

**Policy for arranging education for children**

**who cannot attend school because of health needs**

1. **Introduction**

Our vision statement in Children’s Services in Northumberland is at the centre of all of our policies:

*Our children and their families in Northumberland are at the heart of everything we do: we want to improve their lives, keep our children safe from harm and provide every opportunity to fulfil their individual aspiration and potential by working together and in collaboration**with our strategic partners and communities to achieve this ambition.*

This policy sets out how Northumberland seeks to provide a suitable education for children who cannot attend school/other education provision full time because of their medical or health needs, ensuring that our aspirations for these children remain high, they continue to have the opportunity to fulfil their potential, and that statutory requirements are met.

The responsibility for implementing and embedding this policy is shared between the local authority, schools, education providers and health partners. It is a mechanism to co-ordinate, support and integrate service provision that leads to good education outcomes for children.

Provision will be arranged through a collaboration of local authority services and schools/education providers implementing a tiered approach that will keep children engaged with education by meeting their needs as early as possible. For children with the highest level and complexity of need, education will be provided by a re-modelled teaching service (formerly known as EOTAS Health Needs) at the Northumberland Education Engagement Hub.

1. **Legal framework**

Legislation and statutory guidance that informs this policy includes Arranging education for children who cannot attend school because of health needs 2023, the Education Act 1996, the Children and Families Act 2014, Working Together to Improve School Attendance 2024, SEND Code of Practice 2015 and the Equality Act 2010.

Section 19 of the Education Act 1996 requires *‘each local authority to make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them’.*

Arranging education provision for children who are too ill to attend school therefore falls within the Section 19 duty. This defines suitable education as an efficient education suitable to a child’s age, ability and aptitude and to any special educational needs they may have, including health and medical needs.

The duty applies to children of compulsory school age (5-16 years) who would normally attend schools, including academies; free schools; special schools; alternative provision and independent schools. The legal duty does not apply to children and young people under and over compulsory school age.

Section 100 of the Children and Families Act 2014 places a statutory duty on governing bodies of maintained schools, academies and pupil referral units to make arrangements at school to support children with health and medical conditions. A child’s mental and physical health should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Schools do not have to wait for a formal diagnosis before providing support to children.

Governing bodies should ensure that:

* schools develop a policy for supporting children with medical conditions that is reviewed regularly and is readily accessible to parents and school staff;
* arrangements give parents/ carers and pupils confidence in the ability of the school to provide effective support for health and medical conditions in school;
* arrangements should show an understanding of how medical needs impact on the child’s ability to learn as well as to increase confidence and promote self-care;
* staff are properly trained to support the child’s needs.

1. **Named Officer**

The Named Officer in Northumberland with responsibility for ensuring that education provision is arranged for children not in school due to their health and medical needs is the Principal Education Welfare Officer.

1. **Arrangements**

**4.1 Northumberland Education Engagement Hub**

The Northumberland Education Engagement Hub is a mechanism to identify medical and health needs, to manage referrals and to co-ordinate support so that children return to their belonging school and full-time education as soon as possible.

For children who need it, tuition is provided by a teaching service at the Northumberland Education Engagement Hub venue in Bedlington, or at one of the outreach Hubs in the West and the North of the county.

**4.2 Tiered approach**

In most circumstances the education of a child with health and medical needs can be provided without the intervention of the local authority.

Clear support pathways are in place based on prevention and early intervention principles to avoid escalation and keep children in school, including:

* available in schools, partnerships of schools and academy trusts in Northumberland - [In school early help offer](https://northumberland365.sharepoint.com/sites/CS-EarlyHelp/_layouts/15/Doc.aspx?sourcedoc=%7b1e3acca7-1956-4ac0-b55b-229f5a7029e2%7d&action=view&wd=target%28First.one%7Cfb2f94b8-70df-4e2a-b603-c84247cc1ae6%2FAcomb%20First%20School%7C33e2fd03-1b8b-44a9-b790-bdd0adbb68b4%2F%29&wdorigin=NavigationUrl)
* provided by local authority education support services and partner agencies - [Directory of Support](https://northumberland365.sharepoint.com/:w:/r/sites/ED-SeniorManager/_layouts/15/Doc.aspx?sourcedoc=%7B205E02C9-F99F-4635-B866-B886A55FAD0E%7D&file=Directory%20Of%20Support%20for%20schools.docx&action=default&mobileredirect=true&DefaultItemOpen=1&web=1&CID=5884267c-56f0-1d7e-545d-3f33c696a29c)

In addition to these services schools can purchase appropriate support for individual children based on their health and medical needs, for example the Solihull Approach.

Progression to the teaching service, when interventions from the tiered approach have not been successful, should be a last resort.

**4.3 Early intervention**

Schools are supported by the local authority’s Education Welfare Service (EWS) to use existing Education Welfare practice and Children Missing Education (CME) arrangements to identify children early who are at risk of missing education due to health and medical needs.

All schools are required to inform the local authority, via their EWO, if a child has been absent from school for 15 days or is likely to be absent from school for 15 days due to their health and medical needs. The 15 days do not have to be consecutive or in the same academic year.

School attendance leads use regular targeting support meetings with their Education Welfare Officer (EWO) to identify children with health and medical needs as early as possible. Identification relies on the professional judgement of the attendance lead and EWO and might also be informed by the school’s Senior Mental Health Lead or a health professional. However, for early identification of need the view of a health professional might not be necessary, for example if the child is experiencing EBSA.

The school will adopt a tiered approach to meeting the child’s needs; the EWO will monitor and review at subsequent targeting support meetings.

The school will record the tiered approach interventions used and their impact in an Education Engagement Support Plan (EESP, provided by the EWO).

The EESP will clearly detail early help provided for the child and demonstrate that the tiered approach has been used and the impact of it.

If early help has not achieved the hoped for outcome for the child, in agreement with the school attendance lead, the EWO will submit the EESP to the Education Engagement Hub. A weekly Section 19 triage, led by the Principal Education Welfare Officer (PEWO) and 3 Lead Education Welfare Officers, will decide next steps in arranging education provision for the child.

Where a child has had a medical assessment that states that they are unable to attend school due to their health needs, the EWO will submit the EESP to the Section 19 triage immediately, indicating that a tiered approach is not appropriate for that child.

In our shared role as corporate parents, where a child is cared for and has health and medical needs that are affecting school attendance, the EWO will submit the EESP to the Section 19 triage immediately.

Where there are complex needs or a multi-agency approach is needed, then the PEWO will take the referral to the monthly multi-agency CME Tracking Panel to agree a plan of action.

A regular 6 week review of provision will take place using the Education Engagement Support review model. For those children who receive an intervention from the teaching service, the PEWO will oversee a multi-disciplinary pathway for re-integration from the service back into the belonging school.

**4.4 Teaching service**

The teaching service is in place to meet the highest level of need. Tuition is delivered from the Education Engagement Hub in Bedlington and at two outreach community venues in the West and North of the County. It is a short term teaching intervention that aims to:

* minimise disruption to learning
* deliver an appropriate and personalised education
* ensure that the child continues to have meaningful contact with their belonging school regarding the curriculum and pastoral support
* successfully reintegrate children into mainstream provision at the earliest opportunity when they are well enough to return.

The criteria for access to the teaching service is not fixed but will include one or more of the following circumstances:

* when absence from school due to illness or accident is expected to be in excess of 15 school days
* when illness causes regular intermittent absences from school over a prolonged period of time
* prolonged and regular absence due to an ongoing medical condition which is supported by a consultant or in short term situations by a GP
* when after discharge from hospital the period of convalescence is likely to be 15 school days or more
* where absence is planned in relation to a medical procedure or condition that will last for at least 15 school days
* where early help interventions have been used, but school absence is still below 90%
* when the child is pregnant or returning to education as a parent\*.

\* Pregnancy does not, of itself, present a health need. However, complications that may arise during and after pregnancy may be a health need and may include physical or mental health issues for new mothers and their babies which impact on a young person’s capacity to attend school.

4.41 Funding

The service is funded by the DSG (High Needs Block) and AWPU clawed back from schools on a pro rata basis.

4.42 Education Engagement Support Plan

All teaching interventions are initially for six weeks. This is recorded on the EESP\* at an initial Education Engagement Support review. The review is attended by the child, their parent/carer, a representative from their belonging school, an EWO, social worker (if the pupil has one) and a Lead Teacher from the teaching service. If the child is open to a health service then a health representative will also attend.

The number of hours of tuition per week is agreed at the initial Education Engagement Support review meeting and then reviewed at subsequent review meetings that take place every two weeks. The number of hours of tuition depends on the health and needs of the child, but will always be the maximum number they can cope with, regardless of their attendance at the Hub.

When a pupil is able to cope with the equivalent of full time education a plan for re-integration to school will be introduced. There will be no minimum offer of hours as such, but it is expected that the average number of hours of teaching will be 10 per week.

*\*The EESP is the equivalent of the Individual Healthcare Plan (IHP) referred to in the DfE statutory guidance. A child with a significant ongoing medical need will already have an IHP before accessing the teaching service. In these instances, the EESP will incorporate the IHP. It is different from an 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 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. The information recorded in an IHP 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 child’s resulting needs, including medication (dose, side-effects and storage) and other treatments*
* *specific support for the Childs 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 child 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.*

4.43 Education offer

Children are offered a core curriculum on a reduced timetable to keep them engaged in education until they are well enough to return to school.

Education provision is a hybrid of virtual and face to face teaching in small groups.

Primary age children follow a core curriculum of PSHE, reading, writing and maths.

Secondary age pupils follow a core curriculum of relationship, sex and health education, (RSHE), English, maths and science.

Key Stage 4 pupils have the option of entry for GCSE in the core subjects.

Year 11 pupils who start working with the service after January of that year will not be entered for GCSE exams but will receive education provision until the end of the academic year.

When appropriate to the curriculum being followed there will be enrichment opportunities eg theatre visits.

Pupils who are unable to leave their home due to their health needs will be provided with work by the teaching service and/or their belonging school. The service will engage pupils by non-teaching staff from the teaching service supporting the pupil with their work at home.

4.44 Attendance

Children and young people unable to attend school for health and medical reasons will remain on their belonging school roll. The school will continue to complete the daily register using the appropriate C and K codes (when the child is attending the Hub) and information provided by the teaching service

The teaching service will record and monitor attendance daily for every pupil open to the service. A first day absence protocol is in place and where necessary home visits will be made by non-teaching staff. When appropriate, an intensive Education Welfare Support Officer (EWSO) intervention will be used with individual pupils for attendance improvement.

4.45 Pastoral support

On entry to the Hub all pupils are allocated a member of the non-teaching staff as their named pastoral contact or family/carer’s go to person.

4.46 Re-integration to school

The aim of the teaching service is to return the pupil to their belonging school as soon as possible, unless it is agreed through the Education Engagement Support process that an alternative school or setting would be in the pupil’s best interests.

Once it has been agreed that the pupil is ready to return to school, the PEWO will ensure that a re-integration plan is included in the EESP that will be multi-disciplinary if appropriate. Support will be provided as appropriate by the non-teaching staff attached to the Education Engagement Hub and the Education Welfare service.

It is likely that the EESP will be phased and will be monitored and reviewed regularly to ensure success.

4.47 Arrangements for external examinations

Pupils will be supported by the teaching service and their belonging school to take key stage tests and public examinations. Schools are responsible for ensuring that pupils are prepared and will pay the fees accordingly. Special arrangements for taking external examinations will be discussed and agreed at regular Education Engagement Support review meetings and implemented by the school.

4.48 School involvement

Involvement with the teaching service is a short term intervention so it is vital that the belonging school is fully involved, continues to recognise their responsibility for the pupil and eases re-integration back into school. Schools are expected to be involved to some extent in pastoral support and teaching. This might include:

* ensuring that curriculum plans are made available to the teaching service for the core subjects that the pupil would be following at school
* adding lesson content to the virtual classroom
* providing resources if appropriate e.g. a laptop if needed
* arranging careers interviews and work experience placements
* providing named contacts within the school to attend reviews
* providing teaching in subjects in addition to English, maths and science, e.g. use of AI robots, virtual lessons, resources on google classroom for GCSE pupils
* using their own support staff with the delivery of provision, especially for pupils with EHCPs.

**4.5 Summary of responsibilities**

In summary, schools, families/carers, health professionals and the Education Engagement Hub all have responsibilities to ensure that individual pupils are receiving the support and education that they are entitled to. This is summarised as:

What the teaching service will do

* Provide good quality teaching from qualified teachers
* Provide half termly progress reports and daily attendance information
* Provide a named contact to liaise with the belonging school, family/carers and any other services.
* Contribute to achieving EHCP and/or personal education plan (PEP) outcomes
* Attend regular Education Engagement Review meetings

What school will do

* If appropriate, contribute to learning by teaching lessons, visiting the pupil in the Hub and keeping in touch
* If appropriate, provide the teaching service with relevant child protection information before the teaching provision starts
* Make referrals for any additional support if needed
* Support re-integration into school when the teaching intervention ends

What health professionals will do

* Attend Education Engagement Support Review meetings
* Provide advice about emotional and mental health and wellbeing to support each pupil’s education
* Provide regular updates regarding medical assessments/diagnosis
* Share the discharge plan when the pupil is discharged.

What families/carers will do

* Attend Education Engagement Support Review meetings
* Support and encourage pupils to attend every lesson and be prepared and ready to learn.

**4.6 Children with EHCPs in special schools**

Pupils in special schools with EHCPs will not be routinely referred to the teaching provision. Instead the school and the family/carer will receive Education Welfare support and an EHCP review will be arranged. In some circumstances the review might indicate a referral to the SORT panel to allocate a new placement is appropriate. In some exceptional circumstances the PEWO might refer a pupil to the Hub for education provision only (and the requirements of the EHCP will be fulfilled separate to the teaching service).

**4.7 Purchasing options for additional support**

As part of the tiered approach to engaging pupils with health and medical needs in education, schools might want to consider commissioning provision and support from other schools/academy trusts and commercial providers.

For example, a service level agreement is in place for Northumberland schools who want to commission education provision from Collingwood Re-connect, a short term teaching intervention for pupils who are not attending school full time delivered by Collingwood Special School.

All schools are actively encouraged to strengthen and diversify the provision available through sector-led initiatives that may or may not incur a charge to schools.

**4.8 Children in hospital**

For children in hospital there should be ongoing liaison, co-ordinated by the belonging school, between the family/carer and services to ensure continuity of education, supporting children to keep up not catch up. Children in hospital will be supported to take exams when in hospital if appropriate.

For planned hospital admissions, the local authority will set up a personal education plan setting out how the school, local authority and hospital school/provider will work together.

Pupils admitted to hospital, in planned and unplanned circumstances, will have a PEP involving their family/carer, the hospital school, the child’s school and their belonging local authority.

Discharge from hospital arrangements include an Education Engagement Support Plan for return to school/alternative provision, with oversight from the PEWO.

**APPENDIX 1**

**Flowchart**

Emerging concerns about absence from school due to health and medical needs

15 days absence due to health and medical needs

15 days absence will happen due to health and medical needs

School applies tiered approach – in-school support, directory of support

Recorded at targeting support meetings between attendance lead and EWO on EESP

Tiered approach successful – child engaged at belonging school in full time education

Further intervention required - EWO submits the EESP to the Education Engagement Hub

A weekly Section 19 triage decides next steps in arranging education provision

Medical assessment that states that they are unable to attend school due to their health needs received - the EWO will submit the EESP to the Section 19 triage immediately

Multi-agency approach needed – referral taken to the monthly multi-agency CME Tracking Panel

Six week review of provision at Education Engagement Support review meeting

Education Engagement Support review agrees pupil ready to return to belonging school – re-integration plan recorded in EESP

Pupil returns to full time education