

Roe Green Infant School

Children with health needs who cannot attend school Policy

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	Rev'd Natasha Woodward Chair of Governing Board.
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1. 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

2. Legislation and guidance

This policy reflects the requirements of the [Education Act 1996](#).

It is also based on guidance provided by our local authority.

3. Definitions

3.1. 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.

3.2. 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 the child 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 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.

4. The responsibilities of the school

4.1 If the school makes arrangements

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

The SENDco will communicate with the family and co-ordinate work with class teachers. Online work will be provided as an immediate response and where IT access is an issue work packs will be collected and handed to the family.

The SENDco will liaise with the family regarding a student completing work if they are hospitalised and establish if the hospital is providing access to their education provision.

The Pastoral team which could include; SENDCo, PSHE Lead, Inclusion Lead, Class Teacher, Welfare Officer or Attendance Officer will maintain weekly contact.

When a student is ready to be re-integrated back to school a review meeting will be set up to discuss a Health Care Plan and review any amendments to the timetable.

If attendance falls below 90% and if appropriate the school will allocate an Education Welfare Officer to support the family.

4.2 If the local authority makes arrangements

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

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

- Make a referral to the Inclusion Team for Behaviour and EWO for Attendance when the child's attendance falls below 85%. The school may make a referral earlier where external support is appropriate.
- On receipt of medical evidence, suggesting a child is too unwell to attend school from a consultant, the school will make a referral to the SENAS Team a service of SEND.
- 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 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 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 (remote learning) to lessons from their school)
 - Create individually tailored reintegration plans for each child returning to school
 - Consider whether any reasonable adjustments need to be made
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5. Managing Absences

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

5.2. Absences due to illness will be authorised unless the school has genuine cause for concern about the authenticity of the illness.

5.3. 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.

5.4. 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 pupils with health needs will notify the LA, who will take responsibility for the pupil and their education.

5.5. 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 pupil's absence.

5.6. For hospital admissions, the appointed named member of staff will liaise with the LA regarding the programme that should be followed while the pupil is in hospital.

5.7. The LA will set up a personal education plan (PEP) for the pupil which will allow the school, the LA and the provider of the pupil's education together.

5.8. 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.

5.9. The school will only remove a pupil who is unable to attend school because of additional health needs from the school roll where: The pupil has been certified by the school's welfare officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age; and 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.

5.10. 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 medical officer, even if the LA has become responsible for the pupil's education.

6. Support for Pupils

6.1. 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 LA, relevant medical professionals, parents and, where appropriate, the pupil. The LA 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.

6.2. The school will make reasonable adjustments under pupils' individual healthcare plans (IHCPs), in accordance with the Supporting Pupils with Medical Conditions Policy.

6.3. Pupils admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.

6.4. 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.

6.5. Whilst a pupil is away from school, the school will work with the LA to ensure the pupil can successfully remain in touch with their school using the following methods: School newsletters, emails, invitations to school events, cards or letters from peers and staff.

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

6.7. 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 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

7. Re-integration

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

7.2. 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.

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

7.4. 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.

7.5. 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.

7.6. 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.

7.7. 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.

7.8. 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 pupil. 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.

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

7.10. Following reintegration, the school will support the LA in seeking feedback from the pupil regarding the effectiveness of the process.

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

7.12. To protect confidentiality, all information-sharing techniques, e.g. staff notice boards, will be agreed with the pupil and their parents in advance of being used, in accordance with the Confidentiality Policy.

7.13. 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 a noticeboard in the staffroom/welfare room.

7.14. 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 pupil 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.

7.15. 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

8.1. In accordance with the Supporting Pupils with Medical Conditions Policy, written records will be kept of all medicines administered to pupils

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

9. Training

9.1. Staff will be trained in a timely manner to assist with a pupil's return to school.

9.2. Once a pupil's return date has been confirmed, staff will be provided with relevant training one week before the pupil's anticipated return.

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

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

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

10. Monitoring arrangements

This policy will be reviewed annually by Jag Sidhu, SENDCo. At every review, it will be approved by the full governing board.

11. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Supporting pupils with medical conditions
- Attendance Policy