



Policy for Supporting the Education of Children with Medical Needs

April 2023

This policy will be reviewed in April 2025.

1. Summary

- 1.1 Every year, for some children and young people, their educational progress is at risk due to significant ill health or medical issues. Brent Council believes that all children and young people should be supported through such illness and that any risk of a negative impact on their education should be minimised through ensuring high quality alternative education provision that provides a full range of learning experiences and opportunities that are appropriately challenging. All pupils, regardless of their physical and mental state of health, are entitled to access a broad and balanced curriculum. This policy aims to ensure continuity in the child or young person's education by establishing close and effective liaison with parents and carers, the school and all other parties involved in the pupil's education and care. This policy relates to Brent residents only. Children resident outside of Brent fall under the relevant local authority policies and procedures.
- 1.2 There is a shared responsibility between the local authority, schools and partner agencies to successfully implement this policy. It is centred on high quality integrated service provision to promote better outcomes for potentially vulnerable children and young people. This policy aims to:
- Give guidance around responsibilities
 - Ensure learners are valued and taught appropriately
 - Ensure minimal disruption to learning for pupils involved
 - Ensure the delivery of an effective education
 - Support the successful reintegration of pupils into mainstream provision at the earliest opportunity

2. The statutory framework

- 2.1 On 1 September 2015 a statutory duty came into force requiring the Governing Boards of schools and settings to make arrangements to support pupils at school with medical conditions. The aim is to ensure that all children with medical conditions whether physical or mental are properly supported so that they can play a full and active role in school life and can achieve their academic potential. Statutory guidance for schools in relation to these issues is contained within 'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England' (December 2015), which states:
- Some children with medical conditions may be disabled under the definition set out in the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

- Governing bodies should ensure that schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.
- Governing bodies should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Governing bodies should ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed.

2.2 Each governing board should ensure that its arrangements give parents and pupils confidence in the school's ability to provide effective support for children with medical conditions. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as promoting children's confidence and self-care. They should ensure that staff are properly trained to provide the support that pupils need.

2.3 This policy sets out the expectation that all schools will usually be responsible for providing tuition to children on roll who are too ill to attend school where it is appropriate for them to do so, except for:

- children referred to the Children's Hospital School who meet their criteria,
- children for whom there is a significant reason why the school cannot provide tuition, or where it would not be appropriate for them to do so (for example, where contact with the school is exacerbating a significant condition).

2.4 Where a child cannot attend school because of health problems, and would not otherwise receive a suitable full-time education, the Local authority where the child resides is responsible for arranging provision. Local authorities are required to provide such education as soon as it is clear that the child will be away from school for 15 days or more, consecutive or cumulative.

2.5 All children and young people are entitled to a high-quality education and Brent Council is committed to ensuring that the needs of the most vulnerable groups of learners are met. Current statutory guidance for local authorities on supporting pupils with medical needs is provided in 'Ensuring a good education for children who cannot attend school because of health needs' (January 2013). This guidance includes detailed advice to local authorities and related services and sets out 'minimum national standards for the education of pupils unable to attend school because of medical needs'. The roles of all parties, including those of the local authority and school, are outlined in the guidance. The guidance requires local authorities to publish a policy detailing the standards, procedures and responsibilities for providing education to those pupils unable to attend school due to medical needs.

2.6 The guidance sets out local authorities' duty to 'make arrangements for the provision of suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision'. Suitable education is defined as 'efficient education suitable to the age, ability, aptitude and to any special needs the child (or young person) may have'. Full-time education is defined as, 'the 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 provision is more concentrated. Where full-time education would not be appropriate due to issues around a child's health, local authorities should provide part-time education where professionals agree it would be in the child's best interests.

3.0 Provision for pupils with medical needs in Brent

3.1 It is expected that schools will make arrangements for most children who are not well enough to attend school full-time by providing individualised arrangements in line with the statutory guidance for schools. This could include, for example, online provision, tuition in the home (from school staff or suitable agency staff) or support to attend school part-time in line with their health needs. All schools should have policies that set out the details of the support provided to children with medical needs including arrangements for the loan of IT devices.

3.2 In assessing a child or young person's education needs in relation to their ill-health, a range of professionals may be involved including SEND Support professionals, Education Welfare Officers, Educational Psychologists, Early Help family support professionals, School Nurses, colleagues from the voluntary sector, GPs, CAMHS, hospital Consultants or other Senior Medical Professionals.

3.3 Where pupils have complex and long-term health conditions that are impacting attendance, school nurses can offer support to young people to manage their health conditions and medication within school.

3.4 Whilst it will be usual for each child's school to provide access to education, there will also be children for whom individualised arrangements are required (i.e., where the school is unable to provide access to education) and these may include provision delivered by the Children's Hospital School (CHS) or, other arrangements made by the local authority.

3.5 There is a need for expectations to be proportionate in relation to engagement in education:

- there will be cases where children are not well enough to engage in any education due to their ill health and authorised absence (I code) will be appropriate.
- In some cases, children will be well enough to attend school part-time in line with medical advice and this will be how they receive their education (i.e., without the need for additional education to be provided outside of school).

- 3.6 The 'Summary of responsibilities of where a mental health problem is affecting attendance' (DfE guidance) February 2023 identifies that schools need to communicate with parents/carers about the expectation for children to attend school regularly even where there might be anxieties about attending. Schools are expected to work quickly to communicate this expectation to parents/carers, and to 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 (see effective practice examples). These adjustments should be agreed by and regularly reviewed with all parties, including parents/carers. Any actions taken to support attendance are referred to as "reasonable adjustments". In developing a plan to support attendance through reasonable adjustments, school staff will need to consider the individual circumstances of the child, being mindful of safeguarding responsibilities as set out in the Keeping Children Safe in Education 2022 guidance.
- 3.7 In some cases, children might not be able to attend school due to their emotional wellbeing and mental health. According to research, the percentage of children and young people who are not able to attend school or have extreme difficulties attending school due to emotional factors, is between approximately 1% and 5% of the school population, with slightly higher prevalence amongst secondary school students (Elliot, 1999; Guilliford & Miller, 2015). When children and young people are experiencing anxieties or emotional difficulties that are preventing them from attending school, this is referred to as Emotionally Based School Avoidance (EBSA).
- 3.8 Brent Council is committed to supporting schools to identify EBSA and to put support in place for children and young people experiencing EBSA, based on the most recent research into effective practice. An EBSA toolkit is available to support schools in their understanding of EBSA, which provides a bank of evidence-informed strategies and resources to put into practice ([link here](#)). Schools have a responsibility to make reasonable adjustments to support children and young people experiencing EBSA to ensure full access to a suitable education within school. In cases where the EBSA is deeply entrenched and a child or young person is not able to attend school, Brent Council will support the arrangement of a suitable education through other means.
- 3.9 The DfE's February 2023 guidance states that there is no need to routinely ask for medical evidence to support recording an absence as authorised for mental health reasons. This is because, in general, primary care health professionals such as GPs are unlikely to be able to offer such evidence to support one-off absences related to mental health. In instances of long-term or repeated absences for the same reason, however, seeking medical evidence may be appropriate to assist in assessing whether the child requires additional support to help them to attend more regularly, and whether the illness is likely to prevent the child from attending for extended periods. If a parent proactively seeks out a note from a GP, it does not imply a need for absence unless this is explicit in their letter.

3.10 It is useful to note:

“As a rule all pupils of compulsory school age are entitled to a full-time education. In very exceptional circumstances there may be a need for a temporary part-time timetable to meet a pupil's individual needs. For example, where a medical condition prevents a pupil from attending full-time education and a part-time timetable is considered as part of a re-integration package. A part-time timetable must not be treated as a long-term solution. Any pastoral support programme or other agreement must have a time limit by which point the pupil is expected to attend full-time or be provided with alternative provision.” DfE School Attendance Guidance May 2022).¹

3.11 All children of compulsory school age are legally entitled to receive a suitable full-time education and local authorities have a statutory duty to ensure that all children in their area receive such an education. The assumption is that pupils should receive full-time education consistent with their Key Stage. The Local Government Ombudsman has established (in the report Out of school...out of mind (LGO. 2011 updated 2022)) that the number of hours of teaching per week considered to represent full-time education is as follows:

- Reception and Key Stage 1 (R, Y1 and Y2) - 21 hours
- Key Stage 2 (Y3 to Y6) - 23.5 hours
- Key Stage 3 (Y7 to Y9) and Y10 - 24 hours
- Y11 - 25 hours

3.12 In very exceptional circumstances, however, where it is in a pupil's best interests, a plan to help a child to attend well may involve the use of a temporary part-time timetable to meet their individual needs. For example, where a medical condition (including a mental health condition) prevents a pupil from attending school full-time and a part-time timetable is considered as part of a re-integration package. A medical condition might include a mental health condition and schools should keep in mind the nature of the challenge, and whether it can instead be managed by implementing reasonable adjustments to support attendance, as outlined above. Any part-time timetable should seek to maximise face-to-face school time as much as possible.

3.13 Schools should consider providing remote education to help pupils stay on track with the education they would normally receive. Any remote education should only be considered if the pupil is well enough and able to learn and should be given in line with the guidance providing remote education.

3.14 Any part-time timetable arrangements should be designed with the specific barrier to attendance in mind, have a time limit by which point the pupil is expected to attend

¹ For further details please refer to the Brent Council Reduced Timetable Guidance 2022.

fulltime, (either at school or at an alternative provision setting), and have formal arrangements in place for regularly reviewing the timetable with the pupil and their parents/carers.

- 3.15 The February 2023 Attendance Guidance points to a range of effective practice examples demonstrating how the utilisation of a temporary part-time timetable can help to improve attendance over time for pupils with health needs. In agreeing to a part-time timetable, the school, parents/carers and pupil have agreed to the pupil being absent from school for part of the week or day, and therefore must treat absence as "absence with leave" (a type of authorised absence). A part-time timetable must not be used to manage a pupil's behaviour. In all cases, the school remains responsible for safeguarding and the quality assurance of education provided.
- 3.16 Schools should inform the local authority where pupils are likely to miss more than 15 days, and work with the family to provide educational provision whilst determining with the local authority whether alternative provision should be provided under section 19 of the Education Act 1996, as outlined in statutory guidance. The school should discuss the options with the local authority Education Welfare Service.
- 3.17 The February 2023 Attendance Guidance further states that local authorities must not follow an inflexible policy of requiring medical evidence before making their decision about alternative education. Local authorities must look at the evidence for each individual case, even when there is no medical evidence, and make their own decision about alternative education. To meet this principle the Brent multiagency Health Needs Panel² reviews all submissions for alternative provision based on health needs.
- 3.18 Where a looked after child or a child with a social worker or receiving early help support services requires alternative provision, safeguarding partners should work together to safeguard and promote the welfare of local children, including identifying and responding to their education needs. This should mean that no pupil is left without educational provision.
- 3.19 Most pupils with SEND attend well, but where attendance does emerge as a concern, any additional needs should be considered as part of attendance conversations, ensuring that any plans put in place are agreed with the child's parents/carers.
- 3.20 If the child has an EHC plan, school staff should consider communicating with the SEND 0-25 team at an early stage once they become aware of barriers to attendance that relate to the child's needs. In many cases the school may be able to agree with parents/carers adjustments to its policies and practices that are consistent with the special educational provision set out in the EHC plan. In other cases, the additional or different attendance support identified may require the SEND 0-25 team to review and amend the EHC plan.

² see section on the Health Needs Panel

For a looked after child with an EHC plan the link SEND 0-25 case officer will oversee the placement with the Virtual School.

- 3.21 If school staff identify that anxiety about attending is being driven by another medical need, then they should work with the relevant health professionals and parents/carers to review that support and consider putting in place or updating an Individual Healthcare plan.
- 3.22 Parents/carers have a duty, under section 7 of the Education Act 1996, to ensure that their child of compulsory school age (5 to 16) receives an efficient full-time education either by attendance at school or otherwise, and so share in the responsibility of ensuring good and regular attendance.
- 3.23 Where support offered is not engaged with, or where all other options have been exhausted or deemed inappropriate, schools should work with the Education Welfare Service to consider whether to formalise support or to enforce attendance through legal intervention in the normal way under the existing powers.
- 3.24 Pupils who meet the local authority's duty to provide education will usually fall within one of the following categories:
- children with an illness/diagnosis which indicates a minimum 15- day period at home because of illness
 - children whose illness necessitates recurrent hospital admissions and subsequent home stays (for a minimum of 15 days)
 - children who are unable to attend mainstream school (for a minimum of 15 days) due to mental health reasons, where early interventions and support have been provided by the school and where the referral is supported by medical professionals.
 - children for whom medical treatment will be needed in school but where this is not yet arranged e.g., where staff are waiting for specialised training which is mandatory before the child can safely attend school.

Where a pupil falls into one or more of the above categories a HEP referral form (Appendix 1) should be completed.

4.0 Provision and support available from Brent Council

1. Children's Hospital School

Children's Hospital School (HSC) provision is commissioned by the local authority on an individual pupil basis and where there is a recommendation including details of location, time and provision from one of the following professionals:

- CAMHS Lead Professional (mental health cases)
- Consultant or

- Senior Medical Professional

Pupils who meet the criteria for, and who are registered on the roll of the CHS remain on the roll of their referring home/host school (i.e., under a dual registration arrangement). The coding arrangements are as per the DfE School Attendance Guidance. Any concerns regarding irregular attendance should be reported to the home school who remain responsible for monitoring the child's attendance with the CHS. Agreement should be made regarding who should request medical evidence (where appropriate). The aim will be for the child to return to their main school when it is appropriate for them to do so.

In all cases, where evidence confirms that a child's medical needs warrant education provision out of school or out of hospital, provision will continue until the child has recovered sufficiently to return to his/her home school. This will need approval via the Health Education Panel. Funding for provision will be via the HNB.

2. Integrated support provided by the school and Brent Council

The Education Welfare Service and Education Psychology Service will support schools and parents to access the EBSA toolkit and implement strategies to re-engage pupils. From April 2023 for a period of 18 months, a new multi-disciplinary team will be established as a test and learn project to support the attendance of children who are struggling to attend due to emotional wellbeing or mental health difficulties can return to their mainstream provision as soon as possible. Targeted mental health and wellbeing intervention will be provided in school and at home by the Anna Freud Centre. This will be combined with blended tuition provided and funded by the school. The referral for this targeted service will be via the Health Education Panel.

3. Hybrid provision by Ashley College

The Health Education Panel will determine if a referral to Ashley College is appropriate in respect of tuition and the wider support needs of each child. The purpose of this will be to ensure that each child is receiving the support they need to support their recovery and to enable them to return to school as quickly as possible.

Ashley College provides education for pupils with:

- medical needs and emotional wellbeing and mental health needs requiring respite based on dual registration or where a young person is being supported to undertake a managed move due to their wellbeing or mental health needs;
- pupils who require exceptional admissions including step down from a Tier 4 or emergency medical stay.
- those that have a medical condition preventing attendance in school.

In addition, Ashley College is commissioned to deliver on site education at the Crystal House CAMHS Tier 4 provision.

Admissions to Ashley College should be mainly on a short stay basis and therefore transition to mainstream school will be a key element of the admissions process. The Health Education Panel will review all pupils placed in Ashley College on a termly basis to ensure that transitional

arrangements are in place for a young person to either move onto a new school or return to the home school.

Pupils will be educated through the following arrangements in accordance with the needs of the pupil and arrangements with parents/carers and mainstream school,

- home learning (1-1) or remote learning (non- digital or digital)
- on site at the Ashley College Centre for KS3-KS4
- blended learning – a mixture of onsite and home or remote learning
- at Crystal House (subject to the contractual arrangements with CNWL up to KS5)

Where schools refer a pupil with SEND the school will need to satisfy how the elements of the EHCP are being met with funding transferred where appropriate. Where there is dual registration Ashley College will recoup the basic entitlement funding from schools for pupils placed for a term or more.

5.0 Health Education Panel

- 5.1 Requests for support from the local authority will be made via the Health Education Panel referral form (appendix 1) and will be submitted by the school. Coordination of the Health Education Panel is undertaken by the Education Psychology Service and the Panel will meet monthly during term time online.
- 5.2 Occasionally an alternative to Ashley College may be deemed more appropriate. This might be due to a need arising in KS1 or 2 for onsite provision. The Health Education Panel will consider placements options. In all cases pupils will be dual registered under joint funding arrangements with the school and the local authority.
- 5.3 Where the panel has advised alternative provision placements, these will be reviewed termly, to ensure that young people are moving back into mainstream provision.
- 5.4 There may be occasions where the evidence presented at referral stage is deemed to be sufficient to trigger an EHC assessment. The Panel will consider the interim arrangement support package whilst the assessment is underway.
- 5.5 The Health Education Panel will be chaired by a manager from the Education Psychology Service and members will include:
 - School (where child is on roll)
 - WEST (The Anna Freud Centre)
 - Health practitioner – community health, specialist health providers
 - Health – CAMHS
 - Inclusion Support Manager
 - Head teacher at Ashley College – Brent Council Health Needs Provision
 - Education Welfare Service

Where already involved:

- SEND 0-25 caseworker (children with EHC Plan's or child undergoing statutory EHC assessment)

- Other key professionals who are involved in supporting the child e.g. Virtual School advisory teacher, early help worker or social worker.

6.0 The responsibility of the child's main school

- 6.1 Pupils remain on roll at their school with overall responsibility for their education retained by the school. Schools must not remove a pupil from the school roll, even during a long period of ill health, unless an appropriately qualified medical professional certifies that s/he will be unlikely to be well enough to attend their mainstream school before ceasing to be of compulsory school age. Pupils remain on their school roll unless another permanent arrangement is agreed and put in place through an EHC Plan or otherwise.
- 6.2 All schools should have a written policy and procedures for meeting the educational needs of pupils with medical needs, reviewed annually, and used as a tool for improving provision. This should include information on:
- Management structures and staff responsibilities.
 - How attendance will be monitored and recorded – leading to the identification of pupils in need of potential local authority intervention.
 - How they will make provision to support pupils with medical needs.
 - How issues related to pupils with special educational needs will be taken into account.
 - How the needs of each pupil will be kept under review and the appropriateness of provision monitored.
 - Procedures to reintegrate pupils smoothly after a period of illness.
 - How the school's procedures will take account of pupils' view.
 - Ensuring a child is accessing the education made available by the local authority and actions to be taken if they are not
- 6.3 Schools must also take account of the latest Ofsted School Inspection Handbook for inspecting schools in England under section 5 of the Education Act 2005, particularly with regards to:
- Children who are offsite on the day of an inspection
 - The expectations of the school leadership relating to children who receive relevant offsite provision i.e., who fall under this Policy
- 6.4 For the duration of the arrangement, it may be necessary for the school to loan the child a suitable device and the means with which to access the internet if the family does not have access.

7.0 School Medical Policy

- 7.1 Schools are advised to have a short section in their medical policy that refers to this policy.

8.0 Children not on a school roll

8.1 Children who are not on a school roll are subject to the policy. Where their circumstances mean that there is a delay in the usual admissions process, their cases should be referred to the HEP for consideration and agreement reached about any arrangements that will be made for them to receive education. (Funding for children not on school rolls comes from the high needs block.)

9.0 Children who may fall under the S19 duty for non-medical reasons

9.1 The local authority is under a duty to make arrangements for the provision of suitable education for those children of compulsory school who by reason of exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them. If you feel a child may not receive suitable education in any other circumstances, you are advised to contact Inclusion Support Team to discuss the case.

Appendices:

- Appendix 1 Health Education Panel Referral Process and Form