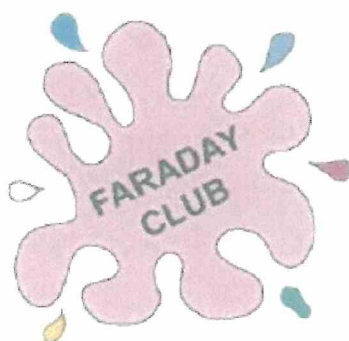


# Caroline Haslett Primary School & Faraday Club



## ARRANGING EDUCATION FOR CHILDREN WHO CANNOT ATTEND SCHOOL BECAUSE OF HEALTH NEEDS

**Date of Issue: May 2025**

**Date of next review: May 2026 (or earlier in the event of legislation changes)**

**Approved by the Headteacher on:**

**Signed:** \_\_\_\_\_ (Headteacher)      **Date:** \_\_\_\_\_

**Approved by the Governing Board on:**

**Signed:** \_\_\_\_\_ (Chair of Governors) **Date:** \_\_\_\_\_

# 1. About this policy

This policy relates to local authorities' 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 exclusion, illness or other reasons, would not receive suitable education without such provision. This duty is referred to as 'the s.19 duty' throughout this document.

This means that where a child cannot attend school because of a physical or mental health need, and cannot access suitable full-time education, the local authority is responsible for arranging suitable alternative provision.

The focus of this policy is to outline the support required to enable children of statutory school age with health needs to access a suitable educational offer. In the first instance, this will be from their home school but may also involve delivery of educational provision by Milton Keynes Local Authority under their s.19 duty. Central to this is the aim to facilitate a full return to education within the child's home school as soon as possible, led by the health advice and information available.

This policy outlines the following:

- Links to relevant legislation and MK policy
- How schools and Milton Keynes Local Authority can best support children who cannot attend school because of health needs
- The role of parents/carers
- MK processes where it is agreed that MK LA is required to provide a suitable education

The term 'home school' in this document refers to the school the child is on the roll of when they become ill.

## What legislation and guidance does this policy refer to?

### **Policies/guidance:**

- [Arranging an education for children who cannot attend school because of health needs 2023](#)
- [Supporting pupils at school with medical conditions 2015](#)
- [Summary of responsibilities where a mental health issue is affecting attendance 2023](#)
- [Mental health and behaviour in schools guidance 2018](#)
- [Providing remote education: non-statutory guidance for schools 2023](#)
- [Keeping children safe in education 2024](#)
- [Working together to improve school attendance 2024](#)
- [Milton Keynes part-time timetable guidance](#)
- [Milton Keynes EBSA Guidance](#)

### **Legislation:**

- [Section 19 of the Education Act 1996](#)

- [Education \(Pupil Registration\) \(England\) Regulations 2006](#)
- [Equality Act 2010](#)
- [Section 100 of the Children and Families Act 2014](#)

## 2. Background, Related Guidance and Legislation

Local Authorities have a duty set out in Section 19 of the Education Act 1996 and the DfE Statutory Guidance '[Arranging education for children who cannot attend school because of health needs](#)' (DfE, 2023) to provide education for children of statutory school age who cannot attend school due to their medical needs.

The Milton Keynes named officer for Section 19 is Nina Broderick (contactable via [SENDsupport@milton-keynes.gov.uk](mailto:SENDsupport@milton-keynes.gov.uk)) and the s.19 policy statement can be found on the [MK Local Offer](#).

All schools are expected as good practice to have a named person responsible for the education of children with health needs. The named responsible person is the point of contact with the local authority and parents.

Schools and academies should be providing support for their pupils with medical needs under their statutory duties as defined in '[Supporting pupils at school with medical conditions](#)' (DfE, 2015). It is only when the pupil's medical condition becomes too complex, the risks are too great to manage in school, or if the condition is long term such as chronic fatigue, that this policy would then apply.

The law does not define full-time education but children with health needs should have provision, where possible and as appropriate to their health needs, which is equivalent to the education they would receive in a mainstream school. 'Where full-time education would not be in the child's best interest for reasons relating to their physical or mental health, local authorities must arrange part-time education on whatever basis they consider to be in the child's best interests.' (DfE, 2023). In addition, if a pupil receives one-to-one tuition, the hours of face-to-face provision could be fewer as the education may be more intensive.

*See also section 4 for role of the LA and role of parents/carers.*

## 3. Children with medical conditions who can attend school

Where possible, schools should continue to provide education to children with health needs who can attend school. Home 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 in this respect.

Schools also need to be aware of their responsibilities when [mental health](#) issues are impacting a child.

MK LA does not need to become involved in such arrangements unless it has reason to believe that the education being provided by the home school is unsuitable.

## **4. Role of the Milton Keynes Local Authority**

In line with the s.19 duty, where a child is resident in Milton Keynes and cannot attend school because of a physical or mental health need, and cannot access suitable full-time education, Milton Keynes LA is responsible for arranging suitable alternative provision. This applies to children who are pupils in Academies, Free Schools, special schools, alternative provisions and independent schools as well as those in maintained schools.

There is no legal deadline by which the MK LA must start to arrange education for children unable to attend school due to their health needs. 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, and the home school is unable to provide a suitable education, MK LA should arrange suitable alternative provision. The 15 days may be consecutive or over the course of a school year (cumulative).

In Milton Keynes, SEND Team Specialist Teachers act as LA representatives to support with actions required following receipt of a notification for arranging suitable educational provision from the LA. The educational offer typically involves a tutoring package with hours allocated taking into account the health information received. Children with identified significant mental health needs supported by CAMHS professionals, may be considered for alternative provision with Bridge West. In all eventualities, children are expected to remain on roll to their home school (unless the limited exceptions as stated on p.14 of [Arranging an education for children who cannot attend school because of health needs 2023](#) apply) and to return to their home school as soon as their health allows, indicated by the health professionals involved.

Educational provision will include provision from the home school to ensure that the child has access to online learning platforms (as appropriate), feels fully part of their home school community, are able to stay in touch with classmates and have access to the opportunities enjoyed by their peers.

Where full-time education would not be in the best interests of a child because of reasons relating to their physical or mental health, MK LA may support part-time education as advised by health practitioners who are also working with the child. Where part-time education is provided, this will be regularly reviewed, and a plan for increasing hours and a possible reintegration to school will be put in place where appropriate. Full and part-time education will still aim to achieve positive educational progress (particularly in English, Maths and Science) and improved social and emotional health.

Typically, a 6 weekly review cycle will determine if educational provision provided by the LA will continue, increase or decrease and responsibility for alternative provision remains with MK LA whilst this is agreed. The nature of the intervention, the objectives, the expected outcomes and timeline to achieve the objectives will be made clear, working in collaboration with all professionals involved. Professionals will include: Key school staff; MK LA

representatives; health representatives (e.g., school nurse, mental health support team etc.); and as appropriate may also include: targeted early help services/children's social care.

The focus of MK LA educational offer will always be to facilitate a full return to full-time education with the child's home school which will be led by the health advice and information, working alongside the home school.

Depending on the school's role within the provision of the pupil's educational offer and length of time that the pupil is not attending school, MK LA may request for funding available to the school to be redirected to follow the pupil. This may result in requests for funding, such as AWPU funding received by the school, to be made available to MK LA.

### Working Together

Parents and carers have an important role to play and are expected to provide school necessary information, including any information received from health professionals about the child and their needs, whether the child is at home or in hospital. The child should also be involved in decision making from the start. How they are engaged should reflect their age and maturity. Both children, wherever possible, and their parents should attend any organised review meetings of the educational offer as requested by the home school or MK LA (where involved)

In all cases, effective collaboration between relevant services is essential in delivering effective education for children with physical or mental health needs.

If a parent/carer has concerns that their child's health is having an impact on their learning or has concerns about the specific educational provision being provided to their child, they should contact and discuss directly with the home school. As appropriate, parents can escalate concerns using the complaints procedure which should be outlined on the school's website.

If parent/carer wishes to query or is unhappy with aspects concerning the arranged alternative provision by the LA, the timing or other related matters, they should contact the lead MK representative involved or Nina Broderick via [SENDsupport@milton-keynes.gov.uk](mailto:SENDsupport@milton-keynes.gov.uk)

It is the legal responsibility of all parents/carers to ensure their child receives an education by full-time attendance at school or otherwise.

## **5. Hospital admissions**

Milton Keynes does not have a hospital school. When in hospital, liaison between hospital staff, the home school and as necessary, MK LA, can ensure continuity of provision and consistency of curriculum – helping the child/young person to keep up rather than having to catch up.

The parent, with information from the hospital, will inform the home school at the earliest possible opportunity the health status of the child and when the child is due to return home. The home school will notify MK LA as soon as it is clear that the child is due to be absent for 15 consecutive or cumulative days and/or they consider they are unable to provide a suitable education.

The hospital will provide information to the home school and/or MK LA as required and requested to inform the educational provision the child is able to access.

The hospital will contact the MK LA named officer responsible for the education of children with health needs should they have concerns regarding the child's access to a suitable education.

Where a child has to relocate, due to their sibling's illness, the education becomes the remit of the authority where they are temporarily situated.

## **6. School Support without the need for MK LA intervention**

In the majority of cases, the below actions and support will be expected to have been considered by the home school and, where appropriate, be in place for pupils with health needs. When considering if the home school is able to provide a suitable education, and whether it is necessary for the MK LA to provide education, the following is expected to have been undertaken (where applicable) to meet the health needs of the child:

- Gather any available health information via the parent/carer and/or health professional/s involved
- Using the health information, set up an Individual Health Care Plan (IHP) in collaboration with the child, parent/carer, health professional/s and other professionals as appropriate. This should be regularly reviewed, and assessed
- Involve further external professionals to inform the child's provision and support as helpful (e.g. school nurse, targeted early help support, social worker, SEND Team, Mental Health Support Team in Schools etc.)
- Consider if a [part-time timetable](#) is necessary as a part of the support plan (with a focus on English, Maths and Science) and consulted with parent/carer and social worker where applicable
- Consider the use of digital resources to aid learning, including [remote education](#) in addition to face-to-face learning
- Ensure arrangements are flexible and responsive to the child's needs
- Consider all reasonable adjustments available, taking on board those suggested by the pupil and their parents/carer
- For a child whose condition amounts to a disability, consider also the [equalities legislation](#)
- Utilise support and guidance information available on the Local Offer webpages and beyond such as the [MK Emotional Based School Avoidance \(EBSA\) Guidance](#) and creation of an EBSA Plan

- If a child's needs amount to ongoing special educational needs, involve the school Special Educational Needs Coordinator (SENCo) to ensure that any SEND needs have been correctly identified and needs met. SENCo to consider if the pupil may require a [SEND Support Plan](#) or [Educational Health Care needs assessment](#).
- Exam access arrangements to be in place or made to meet identified needs and support usual ways of working (see [JCQ guidelines](#))
- Use all of the available resources including identifying key staff to be involved with the pupil's support, and utilising funding available including AWPU funding, and as applicable Pupil Premium funding and SEND notional budget
- Where a child has had a school phase transfer or change of schools, a robust transition plan has been put in place to ensure previously successful support adaptations continue in the new school

In addition to MK LA reviewing notifications received by schools when children have not attended school for 15 consecutive or cumulative days due to a health need, schools can also make a direct request for involvement from MK LA where they feel the s.19 duty applies.

When a school makes a request for support under s.19, the LA will expect documented evidence in relation to the points above. This will include: letters and written advice from health professionals, Individual Health Care Plans, provision timetables, part-time timetables, updated and reviewed SEND Support plan, updated and reviewed EBSA Support Plan etc.

Schools can make the request, providing the requested information, using the following link:

[https://mycouncil.milton-keynes.gov.uk/service/Education\\_for\\_children\\_with\\_health\\_needs\\_who\\_cannot\\_attend\\_school](https://mycouncil.milton-keynes.gov.uk/service/Education_for_children_with_health_needs_who_cannot_attend_school)

It is expected that the named person responsible for the education of children with health needs in school would be the main point of contact with the LA and will complete the referral form or co-ordinate this process. To use the link, you will be required to log in as prompted.

## **7. Reintegration**

Where MK LA has been providing the educational provision, as far as possible the child should be able to access the curriculum and materials that they would have used in their home school. This could include attending educational visits and accessing digital resources.

MK LA will work with home schools to set up an individually tailored reintegration plan for each child which can be documented using the child's IHP. The school may need to provide extra support to help fill any gaps arising from the child's absence.

Where the absence is likely to be lengthy, the reintegration plan may only take shape nearer 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 home school routine as soon as possible, some will need gradual reintegration over a longer period.

Expected ways in which the home school can remain in touch with children to support reintegration includes:

- Digital learning platforms
- Telepresence solutions (e.g. in MK the AV1 No isolation Robot is advisable)
- School newsletters
- Social medial platforms
- Emails
- Invitations to school

## 8. Further expectations and frequently asked questions relating to children with social, emotional and mental health needs and attendance

Parents/carers are expected to:	School staff are expected to:	Academy trustees and governing bodies are expected to:	Local authorities are expected to:
<p>Make sure their child attends school.</p> <p>Work with the school and other partner organisations such as the LA to establish a shared understanding of perceived barriers to attendance, with a view to supporting their child to maintain full-time attendance at school.</p> <p>Proactively engage with any support offered.</p> <p>Keep in touch with the school and be open in</p>	<p>Set and maintain high expectations for attendance for children with mental health concerns and work with pupils and parents/carers to maximise their attendance.</p> <p>Facilitate support for pupils experiencing mental health problems as well as for those experiencing normal but difficult emotions through sensitive conversations with pupils and parents/carers.</p>	<p>Regularly monitor and consider the approach to <a href="#">promoting and supporting mental health and wellbeing within the school</a> to understand how it is working.</p> <p>Satisfy themselves that the building of emotional resilience is sufficiently delivered through school curriculum and pastoral support, promoting a strong ethos and culture.</p>	<p>Work in conjunction with relevant services and partners such as local mental health services, and provide access to voluntary sector support and council services where necessary.</p> <p>Promote and protect the health and wellbeing of the school-age population.</p> <p>Work with partner organisations to signpost schools to support available in the local community</p>

<p>communicating information that will help improve the quality and nature of support being provided.</p> <p>Take action as best they can to support their child(ren) to recognise and manage their social, emotional and mental health and wellbeing.</p> <p>Support is available at Children's mental health - <a href="#">Every Mind Matters</a></p>	<p>Consider additional pastoral care inputs, where appropriate making referrals.</p> <p>Engage with parents at an early stage in conversations to support their child experiencing anxiety to ensure robust support for the child.</p> <p>Support parents if they feel the child needs to visit a specialist in relation to a mental health concern.</p> <p>There is no need to routinely ask for medical evidence to support recording an absence as authorised. Schools should encourage parents to make appointments out of school hours where possible.</p> <p>Only request medical evidence of a mental health-related absence where there is a genuine and reasonable doubt about the authenticity of the illness, whether the illness should constitute an absence or to inform any</p>	<p>Support the school to take a holistic approach to <a href="#">promoting and supporting mental health and wellbeing</a>.</p>	<p>and prioritise targeting support for children and young people most in need.</p> <p>Where support is provided but not engaged with voluntarily, consider whether to formalise support or to enforce attendance through legal intervention in the normal way under their existing powers.</p> <p>Determine whether alternative provision should be provided under section 19 of the Education Act 1996 as outlined in <a href="#">statutory guidance</a> where pupils are likely to miss more than 15 days.</p> <p>Review EHC plans where required.</p>
---	--	--	---

	agreed actions to support attendance.		
--	---------------------------------------	--	--

For a summary of responsibilities and expectations please also refer to: [Working together to improve school attendance.](#)

**Emotional Based School Avoidance (EBSA) Guidance**

The Milton Keynes SEND Team in collaboration with service leaders across education, health, social care, MK Special Educational Needs and Disability Information Advice Services (SENDIAS) and the MK Parents and Carers Alliance (PACA), have developed the Emotional Based School Avoidance (EBSA) Guidance. It is expected that for all children, where an EBSA need is identified, this guidance is used at the earliest stages of absence and put in place over time to ensure that the school is able to provide a suitable education without the need for LA intervention. Where a request for the LA to provide suitable education is considered and EBSA has been identified, evidence of using the guidance, implementing meaningful plans and review cycles will be requested as a part of the information required. MK EBSA guidance can be found [here](#).

**Should school staff ask for medical evidence of a mental health-related absence?**

It is important that children and parents/carers do not feel as though their concerns about mental health have gone unheard which is why, as explained in the '[Working together to improve school attendance](#)' guidance, schools must record absences as authorised where pupils of compulsory school age cannot attend due to illness (both physical and mental health related).

There is no need to routinely ask for medical evidence to support recording an absence as authorised for mental health reasons. This is because, in general, primary care health professionals such as General Practitioners are unlikely to be able to offer such evidence to support one-off absences related to mental health.

In instances of long-term or repeated absences for the same reason, however, 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. 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.

Please also remember that there may be other health professionals actively involved in the child's care that can provide the medical evidence through routine clinical letters e.g., CAMHS or Community Paediatricians. Where MK LA is considering if it is necessary for it to provide suitable education, medical information is required to have been gathered by the school (typically via the parents/carers) and shared. MK LA would ordinarily expect for the medical information to have informed the planning and provision delivered by the school until this point.

**Can part-time timetables be used for children who are anxious about attending school?**  
[‘The Working together to improve school attendance’](#) guidance sets out the principles of [part-time timetables](#). A part-time timetable might refer to an agreed period of time where the child is allowed to be away from school for part of the school week. All children of compulsory school age are entitled by law to an efficient, full-time education suitable to their age, aptitude and any special educational need they may have.

It is the legal responsibility of all parents/carers to ensure their child receives an education by full-time attendance at school or otherwise. In very exceptional circumstances, where it is in a pupil’s best interests, a plan to help a child to attend well may involve the use of a temporary part-time timetable to meet their individual needs. For example, where a medical condition (including a mental health condition) prevents a pupil from attending school full-time and a part-time timetable is considered as part of a re-integration package. A medical condition might include a mental health condition, however schools should keep in mind the nature of the challenge, and whether it can instead be managed by implementing reasonable adjustments to support attendance, as outlined above.

Any part-time timetable should seek to maximise face-to-face school time as much as possible. Schools should consider providing remote education to help pupils stay on track with the education they would normally receive. Any remote education should only be considered if the pupil is well enough and able to learn and should be given in line with the guidance: [‘providing remote education: guidance for schools’](#).

Any part-time timetable arrangements should be designed with the specific barrier to attendance in mind, have a time limit by which point the pupil is expected to attend full-time, (either at school or at an alternative provision setting), and have formal arrangements in place for regularly reviewing the timetable with the pupil and their parents/carers.

The utilisation of a temporary part-time timetable can help to improve a child’s attendance over time. In agreeing to a part-time timetable, the school, parents/carers and pupil have agreed to the pupil being absent from school for part of the week or day, and therefore must treat absence as “absence with leave” (a type of authorised absence). A part-time timetable must not be used to manage a pupil’s behaviour. Guidance and further support with [managing mental health and pupil behaviour](#) is also available.

Where support offered is not engaged with, or where all other options have been exhausted or deemed inappropriate, schools should work with the LA to consider whether to formalise support or to enforce attendance through legal intervention in the normal way under their existing powers. See [When to inform the Local Authority about an attendance concern](#) for more details.

**Additional considerations for children with Special Educational Needs and Disabilities, an Education Health and Care Plan and/or an assigned social worker**

This policy applies to all pupils, but school staff should consider whether a child with a SEND need may be more anxious about attending school. Where a child is disabled within the

meaning of the Equality Act 2010, schools will need to consider their duty to make reasonable adjustments under section 20 of that Act.

The principles of maintaining consistent high ambitions for the attendance of this cohort of children remain the same, and schools should strive to maximise their time spent in school.

Most pupils with SEND attend well, but where attendance does emerge as a concern, any additional needs should be considered as part of attendance conversations, ensuring that any plans put in place are agreed with the child's parents/carers.

If the child has an Educational Health Care Plan (EHCP), school staff should consider communicating with the LA at an early stage once they become aware of barriers to attendance that relate to the child's needs. In many cases the school may be able to agree with parents/carers adjustments to its policies and practices that are consistent with the special educational provision set out in the EHCP.

In other cases, the additional or different attendance support identified may require the LA to review and amend the EHC plan. Children with an EHCP may also require an Individual Health Care Plan. If school staff identify that anxiety about attending is being driven by another medical need, then they should work with the relevant health professionals and parents/carers to review that support and consider putting in place or updating an Individual Healthcare Plan.

In keeping with the [Working together to Improve School Attendance](#) (paragraphs 78, 82 and 83), and the Keeping children safe in education guidance, it is important that school staff maintain high expectations for the attainment and attendance of children with a **social worker** by consistently monitoring and improving their attendance. It may be appropriate to include information shared in Child in Need and Child Protection planning meetings to evidence health needs or lack of progress towards identifying health needs. If a part-time timetable is being considered, schools must do so with the agreement of the relevant professionals involved including the child's social worker.

Please visit the MK Local Offer website: [mksendlocaloffer.co.uk](http://mksendlocaloffer.co.uk) for further information on services related to this policy

- special educational needs and disability (SEND) services, including educational psychology services
- mental health support team in schools (MHST) and child and adolescent mental health services (CAMHS)
- attendance improvement services
- school nurses

This Policy has been produced in consultation with MK Designated Clinical Officer (DCO), MK CME Team, MK Virtual School, MK hospital representatives, MK SENDIAS Service and MK SEND Team representatives including the Educational Psychology Service. With thanks to Central Bedfordshire Council.