

# Policy for supporting the education of Children & Young People with Health Needs

The named local officer responsible for this policy is  
**Ellen Wilkinson, In Year Fair Access and Exclusions Manager, Inclusion and Intervention.**



Derby City Council

## 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. Derby City 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 home school and all other parties involved in the pupil's education and care. This policy relates to Derby City residents, of compulsory school age. Children who reside outside of Derby City 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 health needs is provided in 'Arranging education for children who cannot attend school because of health needs' (December 2023). 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 or health 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<sup>1</sup> conditions. The aim is to ensure that all children with medical conditions whether physical or

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<sup>1</sup> [Arranging education for children who cannot attend school because of health needs \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1000000/arranging-education-for-children-who-cannot-attend-school-because-of-health-needs.pdf)



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>2</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.

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

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<sup>2</sup> [Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)



responsibilities as set out in the Keeping Children Safe in Education September 2023 guidance.

2.6 The DfE's September 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 Working Together to Improve School Attendance<sup>3</sup>.*

### **3.0 Provision for pupils with health needs/medical conditions in Derby**

3.1 Pupils may not be well enough to attend school as a result of,

- Physical illness
- Physical injuries
- Recovery from hospitalisation or treatments
- Mental health, including anxiety issues
- Emotional difficulties or school refusal
- Terminal illnesses

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. If a request is for support for funding aligned to medical needs, this should have been described through advice and guidance from the NHS clinician who is supporting the child (for example a Children's Community Nurse). Dependant on the level of need, and if required, that clinician should be aware of the process for assessment and referral to the school based services already in place in the local area. If needs are beyond what can be supported by existing services the NHS clinician should be aware of the process to contact the NHS CYP Commissioners to consider next steps. This process is new, the NHS CYP commissioners can be contacted via [ddicb.childrenscommissioning@nhs.net](mailto:ddicb.childrenscommissioning@nhs.net)

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<sup>3</sup> [Working together to improve school attendance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

For further details please refer to the Derby City Council Part Time Timetable Guidance 2023



3.3 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 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.

3.4 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 (children will be C2 coded)<sup>4</sup>

3.5 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.

3.6 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 Non Attendance (EBSNA).

3.7 Schools have a responsibility to make reasonable adjustments to support children and young people experiencing EBSNA to ensure full access to a suitable education within school. Derby City Council is committed to supporting schools to identify EBSNA and to put support in place for children and young people experiencing EBSNA, based on the most recent research into effective practice. An EBSNA pathway (see appendix 1) has been created which includes a Good practice Guidance document, Graduated Approach and Toolkits to support schools and families in their understanding of EBSNA. These resources provide a bank of evidence-informed strategies and resources to put into practice in school and at home. In cases where the EBSNA 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, Derby City Council will support the arrangement of a suitable education through other means.

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<sup>4</sup> [Working together to improve school attendance \(applies from 19 August 2024\) \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/121212/Working_together_to_improve_school_attendance_(applies_from_19_August_2024).pdf)  
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3.8 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.

3.9 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<sup>5</sup> 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. For more information, see the Derby City Part-time Timetables protocol.

3.10 Schools should inform the local authority, through their allocated Education Welfare Officer, where pupils are likely to miss more than 15 days due to their health needs. The school must 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 EBSNA pathway will identify strategies and interventions to support the pupil in school. These interventions must be evidenced before a referral is made to the Health Needs Education Panel is made. The school should discuss children with their assigned EWO in line with [Working together to improve school attendance \(applies from 19 August 2024\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/114444/working-together-to-improve-school-attendance-applies-from-19-august-2024.pdf) ([publishing.service.gov.uk](https://www.publishing.service.gov.uk)). 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<sup>6</sup>. To meet this principle the Derby City multi-agency Health Needs Education Panel 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.

3.11 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 the support and consider putting in place or updating an Individual Healthcare plan.

3.12 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.

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<sup>5</sup> [Summary of responsibilities where a mental health issue is affecting attendance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/114444/working-together-to-improve-school-attendance-applies-from-19-august-2024.pdf)

<sup>6</sup> This also applies to Derby City residents educated in other local authority areas.

The Derby City Education Welfare Service should be contacted prior to any referral.



3.13 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.
- where children require assistance or support to manage their medical condition and / or support them in activities of daily living due to their level of development or due to the restrictions of their disability, but where this is not yet arranged e.g. where staff are waiting for training which is necessary 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 2) 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 In Year Fair Access, and the panel will meet every three weeks during term time (twice every half term).

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 half termly by the home school, Castle School and IYFA, to ensure that young people are moving back into mainstream provision. This support will not be a replacement for elective home education

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. The home school must refer to the decision-making panel for education, health and care assessments. 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 In Year Fair Access Team and members will include:

- School (where child is on roll)
- Education Psychology Service
- Education Welfare Service
- Health – (Specialist Community Advisor)
- Health – (Compass Changing Lives)
- Health – Public Health Nursing
- Social Care





- SEND
- RESPECT Collaboration of Schools

Where already involved:

- Other key professionals who are involved in supporting the child e.g. Virtual School Specialist Education Officer, Social Worker or NCAT.

## **5.0 Provision and support available from Derby City Council**

### 5.1 Royal Derby Children's Hospital

Educational provision for pupils who are resident on one of the children's wards is commissioned by the local authority and delivered by Castle School. This work is led by a member of staff with responsibility for coordinating the pupil's education in collaboration with their home school.

Pupils who are registered on one of the children's wards, are on the roll of Castle School. They also remain on the roll of their home 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 Respect Collaboration of Schools. 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 or health 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 (Castle School) remote education programme.

### 5.2 Provision by Castle School – RESPECT Collaboration of Schools

The Health Needs Education Panel will determine if a referral to Castle School is appropriate in respect of alternative provision, tuition and meeting 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 enhance their recovery and to enable them to return to school as quickly as possible.

Referrals for provision at Castle School are sent to [IYFA@derby.gov.uk](mailto:IYFA@derby.gov.uk) using the Health Needs Education Panel referral form, along with appropriate medical evidence<sup>7</sup> which supports the need for alternative provision.

Castle School provides education for pupils with:

- 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.

<sup>7</sup> [Arranging education for children who cannot attend school because of health needs \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)





- Those that have a diagnosed medical or health condition preventing attendance in school.

Admissions to Castle School 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 at Castle School on a half 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 Castle School for KS3-KS4
- blended learning – a mixture of onsite and home or remote learning

The Health Needs Education Panel will make the final recommendation in liaison with Castle School regarding the education arrangements for a pupil accessing alternative provision.

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 (this will be arranged through the review process). Where there is dual registration Respect Collaboration of Schools (Castle School) will recoup the basic entitlement funding (AWPU) from schools for pupils placed at the point of dual registration.

Occasionally an alternative to Castle School may be deemed more appropriate. The Health Needs 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 Castle School, the school and professionals involved with the pupil must provide all necessary information requested and follow the support plan agreed with Castle School.

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

6.1 Children who are not on a school roll are subject to this policy. Where their circumstances mean that there is a delay in the usual admissions process, their cases should be referred to the Health Needs Education Panel for consideration and agreement reached about any arrangements that will be made for them to receive education.

