

Greenvale Primary School



Supporting Children with Medical Conditions

Policy Date	September 2023
Signed by Head Teacher	Mrs A Allnutt
Review Date	September 2024

Approved by Governing Body		
	G Zeuli	
Chair of Governors	Print Name	Date



Medway Council

Supporting Pupils with Medical Conditions:

**Ensuring Provision for Children Who Cannot
Attend School Because Of Health Needs**

**Effective from
September 2023**

Version	Date	Type	Author
1.0	March 2021		School Effectiveness Team
1.1	July 2023	Revised draft	Strategic Head of Education – Quality and Inclusion

Contact Details

Named Person: Aretha Banton

Role: Strategic Head of Education - Quality and inclusion

The email address for referrals is as follows:

E-mail: EOTAS@medway.gov.uk

Data Protection & Privacy

Medway Council will process, store and share an individual's personal data in relation to school admission processes only in accordance with the Council's published privacy policy. This can be found at:

www.medway.gov.uk/info/200217/freedom_of_information/347/data_protection/1

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1. Purpose

This policy outlines how Medway Council meets its statutory responsibilities in regards to assessing the needs of children who are unable to attend school arising from medical needs and ensuring that timely and suitable provision is in place to address such needs. This policy outlines the support available within Medway for children and young people with medical conditions.

For the purpose of this policy, we apply the definitions as laid out in the DFE [Working together to improve school attendance](#) guidance. A parent means:

- all natural parents, whether they are married or not;
- any person who has parental responsibility for a child or young person; and,
- any person who has care of a child or young person (i.e., lives with and looks after the child).

2. General Information and Key Contacts

It is a statutory requirement that local authorities have a named person responsible for the education of children with medical conditions.

In Medway, the named person is:

Name: Aretha Banton

Role: Strategic Head of Education - Quality and inclusion

The email address for referrals is as follows:

E-mail: EOTAS@medway.gov.uk

This person is responsible for:

- Working in partnership with education, health and social care agencies.
- Ensuring that Medway Council Children's Services fulfils its statutory duties in relation to medical needs provision for children and young people who cannot attend school for medical reasons.
- Parents/carers can contact the named person to discuss their child's individual circumstances, and to request information about Medway Council's processes. A copy of this policy is also available via Medway Council's website. Additional information about provisions and support is available via Medway Council's Local Offer.
- Schools can contact Medway's Inclusion Team in order to obtain guidance in relation to available medical needs education provision. The team is also able to provide advice about the own statutory responsibilities in supporting children with medical conditions.

3. Statutory Guidance and Legislation

This policy is to be read in conjunction with the following statutory guidance and legislation:

- [Ensuring a good education for children who cannot attend school because of health needs. Statutory guidance for local authorities. January 2013. Department for Education.](#)
- [Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. December 2015 Department for Education.](#)

- [SEND Code of Practice 0-25 years Statutory guidance for organisations which work with and support children and young people with special educational needs or disabilities; January 2015.](#)
- [Summary of responsibilities where a mental health issue is affecting attendance. February 2023. Department for Education.](#)
- [Working together to improve school attendance. Guidance for maintained schools, academies, independent schools, and local authorities. Published: May 2022. Applies from: September 2022. Department for Education.](#)

Other relevant guidance, legislation and documentation:

- [Alternative Provision: Statutory guidance for Local Authorities. January 2013.](#)
- [Area SEND inspections: framework and handbook. Published 29 November 2022 State of the nation 2022: children and young people's wellbeing. Research report. February 2023. Department for Education.](#)
- [Children and Families Act 2014.](#)
- [Children missing education. Statutory guidance for local authorities. September 2016. Department for Education.](#)
- [Children and Young People privacy notice.](#)
- [Education Act 1996. Section 19.](#)
- [Equality Act 2010.](#)
- [Equality act 2010 advice for schools](#)
- [First aid in schools](#)
- [Keeping children safe in education 2022. Statutory guidance for schools and colleges. 1 September 2022.](#)
- [School inspection handbook. Updated 11 July 2022](#)
- [Statutory Policies for Schools](#)
- [Summary table of responsibilities for school attendance Guidance for maintained schools, academies, independent schools, and local authorities. May 2022. Department for Education.](#)

4. Equalities Statement

Medway Council are committed to policies and practices that promote equality for all regardless of age, gender, race, disability, religion or belief, sexual orientation, gender reassignment, marriage or civil partnerships, or pregnancy and maternity. We believe that all children and families have the right to access opportunities without discrimination, prejudice, harassment or victimisation.

5. Aims

Medway Council is committed to ensuring that all children and young people have access to high quality education, and that additional needs, such as SEND needs or medical conditions, should not cause a barrier to accessing provision or resources. Where children cannot attend school because of health needs, Medway Council will work with providers, health services and other relevant agencies to assess the child's needs and provide timely and suitable provision to support continued access to education.

This policy statement describes the services provided by Medway Council that supports and maintains the education of children who are temporarily unable to attend school due to additional health needs.

This policy links to the Medway Local Area SEND Strategy 2022-25 which sets out the five ambitions:

- Ambition 1: Achieving the best outcomes, through inclusion and participation.
- Ambition 2: Preparing for a successful future at the earliest opportunity.
- Ambition 3: Working together with children and young people with SEND and their families.
- Ambition 4: Access to the right support, at the right time, in the right place.
- Ambition 5: Children and young people with SEND recover from the Covid pandemic.

It also links to the Medway People Strategy 2021-25 sets out the following priorities:

- Children in Medway will have the best start in life.
- Children and young people in Medway will develop well.
- Children and young people in Medway will live independent and fulfilled lives into an active older age.
- Children and young people in Medway contribute to their community and have a meaningful say in decisions and services that shape their lives.

6. Roles and responsibilities: Medway Council

It is important to recognise that there are many circumstances in which children with medical conditions will continue to receive a suitable education without intervention by the LA, as the school will continue to meet its responsibilities to provide education for its children and young people as set out in the DfE guidance [Supporting pupils at School with Medical Conditions” December 2015](#). This will be the case:

- where the child can attend school with support;
- where the school has made arrangements to deliver suitable education outside of school;
- or where arrangements have been made for the child to be educated in an on-site hospital school.

In these cases, Medway Council would not be involved in such arrangements, unless there is cause to believe that the education provided by a school would not be suitable in content, or that the education provided would not be full time due to frequent or intermittent absences relating to a health need. There is no legal definition of full-time education.

The statutory guidance states that local authorities are responsible for arranging suitable full-time education for children with additional health needs, who are of compulsory school age, in instances where they are unable to receive suitable education without additional support. There may be occasions when the local authority considers that a pupil's condition means that full-time provision would not be in his or her best interests. On these occasions, suitable education may take the form of part-time education.

These responsibilities apply to all children and young people who live in the county of Medway, regardless of the type of school they would usually attend, including maintained schools, academies, free schools, special schools, or independent schools.

These responsibilities apply to all children and young people who live in the county of Medway, regardless of the location of the school they would usually attend. Where a child is ordinarily resident in Medway but attends school outside the county, Medway retains responsibility for arranging medical needs provision for that child. Medway Council may seek to recoup costs incurred from the home authority in relation to medical needs provision for Looked After Children placed in Medway by a different local authority.

These responsibilities apply to all children and young people who live in the county of Medway regardless of whether they are on the roll of a school.

The policy sits within the Education and SEND services at Medway. Teams within this service work together to ensure that there is a holistic, child-friendly approach to supporting children and young people with medical needs. The named person will liaise with parents, children and young people, schools and other education providers, colleagues from across the directorate (including social care), health services and other partner agencies to ensure that plans are co-produced and subject to regular review. In Medway, the named person is **Name: Aretha Banton (Strategic Head of Education - Quality and Inclusion)**

The LA's SEND team will work with schools to review any changing needs of a child or young person who has an Education, Health and Care Plan (EHCP), and who is unable to attend school because of their medical needs. The EHCP will link the long-term educational needs associated with the child's medical condition to the most appropriate teaching and learning provision.

When treatment of a child's condition means that his or her family have to move nearer to a hospital, and there is a sibling of compulsory school age, the local authority into whose area the family has moved should seek to ensure that the sibling is offered a place, where provision is available, for example, in a local mainstream school or other appropriate setting.

Awarding bodies will make special arrangements for children with permanent or long-term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations. The LA (or the school where applicable) should submit applications for special arrangements to awarding bodies as early as possible. Those providing education to a child out of school should provide advice and information to the school to assist it with such applications.

Medway Council expects all providers will to work in partnership with it to ensure continuity of access to education for all children unable to attend school because of serious illness or injury. All schools must have a written policy and procedures for dealing with the education of children and young people with medical needs and governing bodies also must have regard to relevant statutory guidance, [Supporting pupils at School with Medical Conditions" December 2015.](#)

Medway Council has the following alternative provision arrangements in place for children who are unable to attend school due to a medical condition are as follows:

- Outreach provision aimed at supporting students to reintegrate back into their usual school provision following placement at an alternative provision, or period of absence from education linked to medical conditions.
- Tuition services aimed at supporting children and young people in the community with medical or mental health conditions.
- Hospital School provision.

7. Roles and responsibilities: Schools

[Section 100 of the Children and Families Act 2014](#) places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting children and young people at their school with medical conditions. The statutory guidance entitled [Supporting pupils at school with medical conditions](#) outlines statutory responsibilities for governing bodies of maintained schools (excluding maintained nursery schools); management committees of PRUs; proprietors of academies, including alternative provision academies (but not including 16–19 academies). Independent schools are not obliged to follow the statutory guidance. However, the information contained in the guidance may assist these schools in promoting the wellbeing and academic attainment of children with medical conditions.

Schools do not have to wait for a formal diagnosis before providing support to child and young people. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

Where specific medical evidence, such as that provided by a medical consultant, is not quickly available, providers should consider liaising with other medical professionals, such as the child's GP or the school nurse.

As outlined in the [Summary of responsibilities where a mental health issue is affecting attendance. February 2023. Department for Education.](#), schools should 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 agreed actions to support attendance.

The guidance outlines that Governing bodies/proprietors/management committees should:

- Ensure they develop a policy for supporting child and young people with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.
- Ensure that child and young people with medical conditions should be properly supported so that they have full access to education, including school trips, physical education and other extra-curricular activities.

- Make 'reasonable adjustments' to accommodate child and young people with medical needs. Due regard should be paid to the child or young person's individual needs, and how their medical condition impacts on their school life.
- Ensure that arrangements are in place in schools to support child and young people at school with medical conditions.
- Ensure that school leaders consult health and social care professionals, child and young people and parents/carers to ensure that the needs of children with medical conditions are effectively supported.
- Ensure the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation, how individual healthcare plans will be implemented and reviewed, how medication will be stored and administered, how emergency situations are dealt with, how complaints are addressed, and how staff will be suitably trained.

Notifying the Local Authority

Schools should inform Medway Council as soon as they are aware that a child or young person is likely to miss more than 15 days of education. Schools should work with the family to provide educational provision whilst determining with the LA whether alternative provision should be provided under section 19 of the Education Act 1996, as outlined in statutory guidance.

Admissions and off rolling

Children and young people with medical conditions have the same rights of admission to school as other children. This means that no child should be prevented from taking up a place because arrangements for their medical conditions have not been made. However governing bodies should consider safeguarding duties and ensure that child and young people' health is not put at unnecessary risk from, for example, infectious diseases. Therefore, they do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Under the Education (Pupil Registration) England Regulations 2006, a school can only remove a pupil who is unable to attend school because of additional health needs where: a) the pupil has been certified by the school medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age, and; b) neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.

Public Examinations

Awarding bodies will make special arrangements for children with permanent or long-term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations. The LA (or the school where applicable) should submit applications for special arrangements to awarding bodies as early as possible. Those providing education to a child out of school should provide advice and information to the school to assist it with such applications.

Part time timetables

A part-time timetable must only be in place for the shortest time necessary and not be treated as a long-term solution. Agreements should have a time limit by which point the pupil is expected to attend full-time, either at school or an alternative provision. There should also be formal arrangements in place for regularly reviewing the reintegration plan with the child or young person, parents, and other agencies as relevant. In agreeing to a part-time timetable, a school has agreed to a pupil being absent from school for part of the week or day and therefore must treat absence as authorised.

8. Roles and responsibilities: LA commissioned alternative provisions

In addition to the roles and responsibilities set out in sections 5 and 6, Medway Council expects alternative provisions and commissioned education providers to:

- Ensure access to a broad and balanced curriculum that is appropriate for the child and young person's age range, and where necessary, tailored to meet their additional needs, including medical conditions and SEND. In order to aid reintegration, the provider should liaise with the child or young person's usual educational setting, ensuring that there is continued access to the curriculum and materials that child or young person may have used in school.
- Ensure that students access full time education. Where this is not possible due to medical needs, Medway council expects providers to ensure that a part-time timetable is a time limited intervention, and not treated as a long-term solution. Providers must liaise with Medway Council as the commissioning body and ensure that there is an agreed approach to intervention during the period of part time education, and reintegration following the period of part time education. There should also be formal arrangements in place for regularly reviewing the reintegration plan with the child or young person, parents, and other agencies as relevant. In agreeing to a part-time timetable, a school has agreed to a pupil being absent from school for part of the week or day and therefore must treat absence as authorised.
- Ensure that safeguarding procedures comply with KSCIE 2022, and that risks to children and young people with medical needs are fully considers, for example the risk of infection.
- Ensure that they take part in Medway Council's quality assurance processes.
- Ensure access to appropriate careers, information and guidance for the child or young person, and engage with partner agencies to ensure swift and comprehensive sharing of information and intervention at key transition points.

9. Roles and responsibilities: Health

The Health Visitor's Role is to:

- Support the early identification of children with long term health conditions and ensure appropriate agencies are informed about emerging needs, e.g. Early Years Inclusion Teams
- Offer advice to early years settings on managing medical needs.
- Liaise with school nursing team prior to a child transitioning to school.
- Be involved with safeguarding and contribute to child protection procedures.

The role of the School Nursing Team is to:

- Provide advice and support to schools for children with medical needs.
- Support schools to develop the policies and procedures for managing medical needs in school.
- Be involved with safeguarding and contribute to child protection procedures.
- Provide schools with support, advice and 'sign off' of Individual Healthcare Plans for children with medical needs.
- Liaise with specialist clinical services.

The role of the Children's Community Nursing Team is to:

- Provide specific nursing advice to the named person in school for children and young people on their caseload and liaise with other relevant professionals involved with children/families as necessary.
- Be involved with safeguarding and contribute to child protection procedures.
- Notify relevant school and the local authority of children who come onto the children's community nursing caseload, who require support at school, or support to access education.
- Contribute professional advice to a child's EHC needs assessment and the annual review of the EHCP.

10. Roles and responsibilities: Parents

Parents know their child best. It is really important that they are involved in all decisions regarding the support that their child requires. Parents/carers should:

- Make sure their child attends school.
- Work with the school and other partner organisations to identify and understand perceived barriers to attendance, with a view to supporting their child to maintain full-time attendance at school.
- Take action as best they can to support their child(ren) to recognise and manage their social, emotional and mental health and wellbeing.
- Be willing to work openly with everyone involved in supporting their child.
- Provide early communication if a problem arises or help is needed.
- Attend necessary meetings, including review meetings.
- Notify the school of any health condition and provide relevant and up-to-date information to support professionals to support the family in the best possible way.
- Contribute to discussions and decision-making processes about the support and care for their child (such as their individual healthcare plan)
- Support their child's return to school and work with professionals on a plan for reintegration.

11. Roles and responsibilities: Children and young people

The child or young person should be invited to share their views. They should be supported to share their views if they are unable to do so independently. The format in

information is shared with them, and obtained from them should be accessible, child-friendly and tailored to meet their needs.

Children and young people should:

- Be willing to work openly with parents and professionals involved in their health care plan.
- Engage in the education and interventions provided for them.
- Work positively with the professionals who are supporting them, e.g., health professionals, social care professionals.
- Work towards reintegration alongside their parents, and professionals who support them.
- Be prepared to communicate their views and contribute to discussions and decision-making processes about the support and care they are receiving.
- Engage with other agencies as appropriate and attend necessary meetings, including review meetings.

12. Identification, intervention and reintegration

This policy applies to all children and young people who:

- Have an illness which will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year and where suitable education is not otherwise being arranged.
- Have a health need, and their absence has been validated by a medical professional, for example a consultant community paediatrician or specialist consultant psychiatrist from NELFT. Where specific medical evidence, such as that provided by a medical consultant, is not quickly available, providers should consider liaising with other medical professionals, such as the child's GP or the school nurse. We will consider each case on an individual basis, even in circumstances where there is no medical evidence.
- Health problems can include physical illnesses, injuries and clinically defined mental health difficulties certified by medical evidence, such as that provided by a medical professional.

All referrals must be verified, in writing, and should indicate:

- The medical need or diagnosis
- Confirmation that the child or young person is unable to attend school.
- A recommendation on whether the child or young person is able to access full time or part time education during this period.
- An outline of what medical intervention is currently in place and where appropriate timeframe for reintegration or review.

Child and young people with long term illnesses or other health needs may need additional support to continue their education. Local authorities are responsible for arranging suitable education for children of compulsory school age who, because of health reasons, would otherwise not receive suitable education.

Where they have identified that additional support is required, Medway Council will endeavour to ensure that suitable provision is arranged as quickly as possible, and that it

appropriately meets the needs of the child. In order to achieve this, we will liaise with medical professionals where appropriate, and review specific medical evidence. If information is not readily available from a medical consultant, we will consider liaising with other medical professionals, such as the child's GP and review other available evidence to ensure minimal delay in arranging appropriate provision for the child.

Once parents have provided evidence from a consultant, we will not unnecessarily demand continuing evidence from the consultant without good reason. Evidence of the continuing additional health issues from the child's GP will usually be sufficient. In cases where we believe that a consultant's on-going opinion is absolutely necessary, we will ensure parents are given sufficient time to contact the consultant and obtain the evidence.

Generally, LAs should be ready to take responsibility for any child whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year, and where suitable education is not otherwise being arranged. 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. In some cases, where a child is hospitalised, the hospital may provide education for the child within the hospital and the LA would not need to arrange any additional education, provided it is satisfied that the child is receiving suitable education.

There is no absolute legal deadline by which LAs must have started to provide education for children with additional health needs (unlike for excluded children, where provision must begin by the sixth day of the exclusion). Medway Council will endeavour to arrange provision as soon as we are clear that an absence will last for more than 15 days. We will endeavour to do this by the 6th day of absence. It is imperative that providers and parents to share such information with the LA in a timely manner.

Where children have complex or long-term health issues, the pattern of illness can often be unpredictable. In these instances, we will engage proactively in the co-production of intervention and health care plans with the aim of ensuring long term continuity of education. Where support is provided but not engaged with voluntarily, we will consider whether to formalise support or to enforce attendance through legal intervention in the normal way under their existing powers.

Reintegration

Medway Council will support children and young people to reintegrate back into their usual education setting. In order to support this, we may support communication pathways between the students usual setting and their alternative provision.

Medway Council would expect providers to work together to ensure that there are tailored reintegration plans in place for each child or young person. The reintegration plans and medical information may also be shared with the school nursing team.

13. Child and young people who are not on a school roll: Children Missing Education and Elective Home Education

Medway council retains responsibility for supporting Medway children who are not on roll at a school (children missing in education) and whose health needs prevent them from accessing education. In these instances, parents or professionals working with the child or young person should contact the Education and SEND Team for advice, and to plan for future education provision.

For children and young people who are [Electively Home-Educated \[EHE\]](#), parents have elected to accept responsibility for their education. This includes periods in which their child is unable to access education. In exceptional circumstances, the local authority may consider whether it is appropriate to provide intervention. For more information on EHE, please visit [Medway Council's website](#).

14. Life-limiting and Terminal Illness

Where a child has a diagnosis of a condition which severely limits his or her activity or a terminal diagnosis, a school should work with the LA as necessary to support education provision for as long as the parent and healthcare professionals deem it appropriate and desirable for the child. This will include listening to the child's voice.

Discussion about a child's education will include the professional opinion of Children's Services.

Where a child or parent wishes to withdraw from education, those wishes should be respected where it is supported by the advice of healthcare professionals. Further advice on managing need sensitively in [continuing care](#) for children is available.

15. Early Years and Post-16

Medway Council will provide support for children and young people who are between the ages of 5 and 16 (i.e., compulsory school age ranging from reception to year 11). However, where child and young people who would normally be in year 12 are repeating year 11 due to medical reasons, requests for support will be considered on an individual basis.

For post-16 pupils attending mainstream provisions, the school, college or training provider should apply the necessary reasonable adjustments for students who are unwell for a prolonged period. Schools, colleges and training providers are able to contact the named person responsible for the education of children with medical conditions for further advice. If the young person is in year 12 or 13 and has an Education Health and Care Plan [EHCP], parents or the provider should contact the SEND Team for further support. Please visit the [Local Offer](#) page on Medway Council's website.

16. Hospital in-patients

- Where an absence is planned, for example for a stay or recurrent stays in hospital impacting on access to education, we will endeavour to make arrangements in advance, with the aim that the provision begins as soon as possible, in most cases from day one. At point of discharge from hospital, we will liaise with medical professionals, and consider advice relating to reintegration into their setting. If the advice indicates that the child may require part time education, or support to access education from home, we will endeavour to ensure this is in place at point of discharge. Medway Council retains responsibility for the education of these children whilst they remain in hospital and upon their return to Medway following discharge.
- In certain instances, young people may be placed in specialist residential hospitals outside of Medway by the National Health Service (NHS). Many of these facilities have access to an on-site education provision or Ofsted-registered school that can offer education as part of the package of care.
- At times, the NHS places children and young people in privately funded hospitals. The Education and SEND team will need evidence of a hospital admissions, timetables and attendance records to ensure that all invoices for education in privately funded hospitals are paid in a timely manner. It is the responsibility of the hospital school to provide this, not the parent or home school. Hospital schools are expected to liaise with the young person's home school to ensure a relevant curriculum and reintegration.

17. Pregnant Child and young people

Young people who are pregnant should continue to be educated at school whilst it is reasonably practical, and it is in their best interest. Medical need referrals for pregnant child and young people will be considered on an individual basis. The young person should remain on roll at their usual education setting.

If the young person has not reached statutory school leaving age, it is expected that she will reintegrate into school, with appropriate arrangements.

Referral should include evidence of the expected due date.

For further advice, schools may contact the duty desk hotline number at Medway Community Health (MCH) on **0300 123 3444**

18. Child and young people with SEND

Child and young people with a Special Educational Need or Disability (with or without an Education Health and Care Plan [EHCP]) who are absent for health reasons may require a review of their provision and intervention plans. Reasonable adjustments may need to be considered in order to ensure continued attendance.

Schools should consider whether the need is long term, and where appropriate seek additional support from medical professionals or educational psychologists. Where a child or young person is SEN support, school may consider applying the graduated approach or making an application for statutory assessment.

19. Medical needs service provision

Medway Council has the following alternative provision arrangements in place for children who are unable to attend school due to a medical condition are as follows:

- Outreach provision aimed at supporting students to reintegrate back into their usual school provision following placement at an alternative provision, or period of absence from education linked to medical conditions.
- Tuition services aimed at supporting children and young people in the community with medical or mental health conditions.
- Hospital School provision.

Intervention Plans

Prior to starting the placement, a planning meeting between the provide and the home school must be held in order to draft the pupil's intervention plan.

The intervention plan is subject to review every term (on the basis of 6 terms per annum), or at point of reintegration if this is sooner.

If the placement is to be continued, providers should inform Medway Council's named person responsible for the education of children with medical conditions.

If the placement is to end, providers should inform Medway Council's named person responsible for the education of children with medical conditions. At this stage, a formal End of Provision letter will be issued by Medway Council's named person responsible for the education of children with medical conditions.

Lack of engagement

Where support is provided but not engaged with voluntarily, we will consider whether to formalise support or to enforce attendance through legal intervention in the normal way under their existing powers.

If the child or young person refuses to engage with the support offered, the alternative provision must notify **both** the usual education provider and Medway Council's named person responsible for the education of children with medical conditions, at the earliest opportunity. A review meeting may be necessary to reconsider the package originally agreed.

If provision is due to cease prior to 12 weeks, schools should inform the Medway Council's named person responsible for the education of children with medical conditions immediately.

20. Making a referral

Referrals for provision should be made by emailing: EOTAS@medway.gov.uk

When completing the referral form, providers should provide as much information as possible. Information could include:

- Child and young person's details.
- Parent's details.
- Information about how the medical condition is impacting the child or young person's ability to engage in education.

- Any appropriate medical evidence.
- Details of any SEND needs.
- Contact details of all professionals involved with the child or young person's care.
- The child or young person's individual health care plan.
- Details of the child or young person's GP.
- Child or young person's intervention plan and provision map.
- Child or young person's attendance certificate.
- Child or young person's school report, details of curriculum studied and academic levels.
- Details of exam access arrangements and other reasonable adjustments applied.
- Advice obtained from Medway Community Health (MCH)
- Details of safeguarding information (historic and current).

Referral forms must be completed fully to avoid delays in processing. Incomplete forms will be returned.

Medical evidence may be considered from at least one of the following medical professionals:

- NELFT professional (i.e., mental health nurse/mental health practitioner)
- Medway and Suffolk ME/CFS service (i.e., Specialist Physiotherapist)
- School nurse
- Paediatrician
- Clinical Child Psychologist
- Consultant Child Psychiatrist
- Other specialist NHS service
- Primary Care Health Professional
- General Practitioner
- Medical evidence **should not** be in the form of an adult Statement of Fitness for Work ('sick note').

21. Safeguarding

In addition to maintaining an overview of the pupil's curriculum, providers should ensure that they carry out any necessary welfare checks. There are no firm recommendations around the frequency of welfare checks, therefore providers must make this decision based upon their knowledge of the child and family.

Safeguarding responsibilities will continue to be based within the provider. They should work in partnership with the alternative provision to ensure continuity of care.

Safeguarding needs that emerge during the placement should be dealt with via the alternative provisions safeguarding processes. The alternative provision **must** share the information with the usual education provider **without delay**.

22. Complaints procedure

Enquires or complaints should be discussed with named person responsible for the education of children with medical conditions in the first instance. Complaints can also be made via [Medway Council's website](#)