

Section 19 Policy

**Supporting Children and Young People
who cannot attend school due to health
needs, permanent exclusion or otherwise**



September 2025

Executive Director Paul Dempsey

1. Introduction and Aims of the Policy

- 1.1 Dorset Council's shared ambition with our partners is stated in the Children, Young People and Families Plan 2023-33:

“We want Dorset to be the best place to be a child, where communities thrive, and families are supported to be the best they can be.”

This policy is aligned with our Education Strategy Best Education for All 2024 to 2027 priority 4. We have a shared ambition for all our children to:-

- belong
 - be included
 - be safeguarded from harm
 - have access to opportunities to promote social mobility
 - successfully take their next steps into adulthood.
- 1.2 When a child of school-age is unable to access their school due to illness, exclusion or otherwise, the Council must consider whether it has a duty under section 19 of the Education Act 1996 to make suitable support for them.
- 1.3 This policy sets out Dorset Council standards for the education of children who are unable to attend school because of health needs, permanent exclusion or otherwise. The authority recognises that all children are entitled to an education of high quality and are committed to ensuring that the needs of this group of learners are met.
- 1.4 We recognise that there is a shared responsibility between the Council, Education Settings, NHS Dorset – Integrated Care Board and partner agencies to successfully implement this policy. It is centred on high quality, integrated service support in order to promote better outcomes for this cohort of children, and to commit to providing high-quality, inclusive and accessible education.

2. The Statutory Framework

- 2.1 This policy has considered the following official guidance:-

- The Education Act 1996
- The Equality Act 2010
- The Children and Families Act 2014
- Arranging Alternative Provision A Guide for Local Authorities and Schools (2025)



- Arranging education for children who cannot attend school because of health needs Statutory Guidance (2023)
- Suspension and Permanent Exclusions Statutory Guidance (2023)
- Working together to improve school attendance Statutory Guidance (2024)
- Summary of responsibilities where a mental health issue is affecting attendance' Guidance (2023)
- Supporting pupils at school with health issues Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (2015)
- Special educational needs Code of Practice (2014)

3. Legal obligations

3.1 Section 19 of the Education Act 1996 requires Local Authorities to make arrangements to provide “appropriate education at school, or otherwise than at school, for those children of school-age who, by reason of illness, exclusion from school or otherwise, may not receive suitable for any period education unless such arrangements is 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 December 2023 Guidance; Arranging education for children who cannot attend school because of health needs relates to Local Authorities’ legal responsibilities under Section 19 of the Education Act 1996.

3.2 Illness

- Children and young people who have additional health needs are, by the nature of their difficulties, at risk of failing to reach their true potential within a school environment. This is particularly the case for children whose health needs prevent them from attending school for an extended period, or for those who are restricted by their health needs to attending school on a part time or sporadic basis.
- What support is required for a child who is too ill to attend school is ultimately for the Council to decide after considering medical advice and information provided by parents and schools. Evidence can include appointment cards, prescriptions, or notes of previous consultations (including from the NHS App) provided by the parent/carer.
- Securing alternative support for children who are too ill to attend school falls within the Section 19 duty. The Council also has to consider the official



guidance 'Education for children with health needs who cannot attend school'; the Council discharges its duty through our Locality Teams specifically the Inclusion Officers and Team Managers.

3.3 Exclusion

- If a school is considering the use of exclusion as a response to a child's behaviour, it is Dorset Council's expectation that schools should consider support available to maintain a child's placement in school.
- Suspension or Permanent Exclusion should be used as a last resort and only as a protective consequence, in response to serious or persistent breaches of a school's behaviour and relationship policy and when allowing the child to remain in school would seriously harm the education or welfare of the child and others in the school.
- Advice and support for schools regarding appropriate strategies to maintain a child's placement at school is available through the Local Offer, and from the Inclusion Leads, Outreach and Dual Registration from the Learning Centres and support and advice from Specialist Teachers and Educational Psychologists.
- For permanent exclusions, schools should provide work for the first 5 school days of any exclusion. Parents or 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 Local Authority is responsible for providing provision on the sixth day for children and young people who have been permanently excluded. As soon as notified of a permanent exclusion the Inclusion Lead will seek to make arrangements for the equivalent of full-time school or suitable provision to start as soon as possible.
- This will be the child's 'home authority' in cases where the school is maintained by (or located within) a different local authority.

3.4 Or Otherwise

- "Or otherwise" is a broad category which covers circumstances outside illnesses and exclusions in which it is not reasonably possible for a child to take advantage of any existing suitable schooling.
- If it is not reasonably possible for a child to take up any existing schooling and there is evidence in support of this, Section 19 policy will apply. All the circumstances must be considered, and Dorset Council will take an



objective perspective. Dorset Council will consider the individual circumstances of each child in partnership with the school, family and child. Dorset Council will take account of all available evidence and make sure the reason for the decision is recorded and reported.

- 3.5 This duty and policy apply to any child living within Dorset Council's area. Where a student attends a Dorset school, but lives in a neighbouring authority, the home authority will be responsible for arranging education.
- 3.6 The Children and Families Act Section 100 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting children at their school with medical conditions.
[Statutory guidance on supporting pupils at school with medical conditions .pdf](#)
- 3.7 The Special Educational Needs Code of Practice, paragraph 10.39 states that 'Local Authorities must make arrangements where, for any reason, a child of school-age would not otherwise receive appropriate education.
- 3.8 Provision for children who are not attending school due to their health needs, and the framework surrounding it, should offer good quality education equivalent to that provided in schools, as far as the child's health needs allow. It must be suitable for the child's age, ability and aptitude, and any special educational needs they have.
- 3.9 Parents should be aware that it is their duty under Section 7 of the Education Act 1996, to secure an education for children of school-age.
- 3.10 All schools (including independent schools) are required to make a 'sickness return' to their Local Authority when a child or young person of school-age is recorded in the attendance register using code I (unable to attend because of sickness) and they have reasonable grounds to believe the child or young person will miss 15 days consecutively or cumulatively because of sickness.
- 3.11 There is no absolute legal deadline by which Local Authorities must start to arrange education for children with additional health needs. However, as soon as the Local Authority has been informed by the home school that the child



will be absent for 15 days or more, they should begin the process of arranging suitable alternative support

- 3.12 The Local Authority will not provide education for children whose families are in dispute with the home school, children who have been withdrawn from the 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.

4. School/Governing body, and Council responsibilities

- 4.1 The December 2023 Guidance states;-

‘Where possible, schools should continue to provide education to children with health needs who can attend school. When a child is already attending school, there is a range of circumstances where their health needs can and should be managed by the school so that they can continue to be educated there without the need for the intervention of the Local Authority’.

School responsibilities	Local Authority responsibilities
Schools should provide support for their CYP with medical needs under their statutory duties as set out in ‘Supporting pupils with medical conditions at school’ (DfE, 2014) and ‘Arranging education for children who cannot attend school because of health needs (DfE 2023).	Dorset Council will, in line with their Section 19 duty, 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.
Schools should use the graduated approach to assess, meet and review the needs of their children. When the child’s medical condition becomes too complex, or the risks are too great to manage, the school should make a referral to a relevant outside agency for additional support.	Dorset Council’s Learning & Belonging Team will support implementation of the graduated approach through joint planning meetings, and Targeted Support Meetings/Inclusion Panels.
Schools must be aware of their responsibilities when mental health issues are impacting on a child’s attendance. It is their responsibility to develop and adopt a whole-school approach to emotional wellbeing and mental health.	Dorset Council has responsibility for promoting and protecting public physical and mental health and safeguarding children and young people.



Under Schedule 10 of the Equality Act, all schools must have an Accessibility Plan, and this could include medical conditions. Schools should have a policy for supporting children or young people with medical conditions and ensure there is a named person who is responsible for the effective implementation of the policy within the school.	<p>Dorset Council's Physical and Medical Needs Advisory Service provide guidance on writing an accessibility strategy https://www.dorsetnexus.org.uk/Page/7308</p> <p>In addition, Dorset Council's Education Challenge Leads will provide advice and guidance to support schools in implementing their statutory duties.</p>
Shorter term illnesses or chronic conditions are best met by school support and resources, some of which are outlined in Dorset's graduated approach. Such conditions that might meet this definition include short-term post-operative support and periods of reduced immunity. Where it is possible, schools should continue to provide education for children with health needs who can attend school	Dorset Council commission a continuum of provision for children with physical and medical health needs. This includes advice and guidance from the Physical and Medical Needs Advisory Service, educational tuition, and provision at Dorset County Hospital.
Focus on the needs of each individual child and how their medical condition impacts their school life, developing Individual Healthcare Plans (IHP) where needed. An IHP should be developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.	<p>Dorset Council has a responsibility for ensuring our children and young people thrive and have a duty to safeguard them.</p> <p>NHS Dorset - Integrated Care Board (ICB) has a duty to support the Local Authority and partners in meeting the needs of children and young people with Special Educational Needs and disabilities. The Designated Clinical Officer (DCO) supports the LA in meeting its statutory responsibilities for children and young people with SEN and disabilities by providing a point of contact for local partners seeking health advice on children and young people who may have SEN and disabilities.</p>
Review IHPs at least annually, or earlier if evidence is presented that the child's needs have changed.	Dorset Council's Learning & Belonging Team will support implementation of the graduated approach through joint planning meetings, and Targeted Support Meetings/Inclusion Panels.
Consider whether any reasonable adjustments are needed and use a graduated approach, liaising with the Learning & Belonging Teams, Physical & Medical Needs Service or Health colleagues.	The Local Authority provides the Alternative Provision Framework which includes a range of therapeutic education and reintegration providers. In addition, the LA commissions the Teaching Alliance of Special Schools (TADSS) and Learning Centres to provide an outreach offer. The four Learning Centres also provide medical dual-registration short-stay placements.



All children or young people will remain on roll of their home school and the prime responsibility for their education lies with that school.	
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Where an absence is planned, for example for a stay or recurrent stays in hospital, local authorities must make suitable, timely arrangements, unless exceptional circumstances apply, in advance to allow support to begin from day one.

5. Number of hours of education

- 5.1 Children and young people with health issues are entitled to the equivalent of full-time education (typically 25 hours) and have the same rights of admission to school as other children. This means that no child with a health issue can be denied admission or prevented from taking up a place in school because arrangements for their health issue have not been made. In line with their safeguarding duties, governing bodies should ensure that children's and young people's health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.
- 5.2 Under Section 19 duty, the Council will arrange the equivalent to full-time schooling. "Full-time education" is not defined in law; it would usually equate to what the child would normally have in school. If, for example, alternative support is delivered through one-to-one tuition or mentoring the hours of support could be fewer as the support is more focused on the one child.
- 5.3 It may not be in the child's best interests to receive full time support for reasons which relate to their physical or mental health. In these cases, the Council will arrange part-time support based on what it considers to be in the child's best interests in consultation with the child, child's parents/carers, school, and medical professionals.

6. Notifying the Council

- 6.1 Schools should involve the Learning & Belonging Team in their locality to obtain support, advice and guidance in relation to medical needs support, both generally and in relation to specific cases. Initial discussions will occur through Targeted Support Meetings, and/or Education planning meetings.
- 6.2 The Learning & Belonging Team in each locality will also liaise with professionals and colleagues within both health and education as appropriate



to ensure children with additional health needs are able to access an appropriate education.

6.3 If a school is concerned about a child:-

- with a potentially long-term health issue or a recurrent condition leading to intermittent, extensive periods of absence
- who is in hospital or is due to go into hospital and is likely to be absent from school following this for a significant period of time

They must notify the Local Authority through the All Children in Education site: <https://ace-dorsetcc.msapproxy.net/ace/> which will be passed to the relevant Locality Inclusion Lead.

6.4 If the concern is about a child who is refusing to attend school without supporting clinical advice, then the school should refer to the Learning & Belonging Inclusion Lead who will support with strategies and advise about the way forward for the child and may advise seeking a GP's opinion and the involvement of the relevant Child Health Service. If medical evidence is not provided, then attendance procedures would be followed.

6.5 If the medical advice supports alternative provision, then the school or Inclusion Lead will then need to complete the medical request form as soon as possible, firstly obtaining parent/carer, and child consent. (If the child is a Child in Care, the child's Social Worker and Virtual School Lead must be included in all decision making for the young person. The Personal Education Planning meeting process can be used as part of the support plan for a Child in Care who may have a potentially long-term health issue or a recurrent condition leading to intermittent, extensive periods of absence or who is in hospital or is due to go into hospital and is likely to be absent from school following this for a significant period of time).

6.6 All requests (and permanent exclusions) will be discussed at the Central Learning Centre Panel which takes place every Monday afternoon at 1 pm, a school representative will be expected to attend.

- For children unable to attend due to health reasons schools will be expected to evidence that they have implemented the graduated approach in supporting the child and use the Emotionally Based School Avoidance guidance and resources. <https://dorsetnexus.org.uk/Page/42899>
- If a child is permanently excluded, or is unable to attend due to health needs, education will be provided through one of Dorset Council's Learning Centres. Where this is not deemed suitable, or where there is no available place, alternative support will be sought by the Inclusion Lead using the



approved Alternative Provision Framework. This could include online, remote learning, tutoring, mentoring or attendance at a provider which offers therapeutic, or return to school support. Provision will be for 12 weeks, with a review at 6 weeks.

- 6.7 If a placement is offered, the relevant Learning Centre will respond to the request and plan with the home school and parents for support to start and the child will be invited to attend an induction visit.
- 6.8 If the placement at the Learning Centre is refused by the parent and/or child/young person, then this will be referred back to the school to source alternative support.

7. Objectives of alternative support, and responsibilities

- 7.1 Educational support for children, who are permanently excluded, physically ill, injured or who have clinically defined mental health problems is the responsibility of all schools and education services.
- 7.2 The aim of this support is to:
- Minimise disruption to learning
 - To deliver an appropriate and customized education and in consultation with parents/carers and medical professionals
 - Successfully reintegrate child back into school or another setting at the earliest opportunity when they are well enough to return. How this will be decided is referred to later in the document.
- 7.3 In the case of a child with an Education, Health and Care Plan who normally attends a specialist setting, education will normally be provided by their current education provider. Decisions about change to support and placement will be made at the weekly Locality Special Educational Needs Panel.
- 7.4 We recognise that, whenever possible, a child should receive their education within their school, and the aim of the support will be to reintegrate the child into school at the earliest opportunity or as soon as they are well enough. Arrangements for return to school will be discussed with school staff and each child will have a customised return to school plan. For permanently excluded children or young people, the In Year Fair Access process must be followed to identify a suitable mainstream school.



7.5 The child will remain on the school roll, and the school must arrange regular review meetings at an agreed frequency. Continuity is important for children and knowing they are still on roll maintains a sense of belonging, this can support recovery and learning progress. As with an Education, Health and Care Plan, the guidance states that Individual Healthcare Plan (Individual Healthcare Plan) must be reviewed at least annually, alongside the Education, Health and Care Plan, or when the condition changes. Parents and/or healthcare professionals must initiate this as parents/carers will hold all the information regarding the child's health. Where support is agreed, there is an expectation that all parties will engage with and contribute to the agreed plan. The customised return to school plan should form part of any individual healthcare plan developed by the school.

School responsibilities	Alternative provider responsibilities
Refer the CYP in an appropriate time frame completing a referral form and sending to the named LA officer with medical evidence from a consultant/specialist and evidence of the graduated approach in supporting the child or young person and use of the Emotionally Based School Avoidance guidance and resources. https://dorsetnexus.org.uk/Page/42899	Maintain a Support and Reintegration plan, where necessary, which records progress towards a return to school and attends the initial meeting hosted by school and subsequent regular review meetings.
Host, chair and minute the meetings with the Learning Centre to include the items below: <ul style="list-style-type: none"> • Venue for provision • Estimated duration • Expected contribution from school • Additional needs to be met • Plan for reintegration • Review meeting dates • Appropriate planning discussed • Inform the authority regarding part-time timetable • Keep attendance records Invite representatives from other agencies, in partnership with the Learning Centre, such as Educational Psychologists, Children and Adolescent Mental Health Service, Medical Practitioner/s, Family Help and Social Services, SEND provision lead or case worker, as appropriate	Provide as much provision and education as the child's health allows and support the delivery of a broad and balanced curriculum in partnership with school support learners to access and complete key stage tests and public examinations.



Inform the Learning Centre of any safeguarding issues prior to contact	Include the child or young person and parent/carers in reviews and decisions
Ensure top-up funding (EHCP banding, PP etc.) is used to support the CYP.	Liaise with the school and Inclusion Lead to provide accurate attendance records.
Plan for regular review meetings (every 6 weeks)	Work with school, and following medical advice implement a programme of reintegration
Continue to take all the actions expected for any child/young person on roll at the setting, including following appropriate attendance procedures.	.
If the CYP's needs persist, which requires special educational provision which may be in accordance with an EHCP the SEND Code of Practice process should be followed as stated on the Local Offer	If the CYP's needs persist which requires special educational provision which may be in accordance with an EHCP the SEND Code of Practice process should be followed as stated on the Local Offer



8. Children or Young People with an Education, Health and Care Plan

- 8.1 If a child with an Education, Health and Care Plan experiences health difficulties which impact their attendance, their setting should involve external experts who can provide advice and support to settings such as:
- Educational Psychology Service (EPS).
 - Specialist Teachers
 - Health Services e.g. School Nursing Service, Forward Thinking Birmingham.
 - Social Care.
- 8.2 Children and young people with an Education, Health and Care Plan and attendance concerns should be discussed at the joint planning meetings with the specialist teacher and educational psychologist. Requests to external experts must be made in a timely manner and the school must work together with those services to deliver any subsequent support.
- 8.3 The setting must also inform the Child's Special Educational Needs Provision Lead so that the Special Educational Needs Team can then support and advise the setting. It may be appropriate for settings to request an earlier review of the child's Education, Health and Care Plan where there has been a significant change in the child's needs and the support they require.
- 8.4 If a child of school-age with an Education, Health and Care Plan is unable to access their school due to illness for 15 days or more, whether consecutive or cumulative, their school must work in partnership with the Special Educational Needs Provision Lead, young person and family. Any arrangements for alternative support will need to be made taking account of the child's identified special educational needs and the special educational support they require as outlined in their Education, Health and Care Plan.
- 8.5 If a child or young person with an EHC Plan cannot attend an educational setting as a result of their special educational needs the provision set out in section F of the EHCP may be provided through alternative provision as set out in section 61 of the Education Act 1996. A decision as to whether such provision is suitable to meet the child's or young person's needs will be made as a result of the child's or young person's EHC Plan review.



9. Children or young people who are not on a school roll

- 9.1 Dorset Council retain responsibility for supporting Dorset children who are not on a roll at a school whose health needs prevent them from accessing education. These may include children who are awaiting placement. For example, children who have recently moved to Dorset whose illness has prevented them from accessing school support.
- 9.2 In these instances, parents, carers or professionals working with a child who falls into this category must contact the named Local Authority Officer to discuss education support. This may include interim support through alternative providers. Where a child is not on a school roll, the Council will expect the main healthcare provider to liaise with all professionals involved. If it is felt that a request for alternative support under Section 19 should be submitted, the main healthcare provider will submit this to their locality Inclusion Lead.
- 9.3 Children and Young people who are electively home educated will need to be on roll at a school before a request for a place at a Learning Centre can be made.
- 9.4 Under the Education (Pupil Registration) (England) Regulations 2006, a school can only remove the name of a child who is unable to attend school because of additional health needs from its register in certain circumstances. These include where:
- the child has been certified by the School Medical Officer as unlikely to be in a fit state of health to attend school, before ceasing to be of school-age; and
 - neither the child nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of school-age. This applies even if the Local Authority has become responsible for the child's education. Note, however, that in some cases another of the grounds of deletion from the school roll under the 2006 Regulations may apply.

10. Medical needs evidence

- 10.1 Medical evidence from the main healthcare provider will need to be provided to consider their medical needs and how these impact on their ability to access education at their school. Evidence can include appointment cards, prescriptions, or notes of previous consultations (including from the NHS App) provided by the parent/carers. This is required to ensure the Council can



identify the most appropriate educational support, and that any agreed alternative providers have accurate medical information to ensure the safety of the child, and their wellbeing.

- 10.2 The Council will only seek additional or continuing evidence of where this is necessary. As outlined above, parents/carers are expected to advise the Council, school and alternative provider if there is any change in the child's health.

11. Funding alternative support

- 11.1 Where a child is permanently excluded, under Section 47 of the School Standards and Framework Act 1998 the Council must reduce the budget share of the excluding school.
- 11.2 When the child remains on the roll of their home school but requires a period of time in alternative provision due to their health or other agreed needs, the home school and Council will recoup a proportion of the school's funding 'associated with that child/young person to the alternative support, to ensure that the funding follows the child/young person.
- 11.3 The Council will calculate the amount of any such transfer by identifying those allowable funding factors (as found in Part 26 of the Schools Operational Guide and used in the allocation of Schools Block funding to individual schools) relating to the age and personal circumstances of the child. The proportion of funding to be transferred will be pro-rated to the number of complete weeks that the child spends in dual-registration or alternative support in the academic year, until the child either returns to their home school or is removed from its roll.
- 11.4 Dorset Council reserves the right to withdraw or reclaim a child's EHCP Banding where Dorset Council is commissioning provision under its' Section 19 'otherwise' duty.
- 11.5 If after a full academic year, it is evident that a return to the home school is not possible, the Council will **consider** full responsibility for costs. This will be decided on an individual basis using a consistent decision-making framework. In these circumstances the child **may** remain on the roll of the home school depending on the individual child's or young person's context until another suitable setting has been agreed as part of the child's plan.



11.6 The funding factors identified by Dorset Council as associated with an individual child include:

- a. Basic entitlement (AWPU)
- b. English as an additional language (“EAL”)
- c. Prior attainment
- d. Free school meals (“FSM”)
- e. Free school meals Ever6 (“FSM6”)
- f. IDACI Band E (a deprivation measure).

These figures may change from time to time in accordance with future editions of the **Schools’ Operational Guide** or upon review by the Council and Schools Forum.

12. Family Help

- 12.1 For further advice and guidance in relation to Family Help, please contact our Family Support and Advice Line Family help in Dorset - Dorset Council

