



Children with health needs who cannot attend school policy

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This policy sets out our approach to children with health needs who cannot attend school across The Learning Partnership Trust.

1. Aims

This policy aims to ensure that:

- Suitable education is arranged for pupils on roll who cannot attend school due to health needs
- Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

2. Legislation and guidance

This policy reflects the requirements of the [Education Act 1996](#) and [DfE Statutory Guidance](#) (2013).

It is also based on guidance provided by Education Access at Essex County Council (found [here](#)).

This policy complies with our funding agreement and articles of association.

3. The responsibilities of the school

At The Learning Partnership Trust, we aim to ensure that all children, regardless of circumstance or setting receive a good education to enable them to shape their own futures. Where children are unable to attend school because of their health, the school will follow Department of Education Guidance and work with Essex County Council as the Local Authority who have the responsibility to arrange suitable full-time education (or part-time when appropriate for the child's needs) for children who are unable to attend a mainstream school because of their health.

The Local Authority is responsible for arranging suitable full-time education for children who – because of illness or other reasons – would not receive suitable education without such provision. There will however, be a wide range of circumstances where a child has a health need but will receive suitable education that meets their needs without the intervention of the Local Authority, for example, where the child can still attend school with some support. Where the school has made arrangements to deliver suitable education outside of school for the child, or where arrangements have been made for the child to be educated in a hospital by an on-site hospital school, we would not expect the Local Authority to become involved in such arrangements unless it had reason to think that the education being provided to the child was not suitable or, while otherwise suitable, was not full-time or for the number of hours the child could benefit from without adversely affecting their health. This might be the case where, for example, the child can attend school but only intermittently.

3.1 If the school makes arrangements

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

Where a pupil is unable to attend school due to their medical needs, the school will arrange support for the pupil by adopting a system such as the Trauma Perceptive Practice (TPP) values of compassion and kindness, hope and connection and belonging while they are struggling with school attendance.

Further information on TPP can be found here;

https://schools.essex.gov.uk/pupils/social_emotional_mental_health_portal_for_schools/Pages/semh_related_training.aspx

More general SEMH resources can be found here;

https://schools.essex.gov.uk/pupils/social_emotional_mental_health_portal_for_schools/Pages/default.aspx

The school will seek and follow advice from relevant agencies, including health, EP service, Specialist Teachers, Essex County Council Attendance Team, the SEND Quadrant team and make use of the We Miss You: Emotionally Based School Avoidance toolkit for schools on Essex Infolink. The SENCo will be consulted for their advice on how best to manage the pupil's needs. This will be evidenced, where appropriate, using the Support Planning process. All mental health requests will have oversight from the school SENCo and Senior Leadership Team.

If deemed appropriate following discussions with health care professionals, the school will complete an Individual Health Care Plan to evidence how the pupil's health needs can be managed in school – this will follow the school 'Supporting Pupils with Medical Conditions Policy' and will be a joint effort between school, parents and the pupil where appropriate.

The school will demonstrate that they have made all reasonable adjustments and followed any advice recommended by the services supporting the pupil. Any advice or guidance issued to the school and the school's response will form part of any referral to Education Access and will be demonstrated in One Plan documentation.

Parent/Carers role

There is an expectation that parents and carers will have sought advice from a qualified medical practitioner or, for children with mental health issues, the Children and Adolescent Mental Health Service (CAMHS). Parents should seek medical guidance around reasonable adjustments that the school should consider, alongside strategies to support. Advice should be shared with the school to assist them with their support plan or individual health care plan.

Parents should provide early communication if a problem arises or help is needed. They are also expected to:

- Attend necessary meetings
- Reinforce with their child, the value of a return to school
- Ensure that their child is ready for and attends all provision offered
- Take responsibility for safeguarding their child when they are not receiving education

Pupils with an EHCP, SEND or undergoing an EHC needs assessment

Where the school is seeking support on medical grounds for a pupil with SEND, the school will first discuss the situation with the SEND Operations Team to determine the most appropriate route to follow.

Where a pupil is presenting with an anxiety condition, an urgent review of the pupil's provision is required through the annual review process. This should be attended by the relevant SEND Operations Partner from the SEND Operations Team and the referring school.

Where a change of provision is considered appropriate but there is a delay in securing an appropriate placement, access to interim education arrangements should be discussed with the SEND Operations Team.

The school will also advise parents/carers to contact the SEND IASS team for further support and advice.

Pupils in hospital

In this instance, education provision is arranged by the Local Authority and will be available during term time for pupils admitted to the children's wards of the following Essex hospitals by the following services:

- Basildon Hospital – Reintegration Service South
- Broomfield Hospital – Heybridge Co-operative Academy
- Colchester General Hospital – North East Essex Co-operative Academy
- Princess Alexandra Hospital – Reintegration Service West

Making a referral to Education Access

When it is clear that a pupil is unable to attend school due to their medical needs for 15 days or more, whether consecutive or cumulative, the school will complete the Education Access medical referral form and submit electronically to medical@essex.gov.uk.

The referral form can be accessed through the Education Access pages on Essex Schools Infolink. All referrals need to be completed in full and accompanied by supporting evidence as highlighted above to avoid delay.

It is the school's responsibility to ensure that any referral is received by Education Access and they must make direct contact with Education Access to confirm receipt.

Where a referral is agreed by Education Access, the school will:

- Convene a school-based partnership meeting (SBM) where a partnership agreement will be agreed by all parties before the placement can begin;
- Pupils with a medical need will remain on the school roll and the school will arrange review meetings every six weeks. If provision is required beyond week twelve, then options and advice will be sought from a range of relevant professionals. This will form part of the on-going support plan for the pupil;
- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil;
- Identify a senior member of staff, able to make decisions, to host and chair regular review meetings (normally every 6 weeks), produce action plans and distribute notes of these meetings within five school days;
- Provide a named teacher with whom each party can liaise (usually the SENCo). The named contact will ensure that the class teacher provides all the curriculum resources in order that the pupil can complete courses and prepare for assessments;
- Where possible support the pupil to access education in non-core subjects during the period that they are not attending school;
- Provide a suitable working area within the school for the pupil/education provider where necessary;
- Be proactive in supporting the reintegration of the pupil back into school as soon as they are well enough to attend school;
- Ensure that pupils who are unable to attend school, are kept informed about school social events and are encouraged to maintain contact with their peers (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school);
- Where a pupil is unable to take their exams within the school setting, the school will organise those exams, secure an invigilator and locate a safe venue;
- Ensure that there is updated medical advice provided to assist with progressing the case and to support reintegration;
- Share information with the local authority and relevant health services as required.

Reintegration (if a pupil has been educated in alternative provision)

When reintegration into school is anticipated we will work with the Local Authority, Education Provider, Parents and the Pupil to create an individually tailored reintegration plan for each child returning to school.

3.2 If the local authority makes arrangements

Where a pupil would not be able to receive a suitable full-time education in a mainstream school because of their health needs, the local authority (LA) has a duty to make other arrangements.

In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil

- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to:
 - Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
 - Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from the school)
 - Create individually tailored reintegration plans for each child returning to school
 - Consider whether any reasonable adjustments need to be made.

The responsibilities and duties of LAs are set out in statutory guidance that was issued by the DfE in January 2013 – [‘Ensuring a good education for children who cannot attend school because of health needs’](#)

Julie Keating, Education Access Manager, is the named officer responsible for the education of children with additional health needs within Essex Local Authority.

LAs are responsible for arranging suitable full-time education (or as much education as the child’s health condition allows) for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. It applies to children who are pupils in Academies, Free Schools, special schools and independent schools as well as those in maintained schools.

There is no absolute legal deadline by which LAs must have started to provide education for children with additional health needs (unlike for excluded children, where provision must begin by the sixth day of the exclusion). LAs should, however, arrange provision as soon as it is clear that an absence will last more than 15 days and it should do so at the latest by the sixth day of the absence, aiming to do so by the first day of absence. Where an absence is planned, for example for a stay or recurrent stays in hospital, LAs should make arrangements in advance to allow provision to begin from day one.

The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated.

Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should provide part-time education on a basis they consider to be in the child’s best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.

With planned hospital admissions, LAs should give the teacher who will be teaching the child as much forewarning as possible, including the likely admission date and expected length of stay. This allows them to liaise with the child’s school and, where applicable, with the LA about the programme to be followed while the child is in hospital. LAs should set up a personal education plan, which should ensure that the child’s school, the LA and the hospital school or other provider can work together.

Where children have complex or long-term health issues, the pattern of illness can be unpredictable. LAs should discuss the child’s needs and how these may best be met with the school, the relevant clinician and the parents, and where appropriate with the child. That may be through individual support or by them remaining at school and being supported back into school after each absence. How long the child is likely to be out of school will be important in deciding this. LAs should make provision available as soon as the child is able to benefit from it.

If a referral criterion is met, Education Access will commission appropriate support through one of their approved providers. Education Access will notify the school and provide advice on next steps. Depending on the circumstances, the school may be asked to convene school-based meetings. The pupil will remain on the school roll and the school will be expected to arrange review meetings (normally every 6 weeks). Updated medical evidence will be required as part of the on-going support plan for the pupil.

If support is **not** agreed, Education Access will contact the school to confirm why the referral does not meet criteria. Education Access may offer the school further advice and/or signpost the school to other agencies so the school can commission appropriate support.

Where a referral has been agreed Education Access will work with the school, family and pupil to determine the most appropriate support. The aim will be to encourage a return to school as soon as the pupil is well enough.

If a pupil is educated within a commissioned service, the school will work collaboratively with the service to ensure the pupil is fully supported and is not educationally disadvantaged due to their medical need. The school will also work closely with the service to support reintegration when the pupil is well enough to begin transition.

The decision to end the commissioned alternative education programme sits with Education Access. Education Access will liaise with the school, provider, health services, family and pupil to ensure plans are in place to support the pupil with their education.

4. Monitoring arrangements

This policy will be reviewed annually by the Trust SENCo. At every review, it will be approved by the board of trustees.

5. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Supporting pupils with medical conditions and first aid (Roseacres)
- Supporting pupils with medical conditions and administering medicines policy (Takeley)
- Special Educational Needs Policy and Information Report
- Complaints Policy
- Health, Safety and Wellbeing Policy
- Care and Welfare (Hatfield Heath)
- Safeguarding and Child Protection Policy