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for children**

# **Alternative Provision Policy**

# Version control

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## **About the policy**

This policy identifies the duties and local procedures for children who are unable to attend a mainstream or special school because of their health or other reasons. The policy applies to all children and young people who would normally attend mainstream schools, including academies, free schools, independent schools and special schools, or where a child is not on the roll of a school (electively home educated). It applies when a child cannot attend school at all or can only attend intermittently due to their illness or specific needs.

It is important to note that alternative provision differs from the provision of education other than at school (EOTAS). In addition to the rights under section 19, children and young people (CYP) with an education, health and care plan (EHCP) can be considered for provision under EOTAS if they meet the criteria set out in Section 61 of the Children and Families Act. Provision under EOTAS is a formal special education package which covers a range of provision for children for whom a school setting is considered inappropriate or not possible.

This policy outlines the delivery of the local authority's duties and policies in relation to providing full time education for Windsor, Ascot and Maidenhead children of compulsory school age who are unable to attend school due to exclusion, illness, health needs or other reasons to receive suitable, full-time education due to health needs or other reasons.

This policy also outlines the functions, roles and responsibilities pertaining to Achieving for Children's (AfC's) alternative provision service, The RISE. Achieving for Children, through its Education Service, has commissioned The RISE alternative learning provision (which includes the provision of over six different Haybrook College sites, including The Rise Primary at Eton Wick) to deliver the local authority's duties for primary and secondary aged children.

## **Statutory duties**

### **Local authorities**

Local authorities have a statutory duty to provide education other than at school for children unable to attend school because of illness or other reasons, and who would not receive suitable education without such provision.

Children's services for the Royal Borough of Windsor and Maidenhead (RBWM) council are delivered by Achieving for Children (AfC), a community interest company jointly owned by RBWM. This statutory duty is therefore provided by AfC.

Local authorities must have a named officer for children missing education (CME). The role of this officer is the CME Coordinator.

### **Schools and academies**

Children at school with medical conditions and other needs should be properly supported so

that they have full access to education, including school trips and physical education.

Governing bodies and committees must ensure that arrangements are in place in schools to support children at school with medical conditions and other needs.

Governing bodies and committees should ensure that school leaders consult health and social care professionals, children, and parents to ensure that the requirements of children with medical conditions and other needs are properly understood and effectively supported.

## Objectives of the service

- To ensure a suitable and flexible education including a broad and balanced curriculum, similar to that received at school for children who cannot attend school because of health or other needs. This is in line with the [DfE's statutory arranging alternative provision guidance](#). The guidance states that it is to support the educational attainment of a child of compulsory school age with health (or other) needs whether or not the child 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 and those who are electively home educated.
- To provide continuity of learning and facilitate inclusion.
- To arrange suitable full-time education (or as much as the child's health or other needs allow) for children of compulsory school age as soon as it is clear that the child will be away from school for 15 school days or more, which do not have to be consecutive.
- To develop effective liaison arrangements with the child's home school, parents, carers and other relevant professionals such as the Special Educational Needs and Disabilities (SEND) Team, Child and Adolescent Mental Health Service (CAMHS), education welfare officers, family support workers, educational psychologists, school nurses and other health professionals including hospital staff to promote a joint approach to the child's needs.
- To track and monitor the child's progress and attendance while in receipt of alternative provision. This will be monitored via an allocated member of staff from RISE. If a pupil remains on roll at their previous school, it is the responsibility of the school to regularly review the provision and have oversight for the child's attendance and progress.
- To facilitate reintegration to school, as and when appropriate, through a tailored reintegration plan.
- To provide access to teaching in a range of settings that include an education building, and in other settings such as a local library or, in the home. Where appropriate, to provide a suitable education based on the needs of the individual unable to attend school and to facilitate the use of suitable IT systems.
- To liaise with the home school regarding examination entries for public exams and any special arrangements that may be required.
- To ensure that those pupils studying for their GCSE exams have the opportunity (health

allowing) to continue studying the subjects and exam board specifications that they are registered on through their school. The service will also help to ensure that appropriate exam entries and access arrangements (where appropriate) have been considered.

- To work in partnership with families, carers, medical professionals, schools and support agencies.

## **Referral and admission procedures**

Most children's educational needs are best met in school, but for some children, at specific times, an education in an alternative venue or at home may be appropriate.

It is expected that before a referral is made, schools will have made reasonable adaptations to ensure that the needs of the young person have been met. Best practice would include:

- having an early help plan or multi-agency support in place (as part of an individual health care plan)
- having had consultations with appropriate professionals including, for example, the Education Inclusion Support Service, the Specialist Advisory Teacher (medically vulnerable and SEND) and an educational psychologist
- using the RBWM medical needs protocol for schools to help provide a graduated response to supporting children with health conditions or other needs that may affect their ability to attend school
- having a designated key worker in school who oversees the referral and will act as the main link with the alternative provision team if the referral is accepted. This also requires participation at planning and review meetings

Referrals to the service for RBWM residents who cannot attend school because of illness or other reasons should originate from the child's home school. The school will complete an early help referral or alternatively, a pupils educationally at risk referral depending on the appropriate process. The school will commission the alternative provision and conduct all necessary quality assurance and due diligence to ensure the commissioning process is compliant. The child remains on the roll of the home school while receiving the provision, and the school is involved in the plan for the child and reintegration. If a referral for a pupil on roll at a school is made by parents, this referral will be sent to the school to contribute to before being discussed at the panel meeting. For those pupils electively home educated, it is expected that the referral will be made by the parent.

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

- a child has recently moved into the borough, has a medical or other need and is awaiting a place in a school
- a child is awaiting a place at a suitable school after a medical condition or other need which has significantly altered their physical, cognitive or communication and learning needs
- a child is electively home educated

## Criteria for accessing the alternative provision

There will be a wide range of circumstances where a child has a health or other need, but receives suitable education that meets their needs without the intervention of the local authority. For example, a child can still attend school with some support or the school has made arrangements to deliver suitable education outside of school using the school's resources.

Schools must have a policy that sets out the support for children at school with medical conditions, or other needs, as set out in the [supporting pupils with medical conditions at school DfE statutory guidance](#). However, there are some children who cannot attend school due to illness or other reasons, for whom the local authority must arrange suitable full-time education (or as much education as the child's health condition allows).

Alternative provision will be made available for children of compulsory school age (5 to 16) who are unable to attend school due to illness or other reasons. 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. Medical (or other) evidence should be provided by an appropriate professional such as a medical, CAMHS consultant or educational psychologist.

For referrals relating to health needs where supporting medical (or other) evidence is not quickly available due to extensive service assessment waiting times, consideration will be given to other medical professional evidence, such as that provided by the child's GP.

- Evidence must clearly state that, due to illness or other reasons, the child is unable to attend school and set out the reasons why and where possible the expected time period of the condition and absence from school. If a child is under the care of CAMHS, there is an expectation that CAMHS practitioners will form part of the multi-agency, 'team around the child' (TAC), and support education professionals with advice and guidance and offer relevant timescales for regular alternative provision reviews which they will attend and support.
- The inclusion service managers will, at the initial alternative provision meeting (and subsequent review meetings) discuss with the medical (and other) professionals, parents, carers and the child (where appropriate) the number of hours of provision the child can reasonably manage, whether provision can take place in a group or requires individual provision in the home, and address the needs of the individual child.

## Referral

For children who are at risk of permanent exclusion, not yet school ready, medically vulnerable or subject to emotionally related school avoidance (ERSA), schools commission an alternative provision (AP) directly. Schools can also approach the pupils educationally at risk panel (PEAR) for

advice, guidance, signposting as well as potentially accessing up to 50% funding for the AP. Schools must obtain consent from parents (unless considering an “off-site direction”) and complete quality assurance and all relevant safeguarding checks as well as establishing a robust intervention plan that captures the voice of the child and has identifiable outcomes and a reintegration plan. If the referral is not agreed by a member of the pupils educationally at risk panel, a panel member will contact the referrer to confirm why the referral does not meet the criteria and alternative arrangements can be discussed. Further evidence may be submitted in order that the referral can be reconsidered.

## **Provision planning**

The purpose of alternative provision is to provide short term provision, either in groups, or on a one-to-one basis and to support the child to reintegrate to school as quickly as possible whilst retaining a degree of flexibility (whether the child is unable to attend school because of illness or other reasons). Suitable full-time education is the aim (or part-time according to the child’s needs). Although full-time is not defined in law, children with health needs should have provision equivalent to the education they would normally receive in school.

However, if the child is receiving individual or small group provision, the hours are likely to be fewer as the provision is more concentrated.

The number, frequency and length of sessions will be determined at the planning meeting and reviewed thereafter at half-termly reviews. The local authority is responsive to the home school providing education on site or virtually to supplement the education provision being delivered.

The rationale for the frequency and duration of sessions is based on the referral information received and through discussions held at review meetings. Due to the complex nature of the referrals received, each programme of education (such as frequency and duration) will be decided upon according to the reason for the referral (illness or other reasons), needs of the individual (age, aptitude, ability, SEND and health condition), and based on what the child, their parents, carers and professionals discuss at the review meetings.

Secondary aged children who are able to access small group teaching may be able to attend Apollo/Activate at Haybrook College, Springboard Centre or, if medically vulnerable and on the specialist teacher for the medically vulnerable caseload, The Bungalow.

‘Suitable’ means appropriate to the child’s age, aptitude and ability and any special educational needs they may have. For pupils where the prognosis is longer term, then a review every term or eight weeks will 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. This is to ensure that the right level of educational support they are well enough or (in relation to 'other reasons') able to receive is guided by medical or mental health practitioner advice (and other appropriate professionals when provision is being delivered for 'other reasons'). Flexibility should also enable the service to maximise resources as efficiently as possible.

The school's special educational needs co-ordinator (SENCo) or inclusion leader is usually the key contact for RISE staff. Sharing of information will be necessary between colleagues from RISE, schools, health and other professionals and parents or carers.

Schools and settings should make available relevant information such as school records, assessments, provision maps, individual health care plan planning, individual support plans (ISPs), EHCPs, reviews, relevant medical diagnoses, educational psychologist's report, professionals' reports and staff or child views. Where the child 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 (see individual school privacy notice and [the RBWM/AfC notice](#)).

## Roles and responsibilities

### The school's role

#### **On occasion, this may be the role of the parent or lead professional making the referral**

- Discuss the child's needs and narrative with the pupil educationally at risk lead panel member to triage.
- Complete the PEAR hub referral form as soon as it is known that the child is unable to attend school due to illness or other reasons.
- Provide supporting evidence from the NHS or consultant (or appropriate professional if the referral is for 'other reasons'). Please note that the referral should state that the child is either awaiting or being offered treatment or in a period of recovery following a medical procedure (or for 'other reasons' what the status of their current education programme is).
- For referrals relating to health needs, 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 that provided by the child's GP.
- With the support of the Inclusion Service, arrange an initial meeting between the specialist advisory teacher (medically vulnerable and SEND), the inclusion and access manager, RISE, the referring school and medical representative (and appropriate professional if for 'other reasons') to agree educational support, mainstream reintegration plan and joint review cycle. Where the medical representatives (or appropriate professionals for 'other reasons')

attendance at this meeting would cause a significant delay, the school may decide to obtain this information in writing or verbally so that it can be available in the meeting.

- To provide a programme of curriculum and relevant materials and liaise with the alternative provision staff in order to agree the individualised learning programme. This will be designed to ensure continuation in learning and where possible, taking into consideration child's health, to prevent gaps in learning occurring.
- Be active in the monitoring of progress (including the marking of coursework for secondary pupils), etc.
- Remain the pupil's "belonging" school to ensure parents and children are kept informed of school events (social as well as school curriculum meetings and parents' evenings).
- Ensure arrangements for all examinations and SATs.
- The pupil must remain on the roll of the school throughout the period of alternative provision.
- The pupil receiving alternative provision in the home should be marked the same as for primary and secondary i.e. a 'K/B' for sessions offered and an 'I' for sessions where there is no offer of alternative provision. The 'D' code is only for those attending provision on site at RISE, in which case they will be formally dual-registered.
- With the support of RISE, convene half-termly reviews, ensuring up-to-date medical advice or evidence (or appropriate information for 'other reasons') is available for the meeting.

### **The parent's role (if provision is being delivered in the home)**

- Ensure the child is up, dressed and ready to engage in learning.
- Ensure regular attendance (including access and engagement if at home.)
- When in the home, a responsible adult must always be present in addition to the tutor.
- Provide an appropriate work space (not in the child's bedroom) to allow work to be completed.
- Commit fully to the reintegration plan and eventual return to school.
- Provide early information to the school or RISE if a problem arises.
- Attend meetings and agree to share information and views regarding the child's medical or other needs.

### **The child's role (if provision is being delivered in the home)**

- Be ready to engage and work with the tutor.
- Complete any agreed independent home work within the agreed timescales.
- Be ready to communicate any needs or views.
- Work together with the tutor and the school regarding the planned return to school (reintegration).

## **RISE alternative learning provision**

- Attend an initial meeting between the RISE, parents, the referring school and medical representative (and appropriate professional if for 'other reasons') to agree educational support, mainstream reintegration plan and joint review cycle.
- To complete an initial meeting in the home or at the alternative provision and conduct a risk assessment.
- Arrange alternative provision suitable to the child's needs as quickly as possible. Alternative provision may commence in Haybrook College, the home school, local public venues such as libraries or in the home.
- Provision will be sensitive to the needs of the child and the family, and provide flexibility where possible.
- Regular reviews with pupils, parents, school and health professionals (or appropriate professionals for 'other reasons') to monitor progress and plan for reintegration.
- When well (or able) enough, the service will support the pupil to successfully reintegrate into their school.
- The tutor will liaise directly with the school, parent or carer and pupil regarding the individualised learning programme and, in the case of secondary students, support the return of set pieces of work for marking.

If the referral is not agreed, RISE will contact the referrer to confirm why the referral does not meet the criteria and alternative arrangements can be discussed. Further evidence may be submitted so that the referral can be reconsidered.

## **The medical or health service's role (consultant, paediatrician, clinician, GP) or appropriate professional for 'other reasons'**

- To provide advice and guidance on the frequency, duration, length and suitability of the alternative provision. If the child is able to access the provision in a public place and expected hours of provision according to the child's health (or other) needs.
- If the child is under CAMHS (or another specialist medical or other professional team) then there is an expectation that the practitioners will form part of the multi-agency team around the child and support education professionals with advice and guidance and offer relevant timescales for regular alternative provision reviews which they will attend and support.
- Attend review meetings where possible.
- Provide written reports where necessary.

## **Withdrawal of the programme**

The commissioned programme may be withdrawn if any of the following apply.

- The pupil fails to be available on a regular basis without appropriate reason (the Education

Welfare Service may be involved to offer support).

- Medical (or other) advice identifies that the child is medically (or for other reasons) unable to access any education and to do so would not be in the child's best interest.
- Up-to-date medical (or other professional) advice is not provided for the half-termly review.
- The home tuition agreement is not adhered to.
- There are any other circumstances that mean that the tuition venue does not meet the minimum health and safety standards for the tutor to work in.

## Appendix one

### Legislation and statutory guidance

- [Working Together to Improve School Attendance](#) (Department for Education [DfE] statutory guidance) September 2024
- [Arranging Alternative Provision: A Guide for Local Authorities and Schools](#) (DfE guidance February 2025)
- [Arranging education for children who cannot attend school because of health needs](#) (DfE guidance) December 2023
- [Summary of responsibilities where a mental health issue is affecting attendance](#) (DfE guidance) February 2023
- [Supporting pupils at school with medical needs](#) (DfE statutory guidance) December 2015
- [Section 19](#) of the Education Act 1996
- Non-statutory guidance [Providing remote education: guidance for schools](#) Updated 19 August 2024
- [Elective Home Education - Departmental Guidance for local authorities](#) (DfE guidance April 2019)
- [Children missing education Statutory guidance for local authorities](#) (DfE guidance August 2024)
- [Keeping Children Safe in Education \(KCSIE\)](#) (DfE guidance September 2025)
- [Education Act 1996](#)
- [Children and Families Act 2014](#)
- [SEND Code of Practice: 0 to 25 years](#)
- [Equality Act 2010](#)
- Currently under consideration: [Keeping Children Safe, Helping Families Thrive](#) and [The Wellbeing and Schools Bill](#)