

Policy for arranging education for children who cannot attend school because of health needs

1. Introduction

Our vision statement in Children's Services in Northumberland is at the centre of all of our policies:

Our children and their families in Northumberland are at the heart of everything we do: we want to improve their lives, keep our children safe from harm and provide every opportunity to fulfil their individual aspiration and potential by working together and in collaboration with our strategic partners and communities to achieve this ambition.

This policy sets out how Northumberland seeks to provide a suitable education for children of compulsory school age who cannot attend their home school or education provision full time because of their medical or health needs, so that our aspirations for these children remain high, they continue to have the opportunity to fulfil their potential, and that statutory requirements are met.

DfE statutory guidance [Arranging education for children who cannot attend school because of health needs](#) relates to local authorities' statutory duties under section 19 of the Education Act 1996. The section 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 exclusion, illness or other reasons, would not receive suitable education without such provision*. This policy relates to one group of section 19 children only: those who cannot attend school or education provision full time because of their health needs.

The responsibility for implementing and embedding this policy is shared between the local authority, schools, education providers and health partners. It is a mechanism to co-ordinate, support and integrate service provision that leads to good education outcomes for children.

Provision will be arranged through a collaboration of local authority services, schools and education providers implementing a tiered approach that will keep children engaged with education by meeting their needs as early as possible. For children with the highest level and complexity of need, education will be provided by a re-modelled central teaching service, the Engagement Teaching team (formerly known as EOTAS Health Needs), at the Northumberland Education Engagement Hub (further detail in section 4.1).

2. Legal framework

Legislation and statutory guidance that informs this policy includes Arranging education for children who cannot attend school because of health needs 2023, the Education Act 1996, the Children and Families Act 2014, Working Together to Improve School Attendance 2024, SEND Code of Practice 2015 and the Equality Act 2010.

Section 19 of the Education Act 1996 requires each local authority to make arrangements for the provision of suitable education at school or otherwise than at school for those children of

compulsory school age who, by reason of illness, may not receive suitable education unless arrangements are made for them.

Arranging education provision for children who are too ill to attend school therefore falls within the Section 19 duty. Suitable education is defined as an efficient education suitable to a child's age, ability and aptitude and to any special educational needs they may have, including health and medical needs.

The duty applies to children of compulsory school age (5-16 years) who would normally attend schools (including academies), free schools, special schools, alternative provision and independent schools. The legal duty does not apply to children and young people under and over compulsory school age.

The Northumberland Education Engagement Hub is a local authority education service and is not required to register as an independent school (Appendix 3).

Section 100 of the Children and Families Act 2014 places a statutory duty on governing bodies of maintained schools, academies and pupil referral units to make arrangements at school to support children with health and medical conditions. A child's mental and physical health should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Schools do not have to wait for a formal diagnosis before providing support to children.

Governing bodies should ensure that:

- schools develop a policy for supporting children with medical conditions that is reviewed regularly and is readily accessible to parent/carers and school staff;
- arrangements give parent/carers/ carers and children confidence in the ability of the school to provide effective support for health and medical conditions in school;
- arrangements should show an understanding of how medical needs impact on the child's ability to learn as well as to increase confidence and promote self-care;
- staff are properly trained to support the child's needs.

3. Named Officer

The Named Officer in Northumberland with responsibility for ensuring that education provision is arranged for children not in school due to their health and medical needs is the Principal Education Welfare Officer.

4. Arrangements

4.1 Northumberland Education Engagement Hub

The Northumberland Education Engagement Hub is a mechanism to identify medical and health needs, to manage referrals and to co-ordinate support so that children return to their home school and full-time education as soon as possible. It is a centrally based local authority service.

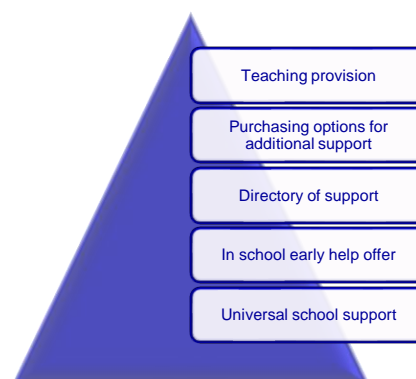
For children who need it, tuition is provided by a teaching service at the Northumberland Education Engagement Hub venue in Bedlington, or at one of the outreach hubs in the West and the North of the county.

4.2 Tiered approach

In most circumstances the education of a child with health and medical needs can be provided without the intervention of the local authority.

Clear support pathways are in place based on prevention and early intervention principles to avoid escalation and keep children in school, including:

- available in schools, partnerships of schools and academy trusts in Northumberland – *In schools early help offer*
- provided by local authority education support services and partner agencies - *Directory of Support*.



In addition to these services schools can purchase appropriate support for individual children based on their health and medical needs, and commission relevant training for staff eg the Solihull Approach.

Progression to the teaching service, when interventions from the tiered approach have not been successful, should be a last resort.

For children with sudden onset conditions access to the service, if it will meet their needs, will be swift.

4.3 Early intervention

Schools are supported by the local authority's Education Welfare Service (EWS) to use existing Education Welfare practice and Children Missing Education (CME) arrangements to identify children early who are at risk of missing education due to health and medical needs.

Schools can use a variety of whole school approaches to identify need early such as audits and gathering pupil views.

All schools are required to inform the local authority, via their EWO, if a child has been absent from school for 15 days or is likely to be absent from school for 15 days due to their health and medical needs. The 15 days do not have to be consecutive or in the same academic year.

School attendance leads use regular targeting support meetings with their Education Welfare Officer (EWO) to identify children with health and medical needs as early as possible. Identification relies on the professional judgement of the attendance lead and EWO and might also be informed by the school's Senior Mental Health Lead, Designated Safeguarding Lead, a health professional and the parent/carer/carer. However, for early identification of need the view of a health professional might not be necessary, for example if the child is experiencing emotion based school avoidance (EBSA).

The school will adopt a tiered approach to meeting the child's needs; the EWO will monitor and review at subsequent targeting support meetings.

The school will record the tiered approach interventions used and their impact in an Education Engagement Support Plan (EESP, provided by the EWO).

The EESP will clearly detail early help provided for the child and demonstrate that the tiered approach has been used and the impact of it.

If early help has not achieved the hoped for outcome for the child, in agreement with the school attendance lead, the EWO will submit the EESP to the Education Engagement Hub. A weekly Section 19 triage, led by the Principal Education Welfare Officer (PEWO) and 3 Lead Education Welfare Officers, will decide next steps in arranging education provision for the child.

Where a child has had a medical assessment that states that they are unable to attend school due to their health needs, the EWO will submit the EESP to the Section 19 triage immediately, indicating that a tiered approach is not appropriate for that child.

Where there are complex needs or a multi-agency approach is needed, then the PEWO will take the referral to the monthly multi-agency Children Missing Education (CME) Tracking Panel to agree a plan of action.

In our shared role as corporate parent/carers, where a child is cared for and has health and medical needs that are affecting school attendance, the EWO will work closely with the Virtual School and submit the EESP to the Section 19 triage immediately.

The Virtual School Headteacher has oversight of cared for children, children who have just entered care and children on the edge of care and will ensure that their needs are prioritised in the referral process. Their entry to the Hub will be swift when a referral has been made.

The EESP for cared for children will include the Virtual School and become part of the child's Personal Education Plan (PEP) which will be reviewed on entry to and exit from the Hub. The pastoral lead in the teaching service will become part of the child's care team and will be expected to attend care team meetings where necessary.

A regular 6 weekly review of provision will take place using the Education Engagement Support review model. For those children who receive an intervention from the teaching service, the PEWO will oversee a multi-disciplinary pathway for re-integration from the service back into the home school.

4.4 Teaching service

The teaching service is in place to meet the highest level of need. Teaching is delivered from the Education Engagement Hub in Bedlington and at outreach community venues in the West and North of the County by the Engagement Teaching team. It is a short-term teaching intervention that aims to:

- minimise disruption to learning
- deliver an appropriate and personalised education
- ensure that the child continues to have meaningful contact with their home school regarding the curriculum and pastoral support
- successfully reintegrate children into their home school or provision at the earliest opportunity when they are well enough to return.

The Engagement Teaching team manager, based at the Hub, is responsible for the curriculum offer, quality of teaching, Team Around the Pupil process, professional development of teachers and day to day running of the venues.

The teaching and support from the Hub will be trauma informed, taking into account the feelings and past experiences of every child and supportive of their sense of belonging.

The criteria for access to the teaching service is not fixed but will include one or more of the following circumstances:

- when absence from school due to illness or accident is expected to be in excess of 15 school days
- when illness causes regular intermittent absences from school over a prolonged period of time
- prolonged and regular absence due to an ongoing medical condition which is supported by a consultant or in short term situations by a GP
- when after discharge from hospital the period of convalescence is likely to be 15 school days or more
- where absence is planned in relation to a medical procedure or condition that will last for at least 15 school days
- where early help interventions have been used, but school absence is still below 90%
- when the child is pregnant or returning to education as a parent/carer*.

* Pregnancy does not, of itself, present a health need. However, complications that may arise during and after pregnancy may be a health need and may include physical or mental health issues for new mothers and their babies which impact on a young person's capacity to attend school.

4.41 Funding

The service is funded by the DSG (Dedicated Schools Grant) High Needs Block and AWPU (Age Weighted Pupil Unit) clawed back from schools on a pro rata basis, plus any SEND funding.

4.42 Education Engagement Support Plan

All teaching interventions are initially for six weeks. This is recorded on the EESP* at an initial Education Engagement Support review. The review is attended by the child, their parent/carer/carer, a representative from their home school, an EWO, social worker (if the pupil has one) and a Lead Teacher from the teaching service. If the child is open to a health service then a health representative will also attend.

The number of hours of teaching per week is agreed at the initial Education Engagement Support review meeting and then reviewed at subsequent review meetings that take place every two weeks. The number of hours of tuition depends on the health and needs of the child but will always be the maximum number they can cope with, regardless of their attendance at the Hub.

Although this is a short term teaching intervention it will continue until the outcome of the fortnightly review is that the child is ready to return to their home school. For some children the intervention may therefore become long term eg for children in Year 11, for children whose recovery from their health and medical condition is slow.

When a child is able to cope with the equivalent of full time education a plan for re-integration to school will be introduced. There will be no minimum offer of hours as such, but it is expected that the average number of hours of teaching will be 10 per week per pupil.

**The EESP is the equivalent of the Individual Healthcare Plan (IHP) referred to in the DfE statutory guidance. A child with a significant ongoing medical need will already have an IHP before accessing the teaching service. In these instances, the EESP will incorporate the*

IHP. It is different from an EHCP but may sit alongside an EHCP if required. A child or young person may have an IHP and not be at SEN Support or have an EHCP. An IHP ensures schools will have the correct information about the medical condition in order to ensure they can keep the child or young person safe and fully included in school life. The information recorded in an IHP could include:

- *what constitutes an emergency for the child, what to do and who to contact*
- *the medical condition, its triggers, signs, symptoms and treatments*
- *the child's resulting needs, including medication (dose, side-effects and storage) and other treatments*
- *specific support for the child's educational, social and emotional needs*
- *the level of support needed and how much responsibility, if appropriate, the child is given to manage their own health needs*
- *who provides any support, expectations of their role and confirmation of proficiency*
- *who in the school needs to be aware of the child's condition and the support required*
- *arrangements for written permission from parent/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the child during school hours*
- *separate arrangements or procedures required for school trips or other school activities e.g. risk assessments*
- *where confidentiality issues are raised by the parent/carer/child, the designated individuals to be entrusted with information about the child's condition.*

4.43 Education offer

Children are offered a core curriculum on a reduced timetable to keep them engaged in education until they are well enough to return to school.

Education provision is a hybrid of virtual and face to face teaching in small groups.

Primary age children follow a core curriculum of PSHE, reading, writing and maths.

Secondary age children follow a core curriculum of relationship, sex and health education, (RSHE), English, maths and science.

Key Stage 4 children have the option of entry for GCSE in the core subjects.

Year 11 children are eligible for referral to the service until the end of that academic year and will receive suitable education provision during that time.

When appropriate to the curriculum being followed there will be enrichment opportunities eg theatre visits.

Children who are unable to leave their home due to their health needs will be provided with work by the teaching service and/or their home school. The service will engage children by non-teaching staff from the teaching service supporting the pupil with their work at home.

No child will receive 100% face to face teaching; children with illnesses or physical conditions that prevent them from attending the Hub will receive 100% virtual teaching in the first instance.

4.44 Attendance

Children and young people unable to attend school for health and medical reasons will remain on their home school roll. The school will continue to complete the daily register using the appropriate C and K codes (when the child is attending the Hub) and information provided by the teaching service.

Attendance will be recorded at the beginning and end of the intervention with the teaching service.

The teaching service will record and monitor attendance daily for every pupil open to the service. A first day absence protocol is in place and where necessary home visits will be made by non-teaching staff. When appropriate, an intensive Education Welfare Support Officer (EWSO) intervention will be used with individual children for attendance improvement.

4.45 Pastoral support

On entry to the Hub all children are allocated a member of the non-teaching staff as their named pastoral contact or family/carer's go to person.

4.46 Re-integration to school

The aim of the teaching service is to return the pupil to their home school as soon as possible, unless it is agreed through the Education Engagement Support process that an alternative school or setting would be in the child's best interests.

Once it has been agreed that the child is ready to return to school, the PEWO will ensure that a re-integration plan is included in the EESP that will be multi-disciplinary if appropriate. Support will be provided as appropriate by the non-teaching staff attached to the Education Engagement Hub and the Education Welfare service.

It is likely that the EESP will be phased and will be monitored and reviewed regularly to ensure success.

4.47 Arrangements for external examinations

Children will be supported by the teaching service and their home school to take key stage tests and public examinations. Schools are responsible for ensuring that children are prepared and will pay the fees accordingly. Special arrangements for taking external examinations will be discussed and agreed at regular Education Engagement Support review meetings and implemented by the school.

4.48 School involvement

Involvement with the teaching service is a short term intervention so it is vital that the home school is fully involved, continues to recognise their responsibility for the child and eases re-integration back into school. Schools are expected to be involved to some extent in pastoral support and teaching. This might include:

- ensuring that curriculum plans are made available to the teaching service for the core subjects that the pupil would be following at school
- adding lesson content to the virtual classroom
- providing resources if appropriate e.g. a laptop if needed
- arranging careers interviews and work experience placements
- providing named contacts within the school to attend reviews
- providing teaching in subjects in addition to English, maths and science, e.g. use of AI robots, virtual lessons, resources on google classroom for GCSE children

- using their own support staff with the delivery of provision, especially for children with EHCPs.

If a child has a school phase transition during their intervention from the Hub then the home school will liaise with the following school to provide information, and with the child's family to implement a smooth transition plan. This can be supported by the PEWO, including any continued arrangements for funding of the intervention.

4.5 Summary of responsibilities

In summary, schools, families/carers, health professionals and the Education Engagement Hub all have responsibilities to ensure that individual children are receiving the support and education that they are entitled to. This is summarised as:

What the teaching team will do

- Provide good quality teaching from qualified teachers
- Provide half termly updates and daily attendance information
- Provide a named contact to liaise with the home school, family/carers and any other services
- Provide advice to support COSA (consideration of statutory assessment) applications or EHC assessments
- Contribute to achieving EHCP and/or personal education plan (PEP) outcomes
- Attend regular Education Engagement Review meetings

What school will do

- If appropriate, contribute to learning by teaching lessons, visit the child in the Hub and keep in touch
- If appropriate, provide the teaching service with relevant child protection information before the teaching provision starts
- Make referrals for any additional support if needed
- Support re-integration into school when the teaching intervention ends

What health professionals will do

- Attend Education Engagement Support Review meetings
- Provide advice about emotional and mental health and wellbeing to support each child's education
- Provide regular updates regarding medical assessments/diagnosis
- Share the discharge plan when the child is discharged.

What all professionals will do

- Attend Education Engagement Support Review meetings
- Contribute appropriately to support plans, including the re-integration plan
- Encourage attendance at the Hub

What families/carers will do

- Attend Education Engagement Support Review meetings
- Support and encourage children to attend every lesson and be prepared and ready to learn.

4.6 Children with EHCPs in special schools

Children in special schools with EHCPs who have health and medical needs will in the first instance receive Education Welfare support and an EHCP review will be arranged. In some circumstances the review might indicate a referral to a SEND panel (called the SORT panel) is appropriate to allocate a new placement. In some circumstances the PEWO might refer a pupil to the Hub for education provision only if the requirements of their EHCP can be fulfilled separately to the teaching service.

4.7 Purchasing options for additional support

As part of the tiered approach to engaging children with health and medical needs in education, schools might want to consider commissioning provision and support from other schools/academy trusts and commercial providers.

For example, a service level agreement is in place for Northumberland schools who want to commission education provision from Collingwood Re-connect, a short term teaching intervention for children who are not attending school full time delivered by Collingwood Special School.

All schools are actively encouraged to strengthen and diversify the provision available through sector-led initiatives that may or may not incur a charge to schools.

4.8 Children in hospital

For children in hospital there should be ongoing liaison, co-ordinated by the home school, between the family/carer and services to ensure continuity of education, supporting children to keep up not catch up. Children in hospital will be supported to take exams when in hospital if appropriate.

For planned hospital admissions, the local authority will set up a personal education plan setting out how the school, local authority and hospital school/provider will work together.

Children admitted to hospital, in planned and unplanned circumstances, will have a PEP involving their family/carer, the hospital school, the child's school and their home local authority.

Discharge from hospital arrangements include an Education Engagement Support Plan for return to school/alternative provision, with oversight from the PEWO.

4.9 Safeguarding

When a child is placed at the Hub the home school continues to have a safeguarding responsibility and is therefore expected to maintain appropriate contact to be satisfied that the child is in a safe environment that is meeting their needs. It is recommended that the child is seen 'in situ' at the teaching venue at least once every half term. When the child is being taught at home the school should arrange regular visits and seek reassurance from the Engagement Teaching team that they are also seeing the child regularly.

The Education Engagement Hub has policies and practice that comply with statutory guidance *Keeping Children Safe in Education*. Safeguarding standards at the Hub are monitored by the Schools' Safeguarding team. There is a named Designated Safeguarding Lead in the provision.

All local authority staff, including the Engagement Teaching team and Education Welfare Service, have had the appropriate safeguarding checks carried out according to the local authority's safer recruitment process.

At the Hub a first day absence protocol is in place. The Engagement Teaching team will inform the home school of any child absences. The team provides the home school with a timetable on entry to the provision and communicates any changes to that as the provision progresses.

If a home school, parent/carer, child or professional has any safeguarding concerns about the provision then they are encouraged to contact the team manager or Head of Service in the first instance. If this does not resolve their concern then their organisation's safeguarding procedures should be followed, including contact with the front door to Children's Services if appropriate.

5.0 Children not of compulsory school age

The statutory requirement for the local authority to provide suitable education for children with health and medical needs who cannot attend school is for children from the ages of 5 to 16 which is compulsory school age.

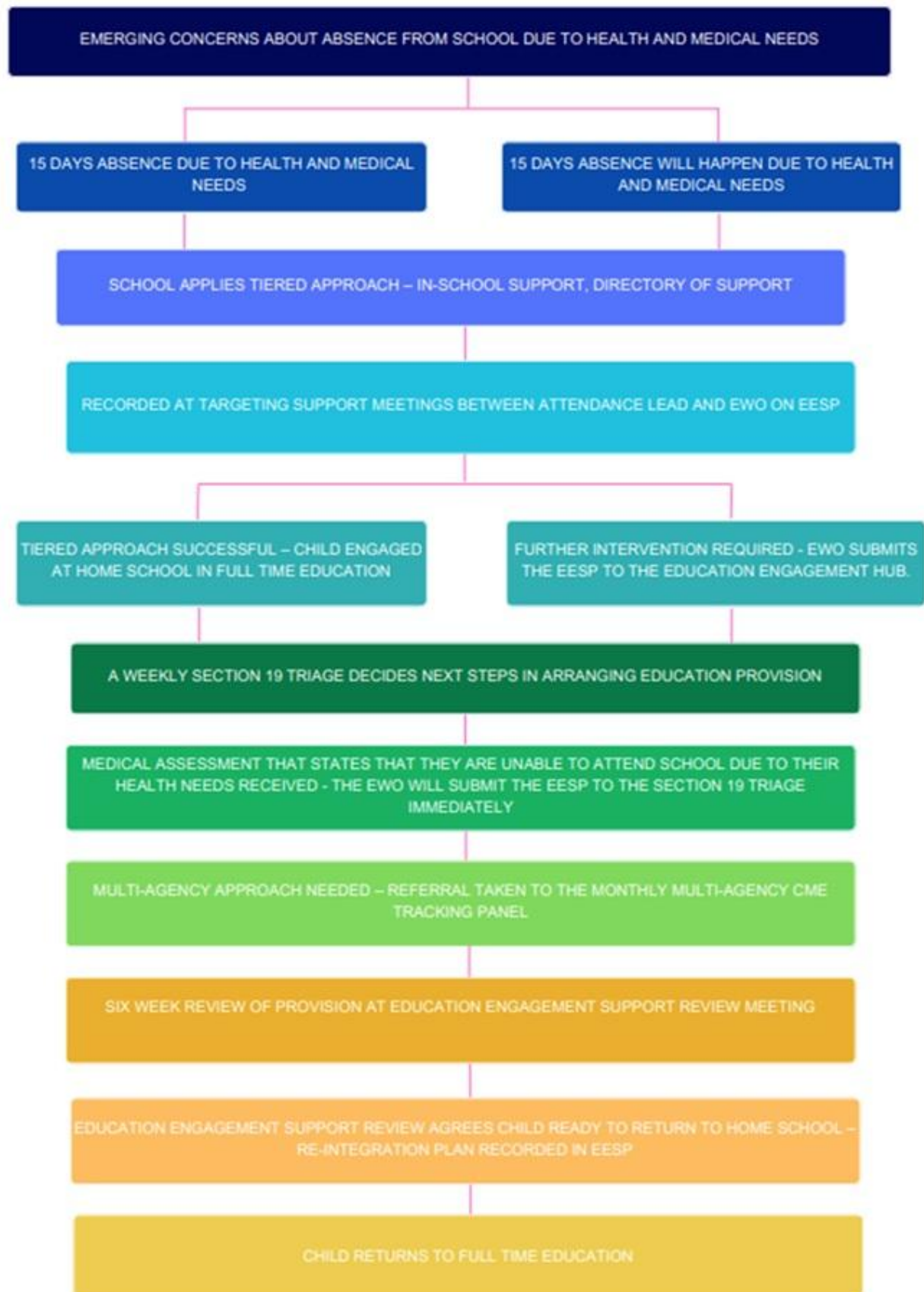
Children under the age of 5 who have health and medical needs that are likely to affect their engagement with education in Year 1 will be identified in the process of readiness for transition into school. The school's Education Welfare Officer will be made aware of these needs by the school in advance of the child's 5th birthday.

If the child is in a school nursery or with a provider who has implemented an Early Years Passport then the child's health and medical needs will have already been identified and support may already be in place.

Children who have health and medical needs during Year 11 and when they progress into post 16 education, training or employment will be known to the local authority's Preparation for Adulthood team and will be exploring options for their individual post 16 pathway into participation after the age of 16. An option might be offered by their home school to follow an individualised curriculum in the sixth form.

APPENDIX 1

Flowchart: graduated approach to arranging education provision for children with health needs



APPENDIX 2

Guidance and policies referenced in this policy

- [Arranging education for children who cannot attend school because of health needs 2023](#)
- [The Education Act 1996](#)
- [The Children and Families Act 2014](#)
- [Working Together to Improve School Attendance 2024](#)
- [Keeping Children Safe in Education 2024](#)
- [SEND Code of Practice: 0 to 25 years 2015](#)
- [Equality Act 2010.](#)

APPENDIX 3

Status of the Northumberland Education Engagement Hub

The following policy statement has been informed by NCC's legal advisers and a specialist HMI in the Ofsted Independent and Unregistered Schools' Team.

The Northumberland Education Engagement Hub (NEEH) is a local authority service that provides teaching in the core subjects for children with health needs who are unable to attend school. It is not a duplication of mainstream education or a stand alone alternative. It is not therefore an alternative provision (AP).

An independent school is defined in [DfE guidance](#) for the registration of independent schools as *"any school at which full time education is provided for five or more pupils of compulsory school age, or one or more such pupils with an EHC plan or a statement of special educational needs or who is "looked after" by the local authority, and is not a school maintained by a local authority or a non-maintained special school."*

The Education Engagement Hub is not independent of the local authority and is maintained by DSG funding. It is therefore a local authority centrally based education service and the regulations for the registration of independent schools do not apply.

Pupils receiving teaching from the NEEH remain on the roll of the school that commissions the service for them. There is no dual registration system. The school remains their substantive education provider and commissions the service to provide off-site teaching when there is a health/medical need to do so.

