



**Policy for Supporting the Education of  
Children with Medical Needs  
September 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 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.
- 2.2 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.

2.3 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'<sup>1</sup> (December 2015), which states:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.
- 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.

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

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<sup>1</sup> <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions->  
[-3](#)

- 2.5 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. 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 2023 guidance.
- 2.6 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. 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.
- 2.7 It is useful to note:

*"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 reintegration 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).<sup>2</sup>*

### **3.0 Provision for pupils with health needs/medical conditions 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) and/or support to attend

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<sup>2</sup> For further details please refer to the Brent Council Reduced Timetable Guidance 2022.

school 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 Where pupils have complex and/or long-term health conditions and do not meet the criteria for an education, health and care plan, support for schools and for young people to manage their health conditions can be accessed via school nurses, children's community nursing team and specialist clinical teams. Schools should consult with the Designated Clinical Officer (DCO) for Brent Local Area regarding individual needs of pupils with health conditions as to how to provide support within the educational environment; how to access clinical oversight and any additional funding they might need above the notional budget to support a child to stay in school.
- 3.3 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 or via a blended learning programme, in line with medical advice but without the need for additional education to be provided outside of school.
- 3.4 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.
- 3.5 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 Absence (EBSA).
- 3.6 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. 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 after significant steps have been taken for the school to engage a child or young person they are not able to attend school, Brent Council will support the arrangement of a suitable education through other means.

- 3.7 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.
- 3.8 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 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. The February 2023 DfE 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). In all cases, the school remains responsible for safeguarding and the quality assurance of education provided. Schools should utilise the notional budget and pupil premium to ensure that wherever possible pupils re-engage in mainstream education.
- 3.9 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 additional interventions including 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<sup>3</sup>. 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 Education Panel<sup>4</sup> reviews all submissions for alternative provision based on health needs. In all cases schools will need to demonstrate the steps they have taken to ensure a child or young person receives a full time or appropriate education and/or relevant specialist or targeted interventions to support improved engagement and attendance.
- 3.10 If school staff identify that anxiety about attending is being driven by another medical need, then they should work with the relevant health professionals, DCO and

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<sup>3</sup> This also applies to Brent residents educated in other local authority areas. The Brent Education Welfare Service should be contacted prior to any referral [ews@brent.gov.uk](mailto:ews@brent.gov.uk)

parents/carers to review that support and consider putting in place or updating an Individual Healthcare plan.

- 3.11 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 usual way under the existing powers.
- 3.12 Pupils who meet the local authority's duty to provide education may 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 Health Need Education Panel referral form (Appendix 1) should be completed.

#### **4.0 Health Needs Education Panel**

- 4.1 Requests for support from the local authority will be made via the Health Needs Education Panel referral form by the school. Coordination of the panel is undertaken by the Education Psychology Service and the panel will meet monthly during term time.
- 4.2 The panel will review the referral and consider what package of support will need to be put into place that is above that already provided through the healthcare plan and/or interventions and support already provided by the school. These packages will be time limited. Where the panel has advised education other than at school including alternative provision, these will be reviewed termly, to ensure that young people are moving back into mainstream provision. This support will not be a replacement for elective home education. If a parent is notifying this intention or that EOTAS is more than two terms the package will be reviewed in the context of intent to home educate.
- 4.3 There may be occasions where the evidence presented at referral stage is deemed to be sufficient to trigger an education, health and care assessment. A referral to the decision-making panel for education, health and care assessments will be made. The panel will consider the interim arrangement support package whilst the assessment is underway. However, this is not a confirmation that the assessment will result in an education, health, and care plan.

4.4 The panel will be chaired by a manager from the Education Psychology Service and members will include:

- School (where child is on roll)
- WEST (Anna Freud)
- 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:

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

## **5.0 Provision and support available from Brent Council**

### 5.1 Children's Hospital School

Children's Hospital School (CHS) 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 warrants 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 Needs Education Panel with provision through the Health Needs PRU (Ashley College) remote education programme.

### 5.2 Integrated support provided by the school and Brent Council for emotional wellbeing and mental health needs.

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. A new targeted mental health and wellbeing team has been 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 to return to their mainstream provision as soon as possible. This will be combined with blended tuition provided and funded by the school. The referral for this targeted service will be via the Health Needs Education Panel. This test and learn will be reviewed in 2024/25 academic year.

### 5.3 Provision by Ashley College

The Health Needs 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 short term placements based on dual registration
- 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 provision for young people who require intervention for a level of need in the "Getting Risk Support" domain of the Thrive framework for system change. Historically this would be described as a Tier 4 level of need usually aligned with inpatient provision or severe and enduring mental health difficulties.

Admissions to Ashley College should be mainly on a short stay basis and therefore pupils are in the main dual registered. The Health Needs 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 Central North West London Mental Health Trust 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.

Occasionally an alternative to Ashley College may be deemed more appropriate. This might be due to a need arising in KS1 or KS2 for onsite provision. The Health Education Panel will consider placements options. In all cases pupils will be dual registered under joint funding arrangements.

Once a pupil is accepted for support by Ashley College, the school and professionals involved with the pupil must provide all necessary information requested and follow the support plan agreed with Ashley College.

## **6.0 Children not on a school roll**

- 6.1 Children who are not on a school roll are subject to this policy. Unless a child or young person has an education, health and care plan the usual admissions process to mainstream school must be followed.