



# Manchester City Council Children and Education Services

Section 19 Policy  
September 2021

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## **Introduction**

Manchester's Children and Young People Plan describes Manchester's vision for all children and young people: 'Our Manchester – building a safe, happy, healthy and successful future for children and young people.' This includes ensuring that children and young people of compulsory school age receive a suitable education either at school or otherwise than at school.

This policy describes how the Local Authority will achieve its commitment and meet its duties under relevant national legislation and guidance.

## **Legal context**

Section 19 of the Education Act 1996 requires local authorities to make arrangements to provide "suitable education at school, or otherwise than at school, for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them". Suitable education is defined as "efficient education suitable to the age, ability, aptitude and to any special educational needs", the child (or young person) may have.

The education must be full time unless the local authority determines that it would not be in the best interests of the child or young person, due to their mental or physical health.

The Department for Education Alternative Provision Statutory Guidance 2013 states: 'Local authorities are responsible for arranging suitable education for permanently excluded pupils, and for other pupils who – because of illness or other reasons – would not receive suitable education without such arrangements being made.'

This applies to all children of compulsory school age resident in the local authority area, whether or not they are on the roll of a school, and whatever type of school they attend. Full-time education for excluded pupils must begin no later than the sixth day of the exclusion.

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

The Department for Education guidance 'Ensuring a good education for children who cannot attend school because of health needs 2013' requires local authorities to provide education for children who cannot attend education because of their medical condition\*.

\* Please note that for the purpose of this policy, the term 'medical condition' also refers to mental health conditions.

Section 7 of the 1996 Education Act states that parents/carers must ensure that children of compulsory school age receive efficient full-time education suitable to a) their age,

ability and aptitude, and b) to any special educational needs they may have, either by regular attendance at school or otherwise.

The Equality Act states: ‘Some complex and/or long-term health issues may be considered disabilities under equality legislation. This legislation provides that local authorities must not discriminate against disabled children and are under a duty to eliminate discrimination, foster equality of opportunity for disabled children and foster good relations between disabled and non-disabled children.’

## **The Manchester context**

**Manchester Inclusion Strategy.** Reducing exclusion from education and ensuring all Manchester’s education settings are inclusive and able to meet the needs of their local communities are key priorities for Manchester City Council. The Manchester Inclusion Strategy was developed in 2019 to help the local authority and its partners work in a more coherent way to support young people to attend well and to reduce the risk of exclusion. The strategy provides an outline of approaches, interventions and services to support good attendance and prevent the use of exclusion from school for any reason wherever possible.

Manchester has a strong model of partnership and collaboration with the Manchester family of schools, and all partners are committed to improving outcomes for Manchester children. This partnership working has led to a reduction in permanent exclusions since the development of the Inclusion Strategy.

All schools should have a graduated response to identifying and meeting a range of additional needs. Information on the support and services provided in school and how to get help should be available to parents/carers and schools should work in partnership with parents/carers to put in place appropriate and timely support and/or intervention and keep this under review. Manchester City Council commissions Manchester Hospital School and all of our special schools to provide outreach support for mainstream schools and early years settings to ensure they can meet the needs of their pupils who are disabled, have medical conditions or have special educational needs. This includes support with developing accessibility and medical conditions policies and with writing individual healthcare plans as well as provision of training and advice.

In 2020, the local authority, partner agencies and parents co-produced the Anxiety Based School Avoidance pathway, which takes an early intervention approach to pupils not attending school due to anxiety.

## **School and local authority responsibilities – exclusions**

Manchester schools, Pupil Referral Units (PRUs) and the council work in close partnership to offer pupils and families early help to reduce the need for exclusion. Exclusions have been reducing year on year but there will still be circumstances where

a head teacher considers an exclusion is the only course of action to be taken due to the nature of the event/incident.

Only a head teacher can exclude a pupil and must tell the pupil's parent or carer, in writing, how long the exclusion is for and the reasons for it. (For permanent exclusions or longer fixed term exclusions the school governing body will also consider the head teacher's decision to exclude). While they are excluded the pupil is not allowed to attend their school, enter the school grounds or use school transport services.

It is important that pupils continue to have access to learning during their exclusion so that they continue to make progress and achieve. Schools should provide work for the first 5 school days of any exclusion. Parents and carers are responsible for ensuring that their children are supervised during school hours on these days and complete the work which has been set. This will ensure that they will have the best chance to keep up with their learning and be less at risk of becoming involved in anti-social activities.

The school must notify the governing board and the local authority of any permanent exclusion that would result in the pupil being excluded for a total of more than five school days (or more than ten lunchtimes) in a term or of any exclusion which would result in the pupil missing a public examination or national curriculum test. A lead officer from the Local Authority will follow up all permanent exclusions with a phone call to the school.

From the sixth day the school or Pupil Referral Unit must inform the parent or carer what arrangements have been made for full time supervised education until the end of the exclusion period.

If a pupil has been permanently excluded, they do not return to their school and, in line with the Local Authority's statutory duties, will receive their education from a Manchester Pupil Referral Unit (PRU). The PRUs provide access to a balanced curriculum, small group teaching, specialist assessment and reintegration support to ensure that, wherever possible, pupils return quickly to mainstream schools. For some pupils the PRU will continue to provide education for a longer period of time. Pupils attending PRUs will be able to sit national tests such as SATs, GCSEs and other qualifications.

See Appendix 3 for information on Manchester's day 6 and exclusion provision.

### **School and local authority responsibilities - medical conditions**

Schools must provide support for their pupils with medical needs under their statutory duties as set out in 'Supporting pupils with medical conditions at school' (DfE, 2014). Shorter term illnesses or chronic conditions are best met by school support and resources. Such conditions that might meet this definition include short term post-operative support and periods of reduced immunity. Resources to support schools in

how to carry this out can be found on the Manchester Hospital School website. Schools will use the graduated response to assess, meet and review the needs of their pupils. When the pupil's medical condition becomes too complex, or the risks are too great to manage, the school should make a referral to the Hospital School for additional support.

In line with the Section 19 duty, Manchester City Council will arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. It applies to children who are pupils in Academies, Free Schools, special schools and independent schools as well as those in maintained schools.

Manchester City Council commissions a continuum of provision for children and young people with medical needs from Manchester Hospital School. This includes outreach support to schools, home tuition, tuition in community venues close to the pupil's home, AVI telepresence 'robot' supported learning and provision at the Hospital School. The Section 19 provision and referral process are described in appendix 4.

### **Education otherwise than at school**

Where children are unable to attend school for some other reason, the local authority will address their individual needs when arranging suitable education. This may include the provision of virtual home learning.

The Manchester City Council School Admissions team are responsible for the education of children with additional health needs.

[school.admissions@manchester.gov.uk](mailto:school.admissions@manchester.gov.uk)

This policy will be reviewed by MCC when there is a change in national guidance or every three years.

## **Appendix 1: Links to documentation referred to in the policy**

Department for Education (2013) [Ensuring a good education for children with health needs who cannot attend school -](#)

Department for Education (2014, update 2017) [Supporting children at school with medical conditions](#) Also has templates for use by schools and links to other resources.

Department for Education (2013) [Alternative provision](#)

[Equality Act 2010](#)

## **Appendix 2 - Manchester documents and services referred to in the policy**

[Manchester Inclusion Strategy](#)

[Anxiety Based School Avoidance pathway](#)

[Supporting children at school with medical conditions](#) – Manchester model policy:

[Manchester Hospital School](#) - <https://www.manchesterhospitalschool.co.uk/>

[Lancasterian Outreach and Inclusion Service](#)

Manchester City Council Attendance Team -  
[school.attendance@manchester.gov.uk](mailto:school.attendance@manchester.gov.uk)

Manchester City Council Admissions Team -  
[school.admissions@manchester.gov.uk](mailto:school.admissions@manchester.gov.uk)

[Manchester CAMHS](#) -



## **Appendix 3**

### **Offer for excluded pupils**

The education offer for excluded pupils after day 6 will be made by Bridgelea Primary PRU or Manchester Secondary PRU. The offer will be flexible and appropriate to individual needs.

## **Appendix 4**

### **Ensuring a good education for children who cannot attend school because of health reasons – provision in Manchester**

#### **Identification and intervention**

As soon as it is clear that the child will be away from school for 15 days or more or is too unwell to access education at their home school/normal place of education, the school should hold a Team Around the Child meeting with the family and relevant professionals before making a referral, which includes medical evidence, to Manchester Hospital School (MHS). The fortnightly multi-agency panel, consisting of representatives from health, education and Manchester City Council, will then determine if the referral is part of the Local Authority Section 19 Duty or whether the school should be required to meet the child's need with support. The panel will agree the service that is required to meet the pupil's individual needs and circumstances. Staff will liaise with the school, family and appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child. Every effort will be made to minimise disruption to the child's education.

Where an absence is planned e.g. hospital admission or recurrent stay in hospital, educational provision should begin as soon as the child is well enough. Teachers in the hospital settings will liaise with the child's home school and work with them to minimise any disruption to their education.

Pupils receiving support will have their provision set out in a co-produced personalised plan, which makes clear the nature of the intervention, the objectives, the expected outcomes and timeline to achieve the objectives. The plan should also link to other relevant plans the child has to ensure a holistic approach. Effective multi-agency collaboration is essential in devising appropriate personalised learning plans.

The provision will be reviewed regularly, with the family and all professionals concerned, to ensure that it continues to be appropriate for the child and that it is providing suitable education.

Children with long term health problems will not be required to provide continuing medical evidence. However regular liaison with health colleagues is important and the level of support will be discussed through Team Around the Child meetings. MHS will liaise with the child's home school until the pupil is well enough to return.

Manchester City Council, through its commission with Manchester Hospital School, seeks to provide the same opportunities for children and young people with additional health needs as their peers, including a broad and balanced curriculum, which is of

good quality. The education will be flexible and appropriate to pupils' health needs, and regularly reviewed to reflect their changing health status. It will aim to prevent them from slipping behind their peers in school and allow them to reintegrate successfully back into school as soon as possible. It will allow them to take external qualifications if appropriate.

MHS may use electronic media to provide access to a broader curriculum and to increase the numbers of hours of provision. However, this will be used in association with face to face contact and never in isolation. The telepresence robot, AV1, may also be used.

MHS will maintain good links with all schools, academies and free schools in their area through effective communication and clear processes of assessment and referral. MHS will also ensure that schools are aware of their key role and reminded of their responsibilities in supporting their pupils with additional health and medical needs, so the child can be reintegrated back to school as smoothly as possible. Schools will be encouraged to maintain their links with parents/carers who also have a vital role to play e.g. keeping in touch through school newsletters, emails, invites to school events etc.

When a child is approaching public examinations, MHS teachers will focus on the most appropriate curriculum in order to minimise the impact of the time lost while the child is unable to attend school.

## **Reintegration**

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

The expectation is that the majority of pupils will be reintegrated into their home school. Progress towards this will be discussed at reviews. Where reintegration to school is the objective, staff from the local authority, Manchester Hospital School, health and the school will work together with the family to assess when the child is ready to return to school and to assist reintegration.

On return to their school each child should have an individual healthcare plan and/or individual provision plan which specifies the arrangements for the reintegration and may include the reasonable adjustments and extra support the school and/or other services will provide.

## **Working together – with parents/carers, children, health services and schools**

Co-production with children, young people and their families is the approach taken across Manchester. Parents/carers have a key role to play in their child's education and can provide helpful information to ensure that the teaching approach is successful. Children will also be involved in decisions, their engagement dependent on their age and maturity. This supports Manchester Hospital School and the school in being able to arrange the most appropriate educational provision with which the child is able to engage.

MHS will act on behalf of the local authority to remind schools they cannot remove pupils from their roll because of an additional health need without parental consent and certification from the school medical officer, even if they are being supported by MHS (Education (Pupil Registration) England Regulations 2006) and to ensure that they are meeting their statutory duty to provide suitable and appropriate education for pupils with medical needs.

## Appendix 5

### Services for pupils unable to attend school for medical reasons

# Manchester Hospital School

## What we offer:

A reputation as a beacon of excellence for providing a high quality education. A reputation for being a school where leadership is ethically driven.

The leadership of a multi agency panel which reviews all referrals to the hospital school and decides whether the application meets the criteria for support under section 19 or whether outreach support should be provided.

Criteria for accessing support which is clear and based on LA policy and the legal duties set out in Section 19. The offer is based on the matching provision to need tool. Details of the pathways and how they link to the tool are set out in detail later in this document.

## What are schools expected to do before they make a referral to MHS? When should they refer?

Support for learners with short term illnesses or chronic conditions is often best provided by the home school when possible. This is set out in the statutory document [Supporting children at school with medical conditions \(2014, updated 2017\)](#).

Schools or the Local Authority should refer to Manchester Hospital School as soon as the child has been or will be absent from school for more than 15 days in a calendar year and as soon as they are aware that the school believes it is not able to meet need. Supporting evidence from a medical practitioner is required.

## Section 19 Panel

The fortnightly multi-agency panel, consisting of representatives from health, education and MCC, will then determine if the referral can be considered as part of the Local Authority Section 19 Duty or whether the school, with support, should be required to meet the child's needs.

We will **not** provide education for children whose families are in dispute with the home school, children who have been withdrawn from school because of a dispute with the LA about a school placement or where family and social care issues are preventing the child from attending school.

## Once a referral is accepted and whichever pathway chosen, we offer:

- Senior Leaders who will make decisions in the best interests of the child and who will work with, and challenge schools to ensure children who cannot attend their own school are not missing their education or experiencing social isolation where this could be avoided.
- Senior Leaders who will advocate for this group of learners and ensure all of our staff provide excellent quality and good value for money
- Liaison with the home school or MCC to determine what provision is required, the objectives, the expected outcomes and the timelines to achieve them
- A thorough assessment of needs which is a baseline and identifies gaps in and barriers to learning
- An individual education plan linked to other documents such as an EHCP, set out in writing and which is regularly monitored and reviewed with the child, the family and the school or MCC
- Education which is flexible and appropriate to meet physical or mental health needs
- Education which prevents learners from slipping behind their peers
- Education which reduces learner's anxiety about what they are missing by not being at school
- Education which is provided at the home or in a community setting
- Full time education equivalent to what a pupil would have received at school or, as much as the pupil can manage
- Education which is planned and delivered by highly specialist and well trained staff
- Staff who are consistently linked to the pupil throughout their journey at our school
- A route back to the home school or on to a new placement
- Support with the transition back to school or on to college
- Support and advice to families
- Support and advice to schools
- Support and advice to professionals
- Opportunities for pupils to sit external examinations
- Opportunities for pupils to receive independent careers advice and guidance
- One to one tuition in the home or community setting
- A pool of teachers able to provide high quality one to one tuition to any pupil who cannot access school for whatever reason

- Partnership working with Health and other agencies such as children’s social care

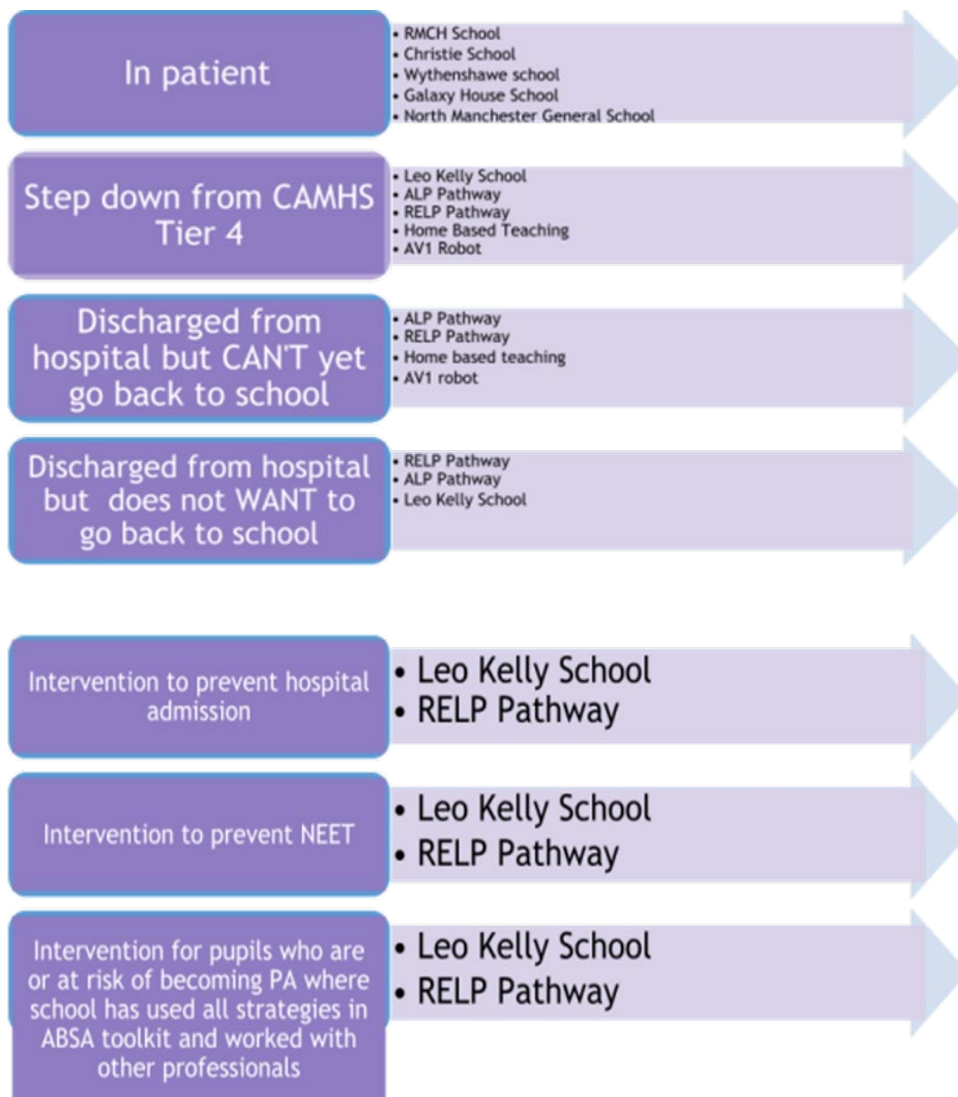
In delivering our offer nationally and locally we promise to:-

- Promote the hospital education offer available across the country to all schools and families we encounter Advocate for children with medical needs whenever we can
- Promote our hospital school offer at all our sites and on line
- Promote our section 19 offer to all schools in Manchester
- Maintain good links with all schools in Manchester and with MCC
- Maintain good links with LAs in Greater Manchester and across the country especially when we liaise with them about patients being discharged who cannot return to their school
- Operate a clear, fair and transparent process for referrals
- Ensure schools are aware of their responsibilities to support pupils with medical and mental health needs
- Encourage schools to maintain their links with the child and their family when the child is in hospital or not able to attend their usual school
- Provide advice on reintegration and transition to schools and families
- Work with NHS trust staff, school nurses and LOIS in the development of individual health care plans for Manchester pupils being discharged from hospital
- Work with all hospital schools and Local Authorities up and down the country to prepare for new patients and help them transition back to school when they are discharged

When we start to provide education and pastoral support to the child:



The flowchart sets out the available pathways we offer in each situation





# Definitions of Learning Pathways

## RE-ENGAGEMENT WITH LEARNING PATHWAY (RELP)

This pathway has been developed to support learners who have become disengaged from learning because of their mental or physical health or both. The outcome of the work is to move the pupil along the pathway, to re-engage them with learning, to find activities which interest them and to move forward at a pace which does not overwhelm them. Pupils on this pathway have exceptionally high needs.

## ACCESS TO LEARNING PATHWAY (ALP)

This pathway has been developed to support learners who are keen to learn and very engaged with their school work. They are afraid of falling behind their peers and want to be back to school as soon as possible. They long for contact with their friends and to remain part of their school community.

These learners benefit from remote or face to face one to one tuition based in their home. They may also benefit from a package which utilises on line learning as well as face to face learning. They may also benefit from an AV1 robot to reduce their isolation within their homes. Pupils on this pathway have exceptionally high health needs which are preventing them from attending school.

## LEO KELLY SCHOOL

At Leo Kelly School we provide a full time and part time curriculum which is a modified version of the national curriculum and a balance of academic and therapeutic activities. Some pupils leave KS4 with sufficient breadth of subjects and high grades at GCSE to be able to access A Level courses at College. Some students are entered for Entry Level and will move to a Level One course at College. Some stay on another year, or even two, until their transition into post 16 is likely to be successful and they are no longer at risk of becoming NEET.

Leo Kelly looks like and feels like a regular school. It is a positive bridge back into mainstream provisions for the vast majority of learners.

Our staff are highly experienced in supporting vulnerable learners and provide good and outstanding teaching. We have a highly experienced and well trained pastoral team. Learners often have complex family situations and benefit from the support of the Early Help team.