

Barking and Dagenham

Access to Education Service (Policy)

Pupils unable to attend school due to health needs or complex needs

Contents

About the Policy	3
Legislation & statutory Guidance:	3
Statutory Duties.....	3
Early Intervention and Help	4
Access to Education Service	5
Objectives of the service	5
Referral and Admission Procedures	5
Criteria for accessing the Access to Education Service	6
Access to Education Delivery Model.....	8
Roles and Responsibilities.....	10
Long-term medical conditions requiring intermittent periods of tuition at a local Hospital, Hospice, or home.	12
Withdrawal of the programme.....	13
Contact.....	13
Further sources of information.....	13

About the Policy

This policy identifies the duties and local procedures for pupils who are unable to attend a mainstream, alternative or special school because of their health or complex needs including safeguarding concerns. The policy applies to all pupils who would normally attend school, including Academies, Free Schools, alternative provision, independent schools, and special schools, or where a pupil is not on the roll of a school. It applies when a pupil cannot attend school or their usual place of education or can only attend intermittently due to their illness or specific health needs.

This policy relates to:

- a) The delivery of the Local Authority's duties and policy in relation to providing education for Barking and Dagenham pupils of compulsory school age (ages 5-16) who are unfit to attend school due to health needs.
- b) The provision of short-term education for pregnant schoolgirls and young mothers of compulsory school age.
- c) The provision of education for pupils of compulsory school age that are in hospital or a hospice who are well enough to access education.

Legislation & statutory Guidance:

- [Ensuring a good education for children who cannot attend school because of health needs](#) (DfE statutory guidance) in January 2013
- [Supporting Pupils at School with Medical Needs](#) (DfE statutory guidance) Dec 2015
- [Model Letters for Supporting Pupils with Medical Conditions](#) (DfE statutory guidance) May 2014
- [Supporting pupils with medical conditions: links to other useful resources](#) (DfE statutory guidance) August 2017
- [Section 19 of the Education Act 1996](#)
- [Equality Act 2010](#)

Statutory Duties

Local Authority:

- The Local Authority (LA) has a statutory duty to provide **Education Other Than At School (EOTAS)** for pupils unable to attend school because of illness or other health reasons who would not receive suitable education without such provision.

Schools & Academies:

- Pupils at school with medical conditions 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 with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils, and parents to ensure that the needs of pupils with medical conditions are properly understood and effectively supported.

This policy outlines the functions, roles and responsibilities appertaining to the Access to Education Service. Further guidance on information regarding schools duties and responsibilities can be found in [Supporting pupils at school with medical conditions](#). Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015

Early Intervention and Help

Schools have a duty to respond swiftly when a pupil is absent from school to identify the cause of absence and work with parents to remove any barriers preventing a pupil from attending school. Absences linked to pupil (or parental) anxiety requires schools to act fast. The longer a pupil is absent from school, particularly when linked to emotional wellbeing, will often increase anxieties further, create feelings of isolation and often result in disengagement and disaffection from school. This will include Emotionally Based School Avoidance (EBSA) cases. (Link to guide on EBSA)

Schools should act fast to communicate with the parent and pupil to identify what the cause of anxiety is and any other barriers preventing the pupil from attending school and provide a plan of support. In doing so, the school may want to consider a modified learning plan for a short period to support a return to school, or in more complex circumstances, provide a remote learning platform, to ensure the pupil doesn't fall behind with learning.

Where schools are unable to identify the cause of absence, please contact the School Attendance Team for advice and support. Where a family might need additional support, an early discussion with the family to consider a referral to Early Help Family Support (EHFS) should be considered. Information regarding Early Help Thresholds and different levels of need can be found (Link)

Access to Education Service

The Access to Education Service forms one of the service areas supported by the Attendance and Inclusion Team within Barking and Dagenham. The service aims to work collaboratively with families, schools, and health services to identify the best education pathway that supports the pupil with their educational, social, emotional and health needs. Below sets out the objectives of the service, roles and responsibilities of schools and services, and referral criteria.

Objectives of the service

- To ensure a suitable and flexible education including a broad and balanced curriculum, (like that received at school) for pupils who cannot attend school because of health or complex needs. This is in line with the DfE's statutory guidance January 2013. The guidance states that it is to support the educational attainment of a pupil of compulsory school age with health needs whether or not the pupil is on the roll of a school and whatever type of school they attend. It applies to pupils in Academies, Free Schools, Special Schools, and independent schools as well as maintained schools.
- To provide continuity of learning and facilitate inclusion.
- To arrange suitable full-time education (or as much as the pupil's health or complex needs allow) for pupils of compulsory school age as soon as it is clear that the pupil will be away from school for 15 school days or more.
- To develop effective liaison arrangements with the pupil's home, (main) school, parents/carers, and other relevant professionals such as the Special Educational and Disability (SEND) teams, Emotional Wellbeing and Mental Health Service (EWMHS formerly CAMHS), Early Help Family Support (EHFS), Educational Psychology Service (EPS), School Nurses and other health professionals and hospital staff to promote a joint approach to the pupil's needs.
- To track and monitor pupil progress and attendance.
- To facilitate reintegration to school as and when appropriate through a tailored reintegration plan.
- To provide access to teaching from a range of platforms to include in the home either through remote learning, or face to face; in small groups within community settings such as a local library or children's centres, or in hospital.
- To liaise with the home school's examination officers regarding examination entries and any special arrangements that may be required.
- To work in partnership with families, carers, medical professionals, schools, and support agencies.

Referral and Admission Procedures

The majority of a pupil's educational needs are best met either in school, through a schools remote learning platform, but for some pupils, at specific times, an education either in an alternative venue or at home may be appropriate.

Referrals to the service are for Barking and Dagenham resident pupils of compulsory school age who are unfit to attend school due to health needs and come from the pupil's home school. The pupil remains on the roll of the home school.

For pupils attending Barking and Dagenham schools but reside in another local authority, referrals should be sent to the pupil's home authority.

There may be occasions when a pupil is not on the roll of a school for example:

- A pupil attends school in the independent sector.
- A pupil has recently moved into the Borough, has a medical need and is awaiting a place in a school.
- A pupil is awaiting a place at a suitable school after a medical condition which has significantly altered his/her physical, cognitive or communication and learning needs.
- A pupil is electively home educated.

In these instances, the referral may come from the parent if home educated or the professional working with the child and family.

Criteria for accessing the Access to Education Service

There will be a wide range of circumstances where a pupil has a health or complex need but will receive suitable education that meets their needs without the intervention of the LA, for example where a pupil can still attend school with some support such as a Health Care Plan or Modified Learning Plan or where the school has made arrangements to deliver suitable education outside of school using the school's resources or through remote learning platforms. Schools are expected to have a policy that sets out the support for pupils at school with medical conditions. (DfE statutory guidance September 2014). However, there are some pupils for whom the LA must arrange suitable full-time education (or as much education as the pupil's health condition allows) who cannot attend school due to medical needs. For pupils living outside of the Barking and Dagenham borough but attending Barking and Dagenham schools, should be referred to their resident LA.

The Access to Education Service will be made available for:

- Pupils of compulsory school age (5-16) who are unable to attend school due to medical or complex needs. Education should be provided as soon as it is clear that the pupil will be away from school for 15 school days or more, whether consecutive or cumulative. Where pupils are under a consultant or paediatrician there is an expectation where possible that the medical evidence is supplied by the consultant rather than the local GP. Evidence must set out the reasons why the pupil is unfit to attend school and where possible the expected time period of the condition and absence from school. A member of the Access to Education Service will discuss with the medical professionals and parents/carers the number of hours of tuition the pupil can reasonably manage, whether tuition can take place via a remote platform or requires face to face tuition in the home and address the needs of the individual pupil.

- For young people of compulsory school age who have a mental health condition that makes attendance at school difficult or unsafe, referral evidence must be provided by an EWMHS (formerly CAMHS) consultant or a senior EWMHS practitioner. The Mental Health practitioner will advise on the number of hours of tuition the pupil can reasonably manage and there must be planned on-going EWMHS involvement with a plan of support to reintegrate back to school. Where pupils are on a waiting list for EWMHS, the pupil's GP can provide the referral evidence and be the interim health professional.
- Pregnant schoolgirls of compulsory school age: the expectation is that they attend their home school till 6 weeks before the baby is due and then return to school after the baby is born. A maximum of 13 weeks of tuition from the Access to Education Service will be provided with supported reintegration to school. Opportunities to sit public examinations will need to be facilitated between the service and the home school. Referrals will be made by the home school.
- Pupils of compulsory school age who are in hospital in one of Barking and Dagenham's local hospitals, in a local psychiatric unit or in a hospice that is local to the Borough of Barking and Dagenham: generally, pupils in hospital can access the educational activities from Day 3. Other pupils may have priority from Day 1 such as pupils with recurrent admissions, a Looked After Child, a pupil with an Education, Health and Care Plan (EHCP) or a pupil sitting a public examination while in hospital. There may be pupils who are returning from a hospital elsewhere requiring a period of tuition at home and supported reintegration to school. The service manager will liaise with the out of Borough's hospital school making arrangements to plan for the pupil's support. In all cases it is recognised that a professional judgement needs to be made as to how much and for how long individual tuition is required in consultation with parents/carers and health professionals and the pupil's home school.

The purpose of the Access to Education Service is to provide short term interim tuition, either on a one-to-one basis, (in exceptional circumstances), in groups or through virtual supervised platforms, and to support the pupil to reintegrate to school as quickly as possible but retaining a degree of flexibility. Suitable full-time education is the aim (or part time when appropriate according to the pupil's needs). Although full-time is not defined in law, pupils with health needs should have provision which is equivalent to the education they would normally receive in school. However, if the pupil is receiving individual tuition (either face to face or remote), the hours are likely to be fewer as the provision is more concentrated.

'Suitable' means suitable to the pupil's age, aptitude and ability and any special educational needs. For pupils where the prognosis is longer term, then a review every term or 8 weeks should be undertaken. For pupils who are reintegrating to their school, the tailored reintegration plan should set out the levels of support required between the service and the home school. The service should address the needs of individual pupils in arranging provision to ensure the right level of educational support they are well

enough to receive, guided by medical and/or mental health practitioner advice. Flexibility should also enable the service to maximise resources as efficiently as possible.

Where a pupil has an EHCP and is unable to attend school due to health needs and meets the criteria of the service, the Access to Education Service will meet the interim education needs of the pupil. Where it is deemed that the health needs of the pupil are longer term, an interim annual review of the pupil's EHCP should be undertaken where required. The review will be used to identify any changes required to the educational provision (and informed by written professional reports from relevant health professionals) so that the EHC Team can make an informed decision on the necessary long-term educational provision and setting for the child or young person.

The School's SENCO or Inclusion Leader is usually the key contact for Access to Education staff. Sharing of information will be necessary between colleagues from the Access to Education team, schools, Health and other professionals and parents /carers. Schools and settings should make available relevant information such as school records, assessments, provision maps, Individual support plans (ISPs) and EHCP and their reviews, relevant medical diagnosis, Educational Psychologist's report, professionals' reports and staff and pupil views etc. Where the pupil has an active Child in Need, Child Protection, Early Help Family Support plan, or is Looked After, relevant information must be shared. Confidentiality and data protection policy must be followed involving the sharing and use of such information.

Education Access Delivery Model

All education provided is led by the pupil's school, after taking advice from the lead health advisor with regards to access to education, the expected length of interim provision and what support is required from health and other services to reintegrate the pupil back to school. The Access to Education Service will deliver the education provided by the school through several different mediums, as agreed at the initial Health Care Planning meeting and subsequent reviews.

Targeted

Where pupils are identified by health practitioners as requiring a targeted response to their needs, the offer discussed would be focussed on the following:

- a) School's weekly welfare checks and engagement monitoring
- b) School based live remote teaching platform, or
Online tuition platform (generally suited to year 11 with long term needs), or a hybrid offer.
- c) School to ensure pupil has access to a device in the home (tablet/iPad/laptop)
- d) 2 - 4 weekly review cycle with family, health, school and Inclusion

Complex

Where pupils are identified by health practitioners with complex needs, the offer discussed would be focussed on the following:

- a) Access to Education Tutor may deliver one to one tuition initially in the home (where appropriate), provided by the school, and move to progress to a different location as soon as is possible.
- b) Work is provided by school and delivered by a Access to Education tutor, work to be shared back with school.
- c) Access to Education Tutor to contact school with daily attendance, return work to school on a weekly basis for oversight, marking and setting further work, and any updates.
- d) 2 - 4 weekly review cycle with family, health, school and Inclusion.

Reintegration

Where pupils are identified as ready to begin their transition to reintegrating back to school, the offer discussed would be focussed on the following:

- a) Access to Education Tutor to deliver sessions in school building increasing hours of attendance to support transition, or where a staged transition approach is required initial sessions in other setting (e.g., children centre, church, community venue etc), leading onto sessions in school. 8 weeks maximum in community base.
- b) Work is provided by school and delivered by the Access to Education tutor, work to be shared back with school.
- c) Access to Education Tutor to contact school with daily attendance, return work to school on a weekly basis for oversight, marking and setting further work, and any updates.
- d) 3 weekly review cycle with family, health, school, and Inclusion.

Roles and Responsibilities

The school's role:

School to identify any needs as early as possible, making reasonable adjustments to accessing learning and timetables and action any early help and support to reduce educational hours lost as soon as needs present themselves. This is prior to any medical evidence identifying the CYP is unable to attend school and referrals to Access to Education.

- a) Complete the Access to Education referral form as soon as it is known that the pupil is medically or mentally unfit to access education- (including any supporting information such as ISP/EHCP/safeguarding etc and an individual pupil risk assessment)
- b) Provide supporting evidence from NHS / EWMHS (CAMHS) Consultant / Psychiatrist / Senior Clinical Manager or Barking and Dagenham's Teenage Pregnancy Advisor. NB: the referral must state that the pupil is either receiving treatment or in a period of recovery following a medical procedure.
- c) Where supporting medical evidence is not quickly available due to extensive service assessment waiting times, consideration will be given to other medical professional evidence, such as the pupil's GP.
- d) Identify early on a lead school person available to build relationships and remain in contact with CYP and support any reintegration to school.
- e) School to provide programme of curriculum and relevant materials and liaise with the Access to Education tutor to agree the individualised learning programme. This will be designed to ensure continuation in learning and where possible, taking into consideration pupil's health, to prevent gaps in learning occurring.
- f) Continue to maintain any plans such Personal Education Plans (PEPs) and ISPs or schools personalised plan.
- g) Be active in the monitoring of progress including the marking of homework, coursework etc.
- h) Ensure parents and pupils are kept informed of school events (social as well as school curriculum meetings and parent interviews).
- i) Ensure arrangements for all examinations and SATs.
- j) Pupil remains on the roll of the school throughout the period of the interim tuition offer.
- k) Ensure that the student has full access to the elements of the Relationships and Sex Education curriculum (RSE) which is taught in the student year group and provide individual catch-up sessions or remote alternatives where appropriate to do so. Some pupils may also require access to external support and signposting when unable to access lessons in the classroom.
- l) Remain responsible for ensuring that students have full access to careers guidance and teaching.

Where there is difficulty in obtaining evidence, the school should contact the Access to Education Service Manager to discuss the individual case.

The Parent's role:

- a) Ensure their child is up, dressed, and ready to engage in learning.
- b) Ensure regular attendance (including access and engagement if at home)
- c) Where in the home, a responsible adult is always present in addition to the tutor.
- d) An appropriate workspace is available (not in the child's bedroom) to allow work to be completed.
- e) Full commitment to the reintegration plan and eventual return to school.
- f) Provide early information to either the school or the Access to Education tutor/Service Manager if a problem arises.
- g) Attend meetings and agree to share information regarding their child's medical needs.
- h) Avoid making appointments and other commitments during tuition times.
- i) To continue to support any homework tasks.

The pupil's role:

- a) Be ready to engage and work with the tutor.
- b) Complete any agreed independent homework within the agreed timescales.
- c) Be ready to communicate any needs or views.
- d) Work together with the tutor and the school regarding the planned return to school (reintegration)
- e) If reticent about sharing concerns, speak to their parent/carer to share with the school/tutor.

The Access to Education Service role:

- a) Arrange a meeting between the Access to Education Service, parents, the referring school, and medical representative to agree educational support, mainstream reintegration plan and joint review cycle.
- b) Access to Education Service to complete an initial home visit (where appropriate and agreed) and risk assessment.
- c) Arrange an interim tuition offer suitable to the pupil's needs as quickly as possible (usually within 15 school days of first known absence). Tuition will commence in the home (only when deemed necessary) and where applicable local venues such as libraries or children centres, but mostly on school site with an Access to Education advisor/tutor.
- d) The Tutor will liaise directly with the school regarding the individualised learning programme and support the return of set pieces of work for marking.
- e) The service will be sensitive to the needs of the pupil and the family and provide flexibility where possible.
- f) The service will liaise with schools daily (timing to be agreed with the schools linked professional) regarding pupil attendance and engagement with the medical tuition to update school registers.
- g) Regular reviews with pupils, parents, school, and health professionals to monitor progress and plan for re integration.

- h) When well enough, the service will support the school and pupil to successfully re integrate into their school.

If the referral is not agreed, the Access to Education Service Manager will contact the school to confirm why the referral does not meet the criteria. Other avenues of support may be suggested. Further evidence may be submitted in order that the referral can be reconsidered. The Access to Education Service will always be happy to have a discussion with the school about any of the cases referred. To ensure there is no gaps in learning opportunities, schools are advised to continue to provide education through school remote learning platforms.

The Medical/Health Service's role (consultant, paediatrician, EWMHS (CAMHS) clinician, GP):

- a) To provide advice and guidance on the length and suitability of the tuition i.e., if the pupil can access tuition via a remote learning tool platform and expected hours of tuition according to the pupil's health needs.
- b) To provide advice, guidance and support to the pupil and their family regarding what support is required for reintegrating back to school.
- c) Attend review meetings where possible.
- d) Provide written reports where necessary.

Long-term medical conditions requiring intermittent periods of tuition at a local hospital, hospice, or home.

Where pupils have complex or long-term health issues, the pattern of illness can be unpredictable. Schools should discuss the pupil's needs (where already known) with a member of the Access to Education team to agree how needs may best be met. The provision will then be agreed with the school, parents, and hospital/hospice medical practitioners.

With planned hospital admissions, schools should provide the Access to Education with as much forewarning as possible, including the likely admission date and expected length of stay. This allows the service to liaise with the pupil's school about the programme to be followed while the pupil is in hospital and medical practitioners regarding suitable provision.

The service will also respond to tuition for pupils in local hospitals and hospices for pupils not living in the Borough of Barking and Dagenham but receiving medical treatment. In very few cases, the treatment of a pupil's condition means that the pupil's siblings have needed to attend the hospital/hospice with the pupil. Where this becomes a regular pattern, siblings will be included in the hospital tuition. If a family is temporarily residing in the Barking and Dagenham area whilst a pupil's treatment is undertaken the local authority, once informed, will arrange interim provision for siblings of statutory school age at a local mainstream school.

Withdrawal of the programme

The commissioned Access to Education programme may be withdrawn if, for example, the pupil fails to be available on a regular basis without appropriate medical evidence; or where medical advice identifies that the pupil is medically unable to access any education and to do so would not be in the pupil's best interest.

Where attendance and/or engagement is a concern, further advice from the lead medical practitioner and school will be sought which may result in schools making a referral to the School Attendance Service. It is essential that all parties are working together to ensure a CYP has access to education, and if the commissioned intervention is deemed unsuccessful then the school and wider professionals will need to discuss alternative strategies.

Contact

Education access team

E-mail: kdhannie@mayesbrookparkschool.org.uk

Service Lead:

Email: cstygal@mayesbrookparkschool.org.uk

Service Manager:

Inclusion Manager

Email: inclusion@lbbd.gov.uk

Further sources of information

[Supporting pupils with medical conditions at school – Statutory Guidance](#)

[Education for children with health needs who cannot attend school – Statutory Guidance](#)

[Alternative Provision: A guide for local authorities, head teachers and governing bodies of schools, pupil referral units and other providers of alternative provision](#)

[DfE statutory guidance and advice to schools on attendance](#)

[‘Children Missing Education’ DfE September 2016](#)

[Promoting and supporting mental health and wellbeing in schools and colleges](#) DfE June 2021

[Access](#) Mental Health Information and Resources DfE September 2021

[Get help with remote education](#)

[Working together to improve school attendance - GOV.UK \(www.gov.uk\)](#)