

Hartismere Family of Schools



Children with Health Needs who Cannot Attend School Policy

Policy no. 5

“Every child should have the best possible start in life through a high quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum. As far as possible, children with health needs and who are unable to attend school should receive the same range and quality of education as they would have experienced at their home school. Children unable to attend school because of health needs should be able to access suitable and flexible education appropriate to their needs. The nature of the provision must be responsive to the demands of what may be a changing health status”.

-Ensuring a good education for children who cannot attend school because of health needs, Statutory Guidance for Local Authorities, 2013

Purpose

The Hartismere Family of Schools supports the Local Authority in ensuring 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 experience long periods of time absent from school, be admitted to hospital or be placed in alternative forms of education provision. We recognise that, whenever possible, pupils should receive education within their school and the aim of the provision will be to reintegrate pupils back into school as soon as they are well enough.

We understand that we have a continuing role in a pupil's education whilst they are not attending the school and will work with the Local Authority, healthcare practitioners and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

This policy has been informed by the following legislation and statutory guidance:

- Education Act 1996
- Equality Act 2010
- Data Protection Act 2018 (GDPR)
- DfE (2013) 'Ensuring a good education for children who cannot attend school because of health needs'
- DfE (2015) 'Supporting pupils at school with medical conditions'

This policy operates in conjunction with the following Trust policies:

- Special Educational Needs and Disabilities Policy
- Supporting Pupils with Medical Conditions Policy
- Privacy Notice for Students (Data Protection/GDPR Policy)
- Health and Safety and First Aid in School Policy
- Accessibility Action Plan
- Behaviour Policy
- Equality Information and Objectives Statement
- Child Protection and Safeguarding Policy

Definitions

- Children who are unable to attend 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.

Roles and Responsibilities

1. The Duty of the Local Authority

The 'Ensuring a Good Education for Children who cannot attend School because of Health Needs' statutory guidance places the following responsibilities on the Local Authority:

1.1. Local Authorities are responsible for arranging suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. 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.

1.2. The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated.

1.3. Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, Local Authorities should provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.

1.4 The Local Authority should:

1.4.1 Have a named officer responsible for the education of children with additional health needs, and parents should know who that person is.

1.4.2 Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs. The policy should make links with related services in the area - for example, Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Welfare/Attendance Improvement Services, educational psychologists, and, where relevant, school nurses.

1.4.3 Review the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.

1.4.4 Have clear policies on the provision of education for children and young people under and over compulsory school age.

1.5. The guidance states that the Local Authority *must*:

- 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.

1.6 The guidance states that the Local Authority *should*:

- Provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.
- Ensure that the education children receive is of good quality, as defined in the statutory guidance Alternative Provision (2013), allows them to take appropriate qualifications, prevents them from slipping 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. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

2. The duty of the named member of school staff who is responsible for pupils with healthcare needs (the designated safeguarding lead)

The designated safeguarding lead is expected to:

2.1 Work to ensure compliance with the relevant statutory duties when supporting pupils with health needs.

2.2 Work collaboratively with parents and other professionals to develop arrangements to meet the best interests of children.

2.3 Ensure the arrangements put in place to meet pupils' health needs are fully understood by all those involved and acted upon.

2.5 Ensure the support put in place focusses on and meets the needs of individual pupils.

2.6 Arrange appropriate training for staff with responsibility for supporting pupils with health needs.

2.7 Provide teachers who support pupils with health needs with suitable information relating to a pupil's health condition and the possible effect the condition and/or medication taken has on the pupil.

2.8 Provide annual reports to the Local Governing Body on the effectiveness of the arrangements in place to meet the health needs of pupils – if needed.

2.9 Notify the Local Authority when a pupil is likely to be away from the school for a significant period of time due to their health needs.

3. The members of school staff responsible for the implementation of this policy are the designated safeguarding lead and the pupil's Heads of Year.

3.1. They are responsible for:

- Dealing with pupils who are unable to attend school because of medical needs.
- Actively monitoring pupil progress and reintegration into school.
- Supplying pupils' education providers with information about the child's capabilities, progress and outcomes.
- Liaising with education providers and parents to determine pupils' programmes of study whilst they are absent from school.
- Keeping pupils informed about school events and encouraging communication with their peers- where possible.
- Providing a link between pupils and their parents, and the Local Authority.

4. The Duty of other Teachers and Support Staff

Other teachers and support staff are responsible for:

4.1 Understanding confidentiality in respect of pupils' health needs.

4.2 Differentiating lessons and activities in a way that allows those with health needs to participate fully and ensuring pupils are not excluded from activities that they wish to take part in without a clear, evidence-based reason.

4.3 Understanding their role in supporting pupils with health needs and ensuring they attend any required training.

4.4 Ensuring they are aware of the needs of their pupils through the appropriate and lawful sharing of the individual pupil's health needs.

4.5 Ensuring they are aware of the signs, symptoms and triggers of the medical conditions of the students they teach as per communication distributed by the child's year team.

4.6 Keeping parents informed of how their child's health needs are affecting them whilst in the school.

5. The Duty of Parents

Parents are expected to:

5.1 Ensure the regular and punctual attendance of their child at the school where possible.

5.2 Work in partnership with the school to ensure the best possible outcomes for their child.

5.3 Notify the school of the reason for any of their child's absences without delay.

5.4 Provide the school with sufficient and up-to-date information about their child's medical needs.

5.5 Attend meetings to discuss how support for their child should be planned.

Managing absences

1. Parents are advised to contact the school on the first day their child is unable to attend due to illness.
2. Absences due to illness will be authorised unless the school has genuine cause for concern about the authenticity of the illness.
3. The school will provide support to pupils who are absent from school because of illness for a period of less than 15 school days by liaising with the pupil's parents to arrange schoolwork as soon as the pupil is able to cope with it or part-time education at school. The school will give due consideration to which aspects of the curriculum are prioritised in consultation with the pupil, their family and relevant members of staff.
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 designated safeguarding lead will notify the Local Authority, who will take responsibility for the pupil and their education.
5. Where absences are anticipated or known in advance, the school will liaise with the Local Authority to enable education provision to be provided from the start of the pupil's absence.
6. For hospital admissions, the designated safeguarding lead or the pupil's Head of Year will liaise with the Local Authority regarding the programme that should be followed while the pupil is in hospital.
7. The Local Authority will set up a personal education plan (PEP) for the pupil which will allow the school, the Local Authority and the provider of the pupil's education to work together.
8. The school will monitor pupil attendance and mark registers to ensure it is clear whether a pupil is, or should be, receiving education otherwise than at school.
9. The school will only remove a pupil who is unable to attend school because of additional health needs from the school roll where:
 - 9.1. The pupil has been certified by the school's nurse as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age; and
 - 9.2. Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.
10. A pupil unable to attend school because of their health needs will not be removed from the school register without parental consent and certification from the school's nurse, even if the Local Authority has become responsible for the pupil's education.

Support for Pupils

1. Where a pupil has a complex or long-term health issue, the school will discuss the pupil's needs and how these may be best met with the Local Authority, relevant medical professionals, parents and, where appropriate, the pupil.
2. The Local Authority expects the school to support pupils with health needs to attend full-time education wherever possible, or for the school to make reasonable adjustments to pupils' programmes of study where medical evidence supports the need for those adjustments.

3. The school will make reasonable adjustments under pupils' individual healthcare plans (IHCPs), in accordance with the Medical Conditions in School Policy.
4. Pupils admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.
5. During a period of absence, the school will work with the provider of the pupil's education to establish and maintain regular communication and effective outcomes.
6. Where appropriate, the school will provide the pupil's education provider with relevant information, curriculum materials and resources.
7. To help ensure a pupil with additional health needs is able to attend school following an extended period of absence, the following adaptations will be considered:
 - A personalised or part-time timetable, drafted in consultation with the pupil's Head of Year
 - Access to additional support in school
 - Early release from lessons to avoid corridor congestion
 - Places to rest at school
 - Special exams / assessment arrangements to manage anxiety or fatigue

Reintegration

1. When a pupil is considered well enough to return to school, the school will develop a tailored reintegration plan, in collaboration with the Local Authority where necessary.
2. The school will work with the Local Authority when reintegration into school is anticipated to plan for consistent provision during and after the period of education outside school.
3. As far as possible, the child will be able to access the curriculum and materials that they would have used in school.
4. If appropriate, the school nurse will be involved in the development of the pupil'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 to the pupil.
5. The school will consider whether any reasonable adjustments need to be made to provide suitable access to the school and the curriculum for the pupil.
6. For longer absences, the reintegration plan will be developed near to the pupil's likely date of return, to avoid putting unnecessary pressure on an ill pupil or their parents in the early stages of their absence.
7. The school is aware that some pupils will need gradual reintegration over a long period of time and will always consult with the pupil, their parents and key staff about concerns, medical issues, timing and the preferred pace of return.
8. The reintegration plan will include:
 - The date for planned reintegration, once known.
 - Details of meetings to discuss reintegration.
 - Details of the named member of staff who will have daily contact with the pupil to monitor progress.
 - Clearly stated responsibilities of those parties involved.
 - Follow up procedures.

9. The school will work to ensure a welcoming environment is developed and encourage pupils and staff to be positive and proactive during the reintegration period.

Information sharing

1. It is essential that all information about pupils with health needs is kept up-to-date.

2. To protect confidentiality, all information-sharing techniques, e.g. staff noticeboards, will be agreed with the pupil and their parent in advance of being used, in accordance with the Data Protection Policy (Privacy Notice for Students).

3. Parents need to be aware of their own rights and responsibilities regarding confidentiality and information sharing. To help achieve this, the school will:

3.1 Ensure the Privacy Notice and other relevant policies are easily available and accessible on the school website.

3.2 Provide the pupil and their parents with a copy of the Privacy Notice on information sharing, if requested.

4.3 Ask parents to sign a consent form which clearly details the organisations and individuals that their child's health information will be shared with and which methods of sharing will be used.

4.4 Consider how friendship groups and peers may be able to assist pupils with health needs.

5. When a pupil 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 designated safeguarding lead or Head of Year will liaise with the hospital or other tuition service as appropriate.

Record keeping

1. In accordance with the Medical Conditions in School Policy, written records will be kept of all medicines administered to pupils.

2. Proper record keeping protects both staff and pupils and provides evidence that agreed procedures have been followed.

3. All records will be maintained in line with current guidance.

Training

1. Staff involved will be trained in a timely manner to assist with a pupil's return to school, where required.

2. Healthcare professionals should be involved in identifying and agreeing with the school the type and level of training required.

3. Training will be sufficient to ensure staff are confident in their ability to support pupils with additional health needs.

4. Parents of pupils with additional health needs may provide specific advice but will not be the sole trainer of staff.

Examinations and assessments

1. The designated safeguarding lead or Head or Year will liaise with the alternative provision provider over planning and examination course requirements where appropriate.
2. Relevant assessment information will be provided to the alternative provision provider if required.
3. Awarding bodies may make special arrangements for pupils 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 Local Authority if more appropriate, as early as possible.

Alternative Schooling

Pupils 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 the child is receiving treatment.
- Home tuition: many Local Authorities have home tuition services that act as a communication channel between schools and pupils on occasions where pupils are too ill to attend school and are receiving specialist medical treatment.
- Medical PRUs: these are Local Authority establishments that provide education for children unable to attend their registered school due to their medical needs.