



Children Missing Their Education Owing To Health Needs Policy

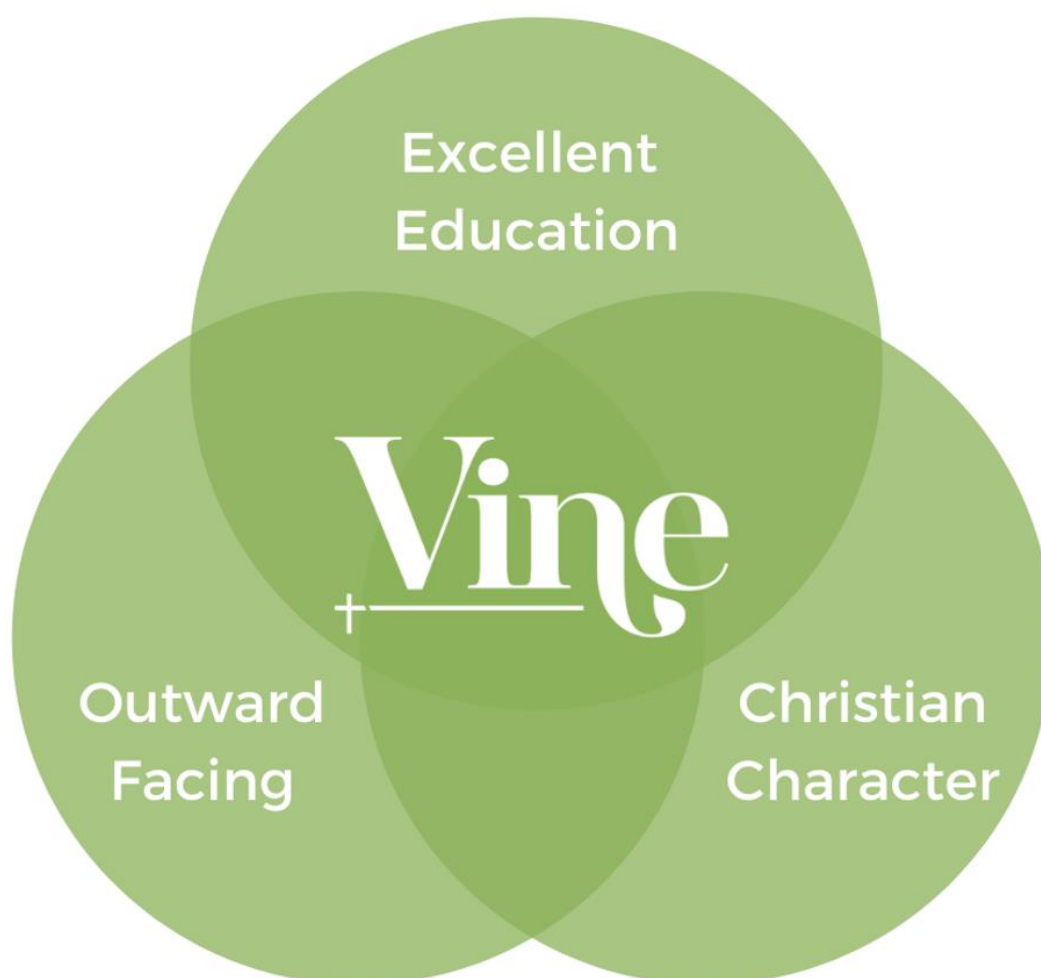
**"I am the vine; you are the branches.
If you remain in me and I in you, you will bear much fruit"
(John 15:5)**

This is a model policy for all Vine schools that has been reviewed and adapted for
Two Village C of E Primary School.

Policy Reference:	
Approved by Vine Schools Trust on:	Summer 22
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Vision & Values

V Valuing every person
I Inspiring great teaching
N Nurturing academic excellence and Christian Character
E Excelling, unlocking great potential



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1. Statutory duties for supporting pupils with medical needs

Schools:

Most children's educational needs are best met in school and Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to plan for supporting pupils at their school with medical conditions.

Local Schools Boards have a duty to ensure that their school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents/carers and school staff.

The responsibilities under this duty are set out in statutory guidance that was issued by the Department for Education (DfE) in December 2015 - **Supporting pupils at school with medical conditions**.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

The aim of the statutory guidance is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. For children with SEN, the guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice.

Local Schools Boards should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The Local Authority:

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.

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'**

<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

This policy document seeks to outline the arrangements that the LA will fulfil their statutory duty to pupils unable to attend school because of medical needs. This policy applies to all children and young people who would normally attend mainstream schools, including academies, free schools, independent schools and special schools, or where a child is not on the roll of a school. It applies equally whether a child cannot attend school at all or can only attend intermittently.

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

2. Managing a pupil's medical needs in school

School's role:

Where a pupil is unable to attend school owing to their medical needs, the school must be able to demonstrate that they have sought and followed advice from all relevant agencies, including health, EP service, Specialist Teachers, LA Attendance Team and their SEND Quadrant team. The SENCo must be consulted for their advice on how best to manage the pupil's needs. This must be evidenced, where appropriate, using the One Planning process. **All mental health requests must have oversight from the school SENCo and Senior Leadership Team.**

Schools would be expected to refer to the tool kit for schools that is available on the Essex Schools Infolink – Education Access page - to assist with identifying how best to support pupils.

The school, in discussion with health care professionals, may wish to prepare an individual health care plan to evidence how the pupil's health needs can be managed in school – this should be shared with parents and the pupil where appropriate.

The school will be expected to demonstrate that they have made all reasonable adjustments and followed any advice recommended by the services supporting the pupil before a referral for support will be considered. Any advice or guidance issued to the school and the school's response should form part of the referral – this can be demonstrated using One Plan documentation.

Schools should demonstrate how they have used their notional Special Educational Needs funding to support a child on SEN support; identifying strategies, implementation and expense incurred via one planning etc. The notional SEN Fund is the sum of money the Local Authority expects individual schools to make available to support pupils with SEN and AEN. These resources are intended to provide support that is 'additional to and different from' that provided to typically developing pupils with universal needs. Schools are expected to fund the first £6,000 of 'additional to and different from' support for **all** pupils that require it.

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 Emotional Wellbeing and Mental Health service (EWMHS). 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.

3. Obtaining medical advice and guidance for pupils who are struggling to maintain regular school attendance

Whilst there is an expectation that referrals will be accompanied by appropriate medical advice and guidance outlining the situation, referrals will not be delayed because a pupil is awaiting specialist support.

The Education Access team will consider all available evidence and will, where appropriate, review the educational needs of the pupil with the school, parents/ carers and all other professionals involved.

If there is insufficient medical evidence to support a referral for a pupil who is unable to access school, the school should seek advice from their SEND Quadrant team.

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

Where a school is seeking support on medical grounds for a pupil with SEND, the school should first discuss the situation with the Statutory Assessment Service (SAS) 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. Generally, professionals require two / three weeks' notice to attend formal review meetings.

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 Statutory Assessment Service.

The school may wish to advise the parents / carers to contact the SEND IASS team.

5. Pupils without a school roll

For pupils who are not on a school roll for reasons other than elective home education, Education Access will consider support, subject to appropriate medical advice. Parents / carers will continue the process of securing a suitable placement for future reintegration.

6. Electively home educated pupils

Referrals will be considered for pupils who are electively home educated but are no longer able to access their education due to a physical or mental health need. Once the pupil is well enough to continue with their education, the expectation is that the pupil will resume their home education unless this has been failed by the Elective Home Education team. If the pupil wishes to return to a mainstream school, Education Access will offer advice and guidance to assist the parents/carers in the application process. Support options will be considered once a school placement has been secured.

8. Pupils who are not of compulsory school age

The LA will not normally be able to provide support for pupils who are under or over compulsory school age.

A request for support for pupils who have yet to reach statutory school age will be considered based on the individual needs of the pupil. For pupils above statutory school age repeating a statutory school year due to medical reasons may also be considered on an individual basis.

Schools should make an application through the medical@essex.gov.uk mailbox. Referrals are subject to the same supporting evidence from medical/mental health practitioners. Schools should maintain the pupil on their roll.

9. Pupils in hospital

Education provision 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

10. COVID – 19

In response to COVID-19, the Department for Education have produced guidance outlining the duties and responsibilities for pupils' full time return to school following Covid 19 lockdown- <https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools> (August 2020). As schools prepare for reopening there is an expectation that for most pupils this will be a positive opportunity to re-engage with learning and reconnect with peers, staff and the wider school community. The Government advises that ***'schools should use their existing resources to make arrangements to welcome all children back.'***

For pupils who are shielding or self-isolating in line with public advice, there is an expectation for schools to be able to immediately offer these pupils access to remote education. Schools should monitor engagement with this activity.

There is a clear expectation that all pupils must attend school when periods of lockdown finish. Pupils and families may be anxious about returning to school. It is important for schools to acknowledge the impact that COVID 19 has had on some pupils. To respond to this, schools should:

- Communicate clear and consistent expectations around attendance to families
- Identify anxious / reluctant pupils who are at risk of disengagement and implement plans for reengaging them. Where necessary, work closely with other professionals to support a pupil's return to school.
- ***use the additional catch-up funding schools receive, as well as existing pastoral and support services, attendance staff and resources and schools' pupil premium funding to put measures in place for those families who will need additional support to secure pupils' regular attendance.*** (Dfe: August 2020)

12. 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 should complete the Education Access medical referral form and submit electronically to medical@essex.gov.uk

All referrals need to be completed in full and accompanied by supporting medical advice as highlighted above to avoid delay.

13. Consideration of referral

As part of our consideration process, Education Access may seek advice from partner agencies.

All referrals are determined at the weekly Education Access panel. If a referral criterion is met, Education Access will commission appropriate support through one of our approved providers. Education Access will notify the school and provide advice on next steps.

Please refer to the Education Access guidance to schools on their roles and responsibilities for monitoring pupils accessing offsite provision on medical grounds.

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.

14. Education for pupils accepted as medical referrals

Process and partnership agreement - September 2020 onwards

Where a referral has been agreed Education Access will work in partnership 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.

The school will be asked to convene school-based partnership meeting. The *Partnership Agreement* document will be signed by all parties before the placement can begin. (see section 16 for roles of responsibilities)

Pupils will be offered a maximum of 12 weeks provision. The pupil will remain on the school roll and the school will be expected to arrange review meetings at week 6 and week 12. If provision is required beyond week 12 then updated medical evidence will be required as part of the on-going support plan for the pupil.

Support available may include:

- AV1 – No Isolation robots
- Online learning
- Mentoring
- Tuition support

Schools need to note that the decision whether to accept a pupil for support on medical grounds rests entirely with the education directorate within Essex County Council. Referrals must not be made directly to a provider; ECC will liaise with providers to ensure the best available offer is made.

Staff from the identified provider will support pupils in a suitable venue, or exceptionally, in the pupil's home if supported by appropriate medical evidence. If support is required in the home, it will be necessary for the provider to carry out an appropriate risk assessment. If the pupil is supported in the home, there must always be a responsible adult present.

15. Multiagency working

It is important to link with partner agencies to ensure appropriate support is in place to meet the pupil's educational needs. There is an expectation that the school, Education Access, provider, health and other support services along with the family and pupil will work together to ensure we achieve the best possible outcomes.

The expectation for the referring school is to work collaboratively with the commissioned service to ensure that the pupil is fully supported and is not educationally disadvantaged due to their medical need. The referring school will also assist the commissioned service in supporting reintegration once the pupil is well enough to begin transition.

16. Roles and Responsibilities

The **School's** role is to:

- 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
- Provide a named teacher with whom each party can liaise (usually the SENCO). The named contact will ensure that the class teachers / heads of departments provide all the curriculum resources in order that the pupil can complete courses and prepare for assessments and examinations
- Where possible support the pupil to access education in non-core subjects during the period that they are not attending school
- Be proactive in supporting the pupil to still feel part of the school community whilst they are not well enough to attend 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. Where necessary the school will need to make reasonable adjustments under equalities legislation.¹ This duty is anticipatory, and adjustments must be put in place beforehand to prevent a pupil experiencing disadvantage
- 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
- Ensure that there is updated medical advice provided to assist with progressing the case and to support reintegration
- Where a pupil is unable to take their exams within the school setting, it is the school's responsibility to organise those exams, secure an invigilator and locate a safe venue

The **Education Access Team** will be responsible for:

- Assessing all referrals to the service and brokering provision for those pupils who sufficiently trigger an intervention
- Working with the school, provider, family and pupil to ensure the delivery of a suitable curriculum that can meet the individual needs of the pupil
- Monitoring and evaluating the effectiveness of the education provision to ensure it continues to meet the needs of individual pupils

- Facilitating an agreed programme of reintegration and attending any relevant planning meetings

The **provider's** role is to:

- Liaise with the named person in school
- Liaise, where appropriate, with outside agencies
- Provide a flexible programme of support
- Provide regular reports on the pupil's progress and achievements
- Provide an opportunity for the pupil to comment on their report
- Attend review meetings
- Help set up an appropriate reintegration programme as soon as the pupil is ready

Health and other support services role is to:

- Offer medical treatment, advice and support where appropriate to enable the LA to determine the most appropriate provision
- Where necessary contribute to a pupil's health care plan
- Provide outreach and training relating to the pupil's medical condition along with advice and support on managing health needs in school
- Attend or provide advice to review meetings
- Provide written reports where necessary

The **parents'/ carers'** role is to:

- Provide current medical guidance when requested
- Provide early communication if a problem arises or help is needed
- 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

The **pupil's role** is to:

- Be ready to work with the provider
- Be prepared to communicate their views
- Engage with other agencies as appropriate
- Prepare for reintegration as soon as they are able

17. Ending of support

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.

18. Further advice and guidance

For further advice or guidance please contact Education Access at medical@essex.gov.uk