Appleton Academy

Children with Health Needs Who Cannot Attend School Policy

Approved By	Approval Date	Next Review Date
Appleton Academy LGB	November 23	2024/25– Term 2
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1. Definition:

Pupils who are unable to attend their 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.

Pupils who are unable to attend mainstream education for medical 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 student is receiving treatment.
- Home tuition: many LAs have home tuition services that act as a communication channel between schools and pupils on occasions where pupils are too ill to attend their school and are receiving specialist medical treatment.
- Medical PRUs: these are LA establishments that provide education for pupils unable to attend their registered school or school due to their medical needs.

2. Aims

This policy aims to ensure that:

- Suitable education is arranged for pupils on roll who cannot attend 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.

3. Legislation and guidance

This policy reflects the requirements of the Education Act 1996, DfE Statutory Guidance (2015) and the Local Authorities Medical Needs policy.

- Section 19 of the Education Act 1996
- Equality Act 2010 Statutory Guidance
- Children and Families Act 2014
- Supporting Pupils at School with Medical Conditions (DfE, 2015)
- Ensuring a good education for children who cannot attend school because of health needs. (Statutory guidance for local authorities January 2013, updated 2023).

'Local authorities (LAs) must have regard to it when carrying out their duty 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 or special school because of their health. This duty applies to all children and young people who would normally attend mainstream schools, including Academies, Free Schools, independent schools and special schools, or where a child is not on the roll of a school. It applies

equally whether a child cannot attend school at all or can only attend intermittently.'

Additional Statutory and Best-Practice Guidance

- Working Together to Improve School Attendance (DfE, 2024
- Mental Health Issues Affecting Attendance (DfE, 2023)
- Keeping Children Safe in Education (DfE, current edition)
- SEND Code of Practice 0–25 (DfE, 2015)

4. Responsibilities

Headteachers

Headteachers are responsible working collaboratively with parents and other professionals to develop arrangements to meet the best interests of pupils ensuring;

- that arrangements put in place to meet pupils' medical needs are fully understood by all those involved and acted upon.
- a named member of staff is appointed who is responsible for pupils with healthcare needs and liaises with parents, children and young people, the LA, key workers and others involved in the pupil's care. This will be the school SENDCo.
- support is put in place focusses on and meets the needs of individual pupils.
- appropriate training for staff with responsibility for supporting pupils with medical needs.
- teachers who support pupils with medical needs with suitable information relating to a student's medical condition and the possible effect the condition and/or medication taken has on the student.
- arrangements for pupils who cannot attend their school as a result of their medical needs are in place and are effectively implemented.
- regular reviews of the arrangements made for pupils who cannot attend their school due to their medical needs.
- roles and responsibilities of those within the school involved in the arrangements to support the needs of pupils are clear and understood by all.
- robust systems are in place for dealing with medical emergencies and critical incidents within the school, for both on- and off-site activities.
- staff with responsibility within the school for supporting pupils with medical needs are appropriately trained.
- Notifying the LA when a student is likely to be away from the school for a significant period of time (more than 15 days in one instance or throughout an academic year) due to their medical needs.

Local authorities 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.

The Bradford Medical Needs Policy can be found by following this link;

https://bso.bradford.gov.uk/content/special-educational-needs-and-disabilities/0-25-specialist-teaching-and-support-service-stass/medical-needs-and-hospital-education-service

Local authorities 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.

Local authorities 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 (meeting the child's needs and providing a good education must be the determining factors).
- 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).

The LA should:

- Have a named officer responsible for the education of children with additional health needs, and parents should know who that person is.
- 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.
- Review the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.
- Have clear policies on the provision of education for children and young people under and over compulsory school age.
- This legislation provides that LAs must not discriminate against disabled children and are under a duty to eliminate discrimination, foster equality of opportunity for disabled children and foster good relations between disabled and non-disabled children.
- LAs should make every effort to minimise the disruption to a child's education. For example, where specific medical evidence, such as that provided by a medical consultant, is not quickly available, LAs should consider liaising with other medical professionals, such as the child's GP, and consider looking at other evidence to ensure minimal delay in arranging appropriate provision for the child.
- More generally, LAs 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 a school year, and where suitable education is not otherwise being arranged.
- LAs should work with schools to complement the education a child receives if they cannot attend school full-time but are well enough to have education in other ways.

5. Reintegration

When reintegration into school is anticipated, LAs should work with the school (and hospital school, PRU/home tuition services if appropriate) to plan for consistent provision during and after the period of education outside school.

LAs should work with schools to set up an individually tailored reintegration plan for each child. This may have to include extra support to help fill any gaps arising from the child's absence. It may be appropriate to involve the school nurse at this stage as they may be able to offer valuable advice. The school nurse will also want to be aware that the child is returning to school, so that they can be prepared to offer any appropriate support. Under equalities legislation schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child.

Where the absence is likely to be lengthy, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. While most children will want to return to their previous school routine at once, some will need gradual reintegration over a longer period.

6. Provision for siblings

When treatment of a child's condition means that his or her family have to move nearer to a hospital, and there is a sibling of compulsory school age, the local authority into whose area the family has moved should seek to ensure that the sibling is offered a place, where provision is available, for example, in a local mainstream school or other appropriate setting.

7. Information Sharing

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

In order to protect confidentiality, all information-sharing techniques, e.g. staff noticeboards/medical files, will be agreed with the student and their parent in advance of being used.

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 agreed school procedures.

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 student and their parents with a copy of the policy on information sharing.
- 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.
- Consider how friendship groups and peers may be able to assist pupils with health needs.

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 named member of staff will liaise with the hospital or other tuition service as appropriate.

8. Record Keeping

In accordance with the Administering Medications Policy records will be kept of all medicines administered to pupils.

9. Links

This policy links to the following policies:

- Accessibility plan
- Administering Medication Policy
- SEND Policy

10. Monitoring, Evaluation and Review

The Local Advisory Board will review this policy annually and assess its implementation and effectiveness.