

Ensuring a good education for children who cannot attend school because of health needs

Sheffield City Council policy statement

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This policy meets the requirements detailed within the Department for Education 'Ensuring a good education for children who cannot attend school because of health needs' ([Additional health needs guidance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk))

The Sheffield City Council named officer responsible for the 'Education of children unable to attend due to their health needs' is the Head of Access & Inclusion, Tim Armstrong

Throughout this policy statement the term child or children is used to describe children and young people of compulsory school age

Sheffield will be an inclusive city where we work together to ensure that all children and young people get the right support at the right time so that they can live a happy and fulfilled life”

Sheffield Inclusion Strategy 2020-2025

1.0 Purpose of this policy

This policy sets out what should happen when a child is unable to attend school due to their health needs.

It details how Sheffield City council delivers its statutory duty to arrange a suitable full time education for children of compulsory school age who are unable to attend school due to their health needs as detailed in section 19 of the Education Act 1996 and the DFE Statutory Guidance [Education for children with health needs who cannot attend school - GOV.UK](https://www.gov.uk/guidance/education-for-children-with-health-needs-who-cannot-attend-school) (www.gov.uk)

All children have a right to an education, whether this is through school or otherwise. Most childhood illnesses mean a child may miss one or two days of school whilst they recover. However, children of school age may experience health issues that means they are unable to attend all day, every day, on time like their peers.

Most children will be able to continue to access education whilst receiving support for their medical needs. Some children’s health needs (including physical and mental health) or medical condition may mean that they are unable to attend school for a period whilst receiving treatment.

Whilst the Local Authority has the duty to arrange a suitable education any cost associated with this remains with the school where the child is on roll.

When it becomes known that there is a risk of the child being unable to attend the school should consult with their linked inclusion and attendance officer and refer to the Schools Own Management of Attendance guidance to make sure the right support is in place.

1.1 Policy summary

In line with national guidance, this policy details the following:

- That all reasonable measures should be put in place prior to the local authority arranging provision for children who cannot attend school because of health needs
- That the child’s school continues to be required to fund provision put in place
- That children and their families should expect a joined-up plan of support
- That decision making on provision and support should be formalised through the local authority in line with the statutory duties to arrange provision
- That the local authority will commission appropriate provision to support children who cannot attend school because of a health need
- That the Inclusion and Attendance team will oversee appropriate cases
- That any arranged provision should be short term, regularly reviewed and delivered alongside appropriate medical intervention

1.2 Principles that underpin this policy

- Children should attend school wherever possible – school attendance can significantly improve wellbeing
- Communication between home and school should be open, honest, and timely. All school policies should clearly state who parents should contact if they have a concern
- Schools should listen to the voice of the child to understand why they are absent, and what they need to return to school
- Schools should make every reasonable adjustment to help a child to continue to attend school, or continue to engage in education
- Professionals should work together to create good plans that enable a child to engage in education
- School leaders should consult at the earliest opportunity with health and social care professionals, children, and parents to understand and support the child's needs
- Children at school with medical conditions should have full access to education, including school trips and physical education
- Governing bodies and academy trusts must ensure that arrangements are in place in schools to support children with medical conditions

1.3 Expectations

The Department for Education statutory guidance [Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/supporting-pupils-with-medical-conditions-at-school) states that schools and academies should be supporting pupils with medical needs to continue to engage with learning on school site, with reasonable adjustments made and in line with the child's treatment plan.

The DFE 'Equality Act 2010 and Schools guidance' [Equality Act Advice Final.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance/external-consultation/open-consultation-on-equality-act-advice) states the Equality Act makes it unlawful for the responsible body of a school to discriminate against, harass or victimise a pupil or potential pupil in relation to admissions, the way it provides education for pupils, the way it provides pupils access to any benefit, facility or service, or by excluding a pupil or subjecting them to any other detriment.

2.0 Health Needs

This policy applies when a child's health needs are the barrier to them accessing school full time, on time, every day. If other reasons are preventing a child from accessing school, then appropriate early help support should be put in place.

By health needs we mean those needs that can benefit from health care or from wider social and environmental changes. They relate to the treatment, control or prevention of disease, illness, injury or disability, and the care or aftercare of a person with these needs.

This means that where a child has a health need that is preventing them from attending regularly then contact with a recognised health practitioner who is considering or delivering appropriate treatment and further support should be in place.

3.0 Support available to children accessing education

Not all children with health needs will require the local authority to arrange suitable provision. Managing health needs in education will be dependent on the severity of the needs. Health services should collaborate with schools, education services and social care to

address children's health needs flexibly. They should work together to enable the child to join in with education and social activities alongside other children. They should help children to develop their independence through their own management of their health need.

When a school or professional recognises that the child's health needs are impacting on their ability to engage with their normal educational offer, they should arrange to meet with the child to capture their voice, and the parent/carer as soon as possible. They should consider an education plan, and suitable referrals to universal health and early help. This plan should include any help and support for the parent/carer.

When a parent or child recognises that the child's health needs are impacting on their ability to engage with their normal educational offer, they should approach universal health services and discuss their concerns with their child's school as soon as possible.

There are a variety of services who provide advice, support and signposting for children, families, schools, and professionals. These include:

3.1 Healthy Minds

Healthy Minds is a school-based project which aims to support the emotional health and wellbeing of children. It puts emotional resilience at the heart of children's health and wellbeing and recognises its impact on their learning, attainment, behaviour, and future employability. [Healthy Minds - Sheffield Children's NHS Foundation Trust \(sheffieldchildrens.nhs.uk\)](https://www.sheffieldchildrens.nhs.uk)

Healthy Minds forms an important part of [Sheffield's Emotional Wellbeing and Mental Health Strategy for Children and Young People](#) which was developed by Sheffield City Council and the Sheffield Clinical Commissioning Group.

3.2 Door 43

Door 43 is a Service for 13–25-year-olds based at Star House in the city centre. This service takes a youth work approach to supporting children's emotional wellbeing. Children can access services such as counselling, social prescribing, employment support and group interventions.

3.3 Kooth

Kooth is an online counselling service, which any 11–18-year-old can self-refer to.

3.4 Mental Health Support Teams

Mental health support teams are part of the NHS response to support children's emotional wellbeing and mental health. The teams work with partners to continue to improve mental health support for children in Sheffield.

3.5 Healthy Minds Champions

Schools across the city who are working with Healthy Minds and/or the Mental Health Support Teams have at least 1 designated Mental Health Champion. Many schools have also introduced student mental health champions who are working with staff to create a healthy mind environment where all children can feel supported, and able to access relevant information.

3.6 Health Needs in Education Team

The Health Needs in Education Team support schools to identify and decipher additional support that would be required to enable a child with physical health needs to access school under the equalities act.

4.0 Working Together a Multi-Agency Response

Children and their families can access a range of support if they/their child is finding attending school difficult, due to their health needs.

If a child's health needs are preventing them attending school on a regular basis, then parents should contact school at the earliest opportunity to discuss support that is available from the school and external agencies.

If a child's health needs are deteriorating parents must also arrange a discussion with their GP or allocated medical clinician / consultant. If a referral for further advice has been submitted by the health professional, or a treatment plan has been provided parents should share this with the school as soon as possible.

The Health Needs in Education Team support schools to identify and decipher additional support needed to enable a child with physical health needs to access school under the equalities act.

5.0 Assessing whether a child is unable to attend due to their health needs

Only when the child's health needs become too complex to manage in school or through a multi-agency response, and school are recording the absence as illness, does the council have a responsibility to arrange suitable provision in line with this policy statement (see flowchart in appendix 1). When it has been established that the child will continue to be unable to attend for a longer period, and early help interventions have not supported the child back into their learning in school, the school is expected to:

- Meet with parents, and where appropriate the child
- Liaise with the GP or Health Professional to consider what they feel the child can engage with
- Put in place a support plan to define the reasonable adjustments to empower the child to continue to engage in their education at school as far as is reasonably practicable.
- For children with physical health needs this should include a referral to the health needs in education team.
- Consult with their linked attendance and inclusion officer to discuss support including to consider whether Emotionally Based School Avoidance (EBSA), graded exposure and/or mentoring would support engagement.
- Invite other professionals to meet with the child where their support can be meaningful to the outcomes of the child

5.1 Full time education or a reduced timetable

Despite a child having a health need, schools and academies are expected to continue to provide a full-time education. The law does not define what constitutes full time education, however children would be expected to be provided with an education equivalent to the

education they would receive if attending school, unless full time education would not be in the child's best interests.

Where full time education in school would not be in the child's best interests due to their health needs, a reduced timetable may be put in place as a short-term intervention. Reduced timetables must be reviewed regularly, and a plan for increasing hours in place, in line with the treatment plan, individual health care plan (IHCP) or support plan. Reduced timetable paperwork must be submitted by the school to the Local Authority via Anycomms.

5.2 Individual Healthcare Plan's

As per the school's supporting pupils with medical needs in school statutory guidance 2015, [Supporting pupils with medical conditions at school – GOV.UK \(www.gov.uk\)](http://www.gov.uk) Individual Healthcare Plan (IHCP) should be completed for all children who have defined medical needs that require clinical support and intervention. The IHCP will inform what reasonable adjustments need to be in place that will meet the child's medical or health need and how any treatment and support should be provided. It ensures that children have access to the specific medical/health information they need and will keep them safe.

IHCPs should be incorporated into a support plan. Schools are expected to review a support plan within a timescale directed by the child's expected improvement or progress, or where there is decline. During this review they should identify any further reasonable adjustments identified by school, or advised by other professionals, and revise the plan with agreed outcomes linked to the child's attendance.

5.3 Team Around the Family Meeting

If medical needs become more complex and the child is unable to attend school at all, even with the reasonable adjustments suggested, the school must arrange a Team around the Family meeting with the linked Inclusion and Attendance Team officer to look at the support plans already tried and reviewed, explore the reasonable adjustments already in place, the interventions already offered, and the suggested next steps. For many children this will be in place before this point is reached.

6.0 Local Authority and Health Multi-Disciplinary Team (MDT) Panel

If all support has been exhausted the Inclusion and Attendance Officer will refer to the Local Authority and Health MDT panel for consideration of alternative education not on school site, or a combination of school and alternative education.

The Local Authority and Health MDT panel will:

- Clarify that the reason for the child being unable to access education is due to their health needs
- Confirm the treatment plan being offered to the child or young person
- Scrutinise if the level of support and interventions that have been offered suggest support over and above what is ordinarily available to all children in school is required
- Identify if the needs of the child are accurate and that plans are meaningful
- Consider the alternative options already considered by the school
- Consider what the appropriate education plan should be

The safeguarding responsibility and associated costs for education provision that the Local Authority arranges remains with the school/academy.

The type of education provision will depend on the health need, assessments being completed, treatment plans being provided and where the child is receiving their treatment.

All plans will be short term interventions with an aim of engaging the child back in education at their named school as soon as possible.

6.1 Recommendations from the Local Authority and Health MDT panel

The panel will suggest appropriate next steps and plans for provision. These will be shared in writing with the school and the parents.

Schools will be expected to:

- Pay for the provision identified
- Follow the DFE working together to improve attendance guidance to ensure accuracy of attendance coding
- Follow alternative provision guidance
- Maintain regular contact with the child, the family, and the provider, particularly to support reintegration
- Complete any paperwork requested by the provider

6.2 Becton Outreach

The Local Authority has commissioned Becton Hospital and Outreach Service to provide education for children 'medically unable' to attend mainstream school because of issues relating to physical and/or mental health. The Local Authority and Health MDT panel will refer to this service if appropriate.

There are a range of offers through this outreach service including:

Sheffield Children's Hospital

If a child is admitted to the Sheffield Children's Hospital, the Becton Hospital Team will aim to start teaching on day four after consultation with the medical and nursing staff and with the agreement of parents/guardians for the duration of any inpatient admission. (The three days 'wait' has been negotiated with the hospital as a reasonable time to consider whether the child is fit to receive and participate in learning. Where a child is clearly fit for receipt or access to education prior to the three days, this will be considered.)

Teenage Pregnancy

School-age pregnant girls will be offered group mentoring support and education for a contact period of up to 16 weeks around the time of the baby's birth. The curriculum offer is for a total of 16 weeks of education, generally from week 36 of the pregnancy, (i.e., 4 weeks prior to the expected due date of the baby's birth), with two weeks off over the birth 'maternity leave' and then teaching for a further 12 weeks. The curriculum provision will be agreed with the school, the child, and her parents/carers.

Tutoring

Where a child's mental health means they are unable to engage in school and a treatment plan is being offered they may be offered virtual or outreach education from their home, or for secondary age children a short-term place at Chapel House.

7.0 Re-integration and Review

In accordance with the DFE [Alternative provision - GOV.UK \(www.gov.uk\)](http://www.gov.uk) guidance, plans for long term outcomes and next steps should be agreed at the start of all interventions, support or provision and reviewed regularly with identified steps in place to increase the hours back to full time as soon as possible.

Parents and the child must be informed at the outset that the long-term plan is for the child to be supported to successfully integrate back into school full time.

Consideration should be given throughout the period of support whether a MyPlan, or an Education, Health, and Care Needs Assessment is required to meet needs.

8.0 Key Performance Indicator and Outcomes

The aim of this policy is to support all children to engage in a suitable full-time education specific to their age, ability, aptitude, and any SEND needs they may have. This policy allows for assessments, support plans, and appropriate reviews to take place to support a gradual return to full time education in the school setting, in line with the child's identified health need. Through the support offered from schools, the Local Authority, and other professionals we aim for the child to:

- Have their voice captured within 5 school days of it becoming known that their education engagement is being impacted by their health needs.
- Be provided with advice, guidance, a keyworker and signposting to appropriate support following this discussion.
- Be given the named Mental Health Champion within the school (if appropriate), and for the champion to be informed of the child's voice and the advice and guidance required.
- Have a date arranged for a support plan discussion with school, parents, and the child within 5 school days of it becoming known that their education access is being impacted by their health needs and that support will be required
- Have a support plan discussion held within 10 school days, with a bespoke plan for education created and an IHCP completed.
- A referral to the Health Needs in Schools team (for physical health) completed during the support plan discussion
- Be given time, support, and guidance to engage with the bespoke plan, and for this to be reviewed regularly.
- Have a person-centred planning meeting arranged with the linked inclusion and attendance specialist within 15 school days, to review, explore and identify appropriate interim education arrangements, which may include alternative education/provision.
- Have their case heard at Local Authority and Health MDT panel if all support and interventions have been exhausted and they are unable to engage with any of the suggested interventions due to their health needs.

Working together all parties will aim for the child to return to mainstream school, where they can attend full time, every day, and engage with the quality first teaching offered in the classroom, as soon as they are medically able to.

Appendix 1 – Flow chart

Days

1 - 5

6 - 10

11 - 15

15 +



