



# **ARRANGING EDUCATION FOR CHILDREN WHO CANNOT ATTEND SCHOOL DUE TO HEALTH NEEDS**

## **POLICY & GUIDANCE DOCUMENT**

### **August 2024**

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<b>CONTENTS:</b>	<b>Page Number</b>
Introduction and Overview	2
The Law and DFE Guidance	2
Roles and Responsibilities	3
Making a Referral	5
Arrangements for Educational Support	6
Role of the Pendlebury Centre Alternative Provision	10
Named Officer and Contact	11
Appendix 1: The referral Form	12
Appendix 2: Flowcharts	15
Appendix 3: Education Provision Action Plan	18

## **INTRODUCTION AND OVERVIEW**

1. This policy details the arrangements made by the Stockport Council in relation to their duty under section 19 of the Education Act 1996 to arrange suitable full-time education for school-aged children who, because of illness, would otherwise not receive suitable education. It should be read in conjunction with the Department for Education statutory guidance, "[Arranging education for children who cannot attend school because of health needs](#)" (Dec 2023).
2. It applies to children and young people of compulsory school age who are resident within Stockport Council's area and are unable to attend school or access suitable education because of medical needs. This may be periods of physical illness or injury, or periods of mental ill health.
3. There will be a wide range of circumstances where a child has a health need but will receive suitable education that meets their needs without the intervention of the Stockport Council, for example where a child can still attend school with some support, where the school has made arrangements to deliver suitable education outside of school for the child, or where arrangements have been made for the child to be educated in a hospital. This policy relates to those cases where suitable arrangements have not been made.
4. There is no legal deadline by which local authorities must start to arrange education for children with additional health needs. However as soon as it becomes clear that the school can no longer support the child health needs and provide suitable education or that a child will be away from school for 15 days or more because of their health needs; the school should speak to the Stockport Council about supporting them to put alternative provision in place.
5. The law does not define full-time education, but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition, the hours of face-to-face provision could be fewer as the provision is more concentrated than a classroom setting would be.
6. Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, Stockport Council work with schools and parents to provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.

## **THE LAW AND DFE GUIDANCE:**

7. This policy relates to Stockport's statutory duties under section 19 of the Education Act 1996. The s.19(1) duty states that local authorities are responsible for arranging suitable and (normally) full-time education for children of compulsory school age who, because of... Illness... would not receive suitable education without such provision.
8. This policy also refers to:
  - Section 19 of the Education Act 1996
  - Statutory guidance 'Arranging Education for children who cannot attend school because of health needs – Dec 2023'

- DFE Guidance 'Summary of Responsibilities where a Mental Health Issue is Affecting Attendance – Feb 2023'
- Working together to improve school attendance – August 2024
- Special educational needs and disability code of practice 2015
- Equality Act 2010
- Providing remote Education: non-statutory guidance for schools – Jan 2023

This is not an exhaustive list as medical needs should not be considered in isolation but as part of a holistic approach.

## **ROLES AND RESPONSIBILITIES:**

### **PARENTS:**

9. Parents/carers have a duty, under section 7 of the Education Act 1996, to ensure that their child of compulsory school age (5 to 16) receives an efficient full-time education either by attendance at school or otherwise, and so share in the responsibility of ensuring good and regular attendance.
10. If a parent / carer has concerns that their child's health is having an impact on their learning, they should contact the school to discuss how they could properly support the child to enable them to have full access to education. Parents / carers (and where appropriate, the child themselves) have an important role to play and can provide essential information about the child and their needs.
11. Parents/carers should engage with support offered by the school, and be reminded of the importance of regular attendance and the emotional and mental wellbeing benefits of attending school for children and young people. They should feel reassured that the school has a plan for their child, and parents/carers should feel supported in their responsibility of ensuring the child's regular attendance at school. Any reasonable adjustments or support put in place by schools should ensure that the time the child spends in school is prioritised as much as is possible.
12. In some instances, parents/carers themselves might be living with mental health problems or experiencing wider vulnerabilities or challenging life circumstances. This may affect their ability to provide support and care, and so it is important to recognise the need for practical, whole-family support and/or early help support where necessary, in order to try to address the causes of poor attendance. For example, where applicable, school might wish to refer the family for Family Help support. Any allocated worker could then support the family and join conversations about the child's attendance and additional support needed.
13. Where school have offered support and parent / carers do not engage with, or where all other options have been exhausted or deemed inappropriate, schools should work with Stockport council to consider whether to formalise support or to enforce attendance through legal intervention in the normal way under their existing powers. It is important that school has determined there is no other medical cause for the absence or done everything they can to determine this before they make an enforcement referral.

## **SCHOOL:**

14. 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 Stockport Council.
15. The school will monitor absence data relating to illness and medical needs and make a return to the local authority for children who have been absent for 15 days or more (consecutively or cumulatively) due to illness, or where there is evidence that a pupil's ongoing medical condition is likely to cause them to have 15 or more days absence in a school year.
16. The schools would usually provide support to children who are absent from school because of illness for a shorter period, for example when experiencing chicken pox or influenza. The '[Supporting pupils at school with medical conditions](#)' guidance outlines the expectations for schools. Schools also need to be aware of their responsibilities when mental health issues are impacting on a child's attendance – [DFE Summary of responsibilities where mental health issues is affecting attendance – Feb 23](#). Stockport council 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.
17. School staff will recognise that there can be attendance challenges where a child has a social, emotional or mental health issue, particularly a severe issue for which the child is receiving clinical treatment. School staff should work with the child and parent/carers to create a plan to implement reasonable adjustments to alleviate specific barriers to attendance. In developing a plan, school staff should aim to involve parents/carers to support a child who is anxious about attending from an early stage, making it clear that part of the aim of the plan is to maximise face-to-face attendance as much as possible and have a clear aim of improving attendance while supporting the underlying mental health issue. As part of any plan, schools should facilitate relevant pastoral support, including carrying out regular welfare and safeguarding checks. The plan should have regular review points built into it and have been agreed in advance of implementation.
18. In developing a plan to support attendance through reasonable adjustments, school staff will need to take into account the individual circumstances of the child, being mindful of safeguarding responsibilities as set out in the current [Keeping children safe in education guidance](#).
19. School should have staff trained in Stockport Council's Anxiety Based School Avoidance resources as a minimum.
20. Where children have complex and long-term health conditions that are impacting attendance, school nurses can offer support to young people to manage their health condition and medication within school and an Individual Health Plan (IHP) should be used. Professionals should join up and provide multi-agency support through a team around the school or family. Other services may help to alleviate a pupil's concerns about barriers to attending school, and ensure that the pupil knows which school staff they can

talk to if required. If unsure of registration coding school can contact the Attendance Officer to discuss attendance recording.

21. Where children lack of a sense of belonging in the school community, research has shown this can be a cause of absenteeism (Education Development Trust - April 24), therefore interventions which increase a pupil's sense of belonging can improve attendance. This may include support within a Nurture provision, 1-2-1 tuition within a school setting, out of hours learning or where appropriate an EHCP or alternative provision.
22. All improving attendance plans need to have clear actions that develops the links with the school and ensures the child feels they matter to school and belong to the school community. As a minimum these activities will be through the schools welfare and safeguarding checks and the interactions with school and school staff should be increased over the time of the plan.

### **STOCKPORT COUNCIL:**

23. The school has a duty under regulation 13(9)(a)(b) of The School Attendance (Pupil Registration) (England) Regulations 2024 to provide to the local authority, as soon as possible, the full name and address of any children of compulsory school age who are not attending school regularly due to illness (sickness return). The school is not required to make a sickness return for a pupil they have already made one for in the same school year and relating to the same continuous period. Local authorities should have an efficient and effective system and process to alert them to any children with long term absences.
24. Where a child's needs cannot be met by their school making 'reasonable adjustments' and providing additional support, and the school can provide evidence of strategies used, multi-agency involvement, and current medical advice, Stockport Council will consider assisting schools to enable a child with a medical condition to access their education. Where Stockport Council agrees to assist, the school retains overall responsibility for the child's education. Schools must oversee their pupil's education offer, regularly reviewing suitability and make plans for reintegration to school. Schools will be charged the equivalent level of pupil-based funding for any temporary alternative provision provided by Stockport Council.
25. Stockport council aims to **support schools to:**
  - deliver good quality short term intervention to provide continuity of learning and promote engagement in education.
  - enable children to reintegrate into school or another appropriate provision as soon as their health needs allow.
  - help children who have experienced a period of illness to develop their self-confidence, resilience and academic progress.
  - work in partnership with parents, children and schools to minimise the negative impact of school absence.
  - ensure that sick children access an education suitable to their medical needs.

### **MAKING A REFERRAL FOR EDUCATION SUPPORT:**

23. If a school feels they have made reasonable adjustments and attempted a range of strategies to support reengagement and the child is still struggling with their attendance

or if the child's illness is long term, then a referral into the Education Access Service should be made. Referrals should be made by schools directly using the Referral Form (see Appendix to this policy). Where schools have been told a child is too ill to attend school, medical evidence should be provided along with the supporting information detailed on the referral form including the improving attendance plans or individual health plans which details the assess, plan, do review process. If further information is needed, then the school will provide this in a timely manner to limit the child's time out of education.

### **Medical evidence**

24. Medical evidence should be used to better understand the needs of the child and identify the most suitable provision. In instances of long-term or repeated absences for the same reason seeking medical evidence may be appropriate to assist in assessing whether the child requires additional support to help them to attend more regularly, and whether the illness is likely to prevent the child from attending for extended periods. This evidence would normally be from a hospital consultant or other specialist treating the child.
25. Where specific medical evidence is not readily available, the child's home school or Stockport Council will consider liaising with other medical practitioners and consider other evidence to ensure appropriate reasonable adjustments / amendments to provision can be arranged as soon as possible. Stockport Council, through the Education Access Service will review any additional evidence to help them and work with the home school to identify the most suitable educational offer. If a parent proactively seeks out a note from a GP, it does not imply a need for absence unless this is explicit in their letter.
26. Stockport Council will work closely with the child's school, medical practitioners and the child's family, should make every effort to minimise the disruption to a child's education by identifying the most suitable support, including reasonable adjustments within the school setting.
27. Once a parent / carer has provided evidence from a medical practitioner, Stockport Council will not ask for continuing evidence without good reason, even where a child has long-term health problems. However, where appropriate parents should always provide updated advice and evidence in such instances when possible. In particular, where Stockport Council believe that a medical practitioner's ongoing opinion is necessary for reviewing the provision agreed, a reasonable amount of time will be given to arrange for the updated information.
28. Following a school referral, any incomplete referrals will not be accepted and will be followed up with the referrer. Where referrals are not accepted, a reason will be given and recommendations for any relevant actions provided.
29. In some cases, Stockport Council may be contacted directly by parents, medical professionals and other services to request educational support. Where this occurs, the Education Access Service will contact the school for an update of support offered, request supporting information and updates from the child's plan. The **school** will remain the main contact for managing the child's education.
30. Stockport Council may also identify possible cases through analysis of absence data, in which case, the Education Access Service will liaise with the child's school to ascertain the specific reasons for absence due to illness and determine whether a referral for home

tuition is appropriate. Whether home tuition is agreed would depend upon the nature of the health needs.

## **ARRANGEMENTS FOR EDUCATION SUPPORT:**

31. If a referral is accepted, the school/referrer will be contacted by the Education Access Service to discuss arrangements.
32. The Education Access Service (EAS) will:
  - Triage and provide teaching support as appropriate within 10 working days of the referral being agreed.
  - Ensure the correct information is collected from the school including a named contact for whom the agreed provision can liaise.
  - Aim to attend the initial and review meetings where Stockport Council are involved in support:
    - Work with the school to gain an understanding of support needed
    - Work with school to liaise with parents regarding the child's need particularly if there is a break down in home/school relationships.
    - As part of the meeting be involved in the review of the curriculum and amount of teaching support is needed to reflect the child's needs and capacity to access education.
    - Promote multi-agency working and liaise with other services as appropriate to ensure the child's needs and recommend referrals to other agencies, this will include seeking updated medical information and advice where necessary
    - support reintegration and opportunities for the child to access other school-related activities.
  - Attend school led review meetings and any TAC or other meetings as appropriate.
33. The school will:
  - Assign a main point of contact with whom the Education Access Officer can liaise directly in relation to the child's needs and progress.
  - Liaise with the school Attendance Officer about attendance coding, in accordance with statutory guidance, and keep the child on the school roll.
  - Maintain welfare and safeguarding responsibilities for the child throughout the period of education support. Maintaining contact with the child, their parent and professionals involved and actively monitor progress towards attending school.
  - Supply the assigned education provider with information about the child's capabilities, educational progress, and programmes of work together with appropriate resources.
  - Arrange and lead on review meetings. This can be part of an Early Help or the TAC process.
  - Make referrals to other services as appropriate, if agreed appropriate and with the necessary consent from parents.
  - Support the child to maintain peer relationships and maintain connection to the school community, for example through encouraging visits or other communication with peers, keeping the child informed about school events/activities and facilitating attendance where possible.

- Ensure KS4 children have access to independent careers advice and guidance, for example through Stockport Council's Education and Careers Advice Service.
- Make arrangements for children to take public examinations if their health needs allow, with reasonable adjustments as necessary.
- Work in partnership with the child, their parents and professionals to ensure all opportunities to return to school are explored creatively and that reintegration is arranged at the earliest opportunity as appropriate.

### **Complex or long-term health issues**

34. How long the child is likely to be out of school will be important in deciding the type and level of support they will need. Where children have complex or long-term health issues, the pattern of illness can be unpredictable.
35. Stockport council, the school, the relevant medical practitioners and the parents/carers should discuss how to best meet the child's needs. This could be through individual support, arranging alternative provision or by them remaining at school, being supported at home and back into school after each absence.
36. Children that have continuing health needs should have an Individual Health Plan (IHP), create by school in conjunction with other medical professionals, if appropriate, which should be reviewed and assessed on a regular basis. If the child's needs amount to ongoing special educational needs, an EHCP may be more appropriate to meet the long-term needs of the child or young person. An EHCP will not always be appropriate as not all health needs will comprise SEND. There may be some instances where a child or young person has both an EHCP and IHP, in which case both plans should be reviewed alongside each other. Further information on the use of EHCPs can be found in the SEND code of practice guidance.

### **Using flexible arrangements**

37. Children unable to attend school because of a health need should be able to access suitable and flexible education appropriate to their needs. The nature of the provision must be responsive to the demands of what may be a changing health status. Local authorities must not have lists of health conditions which dictate whether or not they will arrange education for children, or inflexible policies which result in children going without suitable education. When arranging provision, Stockport Council will avoid 'hard and fast' rules about what and how they arrange education to meet a child's health needs as they may be inappropriate as they could limit the offer and prevent their access to the right level of educational support which they are well enough to receive.
38. Strict rules that limit the offer of educational provision a child receives may also breach statutory requirements. It is also important to comply with the equalities legislation in this respect. Reasonable adjustments may also be required, particularly when the child has a disability. In some cases, it may be helpful to use an Individual Healthcare Plan<sup>1</sup> (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. A model process for developing an IHP can be found at Annex A of the



### **Full-time and part-time education**

39. The law does not define full-time education but children with health needs should have provision, where possible, which is equivalent to the education they would receive in a mainstream school. If, for example, a child receives one-to-one tuition, the hours of face-to-face provision could be fewer as the education may be more intensive.
40. A part time timetable may also refer to full attendance at school, but with different arrangements for the attendance of lessons. This is a valid option and an example of reasonable adjustments.
41. Where full-time education would not be in a child's best interests for reasons relating to their physical or mental health, Stockport Council will work with school to arrange part-time education on whatever basis they consider to be in the child's best interests.
42. Full and part-time education should still aim to achieve good academic attainment particularly in English, maths and science. Any part-time education should be reviewed regularly, with the aim of eventually increasing the number of hours as soon as the child's health allows. This should also include, if appropriate, time in the school setting to develop the child's sense of belonging and help the transition back into school.

### **Hospital admissions**

43. With planned hospital admissions, all parties should work together to give those who will be teaching the child as much forewarning as possible, including letting them know of the likely admission date and expected length of stay. This allows them to liaise with the child's school about the programme to be followed while the child is in hospital. A personal education plan should be set up to ensure that the child's school, the Stockport Council and the hospital school or other provider can work together. The hospital school or education provider should inform, at the earliest possible opportunity, Stockport council and the home school (if any) when the child is due to return home.
44. When a child is discharged by the hospital, the home school, Stockport Council and the provider should be mindful of any medical advice about how much education will be appropriate after discharge. Consideration should also be given to when the child might be ready to return to school and whether they should initially return to school on a part-time basis only.
45. Stockport Council should work with school to engage appropriate agencies to complement the education a child receives if they cannot attend school full-time but are well enough to access education in other ways. There should be regular, planned reviews of any part-time arrangements, with the expectation that the child returns to full-time attendance as soon as they are well enough to do so.
46. If a child returns home and is not well enough to return to school, Stockport Council, school, parent and medical consultants should consider whether the child should be supported to be educated at home or whether alternative provision is more appropriate. Any alternatives should be arranged as quickly as possible and in full consultation with the child and the parent / carer. Ill health should not be a factor in preventing a child from reaching their full potential.

### **Reintegration into school**

47. The longer the child is out of school, the harder it is to go back. To aid reintegration, as far as possible, the child should be able to access the curriculum and materials that they

would have used in their school. This could also include attending educational visits, even if this requires providing extra and suitable support. This could also possibly include the use of digital resources.

48. Research has highlighted key areas of support for young people to return to school following a period of anxiety (Corcoran, Bond & Knox, 2022), which are:
  - Effective home-school communication to ensure parents / carer concerns are heard, and approaches are consistent
  - Positive relationships with school staff
  - An awareness of triggers for anxiety and non-attendance, understanding the push-pull factors to better support the young person before, throughout, and after their school day
  - Providing an individualised approach specific to the young person, their push-pull factors, and those around them
  - Engagement with other professionals, when needed, seeking further specialist support to inform the assess, plan, do and review process.
49. Stockport council will work with schools to set up an individually tailored reintegration plan for each child: this could take the form of an IHP. This should need to include extra support to help fill any gaps arising from the child's absence.
50. Where the absence is likely to be lengthy, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. While most children will want to return to their school routine as soon as possible, some will need gradual reintegration over a longer period.
51. The school should consider how they can enable children to successfully remain in touch with them whilst they are away. This could be through:
  - digital learning platforms,
  - out of hours learning
  - regular check ins with an emotional available adult
  - virtual/remote solutions,
  - school newsletters,
  - social media platforms,
  - emails; and
  - invitations to school
51. In cases where a child was not on the roll of a school when becoming ill, or where a child may not wish to return to their school, Stockport Council will consult with the family on finding a new suitable school place when they are ready to return to the mainstream

## **Exams**

52. Where possible, and in line with the school's exam timetabling, children and young people with physical or mental health needs should be able to take examinations at the same time as their peers. Stockport council will work with schools to ensure that there are appropriate local arrangements in place to support this.
53. Relevant organisations and schools should work and liaise together effectively to facilitate access to external exams when children with health needs are approaching exams.
54. The hospital school, alternative provision setting or home tuition teachers should focus the child's education on preparation for exams (in line with mainstream school's exam

timetable) in order to minimise the impact of any time lost from school absence.

Awarding bodies can make special arrangements in exams for children with:

- permanent or long-term disabilities or illness
- temporary disabilities or illness

55. Further information can be found in the [Joint Council for Qualifications document Access Arrangements](#). The school, alternative provision setting or hospital school will need to apply for special access arrangements to awarding bodies as early as possible. Those organisations who are educating a child out of school should provide relevant information to support these applications. Information about exam resilience can be found [here](#).

### **Siblings**

56. When treatment of a child's condition means that his or her family have to move nearer to a hospital, and there is a sibling of compulsory school age, the local authority into whose area the family has moved should seek to ensure that the sibling is offered provision. The provision should be suitable and available, for example, in a local mainstream school or other appropriate setting.
57. 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 s.19 duty will also apply in relation to the sibling as well.

### **ROLE OF THE PENDLEBURY CENTRE PRU – Secondary Pupils**

61. The Pendlebury Centre is a Pupil Referral Unit that supports secondary-aged children, resident in Stockport Council's area, who require additional help with their social, emotional and mental health needs.
62. Children referred to the Pendlebury Centre must be on a school roll so that they can be reintegrated back into their mainstream school. Referrals are made by the child's school or in exceptional circumstances by other professionals and agreed at the Secondary Panel for Inclusion which is held fortnightly.
63. Children admitted to The Pendlebury Centre undertake a range of assessments and are observed by professionals with a high level of expertise in SEMH (social emotional and mental health) difficulties. To facilitate a quick return to mainstream, children are dual registered with their mainstream school and opportunities are created for children to attend their mainstream school as part of their placement. All children at Key Stage 3 attend their mainstream school for at least one session each week.
64. From October 2022, children referred to The Pendlebury Centre may be accepted for support from the 'Pendlebury Paths' provision as an alternative to a placement at the Pupil Referral Unit, which provides additional targeted support for children with social, emotional and mental health needs and entrenched attendance concerns.

### **NAMED OFFICER AND CONTACT DETAILS:**

65. The named senior officer for the education of children who cannot attend school due to health needs is Zhenab Naeem, Senior Education Welfare Office – Education Access Service.

66. For further advice and information, please contact the Education Access Service by email: [eas@stockport.gov.uk](mailto:eas@stockport.gov.uk) or telephone 0161 474 3805.
67. Information about other relevant areas and services, for example Child and Adolescent Mental Health Services (CAMHS), Special Educational Needs and Disability (SEND), Educational Psychology and school nursing can be found on Stockport Council's Local Offer website: [Stockport SEND Local Offer](#)

## **REFERRAL FORM**

See Appendix 1

## **PROVISION AND SUPPORT FLOW CHART**

See Appendix 2

## **EDUCATION PLAN**

See Appendix 3



**Appendix 1**

**REFERRAL FORM**

**CHILDREN WHO CANNOT ATTEND SCHOOL DUE TO HEALTH NEEDS OR OTHER REASON**

<b>PUPIL INFORMATION</b>			
Name of pupil:		School:	
DOB:		Year Group:	
Address:			
Name of parent(s):		Tel:	
Email:			
LAC: Yes <input type="checkbox"/> No <input type="checkbox"/>	CP Plan: Yes <input type="checkbox"/> No <input type="checkbox"/>	TAC/TAF: Yes <input type="checkbox"/> No <input type="checkbox"/>	EHA: Yes <input type="checkbox"/> No <input type="checkbox"/>
PP: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date pupil last attended school:		
	<b>Working levels:</b>	<b>Curriculum Contact details:</b>	
<b>English</b>			
<b>Maths</b>			
<b>Science</b>			

<b>SPECIAL EDUCATIONAL NEEDS</b>				
SEND Status:	No SEND <input type="checkbox"/>	SEND Support <input type="checkbox"/>	EHCNA <input type="checkbox"/>	EHCP <input type="checkbox"/>
Summary of needs:				

<b>AGENCY/SERVICE INVOLVEMENT</b>		
<b>Agency/Service</b>		<b>Contact</b>
Children's Social Care	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Family Help Co-ordinator	Yes <input type="checkbox"/> No <input type="checkbox"/>	
CAMHS	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Education Psychology	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Primary Jigsaw	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Secondary Jigsaw	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mental Health in Schools Team	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inclusion Service	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Autism Team	Yes <input type="checkbox"/> No <input type="checkbox"/>	
School Nursing Service	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Education & Careers Advice Worker (KS4 referrals)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other – please specify	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>REASON FOR REFERRAL &amp; SUPPORTING INFORMATION</b>		
Outline of health needs and information to explain why the pupil cannot attend school:		
Summary of support and interventions with outcomes:		
Summary of medical information/endorsement for referral:		
Likely timescale for education support (if agreed) and plans for reintegration ( <b>schools are expected to facilitate reintegration at the earliest opportunity that health needs allow</b> ):		

<b>REFERRER INFORMATION</b>	
Name:	School/Service:
Tel:	Email:
Date	

**Please email completed referral form to [eas@stockport.gov.uk](mailto:eas@stockport.gov.uk) with the following supporting documentation**

- Recommendation/endorsement for support from the local authority
  - *Ideally this should be from a hospital consultant*
  - *See page 8 of the 'Children who cannot attend school due to health needs policy and guidance document' for further information about the information/evidence that will be considered if not available from a consultant*

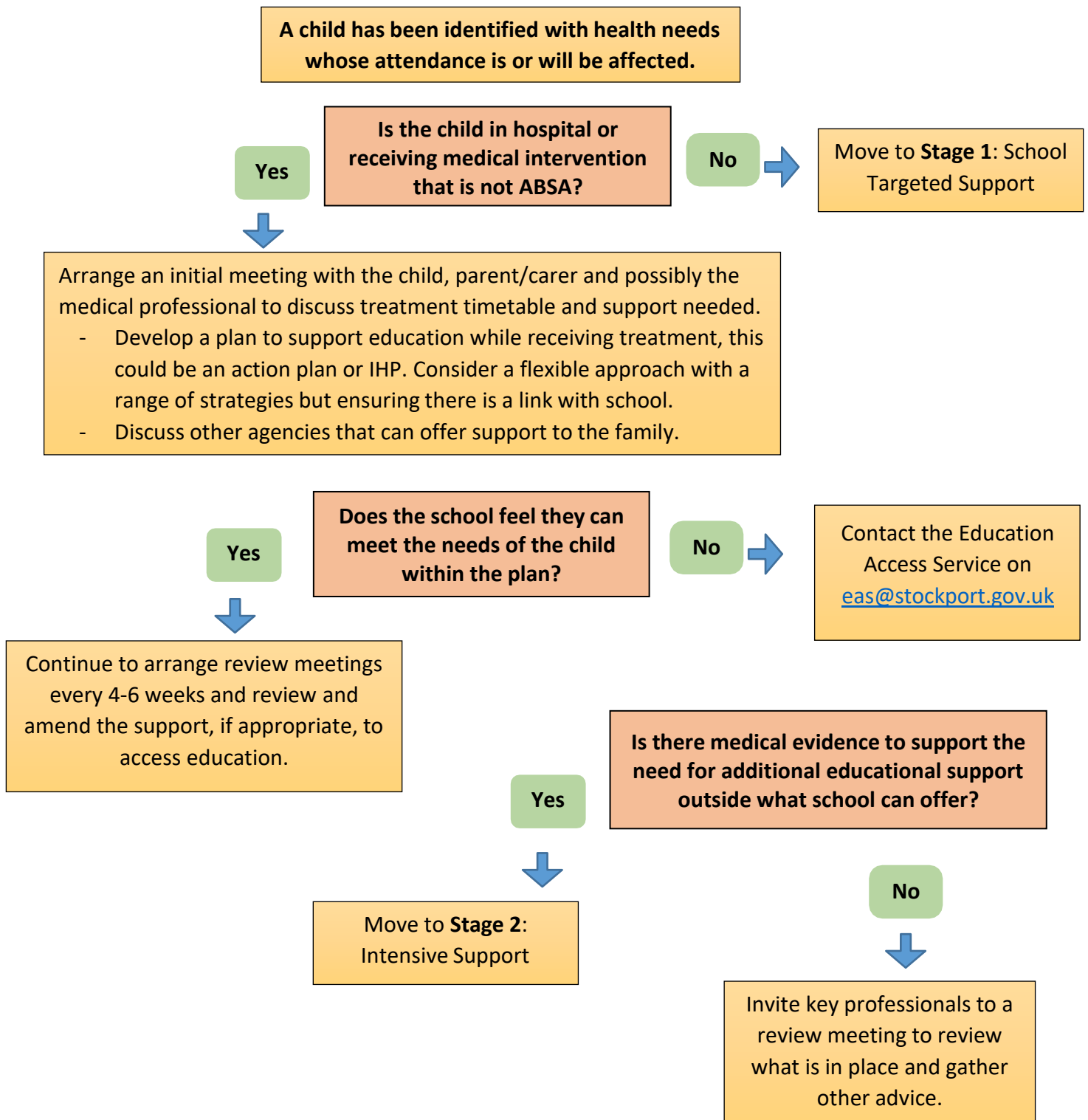
- Any relevant health and emotional well-being information, assessments and reports
- A provision map identifying the support and financial commitment already provided to support the child
- Attendance certificates for current and previous academic year
- Latest academic report
- SEND information including SEND Support Plan or EHCP (if applicable)
  - *Please note that there is an expectation that pupils with ongoing mental health difficulties will have a SEND Support Plan in place and a graduated approach.*
- Evidence of support offered through the ABSA framework
- Current EHA (if applicable)
- TAC/TAF Plan and minutes of last meeting (if applicable)
- Education Psychology assessment (if applicable)

For further information or advice relating to referrals, please email [eas@stockport.gov.uk](mailto:eas@stockport.gov.uk)

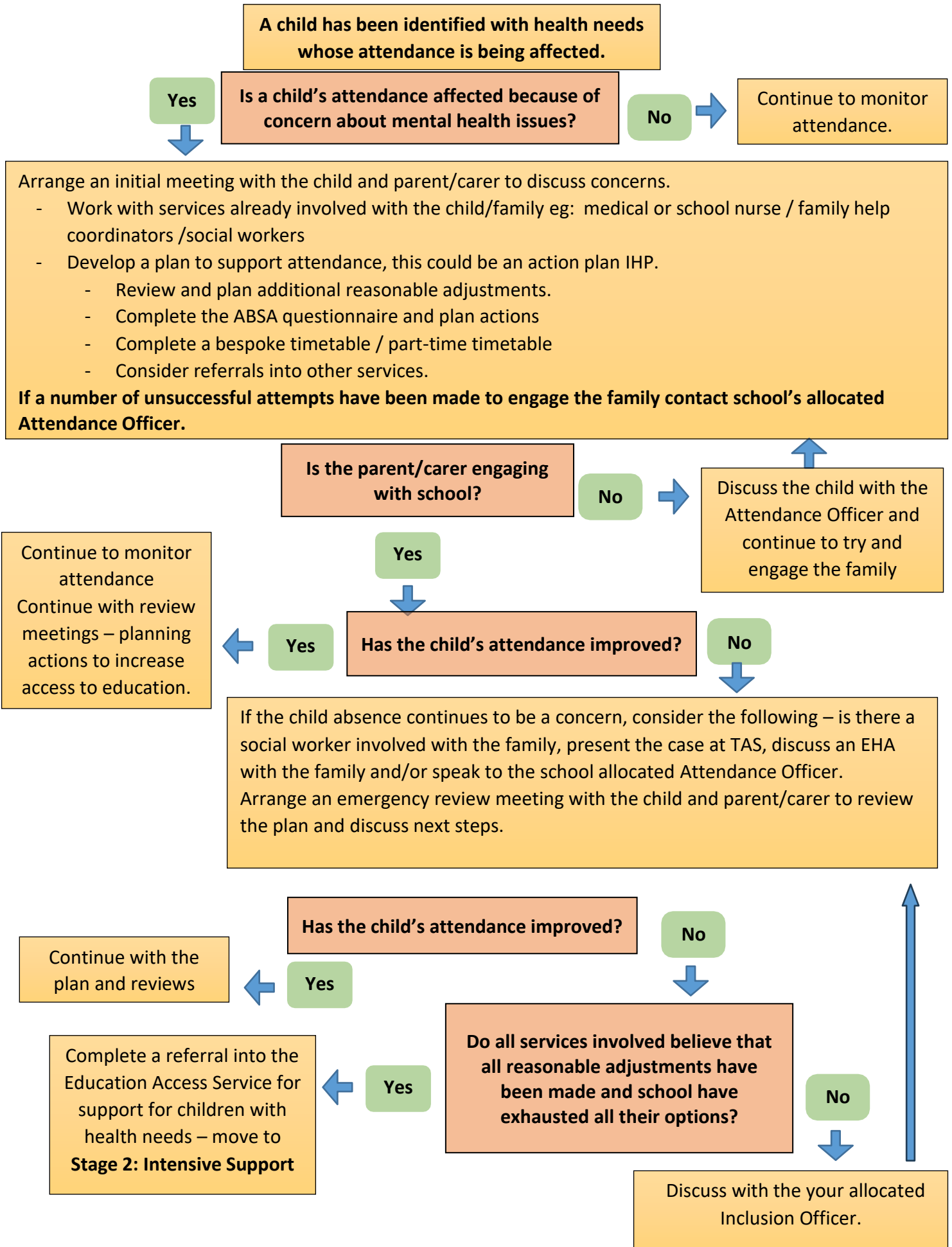
## **APPENDIX 2:**



## CHILDREN WITH A HEALTH NEED: SCHOOL LEVEL – non ABSA



**STAGE 1: SCHOOL TARGETED SUPPORT:**



## STAGE 2: STOCKPORT COUNCIL INTENSIVE SUPPORT:

A referral for a child who is unable to attend school due to health needs has been completed – see page 12 Appendix 1

Does the referral contain all the information needed to take through to panel for decision including appropriate medical evidence?

Yes



No



Send back to school for further information and resubmission

Referral to be consider under section 19 by officers in the Education Access Service (EAS)

Yes



Has the referral been agreed?

No



School is notified with actions agreed at Panel – go back to Stage 1.

EAS to work with school to develop a plan of support  
If the child has an EHCP – the school need to let the EHCP coordinator know.

- School to develop a plan of support to incorporate the local authority offer.
- School to liaise with the Education Access Service and invite them to the review meetings with parent/carers – this can be part of another agency meeting eg TAC, EHCP review etc.
  - Consider the offer already available to them and any medical evidence submitted.
  - Discuss steps towards reintegration back into school or increased attendance.
  - Plan and carry out review meetings and work towards outcomes (these may be small steps)
  - Discuss any additional agency support
- School to continue to keep regular contact with the family including completing regular pastoral welfare and safeguarding checks and monitoring attendance.
- If an AP is used, school to liaise with the offer and record the attendance according to Registration Regulations.

(Review meetings should be based on need but not longer than 6 weeks apart)

Has there been a change in medical evidence advice?

Yes



Arrange a review meeting and amend the plan and support accordingly.

No



Continue with the plan and reviews.

\*EAS – Education Access Service email: [eas@stockport.go.uk](mailto:eas@stockport.go.uk)



**APPENIDX 3:**

**EDUCATION PLAN:**

<b>School name:</b>		<b>Date:</b>	
<b>Name of Pupil:</b>		<b>Meeting Number:</b>	
<b>Attendees:</b>			
<b>Apologies:</b>			
<b>Reason for Meeting:</b> eg Improving attendance plan, education of sick children education provision, reintegration support plan etc			
<b>Brief Background and issues that are affecting attendance:</b>			
<b>General Notes of Meeting:</b>			
<b>Actions</b>	<b>Responsibility</b>	<b>When</b>	<b>Outcomes</b>
<b>Date of next meeting:</b>			
<b>Agenda:</b>			

