



# Supporting Children with Medical Needs who Cannot Attend School

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Reviewer	Jan McColl
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All schools within HMFA are fully supportive of all children with health needs.

On occasions a child may not be able to attend school for medical reasons. This policy has been adapted from the Herefordshire Education of Children with Medical Needs policy July 2023 and outlines the responsibilities of the school, local authority and Healthcare agencies.

The provision for children who are medically unfit to attend school aims to ensure that:

- ✓ Pupils make good progress in their education and do not fall behind their peers, particularly in key subjects such as English and maths.
- ✓ Disruption to learning is minimised and there is a continuity of education provision within the school curriculum.
- ✓ Pupils are able to obtain qualifications as appropriate to their age and abilities.
- ✓ Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits.
- ✓ Pupils continue to feel fully part of their school community and are able to stay in contact with classmates.

## **1. The Statutory Framework:**

### **Legislation:**

2.1 The Children and Families Act 2014 places a duty on the governing bodies of Maintained schools, Academies, Alternative Provision Academies and Pupil Referral Units to make arrangements to support pupils with medical conditions. For more information regarding the duties of schools please refer to the Statutory Guidance [Supporting Pupils at School with a Medical Condition \(DfE 2015\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf) [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

2.2 Section 19 of the Education Act 1996 and section 3 of the Children, Schools and Families Act 2010, place local authorities under a duty to arrange full-time education for all children who, for reasons which relate to illness, exclusion or otherwise, would not receive suitable education unless arrangements are made for them.

2.3 Some complex and/or long-term health issues may be considered disabilities under equality legislation. The Equality Act 2010 provides that Local Authorities (LA) must not discriminate against disabled children and states that LAs should make reasonable adjustments to alleviate disadvantage faced by disabled children.

### **Guidance:**

2.4 In December 2023 the Department for Education published statutory guidance called 'Ensuring a good education for children who cannot attend school due to health needs:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/941900/health\\_needs\\_guidance\\_accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941900/health_needs_guidance_accessible.pdf)

This provides comprehensive guidance to LAs and related services and outlines the roles and responsibilities of the LA and school. This policy should be read alongside this guidance and any future relevant guidance.

Specifically:

2.4.1 There will 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 LA. For example, where the child can still attend school with some support; where the school has arranged 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 LA 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.

2.4.2 The law does not specify the point during a child's illness when it becomes the LA's responsibility to secure for the child suitable full-time education. Schools would usually provide support to children who are absent from school because of illness for a shorter period, for example when experiencing chicken pox or influenza. In some cases, where a child is hospitalised, the hospital may provide education for the child within the hospital and the LA would not need to arrange any additional education, provided it is satisfied that the child is receiving suitable education. More generally, LAs should be ready to take responsibility for any child whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year, and where suitable education is not otherwise being arranged.

2.5 The statutory guidance sets out arrangements under this duty when it is clear that a child will be away from school for **15 days** or more because of ongoing health needs whether consecutive or cumulative across the school year

2.6 The DfE departmental advice, '[Mental health and behaviour in schools](#)', updated in November 2018 clarifies the responsibilities of the school, outlining what they can do and how to support a child or young person whose behaviour may relate to an unmet mental health need.

2.7 <https://www.gov.uk/government/publications/providing-remote-education-guidance-for-schools/providing-remote-education-guidance-for-schools>, sets out that local authorities should provide education as soon as it is clear that the child will be away from school for 15 school days or more during the school year, whether consecutive or cumulative. While the s.19 duty sits with the local authority, schools should work closely with them and any relevant medical professionals to ensure that children with health needs are fully supported at school, including putting in place individual healthcare (IHC) plans if appropriate. This may involve, for example, programmes of study that rely on a flexible approach which include agreed periods of remote education.

2.8 DfE guidance [Summary of responsibilities where a mental health issue is affecting attendance](#) February 2023, states that schools should: work quickly to communicate this expectation to parents/carers, and work together with them to ensure that such circumstances do not act as a barrier to regular attendance. *Any associated anxiety about attending should be mitigated as much as possible by creating a plan to implement reasonable adjustments to alleviate specific barriers to attendance.* These adjustments should be agreed by and regularly reviewed with all parties, including parents/carers. As mentioned above, in this guidance any actions taken to support attendance are referred to as "reasonable adjustments". This term is used throughout this guidance as a way of describing those actions in general terms, as opposed to relating to a school's duty to make reasonable

adjustments pupils with a disability under section 20 of the 2010 Equality Act. [Local guidance](#) to support pupils experiencing emotionally based school avoidance has been produced by Herefordshire Educational Psychology Service.

## **2. Roles and responsibilities:**

### **The Local Authority**

3.1 The LA is responsible for ensuring that there is a named senior officer with responsibility for the provision of education for children and young people who are unable to attend school because of medical needs. In this authority the officer is Tina Russell. Contact should be made through the following email address: [schoolattendance&engagement@herefordshire.gov.uk](mailto:schoolattendance&engagement@herefordshire.gov.uk)

3.2 The LA is responsible for arranging a suitable full time education for children who have health needs that mean that they are unable to attend school for a period that exceeds fifteen days, consecutive or cumulative, as a result of the same condition, where suitable education is not otherwise being arranged.

3.3 Where a child is receiving tuition on a 1:1 basis then access to 25 hours per week may not be appropriate as the provision is more concentrated. In such cases the provision will be considered on a case by case basis and will be tailored to the child's age, aptitude, and ability and any other individual need (for example, health, social and emotional needs, special educational needs or disability).

3.4 The LA will facilitate effective liaison with all agencies, including medical professionals and will ensure that there is a minimum of delay in starting appropriate support. The role of the School Nurse is pivotal in linking agencies, providing information about a particular condition and supporting schools to plan for the child's return.

3.5 Education may be arranged:

- Within H3 Hospital School commissioned by the home school.
- Within a NHS hospital setting in another LA and in accordance with local arrangements.
- Where a child has a mental health condition that requires treatment in a specialist centre that is commissioned through NHSE the LA may commission the hospital school to provide education or may arrange for education to be provided by the home school or by a tutor commissioned by the LA or through an online education provision.
- Within the home setting overseen by staff from the child's school or a commissioned tutor or through a supervised online education provision.
- Within an identified community setting overseen by a tutor commissioned by the LA or through a supervised online education provision.

### **Schools**

3.6 All schools are required to establish written policies and procedures for dealing with the education of pupils with medical needs, including the completion of Health Care Plans as appropriate. Please see Appendix 1 for a model policy and Health Care Plan template.

3.7 If a pupil is absent from their home school (school they are on roll at) for 15 days or less then it will remain the responsibility of the home school to arrange suitable education provision, in the event that they are deemed well enough to participate in education activities.

3.8 The school policy should include information such as how the school will make educational provision for pupils, what strategies will be used to ensure support for pupils with long-term absences and how pupils will access curriculum materials and public examinations. HMFA schools will fulfil this responsibility by uploading lessons to Google Classroom or by providing workbooks if that is more accessible for the family.

3.9 The school will be expected to nominate a teacher to act as the named contact for each child who will facilitate communication generally between the pupil and the school, arrange reviews and keep records. In all HMFA schools the nominated teacher will be the child's class teacher.

3.10 The school will monitor pupil attendance and mark registers so that they show if a pupil is, or ought to be, receiving education. Children will not be removed from school roll unless medical evidence states that the child will be unable to attend school for the rest of their compulsory schooling.

### **3. Identification and referral (please also see appendices)**

4.1 This policy applies to all children and young people who have a health need and their absence has been validated as necessary by an appropriate specialist medical professional; this could include a consultant community paediatrician; a specialist consultant in acute services; a specialist consultant psychiatrist.

4.2 Health problems can include physical illnesses, injuries and clinically defined mental health problems certified by medical evidence.

4.3 All referrals must be verified, in writing, by an appropriate medical specialist and should indicate:

- Whether the child is not well enough to attend school
- that the child is well enough to participate in education
- for how long support might be required
- a description of medical needs and what medical intervention is currently in place

4.4 For children who have returned from hospitals or other in-patient units out of county, medical evidence will be sought from the discharging hospital medical staff. This should inform the appropriate education placement on return to the LA.

### **4. Provision:**

#### **Education for children who are admitted to hospital where the hospital is in Herefordshire**

5.1 Educational provision for pupils who are physically ill, injured or who have clinically defined mental health problems and who are admitted to an NHS hospital provision will be the responsibility of the local authority in which the hospital is located.

5.2 Where Herefordshire children are admitted to an NHS hospital provision provided by Wye Valley NHS Trust, education provision is made through the Herefordshire Pupil Referral Service (H3).

5.3 The aim of the Service is to support pupils by providing appropriate education for the period they are unable to access mainstream school. The Service recognises that, whenever possible, pupils should receive their education within their mainstream school and aim to reintegrate pupils back into mainstream education at the earliest opportunity.

#### **Education for Children who are admitted to hospital where the hospital is in another LA area**

5.5 Sometimes children are admitted to hospital in another LA area. This is likely to be because they require access to specialist services that are not available locally.

5.6 Where Herefordshire children are admitted to an NHS hospital provision, that is not located within Herefordshire, education provision will be arranged through the LA in which the hospital is located e.g. where a child is admitted to Birmingham Children's Hospital, Birmingham City Council will be responsible for making appropriate education provision until the point at which they are discharged.

#### **Private hospital provision (Tier 4, mental health)**

5.7 Occasionally children may require hospitalisation due to mental ill health. Where this is the case the LA will expect that a multi-agency meeting will have been arranged with the aim of avoiding admission and the LA will have been invited to attend. For children who have a learning disability and/or autism, parental consent should be sought to refer to the NHS Dynamic Support Register.

5.8 In the event of an admission the responsibility for notifying the LA lies with the Integrated Care System (ICS). The ICS and/or hospital school should not automatically expect the LA to agree to commission education provision from the hospital school. Decisions with regard to education arrangements will be made following a multi-agency meeting attended by a representative of the LA. The LA must be satisfied that the child is well enough to access education provision.

5.9 The LA will consider all available information in order to reach a decision about the most appropriate education arrangements. Any decisions will take account of the views of health professionals involved in treatment; the views and wishes of the parents and child and the views of the home school.

Provision may include:

- The home school providing work, this may be appropriate where a child is preparing for external examinations
- A tutor may be commissioned to provide personalised provision within the hospital setting
- The LA may commission the hospital school to provide suitable education.

5.10 If the admission is an assessment placement only the LA will not be responsible for arranging education provision during the assessment period unless the assessment is required to take place over an extended time i.e. longer than 15 days.

#### **Education provision where there is no admission to a hospital**

5.11 Occasionally a child may not be well enough to attend a mainstream school but can access their education within a small setting where the education can be tailored to the ongoing medical needs of an individual child. Where this is the case schools may have their own inclusion units to support this,

alongside the commissioning of H3 support and intervention (Herefordshire Pupils Referral Service), to support the needs of the child where this is appropriate and suitable for the child.

### **Online Learning**

5.18 Online learning tools may be used to support the learner's education. The learner should, where available, have access to ICT equipment and to the school's intranet and internet. However, it is not always appropriate that online learning will not be used in isolation and should complement face to face education.

## **5. Referral for education arrangements to be made by the LA**

6.1 Referral on medical grounds for the LA to arrange education provision must originate from a Consultant Paediatrician, Consultant Child and Adolescent Psychiatrist or Medical Practitioner. Best practice dictates that these referrals are supported with information from the pupil's mainstream school.

6.2 The Inclusion and Engagement Panel will consider all available evidence to make a recommendation about the most appropriate provision.

6.3 In the first instance, The IAE Panel would consider what appropriate education can be provided by the school, this might include work set by the school, including online learning as well as outreach support from a member of school staff.

6.4 Referral to the IAE panel is completed online.

[https://my.herefordshire.gov.uk/service/Schools\\_Inclusion\\_and\\_Engagement\\_Panel\\_medical\\_needs\\_referral\\_form](https://my.herefordshire.gov.uk/service/Schools_Inclusion_and_Engagement_Panel_medical_needs_referral_form)

## **6. Reintegration**

7.1 Herefordshire recognises that, whenever possible, pupils should receive their education within their mainstream school and the aim of the provision will be to reintegrate pupils back into mainstream education at the earliest opportunity as soon as they are well enough. Arrangements for reintegration will be discussed with school staff and each child or young person will have a personalised reintegration plan that may include:

- Access to AP for a period of time
- Education provided in the home delivered by staff commissioned by the school; H3; a tutor commissioned by the LA or through online learning/virtual schooling.
- Ongoing access to therapeutic intervention may be required and will be considered as part of a multi-agency approach.

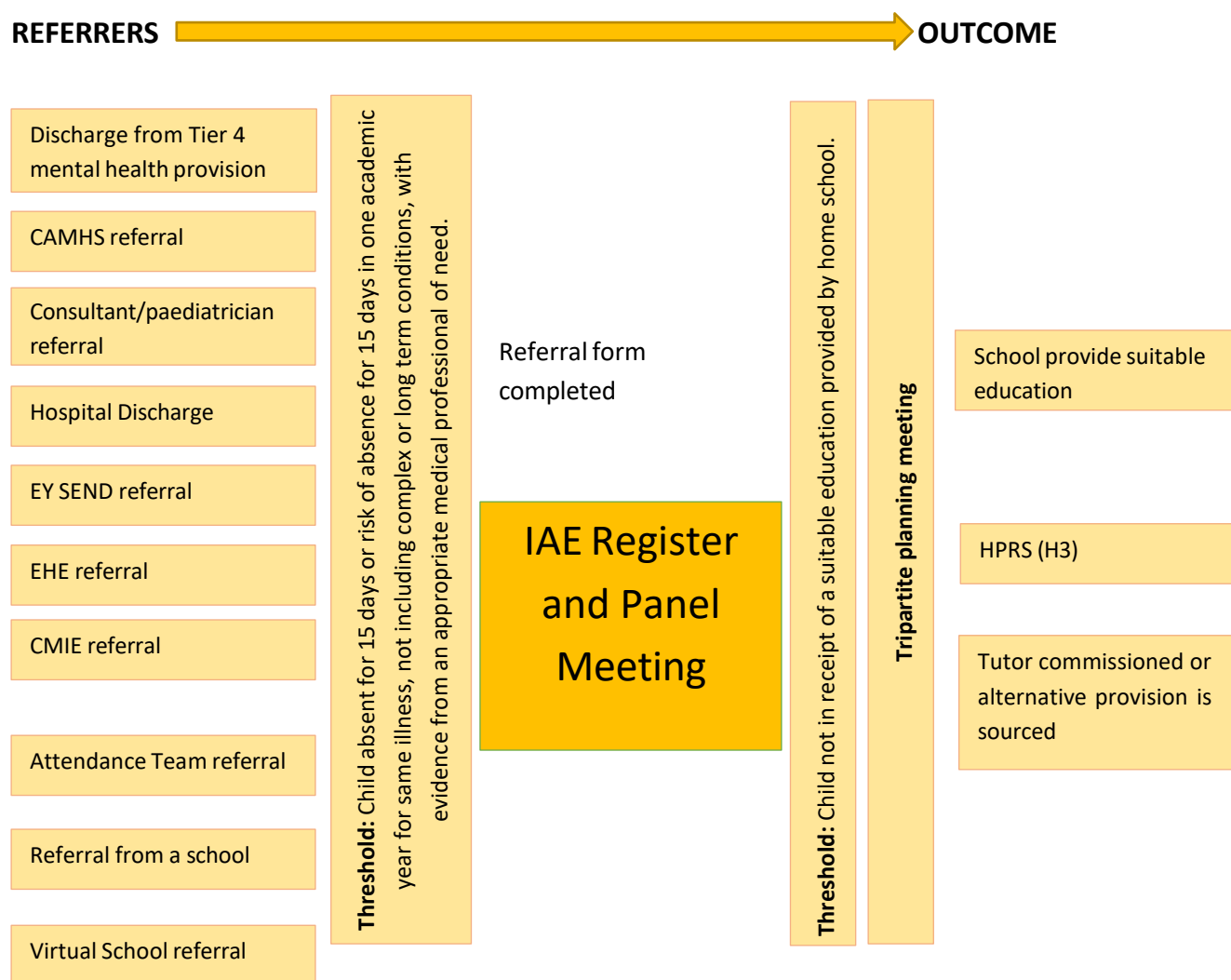
7.2 Schools are responsible for monitoring the quality of any and all provisions they commission for the individual learner, e.g. through regular reviewing, site visits, checking safeguarding information, single central records, attendance records and progress records.

## Appendix 1

### The Process

Each of the agencies supporting young people will identify where a young person might potentially need support under the medical needs policy. They will then refer the young person into the Inclusion and Engagement (IAE) Panel. The IAE panel will agree where a young person meets the threshold for support under the medical needs policy and the young person will be identified as such on the IAE register.

This is shown in the diagram below.



IAE Panel meetings happen once a month and it is expected that where a child meets the threshold for support under the medical needs policy, then the tripartite meeting in schools will be arranged within one week of the outcome from the meeting.

At the IAE meeting, the panel will decide whether the child is in receipt of a suitable education provided by their school given their medical conditions. Where the child isn't in receipt of a suitable education, a tripartite meeting will be called to include parents, school

and LA rep. The tripartite meeting will determine what would be a suitable education given the child's current condition and what the steps would be towards reintegrating the child back into school.

In the first instance, the tripartite meeting would consider what appropriate education can be provided by the school, this might include work set by the school, including online learning as well as outreach support from a member of school staff. Where the child's mental health needs lead to high levels of anxiety, then a place at H3 (Herefordshire Pupil Referral Service) might be considered appropriate at the tripartite meeting. Where this is the case, the school would complete the H3 information passport. Where the child's needs can't be met at school or by H3, the LA would consider commissioning a tutor or tutors to support the child. It is important that the school would be involved in planning for the tutor to ensure the work is age and stage appropriate and that the young person doesn't fall too far behind their peers.

## Appendix 2

### Process Flowchart and Review

