Supporting pupils with medical needs policy

December 2025

achieving for children

Version control

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This document identifies the duties and local procedures for children who are unable to attend a mainstream or special school and pupil referral units because of their health. The policy applies to all children and young people who would normally attend mainstream schools, including academies, free schools, independent schools and special schools. It applies when a pupil cannot attend school at all or can only attend intermittently due to illness or specific health needs.

Various agencies and professionals have been consulted in the creation of this policy. These include; health professionals, the Information, Advice and Support Service (IAS), the Royal Borough of Windsor and Maidenhead (RBWM) schools and wider Achieving for Children (AfC) services (Early Help, Education Welfare Team, School Support and the Educational Psychology Service).

Principles

Education provision for pupils who are physically ill, injured or who have mental health needs that are impacting on their functioning, learning and relationships are the responsibility of **all schools and education services**. Where the pupil presents with a complex pattern of need, it is important that a coordinated multi-agency and systemic approach is taken.

'Supporting a pupil with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working cooperatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical.'
Supporting Pupils at School with Medical Conditions (Dec 2015)

- Children and young people should attend school wherever possible. School attendance can significantly improve the wellbeing of a young person.
- Good planning between professionals enables pupils to participate in education, and return to school wherever possible.
- Schools should make every 'reasonable adjustment' (Education Act 2010) to enable pupils to be in school.
- Pupils with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

Statutory duties of local authorities

- Local authorities have a statutory duty under section 19 of the Education Act to provide education other than at school for pupils unable to attend school because of illness or other health reasons who would not receive suitable education without such provision.
- Children's services in RBWM are delivered by AfC. This statutory duty is therefore provided by AfC.

- Local authorities must have a named officer for children missing education. More details can be found on the Education Welfare Service information page on the AfCinfo webpage.

Statutory duties of schools and 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 at school 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 children with medical conditions are properly understood and effectively supported.
- Schools must have a policy for supporting pupils with medical conditions which adheres to the guidelines in the statutory guidance

AfC and RBWM have commissioned RISE alternative learning provision to support them in fulfilling their duties for pupils with medical vulnerabilities. Suitable alternative provision is available within RBWM. Out of borough and independent alternative provision is also accessible.

Objectives of the service

- To provide continuity of learning and facilitate inclusion.
- To arrange suitable full time education (or as much as the pupil's health needs allow) for children of compulsory school age as soon as it is clear that the pupil will be away from school for 15 school days or more due to medical illness or injury, which does not have to be consecutive.
- To develop effective liaison arrangements with the pupil's school, parents, carers and other relevant professionals such as the special educational needs and disabilities (SEND) team, Child and Adolescent Mental Health Services (CAMHS), attendance officers, family support workers, educational psychologists, 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 while in receipt of medical tuition.
- To facilitate reintegration to school as and when appropriate through a tailored reintegration plan.
- To provide access to education from a range of available resources.
- To work in partnership with families, carers, medical professionals, schools and support agencies. Other professionals may include CAMHS, the School Nursing Team or IAS.

Criteria for accessing support

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

It is the responsibility of the school to continue to provide education for a pupil who can access school with adjustments, even if these are significant adjustments, often determined through an individual healthcare plan (IHCP) or the educational, health and care plan (EHCP) process.

'The Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions… where children and young people also have SEN, their provision should be planned and delivered in a coordinated way with the healthcare plan.'(SEND Code of Practice 2015)

Schools must have a policy that sets out the support for pupils at school with medical conditions. (DfE statutory guidance September 2015). However, there are some pupils for whom the local authority 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.

Support for pupils

For pupils of compulsory school age (5 to 16 years) who are unable to attend school due to medical needs or injury are eligible for support, education should be provided as soon as the pupil will be away from school for 15 school days or more, whether consecutive or cumulative. Medical evidence must be provided by a health or CAMHS consultant. Where supporting medical evidence is not quickly available due to extensive service waiting times, consideration will be given to other medical professional evidence, such as the pupil's GP.

Evidence must clearly state the medical diagnosis and the reasons why the pupil is too unwell to attend school. Where possible, it should also state the expected time period of the condition and absence from school. It should state the impact the medical condition has on the pupil in completing everyday activities so that support can be tailored to their individual needs. If a pupil 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). They will support education professionals with advice and guidance and offer relevant timescales for regular medical tuition reviews that they attend and support.

Information regarding the additional support a young person is receiving from relevant health professionals is important to ensure educational support will compliment, rather than hinder, any progress. All involved health professionals will be invited to attend review meetings, or provide a medical update.

There may be times when children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying behaviours that challenge, or worrying behaviour. It can occasionally result in emotionally related school avoidance (ERSA). These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained.

When a health need presents as a social, emotional or mental health (SEMH) special educational need, schools must consider what can be offered to support that need, with the help of the local authority. The ERSA toolkit is a resource available to help schools support pupils with such challenges. More information can be found on the ERSA AfCinfo webpage.

AfC and RBWM recognises that, whenever possible, pupils should receive their education within their own school. The aim of the service will be to provide short term access to education, and to support the pupil with reintegration back into their school at the earliest opportunity, as soon as they are well enough. Arrangements for reintegration will form an essential part of the plan.

Support from the specialist advisory teacher service is provided based on the medical needs of the pupil and cannot be a result of the home school not making appropriate adjustments to keep a pupil in school if they could be there with the appropriate adjustments.

Support that could be offered

Decisions about support offered to pupils will be based on the pupil's health needs and will involve discussions between the pupil, parents, home school, health professionals and local authority teams.

Support may be one, or a combination, of the following:

- one-to-one sessions in the home or the Bungalow[1]
- group sessions in the Bungalow
- use of an AV1 robot to access lessons from school
- access to lessons via the online platform 'EdClass'

The pupil's health needs will be paramount and final decisions will be based on the presenting needs and difficulties. The views of relevant health professionals will be sought and will be the main contributing factor to what support is offered.

If the home school does not agree with the offer of support, or feels that it cannot accommodate any necessary requirements, then it will become the responsibility of the school to provide education to the pupil during their absence.

[1] The Bungalow is a RBWM commissioned building where educational support can be offered as opposed to within a pupil's home.

Process for referral

Step 1

For pupils who are residents of RBWM or children who are looked after (CLA) by RBWM and not in hospital, requests must be made using the 'pupils educationally at risk' (PEAR) hub. Requests will need to be initially triaged by the specialist advisory teacher for medical needs.

During the triage you will be asked for more detailed information about the pupil including:

- confirmation that the pupil is medically unable to attend school
- the reason for the absence (physical or mental health condition)
- what the length of the absence from school is likely to be
- current support plan on offer from the school
- supporting medical advice from the health professional who treats your pupil. This must show the impact the physical or mental health condition has on the pupil's attendance and progress in school

If there is a diagnosed medical need and support with education is required, a referral to the PEAR hub should be subsequently completed.

The PEAR hub convenes once a month and includes members from a relevant selection of local authority and health teams. However, if a health need arises unexpectedly and support is required sooner, contact the specialist advisory teacher for medical needs for a discussion as decisions can be made via an exceptional process when circumstances dictate necessity.

Step 2

The home school will be asked to present the pupil's case to the panel, outlining the presenting needs and what support the school is requesting. Depending on the medical advice and additional information given, an outcome may be:

- additional funding to support:
  - a placement at an alternative provision that has been commissioned by the school
  - access to an online education provider or similar, arranged by the school
- further support through signposting to another team
- an advice and guidance package to the school and young person
- the use of an AV1 robot
- direct support for the pupil from the specialist advisory teacher
- access to online learning through 'Edclass'

If the medical evidence provided states that a young person is not going to be able to return to school at all, then a referral will be made to RISE alternative provision. The pupil will remain on their home school roll, but will be dual rolled with RISE.

The home school will then be responsible for submitting an application for an education, health and care needs assessment, if applicable, so a more specialist, long term educational setting can be explored.

For any intervention offered, there must always be:

- a clear and agreed time limit for support
- continued and regular input from health care provision

Pupils will remain on roll of their school during any period of alternative provision being offered.

Step 3

To ensure any support offered is appropriately suited to the individual medical needs of the child, education and health professionals need to work closely and share relevant information. Parents will be asked for consent for education and local authority staff to contact health professionals and to share relevant health information. This will be sought using the online form (health information sharing consent form) or the form shown in Appendix 1.

Step 4

If direct support from the specialist advisory teacher or the medical needs service is offered, an initial meeting will need to be arranged by the school, involving relevant school staff, the specialist advisory teacher, the pupil's parents and any healthcare professionals if deemed necessary, during which a partnership agreement will be assented. (See Appendix 2)

During the meeting, the scope and level of support needed will be discussed and agreed. A plan will be made to include a potential start date, transition arrangements and the responsibilities of all parties involved throughout the period of support

Step 5

Schools must continually review the pupil's progress and individual healthcare plan, the minimum review period being termly. Reviews should include the lead professionals from all services providing support to the pupil.

In line with the working together to improve school attendance guidance, any support offered to a pupil from the medical needs service should be recorded as code 'K' in the attendance register for each session of intervention they receive. All other sessions in the school week should be coded using whichever code the school feels is best suited to the pupil's circumstances.

Roles and responsibilities

The school's role

To:

- keep the pupil on roll
- create an individual healthcare plan (IHCP) through partnership between the school, parents, healthcare professionals and, whenever appropriate, the pupil (see Appendix 3)
- arrange an initial meeting between the specialist advisory teacher, parents, the referring school, and medical representative to agree educational support, a mainstream reintegration plan and joint review cycle. Where the medical representative's attendance at this meeting would cause a significant delay, the school may decide to obtain this information through a written report or verbally so that it can be available in the meeting
- maintain purposeful, regular contact with the pupil directly so they feel 'kept in mind' and have a sense of belonging to the school, this should be face-to-face at least weekly
- maintain communication with family to ensure they are kept up-to-date with school events (social as well as school curriculum meetings and parent interviews)
- provide a key worker who will coordinate, with multi-agencies, the individual healthcare plan and monitor the pupil's progress
- convene any subsequent planning and review meetings ensuring up-to-date medical evidence is available for the meeting
- convene and plan any annual review meetings if the pupil has an EHCP
- continue to maintain any plans such personal education plans and individual support plans
- request a statutory assessment for the pupil, should that be an appropriate course of action
- communicate information to all agencies involved
- provide the programme of curriculum and relevant materials, and liaise with the specialist advisory teacher to agree the individualised learning programme, ensuring termly plans and schemes of work are available in all subjects which the pupil would normally be studying, including exploring the use of blended or multi-platform learning
- be active in the monitoring of progress (including the marking of coursework for secondary pupils)
- loan any appropriate resources to the pupil relating to their education
- pay examination entry fees and arrangements, including the application for any exam concessions and commissioning any required testing
- make arrangements for any national assessment procedures
- assess of coursework for accreditation
- provide information, advice and guidance as appropriate for the pupil

- communicate any changes or alterations of the individual healthcare plan to all agencies
- implementation of the reintegration plan

The school's special educational needs coordinator (SENCo) or inclusion leader is usually the person responsible for overseeing continued support and the key contact for the home school. However, schools may wish to appoint another member of staff to this role. It is important that the school contact remains constant for all pupils with medical needs to ensure effective communication between school and other professionals.

Sharing of information will be necessary between the specialist advisory teacher, schools, health and other professionals and parents or carers. Schools and settings should make available relevant information such as school records, assessments, provision maps, planning, individual support plans, EHCPs, reviews, relevant medical diagnosis, educational psychologist's report, professionals' reports and staff and pupil views. Where the pupil has an active child protection (CP), child in need (CIN) or early help family support plan, or is a child looked after, relevant information must be shared. Confidentiality and data protection policy must be followed involving the sharing and use of such information.

In accordance with statutory guidance from January 2013, it is recognised that the home school or college has a central role in ensuring continuity in a pupil's education.

The local authority role

To:

- attend an initial meeting with the parents, the referring school and medical representative to agree educational support, mainstream reintegration plan and joint review cycle
- complete an initial home visit and risk assessment
- arrange provision suitable to the pupil's individual needs as quickly as possible
- liaise directly with the school regarding the individualised learning programme and, in the case of secondary pupils, support the return of set pieces of work for marking
- make sure the support will be sensitive to the needs of the pupil and the family, and provide flexibility where possible
- provide regular reviews with pupils, parents, school and health professionals to monitor progress and plan for re integration
- support the pupil, when well enough, to successfully reintegrate back into their school

The parent's role

To:

- ensure the pupil is up, dressed and ready to engage in learning
- ensure regular attendance and encourage engagement with the intervention
- when in the home, make sure a responsible adult is present in addition to any professional
- commit fully to the reintegration plan and eventual return to school
- provide early information to either the school or the specialist advisory teacher if a problem arises
- attend meetings and agree to share information regarding the pupil's medical needs

The pupil's role

To:

- be ready to engage and work with the teachers
- complete any agreed independent homework within the agreed timescales
- be ready to communicate any needs or views
- work together with the teachers and the school regarding the planned return to school (reintegration)

The medical or health service's role (consultant, paediatrician, clinician, GP)

- 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 attend and support
- attend review meetings where possible
- provide written reports where necessary

Withdrawal of support from the specialist advisory teacher or alternative intervention

Support for pupils with medical needs will cease when:

- the pupil is well enough to attend school
- the outcome of a review is that the pupil is returning to school and their educational needs are being met
- the pupil is too ill to access provision, in which case the final review meeting will agree an appropriate course of action with advice from medical professionals
- the young person fails to engage with or access the provision in which case the final review meeting will agree an appropriate course of action
- other provisions are agreed at a review meeting
- the pupil leaves school
- the pupil acquires an EHCP and their educational needs are met through it

Any questions regarding support and pupil's eligibility should be directed to
Clare Raffaelli, Specialist Advisory Teacher for Medically Vulnerable Pupils:

E: clare.raffaelli@achievingforchildren.org.uk

Related documents

Supporting pupils at school with medical conditions
Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE (December 2015)

Arranging education for children who cannot attend school because of health needs
Statutory guidance for schools and local authorities, DfE (December 2023)

Mental Health and behaviour in schools
Non-statutory guidance for schools, DfE (November 2018)

Alternative provision
Statutory guidance for local authorities, DfE (February 2025)

Working together to improve school attendance
Statutory guidance for schools and local authorities, DfE (August 2024)

Summary of responsibilities where a mental health issue is affecting attendance
Guidance for schools, DFE (February 2023)

Section 19 of the Education Act 1996

This guidance is also in line with RBWM's Inclusion Charter

This protocol will be reviewed annually and amended as necessary in line with government guidelines.

Appendix 1: Health information sharing consent form

Name of child		**Date of birth**	
Parent's or carer's name		**Phone**	
Address		**Postcode**	

I, the parent or carer, confirm that I have parental responsibility for the above-named child, and give permission for the school and healthcare professional, practice or organisation named on this form to be contacted regarding my child's medical needs.

I give consent for any relevant information (for example, diagnosis, treatment, medication, impact on school attendance) to be shared with relevant professionals (for example, with the local authority medical needs and attendance service). I am aware that I may withdraw this consent at any time and will inform relevant professionals of this in writing or by email.

Parent or carer		**Relationship to child**	
Signature		Date	
Child (if Gillick competent)			
Signature		Date	

Healthcare professional details	
Name	
Role	
Email	
Phone	
Address of the practice or clinic	

School details	
School name	
Key contact name and role	
Key contact email	
Key contact phone	

Appendix 2: Partnership agreement between school, AfC and RBWM, parents and carers

The provision of education for pupils with medical needs that prevent them from attending school requires a partnership approach with each partner agreeing to certain roles and responsibilities.

Support will begin when the appropriate medical advice has been received and this document has been signed by all parties.

Pupil name:		**Date of birth:**	
School:			

School	**Specialist advisory teacher**	**Parents and carers**
The pupil will remain the responsibility of the school they are on roll at.	Liaise with appropriate medical professionals and family to ensure minimal delay in arranging suitable provision for the pupil.	Parents maintain close contact with home school and the specialist advisory teacher.
Attend an initial meeting to discuss the support to be provided and arrange six weekly review meetings for the pupil, parents and appropriate professionals.	Address the needs of individual pupils in arranging provision and providing access to suitable and flexible education. Make a home visit and carry out a risk assessment.	Parents encourage and support the pupil to attend agreed sessions outside of the home and to work with professionals to support attendance if the pupil is struggling.
Provide a named contact responsible for dealing with pupils unable to attend due to medical needs	Ensure that the education received is of good quality, broad and balanced.	Parents to inform the specialist advisory teacher of any medical appointments that will impact on the intervention.
Maintain regular, weekly contact with the pupil and family, through phone calls, video calls or home visits.	Keep the home school informed of the pupil's progress during the intervention period.	If support is provided in the home, parents provide a quiet suitable place to work, free from distractions.
Provide information about the pupils' capabilities, levels and exams entered for (if appropriate).	Keep the parents informed of the pupil's progress and work closely with parents and the pupil to consider their views.	Ensure a responsible adult is present when sessions are carried out within the home.
Supply an appropriate programme of work consistent with what the pupil would be studying if they were in school.	Ensure parental permission is gained before discussing pupil issues and respect confidentiality.	If three sessions are cancelled without due cause, support will be cancelled until a meeting can be arranged in the home school to discuss the next step.
Supply suitable resources to support the programme of work.	Provide and request advice from other professionals.	Parents share any educational, social or medical information that might affect their pupil's progress.

Assess all coursework and organise exam entries and arrangements for taking exams.	Encourage the pupil to evaluate their own learning as appropriate.	Support the agreed education programme and reintegration plan.
Convene regular (at least termly) review meetings, ensuring all relevant professionals are invited and relevant paperwork is available.	Provide support to facilitate a successful reintegration into school or the next provider of education.	Attend all review meetings.
Apply for a statutory assessment if deemed necessary.		
Work with other professionals and the family to plan and implement a reintegration programme, if and when necessary.		
Keep the pupil and family informed about school events.		
Keep the pupil on roll.		
Headteacher or school contact Signed Date	**Specialist advisory teacher** Signed Date	**Parent or carer** Signed Date

Appendix 3: Individual healthcare plan (IHCP)

Name of school or setting	
Child's name	
Group, class, form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family contact information	
Name	
Relationship to child	
Phone (mobile)	
Phone (home or work)	
Name	
Relationship to child	
Phone (mobile)	
Phone (home or work)	

Clinic or hospital contact	
Name	
Phone no	
GP	
Name	
Phone	

Who is responsible for providing support in school	
1. **2.** **3.** **4.**	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, or environmental issues

Name of medication, dose, method of administration, when to be taken, side effects, contraindications, method of administration and if with or without supervision			
Medication		**Medication**	
Dose		**Dose**	
Method of administration		**Method of administration**	
Side effects		**Side effects**	
Administered by self	Yes / No	**Administered by self**	Yes / No
Administered by staff	Yes / No	**Administered by staff**	Yes / No

Daily care requirements
Diet, timetable, activities, other requirements, special educational needs (Please give details)

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits or trips

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)
1.
2.

Plan developed with
1.
2.
3.
4.

Staff training needed or undertaken – who, what, when		
Staff name	**Training title**	**Date delivered and by who**

Signed		
Parent or carer		Date:
School healthcare lead		Date:
Headteacher		Date:

Adapted from the government publication on supporting pupils at school with medical conditions