



Children with Health Needs who cannot attend school Policy

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This document applies to all schools and operations of the Vale Academy Trust. www.vale-academy.org

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In this document:

'parent' means parent, carer or other legal guardian.

1. Aims of this policy

The Vale Academy Trust ('the Trust') aims to support the relevant Local Authority (LA) and ensure that all children who are unable to attend school due to medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, to enable them to reach their full potential.

Due to the nature of their health needs, some children may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, children should receive their education within their school and the aim of the provision will be to reintegrate them back into the school as soon as they are well enough.

Each school understands that they have a continuing role in children's education while they are not attending the school and will work with families, the LA and healthcare partners to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

2. Legislation and guidance

2.1 This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- [Department for Education \(DfE\) guidance: ensuring a good education for children who cannot attend school because of health needs](#)
- [DfE guidance: Supporting pupils with medical conditions at school](#)
- [DfE guidance: Equality Act 2010 Advice for Schools](#)
- [Education Act 1996](#)
- [Equality Act 2010](#)
- [Data Protection Act 2018](#)
- [Oxfordshire County Council Medical Needs Policy – May 2022](#)

2.2 This policy operates in conjunction with the following policies which can be found on the school's website:

- Safeguarding and Child Protection Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Supporting Pupils with Medical Conditions Policy
- Equality, Diversity and Inclusion Policy
- Data Protection Policy and Privacy Notices

3. Local Authority duties

3.1 The LA must arrange suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. Each school has a duty to support the LA in doing so.

3.2 The LA should:

- Provide such education as soon as it is clear that a child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with the appropriate medical professionals to ensure minimal delay in arranging appropriate provision.
- Ensure the education children receive is of good quality, allows them to take appropriate qualifications, prevents them from falling behind their peers in school, and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual children in arranging provision.
- Have a named officer responsible for the education of children with additional health needs and ensure parents know who this is.
- [Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs.](#)
- Regularly review the provision offered to ensure that it continues to be appropriate for the child and that it is providing suitable education.
- Give clear policies on the provision of education for children and young people under and over compulsory school age.

3.3 The LA should not:

- Have processes or policies in place which prevent a child from getting the right type of provision and a good education.
- Withhold or reduce the provision, or type of provision, for a child because of how much it will cost.
- Have policies based upon the percentage of time a child is able to attend school rather than whether the child is receiving a suitable education during that attendance.
- Have lists of health conditions which dictate whether or not they will arrange education for children or inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

4. Definitions

4.1 Children who are unable to attend the school as a result of their medical needs may include those with:

- Physical health issues.
- Physical injuries.
- Mental health problems, including anxiety issues.
- Emotional difficulties or school refusal.

- Progressive conditions.
- Terminal illnesses.
- Chronic illnesses.

4.2 Children who are unable to attend mainstream education for health reasons may attend any of the following:

- **Hospital school:** a special school within a hospital setting where education is provided to give continuity whilst children are receiving treatment.
- **Home tuition:** many LAs have home tuition services that act as a communication channel between schools and children on occasions when they are too ill to attend school and are receiving specialist medical treatment.
- **Medical PRUs:** these are LA establishments that provide education for children unable to attend their registered school due to their medical needs.

5. Roles and responsibilities

5.1 The Trust's Board of Directors has responsibility for:

- Overseeing the implementation and observance of this policy across the Trust.

5.2 The Local Governing Body (LGB) of each school has responsibility for:

- Monitoring the appropriate implementation of this policy within the school and ensuring statutory requirements are fulfilled.

5.3 The Headteacher is responsible for:

- Ensuring compliance with this policy and the relevant statutory duties when supporting children with health needs.
- Notifying the LA when a child is likely to be away from the school for a significant period of time due to health needs.
- Ensuring that there is a named member of staff, e.g. SENDCo/Pastoral Lead/Inclusion Lead, who is responsible for:
 - > Dealing with children who are unable to attend school because of medical needs.
 - > Actively monitoring children's progress and reintegration into school.
 - > Supplying education providers with information about children's capabilities, progress and outcomes.
 - > Liaising with education providers and parents to determine programmes of study whilst children are absent from school.
 - > Keeping children who are absent from school informed about school events and encouraging communication with their peers.
 - > Providing a link between children and their parents, and the LA.

6. Managing absences

6.1 Parents are advised to contact the school on the first day their child is unable to attend due to illness.

- 6.2 Absences due to illness will be authorised unless the school has genuine cause for concern about the authenticity of the illness.
- 6.3 The school will provide support to a child who is absent because of illness, or the need to self-isolate, for example during a pandemic, for a period of less than 15 school days by liaising with the child's parents. School work will be provided as soon as a child is able to cope with it, or is able to commence part-time education at school. The school will give due consideration to which aspects of the curriculum are prioritised in consultation with the child, the parents and relevant members of staff.
- 6.4 For periods of absence that are expected to last for 15 or more school days, either in one absence or over the course of a school year, the named person with responsibility for children with health needs will notify the LA, who will take responsibility for the child and the provision of appropriate education.
- 6.5 Where absences are anticipated or known in advance, the school will liaise with the LA to enable education provision to be provided from the start of the child's absence.
- 6.6 For hospital admissions, the appointed named member of staff will liaise with the LA regarding the programme that should be followed while the child is in hospital.
- 6.7 The LA will set up a personal education plan (PEP) for the child which will allow the school, the LA and the provider of the child's education to work together.
- 6.8 The school will monitor attendance and mark registers to ensure it is clear whether the child is, or should be, receiving education otherwise than at school.
- 6.9 The school will only remove a child who is unable to attend because of additional health needs from the school roll where:
- The child has been certified as unlikely to be in a fit state of health to attend the school, before ceasing to be of compulsory school age; and
 - Neither the child nor the parents have indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.
- 6.10 A child unable to attend the school because of health needs will not be removed from the school register without parental consent and medical certification, even if the LA has become responsible for the child's education.

7. Support for children

- 7.1 Where a child has a complex or long-term health issue, the school will discuss the child's needs and how these may be best met with the LA, relevant medical professionals, parents and, where appropriate, the child.
- 7.2 The LA expects the school to support a child with health needs to attend full-time education wherever possible, or for the school to make reasonable adjustments to programmes of study where medical evidence supports the need for those adjustments.
- 7.3 The school will make reasonable adjustments under a child's Individual Healthcare Plans (IHCPs), in accordance with the school's Supporting Pupils with Medical Conditions Policy.
- 7.4 A child admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.

7.5 During a period of absence, the school will work with the provider of the child's education to establish and maintain regular communication and effective outcomes.

7.6 Whilst a child is away from school, the school will work with the LA to ensure the child can successfully remain in touch with school using the following methods:

- School newsletters
- Emails
- Invitations to school events
- Cards or letters from peers and staff

7.7 Where appropriate, the school will provide the child's education provider with relevant information, curriculum materials and resources.

7.8 To help ensure a child with additional health needs is able to attend the school following an extended period of absence, the following adaptations will be considered:

- A personalised or part-time timetable, drafted in consultation with the named staff member
- Access to additional support in school
- Online access to the curriculum from home
- Movement of lessons to more accessible rooms
- Places to rest at school
- Special exam arrangements to manage anxiety or fatigue

8. Reintegration

8.1 When a child is considered well enough to return to school, the school will develop a tailored reintegration plan in collaboration with the LA.

8.2 The school will work with the LA when reintegration into school is anticipated to plan for consistent provision during and after the period of education outside school.

8.3 As far as possible, the child will be able to access the curriculum and materials that would have been used in school.

8.4 If appropriate, the school nurse will be involved in the development of the child's reintegration plan and informed of the timeline of the plan by the appointed named member of staff, to ensure they can prepare to offer any appropriate support.

8.5 The school will consider whether any reasonable adjustments need to be made to provide suitable access to the school and the curriculum.

8.6 For longer absences, the reintegration plan will be developed near to the likely date of return to avoid putting unnecessary pressure on an ill child, or the child's parents, in the early stages of absence.

8.7 The school is aware that some children will need gradual reintegration over a long period of time and will always consult with individual children, their parents and key staff about concerns, medical issues, timing and the preferred pace of return.

8.8 The reintegration plan will include:

- The date for planned reintegration, once known.
 - Details of regular meetings to discuss reintegration.
 - Details of the named member of staff who has responsibility for the child.
 - Clearly stated responsibilities and the rights of all those involved.
 - Details of social contacts, including the involvement of peers and mentors during the transition period.
 - A programme of small goals leading up to reintegration.
 - Follow up procedures.
- 8.9 The school will ensure a welcoming environment is developed and encourage all children and staff to be positive and proactive during the reintegration period.
- 8.10 Following reintegration, the school will support the LA in seeking feedback from the child regarding the effectiveness of the process.

9. Information sharing

- 9.1 It is essential that all information about a child with health needs is kept up-to-date.
- 9.2 To protect confidentiality, all information-sharing techniques will be agreed with the child and parents in advance of being used, in accordance with the Trust's Data Protection Policy.
- 9.3 All teachers, TAs, supply and support staff will be provided with access to relevant information, including high-risk health needs, first aiders and emergency procedures, via the standard school protocols for information sharing.
- 9.4 Parents will be made aware of their own rights and responsibilities regarding confidentiality and information sharing. To help achieve this, the school will:
- Ensure this policy and other relevant policies are easily available and accessible.
 - Provide the child and parents with the relevant Data Protection Privacy Notices.
 - Consider how friendship groups and peers may be able to assist a child with health needs.
- 9.5 When a child is discharged from hospital or is returning from other education provision, the school will ensure the appropriate information is received to allow for a smooth return to the school. The named member of staff will liaise with the hospital or other tuition service as appropriate.

10. Record keeping

- 10.1 In accordance with the school's Supporting Pupils with Medical Conditions Policy, written records will be kept of all medicines administered to a child.
- 10.2 Proper record keeping protects both staff and the child and provides evidence that agreed procedures have been followed.
- 10.3 All records will be maintained in line with the Trust's Record Retention Policy.

11. Training

- 11.1 Staff will be trained in a timely manner to assist with a child's return to the school.

- 11.2 Once a return date has been confirmed, staff will be provided with relevant training before the child's anticipated return.
- 11.3 Healthcare professionals should be involved in identifying and agreeing with the school the type and level of training required.
- 11.4 Training will be sufficient to ensure staff are confident in their ability to support the child with additional health needs.
- 11.5 Parents of the child may provide specific advice but will not be the sole trainer of staff.

12. Examinations and assessments

- 12.1 The named member of staff will liaise with the alternative provision provider over planning and examination course requirements where appropriate.
- 12.2 Relevant assessment information will be provided to the alternative provision provider if required.
- 12.3 Awarding bodies may make special arrangements for children with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses. Applications for such arrangements will be submitted by the school, or LA if more appropriate, as early as possible.

End.