



Children with Health Needs who Cannot Attend School Policy DJS

Responsibility for document: Head Teacher
Approval date: Summer 2020
Review Date: Summer 2023

Contents

- Introduction
- Schools Responsibility
- LA Responsibility
- Reintegration

Introduction

Denmead Junior School works in partnership with pupils, parents/carers, medical services, other professionals and education providers to enable children and young people with medical needs who are unable to attend school to receive education in a hospital setting or at home. Our school will be proactive in promoting the education entitlement of pupils on roll and in securing effective provision. This applies to pupils unable to attend school for reasons of sickness, injury or mental health needs where a medical practitioner considers that a child should or could not attend school. This policy is based upon the statutory guidance for Local Authorities 'Ensuring a good education for children who cannot attend school because of health needs', January 2013. This comes under the category of 'education otherwise' when the child remains on the school roll and is educated temporarily in a hospital setting or through home tuition.

The principles underlying this policy are:

- Denmead Junior School recognises that children absent for medical reasons are entitled to continuity of education as far as their condition permits and acknowledges that it has a central role to play in securing and ensuring the continuity of education.
- The education provided shall be of high quality and as broad and balanced as possible such that reintegration is achievable as smoothly as possible.

Role and responsibilities of the local authority

Local authorities must:

- Arrange suitable¹ full-time^{2 3} 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. 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.

¹ "suitable" means suitable to the child's age, aptitude, ability and any special educational needs that he or she may have

² Unless the pupil's condition means that full-time provision would not be in his or her best interests

³ "Full-time education" is not defined in law but it should equate to what the pupil would normally have in school - for example, for pupils in Key Stage 4 full-time education in a school would usually be 25 hours a week.

- 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.

1. LAs are responsible⁴ for arranging suitable⁵ full-time⁶ 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.

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.

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, LAs 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.

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.

School's Responsibility

Where a child is absent from school for medical reasons, the school will provide education tasks and resources for use at home when the child is well enough to engage in education.

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.

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.

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.

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.

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 to work together.

Reintegration into the School

⁴ Section 19 of the Education Act 1996, as amended by section 3 of the Children Schools and Families Act 2010

⁵ "suitable" means suitable to the child's age, aptitude, ability and any special educational needs that he or she may have

⁶ Unless the local authority considers that a pupil's condition means that full-time provision would not be in his or her best interests.

The School will work with providers of education, doctors, educational psychologists, Personal Advisers, indeed all relevant professionals, the parents/carers and the pupil themselves to plan a gradual and sensitively orchestrated reintegration into school.

The School will ensure that the pupils and staff in the School who have maintained contact with the pupil who has been absent will play a significant role helping the pupil to settle back into school.

The School will accept part-time attendance where pupils are medically unable to cope with a full day, until the pupil is able to attend for full school days.

The School will make arrangements for pupils with mobility problems to return to school, taking account of health and safety issues, organizing risk assessment and seeking advice on lifting and handling procedures where necessary. The impact on staff will be taken into account and additional support may be required from the SEN devolved budget or via review and referral to the SEN panel.

Throughout the absence, the School will maintain contact with both parents/carers and the pupil. This will include invitations to events and productions at the School as well as regular communication via letters, newsletters or e-mail. Both the Trust and the education providers will support and advise pupils and their parents/carers, as appropriate, during the absence. The School should expect to receive regular reports and assessment of pupil progress from the service provider during the pupil's absence and a folder of work on return to school.

The Heads of School, usually through the liaison member of staff, will ensure that all relevant staff are aware of a pupil's absence and of their responsibility towards maintaining continuity of education for the child. The Heads of School will report to the Directors/Governors on the educational provision which has been made for pupils absent for medical reasons.

References

- Ensuring a good education for children who cannot attend school because of health needs, Statutory guidance for local authorities, DfES 00307-2019
- Access to Education for Children and Young People with Medical Needs, DfES 0025/2002.