

Thurrock Council

SEND and Inclusion Tuition Policy

Supporting pupils who are unable to access education due to physical or mental health needs, exclusion or other reasons.

First edition September 2025

1. Statutory duties for supporting pupils with medical needs - Introduction

Most children's educational needs are best met in school and 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 PRUs to plan for supporting pupils at their school with medical conditions.

Governing bodies have a duty to ensure that their school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

The responsibilities under this duty are set out in statutory guidance that was issued by the Department for Education (DfE) in December 2023 -

https://assets.publishing.service.gov.uk/media/657995f0254aaa000d050bff/Arranging_education_for_children_who_cannot_attend_school_because_of_health_needs.pdf

The policy document outlined below is underpinned by Section 19 of the Education Act 1996 and the Equality Act 2010. Section 19 outlines the duty of local authorities to arrange for ***suitable education at school or otherwise than at school for those pupils of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable¹ education unless such arrangements are made for them*** (DfE, 1996).

The statutory guidance is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported with education so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Where a pupil comes under the 'otherwise' criteria, Thurrock Council's Specialist Provision and Placements Panel will consider the case via a referral and determine on an individual basis according to the circumstances and needs of the child. In all cases consideration will be given to information provided by relevant services and agencies involved with that child.

The DfE have also produced guidance for schools about support with mental health issues which should form part of school policies (Feb 2023);

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1134196/Support_for_pupils_where_a_mental_health_issue_is_affecting_attendance_effective_practice_examples.pdf

For children with SEND, the guidance should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice (DfE 2015).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Governing bodies and Multi-Academy Trusts (MATs) should ensure that school leaders consult health and social care professionals, Educational Psychologist, pupils, and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported. Reasonable adjustments **must**

¹ 'suitable' means suitable to the child's age, aptitude, ability, and any special educational needs that he or she may have.

be made within the school environment to ensure that the pupils in question feel supported and safe while they are in school.

The Local Authority:

Where a pupil would not be able to receive a suitable full-time education in a mainstream school because of their health needs, the local authority (LA) has a duty to make other arrangements.

The responsibilities and duties of LAs are set out in statutory guidance that was issued by the DfE - [‘Arranging education for children who cannot attend school because of health needs’ \(DfE 2023\)](#)

This policy document outlines how Thurrock Council will fulfil its statutory duty to pupils unable to attend school because of medical needs or other needs. This 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. It applies equally whether a child cannot attend school at all or can only attend intermittently.

Thurrock Council’s Access and Inclusion Lead, **Emma Johnson** is the named officer responsible for the education of children with additional health needs.

2. Managing a pupil’s medical needs in school

School’s role:

Thurrock Council is committed to engaging in the values of Trauma Informed Practice and working in partnership with schools to ensure that pupils can remain at their mainstream school placement or make a successful return to school following a short supportive placement with an alternative education provider.

Where a pupil is unable to attend school due to their medical needs Thurrock Council would expect that schools will be able to demonstrate how they have arranged to support the pupil by adopting [Trauma Informed Practices](#). Trauma-informed practice in education focuses on understanding trauma’s impact, supporting affected students, and creating inclusive, Safe environments.

Schools may wish to adopt the principles and practice of Trauma Perceptive Practice (TPP). TPP is an Essex approach to understanding behaviour and supporting emotional well-being, focusing on relationship-driven behaviour management and the belief that most behaviour is needs-driven. The TPP values of compassion and kindness, hope and connection and belonging support the pupils while they are struggling with school attendance.

Further information on TPP can be found here;

[Social, Emotional and Mental Health Portal for Schools, Colleges and Settings - SEMH Training \(essex.gov.uk\)](#)

[Trauma Perceptive Practice \(TPP\) for Essex Partners Introduction - Essex County Council](#)

More general SEMH resources can be found here;

https://schools.essex.gov.uk/pupils/social_emotional_mental_health_portal_for_schools/Pages/default.aspx

Prior to making a medical referral, particularly for Emotionally Based School Non-Attendance EBSNA, schools should read and implement the guidance within the Thurrock Virtual School – Supporting EBSA document.(appendix 1) Schools will need to provide information from this document to accompany any medical referral into Education Access. The [Risks and Resilience Profile](#) should be completed and returned to support the medical referral and the school should have completed the **Medical Referral Form from Access & Inclusion**

The school must be able to demonstrate that they have sought and followed advice from all relevant professionals. These may include:

- Health professionals
- EP service
- School Attendance & Support Team
- SEND Service
- CAHMS/ Mental Health In Schools Team

The school should be mindful of the SEN code of practice School Support section – starting at paragraph 6.44 within the following document in terms of placing young people appropriately on School Support.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Additional resources – a Provision Guidance Toolkit and - can be found on the [Services to Schools Website](#).

The SENCo must be consulted for their advice on how best to manage the pupil's needs.

This must be evidenced using the school's own paperwork (IEP, One Plan etc). All mental health requests should have oversight from the school SENCo and Senior Leadership Team.

The school, in discussion with health care professionals, may wish to prepare an individual health care plan to evidence how the pupil's health needs can be managed in school – this should be shared with parents and the pupil where appropriate.

The school will be expected to demonstrate that they have made all reasonable adjustments and followed any advice recommended by the services supporting the pupil. Any advice or guidance issued to the school and the school's response should form part of the referral - this can also be demonstrated using the school's own paperwork.

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

Parent / Carers role:

There is an expectation that parents and carers will have sought advice from a qualified medical practitioner or, for children with mental health issues, the Children and Adolescent Mental Health Service (CAMHS). 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.

3. Obtaining medical advice and guidance for pupils who are struggling to maintain regular school attendance

Whilst there is an expectation that referrals will be accompanied by appropriate medical advice and guidance outlining the situation, consideration of referrals will not be delayed because a pupil is awaiting specialist support and / or struggling to engage with support.

The Panel will consider all available advice along with the information given within the referral form and will, where appropriate, review the educational needs of the pupil with the school, parents / carers and all other professionals involved.

The Panel will need to be assured that the young person is medically well enough to access an alternative educational provision and that this will not be detrimental to them in any way.

In all cases, effective collaboration between relevant services (LA, CAMHS, NHS, School Nurses etc.) is essential to delivering effective education for children with additional physical or mental health needs.

4. Pupils with an EHCP

Where a pupil is presenting with an anxiety condition, an urgent review of the pupil's provision is required through the annual review process. This should be attended by the relevant professionals and the referring school. Generally, professionals require two / three weeks notice to attend formal review meetings.

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 SEND Service.

The school may wish to advise the parents / carers to contact the Parent Advisory Team Thurrock (PATT) SEND IASS team.

<https://www.patt.org.uk/>

5. Pupils unable to attend school because of pregnancy

Support for Pregnant Students and School Age Parents

This document has been produced to help educational establishments support pregnant students and school age parents to continue their education and, in doing so, enable them to reach their full potential.

Responsibility of Schools

Most cases of teenage pregnancy occur in year 11, a crucial time for taking GCSE's, so it is important to ensure that young parents can complete their compulsory education and are able to go on to further education and training when they are able.

Under section 7 of the Education Act 1996 parents of teenage parents are responsible for making sure that their children of compulsory school age receive a full-time education suitable for their age, aptitude and to any additional educational needs that they may have. This may be through regular attendance at school, an alternative educational provision, or by education otherwise.

Section 436A of the Education Act 1996 (inserted by section 4 of the Education and Inspections Act 2006) requires all Local Authorities to make arrangements to establish (so far as it is possible to do so) the identities of children residing in their area who are not receiving a suitable education. <https://www.legislation.gov.uk/ukpga/2006/40/section/4>

Monitoring and maintaining the attendance of the individual pupil is, always, the responsibility of the educational establishment at which the pupil is on roll.

The Headteacher/Principal is responsible for ensuring that the school makes **all reasonable attempts** to support the student in continuing to access on site education in line with the school's attendance and inclusion policy.

It is important that the young parents have an input into what their educational support may look like and that their views are sought. Short-term absences should be allowed if necessary; if the health issues look like they may be longer-term then the school and the LA would need to consider appropriate alternative arrangements.

The Equality Act 2010 and schools - Departmental advice for school leaders, school staff, governing bodies and local authorities – May 2014

Protected characteristics

It is unlawful for a school to discriminate against a pupil or prospective pupil by treating them less favourably because of their:

- sex
- race
- disability
- religion or belief
- sexual orientation
- gender reassignment
- pregnancy or maternity
- In Thurrock Looked After Status is also a protected characteristic

Pregnancy and maternity

Protection for pupils from discrimination because of pregnancy and maternity in schools is covered in the Equality Act. This means it is unlawful for schools to treat a pupil less favourably because she has become pregnant or has recently had a baby, or because she is breastfeeding. Schools will also have to factor in pregnancy and maternity when considering their obligations under the Equality Duty (see chapter 5).

Local authorities have a duty under Section 19 of the Education Act 1996 to arrange suitable full-time education for any pupils of compulsory school age who would not otherwise receive such an education. This could include pupils of compulsory school age who become pregnant or who are parents. In particular, where pupils are unable to attend their previous school, the local authority would need to consider whether this duty is applied. 'Suitable education' should meet the individual needs of the pupil and must take account of their age, ability, aptitude and individual needs including any special educational needs they may have. Local authorities must have regard to statutory guidance on alternative provision and the ensuring a good education for children unable to attend school because of health needs.



Equality_Act_Advice_
Final.pdf

Antenatal appointments

Pregnant teenagers are less likely to access maternity services and ante-natal care in early pregnancy. This can result in raised levels of medical complications and premature births. Pupils should be encouraged to attend ante-natal appointments and would be expected to evidence these as they would any other medical appointment during school time. The father's positive involvement in a child's early life is associated with a range of good outcomes for babies and children. A positive relationship between the mother and father is also a protective factor for post-natal depression. Time off during school time for young fathers- to-be to attend ante-natal appointments should be negotiated with the school. Alternatively, the school may recommend that young people ask for ante-natal appointments to be made after school wherever possible.

Childcare

Young parents under the age of 20 are entitled to funding to pay for childcare places and associated travel through 'Care to Learn'.

<https://www.gov.uk/care-to-learn>

Reintegration into Education

Evidence suggests that reintegration into education is more successful if the return is phased. The agreed process for reintegrating the young parent back into education should be, in all cases, in consultation with the student, their family if appropriate, the Access and Inclusion and the school. This may include work sent home, home tuition, a part- time timetable or attendance at an Alternative Learning Provider. Wherever possible, the young mother should be encouraged to return to her own school.

It is important to allow flexibility for the young parent to attend appointments, and to support attendance at young parents' support groups and breastfeeding groups at the [Family Hubs](#). These are important in developing good parenting skills and ensuring good health of the baby. Attendance at these groups should be built into the Personal Education Support Plan.

Breastfeeding

Breastfeeding has a strong protective effect on the health of the mother and baby. Research suggests teenagers are a third less likely to breastfeed and teenagers who do initiate breastfeeding are much less likely than older women to continue. It is important that schools support the student's choice to breastfeed. If the childcare is close to the school, the pupil should be allowed to leave at agreed times. The school should identify a private area to enable the student to express milk and provide suitable facilities to store milk during the school day.

Accessing Support

The aim of the school should be to keep the young person on roll, even if they may not be able to attend for a period of time. A designated member of school staff should be allocated to act as an advocate for the young person and assist them in taking responsibility for their continuing education.

Schools should have a clear confidentiality policy (DfE – Education, Relationships and Sex Education (RSE) and Health Education). Headteachers should ensure that all school staff and parents are aware of the policy and that school staff adhere to it.



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on__Relationships_an

If the student has not already done so, they should be encouraged to inform their parents/carers of the pregnancy. They may need some support to do this. School staff should always seek consent from a student before disclosing any information but should make it clear that they cannot guarantee confidentiality if there is a possibility that the young person or someone else could be harmed, for example, risk of harm to the young person and/or the unborn child.

Although the age of consent to sexual activity is 16, the Sexual Offences Act 2003 does not intend to criminalise young people of a similar age who have consensual sex. A child protection issue arises when there has been non-consensual sex or an exploitative relationship, particularly with an older person or someone in a position of trust. Under the Sexual Offences Act 2003, children under the age of 13 are considered of insufficient age to consent to sexual activity. If the student is under the age of 13 and pregnant, please contact the Children and Families Hub below.

If you have any safeguarding or child protection concerns, please contact the MASH.

In the case of a student under 16, if the nominated member of staff believes there is a child protection issue to be addressed, they should liaise with the schools designated teacher for child protection.

The nominated member of staff should make clear that they cannot guarantee unconditional confidentiality and that if confidentiality must be broken, the pupil will be informed first.

If the name of the father of the child has been disclosed, or he has revealed his identity, his needs and rights should also be taken into account. Schools should be supportive of both parents, acknowledging the additional needs that school age fathers and fathers-to-be may have. In some cases, both the mother and father- to- be may be attending the same school; this may cause difficulties if the relationship has ended, the pupil has rejected his responsibilities, or been excluded from his parenting role.

Please contact the Access & Inclusion Team for further support. Should LA support be required due to health needs, it is likely that we would consider a blended offer of outreach tuition alongside time spent in school or a referral to The Olive AP. These plans will change according to health of mother and baby, will be reviewed regularly with all parties, and will be reviewed before and after the birth of the baby.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/796582/PHE_Young_Parents_Support_Framework_April2019.pdf



PHE_Young_Parents_
Support_Framework_

Examples of Attendance Codes

Pregnancy is not an illness, therefore absence due to illness during pregnancy should be recorded – I

Ante-natal appointments – M

Illness of baby – C

Baby medical appointments – C

Lack of childcare due to unforeseen circumstances - C

Failure to organise childcare, or refusal to access childcare place offered – O

Part time timetable – C

Attending alternative learning programme - B or D depending on the provision

6. Pupils without a school roll

For pupils who are not on a school roll Thurrock Council will consider support, subject to appropriate medical advice. Parents/ carers should continue the process of securing a suitable school placement for future reintegration.

7. Electively home educated pupils

Referrals will not be considered for pupils who are electively home educated but are no longer able to access their education due to a physical or mental health need. Support options will normally be considered once a school placement has been secured in line with the Thurrock Fair Access protocol.

8. Pupils who are not of compulsory school age

Requests for support for pupils who have yet to reach compulsory school age will be considered based on the individual needs of the pupil. Referrals for pupils above compulsory school age *who are repeating a statutory school year due to medical reasons* may be considered on an individual basis.

Schools should make an application through the Senior Access & Inclusion Officer. Referrals are subject to the same supporting advice from medical/ mental health practitioners. Schools should maintain the pupil on their roll.

9. Pupils in hospital

Education provision can be considered for pupils admitted to hospital where their absence from school will total 15 school days or more counted either consecutively or cumulatively. Schools are asked to make a referral to the Access & Inclusion team, following the process in paragraph 11, as soon as details are known of any planned admission or treatment plans so that appropriate arrangements can be made to support the pupil.

10. Pupils leaving Adolescent Mental Health Units

The teacher in charge of the adolescent mental health units may contact Senior Access and Inclusion Officer to discuss Thurrock pupils who are due to be discharged and refer for support if appropriate.

11. Making a referral to Access & Inclusion

When a pupil is unable to attend school due to their medical needs for 15 days or more, whether consecutive or cumulative, the school should consider completing the Pupil Passport medical referral form alongside the additional documentation as discussed above.

Any queries and/ or referrals should be submitted electronically to via AVCO.

All referrals need to be completed in full and accompanied by supporting medical advice where possible as highlighted above to avoid delay.

It is the school's responsibility to ensure that any referral is received by Access & Inclusion.

12. Consideration of referral

As part of the consideration process, Panel will seek advice from a range of professionals, parents/carers, and child to determine the most suitable education for the child.

Referrals may be considered at the weekly Special Provision and Placement Panel.

If threshold is met, Thurrock Council will commission appropriate support through one of our approved providers. Thurrock Council will notify the school and provide advice on next steps.

If support is **not** agreed, Thurrock Council will contact the school to confirm why the referral does not meet criteria. We may offer the school further advice and/ or signpost the school to other agencies so the school can commission appropriate support.

13. Education for pupils accepted as medical referrals

Process and partnership agreement

Where a referral has been agreed Thurrock Council will work in partnership with the school, family, and pupil to determine the most appropriate support. The aim will be to support reintegration to school as soon as the pupil is well enough, and the school will be expected to complete the Reintegration / Engagement (Appendix 2) document to inform the school-based partnership meeting.

The school will be asked to convene a school-based partnership meeting. The *Partnership Agreement* (appendix 3) document will be signed by all parties before the placement can begin.

Pupils with a medical need will remain on the school roll and the school will be expected to arrange review meetings every six weeks. If provision is required beyond week 12 then opinions and advice will be sought from a range of professionals. This will form part of the on-going support plan for the pupil.

In most cases tuition will be provided through

- AV1 – No Isolation robots
- Online learning packages

If, exceptionally, a different service is required for a pupil this will be sourced through the Education and Commissioning approved providers.

Where a child remains on school roll but requires a period of time in tuition due to their health needs, the Council will expect the school to transfer a proportion of the schools funding associated with that child to the Council. This would ensure that the funding follows the child. This arrangement would cease when the child is reintegrated back into school or are no longer on roll to the school -

Schools need to note that the decision whether to accept a pupil for support on medical grounds rests entirely with the Thurrock Council. Referrals must not be made directly to a provider; Thurrock Council will liaise with providers to ensure the best available offer is made.

Staff from the identified provider will support pupils in a suitable venue or, exceptionally, in the pupil's home if supported by appropriate medical advice. If support is required in the home, it will be necessary for the provider to carry out an appropriate risk assessment. If the pupil is supported in the home, there must always be a responsible adult present.

14. Multiagency working

It is important to link with partner agencies to ensure appropriate support is in place to meet the pupil's educational needs. There is an expectation that the school, Access and Inclusion/SEND, provider, health, and other support services along with the family and pupil will work together to ensure we achieve the best possible outcomes. It is important to ensure that the nature of provision and hours offered is responsive to the changing health status of the child and in line with advice from a range of professionals.

The expectation for the referring school is to work collaboratively with the commissioned service to ensure that the pupil 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 pupil is well enough to begin transition.

15. Roles and Responsibilities

The **school's** role is to:

- 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 minutes of these meetings within five school days
- Provide a named teacher with whom each party can liaise (usually the SENCO). The named contact will ensure that the class teachers / heads of departments provide all the curriculum resources in order that the pupil can complete courses and prepare for assessments and examinations. Where appropriate, the tutor and tutor group should also keep in contact;
- Where possible support the pupil to access education in non-core subjects during the period that they are not attending school;
- Be proactive in supporting the pupil to still feel part of the school community whilst they are not well enough to attend school;
- Provide a suitable working area within the school for the pupil / education provider where necessary;
- Where an AV1 is deployed, provide a named mentor for the pupil who will monitor attendance online and ensure the AV1 is charged and used appropriately in line with AV1 guidance, and policies.
- Where an online tuition package is in place, provide a mentor to monitor the attendance and evaluate the tuition reports.
- Be proactive in planning and supporting the reintegration of the pupil back into school as soon as they are well enough. Where necessary the school will need to make reasonable adjustments under equalities legislation.² This duty is anticipatory, and adjustments must be put in place beforehand to prevent a pupil experiencing disadvantage;
- Ensure that pupils who are unable to attend school, are kept informed about school social events and are encouraged to maintain contact with their peers;
- Ensure that there is updated medical advice provided to assist with progressing the case and to support reintegration;
- Where a pupil 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 **Council's role** (Commissioner) role is to:

- Assess all referrals to the service and broker provision for those pupils who sufficiently trigger an intervention;

² The Equality Act 2010

- Work with the school, provider, family, and pupil to ensure the delivery of a suitable curriculum that can meet the individual needs of the pupil;
- Monitor and evaluate the effectiveness of the education provision to ensure it continues to meet the needs of individual pupils;
- Facilitate an agreed programme of reintegration³ and attend any relevant planning meetings.

The **provider's** role is to:

- Liaise with the named person in school;
- Liaise, where appropriate, with outside agencies;
- Provide a flexible programme of support to meet the changing needs of the child;
- Provide regular reports on the pupil's attendance, engagement, progress and achievements;
- Provide an opportunity for the pupil to comment on their report;
- Attend review meetings;
- Support engagement with the school alongside an appropriate reintegration programme.

Health and other support services role is to:

- Offer medical treatment, advice, and support where appropriate to enable the LA to determine the most appropriate provision;
- Where necessary contribute to a pupil's health care plan;
- Provide outreach and training relating to the pupil's medical condition along with advice and support on managing health needs in school;
- Attend or provide advice to review meetings;
- Provide written reports where necessary.

The **parents'/ carers'** role is to:

- Provide current medical guidance when requested;
- Provide early communication if a problem arises or help is needed;
- Attend necessary meetings;
- Reinforce with their child, the value of a return to school and support the engagement and reintegration process
- Ensure that their child is ready for and attends all provision offered;
- Take responsibility for safeguarding their child when they are not receiving education;
- Encourage participation with school and peers.

³ Guidance on reintegration is outlined in the Alternative Provision statutory guidance DfE 2013

The **pupil's role** is to:

- Be ready to work with the provider;
- Be prepared to communicate their views;
- Engage with school and other agencies as appropriate;
- Prepare for reintegration;
- Participate in school and with peers when able to.

16. Attendance

- Pupils accessing offsite provision due to medical needs must remain on their school roll. The pupil should be marked using the appropriate attendance code.
 - Code D- pupil is attending a PRU/ AP Free School/ DfE registered alternative provision
 - Code B- an approved alternative provision that does not involve the pupil being registered at any other school
- If a pupil is absent from school, schools should continue to use the appropriate absence code until a pupil's start date with the alternative provision provider is confirmed.

Monitoring attendance

- As a pupil accessing support on medical grounds remains on roll, the school's statutory duties to monitor attendance still apply.

17. Safeguarding

- Schools should share any safeguarding concerns with the provider from the outset to ensure that the provider can accurately risk assess their support. A chronology of all CP concerns should be completed and shared at the point of referral into the LA.
- Schools should request timetable information for pupils accessing offsite provision; school must share concerns with the provider and the LA if it is felt that the pupil's offer of education is placing them at any additional risk.

Schools should refer to the providers safeguarding policy to inform their procedures for monitoring pupils accessing offsite provision. Schools should be clear on how the provider manages child protection concerns, including evidence of any action taken. Schools must be clear on the providers process for sharing safeguarding information.

- The LA will only commission alternative provision providers listed on the Alternative Provision Directory; all providers listed on the directory have been assessed and quality assured using clearly defined standards.
- Where a child is at risk of significant harm, the alternative provider should call the Children and Families Hub on 0345 603 7627 and ask for the 'Priority Line' (or call the Police on 999). The provider must inform the school as soon as possible.

- The school will be required to take forward any necessary actions arising from the concern in accordance with its safeguarding policy.
- Schools remain responsible for safeguarding all pupils on its admissions register so must ensure robust measures are in place for all pupils accessing offsite education.

18. Keeping the pupil in mind

Settings must ensure that arrangements are in place for the pupil and the pupil's parent / carer to continue to receive parent/carers communications. Settings should also consider what reasonable adjustments it can make to ensure that the pupil still feels a part of the school community, and that the pupil knows they are being kept in mind.

Examples include:

- A link member of staff assigned to the pupil who undertakes regular visits to the alternative provision placement;
- Regular invitation to tutor time via remote access if necessary;
- Settings continue to reward progress and positive behaviour for pupils accessing offsite alternative education in line with their own policies;
- Pupil's accessing offsite alternative education to be included in awards celebrations.
- Consideration given to pupils accessing settings for morning/ after school activities where appropriate;
- Consideration given as to how the pupil's peer group remain in communication;
- Adjustments made to the pupil's timetable at the point of reintegration where required.

19. Ending of support

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 pupil to ensure plans are in place to support the pupil with their education.

Appendices



1. ITEM 11 - Strategies to support emotional



2. Reintegration%20or
%20Engagement%20



3. Partnership%20Agre
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