**Oxfordshire County Council Education of Children Unable**

**to Attend School Due to Health Needs Policy.**

**Schools**

**Introduction:**

This policy outlines the responsibilities of Oxfordshire County Council to ensure that children and young people who are unable to attend school due to additional health needs receive a suitable and effective education. This policy aligns with the principles set out in relevant national legislation, including Section 19 of Education Act 1996, section 100 Children and Families Act 2014, Arranging education for children who cannot attend school because of health needs Feb 2023, The School Attendance (Pupil Registration) (England) Regulations 2024, Equality Act 2010 and Alternative Provision Statutory Guidance (2025).

**Parental Responsibility:**

Parents/carers have a duty, under section 7 of the Education Act 1996, to ensure that their child of compulsory school age (5 to 16) receives a suitable education either by attendance at school or otherwise and so share in the responsibility of ensuring good and regular attendance. The education must be suitable for the child’s age, ability and aptitude including any special educational needs.

As such, we would encourage parents/carers and schools to be open and work together to create a plan for attendance that fits with the needs of the child. Working with parents/carers and pupils to understand the barriers to their attendance and, where appropriate, making reasonable adjustments to overcome those specific barriers is an effective way of building confidence and reducing anxiety about attending.

Parents/carers should engage with support offered by the school and be reminded of the importance of regular attendance and the emotional and mental wellbeing benefits of attending school for children and young people. They should feel reassured that the school has a plan for their child, and parents/carers should feel supported in their responsibility of ensuring the child’s regular attendance at school.

**Scope of the Policy**

This policy applies to all children and young people of compulsory school age who are residents of Oxfordshire and are unable to attend their registered school for a period exceeding 15 school days, either consecutively or cumulatively a period exceeding 15 school days, over the course of a school year, due to their health needs.

**Alms and Objectives:**

1. to provide a framework for identifying and supporting children with additional health needs who are unable to attend school.
2. To ensure that children receive a suitable and tailored education that meets their needs, considering their health condition and individual circumstances.
3. To work collaboratively with parents, schools, health professionals and other relevant agencies to support the education and wellbeing of the child.
4. To ensure a smooth reintegration into school or education setting when the child is able to return.

**Identification and Referral Process for schools:**

**Identification:** Schools are responsible for identifying child’s who are unable attend due to health needs. This will be based on medical evidence, professional reports and observed patterns of absence.

Where the school identifies a decline in attendance based on anxiety and mental health needs, the school must refer to their medical needs policy, provide support to child’s and work with parents to implement the Emotionally Based School Attendance (EBSA) model in addition to making a referral to Health professionals and implementing targeted interventions (this may include appropriate reasonable adjustments) prior to making a referral for Section 19 support.

It may be helpful to use an individual Healthcare Plan (IHP). An IHP will ensure that schools know how to effectively support the child as well as to provide clarity about what needs to be done, when and by whom, IHP’s should be reviewed annually or earlier if a child’s needs change.

**Referral:** Once identified, the school should refer the child to the correct service (identified below) within 10 working days of the child’s absence reaching 15 school days. A referral should include medical evidence and any relevant information about the child’s educational needs.

**Provision:**

**Educational Provision:** suitable AEP educational settings, include:

School approved commissioned services: Education services that provide 1:1, online, group education and therapeutic support.

OCC approved commissioned services: Education services that provide 1:1, online, group education and therapeutic support.

Oxfordshire Hospital School: Where a child is under the treatment of a medical professional, and where that professional believes the child is too unwell to access the school where they are on roll, a request can be made to Oxfordshire Hospital School via the following link: [HOME | Oxfordshire Hospital School](https://ohs.oxon.sch.uk/).

Hospital education is normally provided to inpatients, though it can be provided during regular visits to hospital by children who are day patients. Hospital education is a form of alternative provision, arranged by the local authority under the Section 19 duty, which either

* takes place at a community special school established in a hospital,
* takes place at a foundation special school established in a hospital,
* takes place at an academy established in a hospital
* takes place in an independent school established in a hospital
* takes place in a pupil referral unit or academy which provides education for hospital

Inpatients and/or day patients,

* takes place in a hospital where the education is provided by teachers directly employed by the local authority or by another school or academy under a service level agreement with the local authority.

Why and when a child is admitted to a hospital is due to a decision made by a medical practitioner, based on the child's health needs: the hospital education is provided under suitable arrangements made by the local authority in exercise of its S.19 duty.

**Panel Assessment:**

**Panel Meeting:** Each week a panel of professionals will gather to review Section 19 requests and agree on next steps. The panel will be made up of the following people: Section 19 Officer, Education Inclusion Manager, CAT Officer, EHCP Rep (when required), School Improvement Team rep, School Rep (HT, Dep HT, HoY, Inclusion, SENCo).

***Please note***: the school representative will not be from a referring school.

The referrals will be considered before being discussed at panel.

The panel will –

* Ensure the child’s needs are assessed and supported appropriately and efficiently. The panel will aim to keep the child within the school setting ensuring they continue to receive an inclusive and progressive education.
* Provide support, make recommendations and discissions for schools in relation to Alternative Education Provision that is best suited to the needs of the child and aligns with statutory duties.

**Assessment:** The outcome of the panel decision may require further assessment of the child’s educational needs in consultation with medical professional, parents, and the school. The assessment will consider the child’s health condition, the likely duration of absence, and the most appropriate form of educational provision.

**Review:** There should be a robust but flexible education provision plan agreed that should be reviewed through a 6 weekly education transition back to school meeting arranged by the school to ensure the provision remains suitable and effective. Attendance at the review meetings should include:

* Parents or carers
* Child
* Professionals who are directly involved with the child. Where a professional cannot attend the review meeting, they should submit a report to the school at least 72 hours prior to the meeting

Consideration for adjustments should be made based on changes in the child's health or educational needs. If a child is not engaging in the agreed offer, there should be a requirement for updated medical advice to ascertain the child needs and next steps.

The school’s attendance procedure should be followed for non-attendance to AEP.

**Roles and Responsibilities:**

**Local Authority:** The Local Authority is responsible for ensuring that suitable educational services are available for children unable to attend school due to health needs. This includes coordinating services and ensuring that the provision meets the required standards.

**OCC Named officer:** Margaret Springer - 07860 653 014

**Email address for enquiries and referrals:** [educationsection19@oxfordshire.gov.uk](mailto:educationsection19@oxfordshire.gov.uk)

**Schools:** AEP for children with diagnosed medical needs is funded from local authorities’ high needs budgets. However, where a child remains on the roll of their home school but requires a period of time in AEP due to their health needs, the home school may wish to consider the transfer of a portion of the school’s funding associated with that child to the AEP. This would ensure that the funding follows the child.

Schools will facilitate the child's reintegration into school when appropriate.

Where a child is on a school roll the home school retains responsibility for the child. This includes safeguarding, welfare checks, attendance monitoring for AEP, and monitoring of the child’s progress.

Schools should provide access to exams except when a child ceases to be of compulsory school age within the following 6 weeks.

**Parents/Carers:** Parents/carers are expected to provide the Local Authority and the school with up-to-date medical information and cooperate with the educational provision arranged for their child. They should also support their child's learning at home where possible.

Parent or carers will be expected to attend the 6 weekly education transition back to school review meetings to support co-production of a suitable and needs met reintegration plan.

**Health Professionals:** Health professionals are responsible for providing medical evidence and advice to support the educational needs assessment. They should collaborate with the Local Authority to ensure the child's health and education needs are met.

Where appropriate health professional will also attend termly review meetings providing up-to-date reports.

**Reintegration to School:**

**Planning:** When a child is ready to return to school, the identified alternative education provision, the school, parent or carers, involved medical professionals will work together to develop a reintegration plan. This plan will be tailored to the child's needs and may include phased returns, part-time attendance, or continued in-school additional support.

**Monitoring:** The reintegration process should be closely monitored, and adjustments should be made as necessary to ensure the child's successful return to school.

**Children with EHCPs or those within the SEN process.**

Where a child with an Education, Health and Care plan is struggling to attend school, the school should contact the child’s allocated SEN casework officer to discuss the circumstances around non-attendance.

Children where an EHCNA has been applied for, is in process or where an outcome from the EHCNA is being considered, suitability of current provision must be considered via the panel as per the Section 19 duty.

Where it is deemed that a child will need adjustments to be made to ensure access to a suitable full-time education, action should be taken to remedy this within 5 working days.

For parents/carers of children with special educational needs and/or disabilities advice can be sought via SENDIASS: <https://www.sendiass-oxfordshire.org.uk/>

**Quality Assurance and Monitoring:**

The Local Authority will monitor the quality and effectiveness of the alternative education provision they commission for children. Feedback from parents, schools, and the children themselves will be used to inform service improvements.

Schools are responsible for ensuring the quality and safety of the commissioned AEP they use for their children.

**Complaints:**

If parents or carers are dissatisfied with the provision made for their child, they should first discuss this with the Local Authority's designated officer. If the issue remains unresolved, they may use the Local Authority's formal complaints procedure.

<https://www.oxfordshire.gov.uk/council/about-your-council/have-your-say-about-council-services/complaints-about-oxfordshire-county-council/complaints-and-comments>

**Policy Review:**

This policy will be reviewed every three years or sooner if required by changes in legislation or guidance.

**Appendix A:** Relevant Legislation and Guidance

* Section 19 of Education Act 1996
* Section 7 of the Education Act 1996
* Section 100 Children and Families Act 2014
* Arranging education for children who cannot attend school due to health needs (2023)
* Supporting pupils at school with medical conditions (2015)
* The School Attendance (Pupil Registration) (England)Regulations 2024
* Equality Act 2010 and Alternative Provision Statutory Guidance (2025)
* Working together to safeguard children (2023)