



St John the Baptist VA Primary School

Children With Health Needs Who Cannot Attend School Policy

If printed, copied or otherwise transferred from this website this document must be considered to be an uncontrolled copy.

Policy amendments may occur at any time. Please consult the Policies page on the website for the latest update.

Date of Issue: October 2024
Issued By: Teresa Gage
Ratified by Governing Board: October 2024
Review Date: October 2025

United we strive for excellence-together we shine

Self-motivation Honesty Imaginative Nurturing Empathy

Aims

- 1.1 St John the Baptist Primary School aims to support the local authority and ensure that all children who are unable to attend the 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.
- 1.2. 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, pupils should receive their education within their school and the aim of the provision will be to reintegrate pupils back into the school as soon as they are well enough. We understand that we have a continuing role in a child's education whilst they are not attending the school and will work with the local authority, healthcare partners 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.
- 1.3 This policy aims to ensure that:
 - Suitable education is arranged for pupils on roll who cannot attend the school due to health needs
 - Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority
- 1.4 The Governing Body has approved these aim

2. Legislation and guidance

- 2.1 This policy reflects the requirements of the [Education Act 1996](#) and [DfE Statutory Guidance](#) (2013).
- 2.2 It also based on [guidance](#) provided by our local authority.
- 2.3 This policy complies with our funding agreement and articles of association.

3. Roles and responsibilities

- 3.1 The governing board, through the headteacher, is responsible for:
 - Ensuring arrangements are in place for children who cannot attend the school as a result of their medical needs and that they are effectively implemented.

- Ensuring a termly review takes place of the arrangements made for children who cannot attend the school due to their medical needs.
- Ensuring the roles and responsibilities of those involved in the arrangements to support the needs of these children are clear and understood by all.
- Ensuring robust systems are in place for dealing with health emergencies and critical incidents, for both on- and off-site activities.
- Ensuring staff with responsibility for supporting children with additional health needs are appropriately trained.

3.2 The headteacher is responsible for:

- Working with the governing board to ensure compliance with the relevant statutory duties when supporting children with additional health needs.
- Working collaboratively with parents / carers and other professionals to develop arrangements to meet the best interests of the child.
- Ensuring the arrangements put in place to meet the child's health needs are fully understood by all those involved and acted upon.
- Appointing a named member of staff who is responsible for children with additional health needs and liaises with parents, carers, pupils, students, the local authority, key workers and others involved in the child's care.
- Ensuring the support put in place focusses on and meets the needs of the individual child.
- Arranging appropriate training for staff with responsibility for supporting children with additional health needs.
- Providing teachers who support children with additional health needs with suitable information relating to the child's health condition and the possible effect the condition and/or medication taken has on that child.
- Providing annual reports to the governing board on the effectiveness of the arrangements in place to meet the health needs of children.
- Notifying 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.

3.3 The named member of staff is responsible for:

- Managing children who are unable to attend the school because of their health needs.
- Actively monitoring each child's progress and reintegration into the school.
- Supplying education providers with information about the children's capabilities, progress and outcomes.
- Liaising with the headteacher, education providers and parents to determine programmes of study whilst they are absent from the school.
- Keeping each child informed about school events and encouraging communication with their peers.

- Providing a link between the children and their parents, and the local authority.

3.4 Teachers and support staff are responsible for:

- Understanding confidentiality in respect of children's health needs.
- Designing lessons and activities in a way that allows those with additional health needs to participate as far as reasonably possible and ensuring children are not excluded from activities that they wish to take part in without a clear evidence-based reason.
- Understanding their role in supporting children with additional health needs and ensuring they attend the required training.
- Ensuring they are aware of the needs of their pupils and students through the appropriate and lawful sharing of individual children's health needs.
- Ensuring they are aware of the signs, symptoms and triggers of common life threatening medical conditions and know what to do in an emergency.
- Keeping parents informed of how their child's health needs are affecting them whilst in the school.

3.5 Parents and carers should:

- Ensure the regular and punctual attendance of their child at the school where possible.
- Work in partnership with the school to ensure the best possible outcomes for their child.
- Notify the school of the reason for any of their child's absences without delay.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Attend meetings to discuss how support for their child should be planned.

4. The responsibilities of the school

- 4.1 The school endeavors to provide a good education for all children, regardless of circumstances or setting, to enable them to shape their own futures. Where children are unable to attend the school because of their health, the school will follow Department of Education Guidance and work with the local authority who have the responsibility to arrange suitable full-time education (or part-time when appropriate for the child's needs) for children who are unable to attend a mainstream school because of their health.
- 4.2 The local authority is responsible for arranging suitable full-time education for children who – because of illness or other reasons – would not receive suitable education without such provision. There will however, be a wide range of circumstances where a child has a health need but will receive suitable education that meets their needs without the intervention of the local authority, for example, where the child can still attend the school with some support.
- 4.3 Where the school has made arrangements to deliver suitable education outside of the school for the child; or where arrangements have been made for the child to be educated in a hospital by an on-site hospital school, we would not expect the local authority to become involved in such arrangements unless it had reason to think that the education being provided to the child was not suitable or, while otherwise suitable, was not full-time or for the number of hours the child could benefit from without adversely affecting their health. This might be the case where, for example, the child can attend the school but only intermittently.

5. If the school makes arrangements

- 5.1 Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend the school. This will involve:
- Initial contact being made by the pastoral team to establish the child's individual medical need and potential barriers to attending the school
 - Arrangements being agreed and established e.g. sending work home (including the provision of virtual learning through the school's identified learning programmes), education offsite (including through hospital schools) or additional adult support within the school (in line with an individual health care plan as appropriate)
 - On-going discussions between families, the school and health providers to monitor agreed arrangements and identify when/ how pupils can be reintegrated back into the school (where appropriate).
 - Liaising with the SENDCo for pupils whom also have Special Educational Needs (SEN).

6. If the local authority makes arrangements

- 6.1 If the school can't make suitable arrangements, the local authority will become responsible for arranging suitable education for these children.

United we strive for excellence-together we shine

Self-motivation Honesty Imaginative Nurturing Empathy

6.2 The law does not specify the point during a child's illness when it becomes the Local Authorities responsibility to secure for the child suitable full time education. However, DfE statutory guidance for local authorities on [Ensuring a good education for children who cannot attend school because of health needs](#) (January 2013) states:

'More generally, local authorities should be ready to take responsibility for any child whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of the school year, and where suitable education is not otherwise being arranged'

6.3 Where a pupil has medical needs that prevent them from attending the school for 15 days or more, whether consecutive or cumulative, the school can make a referral to the Education Access Team using the [Education Access medical](#) form. Completed forms should be submitted electronically to medical@essex.gov.uk. All referrals need to be accompanied by supporting medical advice.

6.4 The school must be able to demonstrate that they have sought and followed advice from all relevant agencies, including Health, Essex Educational Psychology service, specialist teachers, Essex County Council Attendance Team then their SEND Quadrant team before making a referral for support to the Education Access Team.

6.5 In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into the school successfully
- When reintegration is anticipated, work with the local authority to:
 - Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in the school as far as possible
 - Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
 - Create individually tailored reintegration plans for each child returning to the school
 - Consider whether any reasonable adjustments need to be made

7. Managing Absences

7.1 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 the school.

United we strive for excellence-together we shine

Self-motivation Honesty Imaginative Nurturing Empathy

7.2 Schools will not remove a child with medical issues from its roll unless:

United we strive for excellence-together we shine

Self-motivation Honesty Imaginative Nurturing Empathy

- they have been certified by a medical practitioner as unlikely to be in a fit state of health to attend the school before ceasing to be of statutory education age; **and**
 - neither the child nor parent has indicated the intention to continue to attend the school, after ceasing to be of statutory education age; **or**
 - the parent has written to the school to inform the school that other arrangements are in place for the child's education.
- 7.3 Where a child is taken off roll, the school must inform the local authority of the child's destination. The local authority will monitor all children who are Electively Home Educated.

8. Support for pupils

- 8.1 Where a child has a complex or long-term health issue, the school will discuss their needs and how these may be best met with the local authority, relevant medical professionals, parents / carers and, where appropriate, the child.
- 8.2 Pupils admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.
- 8.3 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.
- 8.4 To help ensure a pupil with additional health needs is able to attend the school following an extended period of absence various adaptations will be considered including a personalised or part-time timetable, drafted in consultation with the named staff member, access to additional support in the school, places to rest at the school, and special exam arrangements to manage anxiety or fatigue.

9. Reintegration

- 9.1 When a pupil is considered well enough to return to the school, the school will develop a tailored reintegration plan in collaboration with all relevant parties.
- 9.2 As far as possible, the pupil will be able to access the curriculum and materials that they would have used in the school.
- 9.3 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.
- 9.4 The school is aware that some pupils will need gradual reintegration over an extended period of time and will always consult with the child, their parents / carers and key staff about concerns, medical issues, timing and the preferred pace of return.

United we strive for excellence-together we shine

Self-motivation Honesty Imaginative Nurturing Empathy

9.5 The reintegration plan will include:

United we strive for excellence-together we shine

Self-motivation Honesty Imaginative Nurturing Empathy

- 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.

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

10. Record Keeping

- 10.1 In accordance with the Administration of Medicines and management of Children's Illnesses Policy, written records will be kept of all medicines administered to pupils. Accurate record keeping will protect both staff and pupils and provide evidence that agreed procedures have been followed.

11. Training

- 11.1 Staff will be trained in a timely manner to assist with a child's return to the school. Healthcare professionals should be involved in identifying and agreeing with the school the type and level of training required.
- 11.2 Training will be sufficient to ensure staff are confident in their ability to support children with additional health needs.
- 11.3 Parents/carers of children with additional health needs may provide specific advice but will not be the sole trainer of staff.

12. Monitoring arrangements

- 12.1 This policy will be reviewed annually by the Governing Body..

13. Links to other policies

- 13.1 This policy links to the following policies:
- Accessibility plan
 - Administration of medicines and management of children's illnesses
 - SEND Policy
 - Attendance Policy