

## Consultation

Pupil Support and Access

**LEAs, heads and governors of schools and other interested parties**

Date of Issue: November 2000

Ref: DfEE 0308/2000

Related documents:

Circular 12/94

The Education Act 1996

Superseded Document:

None

# Consultation on the Education of Sick Children



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# Foreword

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## **by the Parliamentary Under-Secretary of State for School Standards, Jacqui Smith MP**

The Government is committed to the provision of high quality education for pupils who are unable to attend school because of illness or injury. Many programmes are now in place to raise the standards of achievement in our schools and to ensure that barriers to inclusion are removed. We believe that practice should be tailored to need and should start from the basis of entitlement to education for all. That must include children who are absent from school because of illness or injury. They too must be given the opportunity to continue their learning and fulfil their potential.

It is vitally important to the well being and to the future of each child that when they are absent from school because of illness or injury they continue to have access to education. We want to ensure that adequate structures and systems are in place in each local education authority so that every sick child continues to benefit from education and no child falls through the net to the detriment of their education and life chances. This applies equally to those pupils who are expected to recover quickly and to be reintegrated easily into their mainstream or special school and those who have chronic illness which may keep them out of school for a number of months or even years. It does not follow that because a pupil is unable to attend school, because of a medical condition, that he or she is unable to learn for at least some of that period.

Education should be provided as soon as the child is well enough to cope with it. Educational regression,

even for a short period, can have a lasting effect on a child's life chances. Education also plays an important part in recovery of health, providing normality, motivation and hope for children who are coping with serious illness. It is a lifeline for children who suffer long-term ill-health.

Building on the good foundations that have already been established in many areas of the country, we are seeking your views about how to make our vision a reality.

## **Jacqui Smith MP**

Parliamentary Under-Secretary of State for School Standards

# Introduction

In any given year there are some 100,000 children who require education outside school because of illness or injury. In addition, there is a significant number of children who experience clinically defined mental health problems. The situations of these children will vary widely but they all run the risk of a reduction in self-confidence and educational achievement.

The primary aim of educating children who are ill is to minimise, as far as possible, the interruption of and disruption to a child's normal schooling by continuing education as normally as the incapacity allows. Sick or injured children can suffer educationally from the time spent in hospital or convalescing at home, and away from normal schooling, and also from the reaction to the trauma or illness or hospitalisation itself. It is part of the role of the teacher to continue the learning process and to keep education alive in the child's life, and where possible maintain progress. The emphasis on continuing learning applies equally to children with life-threatening or terminal illnesses, who also have a right to education suited to their age, ability, needs and health at the time.

We believe that the following key principles should underpin such provision:

- Access to education
- Clear policies, procedures and standards of provision
- Early identification and intervention
- Continuity of educational provision
- Working together
- Successful reintegration into mainstream school
- Partnership with parents<sup>1</sup> and pupils
- High quality educational provision
- Accountability

These principles are explained in more detail in the following sections. The purpose of this consultation is to review the arrangements as set out in Circular 12/94 and to encourage debate about how to ensure that arrangements reflect these key principles. Our aim is to bring services up to the level of the best. That debate also needs to take account of changes in the way the education and health services are managed; significant developments in information and communication technology (ICT); and the teaching of numeracy (NNS) and literacy (NLS) for pupils at Key Stage 2.

Circular 12/94 sets out the arrangements for the education of sick children, in the context of the local education authorities' duty to provide education otherwise than at school, where it is necessary to do so to meet pupils' needs. It contains a lot of good advice. The Government now seeks to build on that advice and add to the continuum of existing effective and efficient services, in order to deliver the optimum educational provision for every sick child.

Please complete the attached questionnaire and return it to the address or e-mail given in the questionnaire no later than 5 February 2001.

<sup>1</sup> Throughout this document the term "parent" includes all those who have parental responsibilities.

# Access to education

All children should continue to have access to as much education as their medical condition allows so that they are able to maintain the momentum of their education and to keep up with their studies.

## The statutory framework

**1.1** Section 19 of the Education Act 1996 provides that, *“Each local education authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.”* Local education authorities also have the power to provide suitable education otherwise than at school for young people over compulsory school age but under the age of 19. Suitable education is defined as efficient education suitable to the age, ability, aptitude and to any special educational needs the child (or young person) may have. In determining what arrangements to make under subsections 19(1) or (4) in the case of any child or pupil, a local education authority must have regard to guidance given from time to time by the Secretary of State.

**1.2** Although arrangements under section 19 may amount to part-time education, what matters more is the quality of the arrangements made and whether they make suitable provision. It is not possible to lay down a fixed amount of education per child per week because each child’s case is unique and changeable. However, it may be the case, for example, that a child receiving part-time education on a one to one basis for some periods each week is, in fact, receiving education at least as suitable as a child being educated full-time in a class.

## Type and range of provision

**1.3** The practical effect of section 19 is that local education authorities are obliged to arrange suitable education for all children of compulsory school age who are out of school because of illness or injury.

This can be provided in a variety of ways, through: the provision of a registered hospital school or hospital tuition service; home tuition; or an integrated hospital/home education service. Some authorities operate combined hospital and home tuition services based on hospitals. Others have units based in hospitals, or lone hospital-based teachers; or individual tuition in hospital provided by teachers based at an external tuition centre or Pupil Referral Unit.

## Education in hospital

**1.4** Hospital schools are special schools, maintained by local education authorities, within the premises of a hospital. There is no typical hospital school or unit. Some are in general or district hospitals; others are located within hospitals which provide specialist treatment for children, some of whom will have chronic illnesses; while others are within the diminishing number of hospitals for children with severe learning difficulties. Education law reflects the special nature and variable circumstances of hospital schools by providing, in some areas of legislation, more flexible arrangements than those applying to other special schools. All hospital schools have local management and delegated responsibility for their budgets.

**1.5** Education in hospital which is provided as ‘education otherwise’ by definition means education in hospital otherwise than in a hospital school. The Department of Health and the NHS fully recognise the importance of providing education for children in hospital. In several practical respects, and particularly in the form of provision offered to pupils, there may be very little difference between a hospital teaching service and a hospital school. The principal of a teaching service may have the role, and even the title, of a head teacher and curricular provision is frequently similar. As with hospital schools, provision of the National Curriculum is not obligatory although it is expected that every attempt is made to ensure pupils have access to a broad and balanced curriculum.

**1.6** Most of the children for whom they provide are in-patients, although a few chronically ill children may attend daily from home. Some children may be admitted for only a few days, while others may remain on wards or in units for longer. Other children may attend the hospital school regularly for, say, a few days a week returning home or to mainstream school for the rest of the week. Some specialist hospital schools providing for terminally or chronically ill pupils also make or help to arrange provision for well siblings where the whole family has moved to the area temporarily to be close to the sick child.

#### Home tuition

**1.7** Home tuition may take the form of tuition on a one to one basis at the child's home, or attendance at a day centre which may be on hospital premises, or in local education authority support or learning centres where sick children may be taught in groups or via electronic provision.

#### Pupil Referral Units (PRU)

**1.8** Education for a sick child may include a place in a PRU. The DfEE is currently reviewing the quality and standards of educational provision in PRUs for all pupils. Some local educational authorities use PRUs to bring together small groups of sick and injured children as a means of providing good quality education using the authority's available resources.

#### Psychiatric units and hospitals

**1.9** A small number of young people develop severe emotional and behavioural disorders which require care and treatment beyond that which can be found in school, or sometimes even local health care. Some of these young people need special boarding schools while others need to be treated in hospital. Some are placed in private mental health units or hospitals.

#### Mainstream School

**1.10** Mainstream schools have an important part to play in ensuring that children who are absent from school because of illness or injury have the educational support they need to maintain their

education. The school should provide information about ability, programmes of work, be active in the monitoring of progress and active in the reintegration process. A sick child must not be removed from the school register without parental consent, even during a long period of ill-health, unless the school medical officer certifies him or her as unlikely to be in a fit state to attend school before ceasing to be of compulsory school age. The pastoral support system operated in secondary schools can be an integral part of the structures for ensuring the provision of education for sick children, either at home or in hospital.

#### The Education Welfare Service (EWS)

**1.11** Educational Welfare Officers (EWOs) play an important role in resolving attendance issues, including cases of sickness and injury. Each school maintained by the local education authority should have a named EWO responsible for the attendance of all pupils in the school. Shared policies and operational practices between the EWS and schools are vital, as are clearly defined roles of school staff and EWOs. Many schools appoint a senior member of staff to co-ordinate attendance as part of the whole school approach.

#### Other support

**1.12** Pupils who become sick can easily become isolated. It is important for them to keep in touch with their peers. Local education authorities should also ensure that they receive adequate and relevant information and guidance on further education and careers.

**1.13** Sick children should have equal access to opportunities such as study support and homework clubs. Study Support, as defined by the national framework, is learning activity outside normal lessons which young people take part in voluntarily. It improves young people's motivation, builds their self-esteem and helps them to become more effective learners. It is important to rebuild the confidence of sick children, especially after long periods of illness, and the informal atmosphere of study support is an ideal situation in which to re-engage their relationships with teachers

and peers. A sick child can, therefore, benefit particularly from study support during a period of convalescence or during reintegration into school.

**1.14** The Connexions Service is discussed at section 4.

**Case study:**

In Manchester, children out of school because they are ill attend a centre which offers a range of services which enables pupils to access a full curriculum. Only children who are extremely ill are taught in isolation at home. This system allows the pupils to do better medically, socially and educationally.

**Questions:**

1. Do you agree with key principle 1, Access to Education? Please comment.
2. Are there any particular barriers which arise in respect of access to education for sick children? If so please tell us what they are and how they can be overcome.

# Clear policies, procedures, standards and responsibilities

All parties should be aware of their roles and responsibilities and be clear about the standards of service which are expected of them.

## Local education authority policy statements

**2.1** Each local education authority should have a written policy statement on the implementation of its legal duty to provide education for sick children and its place in the authority's Education Development Plan. It should encompass all aspects of the authority's provision, in hospital, at home and elsewhere, and set out clearly:

- the standards of educational provision for sick children and indicators to measure performance;
- information about the range of provision available and named personnel. Referral systems must be clear;
- the procedures to be followed when a child is away from school as a result of sickness, including the timing of provision; arrangements for pupils working towards public examinations; the need for clear procedures for dealing with medical referrals; and reintegration into mainstream school;
- how responsibility for that service is shared between mainstream schools and other elements, such as the hospital and home tuition service(s);
- main collaboration arrangements with other agencies;
- the annual budget, management structure, organisation and staffing and training needs of the service;
- how the service can be accessed by parents and details of advice/support available to them, including a named contact point; and
- how the service will take account of the child's views.

**2.2** Policy statements show a commitment by senior management to the provision of education for sick children to meet the authority's statutory duty. They feed down to operational plans and to the job plans of individual officers and teachers. The policy statement should be used to help monitor the authority's provision of education for sick children. The existence of that policy statement should be made known to all relevant staff in the authority, to every school within that local education authority, to parents and all relevant agencies and voluntary bodies. Head teachers should know who to turn to for advice and be aware of the support mechanisms available. It should make links with related services in the local authority such as those for SEN and other local authority support services, educational psychologists, the Education Welfare Service and Pupil Referral Units. It should also take account of other provision such as the Early Years Development and Childcare Partnership, and other planning tools such as the Behaviour Support Plan and the Asset Management Plan.

**2.3** To aid effective implementation of policy and cohesion, a named senior local education authority officer, such as an Assistant Director of Education, should have responsibility for the provision of education for sick children by the authority.

## School policy statements

**2.4** Mainstream and hospital schools need written policies and procedures for dealing with the education of sick children, in their school policy statement<sup>2</sup> or that for SEN policy including information such as:

- the school's responsibility to monitor pupil attendance and to mark registers so that they show if a pupil is, or ought to be, receiving education otherwise than at school;
- management structures, staff responsibilities and lines of communication (within and without the school);

<sup>2</sup> These arrangements, a statutory duty upon LEAs, are inspected by OFSTED during inspections of LEAs (OFSTED Framework for Inspecting LEAs, September 2000).

- strategies for ensuring support in cases of long-term absence;
- a named contact within the school to aid communication with other parties, to attend reviews and to keep in contact with the pupil;
- the provision of work and materials for pupils who are absent from school because of medical conditions;
- procedures for ensuring that children who are unable to attend school because of medical conditions have access to public examinations, possibly as external candidates;
- issues related to pupils with statements of special educational needs; and
- how the school's procedures will take account of the child's views.

**2.5** The policy statement should be reviewed rigorously each year, revised as necessary and used as a tool for improving provision.

#### **Case study:**

This Foundation Special School based at Leicester Royal Infirmary takes pupils from 2-19 years, covers teaching at the other hospitals in Leicester with school-age admissions, and provides home tuition for Leicester and neighbouring counties on request, including pregnant schoolgirls. For pupils who work at home the School provides educational support through a visiting tutor, fax machines to enable them to send work back for marking, and lap top computers with Internet access (under tutor supervision) to enable them to get information independently. They have a Day School where pupils are prepared for integration back into their mainstream schools. The School works hard to ensure pupils have a broad and balanced curriculum and to this end engages in a working partnership with parents to ensure that home/after school learning takes place. The School has received Charter Mark and Investors in People Awards, and was nominated by the Chief Inspector of Schools as a School of Excellence in his Annual Report.

#### **Questions:**

3. Do you agree with key principle 2, Clear policies, procedures, standards and responsibilities?  
Please comment.
4. Is your local education authority/school policy effective and does it assist good quality provision?  
If yes please provide an example.



# Early identification and intervention

A pupil who is unable to attend school because of illness or injury should have their educational needs identified and receive educational support quickly and effectively.

**3.1** Local education authorities, schools and other agencies need to develop clear lines of communication so that all concerned know who is responsible for identifying the child's needs and how to activate the relevant services quickly. For children's needs to be identified early, cross-agency working/liason between health services, social services, and learning services is essential. This cannot be achieved without the support of the National Health Service. There should be close liaison between hospital consultants, GPs, schools and local education authorities so that ill children can be provided with educational support quickly and effectively and ongoing monitoring can be facilitated.

**3.2** Local education authorities and schools must have arrangements to ensure that a sick child away from school for any period receives education if they are able. If a child is expected to be away from school for four weeks or more, hospital or home tuition should begin as soon as possible after the child is absent from school. It is the total time of predicted absence from school that is important, not merely the hospital stay. Regular analysis of medical absences, by the school or EWO, can be used to develop regular monitoring of sick children, including those referred to the home and hospital tuition service.

**3.3** The survey of 10,000 children published in March 2000 by the Office for National Statistics found that around 10 per cent of children aged 5-15 had clinically defined mental health problems.<sup>3</sup> Within this definition are included disorders such as depression, conduct and anxiety disorders. These can range from separation anxiety and sleep problems in young children to panic attacks, eating disorders or self-harming behaviour in older children. Some mental health disorders, such as eating disorders, can involve frequent or long absences

from school. The issues are often complicated and it is not always clear whether it is purely a behaviour issue or whether there is an underlying emotional difficulty – for example whether a pupil is a “school refuser” or a school phobic. Many of these health problems are not easy to diagnose quickly. Close and early collaboration between local education authorities and health, particularly the Child and Adolescent Mental Health Services (CAMHS) and other agencies, is essential when the nature of an illness and its effects are not clear. Community paediatricians/consultants can often help with the identification of pupils with chronic or long term conditions.

**3.4** Obtaining the medical evidence for securing eligibility for educational support can be a serious problem, particularly for mental health where there may be no medical notes. In some areas there may be a long waiting list for children being seen by a child psychiatrist, in order to have their difficulties diagnosed. Steps need to be taken to ensure that this does not leave a child without education. In some cases, consideration should be given to beginning the process of identification and assessment of a child to determine any special educational needs<sup>4</sup>, to aid early intervention and effective monitoring.

**3.5** A child's illness can sometimes be related to other circumstances such as severe social problems. With long term provision such as that caused by chronic fatigue syndrome (CFS)/ME, there can be problems with the unpredictable pattern of the illness. Review meetings should be as integral to the identification and intervention arrangements as the planning and discharge meetings. The Government is currently reviewing management and practice in the field of CFS/ME with the aim of providing best practice guidance for professionals, patients and carers to improve the quality of care and treatment for people with CFS/ME. Briefing on the work of the Chief Medical Officer's Working Group on CFS/ME is available on the Department of Health's Website at <http://www.doh.gov.uk/cfs-me.htm>. The DfEE will be

<sup>3</sup> Mental Health of children and adolescents in Great Britain (Office of National Statistics).

<sup>4</sup> Public consultation ended recently on a revised Code of Practice on the Identification and Assessment of Pupils with Special Educational Needs, which shifts the focus from procedures to practical help and on to early identification of special educational needs.

consulting separately on guidance for schools and local education authorities on the education of school age mothers.

### Provision at home

**3.6** Circular 12/94 recommends that for short absences of less than four weeks, arrangements should be made in liaison with the child's parents to provide a sick or injured child with homework as soon as they become able to cope with it. Liaison between the school and parents usually allows work and materials such as books and reference documents to be sent to the child's home. The use of the Internet and e-mails provides for many families an increasingly effective and speedy means of aiding the sick child to work at home.

**3.7** Circular 12/94 also recommends that for longer absences, much will depend on the individual circumstances of the child but, as a matter of policy, a child should not be at home without tuition for more than four weeks. That period should include any period that the child has spent in hospital. Where a child has been in hospital for a longer period and has received tuition whilst in hospital, local education authorities should be aware of the disrupted pattern of education for that child and the need for the maximum possible continuity, and will wish to make some tuition available as soon as possible. Good practice would be for the mainstream school to monitor work missed and develop a strategy for helping a child to keep up rather than have to catch up. That applies to recurrent absences and should not be left until a pupil has been away for several weeks. A pupil working towards public examinations needs special consideration and the arrangements should be stated in the local education authority and school procedures.

**3.8** For children who are not at school and require tuition but have not been admitted to hospital or who are between periods in hospital, the most frequent source of notification is the Educational Welfare Officer (EWO). In some local education authorities, however, these officers do not follow up the absences of sick

children as they are automatically considered authorised absences. There is a danger that, unless other mechanisms are in place, a child will fail to receive education whilst they are away from school unless the parent makes representations to the school. The school should liaise with the EWO and local education authority when a child has an authorised absence due to long-term illness. Permission from parents must always be obtained before medical information is sought.

### Provision in hospitals

**3.9** Most admissions are unpredictable but a small number are booked well in advance. It is essential for hospital teachers to have as much advance warning as possible of the admission of a child. They need an indication of the date, or likely date, of admission and length of stay as soon as the hospital administration can provide this. Computerised administrative systems and the use of e-mail can be of considerable assistance.

**3.10** Such advance warning will provide an opportunity for teachers to liaise with the home school about the educational programme whilst the child is in hospital. Without systematic communication between hospital authorities and teachers, there may be a delay in the child being referred for education and much greater difficulties of liaison with the home school. Parents and other carers should also be involved in the admissions process, consulted about educational programmes and informed of hospital routine. They have a key role to play.

**3.11** The planning of education should begin as soon as it is known that a child is to be admitted to hospital. Educational provision should start as soon as is practicable after admission. Long stay pupils are those who are admitted for longer than five working days or those who are re-admitted. Short stay pupils are those who are admitted for five working days or fewer. The level of planning and degree of provision needed for long-stay pupils is not required for short-stay pupils but, as a matter of good practice, the planning should

ensure that the predicted length of absence from school informs the programme of study for the individual child.

### **Case studies:**

Bedfordshire local education authority has agreement that home tuition can be set up pending report and advice from the mental health team. Also a joint team, the rapid response home tuition assessment team, is being established to assess children or adolescents with acute emotional, behavioural or educational problems which threaten their placement at school. A designated doctor is responsible for education and all issues and problems can be addressed to him.

Durham local education authority arrange a case meeting set up to discuss the whole issue of a pupil's sick absence (including possible causes, such as anxiety, truancy, bullying) attended by parent/carer, child, home teaching service, community and mental health specialists and school.

A multi-disciplinary working party exists in Coventry set up initially to determine an acceptable and consistent definition of what constitutes school refusal and school phobia. Simply, these are "wont's" and "cant's". Work continues to agree protocols for referral and the consideration of developing existing provision to take account of more young people diagnosed with mental health problems. The head of the service is a member of the CAMHS forum, where cases are discussed with a multi-disciplinary group, and other pieces of work undertaken, such as determining consistent referral systems.

Hertfordshire's Hospital Education Service includes regular multi-disciplinary meetings (3 each term) involving representation from the Youth Programme Unit, Youth Justice Unit, Education Welfare Officer, Police and Social Services.

### **Questions:**

5. Do you agree with key principle 3, Early identification and intervention? Please comment.
6. Are there particular barriers which prevent a pupil receiving educational support quickly and effectively? If so, please tell us what they are and how they can be overcome?
7. Should there be a national standard about the length of time a sick child is absent from school at home or in hospital before teaching should start? If yes, please tell us what this should be.

# Continuity of educational provision

The over-riding aim of any provision should be to provide a continuum of education.

## The importance of liaison

**4.1** Circular 12/94 includes much helpful guidance about how effective liaison between the key partners can minimise the disruption caused by illness to a child's education. If education is, so far as possible, to be maintained so that a pupil continues with his or her studies rather than being unduly disrupted or starting down a separate track, it is essential that there is good liaison between the mainstream school, parents, hospital and home tuition service. Continuity is better when hospital and home tuition is a joint service.

**4.2** Partnership between the mainstream school, agencies and parents makes possible the establishment of appropriate procedures to ensure suitable provision with defined time-scales and planning for reintegration. But there is also a need for flexibility. There may be a number of different ways in which a pupil's education can be maintained but they should take into account often unforeseen changes of circumstance that require amendment to its provision.

**4.3** Schools should have arrangements for liaison with home and hospital tuition services to ensure the provision of an agreed personal education plan to cover the complete education for a child who is likely to be sick at home for more than four weeks, and children with chronic illnesses who regularly miss some school. This plan should be agreed with appropriate health service personnel. The school should also consider the need for assessment, under the Code of Practice on the Identification and Assessment of Pupils with Special Educational Needs, of pupils with a medical condition.

## Recurrent admissions

**4.4** Children who are admitted to hospital on a recurring basis, or attend for treatment on a regular basis, will experience particular educational disruption. As a matter of good practice, teachers in a hospital

setting should offer tuition to these children as early as possible during each period in hospital. Arrangements should be in place to ensure that students who repeatedly need home or hospital tuition have work packs prepared in advance to bring into hospital with them.

## Public examinations and National Curriculum tests

**4.5** Efficient and effective liaison is imperative when sick children are approaching taking public examinations. For such pupils, including those undertaking examinations in hospital, the course work element may help them to keep up with their peers in mainstream schools. The home and hospital teachers may be able to arrange for a concentration on this element to minimise the time lost while the child is sick. Liaison between the home school and the hospital teacher or home tutor is most important, especially where a child is moving from school/home to the hospital on a regular basis.

**4.6** Examination boards make special arrangements for children with medical conditions. Schools should inform the examinations board at the beginning of the GCSE course, or as soon as they are aware that special considerations will be required, and ensure that all the requirements for special considerations are met.

## Post-16 transition

**4.7** A young person's educational needs post-16 should be borne carefully in mind. This is particularly so where he or she has made slow progress up to the age of 16 because of interruptions in educational provision. Where appropriate and practicable, all parties should try to enable a pupil to continue any course being taken on entry to hospital or whilst sick or injured at home.

**4.8** A local education authority should normally arrange continuing education for a young person over compulsory school age but under 18 where, because of illness, he or she is a "year behind" in their

schooling, so that when they are over compulsory school age they still need to study for a further year to complete examination courses.<sup>5</sup>

### The Connexions Service

**4.9** The Connexions Service<sup>6</sup> will be a new service providing information, guidance, referral and support for all young people aged 13 to 19 in England, giving particular priority to those who are at greatest risk of not making a successful transition to adulthood. Although it is a universal service it will also promote social inclusion. It will promote social inclusion and provide coherent support and guidance for young people when and where they need it. At the heart of the service will be the personal adviser. The personal adviser will provide a wide range of support and play a central role in helping young people to deal with problems they experience, raising their aspirations and removing barriers to effective engagement in learning – as may happen when a child is sick.

**4.10** Working with schools and others, personal advisers over time will also call on networks of voluntary and community mentors being developed to provide extra support and role models for young people. Advisers will also broker specialist support for the young person where needed, for example, Child and Adolescent Mental Health Services.

### ICT

**4.11** ICT will play an increasingly important part in ensuring the quality (discussed at section 8) and continuity of out-of-school education. New technology is already allowing some sick pupils to access their own virtual school. The medium of computer can vastly improve access to learning at home, in hospital and other venues outside school. Local education authorities are increasingly using CD-ROMs, e-mail and the Internet to extend the variety of educational materials available to sick children and their teachers. It is also a speedy and effective way of sending homework to a child during a short period of absence.

Good liaison is essential so that a child can obtain optimum benefit from ICT, whether at home, in hospital or elsewhere.

### Case study:

Following amalgamation in 1996 of the Hospital School with the Home Tuition Service, provision in Coventry has benefited from a combined service, where out of school education is tailored and tracked in a cohesive service, under one management. The service's mission statement is *Continuity in Education*. This embraces the notion of working continuously with a child's mainstream school and other professionals supporting the child throughout the illness, on both an educational and social basis.

### Questions:

8. Do you agree with key principle 4, Continuity of educational provision? Please comment.
9. Does current provision ensure continuity of educational provision for a sick child? If yes, please let us know if you are aware of particularly effective strategies. If no, please let us have your suggestions for improvement.
10. Who should initiate action to ensure that a sick child continues to receive education? Please also let us know what other key people should have a role.
11. How can the mainstream school help to ensure continuity of provision?

<sup>5</sup> Social Inclusion: the LEA role in Pupil Support (DfEE Circular 11/99, para. 4.6).

<sup>6</sup> The Connexions Service and Schools 2000 (DfEE Circular 0078/2000).

# Consultation on the Education of Sick Children

Please use this pro forma in responding to the consultation paper, adding continuation sheets if necessary.

Name

Organisation

Address

Please tick one of the following boxes that best describes you as a respondent:

Representing the LEA	<input type="checkbox"/>	Representing the Health Authority	<input type="checkbox"/>
Representing Social Services	<input type="checkbox"/>	Teacher in mainstream school	<input type="checkbox"/>
Teacher in hospital school	<input type="checkbox"/>	Teacher in home & hospital tuition service	<input type="checkbox"/>
Teacher in PRU	<input type="checkbox"/>	Union or professional body	<input type="checkbox"/>
Voluntary body	<input type="checkbox"/>	Diocesan	<input type="checkbox"/>
Parent	<input type="checkbox"/>	Other	<input type="checkbox"/>

Where possible, it would be helpful if organisations intending to send multiple responses would collate them into one response.

In accordance with the Government's Open Government principles, your response may be made public unless you indicate otherwise. Is your response confidential? Yes  No

## Questions

**Q1** Do you generally agree with key principle 1, *Access to education*?  
Please comment.

Yes  No

Comments:

**Q2** Are there any particular barriers which arise in respect of access to education for sick children? If so, please tell us what they are and how they can be overcome?

Yes  No

Comments:

**Q3** Do you generally agree with key principle 2, *Clear policies, procedures, standards and responsibilities*? Please comment.

Yes  No

Comments:

**Q4** Is your local education authority/school policy effective and does it assist good quality provision? If yes, please provide an example.

If yes, please provide an example

Yes  No

Comments:

**Q5** Do you agree with key principle 3, *Early identification and intervention*?  
Please comment.

Yes  No

Comments:

**Q6** Are there particular barriers which prevent a pupil receiving educational support quickly and effectively? If so, please tell us what they are and how they can be overcome?

Yes  No

Comments:

**Q7** Should there be a national standard about the length of time a sick child is absent from school, at home or in hospital before teaching should start? If yes, please tell us what this should be.

Yes  No

Comments:

**Q8** Do you agree with key principle 4, *Continuity of educational provision*?  
Please comment.

Yes  No

Comments:



**Q9** Does current provision ensure continuity of educational provision for a sick child? If yes, please let us know if you are aware particularly effective strategies. If no, please let us have your suggestions for improvement.

Yes  No

Comments:

**Q10** Who should initiate action to ensure that a sick child continues to receive education? Please let us know what other key people should have a role.

Comments:

**Q11** How can the mainstream school help to ensure continuity of provision?

Comments:

**Q12** Do you agree with key principle 5, *Working together*? Please comment

Yes  No

Comments:

**Q13** Do the current arrangements provide for effective liaison? If yes, please let us know if you are aware of particularly effective strategies for ensuring effective liaison between professionals from different disciplines. If no, please let us have your suggestions for improvement.

Yes  No

Comments:

**Q14** Are you aware of any particular successful partnerships under S31 of the Health Act 1999 that are relevant to the education of sick children?

Yes  No

Comments:

**Q15** How can ICT best be harnessed to assist the rapid exchange of information between school and hospital both before and during a child's stay in hospital?

Comments:

**Q16** Do you agree with key principle 6, *Successful re-integration into mainstream school?* Please comment.

Yes  No

Comments:

**Q17** Do current arrangements enable successful re-integration into mainstream school? If yes, please let us know if you are aware of particularly effective strategies. If no, please let us have your suggestions for improvement.

Yes  No

Comments:

**Q18** Do you agree with key principle 7, *Partnership with parents and pupils*? Please comment.

Yes  No

Comments:

**Q19** Do parents of sick children receive sufficient information, advice and guidance? If yes, please let us know if you are aware of particularly effective strategies. If no, please let us have your suggestions for improvement.

Yes  No

Comments:

**Q20** Do you agree with key principle 8, *High quality educational provision*? Please comment.

Yes  No

Comments:

**Q21** Do sick pupils receive a sufficiently broad and balanced curriculum at home and in hospital? If yes, please let us know if you are aware of particularly effective strategies. If no, please let us have your suggestions for improvement.

Yes  No

Comments:

**Q22** How can we ensure that home and hospital tuition teachers have adequate access to professional development?

Comments:

**Q23** Are there issues relating to how accommodation and resources are managed which hinder the provision of high quality education for sick children who are unable to attend school?

Yes  No

Comments:

**Q24** How is ICT currently being used to enhance the quality of education? What more should be done to encourage the effective use of ICT?

Comments:

**Q25** Do you agree with key principle 9, *Accountability*? Please comment.

Yes  No

Comments:

**Q26** Do we need to find ways of making the system more accountable? If yes, please let us have your suggestions as to how we might do this.

Yes  No

Comments:

Please use this space to let us have any further comments on the principles or any other aspect of the education of sick children.

Comments:

**When you have completed the Questionnaire please return it to:**

The Consultation Unit, Area 2B, Castle View House, PO Box 12, East Lane, Runcorn, Cheshire, WA7 2GJ by Monday, 5 February 2001.

Alternatively you may send an e-mail to [edsick.children@dfee.gov.uk](mailto:edsick.children@dfee.gov.uk)

If you would like further copies of this document, please call:

0845 602 22 60

0800 95 95 98 (type talk for people with hearing impairments)

Fax 0845 603 33 60

e-mail [dfee@prolog.uk.com](mailto:dfee@prolog.uk.com)

quoting DfEE reference number:0308/2000.

Alternatively, it can be found on the DfEE website <http://www.dfee.gov.uk/esc>

Thank you very much for taking the time to respond to this consultation.

# Working together

The education of sick children is a partnership. It is vitally important that education, health and other agencies work closely together to provide the support to enable a sick child to receive a similar education to that at his or her school.

**5.1** Effective collaboration and a flexible approach between local education authorities and other agencies, in particular the NHS, are crucial to the provision of continuity of a high quality educational provision for sick children and successful reintegration into the mainstream school. Collaboration at a senior level, for example head of school or service liaising with equivalent health officials, is essential for partnership to succeed.

## Liaison whilst the child is in hospital

**5.2** Co-operation between education, medical and administrative staff within the hospital is also essential. There is a number of areas where working together within the hospital is essential and will improve provision. The aim of such co-operation should be to achieve the greatest possible benefit for the child's education and health. That should include the creation of an atmosphere conducive to effective learning.

**5.3** Unless it is unavoidable, children should not be placed on adult wards. Where they are, information reaching teachers about the child may be haphazard. Administrative, medical and teaching staff need to be alert to this potential difficulty and be able to act quickly to remedy or ameliorate any instances. Good practice in provision will rely on the fullest possible co-operation between the mainstream school and the home tuition service. Hospitals should offer hospital teachers ready access to adult wards. Reference to educational support and procedures in hospitals' information leaflets for patients and parents is helpful.

**5.4** In cases of recurrent admission to hospital the liaison between hospital teacher, home tutor and home school is particularly important as coverage of the curriculum is usually shared between them. Liaison is essential to ensure continuity and progression. Hospital

teachers need a named contact in the ordinary school. This might be the SEN co-ordinator or the year tutor at secondary schools, and the head teacher at primary schools. Home and hospital teachers should be kept aware of all relevant meetings held by their local education authority. Although visits by hospital teachers to home schools take time these are, where practicable, the most effective means of exchanging information about pupils who are out of school for long periods. Home school teachers might also try to make time for pastoral visits to the hospital and home.

**5.5** To facilitate liaison and effective communication, every local education authority 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.

**5.6** The inter-authority recoupment regulations<sup>7</sup> require the payment of recoupment in respect of the cost of providing education for persons under the age of 19 from another authority in a hospital. The amount recoupable is to be agreed between authorities and it is important, for proper accounting and to aid the subsequent education of the child, that adequate information is provided to the child's local education authority. Good communication before a pupil enters hospital will help to clarify his or her educational needs and requirements whilst in hospital.

## Liaison whilst the child is at home

**5.7** Good links between the hospital, home tuition service and school are essential. Continuity of work is more likely to be assured where the home tutor liaises with the hospital teacher and with the child's home school as appropriate. This is most important for children at certain stages; for example those just starting school, those at an age of school transfer, and those preparing for examinations. More generally,

<sup>7</sup> 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.

effective systems should be in place to link home tutors 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 children are now in hospital for a short time (although some return regularly and the total amount of time in hospital therefore accumulates). Whilst children's 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 tuition during that period therefore has greater significance.

**5.9** For children receiving home tuition after a stay in hospital the further disruption of being taught by another new teacher can be avoided if the same teacher teaches the child in the hospital and then at home. This will be possible only where the child attends a hospital relatively close to home, where the hospital is staffed to provide follow-up home tuition, or where hospital teaching is part of a single home and hospital tuition service run by the local education authority. In some cases it is not possible to provide this level of continuity especially where special hospital provision draws on a wide geographical area. There may also be difficulties, to be overcome through careful liaison, where the home local education authority is different from the one in which the hospital is situated, and the home authority expects to provide the home tuition. But even in these cases the aim should be for continuity in terms of the programmes of work offered even if the children are taught by a different teacher.

### **Partnership arrangements under section 31 of the Health Act 1999**

**5.10** 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 sick children 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.

**5.11** Integrated provision under section 31 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 form a joint committee or partnership board to oversee the arrangement. Successful partnership requires effective information-sharing systems.

**5.12** Local education authorities and schools can use the partnership arrangements to secure health-related provision for sick children 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 child 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.

### **The SEN Small Programme Fund**

**5.13** This new Fund provides grants to voluntary groups. It is designed to help all pupils with learning difficulties, looked after and sick children and those with disabilities. The Fund will build on existing good practice and encourage public agencies and voluntary bodies to work with each other, and with DfEE, to meet better the needs of pupils.

**Case studies:**

The Head of the Hospital and Home Tuition Service in Sheffield is a member of the management team within the school hospital's management structures, thus aiding communication, decision making and a mutual understanding of respective roles and requirements.

Oldham operates a service where a home and hospital teacher visits the hospital, assesses the need for education and teaches the pupil whilst an in-patient. The same teacher will then deliver the home tuition to the child.

**Questions:**

12. Do you agree with key principle 5, Working together? Please comment.
13. Do the current arrangements provide for effective liaison? If yes, please let us know if you are aware of particularly effective strategies for ensuring good liaison between professionals from different disciplines. If no, please let us have your suggestions for improvement.
14. Are you aware of any particularly successful partnerships under section 31 of the Health Act 1999 that are relevant to the education of sick children?
15. How can ICT best be harnessed to assist the rapid exchange of information between school and hospital both before and during a child's stay in hospital?



# Successful re-integration into mainstream school

Each long stay pupil will require a proper assessment of their situation and the provision of well structured support from the mainstream school in liaison with the hospital and home tuition service and other agencies as necessary to assist re-integration to mainstream school.

**6.1** Returning to school after a period of illness can be a large emotional hurdle for a child. Skills such as learning the routine of the school day and developing and maintaining friendships can be damaged by a long absence. There is a need for carefully planned re-entry packages with good pastoral care. Involvement of the mainstream school throughout a child's sickness aids the successful return by the pupil, by contributing to the school's understanding of the pupil's illness and its consequences and helping to ensure educational continuity and provision during the period of absence. Informal contacts during the child's absence, for example cards, letters 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 back into school and to assist successful re-integration. 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 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 a child has missed – diagnostic testing is a good way to assess gaps.

**6.3** Some children 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 to a child when they first return to school. For some children reintegration is likely to be a gradual process over a period of time and some are only able to attend part-time when they are ready to return to school. Children 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 time-tabling where reintegration is not straightforward.

**6.4** The provision of transport to and from school by the local education authority can sometimes enable a child to re-adapt to school, for example by travelling outside the rush hour. There may be no legal requirement for a local education authority to provide transportation but its occasional use can provide an effective and efficient means of reintegration.

## Outreach

**6.5** A continued outreach service after discharge is sometimes essential to prevent early relapse. Hospital teachers should be aware of their role in reintegrating pupils into school as soon as possible and local education authorities should ensure EWOs understand their role in relation to sick children. It is useful for the local education authority to check on the result of post reintegration follow up – an administrative task which is essential in determining effectiveness. Local education authorities should be aware of the help that is available to re-integrate a child locally not only from health and other public agencies but also private and voluntary organisations which can help reintegration.

**6.6** Several local education authorities use various group systems for educating pupils with illnesses such as ME/head injury/phobia and in some cases hospital classes are available for outreach pupils, as a precursor to a child returning to the home school. PRUs or youth centres are examples of sites that might be used for this purpose.

## Liaison nurses

**6.7** Larger hospitals which act as regional centres will often have a liaison nurse who can prepare the child's mainstream school on how best to manage the return of a pupil with illnesses such as cancer, renal conditions, asthma or epilepsy. A short information session with a liaison nurse often enables teachers with no experience of dealing with a particular

condition or disease to handle effectively the child's reintegration. It can also promote understanding that some illnesses or treatments can create behaviour problems or cognitive difficulties. Staff are not required to administer prescribed medication to a pupil, although they can volunteer to do so. But staff who do volunteer should receive proper training and guidance. Further guidance on the support of children 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

**6.8** Formal exceptions by head teachers under section 365 of the Education Act 1996 and S.I. 1989/1181 are not needed to authorise departures from the National Curriculum for children who are absent from school due to illness. However, when pupils return to mainstream school, it may be helpful for head teachers to give general directions (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 the home school is necessary. The new QCA/DfEE publication Disapplication of the National Curriculum gives guidance on all types of disapplication

### Information Communications Technology (ICT)

**6.9** 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 pupils are supported both educationally and socially. The use of video-conferencing links can also ensure that pupils can feel included in the life of the school.

### Case studies:

Some local education authorities use multi-agency support centres. These can act as half way support to full integration at school, through a clear structure and effective and efficient means of providing a wide ranging and good quality education.

Stockport provides a chronic fatigue syndrome/ME liaison nurse who works closely with the head of the home and hospital tuition service.

Somerset's Taunton Adolescent Unit administer a policy of formulating a comprehensive plan for pupil discharge on admission, illustrating a clearly-defined plan for reintegration.

At Guy's Evelina Hospital School pupils who have been referred by the local education authority for home tuition on medical grounds who are unable to attend their own schools, but are able to get to the hospital school are invited to attend hospital school classes. This has provided some notable reintegration success stories, as pupils who have long term absence from their own school find the smaller environment of the hospital school classroom a useful stepping stone back to mainstream school.

### Questions:

16. Do you agree with key principle 6, Successful re-integration into mainstream school?  
Please comment.
17. Do current arrangements enable successful re-integration into mainstream school? If yes, please let us know if you are aware of particularly effective strategies. If no, please let us have your suggestions for improvement.

# 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.

**7.1** There are good reasons for working in collaboration with all parents. Parents have an important role to play whether the child is sick at home or in hospital. Parents 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 for the child.

**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 sickness. 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.

## Children in hospital

**7.3** Wherever possible parents and children should be informed about the education available before a child is admitted to hospital. Some hospitals produce booklets which provide useful information about educational and medical services and about the organisation of the hospital day.

**7.4** 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.

## Liaison with the home school or home tutor

**7.5** Parents may very helpfully be able to provide additional liaison with the child's home school – both at the beginning and at the end of a stay in hospital – and with the home tuition service where the home

tutor is different from the hospital tutor. They can also advise and support in some cases where a computer is being used to assist the child's learning. Some local education authorities invite parents to Information and Communication Technology (ICT) workshops. The DfEE 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. This can be found at <http://www.parents.dfee.gov.uk>.

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

## Children and Young People in Public Care

**7.7** 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 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.

## Pupil participation

**7.8** 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

**7.9** The Government has provided significant funding to support the establishment of parent partnership services and conciliation arrangements. These guide and support parents, and help ensure that problems are sorted out as quickly as possible to prevent long-term breakdowns in relationships, and to minimise disruption to pupils' education. All local education authorities are expected to provide parent partnership services and almost all now have them. The Government is proposing to legislate to place a duty on all local education authorities to provide parent partnership services and conciliation arrangements for pupils with SEN.

**7.10** Parent partnership services support parents of all children with special educational needs and provide a wide range of information, advice and guidance. The aim is to help parents – from all backgrounds – make appropriate and informed decisions about their children's education. They offer a range of flexible services, including access for all parents 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. They can also play an important role in cases where a child's illness or injury might cause the development of special educational needs for the first time.

### Case study:

The Royal Manchester Children's Hospital School provides evening classes at which parents of children receiving home tuition are taught the best means of using a home computer for the child's learning. This includes knowledge of how to link up with the hospital network server, and hence the Internet, school staff and the home school.

### Questions:

18. Do you agree with key principle 7, Partnership with parents and pupils? Please comment.
19. Do parents of sick children currently receive sufficient information, advice and guidance? If yes, please let us know if you are aware of particularly effective strategies. If no, please let us have your suggestions for improvement.

# High quality educational provision

A child who is sick should, so far as possible, have equal opportunities with their peer group including a broad and balanced curriculum. All sick children should wherever possible receive the same range and quality of educational opportunities as they would have done at school.

**8.1** Every child should have the best possible start in life through a high quality education which allows them to achieve their potential. That principle applies whether the child is at school or absent for whatever reason. High quality provision is dependent upon a number of factors, the most important being the calibre of teaching.

## Teachers

**8.2** As in all other areas of education, good teachers, using the most effective methods, are the key to higher standards. Home and hospital teachers should be valued, reflected in their pay and other terms and conditions of employment and access to training and development opportunities. They should not feel that they are treated less well than colleagues in mainstream schools.

**8.3** Home and hospital teachers should have a sound understanding of both the curriculum and current teaching methods. They should also be knowledgeable about a range of medical conditions and the impact on the child and his or family.

## In-service training (INSET)

**8.4** INSET prevents teacher isolation. There is always a danger that home and hospital teachers will work in isolation from their mainstream colleagues, and indeed from each other. These teachers also have responsibility for teaching all ages and all abilities. Many are session-teachers paid by the hour. INSET is therefore of particular importance to their general professional development. The child's experience of education at home or in hospital is affected significantly by the quality of staff training policies. The growing importance of the use of ICT to achieve efficiency and economy within the education service means that

home and hospital teachers will need training in the use of ICT.

**8.5** Hospital teachers may wish to form links with local schools for visits to improve knowledge of the service and to join INSET where appropriate and relevant. Teachers will also 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.

**8.6** 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.

## Financial resources

**8.7** All schools receive resources based mainly on their pupil numbers. While a pupil remains on the register of the school, even if they are absent on grounds of sickness, the school will retain that resource. In addition the local education authority receives resources through its standard spending assessment to enable it to provide central services such as those for hospital and home tuition services. The DfEE has also included a new element within the Standards Fund Grant allocations for 2001\2002 to cover the education of sick children.

## The curriculum

**8.8** Children, whether in hospital or elsewhere, should continue to receive the National Curriculum wherever possible. That will help maintain the child's educational progress and assist continuity of provision and ease the child's return to mainstream education. There are great benefits to be gained from the structure and common language offered by the National Curriculum. Hospital teachers should try to provide a broad and balanced curriculum complementary and comparable to that in mainstream school, although the National Curriculum is not mandatory in hospital schools.

### Education in hospital schools

**8.9** The great majority of hospital schools and teaching services do provide the National Curriculum for sick children where the hospital situation and medical condition of the children will allow. They offer a wide spectrum of provision, generally for all children, from those under five to schoolchildren and students in FE colleges studying for GCSE, NVQ, GCE 'A' Level and other qualifications, irrespective of the length of their stay. Hospital schools and teaching services should avoid, if at all possible, an undue concentration on core subjects or routine work.

**8.10** Some hospital teachers have designed 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

**8.11** If a child or young person is admitted to hospital on a long-term basis following 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 long-term sick children need not only to be professional teachers in the ordinary sense; they should also be able to help the child back into education after trauma and illness. They need expertise in increasing the goals set to children about to return to the mainstream; and, correspondingly, in modifying the goals set to children who are physically deteriorating. This has implications for INSET of hospital teachers. Good education offers children a beneficial mental stimulus during a long hospital stay. It also helps children 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 the mainstream school will help the child focus on achievable goals and help eventual re-integration. Assessment, reporting and recording procedures are essential here to maintain educational progress and aid planning.

### Accommodation

**8.12** Hospitals are required to provide for the accommodation needs of children receiving education in hospital but may seek a contribution to the capital and running costs of this accommodation from the local education authority. Sufficient classroom accommodation for the intake is needed. Local education authorities should collaborate closely with their respective health authorities to ensure the availability of suitable teaching and storage accommodation in hospitals. It needs to be close to children's wards. The environment should where possible be designed, furnished and equipped to meet sick pupils' needs. A variety of teaching methods and resources should be used including information and communication technologies. The home school should co-operate in the provision or loan of books and other materials, including ICT hardware and software.

### Other resources

**8.13** Local education authorities should keep their tuition services informed about the resources and support available to them to do their job. 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.

8.14 The DfEE provides all local education authorities support services for children with special educational needs with "SPECTRUM", the monthly update of new DfEE publications. Each month all the publications DfEE has sent automatically to schools are posted on the EASEA website, where there is also an archive from past months. School and local education authority 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 will receive a copy of the primary and secondary schools batch mailing.

**8.15** Extra free copies of National Curriculum material continue to be 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>.

### Information Communications Technology (ICT)

**8.16** The use of ICT and awareness of its growing potential should be fully utilised by local education authorities to support pupils learning, whether the child is in hospital or at home. ICT can also help to keep the child in touch socially. However, it should be part of a considered package of provision rather than an alternative for the teacher's input. The rapid growth in the number of home computers and the increasing availability of sophisticated lap-top computers provides more opportunities for improved education at home. Teachers and teaching assistants should have access to ICT training to develop and maintain their expertise in using ICT effectively and keeping abreast of its possibilities.

**8.17** Teachers should collaborate with the hospital to ensure where pupils learning requires access technology, such as adaptive keyboards and switches, they are made available. In small hospital or other units, the availability of subject specialists is a common problem and the use of ICT, along with appropriate teacher training, can do much to combat this deficiency.

**8.18** At some hospital schools all pupils have access to computers and use, for example, the NHSnet to link up with other local hospital schools and even some overseas, with video link-ups and lesson-sharing. This is not only a means to achieving good quality education, but also allows pupils to continue learning at times convenient to them. Similarly, children at home can have a virtual classroom, linking into the home school or hospital and working with educational material as their condition allows, guided by the teachers.

### Case study:

Home and hospital teachers in Sheffield receive the same opportunities for staff development as for mainstream teachers, and training with home and hospital teachers from other authorities is built into the INSET programme.

All teachers employed in the Coventry home and hospital service are employed on the basis of their subject specialism and they are encouraged to maintain their knowledge. For example, they attend subject co-ordinator meetings, which ensures that they are networked to colleagues in mainstream schools on disciplines such as moderation.

### Questions:

20. Do you agree with key principle 8, High quality educational provision? Please comment.
21. Do sick pupils receive a sufficiently broad and balanced curriculum at home and in hospital? If yes, please let us know if you are aware of particularly effective strategies. If no, please let us have your suggestions for improvement.
22. How can we ensure that home and hospital tuition teachers have adequate access to professional development?
23. Are there issues relating to how accommodation and resources are managed which hinder the provision of high quality education for sick children who are unable to attend school?
24. How is ICT currently being used to enhance the quality of education? What more should be done to encourage the effective use of ICT?

# Accountability

We need to find ways of making the system more accountable.

**9.1** Quality assurance on the standard of local education authority provision of education for sick children is clearly crucial. The issue of accountability is, however, a complex one. Provision is delivered in a necessarily diverse and flexible way which complicates monitoring and inspection. 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.

## National monitoring

**9.2** Hospital schools clearly fall squarely into the rubric of national school inspection arrangements but these represent only a very small proportion of the work involved in educating children out of school. OFSTED can inspect an authority's hospital and home service through its responsibility for inspecting local education authorities. These inspections take account of how the service is funded, managed and linked to other SEN support services.

**9.3** Better Value Performance Indicators (BVPIs) are another possible means of establishing the quality of service provision. The DfEE is considering the feasibility of an indicator which measures the education provision for sick children.

## Local authority monitoring

**9.4** Section 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 mainstream schools for sick children, for instance, looking at the responsibilities and channels of communication for the support of the sick child, and arrangements for the provision of homework for short-term absence. Some local education authorities have developed performance measures on some aspects of the service

for educating sick children. Information from health authorities and other agencies can provide other evidence of how well a service is operating.

**9.5** The local education authority should review its hospital and home provision each year to ensure that the service is meeting the needs of pupils, is being run cost effectively, and is meeting the requirements of section 19 of the Education Act 1996.

**9.6** Benchmarking with other agencies can assist in improving delivery of service and introducing innovations. Consideration of systems and practices elsewhere in the authority, other local education authorities or health authorities can provide good practice that can be developed and modified to suit local circumstances.

## Case study:

Essex Learning Services' line management links it with other local education authority services promoting inclusion e.g. Pupil Referral Units, thus aiding continuity of provision and addressing joint training needs. The service has developed performance indicators through the collation of statistical information and evaluation feedback.

The Coventry home and hospital service has a steering group, configured similarly to a school governing body, which oversees the management of the service.

## Questions:

25. Do you agree with key principle 9, Accountability? Please comment.
26. Do we need to find ways of making the system more accountable? If yes, please let us have your suggestions as to how we might do this.



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Quoting Reference Number: 0308/2000

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