

Supporting children who are unable to attend school because of medical/health needs policy

Directorate: Childrens, Young People and Education

Purpose:

Policy to ensure that children and young people of compulsory school age receive a suitable education due to medical/health needs.

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1. SUMMARY

This policy outlines the support available within Kent that can be accessed by statutory school age pupils who cannot attend school because of medical/health needs ¹, it provides information for schools, parents and pupils.

Pupils not attending school because of other reasons are covered by the Department for Education (DfE) statutory guidance relevant, or most relevant, to the nature and circumstances of the pupil's absence. Schools remain the best and most appropriate agent for delivering a pupil's education and wider social development. Therefore, schools should be the primary delivery mechanism for education of the majority of children, including those with specific health/medical needs within Kent.

2. LEGAL CONTEXT

Section 19 of the Education Act 1996 requires local authorities to make arrangements to provide: *"suitable education at school, or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them"*.

Suitable education is defined as *"efficient education suitable to the age, ability and aptitude and to any special educational needs"*, the child (or young person) may have. The education must be full time unless the local authority determines that it would not be in the best interests of the pupil, due to their mental or physical health.

The Department for Education (DfE) 'Alternative Provision' statutory guidance 2013 states: *"Local authorities are responsible for arranging suitable education for permanently excluded pupils, and for other pupils who – because of illness or other reasons – would not receive suitable education without such arrangements being made."* This applies to all children of compulsory school age resident in the local authority area, whether or not they are on the roll of a school, and whatever type of school they attend. This Kent County Council policy specifically concerns pupils who cannot attend school because of health/medical needs, rather than pupils who cannot attend because of exclusion or for other reasons.

Effective alternative provision is that which appropriately meets the needs of pupils which require its use and enables them to achieve educational attainment on a par with their mainstream peers as far as their health needs allow.

¹ Health needs includes both physical and/or mental.

The Department for Education's (DfE) 'Arranging education for children who cannot attend school because of health needs' guidance 2023, explains local authorities' duty to provide education for children who cannot attend education because of their physical or mental health needs as well as the role of schools, parents, children and others. This guidance also says that local authorities should have a policy statement on their arrangements for complying with their Section 19 duty. This policy sets out Kent County Council's arrangements for doing so for children with health/medical needs.

Section 7 of the Education Act 1996 states that parents/carers must ensure that children of compulsory school age receive efficient full-time education suitable to a) their age, ability and aptitude, and b) to any special educational needs they may have, either by regular attendance at school or otherwise.

3. KENT COUNTY COUNCIL ROLES AND RESPONSIBILITIES

Where a pupil is likely to miss 15 days or has accumulated 15 days absence due to sickness (recorded as code I), schools should notify the local authority and should use the graduated response to assess, meet and review the needs of their pupils. Schools should notify the Local Authority via the PIAS Digital Front Door [Access to the Service \(Digital Front Door\) - KELS!](#) .

It is important to recognise that in nearly all circumstances pupils with health/medical conditions will continue to receive a suitable education without intervention by the local authority, as the school will continue to meet its responsibilities to provide education for its pupils as set out in the Department for Education (DfE) 'Supporting pupils at School with Medical Conditions' guidance 2015 alongside other relevant DfE guidance ². 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.

It is recognised that in some circumstances, a pupil's health/medical condition becomes too complex and may require additional advice and/or support from the local authority, or the risks are too great to be managed by the school (see School's Roles and Responsibilities).

In relation to its duty under Section 19 of the Education Act 1996, Kent County Council has commissioned The Rosewood School to provide educational provision in circumstances where the pupil's educational needs cannot be met at their school

² See School's Role and Responsibilities

due to health/medical reasons. Schools should have an accessibility and/or supporting pupils with health/medical conditions policy which should comply with relevant guidance (see School's Roles and Responsibilities).

Where a child is not on a school roll, the services involved with the child should promote an application for a school place in the first instance. If professionals involved with the child feel that the child's needs mean that they should be considered under Section 19, the lead professional (usually a Kent County Council Officer) who is presenting this issue, is responsible for gathering the appropriate evidence (see The Rosewood School referral form [The Rosewood School \(trs.kent.sch.uk\)](https://trs.kent.sch.uk)) and presenting the referral to The Rosewood School.

Although, each case will be determined on its own facts, it is unlikely that Section 19 will be considered for pupil's whose families are in dispute with the home school³, for children who have been withdrawn from the school because of a dispute with the local authority about a school placement, where family and social care issues are preventing the child from attending school or children who are electively home educated. For pupils with an Education Health and Care Plan (EHCP) where 15 days of absence or more has been accumulated due to health/medical reasons an early annual review may be arranged where applicable.

The local authority is responsible for ensuring that there are officers responsible for arranging education for children who cannot attend school because of health/medical needs. For Kent County Council, contact can be made using healthneedscoordinator@kent.gov.uk.

4. SCHOOLS' ROLES AND RESPONSIBILITIES

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 pupil referral units (PRUs) to make arrangements for supporting pupils at their school with health/medical conditions.

Schools must provide support for their pupils with health/medical needs under their statutory duties as defined in the Department for Education (DfE) 'Supporting pupils with medical conditions at school' guidance 2015. Schools must also refer to the Department for Education (DfE) 'Summary of responsibilities where a mental health issue is affecting attendance' guidance 2023 and 'Working together to improve school attendance' statutory guidance 2024.

Schools must have a policy reflecting the statutory guidance and must nominate a named person who is responsible for supporting pupils with a health/medical need. Schools must ensure they are working to meet the health/medical needs of all pupils

³ A home school is the school that a pupil is on the roll of.

and, where appropriate, establish Individual Healthcare Plans (IHCP) for pupils to ensure they can engage in full-time education. Schools must also signpost to appropriate external partners where appropriate.

Schools have a duty to make reasonable adjustments to allow the pupil to access a suitable full-time education (or as much as the pupil's health/medical condition can manage) in line with statutory guidance, this includes pupils with long term or chronic needs. Statutory guidance does not define full-time education, but children with additional health/medical needs should have provision which is equivalent to the education they would receive in school, *"unless the pupil's health means that full time education would not be in his or her best interests"* as defined in the Department for Education (DfE) 'Alternative Provision' statutory guidance, 2013.

Full time could also be made up in one or more settings and may include arrangements for schoolwork being sent home for short periods of absence, a part-time timetable or remote/virtual learning. 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 Department for Education (DfE) 'Providing remote education' guidance 2022. If they receive one-to-one tuition, the hours of face-to-face provision could be fewer as the provision is more concentrated.

Where a pupil's health/medical need means they need reasonable adjustments or support because it is complex or long term, schools can seek medical evidence to better understand the needs of the pupil and identify the most suitable provision in line with the statutory guidance and what is in the best interest of the child. Schools can liaise with specialist medical practitioners (with parental consent) to establish:

1. What strategies should be put in place to support the pupil to return to school.
2. What the reasonable expectations would be of the child and family e.g. could they be expected to try an exposure programme or other interventions such as meeting a buddy at the school gates 'just for a chat'.
3. What plans to put in place with regards to treatment.
4. When the child is going to be reviewed and by whom.

For any part time provision, this should be regularly reviewed by the school and should be discussed with Pupil Inclusion and Attendance Service (PIAS) staff at Targeting Support Meetings. A plan for increasing hours should be put in place where appropriate. Kent County Council (KCC) should be notified by schools of part time timetables by completing the form on the Kelsi website [PIAS 4 | Notify of a part-time timetable - About this form - Kent County Council \(achieveservice.com\)](https://www.kent.gov.uk/achieveservice/com/PIAS4/PIAS4-Notify-of-a-part-time-timetable-About-this-form).

Where the absence is due to mental health reasons, the school need to be aware of their responsibilities as highlighted in Department for Education (DfE) 'Summary of responsibilities where a mental health issue is affecting attendance' guidance 2023.

Generally, schools will achieve this by promoting children and young people's mental health and wellbeing [Promoting children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101444/promoting-children-and-young-peoples-mental-health-and-wellbeing.pdf) through a whole-school approach to pupil

mental health, and by developing a trusted relationship with parents/carers and families that involves them in the conversation about the school's ethos, and emphasises the importance of supporting mental health and regular attendance. It is expected that schools promote the eight principles highlighted in the guidance and identify a senior mental health lead who will have strategic oversight of the setting's whole-school approach to mental health and wellbeing and have accessed the Department for Education (DfE) senior mental health lead training [Senior mental health lead training - GOV.UK \(www.gov.uk\)](#).

Any plan to improve a pupil's attendance may also involve making referrals to in-school or external professional support, and schools should be supportive where parents/carers feel the child needs to visit a health professional in relation to a mental health concern. Schools should consider additional pastoral care inputs for pupils, including any support that can be offered by the pupil's most trusted adults in school, and where appropriate making referrals to other services. This might include community groups, counselling services, psychological practitioners or, where available, Mental Health Support Teams or school nursing services.

Within Kent, the school must have considered:

- Referral to the Emotionally Based School Avoidance (EBSA) pathway at an early stage [Educational psychology interventions - KELSI](#) and
- Completed a referral to Kent School Health [Kent School Health - Kent family \(kentcht.nhs.uk\)](#) or to the Kent and Medway Mental Health Support Team [Kent and Medway Mental Health Support Teams | NELFT NHS Foundation Trust](#).

Should a pupil be unable to attend school due to health/medical needs, schools must notify the local authority when a pupil is absent or due to be absent for a period of 15 days or more, see 'The School Attendance (Pupil Registration) (England) Regulations 2024' and Department for Education (DfE) 'Working together to improve school attendance' statutory guidance 2024, paragraph 50. Schools should notify the Local Authority via the PIAS Digital Front Door [Access to the Service \(Digital Front Door\) - KELSI](#) .

The pupil must remain on the school roll. The legislation does not specify the point during a child's illness when it becomes the local authorities' responsibility to secure a suitable full-time education for the pupil. There will be a wide range of circumstances where a pupil has a health/medical need but will receive suitable education that meets their needs without the intervention of the local authority as highlighted in the Department for Education (DfE) 'Supporting pupils at School with Medical Conditions' guidance 2015.

For example, schools would usually provide support to pupils who are absent from school because of illness for a shorter period, such as when experiencing chicken pox or influenza. Other circumstances could include where the pupil can still attend school with some support; where the school has made arrangements to deliver

suitable education outside of school for the pupil; or where arrangements have been made for the pupil to be educated in a hospital by an on-site hospital school. It is not expected that the local authority be involved in such arrangements unless it had reason to think that the education being provided to the pupil was not suitable or, while otherwise suitable, was not full-time or for the number of hours the pupil could benefit from without adversely affecting their health.

Where alternative provision is used, the expectation is that most pupils will be integrated back into their home school and the aim of all such provisions is to enable the pupil to maintain their education with a view to supporting them back into their mainstream school as soon as their health/medical condition permits.

As highlighted in the Department for Education (DfE) 'Arranging education for children who cannot attend school because of health needs' guidance 2023, In the event of the school being unable to provide adequate provision, the local authority reserves the right to consider the transfer of a portion of the school's funding associated with that pupil to the alternative provision". This would ensure that the funding follows the child. This arrangement would cease when the pupil is reintegrated back to their home school or are no longer on the roll of the home school. For children with Special Educational Needs (SEND), the expectation will be for schools to fund any alternative provision from their SEND notional funding.

5. HEALTH ROLES AND RESPONSIBILITIES

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 health/medical needs.
- Be involved with safeguarding and contribute to child protection procedures for children who are accessing support from the service.

The role of the School Nursing Team is to:

- Provide advice and support to schools for children with health/medical needs.
- Be involved with safeguarding and contribute to child protection procedures for children who are accessing support from the service.
- Provide schools with support and advice on individual healthcare plans for children with health/medical needs.

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 for children who are accessing support from the service.
- Notify the 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 Education, Health and Care (EHC) needs assessment and the annual review of the Education, Health and Care Plan (EHCP).

6. PARENTS'/CARERS' ROLES AND RESPONSIBILITIES

Parents/carers 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 under Section 7 and Section 444(1) of the Education Act 1996.
- 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 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 enabling them 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.

7. CHILDREN AND YOUNG PEOPLE ROLES AND RESPONSIBILITIES

The child or pupil 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 (as appropriate depending on their age and maturity):

- Be willing to work openly with parents and professionals involved in their Individual Health Care plan.
- Engage in the education and interventions provided for them.
- Work positively with the professionals who are supporting them, e.g. health and 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 (either individually or through an advocate).

8. LOCAL AUTHORITY COMMISSIONED SERVICE(S) ROLES AND RESPONSIBILITIES

Provision at The Rosewood School

- In relation to its duty under Section 19 of the Education Act 1996, Kent County Council has commissioned The Rosewood School to provide educational provision in circumstances where the pupil's educational needs cannot be met at their school due to health/medical reasons. [The Rosewood School \(trs.kent.sch.uk\)](http://trs.kent.sch.uk).
- The Rosewood School and the referring school will decide how best to meet the needs of the pupil. This could be via The Rosewood School or the home school with additional support and advice.
- Schools should make a referral to The Rosewood School at the earliest date when a pupil is too sick to attend. The referral form can be found at [The Rosewood School \(trs.kent.sch.uk\)](http://The Rosewood School (trs.kent.sch.uk)) (also see Annex 2 which provides the referral process and criteria for referral).
- Medical evidence from a medical practitioner stating that the pupil is currently unable to attend school due to illness should be attached to the referral.
- To avoid delay in provision, The Rosewood School will support pupils absent from school who are currently supported at GP level but medical evidence from the GP needs to state that further investigation from a medical consultant has been sought. Referral panels are held weekly and include senior leaders from The Rosewood School and external practitioners such as Headteachers, Child and Adolescent Mental Health Services (CAMHS) or Specialist Teaching and Learning Services (STLS).
- The Rosewood School will contact the home school to communicate whether the referral has been accepted. If the referral is not accepted a reason will be given and the home school may be signposted to another agency. The Rosewood School will contact the home school and ask them to arrange a support meeting at the school, where possible. The provision agreed will be informed by advice from medical professionals, the home school, the views of the parents and the pupil, and updated medical evidence may be requested.

- The Rosewood School seeks to provide the same opportunities for pupils with health/medical needs as their peers, including a broad and balanced curriculum, which is of good quality as defined in Department for Education (DfE) 'Alternative Provision' statutory guidance 2013. The education will be appropriate to pupils' health/medical needs, and regularly reviewed to reflect their changing health/medical status. It will aim to prevent them from slipping behind their peers in school and allow them to reintegrate successfully back into school as soon as possible. It will allow them to take external qualifications if appropriate. All pupils who are supported will have key milestones to work towards which could include reintegration to school, further education, training or employment. Pupils will be dual registered if they attend The Rosewood School.
- Teaching staff within The Rosewood School will receive appropriate continuing professional development on curriculum and the impact of medical/health conditions on barriers to and engagement with education.
- The Rosewood School may, with agreement with the home school or Kent County Council (KCC) and according to The Rosewood School's charging policy, use electronic media (e.g. Academy 21 virtual school) to provide access to a broader curriculum and to increase the numbers of hours of provision. However, this will be used in association with face-to-face contact and never in isolation.
- The Rosewood School will maintain good links with all schools, academies and free schools in their area through effective communication and clear processes of assessment and referral. They will also ensure that schools are aware of their key role, and reminded of their responsibilities, in supporting their pupils with additional health/medical needs, so the pupil can be reintegrated back to school as smoothly as possible. Schools must maintain their links with parents/carers who also have a vital role to play e.g. keeping in touch through school newsletters, emails, invites to school events etc.
- Schools must also have a policy for supporting pupils with health/medical needs or include it as part of their health/medical or Special, Educational, Needs and Disabilities (SEND) policy, which sets out how they will provide support. Some schools may choose not to make use of The Rosewood School and set up their own educational support programme.
- The Rosewood School can support schools alongside the school health team in the development of individual healthcare plans for pupils with complex health/medical needs.

Identification and intervention

- The Rosewood School may provide appropriate education or may provide advice to school on how best they can meet their pupil's needs, once requested by the school, and as soon as it is clear that the pupil will be away from school for 15 days or more or is too unwell to access education at their home school/normal place of education. The 15 days can be consecutive or cumulative within a 12-month period.
- Upon a successful referral to The Rosewood School, staff will liaise with appropriate medical professionals to ensure minimal delay in arranging

appropriate provision for the pupil. Every effort will be made to minimise disruption to the pupil's education. Where there may be an initial delay in accessing specific medical evidence from a consultant, evidence from a GP may be used as part of an agreed assessment placement, provided that a referral to a specialist has also been made. If a child has a long term or complex health/medical issue, the school needs to ensure that the educational provision is regularly reviewed with medical professionals, parents/carers and The Rosewood School and amended as appropriate. The best way to do this is to use an Individual Healthcare Plan.

- Where an absence is planned, e.g. hospital admission or recurrent stay in hospital, educational provision should begin as soon as the child is well enough. As specified in the Department for Education (DfE) 'Arranging education for children who cannot attend school because of health needs' guidance 2023, a personal education plan is to be written by the home school to ensure that all parties can work together in advance of planned hospital treatment. Children with long term health/medical problems may be required to provide updated medical evidence. However regular liaison with medical colleagues is important and the level of support required may be discussed with other multi-agency professionals as necessary.
- The home school/Rosewood School will decide on the most appropriate provision as they are the educational specialists. There is also an expectation that children and their parents/carers will co-operate fully with all medical advice and support offered and ensure they attend appointments. Recommendations from medical advice following a hospital discharge will be noted and the home school/Rosewood School should complement the education provided until they are well enough to return.
- Educational provision will be put in place as quickly as possible with a view to reintegration back to the home school as soon as appropriate.
- When a pupil is approaching public examinations, the home school/Rosewood School teachers will focus on the most appropriate curriculum in order to minimise the impact of the time lost while the child is unable to attend school. Awarding bodies will make special arrangements for children with permanent or long-term disabilities or learning difficulties, and with non-permanent disabilities, illness and indispositions, when they are taking public examinations. The home school/Rosewood School (whoever is most appropriate) should submit applications for special arrangements to awarding bodies as early as possible. If the home school is making the application, The Rosewood School in conjunction with medical professionals, will provide advice and information to the home school to assist it with such applications.

9. WORKING TOGETHER WITH PARENTS/CARERS, CHILDREN, HEALTH SERVICES AND SCHOOLS

Parents/carers have a key role to play in their child's education and can provide helpful information to be considered so that the appropriate education is successful. In the case of a Looked After Child, the home school/Rosewood School, local authority representatives and primary carers would fulfil this role. In view of its duty under Section 22 of the Children Act 1989 to safeguard and promote the child's welfare and education, it is likely that the local authority will take the lead.

Children will also be involved in decisions, their engagement dependent on their age and maturity. This supports the home school/Rosewood School in being able to arrange the most appropriate educational provision with which the child can engage. Effective multi-agency collaboration is essential in devising appropriate support for pupils that is available and accessible.

A pupil unable to attend school because of medical/health needs will not be removed from the school register⁴ without parental consent and certification from the home school's health/medical officer even if The Rosewood School have become responsible for the pupil's education. Primary responsibility for their education lies with the home school.

Clear responsibilities for all stakeholders can be found earlier in this policy and also in the Department for Education (DfE) 'Summary of responsibilities where a mental health issue is affecting attendance' guidance 2023. The local authority's nominated officer will deal with any queries or concerns if raised.

10. REINTEGRATION

The plans for the longer-term outcome and the next steps in a pupil's education will be agreed at the start of the commissioned support, intervention or provision, according to the Department for Education (DfE) 'Alternative Provision' statutory guidance 2013.

Reintegration into school is generally anticipated, unless it is clear that, for example a Year 11 pupil attending Rosewood School should remain at the provision because it is in their best interests. If this is the case, Rosewood School will work with the

⁴ Regulation 9 of the Education (Pupil Registration) (England) Regulations 2024 sets out the circumstances in which a pupil can be deleted from a school's admission register.

home school to ensure education is maintained during this period and transition to post 16 is supported.

On return to school, where necessary the child should have an individual healthcare plan, created in collaboration by the home school/Rosewood School, which specifies arrangements for reintegration and may include extra support made to help 'fill gaps' or provision of a 'safe place' if the child feels unwell.

Advice from other medical professionals, including the school health team, can be helpful. For children with long term or complex health/medical conditions, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence.

Children and their families are informed at the outset that the long-term intention will be to support the child's reintegration to school. While most children will want to return to their previous school routine promptly, it is recognised that some will need gradual reintegration over a longer period.

11. PROVISION FOR EDUCATION OF CHILDREN UNDER AND OVER COMPULSORY SCHOOL AGE

Children under or over the compulsory school age will be appropriately signposted to the relevant support services. As with children of compulsory school age, each case will be considered individually in discussion with the school or college.

12. MONITORING

This policy will be monitored through the following performance indicators:

- School attendance.
- Requests to access provision, uptake and stakeholder feedback.
- Referral rates (notification process v census data).

13. RELATED SERVICES

This policy is linked with related services, these include:

- Special Educational Needs and Disability Services (SEND).
- Child and Adolescent Mental Health Services (CAMHS).
- Educational Psychologists.

- PRU, Inclusion and Attendance Service (PIAS).
- School nurses.

Children, Young, People and Education (CYPE) Directorate, Kent County Council,
May 2024

This policy will be reviewed by Kent County Council (KCC) annually as part of the service review or on publication of updated statutory guidance.

Version	Date Reviewed	Brief Summary of Any Changes	Reviewer's Name

14. ANNEX

Annex 1: Links

Section 19 of the Education Act 1996
[Education Act 1996 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1996/52/section/19)

Education (Pupil Registration) (England) Regulations 2024
[The School Attendance \(Pupil Registration\) \(England\) Regulations 2024 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2024/1200/section/1)

Equality Act 2010
[Equality Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2010/15)

Section 100 of the Children and Families Act 2014
[Children and Families Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/6/section/100)

Alternative Provision Statutory guidance for local authorities (2013)
[Additional health needs guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/272222)

Department for Education (2023) 'Arranging education for children who cannot attend school because of health needs'
[Arranging education for children who cannot attend school because of health needs \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1182222)

Department for Education (2015) 'Supporting children at school with medical conditions'
<https://www.gov.uk/government/publications/supporting-pupils-atschool-with-medical-conditions--3>

Department for Education (2023) 'Summary of responsibilities where a mental health issue is affecting attendance'
[Summary of responsibilities where a mental health issue is affecting attendance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1182222)

Department for Education (2022) 'Providing remote education: non-statutory guidance for schools'
[Providing remote education: guidance for schools - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/providing-remote-education-guidance-for-schools)

Department for Education (2024) 'Working together to improve school attendance'
[Working together to improve school attendance \(applies from 19 August 2024\) \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1182222)

HM Government (2021) 'Promoting children and young people's mental health and wellbeing'

[Promoting children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Kent County Council PRU, Inclusion and Attendance Service (PIAS)

[PRU, Inclusion and Attendance Service \(PIAS\) - KELS!](#)

The Rosewood School

[The Rosewood School \(trs.kent.sch.uk\)](https://trs.kent.sch.uk)

Kent County Council Fair Access Protocol (FAP)

https://www.kelsi.org.uk/_data/assets/pdf_file/0009/80010/Fair-AccessProtocol.pdf

Children Missing Education Guidance

[Children missing education - Kent County Council](#)

Early Help Support

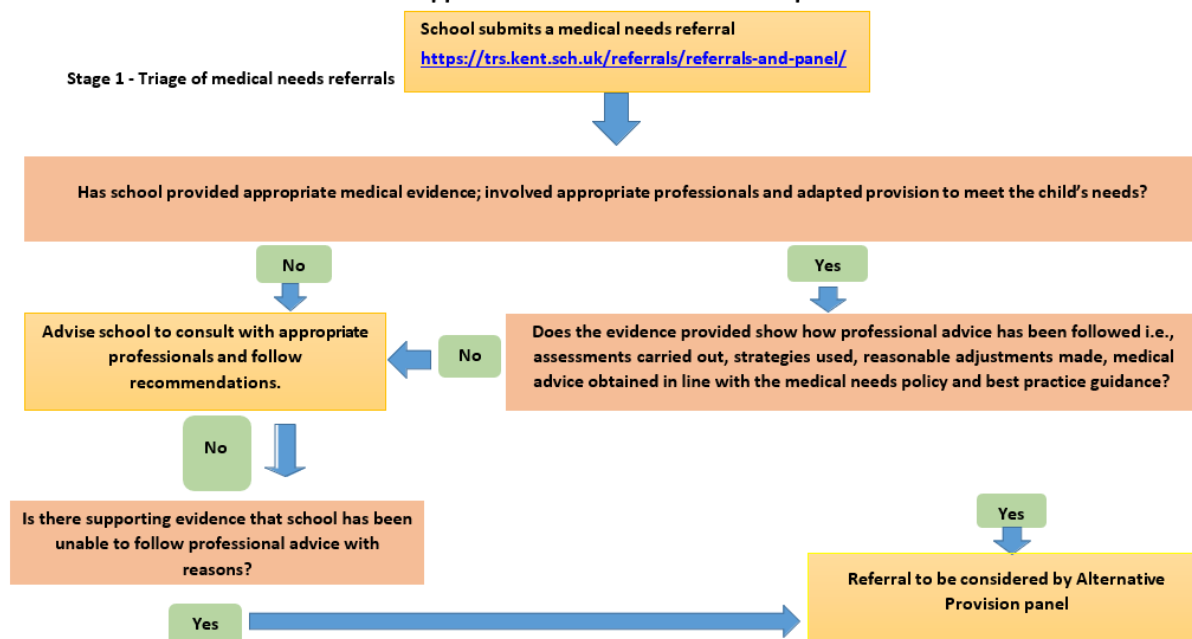
[Early Help \(support for families\) - Kent County Council](#)

Children with long-term illness

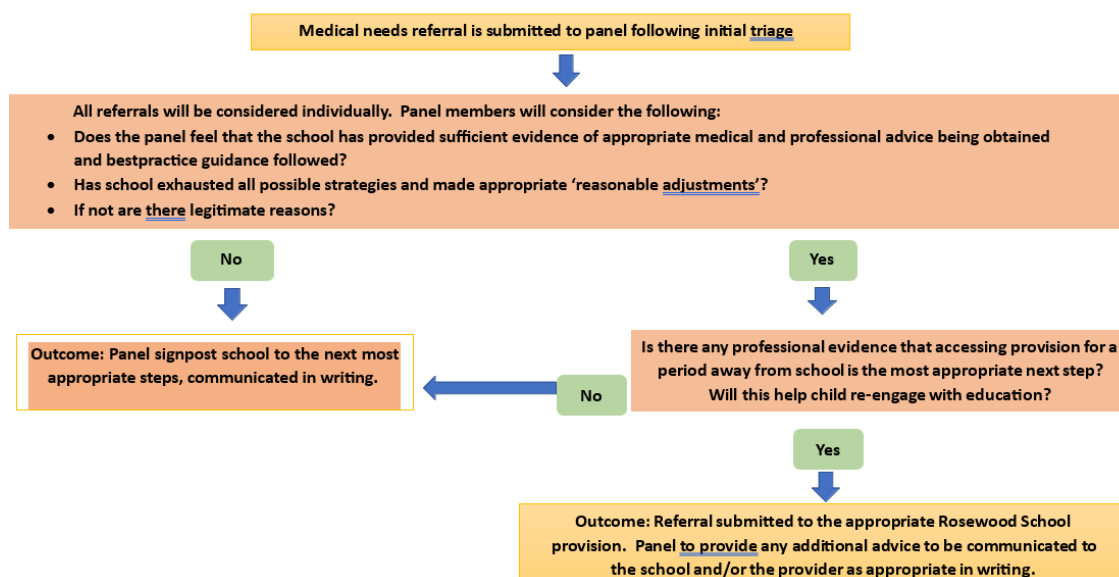
[Children with long-term illness - Kent County Council](#)

Annex 2: The Rosewood School Referral process

Appendices - Referral consideration process



Stage 2 - Panel consideration of Medical Needs Referrals



Stage 3 - Commissioned provider consideration of health/medical needs referrals

Local authority commissioned provider (The Rosewood School) considers the referral and advises the school of the outcome in writing.

Referral Accepted	Referral Refused
<p>The Rosewood School contacts school to arrange a handover meeting. Following handover, a meeting is arranged with school and parent/carer and a start date is agreed.</p>	<p>Head of referrals informs school of the reasons for refusal and consideration of next steps. Referrals will be declined if the pupil does not have a qualifying health need. The referral form and criteria. The Rosewood School - KELS!</p>
<p>School and The Rosewood School work together to plan:</p> <ul style="list-style-type: none"> • Curriculum • Maintaining links with school • 6 weekly reviews incorporating ongoing health/medical advice • Reintegration to school 	

Health/medical needs placements end when:

- The pupil has successfully reintegrated to school.
- The pupil no longer has a qualifying health/medical need.
- There is clear non-engagement with the provision offered over a period of 4 weeks.
- The program of support is complete.