



Education of Children Unable to Attend School

**Telford and Wrekin policy for the
education of children and young
people with medical needs.**

June 2025

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1. Context

1.1 Our vision is to enable all Telford and Wrekin children and young people to access a good or better education, where their needs are met, so that they can learn successfully and each reach their full potential. *See also Telford and Wrekin Belonging Strategy, SEND & AP Strategy and Accessibility Policy.*

1.2 This policy sets out how Telford and Wrekin Council will work with all agencies so that Telford children¹ who are of compulsory school age (5 to 16) and who are not able to attend school because of illness, under Section 19 of the Education Act 1996, are supported to achieve our vision.

1.3 Telford and Wrekin recognises that there is a shared responsibility between the local authority (LA), schools and partner agencies to successfully implement this policy and promote high quality integrated service provision to support positive outcomes for this cohort of children and young people.

1.4 The provision for children who are unable to attend school will ensure that:

- Pupils make good progress in their education and do not fall behind their peers, particularly in key subjects. *(Priority 1 Telford and Wrekin Belonging Strategy)*
- Disruption to learning is minimised and there is a continuity of education provision within the school curriculum. *(Priority 2 Telford and Wrekin Belonging Strategy)*
- Pupils are able to obtain qualifications as appropriate to their age and abilities. *(Priority 1 Telford and Wrekin Belonging Strategy)*
- Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits. *(Priority 1 & 4 Telford and Wrekin Belonging Strategy)*
- Pupils continue to feel fully part of their school community and are able to stay in contact with classmates. *(Priority 1 Telford and Wrekin Belonging Strategy)*

1.5 This policy specifically relates to the Local Authority's duties under Section 19 for young people with medical needs. It should be read alongside the overarching 'Section 19 Policy Statement'.

2. The Statutory Framework

2.1 The Children and Families Act 2014 places a duty on the governing bodies of Maintained schools, Academies, Alternative Provision Academies and Pupil Referral Units to make arrangements to support pupils with medical conditions. For more information regarding the duties of schools please refer to the Statutory Guidance [Supporting Pupils at School with a Medical Condition \(DfE 2015\)](#)

¹ For the purpose of this policy a Telford child is defined as a child where those who have parental responsibility and who are the main care giver reside within Telford and Wrekin LA. This includes:

- those who access their education in neighbouring LAs and who are ordinarily resident in Telford
- those children who are in care to Telford and Wrekin Local Authority and are placed in another LA area for their care and/or education provision.

This does not include those children who are in care to another LA and are placed in Telford for their care and/or education provision.

2.2 The key points of the guidance are as follows:

- 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.

2.3 The primary route to support young people with medical conditions, in terms of both physical and mental health, is through the school; so that they can play a full and active role in school life, remain healthy and achieve their academic potential. In some cases, this will require flexibility, schools should make reasonable adjustments. Where appropriate to meet the needs of a young person, schools could design programmes of study that rely on part-time attendance at school in combination with alternative provision. For further guidance please refer to the DfE publication 'Summary of responsibilities where a mental health issue is affecting attendance', February 2023. [Mental health issues affecting a pupil's attendance: guidance for schools - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/summary-of-responsibilities-where-a-mental-health-issue-is-affecting-attendance)

2.4 The DfE Guide, 'Arranging Alternative Provision' February 2025 emphasises the role of the school:

"When a child is already attending school, there is a range of circumstances where their health needs can and should be managed by the school so that they can continue to be educated there without the need for the intervention of the local authority."

2.5 Section 19 of the Education Act 1996 and section 3 of the Children, Schools and Families Act 2010, place local authorities under a duty to arrange full-time education for all children who, for reasons which relate to illness, exclusion or otherwise, would not receive suitable education unless arrangements are made for them. 'The local authority does not need to become involved in such arrangements unless it has reason to believe that the education being provided by the school is unsuitable'.

2.6 The School Attendance (pupil registration) (England) Regulations 2024) Section 13,(9) (a) The proprietor of a school must make a return to the local authority (a sickness return giving the full name and address of a registered pupil of compulsory school age is,

- a) the pupil is recorded in the attendance register as absent using the code I *Unable to attend because of sickness as set out in regulation 10 and
- b) the proprietor has reasonable grounds to believe that pupil (1) will be unable to attend because of sickness for at least 15 consecutive school days, or (11) will be or will have been, unable to attend because of sickness for a total of at least 15 school days during the school year whether consecutive or not.

2.7 The DfE publication 'Working Together to Improve Attendance', August 2024, places the following duty on schools:

Sickness returns: providing the local authority with the full name and address of all pupils of compulsory school age who have been recorded with code I (illness) and who the school has reasonable grounds to believe will miss 15 days consecutively or cumulatively because of sickness. Only one sickness return is required for a continuous period of sickness in a school

year. This is to help the school and local authority to agree any provision needed to ensure continuity of education for pupils who cannot attend because of health needs.

Please note, this is a return to the Local Authority for data collection and shouldn't be seen as a referral under Section 19, any such referral should be submitted separately by the school.

2.8 In considering these pieces of statutory guidance in tandem, it is clear that:

- Where a child is absent for **less than 15 days**, the responsibility for their education rests with the school where they are on roll.
- Where a child is away from school for **15 days or more** because of ongoing health needs whether consecutive or cumulative across the school year, the school should make arrangement to support the young person either through reintegration into school, through other means such as alternative provision or through education out of school.
- Where a child is away from school for **15 days or more** because of ongoing health needs whether consecutive or cumulative across the school year, and either they are not on roll in a school or the school is unable to provide suitable education, then the LA will assume the responsibility for the education of the child. There is an expectation that all young people will either remain on roll or be placed on roll in a registered school throughout this process.

2.9 In practice, in Telford and Wrekin, there is some cross over between the second and third bullet points in clause 2.8. Therefore, where a child is absent for 15 days or more and the school is concerned that they will be unable to make arrangements to support the education of the young person, they should notify the Local Authority as described below with a view to arranging a 'tripartite meeting' between school, LA and parents.

2.10 The DfE departmental advice, 'Mental health and behaviour in schools', March 2016 clarifies the responsibilities of the school, outlining what they can do and how to support a child or young person whose behaviour may relate to an unmet mental health need.

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

2.11 The LA where a child resides is responsible for education under Section 19. If the child resides between different addresses in a split family, the decision is made on where the child spends most of their time and this LA has the Section 19 responsibilities (clarified upon notification). If the child ordinarily resides 50/50 in 2 LAs, then both LAs can discuss and agree sharing the responsibilities for Section 19 provision. If an agreement cannot be reached, then the LAs can write to the Secretary of State for a decision.

2.12 For Children with an Education, Health and Care Plan, the LA who is responsible for maintaining the EHC plan is responsible for maintaining their provision; this includes Section 19 provision. Even if a school in another local authority is named, the LA responsible for maintaining the EHC plan is responsible for the Section 19 provision. Section 19 of the High Needs Operational Guidance states that:

'When a local authority places a looked after child with an EHC plan in another local authority's area (for example, with foster parents), the local authority where the looked after child lives (is wholly or mainly resident) becomes responsible for maintaining their EHC plan (including paying any top-up funding), in the same way as any child or young person who moves from one local authority's area to another.'

2.13 For children who are Electively Home Educated, it would be assumed that the child is receiving appropriate education in the home environment, unless this has been deemed unsuitable by an EHE Adviser.

2.14 The Section 19 duty placed on Local Authorities for children with medical needs and detailed in this Policy relates to those of compulsory school age – Children and Young People aged 5 – 16 (from school term after a child's 5th birthday, until last Friday in June of the school year they turn 16).

2.15 Where the Local Authority offers (based on an assessment of need) an alternative education that it deems to be reasonably practicable for that child it is not under a duty to provide further alternative education because the child is not taking advantage of that facility. Parents should be aware that it is their duty under Section 7 of the Education Act 1996, to secure an education for children of compulsory school age, which in this circumstance, is available.

3. Roles and responsibilities

The Local Authority

3.1 The LA is responsible for ensuring that there is a named senior officer with responsibility for the provision of education for children and young people who are unable to attend school because of medical needs. In this authority the officer is Andy Cooke, Service Delivery Manager for Alternative Provision. Contact should be through the medical needs email address:

medicalneeds@telford.gov.uk

3.2 The LA is responsible for arranging a suitable full time³ education for children who have health needs that mean that they are unable to attend school for a period that exceeds fifteen days, consecutive or cumulative, as a result of the same condition and either they are not on roll in a school (excluding EHE young people) or the school is unable to provide suitable education.

3.3 Where a child is receiving tuition on a 1:1 basis then access to 25 hours per week may not be appropriate as the provision is more concentrated. In such cases the provision will be considered on a case-by-case basis and will be tailored to the child's age, aptitude, and ability and any other individual need (for example, health, social and emotional needs, special educational needs or disability).

3.4 The LA will facilitate effective liaison with all agencies, including medical professionals, and will ensure that there is a minimum of delay in starting appropriate support. The role of the School Nurse is pivotal in linking agencies, providing information about a particular condition and supporting schools to plan for the child's return.

3.5 Education may be arranged:

- Within the home setting overseen by staff from the child's school or a commissioned tutor or through a supervised online education provision.

³ By full-time we mean provision that is equivalent to the value of education that a child would receive in school. This is generally considered to be 25 hours per week though may vary due to the needs of the medical condition.

- Within an identified community setting overseen by a tutor from the Student Engagement Programme, a tutor commissioned by the school or LA; or through a supervised online education provision.
- Within one of the Student Engagement Programme's provisions such as at House 1 or at the PRH Hospital Provision (in partnership with Shropshire LA), commissioned by the home school.
- Within a NHS hospital setting in Telford and Wrekin shared service with Shropshire LA overseen by the home school, Telford and Wrekin and Shropshire LA.
- Within a NHS hospital setting in another LA and in accordance with local arrangements.
- Where a child has a mental health condition that requires treatment in a specialist centre that is commissioned through NHSE the LA may commission the hospital school to provide education or may arrange for education to be provided by the home school or by a tutor commissioned by the LA or through an online education provision.

NB – under the Working Together to Improve Attendance guidance September 2024, schools can only 'B' code the attendance of the young person where 'the activity is supervised by a person considered by the school to have the appropriate skills, training, experience and knowledge to ensure that the activity takes place safely and fulfils the educational purpose for which the pupil's attendance has been approved. Supervision means the pupil is physically supervised by someone who meets this definition.'

3.6 Where the LA has arranged for education for a young person, the LA will track the attendance and progress of that young person. Where this is the case, these pupils should be coded absence code K on the school register for the sessions that the provision is being provided for the pupil. This is because the local authority is providing the education for the pupil. It should not be a blanket code K and should only be for the sessions when the pupil should be at the provision.

Schools

3.7 All schools are required to establish written policies and procedures for dealing with the education of pupils with medical needs, including the completion of Health Care Plans as appropriate.

3.8 If a pupil is absent from their home school (school they are on roll at) for 15 days or less then it will remain the responsibility of the home school to arrange suitable education provision, in the event that they are deemed well enough to participate in education activities.

3.9 If a pupil is absent from their home school for **15 days or more** because of ongoing health needs whether consecutive or cumulative across the school year, the school should make arrangement to support the young person either through reintegration into school, through other means such as alternative provision or through education out of school.

3.10 The school should publish a policy to describe supporting pupils with medical conditions that should include information such as how the school will make educational provision for pupils, what strategies will be used to ensure support for pupils with long-term absences and how pupils will access curriculum materials and public examinations.

3.11 The school will be expected to nominate a teacher to act as the named contact for each child who will facilitate communication generally between the pupil and the school, arrange reviews and keep records.

3.12 The school will monitor pupil attendance and mark registers so that they show if a pupil is, or ought to be, receiving education. Children will not be removed from school roll unless medical evidence states that the child will be unable to attend school for the rest of their compulsory schooling. For further advice on how to mark the pupil's absence on the school register, please contact the Attendance Support Team; attendancesupportteam@telford.gov.uk.

3.13 Provision should also include personal, social and emotional needs, for example ensuring that the child feel fully part of their home school community, are able to stay in contact with peers, and have access to the opportunities enjoyed by their peers. Provision should also include safeguarding, for example ensuring that the child has access to information and learning on how to stay safe and how to recognise when they may not be safe or are at risk.

3.14 Working Together to Improve School Attendance, August 2024, states that:

Many children will experience normal but difficult emotions that make them nervous about attending school, such as worries about friendships, schoolwork, examinations or variable moods. It is important to note that these pupils are still expected to attend school regularly - in many instances, attendance at school may serve to help with the underlying issue as being away from school might exacerbate it, and a prolonged period of absence may heighten anxious feelings about attending in future.

4. Medical Needs - Identification and Referral

4.1 There are a range of routes by which a child may be referred for support under this policy, this includes:

- Discharge from Tier 4 beds
- School referral Section 19 where the school can't meet needs
- Early Years SEND referral
- Referral from the Elective Home Education Service
- Hospital School discharge
- Referral from the home school for a House 1 place
- Virtual School Team referral

4.2 In each case, the initial referral will be considered by the Section 19 Fortnightly Review Meeting. There will be one of four outcomes from this meeting:

- Red – urgent need for education for the young person, case escalated straight to a tripartite meeting (the case and outcomes will be shared at the Children Unable to Attend School Panel²).
- Amber – further information needed to evidence that the child meets the criteria for Section 19, to be reviewed by the Children Unable to Attend School Panel³.

² The Children Unable to Attend School Panel, or equivalent multi-agency panel, will be in place from Autumn 2025

³ This review will take place at the Fortnightly Review Meeting until such point as the Children Unable to Attend School Panel comes into operation.

- Green – the educational needs of the child are currently being met appropriately, continue to monitor through the Section 19 Fortnightly Review Meeting.
- Blue – clear evidence that the case doesn't meet the thresholds for Section 19, this will be referred to the Attendance Support Team under the Children who are Absent from Education Policy (currently under review).

Appendix A illustrates the 'Children Unable to Attend School' process.

4.3 For children rated as 'Amber', their case will be considered by the 'Children Unable to Attend School Panel', this is a multi-agency panel consisting of relevant health, social Care and education personnel. The panel will consider the evidence available and:

- Whether the child is medically fit to attend school
- that the child is medically fit to participate in education (including online learning and tuition)
- for how long educational support might be required
- a description of medical needs and what medical intervention is currently in place
- medical evidence to support decisions around the child's engagement in school
- support provided by the home school through a graduated response, including any reasonable adjustments, use of modified timetables and access to pastoral support
- Use of alternative provision or alternative curriculum by the home school.

4.4 The Children Unable to Attend School Panel will consist of:

- Andy Cooke – SDM Alternative Provision; Chair
- Louise Bartholomew – Head of Student Engagement Programme
- Kay Burford – Attendance Support Team Leader
- Louise Plim – Child Missing Education Officer
- Strengthening Families Senior Manager (on rota)
- Carrie James – Designated Clinical Officer (NHS ICB)
- Tash Grocott – Community Childrens Nurse Team
- BeeU Clinician
- (Other partners from Education, Health or Social Care as appropriate to support individual cases)
- Elective Home Education Advisory Teacher where a young person being discussed has been open to that team.

4.5 The Children Unable to Attend School Panel will meet monthly. For those young people where it is identified that consideration by the panel would be appropriate, the home school will be asked to submit a referral form which includes evidence of any interventions by the school and the outcome of these. Any medical evidence presented to the school by parents should also be submitted. All referrals to the panel must be accompanied by parental permission to discuss the child.

4.6 For children who have returned from hospitals or other in-patient units out of county, medical evidence will be sought from the discharging hospital medical staff. This should inform the appropriate education placement on return to the LA.

4.7 The Attendance Support Team monitor all pupils who are Children Missing from education; that is those who are not registered pupils at a school. These pupils may be in receipt of other provision, such as tuition, whilst being placed in a school. They also monitor those who are on a school roll but no attending school for more than 15 consecutive school days. Any children who fall into these

categories should be referred to the Attendance Support Team, via the SAM Portal, in line with the policy and procedures for Children who are Absent from Education.

5. Medical Needs Provision:

Education for children who are admitted to hospital where the hospital is in Telford and Wrekin

5.1 Educational provision for pupils who are physically ill, injured or who have clinically defined mental health problems and who are admitted to an NHS hospital provision will be the responsibility of the local authority in which the hospital is located.

5.2 Where Telford children are admitted to an NHS hospital provision provided by SATHT (Shrewsbury and Telford Hospital Trust) education provision is coordinated through the PRH Hospital Provision (in partnership with Shropshire LA). The Hospital Educational Coordinator will liaise with the home school to ensure that the home school is setting appropriate work to allow for curriculum continuity.

5.3 The aim of the Service is to support pupils by providing appropriate education for the period they are unable to access mainstream school. The Service recognises that, whenever possible, pupils should receive their education within their mainstream school and aim to reintegrate pupils back into mainstream education at the earliest opportunity.

5.4 Telford and Wrekin and Shropshire LA's will provide direct support for medically referred pupils and work closely with other agencies to ensure pupils continue to have access to those agencies that are involved with their education, health and/or care provision. The Service will maintain links with mainstream school and will keep parents fully informed in both process and decision making regarding the child's programme and progress.

Education for Children who are admitted to hospital where the hospital is in another LA area

5.5 Sometimes children are admitted to hospital in another LA area. This is likely to be because they require access to specialist services that are not available locally.

5.6 Where Telford and Wrekin children are admitted to an NHS hospital provision, that is not located within Shropshire or Telford and Wrekin, education provision will be arranged through the LA in which the hospital is located e.g. where a child is admitted to Birmingham Children's Hospital, Birmingham City Council will be responsible for making appropriate education provision until point at which they are discharged.

Private hospital provision (Tier 4, mental health)

5.7 Occasionally children may require hospitalisation due to mental ill health. Where this is the case the LA will expect that a multi-agency meeting will have been arranged with the aim of avoiding admission and the LA will have been invited to attend.

5.8 In the event of an admission the responsibility for notifying the LA lies with the Integrated Care System (ICS). The ICS and/or hospital school should not automatically expect the LA to agree to commission education provision from the hospital school. Decisions with regard to education arrangements will be made following a multi-agency meeting attended by a representative of the LA. The LA must be satisfied that the child is well enough to access education provision.

5.9 The LA will consider all available information in order to reach a decision about the most appropriate education arrangements. Any decisions will take account of the views of health professionals involved in treatment; the views and wishes of the parents and child and the views of the home school.

Provision may include:

- The home school providing work, this may be appropriate where a child is preparing for external examinations
- A tutor may be commissioned to provide personalised provision within the hospital setting
- The LA may commission the hospital school to provide suitable education.

5.10 If the admission is an assessment placement only the LA will not be responsible for arranging education provision during the assessment period unless the assessment is required to take place over an extended time i.e. longer than 15 days.

Education provision where there is no admission to a hospital

5.11 Occasionally a child may not be well enough to attend a mainstream school but can access their education within a small setting where the education can be tailored to the ongoing medical needs of an individual child. Where this is the case schools may have their own inclusion units to support this, alongside the commission of Student Engagement Provision (SEP) at House 1, to support the needs of the child where this is appropriate and suitable for the child.

5.12 The aim of the SEP is to support pupils by providing appropriate education for the period they are unable to access mainstream school. The SEP recognises that, whenever possible, pupils should receive their education within their mainstream school and aim to reintegrate pupils back into mainstream education at the earliest opportunity.

5.13 House 1 will maintain good links with the child or young person's home school and, through regular reviewing, involve them in decisions concerning the educational programme and pupil progress. This should also include social and emotional needs, for example ensuring that learners feel fully part of their school community, are able to stay in contact with classmates, and have access to the opportunities enjoyed by their peers.

5.14 Educational support via House 1 is agreed through the Children Unable to Attend School Panel (or the Fair Access Panel in the interim period before the CUtAS Panel starts), schools are required to provide baseline assessment information and curriculum plans to inform the planning of educational provision. This information, along with advice from medical professionals, will ensure that the education provided is effectively matched to the child or young person's unique needs.

5.15 A pupil's objectives and individual education plans should be prepared by the provider in consultation with the school, should be in writing and should be regularly reviewed and monitored by all parties, including the learner and their parent/carers.

5.16 During the period the pupil is attending House 1 and whilst they remain on the roll of the school, the school will be expected to take an active role in supporting through supply of curriculum materials and books; liaising with staff over planning; making sure access is available for examination materials; making arrangements for examinations and where appropriate and most importantly, ensuring that there is a named teacher within school who can co-ordinate and support links with House 1.

5.17 Learners will be supported by both their home school and House 1 to access examinations. It is the school's responsibility, where appropriate for the needs of the child, to ensure learners are prepared for and entered for public examinations and national tests, and should meet all the fees associated with this process. Special arrangements for taking external examinations should be discussed and agreed at regular review meetings.

Online Learning

5.18 Online learning tools may be used to support the learner's education. The learner should, where available, have access to ICT equipment and to the school's intranet and internet. However, it is not always appropriate that online learning will not be used in isolation and should complement face to face education. **NB** – under the Working Together to Improve Attendance guidance September 2024, schools can only 'B' code the attendance of the young person where 'the activity is supervised by a person considered by the school to have the appropriate skills, training, experience and knowledge to ensure that the activity takes place safely and fulfils the educational purpose for which the pupil's attendance has been approved. Supervision means the pupil is physically supervised by someone who meets this definition.'

6. Referral for education arrangements to be made by the LA

6.1 Where a child is away from school for 15 days or more because of ongoing health needs whether consecutive or cumulative across the school year and **the school is unable to provide suitable education**, then a **referral** to the LA should be made. For all children out of school for 15 days, the school needs to notify the LA using the online form on the SAM Portal.

6.2 Referral on medical grounds for the LA to arrange education provision must be supported by evidence from a Consultant Paediatrician, Consultant Child and Adolescent Psychiatrist or Medical Practitioner. Best practice dictates that these referrals are supported with information from the pupil's mainstream school. LAs should have regard to the statutory guidance entitled: 'Arranging education for children who cannot attend school because of health needs'. On page 8 of the guidance it states "Where specific medical evidence, such as that provided by a medical practitioner, is not readily available, the child's home school or the local authority should consider liaising with other medical practitioners and consider other evidence to ensure appropriate provision can be arranged as soon as possible. The local authority should review any additional evidence to help them identify the most suitable provision."

6.3 Where a child has been an inpatient at Princess Royal Hospital and been supported through the hospital provision, then a referral will be coordinated by the Hospital Educational Coordinator upon discharge.

6.4 The Children Unable to Attend School Panel will consider all available evidence to make a recommendation about the most appropriate provision. The final decision will be made by the responsible officer named in para 3.1.

6.5 Where the referral is deemed to meet the threshold for the LA to support arrangements for education, the normal process will be for a 'tripartite meeting' to be called between the LA, the school, and parents. This will result in an action plan which will identify the steps and stages of support, with the ultimate aim of reintegrating the young person back into school, where and when appropriate. This plan will usually include elements of support from both the Local Authority and the school. The school will have a roll to identify an appropriate curriculum so that the young person

doesn't fall behind their peers. The tripartite meeting will be recorded on the record template, see **Appendix B**. This will also then be uploaded to the Synergy Management Information System.

6.6 Children should also be involved in decisions from the start, with the ways in which they are engaged reflecting their age and maturity. This will help ensure that the right provision is offered and encourage the child's commitment and engagement.

6.7 Any support identified in the action plan will then be monitored by the Local Authority. Where necessary, further tripartite meetings might be called where the needs of the young person change.

6.8 Whilst overall responsibility for education of children with medical needs sits with the senior office named in 3.1, other roles allocated with the service include:

- Attendance at Tripartite meetings and developing the subsequent support agreements: Louise Bartholomew.
- Monitoring medical needs inbox and maintaining medical needs register: Millie Barnley
- Monitoring ongoing support through the support agreements: Zara Panasiuk
- Quality assurance of the process and arbitration: Andy Cooke

Contact for all of these roles should be through the medical needs inbox:

medicalneeds@telford.gov.uk

Children in Care

6.9 Where a child in care is likely to be placed in alternative provision, the Designated Teacher (DT) should contact the local authority's Virtual School Head (VSH) as soon as possible. The VSH, working with the DT and others, should consider what support a child needs to overcome barriers to attainment and achievement, giving equal consideration to the pastoral needs of the child, to ensure an appropriate AP placement can be made. Where relevant, the school should also engage with a child's social worker, foster carers, or children's home workers.

Children with an EHCP

6.10 Where the child has an Education, Health and Care Plan, the SEND Service will lead the tripartite meeting to review the provision identified in the plan and to consider how the resources provided by this might best be used. The primary route for supporting children with an EHCP will be through any additional resources allocated to the school through the EHCP, this will be monitored through Annual Reviews in line with statutory requirements. Where a child is supported by the LA for medical needs and then gains an EHCP whilst being supported, the responsibility for this support will transfer to the SEND Officer under the EHCP.

6.11 When a pupil with an EHCP isn't receiving appropriate provision, if it is inappropriate for the provision outlined in the EHCP plan to be made in a school (or as part of the Electively Home Educated offer), the EHCP Service may decide to arrange and provide for a child an EOTAS (Education Other Than at School) package under S61 2014 Children and Families Act.

6.12 T & W may only arrange EOTAS provision if it is satisfied that it would be inappropriate for provision outlined in a child's EHCP Plan to be made in school (or as part of the Electively Home Educated offer), in consultation with a child's parent. To determine whether it would be inappropriate for provision to be made in a school, T & W will take account of the circumstances of the case which would include:

- the child's background and medical history,

- the particular educational needs of the child,
- facilities that can be provided by a school and otherwise than at a school,
- the comparative costs of alternative provisions,
- the child's reaction to the provisions,
- the parents' wishes
- and any other particular circumstances that might apply.

Children with complex or long-term health conditions

6.14 Where children have complex or long-term health issues, the pattern of illness can be unpredictable. Local authorities, the home school, the relevant medical practitioners and the parents/carers should discuss how to best meet the child's needs. In some cases, it may be helpful to use an Individual Healthcare Plan (IHP). An IHP will ensure that schools know how to effectively support the child as well as to provide clarity about what needs to be done, when and by whom. IHPs should be reviewed annually or earlier if a child's needs change.

Children supported or in need of support from Child and Adolescent Mental Health Services (BeeU)

6.15 Where a child has mental health needs which are leading to the absence from school, any relevant reports from the Child and Adolescent Mental Health Services (BeeU) will be considered when planning for support for the young person. Where relevant, the mental health practitioner will be invited to the tripartite meeting.

7. Funding

7.1 Where the Local Authority assumes responsibility for the education of a child with medical needs, this will be funded from local authorities' high needs budgets. However, where a child remains on the roll of their home school but requires a period of time with support outside of school due to their health needs, the local authority will request a transfer of a portion of the home school's funding. Alternatively, an agreement to fund different elements of the package between the LA and the home school will be agreed through the tripartite meeting. This would ensure that the funding follows the child. This arrangement would cease when the child is reintegrated back to their home school or are no longer on the roll of the home school.

8. Reintegration

8.1 Telford and Wrekin recognises that, whenever possible, pupils should receive their education within their mainstream school and the aim of the provision will be to reintegrate pupils back into mainstream education at the earliest opportunity as soon as they are well enough. Arrangements for reintegration will be discussed with school staff and each child or young person will have a personalised reintegration plan that may include:

- Access to AP for a period of time
- Education provided in the home delivered by staff commissioned by the school; House 1; a tutor commissioned by the LA or through online learning/virtual schooling.
- Ongoing access to therapeutic intervention may be required and will be considered as part of a multi-agency approach.

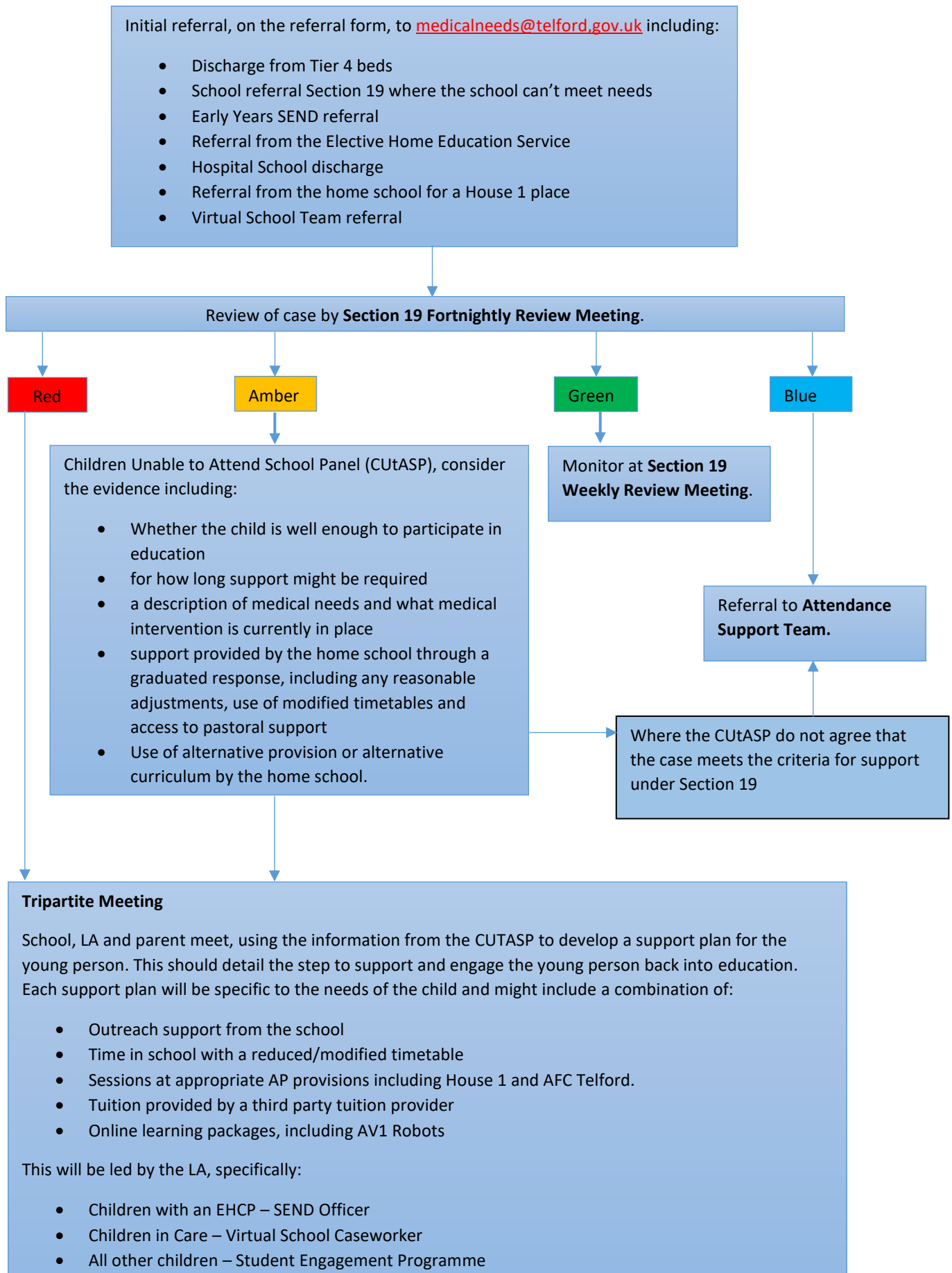
8.2 Under equalities legislation schools must consider whether they need to make any reasonable adjustments to provide suitable access for a child whose condition amounts to a disability.

8.3 Schools are responsible for monitoring the quality of any and all provisions they commission for the individual learner, e.g. through regular reviewing, site visits, checking safeguarding information, single central records, attendance records and progress records.

9. Children other than of Statutory School Age

9.1 This policy refers to the statutory duty for schools and Local Authorities for children of statutory school age. For children below or above statutory school age, the principles of identifying need and providing a planned approach to support with the setting working with parents and the young people directly apply. The Local Authority can support with advice over these arrangements.

Appendix A – Children Unable to Attend School Process



Appendix B - Tripartite meeting record

Date:		Student:
School:		Key contact at school:
Present at meeting: <ul style="list-style-type: none"> • School staff • Parent/carer • Student • Other professionals involved 		
School update <ul style="list-style-type: none"> • To include the current school offer • Successes and challenges • How student is managing? • What else could be offered by school? • What are the next steps? 		
Medical update <ul style="list-style-type: none"> • Update on current challenges • Advice and guidance on what can be managed • Medical evidence/documentation supplied? 		
Update from other professionals		
Actions agreed <ul style="list-style-type: none"> • To include existing provision • Next steps and gentle challenge where appropriate 		
AOB		
Date of next meeting		