



Surrey County Council Medical Policy – January 2025

Arranging education for children

**who cannot attend school
because of health needs**



SURREY
COUNTY COUNCIL

The purpose of this policy is to provide advice to schools, education providers and parents regarding their responsibilities to support children and young people with long-term medical needs.

It explains how Surrey County Council will undertake its duty to monitor and support those children and young people whose medical needs are affecting school attendance and their access to an education.

The guidance applies to all children and young people people of compulsory school age that is those between the ages of 5 and 18 or until the age of 25 for those with an Education Health and Care Plan.

The underlying principles behind this policy

The council and its partners are committed to ensuring that all children and young people receive a good education to maximise their learning potential.

It is a principle of the council set out in our Local Offer that all children and young people can access an inclusive education that meets their needs.

[Surrey Local Offer](#)

Children and young people who have additional physical and mental health needs are often at risk of achieving poorer educational outcomes than their peers. This is further exacerbated for those children and young people who have a health need which prevents them from attending school for an extended period.

The policy explains how the council will listen to children and young people, their families and work with schools and services to ensure all children and young people with medical needs have their educational needs met.

Roles and Responsibilities of Schools

All schools, (including maintained schools, maintained nursery schools, academies, alternative provision academies, Free Schools) are required by law to make arrangements for supporting pupils with a medical condition on roll.

This duty is detailed in Section 100 of the Children and Families Act 2014¹.

¹ <http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

Statutory guidance entitled “Supporting pupils at school with medical conditions”² has been produced by the Department for Education (DfE) to assist schools to understand and comply with this legal requirement or duty.

Independent schools are under no legal obligation to follow the statutory guidance contained within the document “Supporting pupils at school with medical conditions”, however the guidance also states that all provisions should promote the wellbeing and academic attainment of children with medical conditions.

All education providers are expected to comply with the Disability Discrimination Act and the Equality Act (DDA, EA) – which means those with a disability because of a medical condition should expect the same level of support as their peers.

The following are key points detailed in statutory guidance produced by the DfE:

- Pupils at school with a medical condition should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils, and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

To enable Governing Bodies to discharge their duty to make arrangements to support pupils with medical conditions in school they must make sure that a policy for supporting pupils with medical conditions in their school is developed and implemented.

In addition, there should be a named person who is responsible for the practical implementation of the medical policy within each school.

Legal Framework for Local Authorities

Under **Section 19 of the Education Act 1996**³ local authorities have a duty to: ‘Make arrangements of the provision of suitable full-time or part time education, or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from

² [Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

³ <http://www.legislation.gov.uk/ukpga/1996/56/section/19>

school or otherwise, may not for any period receive suitable education unless such arrangements are made for them’.

Government guidance - In December 2023, the DfE published statutory guidance for local authorities entitled “Arranging education for children who cannot attend school because of health needs”, replacing Ensuring a good education for children who cannot attend school because of health needs” from 2013. ⁴

Department for Education definitions

Suitable – The Education Act 1996 defines a suitable education as one that is appropriate to a child’s age, ability, aptitude, and any special educational needs he/she may have.

Full time – Full-time education is not defined in law, but it should equate to what the child or young person would normally have in school, unless the child or young person’s condition means that full-time provision would not be in his/her best interests. If a child or young person receives 1:1 tuition, the hours of face-face teaching could be fewer as the provision is more concentrated.

School – For the purposes of this policy, school is used to refer to any maintained school, academy, free school, independent school, or any education provision where a child or young person is registered as their main education base.

Health Needs Provision - a specialist provision for children and young people with severe health needs who are unable to access mainstream education.

Roles and responsibilities of Surrey County Council

The statutory guidance is clear that in most circumstances where a child and young person (CYP) has a health need, they will receive suitable education that meets their needs from their school, *without* the need for the intervention of the council.

In many cases the child or young person can still attend school with support, or the school has made arrangements to deliver suitable education to support the child or young person whilst they remain out of school.

[Ordinarily available provision \(schools\) | Surrey Local Offer](#)

Where a suitable education cannot be provided for a child or young person aged 5 to 18 years old the council has a responsibility to ensure that arrangements are put into place for that child to access a suitable education that meets their needs.

⁴ [Arranging education for children who cannot attend school because of health needs \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

This duty applies to all children and or young people who live in Surrey. Agreement on the education provision for the child or young person will be made with reference to advice from relevant educational and health professionals, and in consultation with the young person, carer, those with parental responsibility and the school.

It is a statutory requirement that local authorities have a named person with oversight and responsibility for children and young people with long term medical needs. The council's named officer with this responsibility and oversight is the Children Not in School Service Manager

The council's named officer will retain the oversight of this policy and will ensure that there is a link officer contact for notifications from schools.

The school's allocated Inclusion Officer will act as the link officer and will signpost schools and professionals from education and health services to address issues where children and young people with long term medical needs are not accessing suitable education.

Support Planning

For most children and young people, in line with the "Supporting Pupils with Medical Conditions" guidance, schools will be able to make suitable adjustments to meet the educational needs of children with health needs on their roll. Schools should consult with health professionals to bring to plan how a child or young person's medical needs can be met.

Where there is a clear medical diagnosis and clinical plan as to the support a child or young person requires to remain in school an Individual Healthcare Plan (IHP) should be co-produced with the parent /carer and child and young person, supported by appropriate health professionals, to guide suitable provision as well as any training and advice the school might need. These Plans should be regularly reviewed and be readily available and accessible to all adults supporting the child including parents and carers.

Details of Surrey County Council's guidance can be found here:

[Supporting children and young people with medical conditions \(surreylocaloffer.org.uk\)](https://surreylocaloffer.org.uk)

"Arranging education for children who cannot attend school because of health needs" challenges schools and local authorities, at the earliest opportunity, to identify and support children whose medical conditions might prevent them from attending school.

Where the medical barriers to accessing provision are less clear schools are advised to use the Medical - Student Support Plan template. This template will facilitate the exploration, with the parent, child and young person and medical professionals, of any reasonable adjustments the school could make to maintain the attendance of a child with medical conditions. Schools should consider the completion of the Medical - Student Support Plan as per the Council's

guidance for schools. This should be used to inform any formalised Individual Healthcare Plan and develop an agreed support plan that can then be regularly reviewed.

Supporting guidance documents and a Medical – Student Support Plan template for schools can be found on the Surrey Education Services website

Where possible, the child or young person's health needs should be supported and managed by their school so that they can continue to be educated there with support, and without the need for the intervention of the Council.

To inform any reasonable adjustments that could be made to support the attendance of a child with a medical condition, schools should:

- Maintain the same ambition for attendance and work with pupils and parents to maximise attendance.
- Ensure join up with pastoral support and, where required, put in place additional support and adjustments, such as an Individual Healthcare Plan (IHP) and if applicable, ensuring the provision outlined in the pupil's EHCP is accessed.
- Consider additional support from Surrey County Council's Local Offer, wider services and external partners, making timely referrals.

For children whose medical condition is complex and where further advice is required to better understand the adjustments needed to support the child, schools should:

- Request any evidence and / or guidance the parent might have from medical professionals working with the child and family
- Encourage parents to seek medical advice if they have not already done so
- Consult with Primary Care Health professionals – eg School Nurses, Primary Mental Health Workers
- Consider support from Outreach Services – eg Autism Outreach Services
- Make use of any recommended materials supporting early identification and intervention eg Emotionally Based School Non-Attendance guidance [Emotionally Based School NonAttendance \(EBSNA\) | Surrey Local Offer](#)

Providing Medical Evidence

To help identify any adjustments required to be able to make provision for children and young people with medical needs it may be necessary for schools to request medical evidence from parents about the child or young person's medical needs

All medical evidence should be used to better understand the needs of the child and identify the most suitable provision.

The Statutory guidance published by the DfE, states that the medical evidence determining whether the child or young person is unable to attend school should be provided by a health

practitioner such as a consultant, GP or other registered health care professionals e.g. clinical psychologist, specialist nurse.

[Arranging education for children who cannot attend school because of health needs \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Where specific medical evidence, such as that provided by a medical practitioner, is not readily available, the child and young person's school or the Council should consider liaising with other medical professionals such as the child's GP and consider other evidence to ensure suitable provision can be arranged as soon as possible. Wherever possible, this should include contact and attendance at the child or young person's school to maintain connection and relationship.

Ideally evidence should detail the child or young person's condition, the treatment plan in place to support the child or young person, when the child was last seen, any further referral made to Specialist Health Services and, if possible, a date by which they might be expected to return to school and when the case will be reviewed.

Request for Involvement

As soon as it is clear that the child or young person's school can no longer independently support their health needs and provide a suitable education, the school should contact the Council to consider about putting interim provision in place.

There is no absolute legal deadline by which local authorities must start to arrange education for children or young people whose health needs that might prevent from attending school. However, as soon as it is clear that a child will be away from school for 15 days or more because of their health needs, the Council should ensure suitable interim provision. The 15 days may be consecutive or over the course of a school year.

Schools can make a request for interim provision by completing the Request for Involvement form.

[Local Authority Request for Support - Contact Details - Surrey County Council](#)

All Requests for Involvement and interim provision are considered at a weekly decision-making Panel. The Panel is made up of representatives from Education, Inclusion Service, Health, Mindworks, Early Help Services and the Medical PRU.

For the Panel to be able to consider whether additional interim provision is appropriate, schools should provide the Panel the following -

- A completed Request for Involvement Form
- Any medical evidence that has been provided by the parent/carer
- An up-to-date attendance certificate

- A Medical - Student Support Plan detailing all reasonable adjustments made to support regular attendance at school
- Minutes of review meetings held with the child, family and support services
- Individual Healthcare Plan detailing the support, intervention and any consultation with health professionals that has taken place to maintain attendance / participation in school
- Details of any referrals made to any specialist support e.g. mental health services, outreach support, Early Help Advisers.

Schools will be informed of the outcome of the Panel within 5 working days of the Panel meeting.

In the event that there is no evidence detailing the physical or mental health need that is preventing the child or young person from attending school, or the evidence provided is considered insufficient by the Panel, a member of the appropriate Council team will explore existing support and interventions with the child or young person's school. Further recommendations for support and additional evidence will also be signposted.

Schools are also encouraged to report to their allocated Inclusion Officer, children or young people who are absent for 15 days from school through sickness in any given half term. Inclusion Officers can signpost schools to support and offer advice to the process and thresholds for securing interim provision from the council.

[Medical conditions and education | Surrey Local Offer](#)

Making Provision

Once the Panel has agreed that support should be provided for a child, a partnership meeting should be arranged by the school

The meeting should include the school, the appropriate council officer, health partners, the parents and the child or young person as appropriate.

At the meeting, a Medical - Student Support Plan detailing the support arrangements required by the child or young person will be agreed.

The plan will outline the amount of education and health provision that will be made that is consistent with the child's needs and any additional support that the family and child or young person will need. Dates of review meetings and how progress will be reviewed will be agreed at this partnership meeting.

Ensuring children in Surrey with medical needs have a good education, where support is agreed, Access 2 Education (A2E) teachers will oversee the provision for pupils in alternative suitable venues, or, where appropriate, in the pupil's home.

It is important for all parties to agree that the aim of any support and interim provision will be to return the child or young person to school as soon as is practicable.

Before it is agreed that support can take place in the home, it will be necessary to conduct appropriate risk assessments. This would typically be completed by the Surrey County Council's Access to Education (A2E) service.

Where a pupil is taught at home it is necessary for there to be a responsible adult present during the session. Close liaison with the pupil's school is essential and pupils should be kept informed about school activities and events.

The child or young person will remain on the school roll and the school holds the responsibility for arranging review meetings. Consideration should be given to any resources or activities that would support the child or young person to maintain contact with the school during the time they are absent.

It should be noted that up to date medical evidence might be required for these review meetings to ensure provision remains appropriate and continues to meet the child's needs. Parent/carers will be notified in a timely manner if this is required.

Partnership Working

It is important for the school or education provider to link with other agencies to support the child or young person's educational opportunities. Where support is agreed, there is an expectation that all parties will engage with and contribute to the agreed plan.

Roles of respective parties in supporting children who have long term medical needs

The school's role is to:

- work with health professionals to maintain a child's attendance and participation at school.
- maintain an up-to-date Medical Student Support Plan or Individual Healthcare Plan with health professionals that identifies any reasonable adjustments that can be made to maintain attendance and participation at school.
- where necessary request up to date medical advice from the parent/carer when it is clear a child or young person's health condition is preventing them from attending and participating in school regularly.

- when it is clear a child or young person's health condition is preventing them from attending and participating in school, complete a request for involvement form and provide supporting evidence for the council to consider making Alternative Provision. • host and chair regular review meetings (normally every 6 weeks); produce action plans and distribute notes of these meetings.
- provide materials for an appropriate programme of work and work plans.
- maintain a Medical Student Support Plan or Individual Healthcare Plan (IHP), which records progress made towards a supported return to school.
- to agree and make reasonable adjustments to support maintaining a child's attendance at school
- ensure all staff are kept informed of any reasonable adjustments made.
- ensure the parent/carer are kept informed and included in all decision making around support and provision

- ensure the child is kept informed and supported to be involved in all decision making of plans and future planning, in a way that is accessible for their age, ability, aptitude, any special educational needs they may have
- ensure appropriate arrangements, including entry and invigilation for all examinations are made.
- provide the child's academic attainment levels including any relevant examination requirements such as permissions for extra time and scribes for example.
- make arrangements with the child for SATs or examinations.
- assess coursework with the child.
- provide a named teacher with whom each party can liaise.
- provide a suitable, appropriate and inclusive working area within the school, where appropriate/ necessary.
- to request the council, provide alternative provision where it is clear that the support provided by the school has not secured regular attendance or participation at school. • be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration back into school.
- ensure that children who are unable to attend school, stay in touch with school via digital learning platforms, school newsletters, school social media about school social events and are given opportunities to participate, for example, in homework clubs, study support
- encourage and facilitate liaison with peers, for example, through visits and videos.

Where able the child or young person's role is to:

- fully engage with support provided.
- help school and professionals understand the help they might require to attend school
- be prepared to communicate their views.
- attend necessary meetings if appropriate.
- prepare to participate in learning at the earliest opportunity.

The parents/carers' role is to:

- engage with a plan of reintegration back to education and learning at the earliest opportunity.
- access and share medical evidence or advice from Health Professionals with the school regarding the child or young person's medical condition.
- be willing to work together with all professionals involved in the child's care
provide early communication if a problem arises or support is needed.
- maintain communication with school.

The council's role is to:

- keep a record of all CYPs with long term medical needs that have been notified to the council.
- ensure that children or young person's needs are channelled through the appropriate professional support pathways to, for example, Area SEN Teams and Early Help Services.
- ensure that an appropriate professional is assigned to each child or young person, to act as the case co-ordinator.
- to consider referrals from school for children or young people who are medically unfit to attend school. • to make education provision for children or young people who are medically unfit to attend school.
- to support reintegration back into an educational placement.

The health professional's role is to:

- outline the support required being provided to the child to meet their medical needs – information will detail any diagnoses, treatment plan, detail of all health professionals working with the child or young person, detail of further referrals to Specialist Health Services to support the child or young person, named professional overseeing child or young person's care.
- contribute to development of child or young person's Individual Health Plan.

- contribute to the decision making around the support required to support children or young people into interim alternative provision.
- contribute to and provide updated evidence to support the review of child or young person's provision.
- provide training to school staff in a timely manner / sign off competencies, where appropriate.

Other agencies role:

Any services working with the child or young person and family would be expected to contribute to the support planning. Services will do this by:

attending review meetings if possible.

- providing written reports where necessary.
- give appropriate advice and support.

The Designated Clinical Officer (DCO) Team support schools and parents in coordinating with appropriate health providers to facilitate the development of individual healthcare plans and Student Support Plans.

Children or young people who are not on a school roll

The council retains responsibility for supporting children living within the Surrey area who are not on roll at a school whose health needs prevent them from accessing education. These may include children who are awaiting a school placement.

In these instances, parents/carers or professionals working with a child who falls into this category should contact either the SEND Service (for children with an Education, Health, and Care Plan) or alternatively the School Admissions Team.

Children or young people who are not of compulsory school age

The council will not normally provide support for pupils who are under or over compulsory school age.

However, provision for Reception aged children who are not of compulsory school age and are unable to attend schools due to their medical needs will be considered on a case-by-case basis. In addition, where pupils who would normally be in Year 12 are repeating Year 11 due to medical reasons, requests for support will also be considered on an individual basis.

For post-16 students attending mainstream provision, the council would look to the host school, college, or training provider to make any necessary reasonable adjustments for students who are unwell over a prolonged period.

Children or young people who are not of compulsory school age with an EHCP

For Children or young people with an Education Health and Care Plan, the Council must make provision until the age of 25. The education, health and social care support and provision is detailed within the child or young person's Plan.

EHCP's are reviewed annually. However, if there are changes required to the provision and support required by the child or young person, an interim review will be held to agree any changes to the child or young person's Plan and possible provision.

If evidence suggests that a child or young person is unable to access the provision and support detailed in their Plan because of their medical needs an Interim Review will be held with the family, child or young person, current provider, health professionals to agree how those needs will be met.

Hospital in-patients returning home

When a child has been hospitalised, plans need to be put in place to ensure continuity of education, where well enough, both when in hospital and when they return home. If it is clear that a child's ongoing treatment of their health condition will not allow them to attend school, following discharge from hospital or a child or young person is in hospital, liaison between the school, hospital, link officer and A2E should ensure continuity of provision and consistency of curriculum.

Ongoing liaison with the family and child or young person whilst in hospital or following discharge can ensure that the school is able to make information available about the curriculum and work the child or young person may have missed.

Children and young people with life limiting and terminal illness

The council will continue to provide education for as long as the child or young person, parents/carers, and the medical staff wish it. If the child or young person or parents/ carers wish to withdraw from education their wishes will be respected if the decision is supported by medical advice. This can be discussed and reviewed at any point if a child or young person (or their parents) wishes to continue to then have access to education provision.

Pupils with Chronic Conditions

For pupils with conditions such as Myalgic Encephalopathy (ME)/chronic fatigue syndrome (CFS), Juvenile Arthritis, Sickle Cell, Crohn's disease (please note that this is not an exhaustive list) or pupils diagnosed with similar conditions, the provision put in place will be guided by the medical advice provided by relevant professionals.

This may include, for example, periods of school attendance, periods of rest, periods of 1:1 tuition at home or on-line learning.

Pupils with mental health concerns

Early identification of mental ill health that might impact on a child's ability to attend school is *vital* to provide supported intervention to maintain regular school attendance.

Schools are encouraged to discuss with the family and child or young person any considerations or adaptations that would help enable them to access learning. Schools are encouraged to adopt a flexible approach to reintegrate pupils back into school and to work closely with services, for example children and young people's mental health service, Mindworks and the Education Psychology Service, to build individual packages of support for a child or young person's engagement in school.

Schools are encouraged to reference DfE guidance to consider how they support children struggling to attend because of mental health issues.

[Summary of responsibilities where a mental health issue is affecting attendance \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

[Support for pupils where a mental health issue is affecting attendance: effective practice examples \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
[Working together to improve school attendance \(applies from 19 August 2024\) \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Emotionally Based School Non-Attendance (EBSNA)

In Surrey, EBSNA is a term used to describe the difficulty children and young people experience in attending school due to emotional reasons, such as stress, anxiety and / or feeling overwhelmed. This can result in prolonged periods of absence from school.

At the earliest opportunity, schools should work with the child and parents or carers to identify any adjustments that could be made to support maintaining regular attendance at school.

If schools identify children experiencing EBSNA and are unclear as to the support or intervention that would be appropriate for the individual child then they should consult with their linked Primary Mental Health Worker in the first instance, as well as their School Nurse. Schools also have a linked Locality Early Help Adviser who can offer advice and support to the school on what they can do to help and support the child and/or family.

If Schools need help in understanding how they might support a child experiencing EBSNA they should reference the Ordinarily Available Provision outlined within Surrey's Local Offer as well consulting with the support materials developed by the EBSNA Partnership.

[Emotionally Based School Non-Attendance \(EBSNA\) | Surrey Local Offer](#)

[Ordinarily available provision \(schools\) | Surrey Local Offer](#)

Pupils who are pregnant

It is an expectation that children and young people who are pregnant will continue to be educated at school whilst it is reasonably practical, and it is in the interests of the pupil.

Each case will be considered on an individual basis, education provision and support to the mother will generally be provided for six weeks prior to, and six weeks following, the birth of the baby. This will typically be provided by Surrey County Council's Access to Education (A2E) service. However, where there are extenuating circumstances, supported by appropriate medical evidence, it is possible to consider support outside the normal timeframe.

The child or young person will remain on roll of their school, if the child or young person has not reached statutory school leaving age, it is expected that they will reintegrate back into school.

Evidence needs to be provided by a Health Professional to the school to confirm when the baby is expected so that an appropriate referral to the A2E Service can be made.

Other Medical Provision

There are a range of medical providers in the county who also provide specialist medical support for children and young people. They have their own admission arrangements.

HOPE is a Medical Pupil Referral Unit and offers provision to children and young people up to the age of 18.

To be able access HOPE children or young people will

- have had significant mental health, emotional, behavioural, social, and educational difficulties which are likely to lead to family or placement breakdown.
- be engaging with the CYP Mental Health Service, Mindworks or Surrey Children's Services, with a designated consultant or case holding social worker.
- currently be a patient in a Tier 4 or Out of County provision with a plan to return to their community in Surrey.
- have presented as a psychiatric emergency requiring assessment by a child psychiatrist for Tier 4 admission.

St Peter's is a Medical PRU based in the North West part of Surrey.

To access St Peter's, schools can apply directly to St Peter's as long as the referral is accompanied by consultant/GP letters identifying mainstream provision as not appropriate given current medical status.

St Peter's typically work with children and young people with severe anxiety and offer a range of programmes of support to students reintegrate back into education. In addition, they support young people in Year 11 who are unable to return to school.

[Welcome to St Peter's \(stpeterscentre.co.uk\)](http://stpeterscentre.co.uk)

Conclusion

This policy is intended to provide guidance and information to schools and education settings, and parent/carers.

Date Agreed: December 2024

Date to be reviewed: December 2025