


Policy for access to education for school age children and young people with medical needs who cannot attend school		
Responsible Post	Headteacher	
Responsible Committee	FGB	
Review Schedule	3 years	
Policy reviewed on	24 January 2024	
Policy to be reviewed	January 2027	
Changed	Hampshire County Council (HCC) Inclusion Support Service (ISS) Policy Updated July 2022	

‘Every child should have the best possible start in life through a high-quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum’ DFE 2014

1 Introduction

2 Premise

3 Responsibility, Legislation, Guidance

4 Identification

5 Role of Hampshire County Council (HCC)

6 Funding and other school responsibilities

7 Identification of children who need provision

8 Intervention: Persistent or long-term illness affecting ability to engage in education

9 Recovery, Reintegration and Partnership working

10 Complaints and review

11 Medical Referral Form (Appendix 1)

12 (Medical) Educational Inclusion Referral Check List

13 Flow Chart (Appendix 2)

14 Individual Health Care Plan (Appendix 3)

15 Privacy Notice

1 Introduction

1.1 This policy sets out how Hampshire County Council (HCC) will comply with its statutory duty to arrange suitable full-time (or part time when appropriate for the child's needs) education for children of compulsory school age (5 – 16) who, because of illness, would otherwise not receive suitable education.

1.2 This statutory duty applies to all children and young people of compulsory school age, permanently living in Hampshire, who would normally attend mainstream schools or special schools, including academies, free schools and independent schools, or where a child is not on roll of a school.

1.3 This policy does not apply to children who are electively home educated. Where a young person is on roll of a post-16 institution, either a school or college it is their responsibility to ensure support for education.

2 Premise

2.1 HCC believe school is the best environment in which to educate a child/young person; schools provide a broad and balanced curriculum alongside opportunities for social and emotional development.

2.2 HCC's intention is that all children, regardless of circumstances or education setting, should receive a good education to enable them to shape their own futures. Therefore, alternative provision for children medically unfit to attend school and the framework surrounding it should offer good quality education. This support should meet the child's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.

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

- Pupils make good progress in their education
- 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 feel fully part of their school community and are able to stay in contact with classmates

2.4 HCC is committed to providing a recovery-focused model that embraces inclusive principles with a clear focus on an appropriate and timely return to school-based learning.

2.5 Where an Education Centre is accessed to meet need, the child's home school and the Education Centre should collaborate with parents/carers, ISS and all relevant health services to ensure the delivery of effective education for children with additional health needs.

3 Responsibility, Legislation and Guidance

3.1 The moral and legal mandate for schools is to ensure that they are supporting children with medical needs to the best of their ability and that each school has policies and processes in place to ensure this happens. There was a major shift in the legal responsibilities of schools when Section 100 of the Children and Families Act 2014 placed a legal duty on schools, academies and PRUs to make arrangements for supporting pupils with medical conditions at their school.

3.2 Sometimes children or young people become too unwell and are unable to attend school for a significant period of time. At these times the LA can in partnership with the school make suitable arrangements for that child's continuing education that takes into account their age, aptitude, ability and SEN needs and their health condition.

3.3 There is an expectation that schools will make reasonable adjustments to meet the need of the child if they are able to attend school with adjustments. There is an expectation that schools will be creative and flexible in meeting needs. It is, however, left to the school's discretion as to how they meet the needs. Schools will need to demonstrate how they are meeting educational need. This includes meeting the needs of pupils who can attend school part time and intermittently, particularly when there are known medical needs, and these can be planned for.

3.4 There is an expectation that most children will make a full or partial recovery from their illness. At this point it is important that the child's needs for education continue to be appropriately met; most children will transition back to full time mainstream education.

3.5 Schools retain the responsibility to provide a suitable education for all its pupils and must be able to make reasonable adjustments according to identified needs. Headteachers need to maintain appropriate records of their decision making, in particular recording how it was assessed the alternative provision is suitable and if not full time, why they consider this suitable. Occasionally a joint package of support may be arranged for the child between the school and HCC through the Inclusion Support Service (ISS). The pupil will remain on the school roll (see 'Intervention' below).

3.6 Education Support for Medical Absence is part of the Inclusion Support Service (ISS) and aims to provide support for Hampshire residents of statutory school age who are temporarily unable to attend their school or programme of support due to the impact of their medical condition.

3.7 Education Support for Medical Absence is underpinned by the following Government documents:

- Children and Families Act, 2014, section 100

- Education Act 1996 (Section 19)
- Equality Act 2010
- Statutory Guidance for Local Authorities, January 2013
- Out of School Out of Mind, 2011
- Ofsted Subsidiary Guidance, 2012
- Alternative Provision Statutory Guidance, January 2013
- SEND Code of Practice, January 2015
- Supporting pupils at school with medical conditions, December 2015

This policy has been developed with regard to the above guidance.

4 Identification

4.1 Most unwell children continue to have their need for education appropriately met by their own school. This support can be sensitively arranged between the school, the parents or primary carers, a primary health care provider (most often the GP) and the child themselves. This can be referenced through an Individual Health Care Plan (Appendix 3).

4.2 Before considering a referral to the local authority for advice and guidance a school must satisfy itself that a child's absence is due to ill-health and that there are no other factors influencing nonattendance.

4.3 Schools should consider liaison with other agencies that may be in contact with the child and/or their family. This could, for example, be Children's Social Care, CAMHS, School Nursing Service or the GP.

4.4 When ill health persists beyond 15 consecutive or non-consecutive school days the school must make a referral to ISS for advice, guidance and support. **Where the school has arranged suitable educational provision for the pupil and does not require alternative provision to be provided by HCC the school must still notify ISS.** No full medical referral is required but please send an email with full details to attendance.queries@hants.gov.uk with the title 15 Day Absence. The information will be triaged on receipt triggering a professionals meeting to scope next steps around provision if required.

Children on roll of a special school with complex medical needs requiring frequent hospital admissions/or frequent absence will not necessarily need to be referred to ISS. Education provision should be provided by the school in liaison with SEN/hospital/parents

6 Funding and other school responsibilities

6.1 Schools retain the Age Weighted Pupil Unit (AWPU) funding for pupils during the period of Inclusion Support Service provision and will be charged according to the agreed formula based on the daily AWPU rate for educational provision.

6.2 The home school will also be responsible for:

- Driving the agreed action plan for the pupil and informing all relevant parties of any changes
- Providing or loaning specialist resource materials, where possible (such materials to be itemised and returned to the school at the end of the period of ISS provision)
- Making examination arrangements (e.g. GCSE, SATs, etc.)
- Examination entry fees
- Any offsite activity (if appropriate)
- Schools should be consistently seeking an early return to school-based learning in line with the premise set out earlier in this document

7 Identification of children who need provision

7.1 All referrals, both primary and secondary, to Hampshire County Council will be received via a Single Point of Access (SPA) by the Inclusion Support Service (ISS). This ensures (a) that all referrals are treated in an equitable manner (b) that effective monitoring can take place.

7.2 Medical referrals will be made by the Headteacher using the HCC medical referral form (see Appendix 1).

7.3 The triage system will take account of:

- Medical evidence where available should be verified in writing by a consultant community paediatrician or specialist consultant psychiatrist from Child and Mental Health Adolescent Services (CAMHS). Where this is not possible, alternative enquiries should be made to General Practitioners (GP's) and/or others
- If the Headteacher is satisfied the child is genuinely too unwell to attend school, medical evidence is not necessary
- That the Headteacher must be satisfied that the school has made every reasonable adjustment to include the child in education and whether there are any further reasonable adjustments the school could make to enable the child to attend school. Headteachers need to make appropriate records of their decision making, in particular recording how it was assessed the alternative provision is suitable and if not full time, why they consider this suitable
- Schools should authorise absence due to illness unless they have genuine concern about the veracity of an illness Where this is the case the Headteacher should contact the SPA for bespoke advice
- Should the veracity of the absence be questioned by the Headteacher and parents are unable to provide evidence, schools should seek permission from the parents to make further enquiries to the GP or other health professionals or agencies especially around mental health issues

- The DfE Attendance Guidance advises that medical evidence is also to be addressed flexibly, noting that: “medical evidence can take the form of prescriptions, appointment cards, etc, rather than doctors’ notes” The DfE would not expect schools to request medical evidence unless there is a clear case to do so
- It should be noted that medical practitioners do not routinely ‘sign – off’ children from school or advise this
- Medical professionals such as CAMHS recognise that difficulties associated with a child’s mental health may impact upon their functioning and their perceived ability to attend school, however it is not usually within their role to make a specific recommendation about whether the child can attend school or not
- Decisions on alternative provision lie with the school and the LA, although it is the LA that is ultimately accountable

7.4 Whilst unable to attend their home school it is important that children continue to engage in education. The provision offered will take account of age, aptitude and ability alongside other individual characteristics such as social and emotional needs, special educational needs and any disability. It is recognised and accepted that the capacity of the individual child to engage in learning may change over time. It is important, therefore, to ensure that the provision is regularly reviewed and that it continues to be both flexible and sensitive to individual need. All provision will maintain a focus on returning the child to school-based learning as soon as is reasonably possible.

7.5 (a) for KS3/4.

Following triage the following options can be applied:

- Referral will be sent to the local Education Centre Headteacher who will respond to the school with advice and guidance which could include signposting to appropriate services or agencies, strategies or outreach support
- Referral will be sent to the local Education Centre Headteacher and a place commissioned where either attendance or provision is arranged. Where the child cannot attend physically alternative arrangements must be considered such as a home tutor, online learning (e.g. P2L or similar) or robotic interventions
- In all cases there will discussion between the Headteacher and ISS as each case is bespoke

(b) for early Years/KS1/2 the ISS triage officer will undertake this role.

7.6 The child’s progress will be reviewed regularly, in consultation with the parents/carers, the home school and other relevant services. Reviews may be made more frequently according to need. It should be recognised that a child’s educational needs and ability to access education may change depending on their health and that the programme may need to be flexible to accommodate this.

7.7 See Appendix 2 for a flow diagram overview.

8 Intervention: Persistent or long-term illness affecting ability to engage in education

8.1 For KS3/4 the Headteacher of the Education Centre/ISS for Early Years KS1/2 in partnership with the child's home school will:

- Undertake a thorough evaluation of all the circumstances affecting the child's ability to engage in learning
- Work closely with the family and all agencies/professionals working with the child and their family
- Initiate a multi-agency Education Planning Meeting (EPM)
- Develop an ongoing education support for medical absence programme including an Individual Health Care Plan (IHCP), see Appendix 3
- Monitor and review the effectiveness of the programme
- Ensure a timely return to school-based education

9 Recovery, Reintegration and Partnership Working

9.1 Many children recover and make a positive transition back into school. Depending on the age and stage of the child this may, however, not be the most appropriate course of action e.g. pupils in Y11 who are approaching the end of KS4. In this circumstance it is expected that they would be supported in their onward transition to education, employment or training by the community based intervention services.

9.2 Parents and carers have a key role to play in their child's education and are to be involved in planning and on-going review. In the case of a Looked After Child (LAC), HCC and primary carers will fulfil this role. Children should also be involved in decisions to ensure they are engaged as much as possible in this process.

9.3 Relevant services including Special Educational Needs (SEN), Child and Adolescent Mental Health Services (CAMHS), Inclusion Support Service/Attendance/Hampshire Inspection and Advisory Service (HIAS), educational psychologists and school nurses all have responsibilities to work together to support children who are medically unfit to attend school.

9.4 Schools and Education Centres will make arrangements to reintegrate the child at the earliest opportunity and as soon as they are well enough. Each child should have an individually tailored reintegration plan. Under Equalities legislation, schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child as part of their reintegration.

9.5 Plans for longer term outcomes and the next steps will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013);

<https://www.gov.uk/government/publications/education-forchildren-with-health-needs-who-cannot-attend-school>

9.6 In all cases the child must have an Individual Health Care Plan (see Appendix 3) that can be reviewed and amended as appropriate.

9.7 Both the home school and Education Centre will support child to sit public examinations. Awarding bodies will make special arrangements for children with permanent or long-standing disabilities when they are taking public examinations.

9.8 When a parent chooses to end elective home education and opts for LA provision, the LA will assume responsibility under their section 19 duty if the Child or young person (CYP) is considered medically unwell. Where the CYP is cited to be medically unwell, the LA will seek supporting medical information. The LA will act on the parents' request for LA provision once the parent has made their wishes clear to the LA, and will be dated and recorded by the relevant team for example EHE or SEN.

The LA will support the family in seeking a place in a suitable LA provision and will liaise and support the family in accessing this provision. In the cases where a family does not willingly engage with a suitable offer made, the LA will draw upon the legal processes in place to challenge non-attendance, this may include a referral to the Legal Intervention Team.

The relevant team will record the wishes of the family and will direct the family concerned to the LA Admissions team, to support their application to a school. This is in accordance with the In Year Admissions Process and where necessary uses the Fair Access Policy (FAP). In the case of a CYP with an EHCP the SEN team will be involved.

10 Complaints and Review

10.1 Complaints about provision for children who are medically unfit to attend school should be made to the child's home school in the first instance. The council will only intervene if it has reason to believe that the education provision is unsuitable or insufficient.

Complaints can be made using the corporate complaints procedures.

<https://www.hants.gov.uk/educationandlearning/complaints>

10.2 This policy will be reviewed every two years or in line with any changes made to statutory guidelines.

Appendix 1 : Referral form

Appendix 2 : Flow diagram

Appendix 3: Example of an Individual Health Care Plan (Schools should have this in place prior to a referral to ISS)

INCLUSION SUPPORT SERVICE MEDICAL REFERRAL FORM

PUPIL DETAILS	
Name:	DOB: / /
School:	Year Group:
Ethnicity:	UPN:
First Language:	UCI:
Gender:	ULN:
Designated School Contact & contact details:	
Last date of school attendance:* / /	Attendance %

**Attendance Certificate must be included with the referral*

FAMILY DETAILS	
Parent/Carer Name:	Parent/Carer Name:
Relationship:	Relationship:
Address:	Address:
Postcode:	Postcode:
Home Phone:	Home Phone:
Mobile:	Mobile:
Email:	Email:
Parental Responsibility? YES/NO	Parental Responsibility? YES/NO

if neither of the named above has parental responsibility, please provide details below:

PARENTAL RESPONSIBILITY	
Name:	Relationship:
Address:	
Home Phone:	Mobile Phone:

CHILD PROTECTION
Child Protection Issues? YES/NO <i>Please specify CIN, CP</i>
Child in Care? YES/NO

OTHER PROFESSIONALS INVOLVED			
<i>What actions are currently in place to support the pupil and who is involved? Please provide as much details as possible</i>			
EXTERNAL AGENCY	NATURE OF INTERVENTION	LEAD PROFESSIONAL	CONTACT DETAILS
Health e.g. CAMHS, Speech & Language, Health Visitor			
Early Help			
Education Welfare			
Educational Psychologist			
Social Services			
Police, Young Offenders Service			
Other e.g. Youth Work, Voluntary Orgs			
General Practitioner			
Other, e.g. Consultants			

SCHOOL DETAILS

Previous School attended:

Details of all previous schools (including managed moves as applicable):

Please give the name of the staff member responsible for the liaison and provision of school work

Name:	Position:
Tel No:	Email:

ELIGIBLE FOR PUPIL PREMIUM

Free School Meals YES/NO

Forces YES/NO

OUTLINE OF MEDICAL CONDITION AND REASON FOR REFERRAL***If there is a medical diagnosis, please include*

EMOTIONAL AND SOCIAL ISSUES

e.g. feeling special, early attachments, risk/actual self-harm, phobias, psychological difficulties, coping with stress, motivation, positive attitudes, confidence, relationship with peers, feeling isolated and solitary, fears, often unhappy

BEHAVIOURAL ISSUES

e.g. lifestyle, self-control, reckless or impulsive activity, behaviour with peers, substance misuse, anti-social behaviour, sexual behaviour, offending, violence and aggression, restless and overactive, easily distracted, attention span/concentration/criminal behaviour

Where relevant include behaviour log

SPECIAL EDUCATIONAL NEEDS

EHCP	
YES/NO/IN PROGRESS <i>(Delete as appropriate)</i>	
IF YES REASON FOR EHCP	
Issue Date: / /	Date of last annual review: / /
<i>EHCP needs to be sent with referral. If in progress, please specify what stage and include draft copy of EHCP</i>	

ATTITUDE TO WORK

Including enthusiasm, interests and strengths

PREVIOUS STRATEGIES

Please describe the strategies already employed, whether successful or not and provide copies of Individual Education Plans/Individual Behavioural Plans/Pastoral Support Plans where appropriate

ANTICIPATED OUTCOMES**WHAT WOULD YOU HOPE TO ACHIEVE FOLLOWING THIS REFERRAL?**

Please share your ideas for how the school and the Education Centre/LA might work together to meet the needs of this pupil

CURRENT EDUCATIONAL PROVISION**WHAT EDUCATION IS THE PUPIL CURRENTLY RECEIVING?***Please detail the amount of education currently being provided, by whom, and comment on engagement*

Please confirm Parent/Carer are aware of referral YES/NO

PROFILE OF PUPIL CAPABILITY – *Please complete as fully as possible***Key Stage 2 – must be completed**

	Reading	Mathematics	Science
Test level achieved			
Teacher assessment			

Key Stage 3 – must be completed if in KS4

	Reading	Mathematics	Science
Test level achieved			
Teacher assessment			

Cognitive Abilities Test

Verbal	Quantitative	Non-verbal	Average

Reading Age	Spelling Age	Dates when tested

Access Arrangements

Reader	YES/NO
Scribe	YES/NO
Overlays	YES/NO
Laptop	YES/NO
25% Extra Time	YES/NO

Key Stage 4 – Targets for GCSE Performance

Subject	Exam Board	Current Grade	Target Grade	Subject	Exam Board	Current Grade	Target Grade
English				Design Technology (please specify)			
Maths				Option 1			
Science				Option 2			
Humanities (please specify)				Option 3			
14-16 College Course				Extended Work Experience			

EXAMINATIONS OFFICER	
Tel:	Email:

(MEDICAL) EDUCATIONAL INCLUSION REFERRAL CHECK LIST

Please ensure that the relevant parts of the following information are attached before sending the referral to ISS at attendance.queries@hants.gov.uk

- Any reports (e.g. academic, medical and other agency involvement)
- Attendance Record
- Copy of EHCP
- IEP/IBMP/PSP
- Most recent PEP
- Behavior Logs

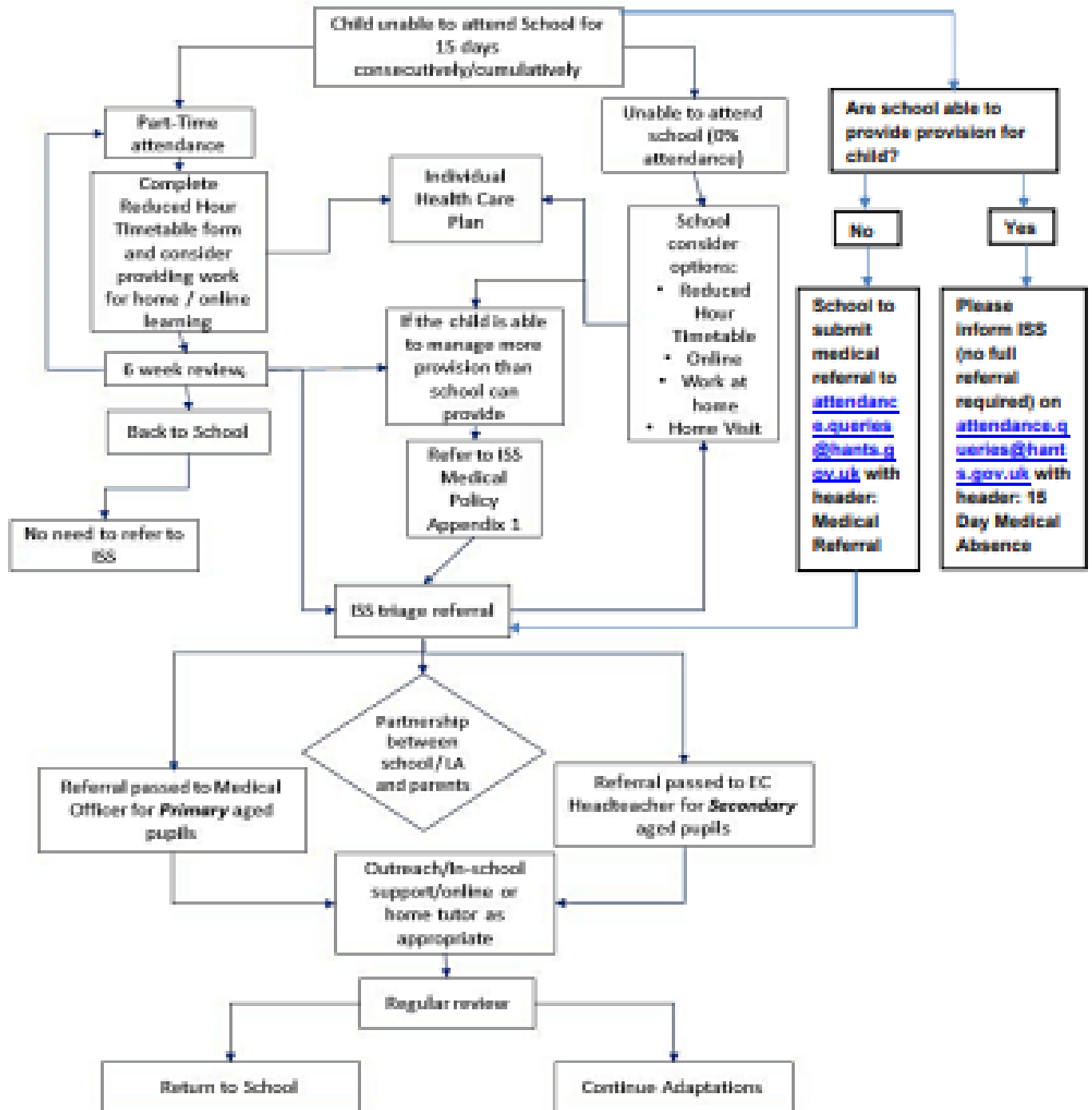
Headteacher signature:

Headteacher name (print):

Date:

Please return to attendance.queries@hants.gov.uk Telephone: 01962 846340

Appendix 2



Appendix 3

Individual Health Care Plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

General Practitioner

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)?

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to