

**Essex County Council**

**Education**

**Education Access Team**

**Advice for parents/carers of children unable to attend school due to health needs**

**Reviewed: January 2024**

**Statutory Duty**

The Local Authority (LA) has a statutory duty to provide education other than at school for pupils unable to attend school due to health needs. Statutory guidance was issued by the Department for Education (DfE) in December 2023: ‘Ensuring a good education for children who cannot attend school because of health needs’.

[Education\_for\_children\_who\_cannot\_attend\_school\_because\_of\_health\_needs.pdf](https://assets.publishing.service.gov.uk/media/657995f0254aaa000d050bff/Arranging_education_for_children_who_cannot_attend_school_because_of_health_needs.pdf).

The responsibilities and duties of LAs are set out in that document and are not, therefore, repeated here.

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 that was issued by the Department for Education (DfE) in December 2015 - **Supporting pupils at school with medical conditions.**

[Supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf)

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

**The referral process**

Parents/carers should discuss any difficulties their child is having in attending school with appropriate staff at the school.

Schools should make appropriate referrals to the Education Access Team for pupils unable to attend school due to health reasons where it is clear that the pupil will be away from school for 15 days or more, whether consecutive or cumulative. In these circumstances parents/carers must arrange for the school to receive appropriate medical evidence; wherever possible, using the form supplied by the school, which confirms why the pupil is unable to attend school and states how long this is likely to be the case. If the pupil is under a Consultant then the medical evidence should be provided by the Consultant rather than the local GP. The medical evidence should also confirm how much tuition, if any, the pupil is well enough to receive. Schools should not delay making a referral to Education Access simply because medical advice and guidance is not available.

**Pupils who are pregnant**

It is an expectation that pupils who are pregnant will continue to be educated at school whilst it is reasonably practical and it is in the interests of the pupil. Each case will be considered on an individual basis.

**Decisions**

Once the referral form and evidence has been considered and a decision about the referral has been made, The Education Access team will notify the school accordingly. The school should liaise with the parents and pupil. In some circumstances it will be necessary to convene a school based meeting. Parents and pupils will normally be invited to attend these meetings. Where possible the focus will be on supporting the pupil to return to school and support will normally be commissioned on a 12 week cycle to ensure the circumstances around the referral are regularly reviewed and the pupil is receiving the most appropriate support.

**Ensuring children have a good education**

Where support is agreed, teachers from the identified provider will educate pupils in alternative suitable venues. If, exceptionally, it is agreed that teaching can take place in the pupil’s home, it will be necessary to carry out appropriate risk assessments. Where a pupil is taught at home there must be a responsible adult in the house at all times.

Close liaison with the pupil’s school is essential and pupils should be kept informed about school activities and events. The pupil will remain on the school roll and the school will be expected to arrange review meetings (normally every 6 weeks). Up to date medical evidence will be required. It is important to link with other agencies in order to support the pupil’s educational opportunities.

Where support is agreed, there is an expectation that all parties will engage with and contribute to the agreed plan.

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**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 minutes 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 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 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 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.[[1]](#footnote-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** (Commissioner) role is to:

* Assess all referrals to the service and broker provision for those

pupils who sufficiently trigger an intervention;

* Work with the school, provider, family, and pupil to ensure the delivery of a suitable curriculum that can meet the individual needs of the pupil;
* Monitor and evaluate the effectiveness of the education provision to ensure it continues to meet the needs of individual pupils;
* Facilitate an agreed programme of reintegration[[2]](#footnote-2) and attend 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 to meet the changing needs of the child;
* Provide regular reports on the pupil’s progress and achievements;
* Provide an opportunity for the pupil to comment on their report;
* Attend review meetings;
* Support engagement with the school alongside an appropriate reintegration programme.

**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 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.

The **pupil’s role** is 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.

**Ending of support**

On occasions, the alternative education programme commissioned, may be withdrawn if the pupil fails to be available on a regular basis without appropriate medical evidence.

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.

**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. However, where pupils who would normally be in Year 12 are repeating Year 11, due to medical reasons, requests for support can be considered on an individual basis.

*January 2024*

1. [↑](#footnote-ref-1)
2. Guidance on reintegration is outlined in the Alternative Provision statutory guidance DfE 2013 [↑](#footnote-ref-2)