

Hospital and Home Tuition Policy

**Policy and Procedures for
children who cannot attend
mainstream school because
of health needs**

Guidance

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INTRODUCTION

This policy applies to children and young people in Cumbria who because of health needs are unable to attend school and receive a suitable education. The policy covers children who are on the roll of a school (including maintained schools, academies, free schools, special schools, PRUs and independent schools) or, in exceptional circumstances, who are not on a roll of a school who would not otherwise access a suitable education.

The SEN handbook contains policy on the education and support of children with physical and medical needs who are able to access a suitable education in school.

The Local Authority in making provision for children who are unable to attend school because of their health must have regard to the January 2013 Statutory Guidance issued to local authorities. This guidance refers to Section 19 of the Education Act 1996 and the Equality Act 2010.

The named officer responsible for the education of children with additional health needs is the Senior Manager Inclusion.

The service is delivered through the three Pupil Referral Units:

- Newbridge House – Barrow and South Lakeland
- Gillford Centre – Carlisle and Eden
- West Cumbria Learning Centre – Allerdale and Copeland

Eligibility and definition of provision

The determining factor of access to the service (HHTS) is whether a child is in receipt of a suitable full time education (or as much education as the child's health allows). Consideration of the suitability of education should be given when a child has been absent from school due to ill health for a total of 15 days over the course of a school year or where it becomes evident that they will be absent from school for more than 15 days over the course of a school year.

However a child may have a pattern of absence due to ill health extending beyond 15 days but still be receiving a suitable education from the school. In such cases schools will provide outreach support and contact to ensure that a child on the school roll who suffers from ill health is still accessing a suitable education and benefitting from membership of the school community. A child who is an in patient at a hospital may be in receipt of provision made directly by the hospital and again school should ensure that they liaise with the provider.

The provision made available by the HHTS will be determined when a referral for service is received. The provision will be based on the number of hours the medical evidence supports that the child is able to access and will be determined at the planning meeting and reviewed accordingly at subsequent review meetings. Therefore when determining provision the following will be taken into account:

- the amount of education a child's health condition allows them to access
- the age and key stage of the child

- the type and intensity of the provision made
- provision needed to access qualifications that would be normally available in school

Provision offered may include:

- 1:1 tutoring either in the child's home or HHTS base or other suitable venue
- Small group work in the HHTS base or other suitable venue
- Education in hospital
- Supported access to specific school based learning
- Online learning and support
- A personalised programme

The starting point for HHTS provision is that a child or young person will receive full time provision equivalent to that usual for their age and stage of education. However, this is subject to the quantity of provision that the child or young person's health will allow and the type of provision put in place. If, for example, a child or young person receives one-to-one tuition, then the hours of face-to-face provision could be less as the provision is more concentrated.

The Venue

The child's home may be used, but at times may not be a suitable and appropriate venue for home tuition.

Tuition can only take place when another responsible adult is within the teaching venue (for example a parent or carer when tuition is in the child's home).

A risk assessment of the venue (and the provision) will be undertaken by the Hospital and Home Tuition Service to ensure the health and safety of all concerned and before any tuition can take place.

Referral

A referral for home tuition (see Appendix 1) should come directly from any educational partner including the school or hospital and **must be accompanied by one of the following:**

- A Consultant's report (which may include CAMHS) - appendix 1 is the referral form that a school should ask the consultant to complete;
- A Hospital discharge notice;
- A Community Paediatrician report;
- official medical notice of expected due date (when pregnancy is the reason for referral).

It is the educational providers (i.e. school in most cases) responsibility to provide the supporting medical evidence with the referral to the relevant Headteacher (Appendix 2).

Referrals must indicate the anticipated length of time that a child will require HHTS provision or when a long-term support need is identified the anticipated change in the pupil's condition which would allow reintegration in the future.

Once a referral and the supporting medical evidence have been received a planning meeting will be held. The planning meeting will involve HHTS staff, parents, staff from the home school and where appropriate the child. This planning meeting will agree a Support Plan (similar to a PSP or IEP type review document used by schools) that will identify the lead professional to co-ordinate support and in most cases this will be the named person from the child's home school or the lead professional named on the Early Help Assessment.

Agreement on the above issue must be decided before the provision/tuition can commence.

The plan will also identify either a school or re-integration plan.

If there is non-attendance at 5 sessions without medical reason and/or prior agreement the tuition is likely to cease and the relevant school will be notified.

Tuition for pregnant schoolgirls/schoolgirl mothers will usually, unless there are other medical reasons for home tuition, be for up to 12 weeks in total. Tuition must be taken between the 28th week of pregnancy and 12 weeks after the birth. Referrals should be made before the birth due date.

Further details of the roles and responsibilities of all involved in the process, including the need for tuition, will be outlined in the agreed plan (which may form part of the existing EHA). This will be reviewed at half termly intervals (or six weeks whichever is the most appropriate) unless changes in condition necessitate earlier review.

A child will remain on the home school roll unless the medical advice explicitly states that the child will be unable to return to school before ceasing compulsory school age and neither the parent nor the child has indicated an intention to stay in school after ceasing to be of compulsory school age. Pupils should be dual registered with the relevant alternative provision from the beginning of the first day on which the home school has commissioned the alternative provision. For the purpose of the school census a pupil should be dual main registered at their home school and dual subsidiary registered at the alternative provision.

Curriculum

Wherever possible the curriculum will reflect the curriculum that a child would experience at school. This will be differentiated to meet the needs of the individual child. When provision is limited to a shorter period of time the curriculum will focus on key literacy and numeracy skills.

HHTS will work closely with the home school to determine provision. School must ensure support is given for this via liaison being available with school staff and any relevant resources such as text books, past papers etc.

When a child is expected to take public examinations but is not well enough to do so in school, agreement should be reached between the HHTS and the home school as

to how arrangements will be made to enable the child to sit public examinations. Home schools are responsible for ensuring exam entries and any necessary access arrangements are made. HHTS staff will liaise with schools about movement of exam papers and invigilation of exams etc if it is felt a student's needs to sit any exam in the HHTS facility rather than school.

Role of the school

The school will identify a named person (lead professional) to provide a link and continuity for a child accessing HHTS. The school will provide curriculum information in sufficient detail to enable the HHTS staff to deliver a suitable education. The school through the named person will also provide resources and curriculum support as defined within the student's plan.

In cases where access to HHTS is anticipated to be for a period of more than 12 weeks, or when the provision extends beyond this period the school will also identify the appropriate proportion of the pupils AWPU to contribute to the cost of provision. This follows the principle that funding should follow the learner.

Schools should also make arrangements for contact visits as appropriate. These will form part of the plan and will offer the child opportunities to retain contact with the school and peers in the school. Contact visits could include attendance at assemblies, invitations to school events or internet links to lessons. Schools should also maintain contact with the child and parents through newsletters, emails and other usual school communications with parents.

Complex Cases

Some cases will present a complex pattern of need. The medical diagnosis, treatment, benefits of hospital and home tuition, and period of absence may be unclear. The hospital and home tuition service has an important supportive role with these cases but will not act in isolation nor assume lead officer responsibility.

Hospital or Home tuition is not intended to provide alternative long-term education.

Home tuition will be offered when there is:

- A clear action plan for educational provision, including a hospital and home tuition exit strategy, or school re-integration strategy (as appropriate);
- A named lead officer;
- An agreed time limit;
- Defined roles for other professionals involved;
- Appropriate medical treatment available.

Home tuition will be provided and agreed for a half term or six weeks. After that time there will need to be a review and consequent action plan should it be deemed relevant that the tuition continues from the service.

Cases may need referral to the Complex Needs Panel via the Senior Manager Inclusion). This should be done via the multi-agency team meetings/reviews and led by the referring school.

Pupils with Statements of Special Educational Need or an Education, Health & Care Plan

When a pupil accessing HHTS has a Statement of Special Educational Need or an Education, Health & Care Plan (EHCP) the provision established for the pupil should be developed so as to meet the needs defined in the statement. Additional support will be made available for these pupils to enable the HHTS to meet these needs. Statement/EHCP funding and/or support will be reallocated from the home school to the HHTS for the duration of the period that a child is accessing HHTS.

Reintegration

All pupils who access HHTS will have a reintegration plan which will be developed in partnership with parents, medical professionals and the home school when the child is well enough to begin to reintegrate. Where appropriate this should include the relevant medical professionals to provide advice to the school or further education establishment.

Appendix 1

Referral forms are available via each of the 3 Pupil Referral Units using their current referral passport/document .

Referrals should be supported with:

- Medical evidence [cet](#) from the relevant health practitioner on the form provided
- A current EHA and subsequent action plans unless there is already an EHCP in place
there is a YOS order in place or
the pupil is at Child in Need or Child protection level of support from Children's Services (in which case please include the latest plan)
- Student's attendance record
- Any relevant reports from other professionals involved [{](#)

Appendix 2

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