

Having reviewed the Terms of Reference and points for consideration, please see Powys Teaching Health Board's response, which highlight the contribution Health can make to this agenda:

1. Reasons for and support available for children and young people at risk of EOTAS, including through their exclusion from mainstream provision
 - Clearly children and young people at risk or experiencing EOTAS will still be able to access a range of universal health services eg GP etc. In addition, children will be able to access school nursing services such as immunisations, sex and relationship education, signposting to relevant services etc if they are within a Pupil Referral Unit (PRU). These services could also be provided for excluded pupils, within a location outside of school, if health have been informed of an exclusion by education. However, this is not very consistent across Powys.
 - If a child is EOTAS for a health condition that makes attendance at school difficult, a range of health professionals, for example, the Paediatrician, Community Children's Nurse and school nurse, would work with the school to facilitate a child's attendance, by supporting the health care planning process.
 - Another particular example where health may support, relates to a pregnant school pupil. In these circumstances, the school nurse may assist with risk assessments to ensure the young person is able to maintain her attendance at school through her pregnancy and offer any other health advice, in liaison with the midwife.

- If the child is in care, the Looked After Children's (LAC) Nurse would be in a position to signpost to appropriate support services e.g. advocacy, substance misuse services, GP etc.
2. How effectively parents are engaged and supported throughout the EOTAS process
 - We are unable to comment about how effectively the LEA engage and support parents of children going through the EOTAS process. However if the reason for EOTAS relates to a chronic health condition, health can support parents as outlined above, through facilitating a return to school. If the child is LAC, the LAC Nurses can provide advice and support to Foster Carers in relation to behaviour management of the child.
 3. The variation in rates of EOTAS for children and young people with particular characteristics (such as learners with special educational needs or who are eligible for free school meals) and the consequences of this
 - Health would be unable to comment
 4. The levels of financial support available to support EOTAS and children and young people at risk of becoming EOTAS and whether this represents value for money
 - Health would be unable to comment
 5. Responsibility and accountability for the education of pupils who become EOTAS
 - Health would be unable to comment
 6. Attainment of children and young people EOTAS
 - Health would be unable to comment
 7. Outcomes and wellbeing of children and young people EOTAS
 - Health will continue to provide a range of universal and specialist services to all children at risk of or experiencing EOTAS, including the

immunisation programme for children in PRUs and if informed by education, to children excluded, at a venue outside school.

- If a child is LAC, their well-being would be captured in the Statutory Health Assessment which informs the LAC Review and Plan for each child.

8. The quality of support provided to children and young people in the range of EOTAS provision

- Health would be unable to comment

9. Professional development support for Pupil Referral Unit staff, including those who provide home tuition

- Health would be unable to comment

10. The potential risks for children and young people EOTAS such as increased barriers to accessing mental health support, increased risk of involvement with crime and the criminal justice system such as 'county lines'

- This is a very relevant area of focus as it is agreed that children and young people who are EOTAS are at increased risk of involvement with crime and the criminal justice system, which is of concern. However, children who are in PRUs can access mental health services through education services and those children and young people who are excluded are often known to other services (eg youth services) who can provide lower level mental health support and access primary mental health support or refer to specialist CAMHS. It is believed that an increased risk may exist if the child is excluded and not known to any other services