

# Appendix 1

## **Supporting Children who are unable to attend their education setting due to ill health (Section 19 of the Education Act 1996).**

*Working for  
Warwickshire*

(Updated 2024)

## CONTENTS

The Statutory Framework – supporting children in schools with medical conditions.	Page 3
Individual Health Care Plans	Page 3
Arranging education for children who cannot attend school because of health needs.	Page 5
The principles of access to education.	Page 6
The role of the school.	Page 6
The role of The Local Authority.	Page 7
The role of other Services.	Page 7
Provision for children and young people unable to attend school for medical reasons in Warwickshire.	Page 7
Flexible Learning Team provision/ teaching at home.	Page 8
Referral procedures.	Page 9
The role of other LA services.	Page 10
The role of the Parent/Carer.	Page 10
Appendix A Model school policy for access to education for children and young people with health needs.	Page 12
Appendix B Flow chart – process for schools.	Page 16
Appendix C Flow chart - Supporting Children who are unable to attend their education setting-process for parents.	Page 17

## **Statutory Framework – supporting pupils at school with medical conditions**

The Children and Families Act 2014 (section 100) places a legal duty on schools and academies to make arrangements for supporting pupils with medical conditions.

The related guidance [Supporting Pupils at School with Medical Conditions](#) provides both statutory and non-statutory advice

The key points are that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school visits and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical needs.
- Governing bodies 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 met.

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010; where this is the case governing bodies must comply with their duties under that Act.

Some may also have special educational needs (SEN), some of whom may have an Education, Health and Care Plan (EHCP) which brings together health and social care needs, as well as their special educational provision.

For pupils with SEND this policy should be read in conjunction with the Special Needs and Disability Code of Practice.

### **Individual Health Care Plans**

An Individual Healthcare Plans (IHP) is different from an Education, Health and Care Plans (EHCP) but may sit alongside an EHCP if required. A child or young person may have an IHP and not be at SEN Support or have an EHCP.

An IHP is developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on a child's case and is vital to ensure that schools and settings know what constitutes a medical emergency for an individual child, what to do in those circumstances and what to provide on an ongoing basis to keep a child safe and well. Schools cannot assume that all children with the same medical condition will require the same protocols; for example, asthma is a complex condition, affecting children in different ways and children can deteriorate extremely quickly and, in some instances becoming life threatening. An IHP ensures schools will have the correct information about the medical condition in order to ensure they can keep the child or young person safe and fully included in school life.

All children with significant ongoing medical needs should have an IHP. Supporting pupils at school with medical conditions, DfE, December 2015, is statutory guidance, and states:

*“Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view.”*

The information recorded in an Individual Healthcare Plan could include:

- What constitutes an emergency for the child, what to do and who to contact;
- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil’s resulting needs, including medication (dose, side-effects and storage) and other treatments;
- Specific support for the pupil’s educational, social and emotional needs;
- The level of support needed and how much responsibility, if appropriate, the child is given to manage their own health needs;
- Who provides any support, their training needs, expectations of their role and confirmation of proficiency;
- Who in the school needs to be aware of the child’s condition and the support required;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child’s condition;

Templates for an Individual Healthcare Plan (IHP) and a model School Medical Needs’ Policy are available at: <http://medicalconditionsatschool.org.uk/>

## **Arranging education for children who cannot attend school because of health needs**

**“Each local authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children and young people of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not receive suitable education unless such arrangements are made for them.” Education Act 1996.**

This policy follows the DfE guidance document, ‘Arranging education for children who cannot attend school because of health needs (December 2023) which offers statutory guidance for local authorities and schools. This refers to section 19 of the Education Act 1996, Section 100 of the Children and Families Act 2014 and to the Equality Act 2010.

This policy sets out what the Local Authority will do and what schools are expected to do to support children and young people whose barriers to learning are caused by illness or injury. It applies to all children of compulsory school age whatever type of school they attend and whether or not the child is on the roll of a school. It applies to children who are pupils in Academies, Free Schools, special schools and independent schools<sup>1</sup> as well as those in maintained schools.

Disruption to a child’s or young person’s education is a serious matter and schools and other agencies must bear this in mind when considering the pupil’s medical condition. All involved parties must keep the situation under review and remember that any placement out of the home school is intended to be short term.

In light of the intended short-term nature of such placements, the local authority expects school to be supportive in re-integrating pupils either back to their own school or to a suitable alternative school.

The Local Authority will not discriminate against children with disabilities and schools are expected to make reasonable adjustments to accommodate children and young people under the terms of the Equality Act 2010.

Warwickshire County Council expects that inclusive education is the right of every child and that an inclusive environment is one that promotes a child’s sense of belonging and makes education an enjoyable and fulfilling experience socially, emotionally and academically.

The Local Authority has separate policies and pathways covering children and young people who are permanently excluded from school or who are school age parents.

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<sup>1</sup> For learners in ISP and AP commissioned by WCC, it will be expected that they will deliver provision in line with “Ensuring a good education for children who cannot attend school”, DfES 2013, within their allocated funding

## Principles of access to education

### In line with the statutory guidance the LA expects.

- Most children and young people will continue to attend school despite illness or injury, but alternative arrangements may need to be made for a small minority. See Appendix B for flow chart.
- Schools will retain primary responsibility for the pupil and will work in partnership with the LA to ensure continuity of access to education for all children and young people unable to attend school because of serious illness or injury. The LA does not need to become involved in such arrangements unless it has reason to believe that the education being provided by the school is unsuitable.
- Provision will be planned for the individual pupil's needs and will aim to ensure access to and inclusion in education.
- Most children and young people who are unable to attend school because of a medical condition are likely to be able to continue learning for at least some of the time and in line with their Key Stage curriculum entitlement.
- A pupil who is unable to attend school because of illness or injury should have their educational needs identified early and receive appropriate educational support within the statutory time period of 15 days absence or more, whether consecutive or cumulative.
- Where alternative provision<sup>2</sup> is made, schools will work proactively with the Flexible Learning Team support service to ensure continuity of a pupil's education and rapid, supported resumption of attendance at school. Parents/carers have a key role to play and should be fully involved in the arrangements.

## The role of the school

Where possible, the child's health needs should be managed by the home school so that they can continue to be educated there with support, and without the need for the intervention of the local authority. **'Arranging education for children who cannot attend school because of health needs' December 2023.**

Attendance is everyone's business so in many of these cases school will not be able to fully support a pupil without the assistance of a range of other agencies. School should:

- Make use of school nursing services and mental health support teams where they are available.
- **Consider whether** additional support from other external partners (including the local authority, (e.g. Early Help, Educational Psychology, specialist teaching services, EBSA pathway children and young people's mental health services, GPs or other health services) would be appropriate and make referrals.
- Where external support is provided work together with those services to deliver any subsequent support.

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<sup>2</sup> Alternative provision should be a temporary measure employed to re-engage CYP and shouldn't be a destination. Alternative provision does not necessarily have to be offsite provision but where appropriate may be offsite or within the home.

Schools must provide the local authority with the full name and address of all pupils of compulsory school age who have been recorded with code I (illness) and who the school has reasonable grounds to believe will miss 15 days consecutively or cumulatively because of sickness. Only one sickness return is required for a continuous period of sickness in a school year. This is to help the school and local authority to agree any provision needed to ensure continuity of education for pupils who cannot attend because of health needs.

## **The role of the Local Authority**

- The LA will make available a continuum of provision- see appendix B.
- The Named Officer with responsibility for the provision of education for children and young people unable to attend school because of medical needs is the Head of SEND and Inclusion, who is Ross Caws part of Education Services and is responsible to the Director of Education in the Children and Young People Group within Warwickshire County Council.
- The LA will work in partnership with schools, Health, Social Care and other agencies on issues relating to the education and support of children and young people with medical needs.
- The LA will provide a 'model' policy on the education of children and young people unable to attend school due to medical reasons for use by schools. See Appendix A

## **The role of other services**

- Appropriate health professionals will make judgements about children and young people and their fitness to attend school.
- Health professionals will also need to monitor the progress of those children and young people, provide information to the regular reviews of the children and young people, and, in many cases, provide on-going support.
- Health professionals work collaboratively with the LA during the review process to provide appropriate advice, guidance and support as the pupil reintegrates back to school.

## **Provision for children and young people unable to attend school for medical reasons in Warwickshire**

In Warwickshire this provision is made in three ways which form a continuum of provision.

- Hospital teaching – for children and young people who are hospital in-patients for a period of **more than five school days**, or for children and young people who have recurrent hospital admissions. This service is provided by hospitals outside Warwickshire because there are no paediatric admissions to hospitals within the county. Warwickshire is recharged for this provision.

- Teaching at home or in small community settings (**not Elective Home Education<sup>3</sup>**) – for children and young people because of their Health need are unable to attend the school setting. This service can be provided by the Flexible Learning Team – [www.warwickshire-flt.org.uk](http://www.warwickshire-flt.org.uk)
- Support for reintegration to school for children and young people who are recovering from illness and it has been agreed by the appropriate agencies that they are unable to attend school full time. This support will be planned in partnership with the school, phased, monitored and, in the interest of achieving a successful reintegration, time limited. This service can be provided by the LA Flexible Learning Team. [www.warwickshire-flt.org.uk](http://www.warwickshire-flt.org.uk)

The intention with the above provision is that the child or young person is reintegrated into school.

- Children and young people unable to attend school for medical reasons will remain on their school roll and the school will take the lead role in making arrangements for their continuity of access to education.
- The LA will expect that there will be on-going support from medical practitioners to ensure that the pupil is reintegrated to their home school/setting as soon as possible and evidence of this will be requested at least termly.
- The LA Flexible Learning Team will work alongside medical staff and the local hospitals to ensure the maximum educational outcomes for the children and young people who are sick and/or injured.
- Where specific medical evidence, such as that provided by a medical practitioner, is not readily available, the Flexible Learning Team will consider liaising with other medical practitioners and consider any other available evidence to ensure appropriate provision can be arranged as soon as possible. The local authority will review any additional evidence to help them identify the most suitable provision.

## Flexible Learning Team provision

- Provision will be made for children and young people who are likely to be absent from school for 15 school days or more, including any time spent in hospital.
- Provision offered by the Flexible Learning Team may include: live on-line learning or face to face provision, refer [Warwickshire Flexible Learning Team](#) for further details.
- Timetables are developed in conjunction with family and school in order to meet the individual needs of each child or young person.
- The provision is time limited and will be reviewed every six weeks until the child is able to return to school.

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<sup>3</sup> **Elective Home Education** - the term used by the Department for Children, Schools and Families (DCSF) to describe parents' decisions to provide education for their children at home instead of sending them to school. This is different to home tuition provided by a local authority or education provided by a local authority other than at a school.



- **Medical evidence or other appropriate evidence must be supplied on a termly basis** to support and inform the continuing provision.
- Provision will reduce during the period of phased reintegration to school as time in school is increased.

## Teaching at home

- The law does not define full time<sup>4</sup> 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, comprising a significant and intense learning opportunity.
- Warwickshire County Council will provide appropriate education for children and young people with health needs in the child's best interests which may include home teaching.
- Teaching may take place in the pupil's home, at a suitable alternative location or in a school.
- The Tutor/Inclusion Mentor will assist pupils who, by definition, will be experiencing disruption in their education, by maintaining continuity with the school and by building confidence to return to school.
- Teaching at home will be provided as an interim measure only, prior to a return to full time education.
- The aim of the Service is to maintain continuity of the education provided at school and to ensure a rapid return to school in line with the reintegration plan.
- The LA may offer an extended service outside its statutory responsibilities for purchase by a school if requested and if staff can be recruited. Individual support packages can be negotiated between schools and the Service subject to available resources.

## Referral procedures

- Referrals can only be received from Heads, Deputies and the designated member of staff.
- Referrals can be taken for any pupils unable to attend school due to medical needs with supporting evidence from hospital doctors, consultants, community paediatricians, clinical psychiatrists, clinical psychologists, and

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<sup>4</sup> There is no legal definition of what constitutes 'full-time' education. However, we would consider an institution to be providing full-time education if it is intended to provide, or does provide, all, or substantially all, of a child's education. Relevant factors in determining whether education is full-time include: a) the number of hours per week that is provided - including breaks and independent study time; b) the number of weeks in the academic term/year the education is provided; c) the time of day it is provided; d) whether the education provision in practice precludes the possibility that full-time education could be provided elsewhere.

Generally, we consider any institution that is operating during the day, for more than 18 hours per week, to be providing full-time education. This is because the education being provided is taking up the substantial part of the week in which it can be reasonably expected a child can be educated, and therefore indicates that the education provided is the main source of education for that child.

General Practitioners, who will make a judgement of the pupil's ability to access education, including resumption of attendance at school.

- All referrals will request supporting medical evidence at the point of referral. Where a parent cannot provide evidence in requested but can provide other evidence, this will be taken into account.
- Where specific medical evidence is not readily available, the Flexible Learning Team will consider any other evidence in support of the referral.
- All referrals should clearly show what support mechanisms the school has put in place to enable the pupil to remain in school e.g. Robust universal and targeted provision evidence, health care plans, individual education plans, Early Help
- All referrals should be sent to the manager for the Flexible Learning Team.
- Hospital discharge referrals will also be sent to the Service.
- Referral forms, information, advice and guidance regarding children with health needs will be available via the Flexible Learning Team website and Warwickshire Web. [www.warwickshire-flt.org.uk](http://www.warwickshire-flt.org.uk)
- For appropriate referrals the Flexible Learning Team will determine in partnership with the school, the provision best suited to meet the needs of the child or young person.
- A school meeting will be held and or an assessment visit made, to decide on the appropriate level of support for individual children and young people.
- Parental involvement will be ensured during this process. Schools are expected to support the LA in the management of parental expectations.

## **The role of other LA services**

- The Educational Psychology Service and/or Specialist Teachers in the WCC Physical Disability Team will be consulted about individual cases, as appropriate.
- The LA will consult with the Warwickshire Attendance Service (WAS) service where appropriate.

## **The role of the Parent/Carer**

Parents/carers hold key information and knowledge and have a crucial part to play in liaising with the school and other services.

- Parents and carers are expected to fully support the service by providing appropriate teaching space in the home if required and by ensuring that the pupil is ready to engage with the learning opportunity. Where there is no appropriate teaching space in the home, an alternative venue will be sought.
- Parents and carers must ensure that a responsible adult is always present in the home.
- Parents and carers must ensure that the pupil attends all education support sessions offered.

- Parents and carers must be aware that if the pupil regularly fails to attend the planned sessions, then the tutor(s) will convene a meeting of professionals to determine the next steps to be taken.
- In the above case the pupil will be marked as unauthorised absence and the pupil may be placed on the list of children missing education.
- Parents and carers must ensure that the pupil attends all related medical appointments.
- Parents and carers must support all reintegration plans.

## APPENDIX A

### Model school policy for access to education for children and young people with health needs

(N.B. Any highlighted text in this model document must be included in the school policy because it is part of the LA policy which directs the school policy)

### XXXXX School Policy Statement for Children and young people with Health Needs

#### Introduction

Many children and young people at some time have a medical condition, which may prevent them from attending school. For the majority this will be short term. For children and young people who have long-term or recurrent illness, access to school may be limited. The Department for Education (DfE) has produced statutory guidance '**Arranging education for children who cannot attend school because of health needs**' with regard to children and young people who may be absent for more than 15 school days because of a medical need, and advice in the document 'Promoting children and young people's emotional health and wellbeing'.

#### A whole school and college approach

XXXXX School seeks to maintain a high-quality continuing education for those children and young people on roll who have health needs and are unable to attend.

#### Management responsibility

The designated member of staff with responsibility for children and young people with medical needs at XXXXX School is ????. The role of the designated member of staff is to provide a link between the school, family, the LA and other agencies.

#### Continuing provision for children and young people with health needs

When XXXXX School becomes aware that a pupil will be absent from school for more than 15 school days because of their medical need, a senior member of staff or the designated member of staff will make a referral to the Service for Children Unable to Attend School for Health Reasons (referred to as the **Flexible Learning Team**) with the knowledge of the parent or carer.

The designated member of staff will be responsible for liaising with the service for children unable to attend school for health reasons and will ensure that information is given regarding the pupil's ability, progress and work programmes. **The school will provide work and materials for the pupil in line with the work provided to their year group.**

In cases of long-term or recurrent absence the designated member of staff will participate in the development of an individual plan for the pupil's education. This will be created in conjunction with the **Flexible Learning Team**, the parents and pupil.

### **Monitoring and recording of absence**

All children and young people who are unable to attend school for more than 15 school days due to medical needs will be regularly monitored and reviewed by the designated member of staff together with the **Flexible Learning Team**. Ongoing medical advice will be taken into account at all times.

Absence will be recorded on the register as illness **only when appropriate medical advice has been received** by the school. When a pupil commences education sessions with an alternative education provider the absence will be recorded for those sessions as educated off site. **The pupil will remain on the roll of the school.**

Children and young people absent for medical reasons **will not be removed from the school roll Parents will be fully consulted, and their consent sought if their child is to be removed from the school roll in these circumstances.**

### **Children and young people with long -term or recurring absence**

Some children and young people will be away from school long-term or with recurrent bouts of illness. In these cases, the designated member of staff will liaise with the LA to ensure that alternative education provision is put in place as soon as possible. **The school will have responsibility for ensuring that the education provider has all information regarding work programmes and curriculum plans.** It is acknowledged that continuity of education is important for these children and young people. For children and young people whose learning progress is being severely affected by long term absence the Special Educational Needs Coordinator (SENCO) will be advised and consideration will be given as to whether Statutory Assessment of Special Educational needs should commence.

**Children and young people with an Education, Health and Care Plan** The SENCO will notify the SENDAR Section of the LA if a pupil with an Education Health & Care Plan is going to be absent from school through health needs. The school will retain responsibility for co-ordinating the Annual Review meetings and for inviting the appropriate people to such reviews.

### **Reintegration**

The aim of the **Flexible Learning Team** is to return the pupil to XXXXX school **as soon as possible**, unless it is agreed that an alternative setting would better serve the needs of the child.

For children and young people who have been absent from school it may be necessary to have a staged reintegration plan. **The designated member of staff will co-ordinate the initial meeting to instigate a plan, together with the LA, parent and pupil and any health professionals who may need to be involved.** Children and young people will require some additional support to ensure they are up to date with their subjects.

**The reintegration will be monitored and reviewed regularly with all parties to ensure success.**

### **Contact between school/pupil**

The XXXXX School is committed to ensuring that, even if a pupil is absent for health reasons they should retain contact with the school.

**After consultation with the pupil and taking into account their wishes in relation to the level of contact, the designated member of staff will put a plan into place to ensure contact is maintained.**

The XXXXX School has the following modes of contact available:

Newsletters to be sent home  
Peer group home visits  
Inclusion in trips and social events  
Homework clubs  
Contact with peers and members of staff via e-mail

### **Public examinations**

**Wherever possible, children and young people with medical needs will be entered for public examinations. The XXXXX School will endeavour to work with other education providers to ensure that coursework is completed, and that sufficient educational input is made to enable each pupil to reach their full potential. In some cases, the school will need to make special arrangements with Awarding Bodies for children and young people who are unable to attend school because of their health needs.**

**The entry for exams, making of access arrangements and the marking of GCSE coursework will remain the responsibility of XXXXX school.**

**In some cases, the school will need to make special arrangements with Awarding Bodies for children and young people who are unable to attend school because of their health needs.**

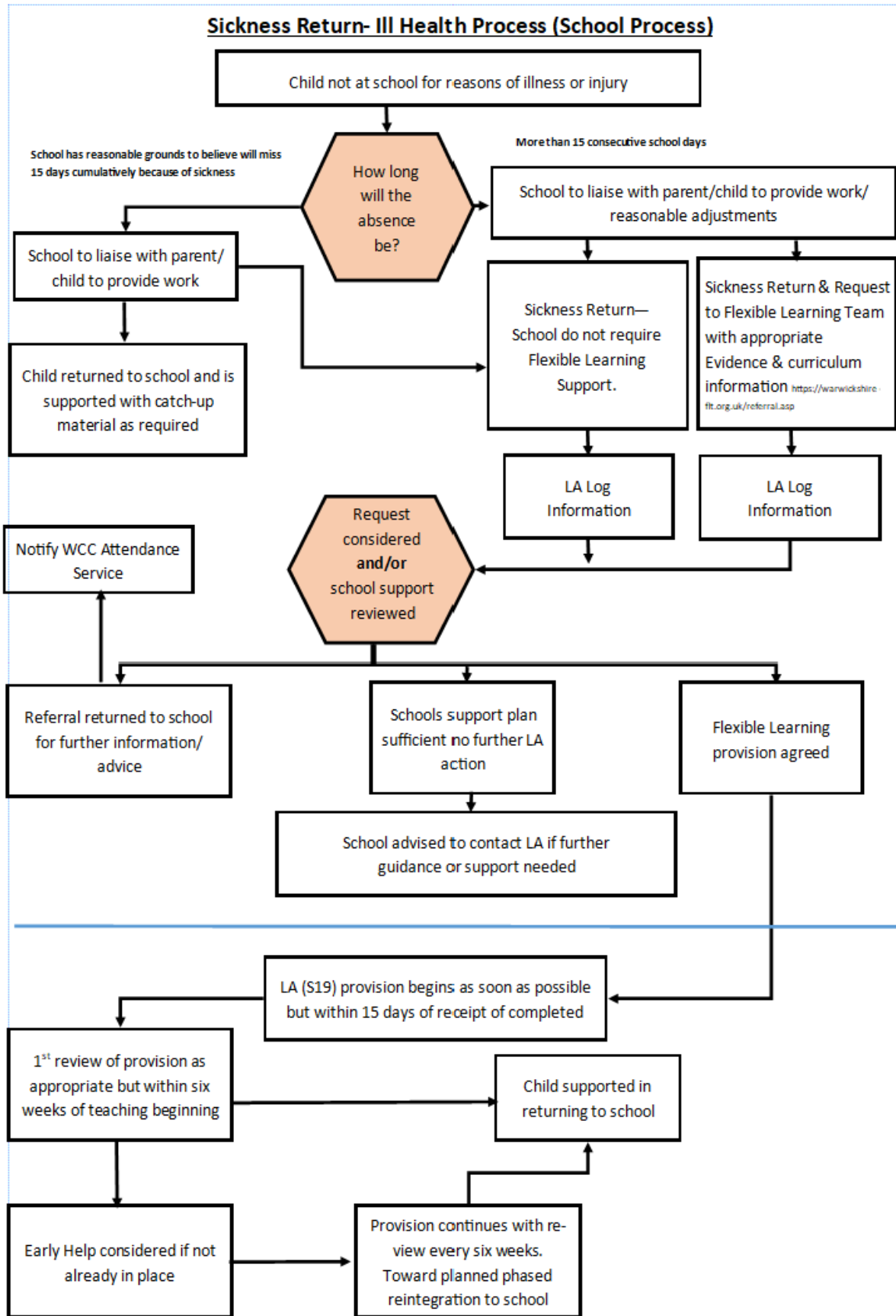
As the time for public examinations approaches children and young people and parents will be fully consulted with by the designated member of staff so that their wishes may be taken into consideration.

### **The role of the designated member of staff is to:**

- **Make fully completed referrals** to the **Flexible Learning Team** with written parental permission as early as possible and to notify the WAS service of the referral in respect of medical absence where appropriate. Incomplete referrals will cause unnecessary delay in making provision.
- Maintain a list of those young people who are absent due to medical needs.
- Ensure all young people with long term or recurrent absence have an Individual/Personal Education Plan.
- Liaise with subject teachers and Flexible Learning Team staff to ensure the provision and marking of suitable work from school.
- Ensure all young people requiring medication and/or with chronic conditions, but who attend school regularly have a Health Care Plan and risk assessment in place as required.
- Initiate the Early Help process where required.

- Co-ordinate regular Individual Education Plan and Health Care Plan reviews for those who are absent from school.
- Keep key staff e.g. class teacher, subject staff, Head of Year, SENCO informed of progress.
- Contribute to re-integration packages for young people returning to school following a period of medical absence.
- Liaise with key agencies e.g. alternative education providers, health services and provide information about curriculum/work as requested.
- Promote links between home and school, by ensuring those young people not accessing school are informed of social events taking place, and where possible are included in these, and by encouraging regular contact with classmates.

## Appendix B: Flowchart





## Appendix C: Flowchart

### Sickness Return - Ill Health Process (Parents Process)

