

# Children who are missing Education due to Health/Medical Needs

## Protocol and Good Practice Guidance

This document sets out the protocol and good practice guidance for schools (including academies, trust and foundation schools) to support decision making in relation to children not able to attend school due to health needs.

If there are any concerns or queries – either general or related to individual cases – please contact the Local Support Team who will be happy to advise.

<http://www.intra.staffordshire.gov.uk/services/Families-and-Communities/familiesfirst/Documents/teamcontactdetails.aspx>

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Intranet: <http://education.staffordshire.gov.uk/Pupil-Support/SEN-and-Vulnerable-Children/Policies-and-Guidance.aspx>

Staffordshire Cares Local Offer: <http://www.staffordshirecares.info/pages/my-disability/children-additional-needs/send-reforms/Local-offer/Educational-Offer.aspx>

Email: [send.tippingst@staffordshire.gov.uk](mailto:send.tippingst@staffordshire.gov.uk)

## **Protocol for Children who are missing Education due to health/medical needs**

### **Roles and Responsibilities**

1. Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.
2. In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section. Section 100 came into force on 1 September 2014.
3. The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.
4. Key points:
  - a. Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
  - b. Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
  - c. 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 effectively supported.
5. This protocol should be read in conjunction with the following document: [Ensuring a good education for children who cannot attend school because of health needs](https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school), statutory guidance for local authorities, published in January 2013.  
<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>
6. Local authorities are responsible for arranging suitable full-time education otherwise than at school for children who cannot attend school because of illness or other reasons and who therefore would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. It applies to children who are pupils in academies, free schools, special schools and independent schools as well as those in maintained schools.
7. The law does not define full-time 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.
8. Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should provide part-time education on a basis they consider to be in the child's best interests. Full and

part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.

9. **Local authorities must:**

- a. Arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

10. **Local authorities should:**

- a. Provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative<sup>1</sup>. They should liaise with appropriate medical professionals<sup>2</sup> to ensure minimal delay in arranging appropriate provision<sup>3</sup> for the child.
- b. Ensure that the education children receive is of good quality, as defined in the DfE's statutory guidance Alternative Provision (2013)<sup>4</sup>, allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.
- c. Address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

11. **Local authorities should not:**

- a. Withhold or reduce the provision, or type of provision, for a child because of how much it will cost (meeting the child's needs and providing a good education must be the determining factors).
- b. Have policies based upon the percentage of time a child is able to attend school rather than whether the child is receiving a suitable education during that attendance.
- c. Have lists of health conditions which dictate whether or not they will arrange education for children or inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

### **Primary and Secondary Aged Pupils**

12. The PRU Headteachers can support and facilitate schools by providing specialist knowledge and understanding of how a school can support and maintain the learners' pathways in education.
13. The school leads the process however a PRU on request can contribute to this process through:
  - a. Attendance at meetings between professionals, students and parents/carers.
  - b. Supporting the Leadership Teams of the schools as they then undertake future meetings, inter link with external professionals etc.
  - c. Researching and gathering relevant information, suitable interventions and learning pathways for the school to deliver and the student to access.

<sup>1</sup> Over the course of one academic year and is attributable to one illness or condition

<sup>2</sup> Medical professionals include – School nurses, GP, consultant, CAHMS, PDSS,

<sup>3</sup> Full time or as full-time as the CYP's condition allows and suitable for their age ability, aptitude and any SEND they may have

<sup>4</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/268940/alternative\\_provision\\_statutory\\_guidance\\_pdf\\_version.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268940/alternative_provision_statutory_guidance_pdf_version.pdf)

- d. Supporting any transition from one setting to another setting; the increase in learning opportunities and hours; and moving forward with a clear Individual Learning Plan.
  - e. Participating and reviewing the progress on a regular basis with clearly defined outcomes and new expectations of future action planning with a clear strategic overview.
14. We recommend that schools initiate an Early Help Assessment<sup>5</sup> (EHA). The outcome of the EHA may require support and advice from Local Support Teams and Health professionals. This in turn will then inform an accurate and agreed personalised care plan<sup>6</sup>. Support may be offered by the School Nurse, PDSS, GP, CAMHS or other medical professional. Please be mindful that parental consent and knowledge is vital and that the views of the young person should also be taken into account.
  15. Both the school and the local authority must consider what reasonable adjustments need to be made in order to ensure that CYP are not disadvantaged in their access to education, as well as ensuring that they are not directly or indirectly discriminated against. Some children 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 and management committees must comply with their duties under that Act. Therefore, although the CYP's needs may principally be medical, they may have special educational needs as well, because the medical issues mean that their ability to access education has been profoundly affected. This may be to the extent that, despite their intellectual abilities, they are unable to access education at the same rate as before and therefore need to realistically take a lot longer to complete courses of study, and that may require an EHCP<sup>7</sup>. The EHCP will ensure that this support is protected for them and they remain able to access their education provision.
  16. LAs are mindful of CYP with medical conditions which mean they cannot attend schools for periods of time and therefore impact upon a school's published national attendance figures. However, schools could in parallel present attendance figures which are calculated excluding CYP with medical conditions and then present case studies to Governing bodies, management committees or Ofsted in support.
  17. Schools and academies may refer a primary or secondary aged pupil to their District Inclusion Partnership [DIP] where additional support is required eg financial support over and above the pupil's age weighted pupil unit (AWPU) and if relevant the notional SEND budget.
  18. Staffordshire County Council commissions Entrust to support the eight DIPs in administering funds directly allocated to meet CYP needs. With the support of the pupil's schools' pastoral provision and local agencies, the pupil can be expected to attend school on a more regular basis, remaining on the roll of the pupil's school. If provision for education is deemed appropriate at home, there would need to be a clear phased reintegration plan of when the pupil is able to transition back to full time education within their school.
  19. When a pupil is on a reduced timetable with a reintegration plan in place, periods in which the pupil is receiving approved supervised education can be marked on the register with the code "B". All other periods of absence should be marked either with the "I" or "C" code.

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<sup>5</sup> <http://www.intra.staffordshire.gov.uk/services/Families-and-Communities/familiesfirst/Documents/familiesfirstservicedocuments.aspx>

<sup>6</sup> <http://www.intra.staffordshire.gov.uk/services/Families-and-Communities/familiesfirst/partnership-and-development/servicedevelopment/goodpractice/Independent-Reviewing-Officers.aspx>

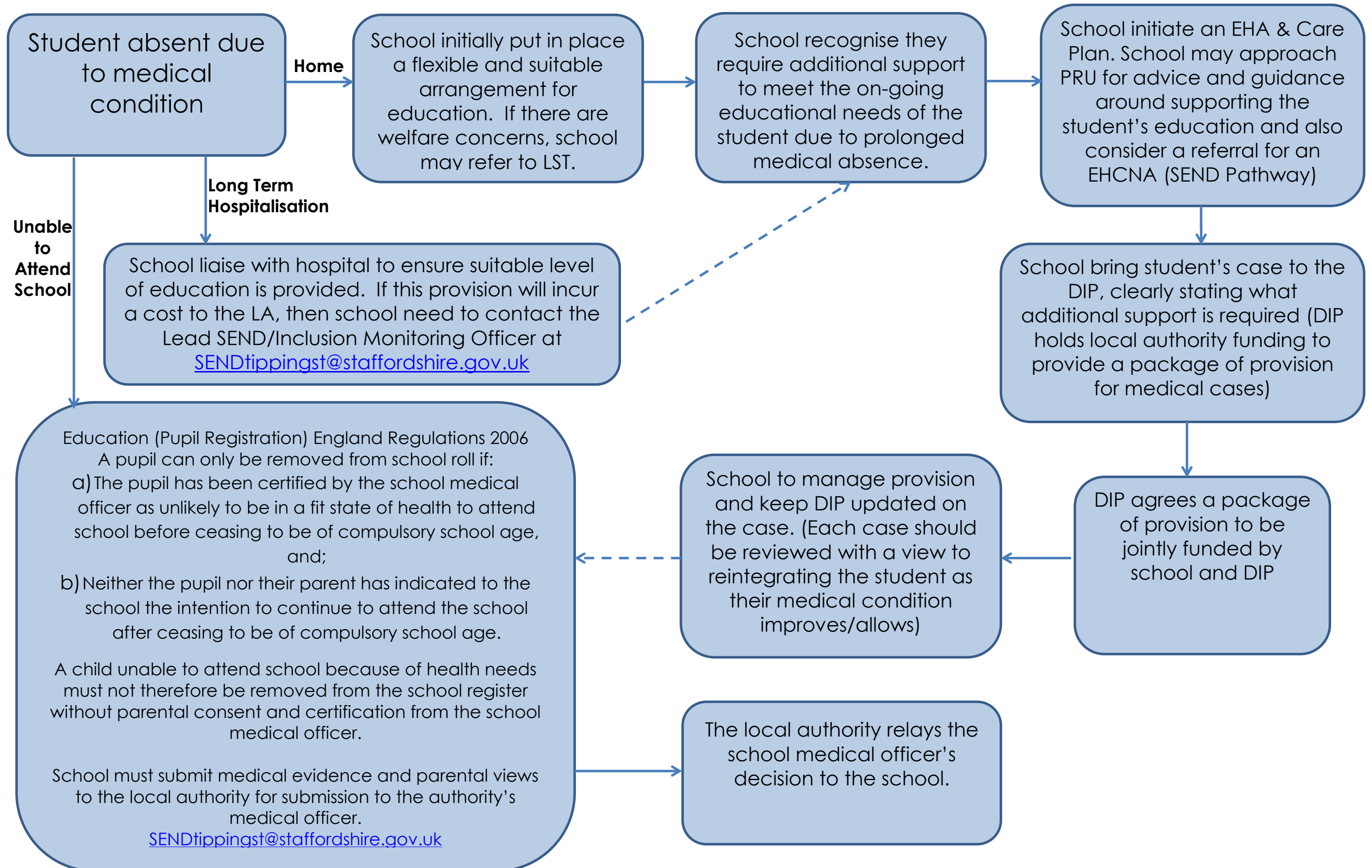
<sup>7</sup> <http://www.staffordshirecares.info/pages/my-disability/children-additional-needs/send-reforms/Staffordshire-Pathway.aspx>

20. The guidance states that under the Education (Pupil Registration) (England) Regulations 2006, a school can only remove a pupil who is unable to attend the school due to health needs from the roll where:
  - a. The pupil has been certified by the school medical officer<sup>8</sup> as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age, and
  - b. Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age
21. A child unable to attend school because of health needs must not, therefore, be removed from the school register without parental consent and certification from the school medical officer, even if the local authority (LA) has become responsible for the child's education as a result of the pupil being absent from school for 15 or more days. Continuity is important for children and knowing that they can return to their familiar surroundings and school friends can help their recovery and their educational progress.
22. The key aspect here is the involvement of a "school medical officer". Advice from the DfE has stated that "... *the school medical officer is a medical officer employed by the LA. All schools, including academies, will have access to the LA medical officer*". If a medical officer is not in place then the certification must be provided by a qualified medical specialist with knowledge and experience of the conditions affecting the child, and who is not involved directly in treating or caring for the child in question. S/he must provide written information to state clearly that the child will not be well enough to return to school before ceasing to be of compulsory school age.
23. When the school has gathered the evidence as explained in paragraph 20 above this must be forwarded to the local authority in order to be presented by the LA to the school medical officer. The outcome of which will then be communicated to the school, only at this point can a pupil be removed from the school roll.
24. Whenever a pupil is removed from the roll of a school, there must be a named school as agreed through the DIP process to re-admit them if their medical circumstances improve to the extent that they are able to access school-based education. The only time this will not be the case is when a pupil or their parent(s)/ carer(s), at the end of Y11, indicates no desire to remain at the school for post-16 education. In this situation a provider of post 16 education or training should be named as the desired destination. It must be understood by all parties that this will be dependent on the health of the pupil.

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<sup>8</sup> If a medical officer is not in place then the certification must be provided by a qualified medical specialist with knowledge and experience of the conditions affecting the child, and who is not involved directly in treating or caring for the child in question. S/he must provide written information to state clearly that the child will not be well enough to return to school before ceasing to be of compulsory school age

## Primary and Secondary Pupils not able to attend School due to Health/Medical Needs



## **APPENDIX A**

### **WEBSITE LINKS**

<https://www.gov.uk/guidance/equality-act-2010-guidance>

<https://www.gov.uk/definition-of-disability-under-equality-act-2010>

### **RELEVANT READING LIST**

1. SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS; DfE Published September 2014 and Updated December 2015; Ref DfE-00393-2014;  
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
2. ENSURING A GOOD EDUCATION FOR CHILDREN WHO CANNOT ATTEND SCHOOL BECAUSE OF HEALTH NEEDS; DfE January 2013 (Published May 2013); Ref: DfE-00307-2013; <https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>
3. KEEPING CHILDREN SAFE IN EDUCATION: DfE July 2015; Ref DfE-00129-2015;  
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
4. ALTERNATIVE PROVISION; DfE January 2013; Ref DfE-300-2013  
<https://www.gov.uk/government/publications/alternative-provision>

In each of these DfE documents there is STATUTORY guidance and NON-STATUTORY advice. It is essential that all professionals are clear about these terms and the implications.

### **RECOMMENDED RELEVANT POLICIES OF POTENTIAL PRACTICE**

1. Medical Policy
2. Safeguarding
3. H&S; Business continuity planning; critical incident planning
4. Equality
5. SEND
6. Transport
7. Attendance
8. Privacy Notice
9. Accessibility Plan