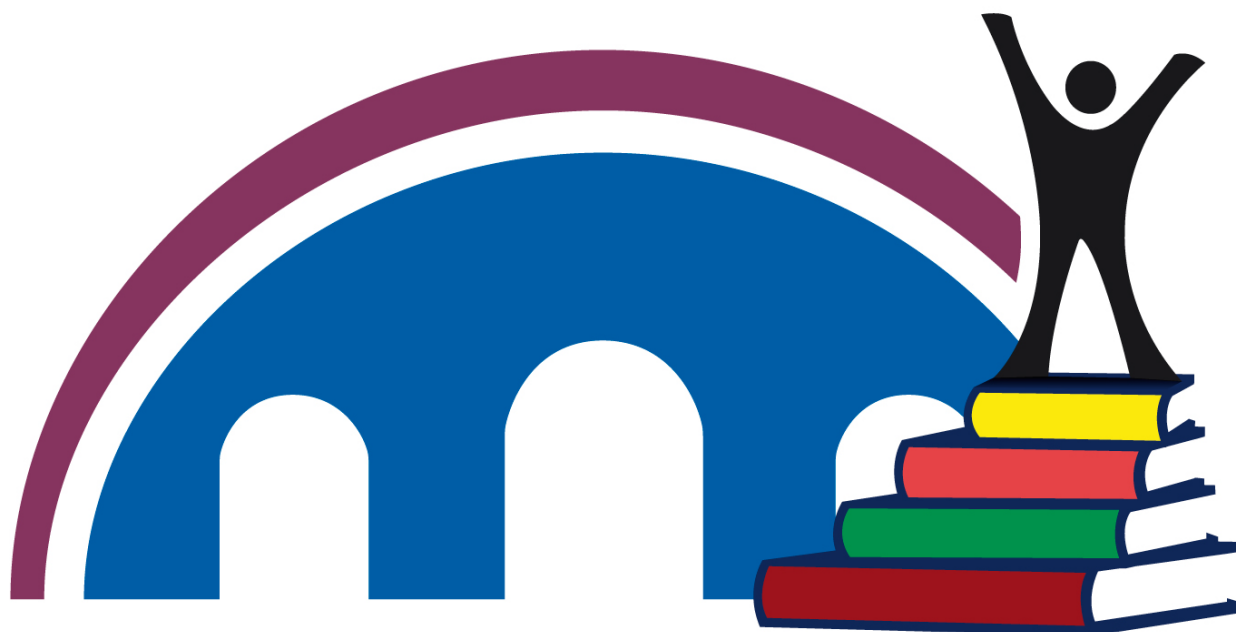




Bridge Academy Trust

**CHILDREN MISSING EDUCATION
DUE TO HEALTH ISSUES**

September 2026

Summary of Changes

Section Number	Current	Proposed Amendment
2. Scope		New Section Added
3	Statutory Duties for Supporting Students with Medical Needs	Roles and Responsibilities
3.5		New paragraph added
4. Equality Impact Assessment		New Section Added

Date of Draft Policy:	April 2026
Date last reviewed by Trustees; Frequency of review	7 th March 2023 3 years
Consultation with Staff Required	Yes ☐ No ☒
Period of Consultation (if required)	From To N/A N/A
Trustees Committee Reviewing Document	Trustee Policy Review Committee
Date of Board of Trustees Meeting at which Policy Approved (if required)	16 th June 2026
Date of Adoption of Policy	1 st September 2026
Date Policy available on Central Area/www (if appropriate)	1 st September 2026
Reviewer	Director of Primary Education
Advice From	Essex County Council Policy

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INTRODUCTION

- 1.1 The aim of this policy is to ensure that all students with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. For students with SEN, the guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) policy.
- 1.2 The responsibilities under this duty are set out in statutory guidance that was issued by the Department for Education (DfE) in December 2015 - [Supporting pupils at school with medical conditions](#).

SCOPE

- 2.1 This policy applies to all students on roll at Bridge Academy Trust schools who are unable to attend school, either full-time or intermittently, due to physical or mental health needs, and sets out how the Trust and its schools will meet their statutory duties to ensure suitable education and appropriate support during periods of medical absence.

ROLES AND RESPONSIBILITIES

TRUST

- 3.1 The Trust has a duty to ensure a policy for supporting students with medical conditions is developed and is reviewed regularly and is readily accessible to parents and school staff.

SCHOOLS

- 3.2 Most students' educational needs are best met in school and Section 100 of the Children and Families Act 2014 places a duty on proprietors of academies and management committees of PRUs to plan for supporting students at their school with medical conditions.
- 3.3 Support all students with medical conditions, in terms of both physical and mental health, to ensure they are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 3.4 Governing Committees should ensure that school leaders consult health and social care professionals, students and parents to ensure that the needs of students with medical conditions are properly understood and effectively supported.
- 3.5 The Headteacher (or designated senior leader) has overall responsibility for the implementation of this policy. This includes responsibilities for staff induction and staff training.

THE LOCAL AUTHORITY

- 3.6 Where a student would not be able to receive a suitable full-time education in school because of their health needs, the local authority (LA) has a duty to make other arrangements.
- 3.7 The responsibilities and duties of LAs are set out in statutory guidance that was issued by the DfE in January 2013 - '[Ensuring a good education for children who cannot attend school because of health needs](#)'.
- 3.8 This policy has been adopted from Essex County Council and seeks to outline how Essex County Council will fulfil their statutory duty to students unable to attend school because of medical needs. This policy applies to all students 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. It applies equally whether a child cannot attend school at all or can only attend intermittently.
- 3.9 Julie Keating, Education Access Manager at Essex County Council, is the named officer responsible for the education of children with additional health needs.

EQUALITY IMPACT ASSESSMENT (EIA)

- 4.1 An Equality Impact Assessment has been completed for this policy which identified no significant negative impacts.

MANAGING A STUDENT'S MEDICAL NEEDS IN SCHOOL

SCHOOL'S ROLE

- 5.1 Where a student is unable to attend school due to their medical needs, the school must be able to demonstrate that they have sought and followed advice from all relevant agencies, including health, EP service, Specialist Teachers, Essex County Council Attendance Team and their SEND Quadrant team. The SENCo must be consulted for their advice on how best to manage the student's needs. This must be evidenced, where appropriate, using the One Planning process. All mental health requests must have oversight from the school SENCo and Senior Leadership Team.
- 5.2 Schools may find it helpful to use the tool kit for schools that is available on [the Essex Schools Infolink](#) to assist with identifying how best to support students.
- 5.3 The school, in discussion with health care professionals, may wish to prepare an individual health care plan to evidence how the student's health needs can be managed in school – this should be shared with parents and the student where appropriate.
- 5.4 The school will be expected to demonstrate that they have made all reasonable adjustments and followed any advice recommended by the services supporting the student before a referral for support will be considered. Any advice or guidance issued to the school and the school's response should form part of the referral – this can be demonstrated using One Plan documentation.

- 5.5 Schools should demonstrate how they have used their notional Special Educational Needs funding to support a student on SEN support; identifying strategies, implementation and expense incurred via one planning etc. The notional SEN Fund is the sum of money the Local Authority expects individual schools to make available to support students with SEN and AEN. These resources are intended to provide support that is 'additional to and different from' that provided to typically developing students with universal needs. Schools are expected to fund the first £6,000 of 'additional to and different from' support for **all** students that require it.

PARENTS'/CARERS' ROLE

- 5.6 There is an expectation that parents and carers will have sought advice from a qualified medical practitioner or, for students with mental health issues, the Emotional Wellbeing and Mental Health service (EWMHS). Parents should seek medical guidance around reasonable adjustments that the school should consider, alongside strategies to support. Advice should be shared with the school to assist them with their support plan or individual health care plan.

OBTAINING MEDICAL ADVICE AND GUIDANCE FOR STUDENTS WHO ARE STRUGGLING TO MAINTAIN REGULAR SCHOOL ATTENDANCE

- 6.1 Whilst there is an expectation that referrals will be accompanied by appropriate medical advice and guidance outlining the situation, referrals will not be delayed because a student is awaiting specialist support.
- 6.2 The Education Access team at Essex County Council will consider all available evidence and will, where appropriate, review the educational needs of the student with the school, parents/ carers and all other professionals involved. If there is insufficient medical evidence to support a referral for a student who is unable to access school, the school should seek advice from their SEND Quadrant Team.

STUDENTS WITH AN EHCP, SEND OR UNDERGOING AN EHC NEEDS ASSESSMENT

- 7.1 Where a school is seeking support on medical grounds for a student with SEND, the school should first discuss the situation with the Statutory Assessment Service (SAS) to determine the most appropriate route to follow.
- 7.2 Where a student is presenting with an anxiety condition, an urgent review of the student's provision is required through the annual review process. This should be attended by the relevant Locality Casework Manager from the Statutory Assessment Service and the referring school. Generally, professionals require two/three weeks' notice to attend formal review meetings.
- 7.3 Where a change of provision is considered appropriate but there is a delay in securing an appropriate placement, access to interim education arrangements should be discussed with the Statutory Assessment Service.
- 7.4 The school may wish to advise the parents/carers to contact the SEND IASS team.

STUDENTS UNABLE TO ATTEND SCHOOL BECAUSE OF PREGNANCY

- 8.1 It is an expectation that students who are pregnant will continue to be educated at school whilst it is reasonably practical, and it is in the interests of the student. Any request for teaching out of school must be made on the appropriate referral form and be accompanied by written medical evidence confirming when the baby is expected. Each case will be considered on an individual basis in accordance with the current policy. Support will generally be provided for six weeks prior to and six weeks following the birth of the baby. However, where there are extenuating circumstances, supported by appropriate evidence, it is possible to consider support outside the normal timeframe. The student will remain on the roll of the school. If the student has not reached statutory school leaving age, she will be expected to reintegrate into school following the birth.

STUDENTS IN HOSPITAL

- 9.1 Education provision will be available during term time for students admitted to the children's wards of the following Essex hospitals by the following services:
- a) Basildon Hospital – Reintegration Service South
 - b) Broomfield Hospital – Heybridge Co-operative Academy
 - c) Colchester General Hospital – Northeast Essex Co-operative Academy
 - d) Princess Alexandra Hospital – Reintegration Service West

STUDENTS LEAVING ADOLESCENT MENTAL HEALTH UNITS

- 10.1 The teachers in charge of the adolescent mental health units of Poplars or St Aubyns can contact Education Access to discuss Essex students who are due to be discharged and refer for support if appropriate. Essex students discharged from out of county units can also be referred to Education Access.

MAKING A REFERRAL TO EDUCATION ACCESS

- 11.1 When it is clear that a student is unable to attend school due to their medical needs for 15 days or more, whether consecutive or cumulative, the school should complete the Education Access medical referral form and submit electronically to medical@essex.gov.uk.

- 11.2 All referrals need to be completed in full and accompanied by supporting medical advice as highlighted above to avoid delay.
- 11.3 The referral then enters a Consideration process; Education Access may seek advice from partner agencies.
- 11.4 If a referral criterion is met, Education Access will commission appropriate support through one of our approved providers. Education Access will notify the school and provide advice on next steps. Depending on the circumstances, the school may be asked to convene school-based meetings. The student will remain on the school roll, and the school will be expected to arrange review meetings (normally every 6 weeks). Updated medical evidence will be required as part of the on-going support plan for the student.
- 11.5 **Please refer to the Education Access guidance to schools on their roles and responsibilities for monitoring students accessing offsite provision on medical grounds.**
- 11.6 If support is not agreed, Education Access will contact the school to confirm why the referral does not meet criteria. Education Access may offer the school further advice and/or signpost the school to other agencies so the school can commission appropriate support.

EDUCATION FOR STUDENTS ACCEPTED AS MEDICAL REFERRALS

- 12.1 Where a referral has been agreed Education Access will work with the school, family and student to determine the most appropriate support. The aim will be to encourage a return to school as soon as the student is well enough. Support available may include:
- a) AV1 – No Isolation robots
 - b) Online learning
 - c) Mentoring
 - d) Tuition support
- 12.2 Schools need to note that the decision whether to accept a student for support on medical grounds rests entirely with the education directorate within Essex County Council. Referrals must not be made directly to a provider; ECC will liaise with providers to ensure the best available offer is made.
- 12.3 Staff from the identified provider will support students in a suitable venue, or exceptionally, in the student's home if supported by appropriate medical evidence. If support is required in the home, it will be necessary for the provider to carry out an appropriate risk assessment. If the student is supported in the home, there must always be a responsible adult present.

MULTIAGENCY WORKING AND RESPONSIBILITIES

- 13.1 It is important to link with partner agencies to ensure appropriate support is in place to meet the student's educational needs. There is an expectation that the school, Education Access, provider, health and other support services along with the family and student will work together to ensure we achieve the best possible outcomes.
- 13.2 The expectation for the referring school is to work collaboratively with the commissioned service to ensure that the student is fully supported and is not educationally disadvantaged due to their medical need. The referring school will also assist the commissioned service in supporting reintegration once the student is well enough to begin transition.

THE SCHOOL'S ROLE

- 13.3 The Headteacher/Head of School will:
- a) Identify a senior member of staff, able to make decisions, to host and chair regular review meetings (normally every 6 weeks), produce action plans and distribute notes of these meetings.
 - b) Provide a named teacher with whom each party can liaise (usually the SENCO).
 - c) Provide a suitable working area within the school for the student / education provider where necessary.
 - d) Be proactive in supporting the reintegration of the student back into school as soon as they are well enough.
 - e) Ensure that students who are unable to attend school, are kept informed about school social events and are encouraged to maintain contact with their peers.
 - f) Ensure that there is updated medical advice provided to assist with progressing the case and to support reintegration.
 - g) Where a student is unable to take their exams within the school setting, it is the school's responsibility to organise those exams, secure an invigilator and locate a safe venue.

THE EDUCATION ACCESS TEAM

- 13.4 The Education Access Team will:
- a) Assess all referrals to the service and brokering provision for those students who sufficiently trigger an intervention.
 - b) Work with the school, provider, family and student to ensure the delivery of a suitable curriculum that can meet the individual needs of the student.
 - c) Monitor and evaluating the effectiveness of the education provision to ensure it continues to meet the needs of individual students.
 - d) Facilitate an agreed programme of reintegration and attending any relevant planning meetings.

THE PROVIDER'S ROLE

- 13.5 The provider (see point 11.4 above) will:

- a) Liaise with the named person in school.
- b) Liaise, where appropriate, with outside agencies.
- c) Provide a flexible programme of support.
- d) Provide regular reports on the student's progress and achievements.
- e) Provide an opportunity for the student to comment on their report.
- f) Attend review meetings.
- g) Help set up an appropriate reintegration programme as soon as the student is ready.

HEALTH AND OTHER SUPPORT SERVICES

13.6 Health and other support services will:

- a) Offer medical treatment, advice and support where appropriate.
- b) Attend or provide advice to review meetings.
- c) Provide written reports where necessary.

THE PARENT'S/CARERS ROLE

13.7 Parents will:

- a) Provide current medical guidance when requested.
- b) Provide early communication if a problem arises or help is needed.
- c) Attend necessary meetings.
- d) Reinforce with their child, the value of a return to school.
- e) Ensure that their child is ready for and attends all provision offered.
- f) Take responsibility for safeguarding their child when they are not receiving education.

THE STUDENT'S ROLE

13.8 Student will:

- a) Be ready to work with the provider.
- b) Be prepared to communicate their views.
- c) Engage with other agencies as appropriate.
- d) Prepare for reintegration as soon as they are able.

ENDING OF SUPPORT

- 14.1 The decision to end the commissioned alternative education programme sits with Education Access. Education Access will liaise with the school, provider, health services, family and student to ensure plans are in place to support the student with their education.

FURTHER ADVICE AND GUIDANCE

- 15.1 For further advice or guidance please contact Education Access at medical@essex.gov.uk.