

<b>Policy Name: Admissions Policy</b>	
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## **Section One - Introduction**

### **1.1 Context**

Section 19 (S19) of the Education Act 1996 places a duty on Local Authorities (LA) to 'Make arrangements for the provision of 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 a suitable education unless such arrangements are made for them.'

The purpose of Gloucestershire Hospital Education Service (GHES) is to meet Gloucestershire County Council's (GCC) statutory duty and provide appropriate education for:

- Children who are under the care of a medical professional who believes they are temporarily medically too unwell to attend school. This cohort is detailed in Gloucestershire's Attendance and Section 19 policy under the category of Group 1 Illness
- Children who have been assessed at one of GCC's S19 Fora as being temporarily medically too unwell to attend school, but for whom a medical professional has not made a Group 1 Illness referral. This could include children where no medical involvement or evidence is in place. This cohort is detailed in Gloucestershire's Attendance and Section 19 policy under the category of Group 2 Illness

Absence may be due to physical illness, injury or mental health needs. GHES supports pupils to enable them to thrive and achieve their potential despite the health issues they have.

GHES aims to:

- provide continued education; as normally as the pupil's medical condition allows
- address inclusion and reintegration issues specific to pupils with medical needs
- make it possible for a pupil to have a seamless education between hospital, home and school
- work in partnership with the homeschool, medical health professionals and other agencies involved with the child to provide a flexible and balanced curriculum which meets the needs of each pupil based on their age, ability, aptitude and any special educational needs whilst they are with GHES
- assist transition back to the home school the child is registered with, alternative setting or Post-16 provider, at the earliest appropriate opportunity.

### **1.2 Provision**

GHES has three aspects of its provision, all of which is funded through GCC High Needs budget.

1.2.1 education provision for paediatric inpatients at Gloucester Royal Hospital (GRH) schoolroom

1.2.2 education provision for children assessed as too unwell to attend their home school site

1.2.3 education provision and support for pregnant school girls / school-aged mothers

### **1.3 Roll Responsibilities**

All pupils at GHES are dual-registered, meaning they remain on roll with the home school ~~the child is~~ whilst also being registered with GHES. Although such pupils are taught by GHES, at all times they remain the responsibility of the school they are registered with and should be recorded on that school's annual census return. The guiding principle is that the pupil's needs are best met within a school environment whether mainstream or special school. GHES supports inclusion and will work towards reintegrating pupils back into the school they are registered with at the earliest possible opportunity, which may involve a multi-professional approach. Educational provision through GHES is intended to be responsive to the demands of what can be a changing medical status.

### **1.4 Application of the Policy**

This policy applies to children of statutory school age on a school roll who have medical needs and reside in Gloucestershire

In relation to S19, it is important to recognise that GCC's/GHES's responsibilities differ slightly for those with an Education Health and Care Plan (EHCP) and for those without an EHCP:

#### **Child without an Education Health and Care Plan:**

- the LA where a child resides is responsible for Section 19
- if the child resides between different addresses in a split family, the decision is made on where the child spends most of their time and this LA has the S19 responsibilities (clarified upon notification)
- if the child ordinarily resides 50/50 in 2 LAs, then both LAs can discuss and agree sharing the responsibilities for S19 provision. If an agreement cannot be reached, then the LAs can write to the Secretary of State for a decision.

#### **Child with an Education Health and Care Plan:**

- the LA who is responsible for maintaining the EHC plan is responsible for maintaining their provision; this includes Section 19 provision
- even if a school in another local authority is named, the LA responsible for maintaining the EHC plan is responsible for the Section 19 provision\*.

\* Gloucestershire Local Authority is following the Guidance in Annex 3, Section 18 of the 2023-24 High Needs Operational Guidance. The guidance in Section 18.1 states:

‘When a local authority places a looked after child with an EHC plan in another local authority’s area (for example, with foster parents), the local authority where the looked after child lives (is wholly or mainly resident) becomes responsible for maintaining their EHC plan (including paying any top-up funding), in the same way as any child or young person who moves from one local authority’s area to another.’

## **Section Two - Admission to Gloucester Royal Hospital (GRH) Children’s Ward**

### **2.1 Admissions to the GRH Children’s Ward**

Subject to medical advice, we will aim to teach any pupils in hospital from day 1. Professional judgments will be made by GHES staff in prioritising our teaching with long stay and recurring pupils being given most time and highest priority. These decisions will be made on a multi-disciplinary basis, taking individual medical health needs into account.

For record keeping, all children admitted to the ward who are well enough to participate in education will be guest registered with GHES for the duration of their stay.

### **2.2 Handover information from the school the child is registered with**

- pupils who are admitted as day patients to GRH are able to participate in activities at their bedside but we do not require information from the registered school
- for pupils where it is clear their stay will be long-term (more than 5 days), contact is made with the registered school to get baseline data and details of what they have been studying. This information is required before day 3 of being an inpatient to enable education for the pupil to be planned for at an appropriate level
- for pupils who are regularly admitted to GRH for on-going treatment which is known in advance, it is expected that both GRH and the home school the child is registered with will liaise over educational provision and work requiring completion whilst they are in hospital.

## **Section 3 - Referrals to the Outpatient Team (OT)**

### **3.1 Purpose**

The main purpose of the GHES Outpatient Team (OT) is to educate and meet the learning needs of children and young people of compulsory school age (5-16 years, up to the end of Year 11) whose illness, whilst not

requiring hospitalisation, does not allow them to attend school.

### 3.2 Referrals

As part of Gloucestershire's Section 19 response to ensure that children who are unable to attend school due to illness there are two pathways for admission to GHES; both of which require a referral to be submitted through GCC's JADU online portal.

#### **Illness Group 1 - Referrals from medical professionals**

*Where a child is under the treatment of an appropriate medical consultant or a registered clinician of a child in treatment with CAMHS, a referral can be made using the following form through the GHES website:*

<https://forms.gloucestershire.gov.uk/GHESServiceRequestForm>

The medical professional is asked to confirm:

- that the child is medically unable to attend school
- the number of teaching sessions a child can access and for how long support might be required
- an outline of what medical intervention is currently in place and the on-going treatment they will be providing
- that they are the medical professional directly responsible for the primary medical need identified as the reason for referral and the treatment pathway. Or, if not, provide the name of the lead medical professional
- that the lead professional will provide ongoing advice and must remain in place for the duration of the referral with GHES.

*For girls who are pregnant, the school nurse or GP should contact GHES outpatients as soon as possible, through a referral to be submitted through GCC's JADU online portal to ensure support is put in place for them. The referral form for school nursing is available on GCC website:*

<https://forms.gloucestershire.gov.uk/S19Form>

*For pupils who have returned from hospitals or other inpatient units out of county, medical evidence and advice will be sought from the discharging hospital medical staff.*

*For pupils with pre-planned surgery or unplanned surgery (in an emergency or through a cancellation) at GRH or any other hospital in the UK, discharge from hospital to home and recovery time can vary greatly, as can the wellness of the child post-surgery to access education. As soon as a school or consultant is aware that one of their children is due to have a surgical procedure they must contact GHES as far in advance as possible to consider what support may be required. Parents can also complete the following notification form, specifically in place in recognition of the fact that post operative discharge dates are not always able to be planned for. This notification will support GHES to proactively collaborate with the child's home school to ensure any appropriate education provision is made available in a timely manner.*

Once a medical referral is submitted, this triggers a request to the child's home school for educational information. Only when this is received will GHES be able to consider the referral. There may also be a request for additional SEND, Social Care or Advisory Teaching Service/Educational Psychologist input if relevant.

All evidence is carefully considered by the admissions panel before making and communicating a decision about if and what provision should be made available, based on the child's individual needs. This is communicated to the referring professional through GCC's JADU portal.

### **Illness Group 2 - Referrals from schools**

Where a child is not accessing education under the category of 'Illness', but there may not be an appropriate medical professional involved, a school (in consultation with a Parent/ Carer) can request that Gloucestershire County Council (GCC) considers the need for Alternative Education Provision as part of its Section 19 responsibilities. GHES is part of the multi-agency fora that assesses needs of these pupils and supports decision-making on the appropriate intervention for children. GHES is one of the outcome pathways for referred children.

The referral form for schools is available on GCC website: <https://forms.gloucestershire.gov.uk/S19Form>

Pupils with the following needs can be referred by schools:

- those with medical / mental health needs as a primary need who are or will be absent from school for more than 15 working days (consecutive or cumulative absence due to the same illness)
- pupils who have complex other needs but also have a secondary medical health need which is diagnosed as temporary and treatable
- pupils who are re-integrating into school after a period of illness or injury
- pupils who are frequently absent from school for short periods of time due to the nature of their chronic illness or following a course of treatment and where the school cannot make their own reasonable adjustments to meet these needs
- girls of compulsory school age who become pregnant and intend to follow through with the pregnancy.

We would expect that all students with identified or emerging medical/health needs, whilst still able to attend their main school, to be on the [Graduated Pathway](#).

### **3.3 When a referred child has an existing Education, Health and Care Plan (EHCP)**

For any child referred to GHES with an existing EHCP, it would be expected that a multi-agency, child-centered review of the EHCP would have already taken place, and as soon as the decline in ability to attend the main school for health/medical reasons presented. In response to the review, and prior to a referral to GHES, it would be important to demonstrate that any EHCP resourcing and adaptations that could reasonably be expected to be diverted to address any emerging needs have been actioned and evidenced over an appropriate period.

When it is clear that the health/medical needs are such that despite an EHCP being in place, the child is too unwell to attend their main school or alternative provision, then for any child referred to GHES with an EHCP, their home school would remain as their named school on the statutory plan.

At the point of accepting it then becomes essential to establish the parameters of responsibility if the referral is to be considered, as the child will become dual-registered with both the home school and GHES. A Team Around the Family (TAF) meeting would be held to identify aspects of the EHCP that may need to be paused or adjusted. It would be essential to identify which aspects of the EHCP could be continued through the home school or met through the short-term provision at GHES.

### **3.4 Action following a referral to GHES Outpatients Team (OT)**

Once a referral has been accepted, parents, schools and other relevant services are consulted to ensure delivery of effective education, however it should be understood that this collaborative approach does not alter GHES's responsibility for determining what an appropriate education provision consists of for the child. This is in line with the Section 19 duty that has been delegated to GHES. Where appropriate, an initial meeting will be set up between the home school the child is registered with, GHES OT, the family and other professionals to share key information and determine likely timeline towards reintegration.

To allow GHES to keep accurate records and support pupils using the most relevant and up to date baseline assessments, the main school that the child is registered with will be expected to send relevant **academic, SEND and safeguarding information** to GHES. Schools are contacted on the same day that a referral is accepted and we expect information to be back to us within 5 working days, to enable us to provide education as quickly as possible.

### **3.5 Charging**

GHES has its own charging and remissions policy which all schools should refer to and can be found on the GHES website. [Statutory Policies A-Z](#)

## **Section Four - Responsibilities**

### **4.1 At GRH, as an inpatient, GHES is responsible for:**

- direct teaching and learning opportunities for pupils based on work sent in from the home school the child

is registered with

- providing some baseline assessment and learning plans for all long-term pupils
- support and mentoring to pupils with a medical need to help prevent barriers to access to education
- providing data to, and collecting data from, the home school the child is registered with on attendance and curriculum coverage
- advice and/or training to home schools according to individual needs
- contributing to assessment for pupils who have a declining or sudden change in educational functioning due to a medical condition or injury
- liaison with other educational, health and social care professionals to ensure a joint approach to decisions about the educational and health care needs of the pupil
- supporting and possibly coordinating an appropriate school reintegration plan
- in conjunction with other agencies, planning educational provision for those pupils who may not immediately return to school
- monitoring the support for particular pupils with chronic health conditions once back in school
- ensuring that GHES staff receive appropriate in-service training and support
- attending and supporting relevant reviews (educational multi-professional)
- ensuring a smooth handover to GHES Outpatient Team (where relevant).

#### **4.2 GHES Outreach Team Responsibilities:**

- fulfil safeguarding duties under Keeping Children Safe in Education 2025 as documented in GHES Safeguarding policy [Statutory Policies A-Z](#)
- fulfil our attendance duties as per GHES attendance statement [Statutory Policies A-Z](#)
- attend all multi-agency meetings for a child along with a member of staff from the home school
- make personalised educational provision for individual pupils, ensuring the amount provided is in line with what the child can reasonably access given their health needs



- monitor and evaluate the effectiveness of provision for individual pupils every 6 weeks / termly - reviewing progress and targets on a students' GHES Support Plan regularly
- provide regular information to school regarding pupil academic progress and attendance, through usual reporting 3 x per year, and sharing of GHES Support Plan after every review
- to liaise closely with the main school SENDCo for all pupils on the Graduated Pathway, attending annual reviews alongside staff from the main school
- to liaise closely with the main school SENDCo and LA SEND Case Co-Ordinator for all pupils who are accepted at GHES with an existing EHCP to identify any actions or outcomes as well as provisions that may need to be reasonably paused whilst they are at GHES
- contribute to Education, Health and Care plan assessments according to the SEN Code of Practice, providing evidence to the main school SENDCo as part of their application for the pupil
- to liaise with the main school Exams Officer and SENDCo to ensure pupils are entered for the correct external examinations and that, where required, supporting evidence is provided to ensure correct Exam Access Arrangements are applied for
- support and advise schools on the impact of a pupil's medical conditions on the ability to access education
- facilitate the greater involvement of pupils in making decisions about their own educational options, setting their own targets for learning and other priority health and social needs and in monitoring their own progress
- where appropriate, work with families to ensure that their views are always taken into account and that the rights of children and their voices are listened to
- develop an appropriate re-integration plan for a child alongside the family, child and home school through use of the graduated pathway or an Individual Healthcare Plan (IHP) at the earliest appropriate opportunity.
- Fully support reintegration/transition back to the home school, a different setting or to post-16 provision and provide a detailed transition plan for each child

#### **4.3 Responsibilities of the child's main school/academy:**

- maintain their safeguarding duties under Keeping Children Safe in Education 2025 including liaising closely with GHES on all safeguarding concerns, updating and retaining their safeguarding files with

information shared by GHES. Ensure safeguarding files and current safeguarding concerns are shared from the outset with GHES

- maintain the pupil on the school roll – ensuring they are dual-registered
- ensuring if the pupil is eligible for free school meals the host school is responsible for ensuring that the entitlement is made available to that child, regardless of where learning is taking place. This is to be funded from the Free School Meal and Pupil Premiums that schools draw down directly from the Department for Education.
- ensure that there is a named person for pupils with medical health needs and clearly identified staff who are responsible for coordinating and maintaining records for pupils at GHES, and who reliably shares information to necessary staff in their school
- work with GHES staff to plan and implement Individual Healthcare Plans (IHPs) and/or SEND plans for pupils as required
- provide GHES with information requested on the essential handover document within 5 working days
- remain the named school for pupils with Education, Health and Care plans that are already in place or being applied for
- to attend a TAF prior to admission for all pupils with an EHCP in order to identify any actions or outcomes as well as provisions that may need to be reasonably paused whilst they are at GHES
- in collaboration with GHES staff, attend initial meetings and subsequent review meetings for all pupils with medical health needs and to invite the pupil, parents, and appropriate professionals
- attend all multi-agency meetings for a child along with a member of staff from GHES
- ensure that pupils are entered for appropriate external examinations and that Exam Access Arrangements are applied for as requested
- to administer the exam process for the pupil e.g. by providing an invigilator at an alternative venue, such as home or hospital, if required
- where possible support GHES with possible requests of funding support for mentoring, therapy, other intervention
- ensure that general school information for pupils, parents/carers is sent home to all pupils even if the pupil is not attending school in order to include the pupil in the life of the school as far as possible
- make alternative arrangements, or be flexible where possible, in order to include the pupil in the life of

the school whilst they are with GHES

- ensure good relationships are maintained with the family and pupil whilst they are with GHES to enable a more successful transition back
- be accountable for promoting re-integration at the earliest opportunity, working in collaboration to implement agreed reasonable adjustments in support of the child's transition.
- to work with GHES to hold parents to account for their responsibilities under Section 7 of the Education Act, in promoting and securing regular attendance with education. This includes parents being supportive of re-integration when it is determined by GHES that it's appropriate, and could result in schools considering their attendance policy and absence coding.
- work closely with GHES and the child to ensure a gradual transition / phased return back into school is a positive experience. Ensuring any part-time tables are not rushed and take into account ongoing physical or mental health needs

#### **4.4 Parents'/Carers' responsibilities (all settings)**

Parents / Carers are responsible for carrying out their part of the parental agreement with GHES and supporting their child in the educational and reintegration process. This includes ensuring their child attends the agreed sessions and timetable provided through GHES and positively promotes reintegration back to their main school setting, Post16 setting or other identified setting/package of educational support; further details can be found in GHES Attendance Statement.

Parents/Carers are responsible for enabling their child to attend all of their medical appointments and therapy.

#### **4.5 When a referred child secures an Education, Health and Care Plan (EHCP) whilst with GHES**

For those children who are in the process of securing statutory assessment or for whom an EHCP is issued whilst with GHES, the expectation is that the EHCP will seek to identify the necessary provision and resources that will enable the main school to facilitate a return to a substantive setting. This will need to be informed by the child's health, the child's and family voice as well as the content and resourcing of the EHCP. For children in Year 10 and below, the EHC plan will enable the transfer of educational provision away from GHES to the identified setting or package of provision over a transition phase which is typically 6 weeks.

#### **5.0 Decline of GHES Support**

There may be some instances where, after review or in collaboration with the home school, medical professionals and other colleagues, it may be appropriate or necessary for GHES to decline a referral. In these

circumstances, a letter or final report will be sent to the main school the child is registered with, medical professionals and parents / carers.

During the admissions process, we scrutinise the information given on each referral, as we strongly believe that if a child can stay in the main school they are registered with, this is the best outcome for them. We may decline for the following reasons:

- If the child is not a resident in Gloucestershire
- If the child is not on-roll with a mainstream/other school
- If the pupil is being educated at home (Elective Home Education, EHE) due to the child not being on-roll with a mainstream/other school, and with no clear transition to a main school at the point of referral
- For Group 1 Illness referrals, If during the admissions process it is deemed more appropriate for the referral to be triaged through a different professional panel. These referrals will then be progressed in line with Group 2 Illness referrals as referenced in GCC's Attendance and Section 19 Policy.
- If the pupil is currently attending a special school. Special schools are expected to support children with medical needs (including those who need a period of education at home) from their existing budget in all circumstances. Specialist school staff have the specialist skills to best support their pupils on roll. We do provide support for special school pupils who are admitted to GRH from day one. Liaison between the specialist school staff and the teaching staff at GRH is especially important for pupils who have regular admissions
- Where it is clear a pupil is able to attend school but needs special arrangements or further reasonable adjustments. If a pupil can attend school but needs special arrangements put in place (e.g. reduced timetable, leaving lessons early, lessons in a quiet space) then this remains the responsibility of the main school the child is registered with to ensure the right support and adjustments are implemented. This may be through an IHP or through the Graduated Pathway. GCC's Education Inclusion and EHCP teams can also provide advice and guidance for a school about what those adjustments might be
- GHES does not generally provide education for pupils with an EHCP other than in specific situations:
  - a pupil with a medical condition that is unrelated to the EHCP and the EHCP cannot reasonably meet the needs linked to the medical condition
  - a pupil with a medical condition requiring statutory assessment to identify and support access to school
  - post operative recovery support.

For all pupils with long-term medical needs, where there is a known need involving periods of time where the pupil will be too unwell to attend school but well enough to learn when at school, this should be reflected in the pupil's EHCP and there should be school protocols in place. Schools can liaise with the GHES SENDCo if they need support in this area.

## **6.0 Review and Cessation of S19 provision through GHES**

GHES has an obligation to provide education for any student who they accept through their admission policy **and to ensure they** assist transition back to the main school the child is registered with, alternative setting or Post-16 provider at the earliest appropriate opportunity.

Initial provision is for 12 weeks with a mid-review after the first 6 weeks. A TAF is held after the first block of 12 weeks, and then every 6 weeks / termly. At each review point we review a child's progress in 5 areas: engagement with support, development of social skills, learning, progress with health and progress towards transition.

At each review point and dependent on progress, we would be determining whether

- a child is getting ready to reintegrate or transition away from GHES,
- a child requires a continuation or adaption of provision with GHES,
- GHES needs to explore other provision based on current needs or
- a child is not yet ready for any academic education.

The main reason for cessation of GHES outpatient team will be after a successful reintegration for a student either back to the main school the child is registered with or to alternative provision, or on to Post-16 where appropriate. The common view of the multidisciplinary team around the child will be that the child is well enough to attend their main school and the need to provide education through S19 is no longer necessary.

Whilst GHES has an obligation to provide education for any student who they accept through their admission policy, they also reserve the right to withdraw the offer of tuition when it is not being accessed, to enable them to reallocate their staff teaching to other students. This would be due to **persistent absence or non-engagement for reasons not related to the child's medical condition**. When there is persistent absence or non-engagement for reasons not related to the child's medical condition, and wider issues within a family are seemingly the main barriers to attendance, GHES's approach is to always work in partnership to understand the barriers and help parents to access services of their own accord to tackle those barriers to attendance. However, where a voluntary Early Help plan has not worked or is not deemed appropriate, a Team Around the Family (TAF) meeting would take place involving all professionals involved with the child, including the main school. A member of the **Education Inclusion Service** from the Local Authority would also be **invited to attend**. Those meetings would be held to clearly explain the consequences of persistent absence or non-engagement to the student and family, and to identify whether an attendance contract 2 (a formal written agreement between parents/carers and GHES) would provide the support required to improve attendance, reducing the possible withdrawal of educational provision from GHES, and the potential need for legal intervention/prosecutions in the future. It would also remain

an opportunity to continue to listen to and understand the barriers to attendance, and explain the help that is available to avoid those consequences.

## 7.0

### **Links to other policies**

- DfE policy – Ensuring a good education for children who cannot attend school because of health needs

<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

- DfE policy – Working together to improve school attendance

<https://www.gov.uk/government/publications/working-together-to-improve-school-attendance>

- DfE policy – Summary table of responsibilities for school attendance

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1073619/Summary\\_table\\_of\\_responsibilities\\_for\\_school\\_attendance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1073619/Summary_table_of_responsibilities_for_school_attendance.pdf)

- [GHES Attendance Statement](#)

- [GCC Section19 Policy](#)