to support better co-ordination and innovative approaches to securing services across a wide range of local authority and NHS functions in response to local situations and needs. There is no limit to the size of the partnerships, or the number of partners. Integrated provision is an opportunity to provide services for pupils with medical needs in a more co-ordinated way by allowing different professionals to work with one management structure, and to arrange provision from one statutory organisation. It also allows the use of the independent sector for the provision of services.

5.13 Integrated provision under S31 can be used in conjunction with lead commissioning and pooled funds. Local partners will need to determine the balance between the use of the partnership arrangements and their continued accountability, and the effectiveness of the monitoring arrangements. They may wish to form a joint committee or partnership board to oversee the arrangements. Successful partnership requires effective information-sharing systems.

5.14 LEAs and schools can use the partnership arrangements to secure health-related provision for pupils with medical needs where different agencies, including the independent sector, need to work together or where providers may not form a large enough group on their own to secure services but who could do so as part of a group. The provision of accommodation and other services in hospital schools; multi-disciplinary working in psychiatric hospitals and units; the development of information systems to underpin collaboration; and transport to and from school are obvious examples of areas where partnership aids the quality of provision to the pupil but the possibilities are extremely wide. Person-centred planning by local authorities and the NHS will help ensure that services are tailored to the individual.

Case study

City Hospital Education Base, Nottingham

A pupil had disruptions to his education from a very early age. He received his first kidney transplant when he was 5 years old and this lasted until he was 11 years old, though during this time his general health caused frequent absences from school.

Two years of overnight peritoneal dialysis followed, where his early years of secondary schooling were again frequently interrupted through ill health. It then became necessary for him to transfer to haemodialysis, carried out in hospital three times a week. For the pupil this meant a two-hour journey in each direction by car. During his time on haemodialysis he received on average 4 hours of education each time he had to attend hospital.

Whilst actually dialysing he took his year nine SATS and many of his GCSE examinations, gaining three grade Cs, five grade Ds and one grade E, plus a merit award in GNVQ Business

Studies. After his GCSEs he had a brief spell of benefiting from a second transplant but had to return to haemodialysis.

He continues with his computer studies and has completed CLAIT and IBT 2 exams. This has been possible through registering the young person with a local FE college who moderate and validate the work he does with the hospital teachers.

The liaison strategies employed up to the time of his GCSE exams were:

- An initial visit to his school at the time of starting haemodialysis and then follow-up visits as and when necessary. These were approximately once a year.
- Regular monthly telephone contact with his Head of Year.
- A diary of completed work, requests for work, queries etc went between the hospital and mainstream teachers on each occasion that he attended for haemodialysis.

A good working relationship now exists with the FE College although queries are now primarily dealt with through telephone contact.

This is an education success story because of the commitment to Hospital/School liaison by everybody involved: the pupil himself, the medical and nursing staff and the hospital and mainstream teachers.

Chapter 6

Successful reintegration into school

Each long-term pupil should have an assessment of their situation and the provision of well structured support from the home school in liaison with the hospital and home teaching service and other agencies as necessary, to assist reintegration to school, wherever possible.

LEAs are responsible for ensuring:

- That an individually tailored reintegration plan is in place for all pupils before they return to school. The plan should have multi-agency approval. It might include:
 - details of regular meetings to discuss potential reintegration
 - clearly stated responsibilities and rights of all those involved
 - appropriate social contacts – possibly including mentors
 - a programme of negotiated small goals
 - reintegration follow-up procedures.
- Where reintegration is a gradual process and the child or young person is only able because of their medical condition to attend school part-time, educational support continues to be available to help them to keep up with their studies.

Successful reintegration

6.1 Returning to school after a period of illness can be an emotional hurdle for a child or young person. Skills such as learning the routine of the school day and developing and maintaining friendships can be damaged by a long absence. Continuous involvement of the home school throughout a period of illness aids the successful return to school. Peer group contact during an absence, for example cards, letters, videos and invitations to school events, are as important as formal contact.

6.2 School policies and practices need to be as positive and proactive as possible in order to welcome the child or young person back into school and to assist successful reintegration. Consultation with the child and parents about concerns, medical issues, timing and pace of return is important. Key staff such as class teacher, head of year, pastoral teacher, home and/or hospital tutor, and Connexions personal adviser could meet to discuss the case. Friends and other pupils can help a child settle back in school. Extra support should be provided when it is clear what has been missed – diagnostic testing is a good way to assess any gaps.

6.3 For some, reintegration is likely to be a gradual process over a period of time. Initially some children and young people will benefit from flexible arrangements which may include attending school part-time while retaining some other support. Others may require alternative provision to allow them to cope with peer relationships and a school environment, before a gradual return to school is possible. Support may need to continue to be available on return to school.

Case study

IRIS – The Warwickshire System for the Education of Children out of School

IRIS is a system of supported distance learning for pupils away from school, based on a 'core-team' of subject specialists either employed by Warwickshire County Council or contracted as on-line tutors. These curriculum staff set Internet-based work for pupils once a week and visit the home, about once a fortnight. Each pupil is allocated an IRIS Co-ordinator who has responsibility for the pupil's reintegration to mainstream school.

IRIS involves all schools by identifying a link teacher who can be contacted by IRIS teachers, administrators and pupils. Where a child returns to school on a gradual basis, curriculum input is reduced accordingly and the schools are increasingly expected to assume responsibility for providing work directly to the child. IRIS links with pupils' schools are crucial.

IRIS staff maintain a portfolio of work and education records which are available to support the child's return to school and staff can identify exact curriculum coverage at any time because all lessons and pupil's work are held in special folders which can be downloaded at any time.

6.4 PRUs for children with medical needs, which offer teaching in smaller groups, may offer a good "halfway house" before reintegration into the school. Pupils, who appear to be able to cope with a return to school, may well have a relapse sometime after their return. Schools should therefore be prepared to be flexible over issues such as timetabling where reintegration is not straightforward.

6.5 Where pupils have illnesses such as cancer or other conditions or trauma resulting in a long time away from school, or have acquired brain injury

there is a need for good links between the hospital, the hospital school, the home LEA and the pupil's school. Acute hospital services should liaise closely with community health services. There may sometimes be a need for the child's paediatrician to seek advice from colleagues to cover cognitive and emotional and behavioural issues that may affect learning. The paediatrician should liaise with the designated medical officer so as to decide who is best to take the lead and coordinate advice to the education services.

6.6 Common problems for a child with an acquired brain injury are impairment of memory and concentration, fatigue, change in personality and behavioural problems. Some children will have impaired or reduced IQ. Not all have a physical disability and as a result, many pupils with a brain injury are not perceived as being disabled. The interruption and alteration to a normal progression of development may result in preservation of some skills but loss of others, leading to complex and unusual profiles. For example, a preserved word reading age but the inability to progress further. Sometimes problems do not manifest themselves until years after the injury is sustained.

6.7 Educational psychologists can play a valuable role, particularly where it becomes necessary whilst the pupil is still in hospital, to commence assessment of a statement of SEN, for example, following a head injury.

Schools have a key role to play in ensuring successful re-integration. Schools should:

- Ensure that their part in the re-integration plan is carried out.
- Be pro-active in working with all agencies to support smooth transition.
- Ensure that the pupil's educational needs are met.
- Ensure that peers are involved in supporting the pupils' reintegration.

6.8 When the new Disability Discrimination Act Part IV comes into force from September 2002, schools will be required to take reasonable steps with regard to children (if they are disabled within the Disability Discrimination Act).

Case study

Reintegration of a pupil with ME

A pupil in year 6 had been ill with ME for 18 months (since December 1996). The middle school made a referral to the Support Service in April 1998 and five hours teaching support was provided, at home, in general subjects.

Within six months, the pupil had begun to attend some English lessons in school (with a support teacher) but due to health fluctuations, a joint decision was made to return support teaching to the home. At the start of Key Stage 3, the pupil felt able to restart English lessons in school. The school made their library available for the support teacher at the same time as the pupil's English lessons, and friends were released from the English lesson to do group work with the pupil in the library. This proved highly effective.

The next step was to move teaching support in maths and science from the home also to the school library. French lessons (half an hour) remained in the home because of the extra pressure they put on the pupil. This programme remained in place until the end of middle school.

The move to upper school proved to be stressful and meant that a stabilising period was needed. Support teaching in maths, science, and English was resumed at home for a short period. A change in pattern then occurred because the pupil found the English lessons very difficult in school so it was agreed that English and French would be supported at home. The pupil attended maths and science lessons in school.

The pupil is successfully combining some time in school lessons (unsupported), some time with friends in school and some time being supported with education at home.

Outreach

6.9 A continued outreach service after discharge is sometimes essential to prevent early relapse. Hospital and home teachers should be aware of their role in reintegrating pupils into school as soon as possible and LEAs should ensure EWOs understand their role in relation to pupils with medical needs. It is useful for the LEA to check on the result of post reintegration follow-up – an administrative task which is essential in determining effectiveness. LEAs should be aware of the help that is available to reintegrate a pupil locally not only from health and other public agencies, including Connexions, but also private and voluntary organisations.

Liaison nurses

6.10 Larger hospitals which act as regional centres will often have a liaison nurse who can prepare the child's school on how best to manage their return. A short information session with a liaison nurse often enables teachers with no experience of dealing with a particular condition or disease to handle reintegration effectively. It can also promote understanding that some illnesses or treatments can create behaviour problems or cognitive difficulties.

6.11 There is no legal or contractual duty on school staff to administer medication or to supervise a pupil taking it. This is a voluntary role. When staff do volunteer they must receive the appropriate training or guidance. Some support staff do have specific duties to provide medical assistance as part of their contract. Further guidance on the support of pupils with medical needs *in school* is contained in the joint Department of Health/DfEE good practice guide,

'Supporting Pupils with Medical Needs' and its accompanying Circular 14/96.

National Curriculum

6.12 Formal exceptions by head teachers under section 365 of the Education Act 1996 and SI 1989/1181 are not needed to authorise departures from the National Curriculum for pupils who are absent from school due to illness. However, when pupils return to school, it may be helpful for head teachers to consider, in special circumstances and perhaps for a short time, (subject to the normal legal procedures and consultation with parents) excepting pupils from the full range of the National Curriculum requirements to enable them to adjust. In appropriate cases, co-operation well in advance between the hospital teachers and home teachers and the school is necessary. The QCA/DfEE publication *Disapplication of the National Curriculum* gives guidance on all types of disapplication. DfEE reference number 0084/2000.

ICT

6.13 ICT can provide a bridge between hospital, home and school and if used appropriately can assist with successful reintegration. Maintaining contact through the use of e-mail or collaborative working at a distance can ensure that children are supported both educationally and socially. The use of audio tapes or videoconferencing links can also ensure that pupils can feel included in the life of the school.

Chapter 7

Partnership with parents and pupils

Parents hold key information and knowledge and have a crucial part to play. They should be full collaborative partners and should be informed about their child's educational programme and performance. Children also have a right to be involved in making decisions and exercising choice.

LEAs have a responsibility to ensure that:

- Their policy on the education of pupils who are unable to attend school because of medical needs is readily available and widely publicised.
- All parents and pupils are consulted before teaching begins at home.

Liaison with parents

7.1 Parents have an important role to play whether the child is at home or in hospital. They can provide information on their child's educational achievements and on a range of other issues that will affect educational progress. This perspective will usefully inform the teaching approach.

7.2 All parents should be consulted before teaching begins at home. They should have access to information, advice and support during the child's illness. There may be some instances in which parents might for valid reasons prefer their

children not to join in certain activities. Those views should be taken into account.

7.3 Provision for interpretation and translation when liaising with parents should be available to both hospital and home teachers.

7.4 Some pupils who have medical needs may also have learning, behavioural, communication or sensory difficulties and there is therefore a need for LEAs to ensure that adults who are communicating on behalf of children with special education needs have the necessary training.

Case study

East Riding Hospital and Home Tuition Service

East Riding Hospital and Home Tuition Service encourages partnership with parents and pupils throughout the tuition period. The co-ordinator contacts the parent/carer initially by telephone or in writing. The method of tuition is explained and opportunities are offered for the parents to ask questions.

Parents are also sent a leaflet, which explains home tuition and provides the service co-ordinators and tutors contact details. The leaflet has been designed so that there is a space for a friendly handwritten note for the co-ordinator to send urging parents to make contact should they have any concerns or wish for further information.

Teachers are encouraged to ensure that both parents and pupils are given detailed information about the learning programmes being used and about the child's attainment as tuition progresses.

Information

7.5 Information about what an LEA provides on the education of children and young people who are unable to attend school because of medical needs should be publicised as widely as possible, for example, through leaflets in doctors' waiting rooms, and in hospitals. Schools might, for example, want to include this information in their prospectuses.

Pupils in hospital

7.6 Wherever possible parents and children should be informed about the education available before admission to hospital. Some hospitals produce booklets, which provide useful information about educational and medical services and about the organisation of the hospital day.

7.7 Some parents may gear their visiting specifically to avoid school hours, but with open visiting arrangements parents may be with their child at any time. Where possible, teachers will want to involve parents in their child's education in hospital, but teachers need also to recognise that parents' main concern will be for their child's health.

7.8 When a child or young person is discharged from hospital, discharge letters and advice to parents should include clear advice as to when the child might be ready to return to school. This date should be kept under review to take account of subtle improvements or set backs in the child's condition. The possibility of part attendance prior to full attendance might be considered during the recovery phase.

Liaison with the home school or home tutor

7.9 Parents may very helpfully be able to provide additional liaison with the home school. They can also advise and support in some cases where a computer is being used to assist learning. Some LEAs invite parents to Information and Communication Technology (ICT) workshops.

The DfES has an Internet site especially for parents, which has information on a wide range of subjects, including help for parents to find out how ICT can benefit their children's education. It can be found at <http://www.dfes.gov.uk/parents>

7.10 The positive involvement of parents with the school once their child has returned to school can often reassure the child, teachers and parents themselves.

Children and young people in public care

7.11 In the case of a child or young person in public care the local authority, as the corporate parent, is responsible for safeguarding and promoting their welfare and education. The authority and primary carers (foster carers or residential social workers) will have valuable information about the educational achievements of the children and young people in their care and they have a key role to play. Good communication with the local authority in question will be essential to ensure continuity of education. Joint DfES/DH guidance "Education of Young People in Public Care" is available on the DfES website <http://www.dfes.gov.uk/incare> or can be ordered from DfES publications telephone: 0845 60 222 60 – Fax: 0845 60 555 60 – email: dfes@prolog.uk.com asking for product code EDGUIDE.

Pupil participation

7.12 The United Nations Convention on the Rights of the Child, adopted by the General Assembly in 1989, and ratified by the United Nations in 1991, recognises in Articles 12,13 and 23 that children have a right to obtain and make known information, to express an opinion, and to have that opinion taken into account in any matter or procedure affecting the child. All children should be involved in making decisions right from the start. The ways in which children are encouraged

to participate should develop to reflect the child's evolving maturity. Participation in education is a process that necessitates all children being given the opportunity to make choices and to understand that their views matter.

Parent partnerships

7.13 The Education Act 1996 places statutory duties on LEAs to make arrangements for all parents whose children have special educational needs (SEN) to have access to parent partnership services, and to informal arrangements for resolving disagreements about SEN. The aim of parent partnership services is to help parents make appropriate and informed decisions about their children's education. They offer a range of flexible services, including information and advice about SEN and, for all parents who want one, access to an Independent Parental Supporter. This is someone on whom parents can rely to provide independent advice and support to help them through the system.

7.14 Parent partnership services can also play an important role in cases where a child's illness or injury might cause the development of SEN for the first time. Where parents disagree with the LEA or school about the SEN provision being made for their child, they can make use of disagreement resolution arrangements. The aim of informal disagreement resolution is to ensure that practical educational solutions – acceptable to all parties – are reached as quickly as possible and so minimise the disruption to pupils' education.

Case study

Sefton Educational Referral Service, Distance Learning

Parents/carers are encouraged to become involved with the child's education and are welcomed as learning mentors to work in partnership with the student and tutor. Parent/carers are also offered advice on adult training and education opportunities.

To support the learning process, a helpline is in operation seven days a week, which enables the student to access a named member of the Service.

Chapter 8

High quality educational provision

A pupil who has medical needs should have equal opportunities with their peer group including a broad and balanced curriculum. All such pupils should as far possible receive the same range and quality of educational opportunities, as they would have done at their home school.

Every child should have the best possible start in life through a high quality education, which allows him or her to achieve their potential. That principle applies whether the child is at school or absent for whatever reason.

Teachers' pay and conditions

Good teachers, using the most effective methods, are the key to higher standards. Any flexibilities available to employers in determining pay levels and other terms and conditions should be considered to ensure recruitment of teachers with a high level of expertise and skill. Ideally, LEAs should offer clear career progression opportunities, using contracts with as few sessional teachers as possible.

8.1 Sessional teachers, usually home tutors, are often paid for contact teaching time only. In setting rates of pay for sessional teachers, LEAs need to consider including an element for non-contact time, in particular, to cover the time required for liaison with the home school and other agencies.

Training and development

8.2 Continuing professional development is particularly important for teachers of pupils with medical needs. Home and hospital teachers often work in isolation from their colleagues, and from each other. They have responsibility for teaching all ages and all abilities. They also have a key responsibility for liaising with other agencies.

LEAs should ensure that teachers in home and hospital teaching services have access to continuing professional development in the same way as other teachers.

8.3 Home and hospital teachers should have continuous updates on curriculum issues at all key stages. They should be encouraged to liaise and share good practice with other teachers of pupils with medical needs. They should also be encouraged to visit and form links with schools, observe good practice and to keep up to date with new teaching methods.

8.4 There should be a clear management structure with senior managers monitoring effectiveness of training. Teachers of pupils with medical needs should have access to advisory teachers and might usefully be encouraged to build a professional management portfolio. They should be knowledgeable about a range of medical conditions and the impact of the condition on the child and the family. LEAs need to identify appropriate and specific training on this.

8.5 Hospital teachers may wish to discuss their roles with administrative, nursing and medical staff within the hospital. OFSTED has noted the positive attitudes of staff in hospitals where an educational element is included within initial medical, nursing and therapy training.

8.7 Opportunities should be considered for training health, social services and education professionals together, to facilitate the development of multi-

disciplinary teams to work across traditional boundaries, and to promote multi-skilling. Opportunities for training should also be extended to school governors.

Case study

Education Otherwise Service, Havering

Core team staff and sessional teachers in Havering LEA receive relevant in-service training. The Borough has supported attendance at examination board training days; moderation meetings; literacy and numeracy training sessions together with courses on child protection; Human Rights Act; health and safety; first aid; selection and recruitment.

Staff are actively encouraged to maintain a professional development portfolio. As part of this they record their attendance at courses, key learning points and ways in which the course content has influenced their current practice. The ICT facilities at the Havering Tuition Centre are available for use by all registered staff on a 'drop in' basis or for booked training sessions with the ICT tutor.

At selected monthly team meetings staff are asked to 'cascade' their up-to-date knowledge to other colleagues, discuss how new initiatives can be incorporated into the existing way of working and share general ideas of how they can improve their service.

In addition to increased staff understanding of curriculum developments relevant to their work, staff have developed an improved working relationship with mainstream colleagues and achieved a greater degree of mutual respect. Maintaining a professional development portfolio has helped staff identify areas where further training is required. The pupils themselves have benefited from working with an increasingly skilled staff.

Financial resources

8.8 Mainstream schools' recurrent funding is based on their pupil numbers, as at a date or dates specified by the LEA. With certain limited exceptions relating to pupils in nursery or SEN units, all pupils on register on the count dates (including pupils absent on grounds of sickness) must be included in the count. Special schools are normally funded on the basis of their numbers of planned places. In addition the LEA receives resources through its standard spending assessment to enable it to provide centrally funded services such as those for hospital and home teaching services.

The curriculum

8.9 Pupils with medical needs should have access to the full National Curriculum wherever possible. As a minimum, pupils with medical needs are entitled to a broad and balanced curriculum complementary and comparable to that in school. How and when they are able to access what is available will, of course, depend on their medical condition. A core staff of specialist teachers who receive regular professional development can best deliver this.

Education in hospital schools

8.10 Hospital schools and teaching services should make every effort to offer the full National Curriculum for pupils with medical needs where the hospital situation allows. They usually offer a wide spectrum of provision, for all pupils, from those under five to school pupils and students in FE colleges studying for examinations, irrespective of the length of their stay.

8.11 It is advisable for hospital teachers to design specific work programmes, in the context of the National Curriculum, which represent worthwhile educational experiences but can be completed in short periods.

Long-term patients

8.12 If a pupil is admitted to hospital on a long-term basis following an accident or trauma, his or her educational aspirations may be affected. Similarly, the aspirations of a long-term pupil may change if his or her condition deteriorates. Those who teach pupils with medical conditions need not only to be professional teachers in the ordinary sense; they should also be able to help the pupil recover from trauma and stress through education. They need expertise in increasing the goals set to pupils about to return to school; and, correspondingly, in modifying the goals set to pupils who are physically deteriorating. This has implications for INSET of hospital teachers and home teachers.

8.13 Good education offers pupils a beneficial mental stimulus during a long hospital stay. It also helps pupils to structure their time, and to promote the psychological well being which is central to a physical recovery. A curriculum as similar as possible to that provided at school will help the pupil focus on achievable goals and help eventual reintegration. Assessment, reporting and recording procedures are essential to maintain educational progress and aid planning.

8.14 Teaching whether in hospital, at home or at a centre should continue for any child with a life-threatening illness for as long as they feel able to access this. Arrangements to undertake examinations should proceed as for any other pupil.

Accommodation

8.15 Hospitals are required to provide for the accommodation needs of children and young people receiving education in hospital but may seek a contribution to the capital and running costs of this accommodation from the LEA. LEAs should collaborate closely with their respective health authorities to ensure the availability of suitable teaching and storage accommodation in hospitals.

Accommodation should:

- Provide sufficient separate teaching and storage space.
- Be close to paediatric wards.
- Be designed, furnished and equipped to meet pupils' needs.
- Make provision for a variety of teaching methods, including information and communication technology.
- Take account of the needs of those children and young people with disabilities.

Guidance on education accommodation in hospital for children and young people is contained in Department of Health/NHS Estates Health Building Note 23 and DES Design Note 38.

Other resources

LEAs have a responsibility to keep their teaching services informed about the resources and support available to do their job.

8.16 Home tutors should be able to expect ready access to a wide range of books, equipment, and materials for the purpose of teaching at home in the same way as those working in schools. The school library service can also make an important contribution to the provision of relevant materials.

8.17 The DfES provides all LEA support services for pupils with special educational needs with "SPECTRUM", the monthly update of new DfES publications. Each month all the publications DfES has sent automatically to schools are posted on the EASEA website, where there is also an archive from past months. School and LEA staff can register with the service at <http://www.easea.co.uk> to receive a regular e-mail alert when new information fitting their personal profile of interest, is on-line. From September 2000 the head of each

SEN support service receives a copy of the primary and secondary schools batch mailing.

8.18 Extra free copies of National Curriculum material is available for support service staff and all National Curriculum material is available on the National Grid for Learning website at <http://www.ngfl.gov.uk>.

ICT

8.19 ICT and its growing potential should be fully utilised by LEAs and all those involved in pupils' learning, when they are in hospital or at home or in any other type of provision. Using software and communication technology will enhance the quality of education for all pupils, wherever they are being educated, and can raise standards of achievement. However, it is important for ICT to be seen as part of the whole learning programme, whose planning must always start from teaching and learning objectives.

8.18 There are a number of factors, which should be considered for the effective use of ICT. There needs to be:

- Senior management commitment.
- A vision for a sustained investment in ICT.
- Access to ongoing professional development in the use of technology within the curriculum.

8.19 LEAs need to foster this vision so that home schools can use the technology to provide the hospital school or other provision with information and resources that will enable pupils to access the full range of curriculum opportunities.

8.22 ICT can also help children to keep in touch with their peers and reduce isolation. The use of videoconferencing by children confined to wards can facilitate their contact with friends, family and teachers. ICT can facilitate learning alongside peers, which can be a prime motivator, overcoming feelings of exclusion.

Case studies – ICT

1 In a London hospital school, pupils use videoconferencing links to join in lessons taking place in school classrooms. The same school uses this technology to link with schools abroad and to access a range of experts.

2 In a Birmingham Hospital School videoconferencing was used with a Key Stage 3 pupil who was reluctant to move from the ward to the classroom following a tracheotomy. The video link meant that he could meet staff and pupils, communicate with them and experience the classroom activity without feeling vulnerable.

3 The development of a virtual classroom at a Birmingham hospital school is providing greater breadth and balance in the curriculum. This can reduce the need for individual teaching at the bedside and increase the opportunity for pupil interaction and collaborative working.

4 In one hospital school a connection to the Internet helps them make use of digital cameras, take part in videoconferencing, and access word processing in community languages.

5 At another hospital school an Internet project enables pupils to maintain contacts with the outside world and access materials to support the development of their coursework. Teachers at their home schools and at the hospital school jointly managed the project.

8.23 In small hospitals or other units, access to subject specialists may be a problem. Communication with specialists using technology can help and can do much to improve access to a broad and balanced curriculum. The Internet offers a wealth of new materials supporting pupils' own research and their communication with other

children and young people, both in this country and abroad. CD-ROMs bring library research into the classroom. Networked computers can give pupils access to their own work and learning materials within any of the class bases. Some hospital schools give all pupils access to computers using, for example, the NHS net to link up with other hospital schools, including some overseas, with videoconferencing and lesson sharing.

8.24 ICT can effectively provide access to learning at the bedside. It can assist with short-term problems, e.g. visual impairment or concentration difficulties, through providing rich multi-sensory learning materials on CD-ROM or the Internet. Low-cost technology, whether it is a predictive word processor, a spell-checker or the use of a keyboard, can offer an appropriate solution where physical abilities are impaired by providing temporary assistance with writing needs.

Case study

The Children's Hospital School, Great Ormond Street

Anytime, Anywhere Learning (AAL) Project

The Children's Hospital School, Great Ormond Street runs an Anytime, Anywhere Learning programme which involves equipping a small group of long-stay patients with recurring illnesses with multi-media PC laptops, educational software and 'free' dial-up internet access facilities.

The laptops provided are for use on the wards, in the schoolroom, at home and in the home school and are a means of:

- Reducing the impact of frequent hospitalisation and consequent disruption to educational progress by maintaining close links with home schools.
- Maintaining and enhancing communication with classmates, friends and family through e-mail and videoconferencing.

Initial and informal feedback from the scheme:

- ICT competence and capability in a range of applications has increased.
- Pupils have used their laptops to maintain and develop links with teachers in their home schools and at Great Ormond Street.
- The self-esteem and motivation of some 'reluctant learners' has increased.

A psychology undergraduate is using the AAL Project as a theme for his dissertation and will be looking at the impact of the project in terms of psychosocial and qualitative educational benefits.

8.25 Where a child's needs are complex and there is heavy reliance on access to technology, it is important that continuity of provision is ensured. Teachers should collaborate with the hospital and home teaching service to ensure that where pupils' learning requires access to technology such as adaptive keyboards or switches they are made available.

8.26 The rapid growth in the number of home computers and the increasing availability of sophisticated laptop computers provide opportunities for enhancing education at home. This is not only a means of enhancing the range and quality of educational opportunities, but also allows children to learn at times convenient to them. Similarly, those at home can have a virtual classroom, linking into the home school or hospital or unit and working with educational material as their condition allows, guided by the teachers. Self-paced distance learning with mentors or tutors can enable access to learning in centres rather than relying totally on home visits. It is now possible for home schools to publish lesson plans and set assignments on-line so they can be accessed from the hospital school or home. Schools and home and hospital teaching services

should explore and take advantage of initiatives that are providing high-quality online learning materials either free or at low cost.

Case study

Sefton Educational Referral Service, Distance Learning

Sefton LEA has used distance learning techniques successfully in the home for over five years. Delivered with the support of Sefton's Home Tuition Service, sick children are offered enhanced access to the curriculum via ICT using E-mail, Internet, CD Rom and video conferencing on a one-to-one basis or in appropriate groupings. Students are loaned a multimedia pc/laptop and home and hospital teachers visit the pupils regularly.

8.27 Software can also be used to assess pupils and monitor their progress. This will often help teachers in hospital schools as well as home teachers to plan programmes of learning. Where managed learning systems are used it may enhance teaching time and represent better value for money.

8.28 Another critical factor in successful use of ICT is communication between all the parties involved. Consideration should be given to enabling staff delivering education in hospital or at home to make use of e-mail and the Internet so that all those involved can share the teaching and learning objectives and monitor progression using a common form of communication technology.

Chapter 9

Accountability

Arrangements must be in place to ensure adequate monitoring and evaluation.

Quality assurance

9.1 Quality assurance on the standard of LEA provision of education for pupils who are unable to attend school because of medical needs is crucial. Monitoring and inspection may be complex given the diverse nature of the service. Inspection of the functioning of small psychiatric units, where teachers are usually members of multi-disciplinary teams and where medical needs interact with or at times take precedence over educational needs, can be difficult.

9.2 Hospital schools clearly fall into the framework of national school inspection, as do PRUs. Home and hospital teaching services, or discrete parts of a service, which provide education in a school type setting, should also register with the DfES as a PRU and will be subject to OFSTED inspection. (See chapter 1).

9.3 Where an LEA has a home teaching service, which does not provide education in a school type setting, OFSTED will look at LEA procedures for the provision of its home and hospital tuition service as part of their inspection of an LEA.

Local authority monitoring and evaluation

It is the responsibility of the LEA to establish systems for internal monitoring and evaluation. The LEA should review its hospital and home provision continuously to ensure that the service is:

- Meeting the needs of pupils.
- Being run cost effectively.
- Meeting the requirements of section 19 of the Education Act 1996 and this statutory guidance.

9.4 The LEA should also ensure that it meets its responsibilities as set out in the Disability Discrimination Act 1995, the Education Act 1996 and the relevant codes of practice. Guidance on the SEN duties in the Education Act 1996 may be found in the SEN Code of Practice, and there will also be a Code of Practice to help Schools when the new duties under the Disability Discrimination Act 1995 Part IV come into force in September 2002.

9.5 Chapter 2 discussed the importance of clear policies and standards and how written policy statements can assist in the annual monitoring of the effectiveness and efficiency of provision. Monitoring should also look at the provision made by schools for pupils with medical needs, for instance, looking at the responsibilities and channels of communication for the support of such pupils, and arrangements for the provision of homework for short-term absence. Some LEAs have developed performance measures on some aspects of the service for educating pupils with medical needs to aid management monitoring. Information from health authorities and other agencies can provide evidence of how well a service is operating.

Case study

Home Tuition Service, Department for Education and Schools, Bradford

The Department of Education and Schools Home Tuition Service set team and individual performance targets. Team targets include a target to ensure that “complex” home tuition cases have early multi-agency planning to ensure agencies work together for favourable outcomes.

Bradford has found that target meetings have provided positive outcomes for individual students. An example is a pupil in Year 11 referred for home tuition who had Lopus Erythematosis and was under the care of a consultant clinical psychologist. This was a complex case involving mental health services, social services, the education welfare service and careers.

The pupil was provided with tuition to GCSE level at home for five hours. The tutor linked with the home school. Social services provided a support care scheme, with weekly overnight stays. Violin lessons were provided through home tuition. The child mental health outreach service supported development of independent living skills. Careers and Education Welfare Service identified and secured a Year 12 college place. Home tuition ceased at the end of the school year and health and mental health services maintain contact through the early part of college placement.

9.6 Benchmarking with other agencies can assist in improving delivery of services and introducing innovations. Consideration of systems and practices elsewhere in the authority, or in other LEAs or health authorities and Primary Care Trusts can provide good practice that can be developed and modified to suit local circumstances. LEAs might also develop mechanisms for sharing good practice with other authorities.

Schools themselves should also monitor their own performance in this area.

Case study

Blackpool Hospital and Home Education Service

Blackpool Hospital & Home Education Service (HHES) produces termly reports for schools detailing the amount and type of provision their students have received. Schools are invited to comment on what is contained in the report. For individual students, who may stay with the service on a longer-term basis, joint planning meetings are held periodically with school representatives and parents to review current provision and prepare a longer-term action plan. A report covering the work done and the student's performance is sent to the school when a student who has been with the service for 15 days or longer returns to the school. A more comprehensive annual report is produced for all long-term students and is issued to parents as well as schools.

Department of Health Guidance Document

9.7 The cardinal principles involved with providing a quality service for children admitted to hospital are set out in the Department of Health guidance document, 'Welfare of Children and Young People in Hospital,' published by HMSO in 1991, ISBN Number 0-11-321358-1. Paragraphs 4.14 – 4.18 address educational needs and the facilitating role to be played by hospitals. The guidance also stresses the need to appreciate the holistic needs of the child and the need for a child-friendly environment, taking account of the child's needs and the role of education in meeting these needs. The Department of Health is currently undertaking a scoping exercise to assist the process of developing a National Service Framework to set standards in the provision of children's and child health care services. This will build on the guidance currently available.

ANNEX

Example of an LEA policy

HAVERING TUITION SERVICE – EDUCATION OTHERWISE

At all times the pupil remains the responsibility of the school where they are on roll.

It is possible that from time to time a school may need to seek support from the Havering Tuition Service for pupils who are temporarily unable to attend mainstream school on a full-time basis, these pupils may be:

- long term sick children
- school refusers
- pregnant schoolgirls

Aim

The aim of the Havering Tuition Service is to reintegrate these pupils back into full-time mainstream education at the earliest possible opportunity.

In the interim, for all areas of education otherwise than in school there is a need to ensure improved access to quality education for these client groups who are at risk of either under achieving or of being less employable and contributing members of the community at the end of their period of compulsory education. In conjunction with the pupils' mainstream school it is important to develop or improve links with other agencies in order to support their educational opportunity up to sixteen and to maintain liaison with Futures and Further Education to ensure a successful transition to networks which promote lifelong learning thereafter.

Referral to the Service

Referral to the Havering Tuition Service – Education Otherwise, must originate from the mainstream school and at least one other agency. Other agencies may include:-

- Education Welfare Service
- Special Educational Needs Department

- Educational Psychology Service
- Hospital Consultant and Education Welfare Service
- Senior Clinical Medical Officer and Education Welfare Service
- Child and Family Consultation Service and Education Welfare Service
- Social Services and Education Welfare Service

Action required to initiate referral

If a school is concerned about a pupil:-

- with potentially long-term sickness or recurrent bouts of chronic sickness leading to extensive periods of absence
- who is refusing to attend school
- who is pregnant and will consequently have an interrupted education pre- and post-delivery

and the school can demonstrate that it has taken all possible steps to address or respond to the situation but without success, then the school should complete the Tuition Referral form and return this to the Education Otherwise Co-ordinator. The school should convene a multi-agency meeting to include:-

- pupil
- parent
- appropriate school staff
- Education Welfare Officer (EWO)
- Education Otherwise Co-ordinator
- representatives from other agencies as appropriate

The school should hold, chair and document the planning meeting

If it is agreed that tuition otherwise than at school is appropriate for a short period, then the Education Otherwise Co-ordinator will activate the request and make arrangements for tuition to commence.

The meeting should also decide:-

- venue for tuition – home; home and school based or tuition centre
- approximate duration of period of tuition otherwise than at school
- contributions from other agencies as part of an integrated support programme for the pupil
- plan for eventual reintegration
- date of next review meeting

The school retains the funding for the pupil and will remain responsible for:-

- ensuring half-termly work plans are available in all National Curriculum subjects which the pupil would normally be studying. Successful reintegration will only be possible if the child feels confident that they have covered a similar programme of work to their peer group
- the loan of appropriate resource materials, where possible. These will be itemised and checked off when returned to the school
- examination entry fees
- making arrangements for SATs
- assessment of coursework
- career interviews
- work experience placements
- informing all other agencies of any alterations to the agreed plan of action

The Havering Tuition Service becomes responsible for:-

- the delivery of a broad and balanced curriculum
- sending a monthly report to the school outlining the pupil's progress and achievements
- working with the mainstream school's EWO to ensure good attendance whilst on tuition and if necessary completing the appropriate referral form requesting them to make a home visit
- completing accurate attendance records which will be sent to the school on a monthly basis

- implementing the agreed programme of reintegration
- attending review meetings
- ensuring tutors receive appropriate in-service training

Evaluation of the Service

Following the pupil's reintegration into school it would be helpful if the designated school link teacher could complete the brief evaluation form to inform the further development of the Havering Tuition Service and to improve the quality of the service given to schools and pupils.

Referral by other Agencies

All other agencies who are concerned about the welfare of a particular pupil and think that a period of education otherwise than in school would be appropriate, should make contact with the school to discuss their concerns. It is possible that the school may already be addressing these issues or alternatively may confirm the school's decision to call a multi-agency meeting. This also applies to out of Borough schools where Havering is the parent(s)' place of residence.

Withdrawal of tuition

If a pupil fails to attend or make themselves available for tuition on a regular basis without production of an appropriate medical certificate or having a valid reason for absence as determined by the Education Otherwise Co-ordinator, then tuition will cease until a further meeting is convened to establish a way forward.

Tuition will also be withdrawn if the child ceases to follow a therapeutic programme recommended by any other agency as part of a rehabilitation and reintegration package. Isolated tuition sessions do not in themselves support a programme of reintegration nor can they give the child sufficient confidence to ensure a successful return to school.

Anyone wishing to appeal against the decision to withdraw tuition should follow the agreed procedure.

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