Vine Schools Trust

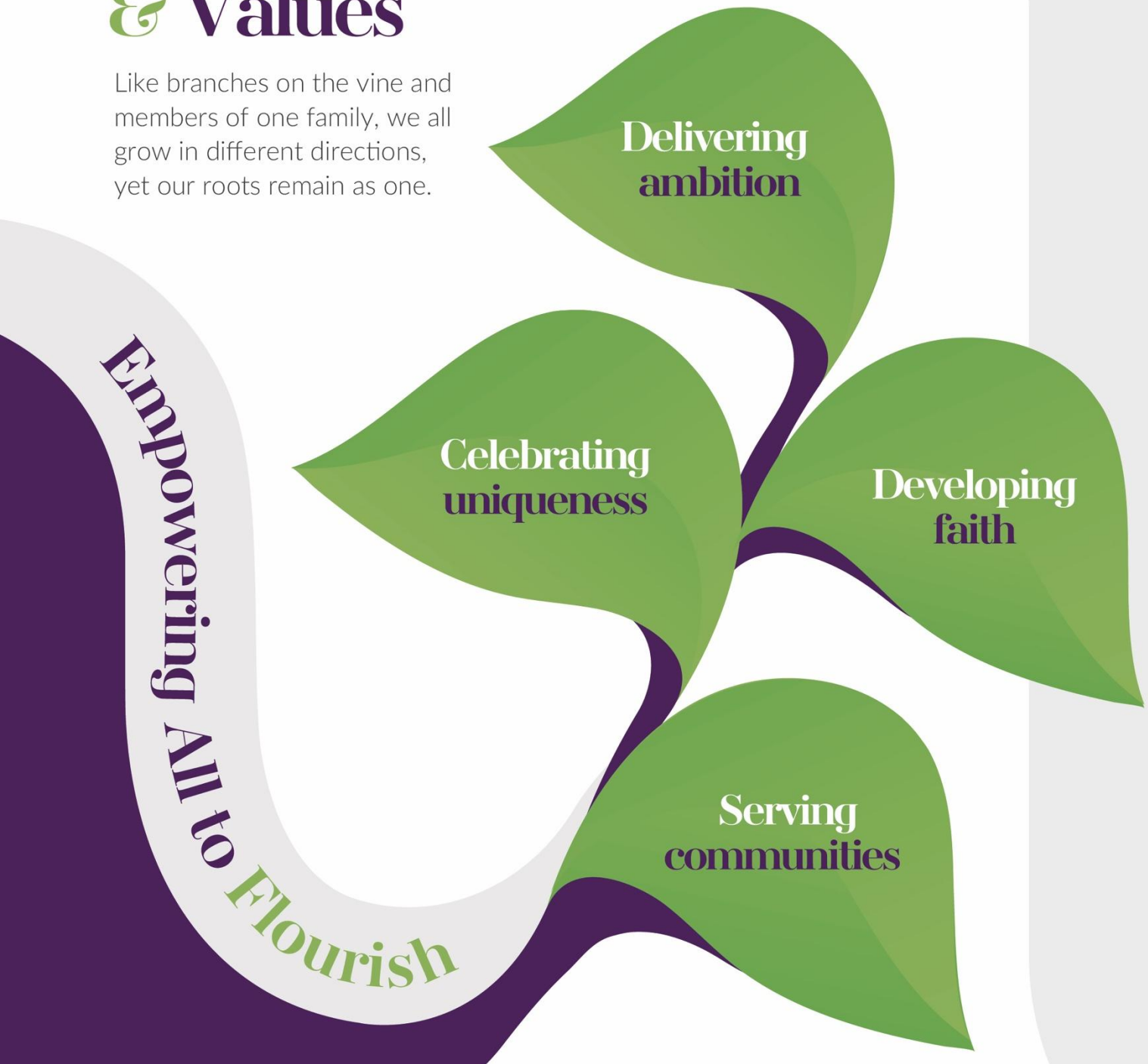
Supporting pupils who are unable to access education due to health needs

Policy Reference:	S020
Approved by Vine Schools Trust on:	Autumn 2026
Adopted by this school on:	Autumn 2026
Next review:	Autumn 2027

> I am the vine; you are the branches.
> If you remain in me and I in you, you
> will bear much fruit
>
> JOHN 15:5

Vision & Values

Like branches on the vine and members of one family, we all grow in different directions, yet our roots remain as one.



"This Trust policy is based upon and should be read alongside Essex County Council Education Access guidance. The Trust adopts the principles of that guidance whilst fulfilling its own duties under the Children and Families Act 2014, Equality Act 2010 and relevant DfE statutory guidance."

1. Statutory duties for supporting pupils with health needs - Introduction

Most children's educational needs are best met in school and Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to plan for supporting pupils at their school with medical conditions. Therefore:

The Vine Schools Trust will seek wherever possible to support pupils to remain in education within their school through reasonable adjustments, individual healthcare plans, flexible arrangements and graduated support before alternative provision is considered.

Particular consideration will be given to children who are looked after, previously looked after, or subject to social care involvement.

Medical and safeguarding information will be shared on a need-to-know basis in accordance with UK GDPR, the Data Protection Act 2018 and safeguarding requirements.

The Trust Board and Local Governing Bodies will monitor implementation of this policy and review its effectiveness annually. This fulfils their duty to ensure that their school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

The responsibilities under this duty are set out in statutory guidance that was issued by the Department for Education (DfE) in December 2023 - https://assets.publishing.service.gov.uk/media/657995f0254aaa000d050bff/Arranging_education_for_children_who_cannot_attend_school_because_of_health_needs.pdf

The policy document outlined below is underpinned by Section 19 of the Education Act 1996 and the Equality Act 2010. Section 19 outlines the duty of local authorities to arrange for ***suitable education at school or otherwise than at school for those pupils of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable[1] education unless such arrangements are made for them*** (DfE, 1996).

The statutory guidance is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported with education so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Where a pupil comes under the 'otherwise' criteria, Education Access will consider the case via a referral and determine on an individual basis according to the circumstances and needs

[1] 'suitable' means suitable to the child's age, aptitude, ability, and any special educational needs that he or she may have.

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of the child. In all cases consideration will be given to information provided by relevant services and agencies involved with that child.

The DfE have also produced guidance for schools about support with mental health issues which should form part of school policies (Feb 2023);

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1134196/Support_for_pupils_where_a_mental_health_issue_is_affecting_attendance_effective_practice_examples.pdf

For children with SEN, the guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice (Dfe 2015).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Governing bodies should ensure that school leaders consult health and social care professionals, Inclusion Partner, Educational Psychologist, pupils, and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported. Reasonable adjustments must be made within the school environment to ensure that the pupils in question feel supported and safe while they are in school.

Attendance and Safeguarding

The Trust recognises that attendance and safeguarding are intrinsically linked. Children who are absent from education, persistently absent, severely absent, missing education or frequently absent due to health needs may be at increased risk of harm, exploitation, neglect, mental ill health or other vulnerabilities. Attendance information will form part of the school's wider safeguarding monitoring arrangements and concerns will be considered alongside any other information known about the child and family.

Information Sharing

The Trust recognises that effective safeguarding relies upon appropriate information sharing. Information will be shared lawfully, proportionately and in accordance with UK GDPR, the Data Protection Act 2018 and safeguarding requirements. Staff must not allow concerns about data protection to prevent the sharing of information where a child may be at risk of harm.

The Local Authority:

Where a pupil would not be able to receive a suitable full-time education in a mainstream school because of their health needs, the local authority (LA) has a duty to make other arrangements.

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The responsibilities and duties of LAs are set out in statutory guidance that was issued by the DfE - **'Arranging education for children who cannot attend school because of health needs'** (DfE 2023)

This policy document outlines how Essex County Council will fulfil their statutory duty to pupils unable to attend school because of medical needs. This policy applies to all children and young people who would normally attend mainstream schools, including academies, free schools, independent schools, and special schools, or where a child is not on the roll of a school. It applies equally whether a child cannot attend school at all or can only attend intermittently.

Julie Keating, Education Access Manager, is the named officer responsible for the education of children with additional health needs.

2. Managing a pupil's medical needs in school

School's role:

Mental Health and Attendance

The Trust recognises that mental health needs can significantly affect a child's ability to attend school regularly. However, absence should not automatically be regarded as the appropriate response to mental health difficulties. Schools will consider reasonable adjustments, graduated attendance support, individual healthcare plans, pastoral support and multi-agency involvement before alternative provision is considered.

Education Access are committed to engaging in the values of Trauma Perceptive Practice (TPP) and working in partnership with schools to ensure that pupils can remain at their mainstream school placement or make a successful return to school following a short supportive placement with an alternative education provider.

Where a pupil is unable to attend school due to their medical needs Education Access would hope that schools will be able to demonstrate how they have arranged to support the pupil by adopting the TPP values of compassion and kindness, hope and connection and belonging while they are struggling with school attendance.

Further information on TPP can be found here;
Social, Emotional and Mental Health Portal for Schools, Colleges and Settings - SEMH Training (essex.gov.uk)

More general SEMH resources can be found here;
https://schools.essex.gov.uk/pupils/social_emotional_mental_health_portal_for_schools/Pages/default.aspx

Prior to making a medical referral, particularly for Emotionally Based Non-School Attendance, schools should read and implement the guidance within the Let's Talk – We Miss You document. Schools will need to provide information from this document to accompany any medical referral into Education Access. The Risks and Resilience Profile should be completed

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and returned to support the medical referral and the school should have completed the **School Attendance Difficulties Assessment Form** within the Let's Talk – We Miss You documentation. Again, this should be submitted alongside the medical referral paperwork.

The school must be able to demonstrate that they have sought and followed advice from all relevant professionals. These may include:

- Health professionals
- Inclusion Partners and Engagement Facilitators
- EP service
- PNI Specialist Teachers
- Essex County Council Attendance team
- SEND Quadrant team

The school should be mindful of the SEN code of practice School Support section – starting at paragraph 6.44 within the following document in terms of placing young people appropriately on School Support.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Additional resources – a Provision Guidance Toolkit and SEND Support Summary - can be found here;

https://schools.essex.gov.uk/pupils/SEND/Pages/Provision-Guidance.aspx

The SENCo must be consulted for their advice on how best to manage the pupil's needs. This must be evidenced using the One Planning process. All mental health requests should have oversight from the school SENCo and Senior Leadership Team.

The school, in discussion with health care professionals, should consider whether an Individual Healthcare Plan is required and implement one where appropriate to evidence how the pupil's health needs can be managed in school – this should be shared with parents and the pupil where appropriate.

The school will be expected to demonstrate that they have made all reasonable adjustments and followed any advice recommended by the services supporting the pupil. Any advice or guidance issued to the school and the school's response should form part of the referral - this can also be demonstrated using One Plan documentation.

Schools should demonstrate how they have used their notional Special Educational Needs funding to support a child on SEN support; identifying strategies, implementation and expense incurred via one planning etc. The notional SEN Fund is the sum of money the Local Authority expects individual schools to make available to support pupils with SEN and AEN. These resources are intended to provide support that is 'additional to and different from' that provided to typically developing pupils with universal needs. Schools are expected to fund the first £6,000 of 'additional to and different from' support for **all** pupils that require it.

Parent / Carers role:

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There is an expectation that parents and carers will have sought advice from a qualified medical practitioner or, for children with mental health issues, the Children and Adolescent Mental Health Service (CAMHS). Parents should seek medical guidance around reasonable adjustments that the school should consider, alongside strategies to support. Advice should be shared with the school to assist them with their support plan or individual health care plan.

3. Obtaining medical advice and guidance for pupils who are struggling to maintain regular school attendance

Whilst there is an expectation that referrals will be accompanied by appropriate medical advice and guidance outlining the situation, consideration of referrals will not be delayed because a pupil is awaiting specialist support and / or struggling to engage with support.

The Education Access team will consider all available advice along with the information given within the referral form and will, where appropriate, review the educational needs of the pupil with the school, parents / carers and all other professionals involved.

Education Access will need to be assured that the young person is medically well enough to access an alternative educational provision and that this will not be detrimental to them in any way.

In all cases, effective collaboration between relevant services (LA, CAMHS, NHS, School Nurses etc.) is essential to delivering effective education for children with additional physical or mental health needs.

4. Pupils with an EHCP

Where support is being requested on medical grounds for a pupil with SEND, the school must discuss the situation with the SEND Operations Team to determine the most appropriate route to follow.

Where a pupil is presenting with an anxiety condition, an urgent review of the pupil's provision is required through the annual review process. This should be attended by the relevant SEND Operations Partner from the SEND Operations Team and the referring school. Generally, professionals require two / three weeks notice to attend formal review meetings.

Where a change of provision is considered appropriate but there is a delay in securing an appropriate placement, access to interim education arrangements should be discussed with the SEND Operations Team.

The school may wish to advise the parents / carers to contact the SEND IASS team.

http://www.essexlocaloffer.org.uk/listing/send-information-advice-and-support-service/

Vulnerable Pupils

Particular consideration will be given to:

- Children in Need.

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- Children subject to Child Protection Plans.
- Looked After Children.
- Previously Looked After Children.
- Children with a social worker.
- Young Carers.
- Pupils with SEND.
- Pupils with an EHCP.
- Pupils affected by mental health difficulties.

The Trust will work collaboratively with families, schools, health services and other agencies to identify and reduce barriers to education for vulnerable pupils.

5. Pupils unable to attend school because of pregnancy

Please refer to the separate guidance document available on Essex Schools Infolink

https://schools.essex.gov.uk/pupils/Education_Access/Pages/Medical-Anxious-School-Refusers-Pregnancy.aspx

6. Pupils without a school roll

For pupils who are not on a school roll Education Access will consider support, subject to appropriate medical advice. Parents/ carers should continue the process of securing a suitable school placement for future reintegration.

7. Electively home educated pupils

Referrals will be considered for pupils who are electively home educated but are no longer able to access their education due to a physical or mental health need. Support options will normally be considered once a school placement has been secured in line with the Essex Fair Access protocol.

8. Pupils who are not of compulsory school age

Requests for support for pupils who have yet to reach compulsory school age will be considered based on the individual needs of the pupil. Referrals for pupils above compulsory

school age *who are repeating a statutory school year due to medical reasons* may be considered on an individual basis.

Schools should make an application through the medical@essex.gov.uk mailbox. Referrals are subject to the same supporting advice from medical/ mental health practitioners. Schools should maintain the pupil on their roll.

Children Missing Education (CME)

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The Trust recognises that a child missing education is a potential indicator of abuse, neglect, exploitation, child criminal exploitation, child sexual exploitation, mental health concerns or other safeguarding risks.

Where a pupil's whereabouts become unknown or contact cannot be maintained, schools will follow their Children Missing Education procedures, undertake all reasonable enquiries and work with the Local Authority in accordance with statutory guidance and safeguarding procedures

9. Pupils in hospital

Education provision can be considered for pupils admitted to hospital where their absence from school will total 15 school days or more counted either consecutively or cumulatively. Schools are asked to make a referral to the Education Access team, following the process in paragraph 11, as soon as details are known of any planned admission or treatment plans so that appropriate arrangements can be made to support the pupil.

If treatment of a child's condition means that his or her family must move nearer to a hospital in Essex, and there is a sibling of compulsory school age, Education Access should be informed to ensure that the sibling is also offered provision. The provision should be suitable and available, for example, in a local mainstream school or other appropriate setting. If the sibling is of compulsory school age and the move means they would not receive suitable education unless the local authority arranges it for them, then the section 19 duty will also apply in relation to the sibling as well.

10. Pupils leaving Adolescent Mental Health Units

The teacher in charge of the adolescent mental health units of Poplars or St Aubyns can contact Education Access to discuss Essex pupils who are due to be discharged and refer for support if appropriate. Essex pupils discharged from out of county units can also be referred to Education Access.

11. Making a referral to Education Access

When a pupil is unable to attend school due to their medical needs for 15 days or more, whether consecutive or cumulative, the school should consider completing the Education Access medical referral form alongside the additional documentation as discussed above.

Any queries and/ or referrals should be submitted electronically to medical@essex.gov.uk

All referrals need to be completed in full and accompanied by supporting medical advice where possible as highlighted above to avoid delay.

It is the school's responsibility to ensure that any referral is received by Education Access, and they must make direct contact with Education Access to confirm receipt.

12. Consideration of referral

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As part of the consideration process, Education Access will seek advice from a range of professionals, parents/carers, and child to determine the most suitable education for the child.

Referrals may be considered at the weekly Education Access Case Advice Panel (CAP).

If threshold is met, Education Access will commission appropriate support through one of our approved providers. Education Access will notify the school and provide advice on next steps.

If support is **not** agreed, Education Access will contact the school to confirm why the referral does not meet criteria. Education Access may offer the school further advice and/ or signpost the school to other agencies so the school can commission appropriate support.

13. Education for pupils accepted as medical referrals

Process and partnership agreement

Where a referral has been agreed Education Access will work in partnership with the school, family, and pupil to determine the most appropriate support. The aim will be to support reintegration to school as soon as the pupil is well enough, and the school will be expected to complete the Reintegration / Engagement document to inform the school-based partnership meeting.

The school will be asked to convene a school-based partnership meeting. The *Partnership Agreement* document will be signed by all parties before the placement can begin.

Pupils with a medical need will remain on the school roll and the school will be expected to arrange review meetings every six weeks. If provision is required beyond week 12 then opinions and advice will be sought from a range of professionals. This will form part of the on-going support plan for the pupil.

Where a child remains on school roll but requires a period of time in alternative provision due to their health needs, the LA and school may wish to consider the transfer of a portion of the schools funding associated with that child to the alternative provision. This would ensure that the funding follows the child. This arrangement would cease when the child is reintegrated back into school or are no longer on roll to the school - **Schools should be aware that Key Stage Funding will be reclaimed on a pro-rata basis after the twelve-week period**.

Support available will generally be through our commissioned medical support services.

- Reintegration Service South
- Medical needs team – Mid Essex Co-operative Academy
- Medical needs team - North East Essex Co-operative Academy
- Reintegration Service West

but may also include:

- AV1 – No Isolation robots
- Online learning packages

If, exceptionally, a different service is required for a pupil this will be sourced through the Education Directorate's alternative education framework.

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Schools need to note that the decision whether to accept a pupil for support on medical grounds rests entirely with the education directorate within Essex County Council. Referrals must not be made directly to a provider; ECC will liaise with providers to ensure the best available offer is made.

Staff from the identified provider will support pupils in a suitable venue or, exceptionally, in the pupil's home if supported by appropriate medical advice. If support is required in the home, it will be necessary for the provider to carry out an appropriate risk assessment. If the pupil is supported in the home, there must always be a responsible adult present.

Alternative Provision Safeguarding Assurance

Prior to any placement commencing, the school will satisfy itself that the provider has appropriate safeguarding arrangements, safer recruitment procedures, staff training, child protection procedures and effective mechanisms for sharing safeguarding concerns with the school and relevant agencies.

The school will ensure that safeguarding information is shared appropriately and that communication arrangements between the provider and school are clearly established before provision begins.

14. Multiagency working

It is important to link with partner agencies to ensure appropriate support is in place to meet the pupil's educational needs. There is an expectation that the school, Education Access, provider, health, and other support services along with the family and pupil will work together to ensure we achieve the best possible outcomes. It is important to ensure that the nature of provision and hours offered is responsive to the changing health status of the child and in line with advice from a range of professionals.

The expectation for the referring school is to work collaboratively with the commissioned service to ensure that the pupil is fully supported and is not educationally disadvantaged due to their medical need. The referring school will also assist the commissioned service in supporting reintegration once the pupil is well enough to begin transition.

15. Roles and Responsibilities

The **school's** role is to:

- Identify a senior member of staff, able to make decisions, to host and chair regular review meetings (normally every 6 weeks), produce action plans, and distribute minutes of these meetings within five school days

- Provide a named teacher with whom each party can liaise (usually the SENCO). The named contact will ensure that the class teachers / heads of departments provide all the curriculum resources in order that the pupil can complete courses and prepare for

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assessments and examinations. Where appropriate, the tutor and tutor group should also keep in contact;

- Where possible support the pupil to access education in non-core subjects during the period that they are not attending school;
- Be proactive in supporting the pupil to still feel part of the school community whilst they are not well enough to attend school;
- Provide a suitable working area within the school for the pupil / education provider where necessary;
- Be proactive in planning and supporting the reintegration of the pupil back into school as soon as they are well enough. Where necessary the school will need to make reasonable adjustments under equalities legislation.[2] This duty is anticipatory, and adjustments must be put in place beforehand to prevent a pupil experiencing disadvantage;
- Ensure that pupils who are unable to attend school, are kept informed about school social events and are encouraged to maintain contact with their peers;
- Ensure that there is updated medical advice provided to assist with progressing the case and to support reintegration;
- Where a pupil is unable to take their exams within the school setting, it is the school's responsibility to organise those exams, secure an invigilator and locate a safe venue.

The **Education Access** (Commissioner) role is to:

- Assess all referrals to the service and broker provision for those pupils who sufficiently trigger an intervention;
- Work with the school, provider, family, and pupil to ensure the delivery of a suitable curriculum that can meet the individual needs of the pupil;
- Monitor and evaluate the effectiveness of the education provision to ensure it continues to meet the needs of individual pupils;
- Facilitate an agreed programme of reintegration[3] and attend any relevant planning meetings.

The **provider's** role is to:

- Liaise with the named person in school;
- Liaise, where appropriate, with outside agencies;
- Provide a flexible programme of support to meet the changing needs of the child;
- Provide regular reports on the pupil's progress and achievements;

[2] The Equality Act 2010
[3] Guidance on reintegration is outlined in the Alternative Provision statutory guidance DfE 2013

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- Provide an opportunity for the pupil to comment on their report;
- Attend review meetings;
- Support engagement with the school alongside an appropriate reintegration programme.

Health and other support services role is to:

- Offer medical treatment, advice, and support where appropriate to enable the LA to determine the most appropriate provision;
- Where necessary contribute to a pupil's health care plan;
- Provide outreach and training relating to the pupil's medical condition along with advice and support on managing health needs in school;
- Attend or provide advice to review meetings;
- Provide written reports where necessary.

The **parents'/ carers'** role is to:

- Provide current medical guidance when requested;
- Provide early communication if a problem arises or help is needed;
- Attend necessary meetings;
- Reinforce with their child, the value of a return to school and support the engagement and reintegration process;
- Ensure that their child is ready for and attends all provision offered;
- Take responsibility for safeguarding their child when they are not receiving education;
- Encourage participation with school and peers.

The **pupil's role** is to:

- Be ready to work with the provider;
- Be prepared to communicate their views;
- Engage with school and other agencies as appropriate;
- Prepare for reintegration;
- Participate in school and with peers when able to.

16. Attendance offsite

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Schools will record attendance in accordance with the School Attendance (Pupil Registration) (England) Regulations 2024 and Working Together to Improve School Attendance (July 2026), using the appropriate statutory attendance and absence codes. Pupils accessing offsite provision due to medical needs remain on the school roll and attendance must be monitored throughout any period of alternative provision.

17. Monitoring attendance

As pupils accessing support on medical grounds remain on roll, schools retain their statutory attendance duties.

Particular attention will be given to pupils who meet the national definition of:

- Persistent Absence (attendance of 90% or below);
- Severe Absence (attendance of 50% or below).

Attendance data will be considered alongside safeguarding, wellbeing, SEND and health information to ensure that children receive appropriate support and intervention.

Working together to improve school attendance: July 2026

18. Safeguarding

- Schools should familiarise themselves with the content of the safeguarding Page Tiger that can be found on Essex Schools Infolink. This document details the roles and responsibilities of the key partners when alternative education is being offered for a pupil. https://essexcc.pagetiger.com/safeguarding-AP/1

- Schools should share any safeguarding concerns with the provider from the outset to ensure that the provider can accurately risk assess their support. A chronology of all CP concerns should be completed and shared at the point of referral into the LA.

- Schools should request timetable information for pupils accessing offsite provision; school must share concerns with the provider and the LA if it is felt that the pupil's offer of education is placing them at any additional risk.

Schools should refer to the providers safeguarding policy to inform their procedures for monitoring pupils accessing offsite provision. Schools should be clear on how the provider manages child protection concerns, including evidence of any action taken. Schools must be clear on the providers process for sharing safeguarding information.

- The LA will only commission alternative provision providers listed on the Alternative Provision Directory; all providers listed on the directory have been assessed and quality assured using clearly defined standards.

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- Where a child is at risk of significant harm, the alternative provider should call the Children and Families Hub on 0345 603 7627 and ask for the 'Priority Line' (or call the Police on 999). The provider must inform the school as soon as possible.

- The school will be required to take forward any necessary actions arising from the concern in accordance with its safeguarding policy.

- Schools remain responsible for safeguarding all pupils on its admissions register so must ensure robust measures are in place for all pupils accessing offsite education.

19. Keeping the pupil in mind

Settings must ensure that arrangements are in place for the pupil and the pupil's parent / carer to continue to receive parent/carer communications. Settings should also consider what reasonable adjustments it can make to ensure that the pupil still feels a part of the school community, and that the pupil knows they are being kept in mind.
Examples include:

- A link member of staff assigned to the pupil who undertakes regular visits to the alternative provision placement;

- Regular invitation to tutor time via remote access if necessary;

- Settings continue to reward progress and positive behaviour for pupils accessing offsite alternative education in line with their own policies;

- Pupil's accessing offsite alternative education to be included in awards celebrations.

- Consideration given to pupils accessing settings for morning/ after school activities where appropriate;

- Consideration given as to how the pupil's peer group remain in communication;

- Adjustments made to the pupil's timetable at the point of reintegration where required.

20. Ending of support

The decision to end the commissioned alternative education programme sits with Education Access. Education Access will liaise with the school, provider, health services, family, and pupil to ensure plans are in place to support the pupil with their education.

This policy should be read alongside the Trust Child Protection and Safeguarding Policy and the current edition of Keeping Children Safe in Education.

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