

Guidance for special schools, specialist post-16 providers and alternative provision during the national lockdown

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Summary

This is additional guidance for special schools, specialist post-16 providers, and alternative provision (including hospital schools) during the national lockdown period. It should be read alongside the main guidance documents: Restricting attendance during the national lockdown: schools and Further education guidance for restricting attendance during the national lockdown, which cover the main operational issues.

Expiry or review date

This guidance will be regularly reviewed.

Who is this guidance for?

This guidance is for:

- Special schools, including non-maintained special schools
- Specialist post-16 providers
- Alternative provision (including hospital schools)

The purpose of this guidance is to provide additional information and support that might be helpful in delivering education during the period of national lockdown.

1. Introduction

This is additional guidance for special schools, specialist post-16 providers, and alternative provision (including hospital schools) during the national lockdown period. It should be read alongside the main guidance documents: Restricting attendance during the national lockdown: schools and Further education guidance for restricting attendance during the national lockdown, which cover the main operational issues.

During the period of national lockdown, primary, secondary, alternative provision, special schools and special post-16 institutions should allow <u>vulnerable children and young people</u> and the children of <u>critical workers</u> to attend. We recognise that the characteristics of the cohorts in special schools and alternative provision will mean these settings will continue to offer face-to-face provision for all pupils and students, where appropriate. All other pupils and students should receive remote education. Pupils and students who are self-isolating should not attend school or college. Those who are clinically extremely vulnerable (CEV) are also advised not to attend whilst shielding is in place.

The purpose of this document is to provide additional information and support that might be helpful in delivering education during this time. We know that children and young people in alternative provision and special settings, and their families can be disproportionately impacted by being out of their normal setting. For some of these children and young people, remote education cannot meet their needs as effectively as face-to-face provision. That's why it is important that on-site provision is provided for these pupils and students wherever possible and appropriate. Co-production with young people, parents and families will be essential, alongside collaborative working with local partners and all other organisations involved with supporting the child or young person and their family.

2. Safety and workforce

We have worked closely with the Department of Health and Social Care (DHSC) and Public Health England (PHE) to develop specific guidance for settings. The PHE and DHSC endorsed system of controls sets out the measures that setting leaders and all staff should follow. Where settings implement the system of controls, in line with their own workplace risk assessment, PHE and DHSC confirm that these measures create an inherently safer environment for children and staff where the risk of transmission of infection is substantially reduced.

Ensuring that pupils, students, staff and other adults do not come into the setting if they have coronavirus (COVID-19) symptoms, or have tested positive in the last 10 days, and ensuring anyone developing those symptoms during the day is sent home, are essential actions to reduce the risk in settings and further drive down transmission of coronavirus (COVID-19).

All elements of the system of controls are essential. All settings need to cover all key elements, but the way different settings implement some of the requirements will differ based on their individual circumstances.

Schools and colleges must comply with health and safety law, which requires them to assess risks and put in place proportionate control measures. General information on how to make a workplace COVID-19 secure, including how to approach a coronavirus (COVID-19) risk assessment, is provided by the HSE guidance on working safely. Full detail on this can be found in Annex A of the National restrictions guidance. Additionally, new guidance has been published by the Health and Safety Executive (HSE) on protecting vulnerable staff in the workplace.

Specific guidance is available for those who are clinically extremely vulnerable (CEV) staff, which advises that they should work from home and not attend the workplace while shielding is in place. CEV individuals are those at very high risk of severe illness from COVID-19, and they will previously have received a letter from the NHS or their GP telling them this. Staff who are identified as clinically extremely vulnerable should follow the published guidance.

Clinically vulnerable staff can continue to work in school or college where it is not possible to work from home. While in the workplace they should follow the sector-specific measures set out in the guidance to minimise the risks of transmission.

The guidance will be kept under review.

3. Attendance of vulnerable children and young people

The <u>definition of vulnerable children</u> and young people includes children and young people who have a social worker, an education, health and care (EHC) plan or who may be vulnerable for another reason at local discretion ("otherwise vulnerable").

All schools are expected to allow and strongly encourage vulnerable children and young people to attend. Parents or carers of vulnerable children and young people are strongly encouraged to take up the place

If vulnerable children and young people do not attend, schools and colleges should:

- work together with the local authority and social worker (where applicable) to follow up with the parent or carer to explore the reason for absence, discussing their concerns using supporting guidance considering the child's circumstances and their best interests;
- work together with the local authority and social worker (where applicable) and other relevant partners to encourage the child or young person to attend educational provision, particularly where the social worker agrees that the child or young person's attendance would be appropriate.

Where providers have had to stop on-site provision temporarily as a result of public health advice, they should inform the local authority and discuss alternative arrangements for vulnerable children and young people and work towards welcoming back pupils and students as soon as possible, where feasible to do so.

Regardless of setting, schools and colleges are encouraged to work collaboratively with other schools, colleges and education providers and other local partners (including the local authority, social workers, police, youth services and key workers) to best facilitate opportunities for face-to face provision for vulnerable children and young people.

4. Special schools and specialist post-16 provision: attendance expectations

We want children and young people in special schools, including residential special schools and specialist post-16 institutions, to continue to receive high-quality teaching and specialist professional support. This is because we know that children and young people with special educational needs and disabilities (SEND), and their families, can be disproportionately impacted by being out of education. Special schools should continue to welcome and encourage pupils to attend full-time where the parent or carer wishes for their child to be able to attend. Specialist post-16 settings should continue to welcome and encourage students to attend as per their usual timetable where the young person wishes to attend.

On occasion special schools may encounter circumstances where they cannot provide their usual interventions and provision at adequate staffing ratios, or with staff with vital specialist training. In these circumstances they should seek to resume as close as possible to the specified provision for the child or young person as soon as possible. Pupil level risk assessments, which were used last spring, should not be used to filter children and young people in or out of attendance, but could be helpful to prioritise the provision a child or young person can get if full-time provision for all is not possible.

Where it is necessary to take this approach, education settings should work collaboratively with families to make these assessments and agree an approach that is in the child or young person's best interests. This should take into account the support that the child or young person needs and the specific circumstances affecting the family, and their views as to what would be appropriate. Any decisions taken should be regularly reviewed.

5. Alternative provision: attendance expectations

Alternative provision should remain open to vulnerable children and young people and children of critical workers (recognising that the characteristics of the cohorts in alternative provision will mean these settings continue to offer face-to-face provision for all pupils, where appropriate). We expect alternative provision to actively encourage those they consider to be vulnerable identified in partnership with local services - to attend provision. They should provide robust remote education for those who are not attending. On occasion, alternative provision will encounter circumstances where they cannot provide their usual interventions and provision at adequate staffing ratios, or with staff with vital specialist training. In these circumstances they should seek to resume as close as possible to full-time provision, as soon as possible, for all children of critical workers and those deemed vulnerable. Hospital schools should continue to provide full-time education where it is safe and feasible to do so and in line with hospital infection prevention and control (IPC) measures.

6. Recording attendance

All schools should continue to record attendance in the register. Schools should follow up on absences of the pupils who are expected to be in school, but where a parent wishes for their child to be absent, we expect schools to authorise the absence during this national lockdown period. Absence will not be penalised.

Where schools grant a leave of absence to a vulnerable child or young person they should still speak to parents and carers, and social workers (where applicable) to explore the reasons for this and any concerns raised. The discussions should focus on the welfare of the child or young person and ensuring that the child or young person is able to access appropriate education and support while they are at home.

All pupils who are not eligible to be in school should be marked as Code X. They are not attending because they are following public health advice. As vulnerable children are still expected to attend school full-time, they should not be marked as Code X if they are not in school (except if they are shielding, self-isolating or quarantining). If the parent of a vulnerable child wishes their child to be absent, the parent should let the school know. The department expects schools to grant applications for leave of absence given the exceptional circumstances. This should be recorded as Code C (leave of absence authorised by the school) unless another authorised absence code is more applicable.

7. Supporting children and young people receiving hospital education on hospital sites

Hospital schools, including Child and Adolescent Mental Health Services (CAMHS) units, should continue to provide full-time education where it is:

- safe and feasible to so
- in line with hospital infection prevention and control (IPC) measures

Settings should work with their local NHS trusts to deliver a broad and balanced curriculum for all patients as far as their health permits. We expect local NHS trusts to continue to work collaboratively with headteachers to enable children and young people to receive their education, including through access to classrooms and space in which to teach.

Mainstream schools should continue to support their pupils in hospital, including through remote education support, to minimise the impact of their hospital stay on their education.

8. Residential settings

We want children and young people in residential specialist provision to continue to receive high-quality teaching and specialist professional support. These children and young people are more likely than most to have particular needs that are extremely challenging to manage or provide for at home. Some will also lack suitable alternative accommodation. This means they may be disproportionately impacted by being out of their setting. It is therefore particularly important that these settings allow children and young people to attend where the parent or carer (or for post-16s, the young person) chooses this.

As for all special settings, residential special settings may on occasion encounter circumstances where they cannot provide their usual interventions and provision at adequate staffing ratios, or with staff with vital specialist training. In these circumstances they should seek to resume as close as possible to the child or young person's specified provision as soon as possible. If necessary, providers should work with the local authority and local health protection team to consider bringing in staff from other settings rather than close.

If residential special schools are temporarily unable to provide full provision for a pupil or student who wishes (or whose family wishes) for them to stay in on-site education, it is likely to be preferable to allow the child or young person to remain resident, rather than to send them home, particularly if they lack suitable alternative accommodation. The setting should discuss this with the family and young person and the commissioning local authority.

As for all special settings, pupil or student level risk assessments, which were used last spring, should not be used to filter children and young people in or out of attendance, but could be helpful to prioritise the provision a child or young person can get if full-time provision for all is not possible.

Settings that cannot reasonably remain open safely should aim to make any closures temporary and reopen once they have safely brought in additional staff. The local authorities which have commissioned places should be kept informed if there is a risk of a temporary closure, to ensure the children or young people continue to be supported. Local authorities should help with these staff movements as far as possible and ensure appropriate infection and public health risks have been appropriately considered.

For residential special schools and residential specialist post-16 institutions, local authorities should maintain a register of all pupils and students with EHC plans, including any still under assessment for EHC plans who have been sent home. The local authority should also contact the family frequently to ensure that risks are being managed and to establish whether additional support is necessary and how that will be delivered.

Vulnerable children and the children of critical workers are permitted to travel between their boarding provision and home, including those who attend weekly boarding provision. However, residential providers should support students to reduce travel between home and educational accommodation, for example only travelling when necessary for the purpose of education. Those involved in the provision of home to school or college transport must do all that is reasonably practicable to maximise social distancing where possible and minimise the risk of transmission. Public transport should be avoided if possible.

Although the Health Protection (Coronavirus, Restrictions) (All Tiers) (England) Regulations 2020 (as summarised in the National lockdown: Stay at Home guidance) have introduced limits on people gathering indoors or outdoors, there are exceptions to ensure that where children and young people live away from home in residential settings they are still able to have visits from parents. We expect parental visits to happen only in very exceptional circumstances. Settings should therefore ensure that appropriate arrangements are in place to allow children to remain in contact with their parents and carers.

9. EHC plans

Where a pupil or student has an Education, Health and Care (EHC) plan, it remains the duty of the local authority and health commissioning body to secure or arrange the provision specified in the plan (under section 42 of the Children and Families Act 2014). However, there may be times when it becomes more difficult to do so than usual.

In these circumstances, education settings, local authorities and health partners (where applicable) should discuss with families to co-produce alternative arrangements for delivering provision. These decisions should be considered on a case-by-case basis which takes account of the needs of, and circumstances specific to, the child or young person, avoiding a 'one size fits all' approach.

In some circumstances local authorities have worked collaboratively with settings and families to agree flexible and creative solutions for delivering support.

At this stage, we do not intend to use the powers under the <u>Coronavirus Act 2020</u> to modify the section 42 duty, but we will keep this position under review based on the evidence.

The statutory duties and timescales for undertaking annual reviews remain in place. However, the format of reviews may, in the current circumstances, need to take a different shape, particularly for those children and young people who are not in attendance at school or college. In these circumstances, it may be more appropriate to gather information electronically and to hold the meeting by phone or as a virtual meeting. At all times, however, it is important that annual reviews continue to ensure that the child or young person, and their parent and carer, is at the centre of the process and can engage with the process in a meaningful way.

In addition, local authorities must continue to meet their statutory duties to finalise placements as appropriate for September, and it is important that schools and colleges co-operate in supporting timely consultations over potential placements, and in providing families with advice and information where requested.

10. Children or young people who are clinically extremely vulnerable

Shielding has been re-introduced, and clinically extremely vulnerable (CEV) pupils and students are advised not to attend their education setting during this period.

The <u>DHSC guidance</u> for the CEV is not compulsory, although parents are strongly advised to follow the guidance in order to help keep their child safe (and for post-16s, students themselves are similarly advised). However, in some exceptional circumstances a family may decide that the health risks need to be balanced with the wider impact of the child or young person not attending their usual education setting and accessing the support that would normally be delivered through this placement. This may be based on the level of support that a child or young person needs, their ability to access remote education and additional services such as therapies, as well as the impact on wellbeing for the wider family of their child being at home full-time.

In these circumstances, parents, education settings, health professionals and local authorities should work together to agree the best arrangement for that individual child or young person and their family to ensure that they continue to receive the support they need.

11. Working with health bodies, local authorities and other agencies

Where children and young people with an Education, Health and Care (EHC) plan are in receipt of health provision, settings should work collaboratively with their local authority, Clinical Commissioning Group (CCG) and health providers to agree appropriate support in view of the latest and current local public health guidance. Therapists and other professionals may continue to visit education settings to provide therapies and support, where this is reasonably necessary.

Where children and young people with EHC plans are not attending their education setting, multi-agency professionals should collaborate to agree how the provision set out in the EHC plan can be delivered. This may include face-to-face visits to the home, or virtual support by means of video or telephone calls, or via email.

12. Visiting specialists, support staff and wider provision

During the national lockdown, there continues to be an exception to the restrictions on leaving your home and on gathering <u>set out in regulations</u>. This means that children and young people can continue to receive appropriate support from health and social care services where it is reasonably necessary for the purposes of provision specified in an EHC plan. Specialists, therapists, clinicians and other support staff for pupils with SEND can provide interventions as usual where this is reasonably necessary, including where this requires them to move between settings.

Schools should continue to offer wraparound provision, such as breakfast and after-school clubs, for those children eligible to attend on-site provision (vulnerable children and children of critical workers) as far as it is possible and lawful to do so. They should work closely with any <u>external wraparound providers</u> which their children and young people may use, to ensure that as far as possible they can be kept in a group with others from the same bubble they are in during the school day.

They may continue to open up or hire out their premises for use by external wraparound providers, such as after-school or holiday clubs, to support them to do this.

13. Respite care

Social care services for disabled children which provide respite care are able to continue to operate. This includes provision for residential and non-residential respite services to continue, and both formal and informal care in the family home. Read our <u>Coronavirus</u> (COVID-19): guidance for children's social care services.

14. Remote education expectations and delivery

All pupils not receiving on-site education should be provided with suitable remote education in line with the expectations relating to their setting type set out in the Restricting attendance during the national lockdown: schools guidance.

The temporary continuity direction makes it clear that schools have a duty to provide remote education for state-funded, school-age children whose attendance would be contrary to government guidance or law around coronavirus (COVID-19).

Post-16 settings should refer to the detailed guidance on remote education expectations set out in the <u>Further education guidance for restricting attendance during the national lockdown</u>.

For pupils and students with SEND, and those in alternative provision settings, their teachers are best placed to know how their needs can be most effectively met to ensure they continue to make progress if they are not in face-to-face education. We recognise that some pupils and students with SEND may not be able to access remote education without adult support and so expect settings to work with families to deliver an ambitious curriculum appropriate for their level of need. Further detail on delivering remote education for children and young people with Special Educational Needs and Disabilities is set out in Remote Education Good Practice.

All settings should have systems for checking, daily, whether pupils and students are engaging with their work, and work with families to rapidly identify effective solutions where engagement is a concern.

15. Transport

Transport services to education settings should continue to be provided where children and young people need them, and local authorities remain under a <u>statutory duty to provide free home to school transport for all eligible children and young people</u>. The <u>transport to school and other places of education: 2020 to 2021 academic year guidance remains in place.</u> Where fewer children and young people are attending school or college, social distancing should be maximised where possible. Unoccupied seats could be used, for example, to implement alternate seating or separation between year groups.

Detailed guidance on dedicated home to school transport can be found in the <u>Guidance</u> <u>for full opening: special schools and other specialist settings</u>. Those involved in the provision of home to school or college transport must do all that is reasonably practicable to maximise social distancing where possible and minimise the risk of transmission. What is practicable is likely to vary according to local circumstances.

In order to maximise home to school transport capacity, some local authorities have asked some parents to accept personal travel budgets or mileage allowances to take their child to their school or other education setting. This is permissible with the parent's consent but not something on which parents or local authorities can insist. Local authorities should not expect parents to commit to accepting a personal payment or mileage allowance for a specified period of time, and participation will not impact future eligibility on dedicated school transport. The local authority will need reasonable notice to put home to school arrangements back in place for the child or young person when required again.

Children, young people and staff can continue to use public transport where necessary. When they do, they should follow the <u>Coronavirus (COVID-19): safer travel guidance for passengers</u>. We encourage everyone to walk, cycle or scoot wherever possible and safe.

Transport operators should conduct a risk assessment for all their operations, including dedicated school transport services. This will determine the most appropriate safety measures to put in place. The <u>quidance for operators</u> provides further advice.

16. Asymptomatic testing

Rapidly identifying and containing any asymptomatic cases, which comprise up to a third of all coronavirus (COVID-19) cases, will help avoid individuals who carry the infection unknowingly spreading it. Schools and colleges should continue with their preparations and rollout of the mass asymptomatic testing programme. Once ready, they should commence testing staff and the pupils and students who are attending their setting. Schools and colleges will receive financial support.

Settings should refer to our published guidance for <u>Special schools</u>, <u>specialist colleges</u> and <u>alternative provision with secondary age pupils on the national asymptomatic mass testing programme</u>. This guidance is intended to give leaders in these settings a framework within which they can devise and deliver an approach that is effective in their particular context.

Read our general guidance on the <u>mass asymptomatic testing programme</u> for schools and colleges.

For support on mass asymptomatic testing, schools and colleges can email rapidtesting.schools@education.gov.uk or call 0800 046 8687 (Mon-Fri 8am-6pm; Sat-Sun 10am-6pm) if they have further questions.

17. Funding

The guidance Restricting attendance during the national lockdown: schools and Further education guidance for restricting attendance during the national lockdown have detailed guidance on funding, setting out that local authorities will continue to receive their high needs funding and should continue to pay top-up and other high needs funding to schools and colleges. The Education and Skills Funding Agency (ESFA) will also continue to pay high needs funding direct to academies and colleges in the normal way. This will ensure that the employment and payment of staff supporting pupils and students with SEND and those in alternative provision can continue.

Funding should be maintained and services should not be reduced because some or all children and young people are not in attendance (because of sickness or self-isolation, or where the setting has temporarily closed or restricted attendance).

Similarly, where schools pay top-up or other funding for pupils attending alternative provision, or pay for other SEND or alternative provision services, we expect these payments to continue so that teachers and other staff can be paid in accordance with their existing employment contracts.

For residential school provision, while the educational costs are funded from the dedicated schools grant, the residential costs are met from social care budgets. Similarly, residential college places may be funded through a combination of ESFA funding, local authority high needs funding and children's and adult social care funding. Local authorities will continue to receive funding for social care provision and should continue to pay residential costs so that the employment and payment of staff supporting children and young people who require residential provision can continue.



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