


# All Saints' Church of England Primary School



## Supporting pupils who are unable to access education due to health needs policy

Date approved by FGB	Jan 26
Date for review	Jan 27
Signed by COG	

## Statutory duties for supporting pupils with medical needs

1. Under Section 100 of the Children and Families Act 2014, schools are required to make arrangements for supporting pupils with medical conditions. This duty applies governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units (PRUs).  
[Children and Families Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/6/section/100)
2. Governing bodies 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 and school staff. The responsibilities under this duty are set out in statutory guidance issued by the Department for Education (DfE) in December 2015.  
[Supporting pupils at school with medical conditions \(DfE 2015\)](#)
3. Section 19 of the Education Act 1996 (and as amended by The Children School and Families Act 2010) places a duty on Local Authorities (LA) to 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.  
[Education Act 1996 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1996/56/section/19)
4. Children are of compulsory school age from the school term after a child's 5th birthday, until last Friday in June of the school year in which they turn 16.
5. The LAs Section 19 duty applies to all Essex children of compulsory school age, irrespective of whether they are on roll at a school and regardless of the type of school at which they are enrolled or where the school is situated.
6. The DfE have also produced guidance to support schools where mental health issue is affecting attendance.  
[Support for pupils where a mental health issue is affecting attendance \(DfE February 2023\)](#)
7. For children with SEN, this guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice.  
[SEND Code of Practice \(DfE January 2015\)](#)
8. The statutory guidance is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported with education so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
9. Governing bodies should ensure that school leaders consult health and social care professionals, Inclusion Partner, Educational Psychologist, pupils, and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported. Reasonable adjustments must be made within the school environment to ensure that the pupils with medical conditions feel supported and safe while they are in school.
10. Where a pupil is referred under the 'otherwise' criteria, the Education Access team will also follow the guidance document below:  
[Section 19 'otherwise'](#)

## The Local Authority

11. Where a pupil cannot attend school because of a physical or mental health need, and cannot access suitable full-time education, the local authority (LA) is responsible for arranging suitable alternative education.  
[Arranging education for children who cannot attend school because of health needs \(DfE December 2023\)](#)
12. This policy outlines how Essex County Council will fulfil its statutory duty to pupils who are unable to attend school because of medical needs. This policy applies to all children of compulsory school age who would normally attend maintained schools, including:
  - academies
  - free schools
  - independent schools
  - special schools
  - alternative provision
13. Nicola Turp, Education Access Manager, is the named officer responsible for the education of children with additional health needs.

## Managing a pupil's medical needs in school

### School's role

14. Education Access are committed to engaging in the values of Trauma Perceptive Practice (TPP) and working in partnership with schools to ensure that pupils can remain at their mainstream school placement or make a successful return to school following a short supportive placement with an alternative education provider.
15. Where a pupil is unable to attend school due to their medical needs, the Education Access team would hope that schools will be able to demonstrate how they have arranged to support the pupil by adopting the TPP values of compassion and kindness, hope and connection and belonging while they are struggling with school attendance.  
[Social, Emotional and Mental Health Portal for Schools, Colleges and Settings - SEMH Training \(essex.gov.uk\)](#)  
More general SEMH resources can be found here:  
[SEMH resources](#)
16. Prior to making a medical referral, particularly for Emotionally Based School Avoidance, schools should read and implement the guidance within the [Lets Talk We Miss You](#) document. Schools will need to provide information from this document to accompany any medical referral into Education Access.
17. The [Risks and Resilience Profile](#) should also be completed and returned to support the medical referral, alongside the **School Attendance Difficulties Assessment Form** within the Let's Talk We Miss You documentation.
18. The school must be able to demonstrate that they have sought and followed advice from all relevant professionals. These may include:

- Health professionals
- Inclusion Partners and Engagement Facilitators
- EP service
- PNI Specialist Teachers
- Essex County Council Attendance team
- SEND Quadrant team

19. Where a pupil is identified as having SEN, schools should take action to remove barriers to learning and put effective special educational provision in place. Further guidance on SEN Support can be found in section 6.44 of the SEND Code of Practice.

[SEND Code of Practice \(DfE January 2015\)](#)

20. **The SENCo must be consulted for their advice on how best to manage the pupil's needs.** This must be evidenced through the One Planning process. All mental health requests should have oversight from the school's SENCo and Senior Leadership Team.

21. The school, in discussion with health care professionals and parents/carers 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.

22. 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. Any advice or guidance issued to the school and the school's response should form part of the referral - this can also be demonstrated using One Plan documentation.

23. 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**

24. 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.

#### **Obtaining medical advice and guidance for pupils who are struggling to maintain regular school attendance**

25. Whilst there is an expectation that referrals will be accompanied by appropriate medical advice and guidance, consideration of referrals will not be delayed because a pupil is awaiting specialist support and / or struggling to engage with support.

26. The Education Access team will consider all available advice along with the information given within the referral form, and where appropriate, will review the educational needs of the pupil with the school, parents / carers and all other professionals involved.
27. The Education Access team will need to be assured that the young person is medically well enough to access an alternative educational provision and that this will not be detrimental to them in any way.
28. In all cases, effective collaboration between relevant services is essential to delivering suitable education for children with physical or mental health needs.

### **Pupils with an EHCP**

29. Where support is being requested on medical grounds for a pupil with an EHCP, the school must discuss the situation with the SEND Operations Team to determine the most appropriate route to follow.
30. Where a pupil is presenting with an anxiety condition, an urgent review of the pupil's provision is required through the annual review process.
31. 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.
32. Schools may wish to signpost parents/carers to Essex SEND IASS who provide free, confidential and impartial information, advice and support for children and young people with SEND (0-25).  
[Essex SENDIASS](#)

### **Pupils unable to attend school because of pregnancy**

33. Please refer to the separate guidance document available on Essex Schools Infolink.  
[Advice for pregnant students and school-age parents](#)

### **Pupils without school roll status**

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

### **Electively home educated pupils**

35. 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. Support options will normally be considered once a school placement has been secured in line with the Essex Fair Access protocol.

## **Pupils who are not of compulsory school age**

36. Requests for support for pupils who have yet to reach compulsory school age will be considered based on the individual needs of the pupil.
37. Referrals for pupils above compulsory school age *who are repeating a statutory school year due to medical reasons* may be considered on an individual basis.
38. Schools should make an application through the [medical@essex.gov.uk](mailto:medical@essex.gov.uk) mailbox. Referrals are subject to the same supporting advice from medical/ mental health practitioners. Schools should maintain the pupil on their roll.

## **Pupils in hospital**

39. The Education Access team will consider referrals for pupils admitted to hospital, where their absence from school will total 15 school days or more either consecutively or cumulatively. Schools are asked to make a referral to the Education Access team as soon as details are known of any planned admission or treatment plans so that appropriate arrangements can be made to support.
40. If treatment of a child's condition means that their family must move nearer to a hospital in Essex, and there is a sibling of compulsory school age, the Education Access team should be informed to ensure that the sibling is also in receipt of a suitable education, either at school or otherwise.

## **Pupils leaving Adolescent Mental Health Units**

41. The Education Access team will consider referrals from Tier 4 adolescent mental health units for pupils of compulsory school age who are due to be discharged, where ongoing support is required.
42. This applies to both in-county and out-of-county units.

## **Making a referral to the Education Access team**

43. When a pupil is unable to attend school due to their medical needs, and has been absent for 15 days or more, whether consecutive or cumulative, the school should consider completing the Education Access medical referral form.
44. Any queries and/ or referrals should be submitted electronically to [medical@essex.gov.uk](mailto:medical@essex.gov.uk)
45. All referrals need to be completed in full and accompanied by supporting medical advice where possible as highlighted above to avoid delay.
46. It is the school's responsibility to ensure that a referral has been received by the Education Access team.

## Referral triage

47. As part of the consideration process, the Education Access team will seek information, advice and guidance from professionals, the referring school, and parents/carers.
48. Referrals may be passed to the Section 19 multidisciplinary panel to support the decision-making process.
49. If the threshold is met for Section 19 support, the Education Access team will commission appropriate provision through one of our approved alternative provision providers. The Education Access team will notify the school and provide advice on next steps.
50. If support is **not** agreed, the Education Access team will contact the school to confirm why the referral does not meet criteria. The Education Access team may offer the school further advice and/ or signpost the school to other agencies.

## Alternative Provision

51. Where a referral has been agreed the Education Access team will work in partnership with the school, family, and pupil to determine the most appropriate support.
52. Prior to provision starting, a planning meeting will be convened to agree the nature of the intervention, its objectives, and the reintegration plan to support the pupil's return to their school. The *Partnership Agreement* document will be signed by all parties before the placement can begin.
53. The Education Access team commissions services from both registered and unregistered alternative education settings to meet its Section 19 statutory responsibilities to support children with health needs.

Quadrant	Provider	Type of provision
Mid Essex	Mid Essex Cooperative Academy (MECA)	AP school
North East	North East Essex Cooperative Academy (NEECA)	AP school
South & West	Children's Support Service South (CSS)	AP school
Countywide	Tute Education	Essex online school
Countywide	IPES framework	Unregistered alternative provision
Countywide	No isolation	AV1 avatar (robot)

### **Individual Package of Educational Support (IPES)**

54. Essex County Council has an established framework for commissioning unregistered alternative education. An unregistered alternative education setting is a provision that offers alternative education but is not a registered school.
55. The framework enables Essex County Council to purchase Individual Packages of Education Support (IPES) to meet its statutory duties.
56. The IPES framework is divided into four commissioning lots:
  - Lot 1- tuition services
  - Lot 2- vocational services
  - Lot 3- virtual learning
  - Lot 4- early intervention/ re-engagement services
57. Where an IPES referral has been agreed, the commissioning team will submit a request via the framework to identify a suitable education provider.
58. The bespoke nature of the IPES framework means that the education offer, in terms of number of hours will be fewer, as the provision is deemed to be more concentrated.

### **Alternative Provision (AP) School**

59. The Education Access Team commissions places with each of the above-mentioned AP schools to meet their Section 19 statutory duties.

#### **AV1**

60. An AV1 Robot is designed to help children that are unable to attend school in person, due to illness or other circumstances. An AV1 allows them to stay connected to their classroom and peers remotely.
61. An AV1 can be used flexibly, acting as a bridge back into mainstream lessons, either from a child's home or from the school's inclusion rooms.

### **Essex Online School**

62. The Education Access team has commissioned an online school to provide an immediate education offer, whilst longer term arrangements are under consideration.
63. The Online School delivers lessons in small groups, primarily focusing on English, maths, and science.
64. The expectation is that pupils should not be accessing this provision for longer than one academic term.

## **Location**

65. Staff from the identified provider will support pupils in a suitable venue or, exceptionally, in the family home if supported by appropriate medical advice. 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.

## **Monitor & Review**

66. The Education Access team will regularly monitor and evaluate the effectiveness of the education provision to ensure it continues to meet the pupil's needs, and that next steps following placement, such as reintegration into mainstream education, further education, training, or employment are clearly defined. The referring school is expected to attend and participate in all provision review meetings.
67. Review meetings should be planned every six weeks to ensure that provision remains appropriate and that placement objectives remain suitable and achievable.
68. Each review meeting is an opportunity to consider what's working well, along with areas of concern, or barriers, which are preventing their child from accessing their provision. This should inform decisions around reasonable adjustments.
69. Review meetings should be attended by parents/carers, the child (if they are able) and all partners supporting the child, to ensure all viewpoints are considered.
70. Where the child remains on a school roll, a link member of staff should be identified to oversee the placement. This is to ensure the child is kept in mind and continues to feel part of their school community.
71. Review meetings will be formally recorded, with an agreed action plan.

## **Multiagency working**

72. Partnership working is essential to ensuring that the pupil's educational and health needs are fully supported. There is an expectation that the referring school, the Education Access team, the education provider, health colleagues, support services and the family work collaboratively to support the pupil, and to ensure that the pupil is not educationally disadvantaged because of their medical need.
73. Multiagency working is essential in ensuring that the nature of provision and the hours offered is responsive to the changing health status of the pupil and is in line with professional advice.
74. The referring school will also assist the commissioned service in supporting reintegration once the pupil is well enough to begin transition.

## Roles and responsibilities

### Referring school

75. The referring school must:

- Identify a senior member of staff to act as the school's lead professional responsible for the oversight of the pupil's placement.
- 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 appropriate, the tutor and tutor group should also keep in contact.
- Where possible, support the pupil to access non-core subjects during the period that they are not attending the onsite.
- 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 planning and 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.<sup>1</sup> 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

76. The Education Access team is responsible for:

- Triaging all referrals to the service and commissioning provision for those pupils who meet the threshold for statutory support.
- Working with the school, provider, family, and pupil to ensure the delivery of a suitable curriculum that can meet the need.
- Monitor and evaluate the effectiveness of the education provision to ensure it continues to remain suitable.
- Facilitate an agreed programme of reintegration<sup>2</sup> and attend any relevant planning meetings.

### Education provider

77. The education provider will:

- Liaise with the named person/s in school.

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<sup>1</sup> The Equality Act 2010

<sup>2</sup> Guidance on reintegration is outlined in Arranging Alternative Provision statutory guidance DfE 2025

- Liaise with professional network as required.
- Provide a flexible programme of support to meet the needs of the pupil.
- Provide regular reports on the pupil's progress and achievements.
- Provide an opportunity for the pupil to contribute their views.
- Attend review meetings.
- Support engagement with the school alongside an appropriate reintegration programme.

### **Health and other support services**

78. Health and support services will endeavour to:

- Offer medical treatment, advice, and support where appropriate to enable the Education Access team to determine the most appropriate provision.
- Contribute to a pupil's individual health care plan where appropriate.
- 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.

### **Parents and carers**

79. Parents and carers will support by:

- Providing 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 and support the engagement and reintegration process.
- Ensure that their child is ready for and attends all provision offered.
- Take responsibility for safeguarding their child when they are not receiving education.
- Encourage participation with school and peers.

### **Pupil**

80. The pupil will try to:

- Be ready to work with the provider.
- Be prepared to communicate their views.
- Engage with school and other agencies as appropriate.
- Prepare for reintegration.
- Participate in school and with peers when able to.

### **Attendance**

81. Pupils accessing offsite provision due to medical needs must remain on the referring school's roll. The pupil should be marked using the appropriate attendance code.

- Code D- pupil is attending a PRU/ AP Free School/ DfE registered alternative provision
- Code K- pupil is attending an unregistered AP arranged by the LA.
- Code C- pupil is accessing online education or pupil has no AP offer for the session

- The appropriate absence code should be used where a pupil does not attend their **unregistered** AP placement.

82. Further information on monitoring attendance can be found [here](#)

83. If a pupil is absent from school, schools should continue to use the appropriate absence code until a pupil's start date with the alternative provision provider is confirmed.

## Safeguarding

84. Schools should familiarise themselves with the content of the safeguarding Page Tiger that can be found on Essex Schools Infolink. This document details the roles and responsibilities of the key partners when alternative education is being offered for a pupil.

<https://essexcc.pagetiger.com/safeguarding-AP/1>

85. Schools should share any safeguarding concerns with the provider from the outset to ensure that the provider can accurately risk assess their support.

86. Schools must ensure that they hold timetable information for pupils accessing offsite provision; school must share concerns with the provider and the Education Access team if it is felt that the pupil's timetable is placing them at any additional risk.

87. Schools should refer to the providers safeguarding policy to inform their procedures for monitoring pupils accessing offsite provision. Schools should be clear on how the provider manages child protection concerns, including evidence of any action taken. Schools must also be clear on the providers process for sharing safeguarding information.

### **Pupil attends an AP school**

88. If a pupil is accessing support through a DfE registered alternative provision, the expectation is on the registered alternative provider to take forward any child protection concerns in accordance with its safeguarding policy as the pupil is under their care.

89. The school will need to agree with the registered alternative provider how child protection concerns will be shared. Schools must have oversight in the management of safeguarding concerns for dual registered pupils as they remain responsible for all pupils on their admissions register.

### **Pupil attends an unregistered AP placement**

90. If the LA has commissioned an unregistered alternative provider to deliver the pupil's onward education, the school must ensure that the process for sharing child protection concerns is agreed with the unregistered provider without delay.

91. The LA will only commission alternative provision providers listed on the Alternative Provision Directory; all providers listed on the directory have been assessed and quality assured using clearly defined standards.
92. Where a child is at risk of significant harm, the alternative provider should call the Children and Families Hub on 0345 603 7627 and ask for the 'Priority Line' (or call the Police on 999). The provider must inform the school as soon as possible.
93. The school will be required to take forward any necessary actions arising from the concern in accordance with its safeguarding policy.
94. Schools remain responsible for safeguarding all pupils on its admissions register so must ensure robust measures are in place for all pupils accessing offsite education.

## **Parental concerns**

95. It is acknowledged that parents/carers may have reservations about the alternative education offer that has been made available for their child.
96. Essex County Council will consider any concerns that the parent/carer may have about the appropriateness of the alternative education offer in the context of its statutory duties.
97. Where Essex County Council determines the alternative education offer to remain suitable to the child's needs, there is an expectation that the child will engage with the alternative education offer that has been provided.
98. Where a child is struggling to engage with the alternative provision offer, Essex County Council will co-ordinate a review to unpick barriers to engagement and consider reasonable adjustments to support improved attendance.
99. Where there is limited evidence of impact, Essex County Council will consider whether parents/carers are fulfilling their legal responsibilities under section 7 of Education Act 1996 to ensure their child is in receipt of a suitable and efficient education. Where necessary, this could involve a referral to the children missing education team or attendance compliance team for further action to be considered in line with Essex County Council's statutory duties.

## **Keeping the pupil in mind**

100. The referring school must ensure that arrangements are in place for the pupil and the pupil's parent / carer to continue to receive school communications. The referring school should also ensure that adjustments are made to allow the pupil to continue to feel part of the school community.

**Examples include:**

- A link member of staff assigned to the pupil who undertakes regular visits to the alternative provision placement.
- Regular invitation to tutor time via remote access if necessary.
- Settings continue to reward progress and positive behaviour for pupils accessing offsite alternative education in line with their own policies.
- Pupil's accessing offsite alternative education to be included in awards celebrations.
- Consideration given to pupils accessing settings for morning/ after school activities where appropriate.
- Consideration given as to how the pupil's peer group remain in communication.
- Adjustments made to the pupil's timetable at the point of reintegration where required.

**Closure**

101. The decision to close a placement sits with the Education Access team. The Education Access team will liaise with the school, provider, health services, family, and pupil to ensure plans are in place to support the pupil with their education.

**Funding**

102. Where a child remains on a school roll, and Essex County Council has commissioned alternative education in accordance with its Section 19 duty, Essex County Council will recoup a proportion of AWPU funding to ensure that the funding follows the child.

103. For a section 19 medical referral, AWPU will be reclaimed from week 13 until placement closure.